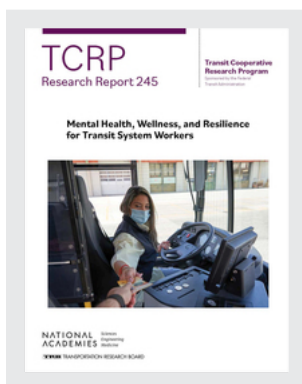# Mental Health, Wellness, and Resilience for Transit System Workers (2024)

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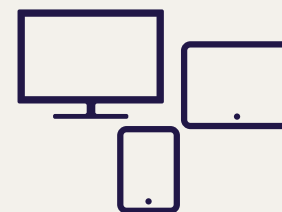FIND RELATED TITLES

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Research Report 245

Mental Health, Wellness, and Resilience for Transit System Workers

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TRANSIT COOPERATIVE RESEARCH PROGRAM

TCRP RESEARCH REPORT 245

Mental Health, Wellness, and Resilience for Transit System Workers

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NATIONAL ACADEMIES
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TRB TRANSPORTATION RESEARCH BOARD

2024

TRANSIT COOPERATIVE RESEARCH PROGRAM

The nation's growth and the need to meet mobility, environmental, and energy objectives place demands on public transit systems. Current systems, some of which are old and in need of upgrading, must expand service area, increase service frequency, and improve efficiency to serve these demands. Research is necessary to solve operating problems, adapt appropriate new technologies from other industries, and introduce innovations into the transit industry. The Transit Cooperative Research Program (TCRP) serves as one of the principal means by which the transit industry can develop innovative near-term solutions to meet demands placed on it.

The need for TCRP was originally identified in *TRB Special Report 213—Research for Public Transit: New Directions,* published in 1987 and based on a study sponsored by the Urban Mass Transportation Administration—now the Federal Transit Administration (FTA). A report by the American Public Transportation Association (APTA), *Transportation 2000,* also recognized the need for local, problem-solving research. TCRP, modeled after the successful National Cooperative Highway Research Program (NCHRP), undertakes research and other technical activities in response to the needs of transit service providers. The scope of TCRP includes various transit research fields including planning, service configuration, equipment, facilities, operations, human resources, maintenance, policy, and administrative practices.

TCRP was established under FTA sponsorship in July 1992. Proposed by the U.S. Department of Transportation, TCRP was authorized as part of the Intermodal Surface Transportation Efficiency Act of 1991 (ISTEA). On May 13, 1992, a memorandum agreement outlining TCRP operating procedures was executed by the three cooperating organizations: FTA; the National Academies of Sciences, Engineering, and Medicine, acting through the Transportation Research Board (TRB); and APTA. APTA is responsible for forming the independent governing board, designated as the TCRP Oversight and Project Selection (TOPS) Commission.

Research problem statements for TCRP are solicited periodically but may be submitted to TRB by anyone at any time. It is the responsibility of the TOPS Commission to formulate the research program by identifying the highest priority projects. As part of the evaluation, the TOPS Commission defines funding levels and expected products.

Once selected, each project is assigned to an expert panel appointed by TRB. The panels prepare project statements (requests for proposals), select contractors, and provide technical guidance and counsel throughout the life of the project. The process for developing research problem statements and selecting research agencies has been used by TRB in managing cooperative research programs since 1962. As in other TRB activities, TCRP project panels serve voluntarily without compensation.

Because research cannot have the desired effect if products fail to reach the intended audience, special emphasis is placed on disseminating TCRP results to the intended users of the research: transit agencies, service providers, and suppliers. TRB provides a series of research reports, syntheses of transit practice, and other supporting material developed by TCRP research. APTA will arrange for workshops, training aids, field visits, and other activities to ensure that results are implemented by urban and rural transit industry practitioners.

TCRP provides a forum where transit agencies can cooperatively address common operational problems. TCRP results support and complement other ongoing transit research and training programs.

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The research report was reviewed by the technical panel and accepted for publication according to procedures established and overseen by the Transportation Research Board and approved by the National Academies of Sciences, Engineering, and Medicine.

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C O O P E R A T I V E   R E S E A R C H   P R O G R A M S

FOREWORD

By Mariela Garcia-Colberg
Staff Officer
Transportation Research Board

TCRP Research Report 245: Mental Health, Wellness, and Resilience for Transit System Workers describes common factors that influence the mental health, well-being, and resiliency of frontline transit workers and provides guidance on strategies that transit agencies can implement to address them. The report will be of immediate use to transit agency leadership, transit agency staff, practitioners, and other stakeholders that influence an agency's programs and processes. The research products also include a research brief that summarizes the report and highlights the importance of utilizing all available tools to address mental health, wellness, and resilience for transit system workers.

Transit system workers are routinely subject to chronic and acute stressors that contribute to various mental health issues, including depression, anxiety, burnout, and post-traumatic stress disorder. These issues can lead to increased risk of injuries and chronic diseases, workplace dysfunction, safety issues, presenteeism, absenteeism, turnover, and high costs. The emergence of a novel coronavirus, SARS-CoV-2, and the ensuing pandemic compounded chronic stressors with a unique set of acute stressors that were amplified by the volatile, uncertain, complex, and ambiguous nature of the pandemic. These acute stressors included potential personal exposure to the virus, as well as the potential to expose family members; the shortage or delay of engineering controls and lack of personal protective equipment; and the problems associated with social distancing, job uncertainty, layoffs, physical and verbal assaults, extended or shortened hours, and disruption of work schedules and tasks. The most effective and efficient way to provide relevant and actionable information on these topics to transit systems was to study the mental health, wellness, and resilience of transit workers and how transit system programs, policies, and practices address these issues. This study required examining chronic pre-pandemic stressors and outcomes and then exploring the acute stressors involved with trying to survive in highly exposed occupations amid a pandemic.

The goal of TCRP Project F-29, "Mental Health, Wellness, and Resilience for Transit System Workers," was to develop guidance for transit agencies and other stakeholders on exploring and implementing various approaches to identifying and mitigating the factors that negatively impact mental health, wellness, and resilience for transit system workers. The research had seven key objectives: (1) Document the pre-pandemic stressors experienced by transit system workers and new stressors or exacerbation of preexisting stressors due to the pandemic; (2) document the impacts of those stressors at the individual and organizational level; (3) document any differences seen by race, ethnicity, gender, age, and occupation; (4) identify protective factors and actions that would help agencies proactively develop, promote, and sustain a culture that supports the mental health, well-being, and resilience of transit workers; (5) evaluate the impacts of existing programs, policies, and practices—

including labor-management relations and work organization—to address mental health issues; (6) document the role of supervisory support in helping employees manage their exposures to stressors; and (7) recommend best practices for transit systems to support the mental health of transit employees.

TCRP Research Report 245 presents research activities conducted for the research project as well as the findings and resulting guidance for transit agencies. In Part I of the report, initial chapters include a review of relevant literature, a discussion of the work conditions of transit workers, and results of interviews with agency frontline workers and union members. Following chapters review frontline workers' experiences and present findings and conclusions of the research. Part II highlights case studies and provides a toolkit of strategies and best practices.

A research brief and implementation plan were also prepared as part of this research project. They can be found on the National Academies Press webpage for *TCRP Research Report 245: Mental Health, Wellness, and Resilience for Transit System Workers* under "Resources" at https://doi.org/10.17226/27592.

CONTENTS

Mental Health, Wellness, and Resilience for Transit System Workers

Research Need

Operators and other frontline transit workers face a range of adverse conditions while carrying out their work, including fatal crashes, exposure to passenger drug use, and verbal and physical assaults. Moreover, the public transit industry was experiencing an operator shortage even before the start of the COVID-19 pandemic in 2020. The pandemic further exacerbated existing stressors and created new ones, causing frontline workers to risk COVID-19 exposure at a time when information about the virus was quickly changing and agencies were still determining how to communicate, establish policy, and undertake measures to reduce frontline staff exposure. The COVID-19 pandemic disproportionately impacted the health and well-being of transit workers due to their frequent exposure to the public and their status as essential critical infrastructure workers. During the first 15 months of the pandemic (March 2020–May 2021), 48,511 public transit workers in the United States were infected with the coronavirus, and 478 of them died from COVID-19 (Mader, 2021). Many frontline workers contracted COVID-19 and lost family, friends, and colleagues to the virus, while the nature of their jobs eliminated any possibility of working from home.

Despite the formal declaration on May 11, 2023, of an end to the public health emergency in the United States, the transit worker shortage continues to be top of mind. Transit agencies across the country are working to increase service levels, but they continue to be impacted by a lack of operators, mechanics, and other personnel needed to operate normal service. According to a national survey of transit agencies conducted in February 2022, almost 62% of responding agencies reported having difficulty retaining employees. Another survey aimed at frontline workers in January 2023 found that many factors contributed to workers quitting; from most to least importance, these factors include work schedules, compensation, "other" working conditions, on-the-job harassment or assault, and concerns over contracting COVID-19 on the job. Issues with agency management were also cited as one of the main contributors to low retention. The same survey from 2023 found that 32% of frontline workers cited management as a cause for their departure. Almost half (45%) of current frontline workers stated that their agency was not responsive to worker concerns; this percentage increased to 53% among former workers. Difficulty in retaining frontline transit workers appears to be the result of multiple factors, and stressors from everyday working conditions are an underlying reason why transit workers are leaving their jobs. To combat the personnel shortage, transit agencies must focus on retaining their existing workforce in addition to hiring new workers.

The objective of this research was to understand the factors that negatively impact the mental health, wellness, and resilience of frontline transit system workers. As a result of this research and based on these findings, a comprehensive set of resources and a toolkit were also developed to assist transit agencies and other stakeholders in implementing solutions to mitigate the negative factors impacting frontline workers' well-being.

1

Research Approach

This report provides a detailed summary of common factors that influence the mental health, well-being, and resiliency of frontline transit workers, and it includes a range of solutions that transit agencies can implement to address these factors. Findings were determined using a mix of research methods, including multiple interviews and focus groups with frontline employees, transit agency management, and union leadership at two different points in the project. Early in the project, the first round of engagement focused on (1) understanding current practices related to mental health, well-being, and resiliency of frontline workers and (2) identifying potential interventions, as well as barriers to using those solutions. The second round of engagement, near the end of the research, focused on potential elements to include in the report's toolkit, including preferred programs to support mental health and wellness among transit workers; training, mentoring, or peer programs that could provide critical support for transit workers and operators; difficulties in accessing and implementing existing mental health or wellness programs; and privacy concerns. A comprehensive literature review and a national survey of frontline workers, which produced 777 usable responses, also informed the findings in this report.

Research Findings

Some of the main findings of this report include:

- **Frontline transit workers experience a range of difficulties in the work environment.** Bus operators face exposure to chemicals and fumes; extended periods of sitting and stressful postures; difficult traffic and weather conditions; assault (both verbal and physical); and a lack of restroom access. Rail operators and other frontline workers may encounter violent crashes, suicide by train, and exposure to chemicals and fumes. On-the-job occurrences can expose frontline workers to a range of potentially traumatic events, with one study finding a high prevalence of post-traumatic stress disorder (PTSD), major depressive disorder, and anxiety disorders among bus operators. These occupational stressors and other work exposures also impact physical health and can contribute to chronic conditions, such as heart disease and hypertension. A lack of bathroom access can cause mental distress, affect the cardiovascular system, and contribute to kidney and bladder problems among operators.
- Aside from well-known stressors, **interviews yielded additional, lesser-known factors that impact the mental health and well-being of frontline workers.** One such factor is employees' work–life balance, which is impacted by inconsistent work schedules. Scheduling constraints complicate self-care and family care, and labor shortages may make it difficult for agencies to accommodate time-off requests.
    - **Stressors related directly to the job and work environment (internal work stressors)** include stress associated with the frequency and quality of communication; varying degrees of English proficiency among staff and the riding public; loneliness and isolation in the workplace; lack of support from managers in the field and after incidents; an overall feeling that training was not adequate to prepare workers for their jobs; an "us vs. them" mentality pitting frontline workers and their union representation against management; and low morale among transit agency staff.
    - **Stressors from employees' personal lives (external or personal stressors)** include the provision of childcare and family care in light of scheduling constraints and overall access to healthcare and childcare; cost of living and financial concerns; and commute time to and from work due to a lack of affordable housing in their agencies' service areas.

- **COVID-19 had a profound effect on transit agencies and workers,** making it even more difficult for agencies to recruit and retain frontline workers, such as operators. At the time of writing, only two empirical studies have examined the effects of COVID-19 on transit workers' mental health and well-being.
- **When surveyed, frontline transit workers identified barriers to using the mental health services** offered by their agencies. The most commonly cited reasons affecting the decision to seek services through an employer were lack of time (35.9%), concerns about missed pay (33.2%), privacy concerns (32.6%), and being too tired/exhausted (31.5%).

Various themes emerged about how transit agencies should respond to worker needs and address their mental health, well-being, and resiliency. Agencies should consider taking the following actions to address the specific challenges that frontline transit workers face.

- **Improve the physical safety of the workplace** by building physical barriers between subway trains and platforms to reduce person under train incidents; erecting enclosures between customers and bus operators; and developing new or enforcing existing policies and protocols with regard to safety, security, and driver protection systems. Many frontline workers noted that policies are in place at their transit agencies to protect workers and set codes of conduct for passengers; however, they felt those policies have not been enforced. Likewise, frontline workers desire support in the field from supervisors and transit police.
- **Adjust benefits and policies to provide more support for attaining and maintaining good mental health and a better work–life balance among frontline workers.** Workers repeatedly noted the difficulty of taking time off for their own well-being or to care for family members. Varying work schedules, strict absentee policies, and seniority rules for selecting work schedules make it difficult for workers to practice autonomy over their lives and have a work–life balance that is typically expected in other industries. They also felt their time off was not their own, as they were often required to be on call or available in case of emergencies or staff shortages. Likewise, transit timetables and ongoing operator shortages make it difficult to have breaks throughout the day. Transit agency leadership, unions, and workers should collaborate to modify and improve scheduling practices for timetables and work schedules to provide better balance between work and personal life. Transit agencies should also revisit policies and practices to ensure that employee time off is protected and cannot be interrupted by workplace emergencies.
- **Improve and diversify communication and marketing efforts** to grow employee awareness of available mental health and wellness resources. Since not all frontline workers have agency email addresses, marketing available resources can be complicated. Frontline workers may also have working hours that do not lend themselves to trainings and meetings that occur during first-shift working hours, such as lunch-and-learn sessions. The nature of their job and existing staffing shortages can complicate the attendance of information sessions. Agencies can take steps to diversify communication methods and the flow of information about available resources, such as ensuring that information sessions are offered across shifts, facilities, and departments, or scheduling information sessions during regularly occurring meetings that frontline workers are paid to attend during their working hours. These information sessions could include the staff member responsible for administering the employee assistance program (EAP) and provide an opportunity for attendees to learn about the resources in a more in-depth fashion and ask questions (particularly around privacy). Although some frontline workers may not have agency email addresses, agencies could also use text messaging to push information out. Improving communication can also take a more old-fashioned approach, such as flyers in common areas or posters in bathroom stalls. Supervisors and managers can also play a part in spreading the word by making direct reports aware of resources during recurring team meetings.

- **Evaluate performance of EAPs, union assistance programs, and other mental health programs** to assess whether a program's services align with employee needs and the extent to which programs are successful. This may include a review of existing and future EAP service level agreements and the institution of a monitoring process for programs that focus on improving mental health.

- **Address the privacy concerns that hinder employees from using resources** by providing a range of programming types. Survey results indicate that most frontline transit workers prefer mental health services delivered in a one-on-one format (not in a group format), led by a mental health professional (not a trained peer), delivered in person (instead of telehealth), and accessed at an off-site location (not on-site at the workplace). Privacy concerns can also be addressed by working with third-party partners to deliver mental health resources.

- **Strengthen and enforce policies to protect frontline workers.** Policies that outline clear and enforceable rules and procedures for handling inappropriate passenger behavior are needed to ensure operator safety. In addition, training on how to address passenger problems (e.g., communication and de-escalation strategies; strategies for handling passengers with mental health or substance use issues) is also recommended.

- **Provide more support in the field and ongoing support after incidents.** Many frontline workers are on their own most of the time, which can be isolating and lonely. They are often left to handle situations and conflicts on their own, which can be especially stressful for newer employees. Additional and dedicated support through specialized staff trained in incident response, such as critical response teams, would help make frontline workers feel more supported and protected in their jobs. Ongoing support is also needed following incidents to ensure that frontline workers can recover and return to work without additional adverse impacts on their or others' well-being.

- **Provide peer support and mentoring** to increase morale, build meaningful relationships among workers, and provide ongoing support systems. Frontline transit workers and transit agency managers contacted for this report noted the positive impacts on employee outcomes when a peer support or mentoring program is in place. These programs should be more widely adopted by transit agencies to increase employee engagement and workplace satisfaction.

- **Strengthen community and create a culture where workers feel supported and support each other.** As stated previously, frontline work can be isolating and lonely. Similar to the need for more mentoring and peer-support systems, providing more opportunities for frontline workers to connect with one another on a regular basis, and build relationships with their peers, can increase their overall connection to the workplace. Transit agencies can implement more social events and other opportunities for frontline workers to meet their peers and build relationships. Likewise, to increase connections to the communities in which they work, transit agencies can design social or volunteer-based opportunities for frontline workers to engage with community members in a non-transit and non-work environment. This would help frontline workers understand the challenges a community is facing and be better equipped to engage with community members when they interface with the public in their jobs. These activities can create a strong community among frontline workers and can promote culture change that is centered around supporting each other and the communities they serve.

- **Develop training to increase empathy and improve communication among frontline workers, managers, and agency leadership.** Many frontline workers noted the disconnect between themselves and their managers. A lack of understanding what a frontline worker's job entails and the dismissive language used by managers made them feel like their concerns were neither heard nor adequately addressed. Empathy training, communication training, and other activities (e.g., ride-along with operators) for managers, supervisors,

and non-frontline workers would increase awareness of the challenges frontline workers face, as well as validate their feelings. Communication training could also benefit frontline workers by providing them with tools to express their grievances and complaints in a way that can lead to collaborative solutions.

- **Seek opportunities to improve trust between all parties,** including between employees and their peers, between employees and managers, and between transit agency management and union leadership. Building trust can help reduce the negative stigma associated with seeking help to improve mental and emotional well-being. Importantly, trust building should begin by including frontline workers and unions in the identification and rectification of obstacles to employee wellness.

Overall, this research clarifies that transit agencies—specifically transit agency leadership—must make a real and concerted effort to take the mental health and overall wellness of frontline workers more seriously. Leadership can play an important role by making a clear commitment and dedicating resources to address mental health, wellness, and resiliency at their agencies. Ultimately, this means more funding and staff resources are needed to address barriers and to develop, implement, and support programs aimed at improving mental health, wellness, and resiliency. This includes staff dedicated to implementing and monitoring holistic wellness programs.

Report Organization

This report is presented in two parts, Part I: Conduct of Research and Part II: Resources and Toolkit. Part I summarizes the research methods used, along with results of the research and findings. This part includes a summary of findings from the literature review, interviews and focus groups with frontline workers and transit agency managers, and a survey of frontline workers. Part II is a comprehensive set of solutions that transit agencies can apply to address root causes of stressors and improve frontline workers' mental health, wellness, and resiliency. This part includes resources and a toolkit designed for practitioners to support agencies as they create programs and processes to enhance mental health for transit workers.

Part II includes

- Case studies that highlight exemplary programs;
- Comprehensive guidance on improving and enhancing existing mental health and wellness programs, as well as implementing new ones;
- A framework that agencies can use to create their own procedures for program evaluation;
- Assessment worksheets for agencies to evaluate their EAP; and
- Suggestions and guidance regarding wellness programs and on-site health services, trust building between stakeholders, communications and marketing of resources, partnership opportunities, training, operations policies, fostering community in the workplace, and self-advocacy.

Future Research

The findings from this research have uncovered knowledge gaps that could be explored in future research, as described in Table S.1.

Table S.1.   Implications for future research.

Research Gap	Description
Process/framework for evaluating EAP performance and user outcomes	Throughout the course of the project, no transit agencies with an established framework for evaluating EAP performance were identified. Future research may develop a methodology to better evaluate EAP performance and explore user outcomes associated with EAP use.
Guidebook for establishing peer-mentor programs	Some transit agencies had implemented peer-mentor programs, which participants generally found to be helpful. Transit agencies might benefit from a guidebook on best practices for peer-mentor programs that includes an implementation checklist for agencies to establish their own program.
Service planner and scheduler training materials	Bus routes determine the areas where operators spend their layover time. Likewise, timetable design impacts whether and for how long an operator can rest and recover from the often stressful job of operating vehicles and managing passengers. Training materials could be developed to (1) help transit agency service planners understand how the physical environment impacts operator comfort and physical health and (2) provide tips for how to incorporate bathroom access and layover areas into the service planning process to improve operators' job conditions. Training materials for schedulers could include information on the relationship between operator wellness and break time, as well as recommend standards for recovery and break time.
Strategies for reducing operator exposure to drug use on transit vehicles	Operators may be exposed not only to verbal and physical threats but also to passenger drug use while on the job. Future research could identify strategies to reduce operator exposure, including additional physical barriers as well as the development and consistent implementation of policies that establish a process for addressing drug use in transit vehicles.
Frontline transit preemployment tests	Interviewees explained that applicants and new hires might be unaware of what a frontline transit job entails, including both the nature of the work and the skills and abilities required to perform the job successfully. Developing a screening tool for frontline workers would benefit both potential candidates and the transit agencies hiring them by measuring a candidate's propensity for the job, which could help candidates and agencies ensure a good fit on both sides. The FAA's Air Traffic Skills Assessment Test, which evaluates the skills and attributes of air traffic controllers, may serve as an example.

Glossary

Employee assistance program (EAP): Offers employees, and often their immediate family members, a means of quickly connecting with a trained professional to address specific issues affecting their mental health or well-being. The specific resources provided by EAPs vary between transit agencies but may include medical assessments, referrals for counseling, financial literacy classes, grief counseling, smoking cessation programs, or referrals to substance misuse treatment programs.

Frontline transit worker: For the purposes of this report, a frontline transit worker is a transit agency staff person who interacts with the public; this can include operators, station agents, people who work with ticketing machines, fare inspectors, mechanics that may engage with the public while reporting on-site for vehicle or other repairs, customer service representatives, dispatchers, transit police, and other cleaning and maintenance staff.

Health clinic: Offers employees free, convenient access to healthcare. Services may also be offered to employees' families. Clinics may be on-site, reducing the need for frontline workers to travel off-site to other health facilities to receive care. Services can include annual physicals, sick visits, wellness counseling and support, and other types of counseling and therapy.

Personal protective equipment (PPE): The Occupational Safety and Health Administration defines PPE as equipment worn to minimize exposure to hazards that cause serious workplace injuries and illnesses.

Person under train (PUT) incident: A type of incident in which a person is injured or killed after being hit by a train.

Post-traumatic stress disorder (PTSD): According to the National Institute of Mental Health, PTSD is a disorder that develops in some people who have experienced a shocking, scary, or dangerous event.

Union assistance program (UAP): Offers employees a means of quickly connecting with a trained professional to address issues that affect mental health. Whereas EAPs are provided by a transit worker's agency, UAPs are provided by the local union. Some UAPs provide other resources, such as training programs or professional coaching.

Wellness program: Provides an opportunity for transit agencies to encourage their employees to engage in habits that promote health and well-being. Programs may include access to wellness coaches, who can provide referrals to nutritionists and exercise guides, or sessions with an on-site counselor.

PART I

Conduct of Research

Research Need

Operators and other frontline transit workers face a range of adverse conditions while carrying out their work, including fatal crashes, exposure to passenger drug use, and verbal and physical assaults. Moreover, the public transit industry was experiencing an operator shortage even before the start of the COVID-19 pandemic in 2020. The pandemic further exacerbated existing stressors and created new ones, causing frontline workers to risk COVID-19 exposure at a time when information about the virus was quickly changing and agencies were still determining how to communicate, establish policy, and undertake measures to reduce frontline staff exposure. Many frontline workers contracted COVID-19 and lost family, friends, and colleagues to the virus, while the nature of their jobs eliminated any possibility of working from home.

Despite the formal declaration on May 11, 2023, of an end to the public health emergency in the United States, the transit worker shortage continues to be top of mind. Transit agencies across the country are working to increase service levels, but they continue to be impacted by a lack of operators, mechanics, and other personnel needed to operate normal service. According to a national survey of transit agencies conducted in February 2022, almost 62% of responding agencies reported having difficulty retaining employees. Another survey aimed at frontline workers in January 2023 found that many factors contributed to workers quitting; from most to least importance, these factors include work schedules, compensation, "other" working conditions, on-the-job harassment or assault, and concerns over contracting COVID-19 on the job. Difficulty in retaining frontline transit workers appears to be the result of multiple factors, and stressors from everyday working conditions are an underlying reason why transit workers are leaving their jobs. To combat the personnel shortage, transit agencies must focus on retaining their existing workforce in addition to hiring new workers.

Research Approach

Findings were determined using a mix of research methods, including multiple interviews and focus groups with frontline employees, transit agency management, and union leadership at two different points in the project. Early in the project, the first round of engagement focused on (1) understanding current practices related to mental health, well-being, and resiliency of frontline workers and (2) identifying potential interventions, as well as barriers to using those solutions. The second round of engagement, near the end of the research, focused on potential mitigation strategies and solutions, including preferred programs to support mental health and wellness among transit workers; training, mentoring, or peer programs that could provide critical support for transit workers and operators; difficulties in accessing and implementing existing mental health or wellness programs; and privacy concerns. A comprehensive literature review and a national

survey of frontline workers, which produced 777 usable responses, also informed the findings in this part.

Part Organization

Part I summarizes the research methods used, along with results of the research and findings. This part includes a summary of findings from the literature review (Chapter 1), interviews and focus groups with frontline workers and transit agency managers (Chapter 2), a survey of frontline workers (Chapter 3), as well as findings and conclusions of the research (Chapter 4).

CHAPTER 1

Previous Research

Introduction

This literature review provided insights about critical issues related to the workplace environment of diverse frontline public transit workers, programs offered by transit agencies to promote workers' health and wellness, and organizational issues experienced by public transit agencies. The review also provided a better understanding of COVID-19's impact on agencies and transit workers.

While the overarching objective of this literature review was to inform the subsequent tasks of the research project (TCRP Project F-29, "Mental Health, Wellness, and Resilience for Transit System Workers"), it also emphasized the following specific objectives:

- Investigate transit agency practices to address the mental health, wellness, and resilience of public transit workers worldwide;
- Investigate employer practices beyond the public transit sector to address the mental health, wellness, and resilience of workers;
- Explore how researchers have examined the relationship between the nature of work and work environment and workers' health and well-being;
- Explore and document the effects of COVID-19 on the public transit industry and transit workers;
- Explore approaches adopted by researchers within and beyond the public transit sector to identify appropriate methods for outreach to transit agency officials and frontline workers, including interviews, focus groups, surveys, and data analysis methods; and
- Identify gaps in available resources to determine appropriate questions for transit agency officials and frontline workers.

A multitude of approaches were used to identify the material reviewed to prepare this literature review. For identifying academic literature on the relationship between workers' mental health, resilience, and overall well-being and the work environment, the Covidence software was used with assistance from the Rutgers University library system. Keyword searches with Covidence identified more than 1,000 publications. Abstracts of the identified publications were reviewed, and the number of publications was subsequently reduced to less than 50, including literature in the realm of public transit and beyond. Any literature in the public transit domain that related to workers' health and well-being was reviewed. Outside of public transit, however, the research focused on review articles and articles involving meta-analysis (with a few exceptions) because of the enormous quantity of literature.

To expand the scope of academic literature, Google Scholar and the Transport Research International Documentation (TRID) database were used to identify additional relevant sources. Because of the novelty of COVID-19, academic literature and gray literature were reviewed to

examine the pandemic's impact on the transit workforce and society at large. For this review, the panel's two cochairs, three of the panel members, and an expert on transit labor management relationships provided input (via video conferencing). Materials for the transit worker survey in Chapter 3 were informed by a webinar on healthy work assessment tools organized by the Healthy Work Campaign, a public health campaign focused on raising awareness about the health impacts of work stress. Information was collected from interactions with the cochairs and panel members on recent and ongoing best-practice efforts to augment the health and welfare of transit workers in different parts of the country.

Special efforts were made to identify and review related publications by TRB, including TCRP, NCHRP, and ACRP syntheses and research reports. As part of the practice scan, website searches involving FTA, APTA, CTAA, National Rural Transit Assistance Program, TransitCenter.org, Transit Advisory Committee for Safety (TRACS) reports, *METRO* magazine, *Mass Transit* magazine, and various transit agencies were conducted to identify resources and practices. In addition to identifying toolkits and best practices, the scan provided a better understanding of federal policies related to the public transit workforce as well as labor-management issues.

The following list provides some key observations from the review of existing literature.

- Frontline transit workers experience a range of difficulties in the work environment. In a survey of transit agencies, 81% of operators reported experiencing verbal threats, intimidation, or harassment; 60% reported spitting; 38% reported projectiles thrown at buses; and 26% reported objects thrown inside buses. Lack of access to restrooms, constrained workstations, sedentary nature of work, long work hours, and communication issues also affect the mental health of bus operators. One study found that 85% of bus operators experience pain in at least one area of their body.
- Person under train (PUT) incidents are a serious issue affecting the mental health of train operators (as well as transit police and other emergency workers). These incidents can occur because of accidents, suicides, or homicides, and studies show that up to 30% of transit operators experience post-traumatic stress disorder (PTSD) after PUT incidents and assaults.
- COVID-19 affected transit agencies and workers profoundly, making it even more difficult for agencies to recruit and retain frontline workers, such as operators. During the first 15 months of the pandemic, almost 50,000 public transit workers in the United States were infected by the virus, and 478 of them died. In 2020, 65% of agencies cut services, 32% eliminated routes, and 15% reduced days of service. In the first year of the pandemic, the number of bus operators may have decreased by as much as 19%.
- Two empirical studies examined the effects of COVID-19 on transit workers' mental health and well-being. Both studies identified the need for an adequate supply of personal protective equipment (PPE) to reduce workers' stress. However, more studies on other COVID-19-related improvements sought by workers are needed.
- Few programs about mental health are available to transit workers. A survey of transit agencies showed that only half of all agencies offered programs and services for promoting workers' health and wellness, and only about 30% of small agencies did so. In addition to the limited availability of programs, workers often do not seek such services for reasons like organizational practices, management leadership style, or an atmosphere of distrust. Bureaucratic practices, such as requiring substantial paperwork, also serve as deterrents.
- Almost all reviewed studies suggest that trust and cooperation are needed between management and union representatives for the success of agency-provided programs and services to promote workers' health and well-being.
- Despite the high need for mental health programs for transit workers, there is a shortage of research focused on this issue. As a result, transit agencies lag behind other workplaces and organizations in this area. In fact, several workplace reviews of studies beyond public transit identified multiple treatment programs that can improve mental health and resilience in the workplace.

- Proactive resilience training for workers to prepare for adverse situations is notably absent in the public transit literature. However, such training is common in other professions.
- The review of research methodology revealed that most past TCRP studies have involved a survey of transit agencies rather than transit workers. However, several academic research studies have conducted surveys to examine how work conditions affect transit workers' health and well-being.
- The available surveys of transit workers were either initiated or supported by unions. The mode of survey and dissemination techniques varied. Because it can be difficult to reach transit workers, all surveys used convenience sampling. This non-probability sampling method does not guarantee proportional representation.

In addition to studies looking at mental health and wellness, *Transit Workforce Shortage Synthesis Report* (APTA, 2023) also presented ongoing challenges related to the workforce shortage. This study summarized research findings on the root causes and potential solutions for the shortage of transit operators and mechanics. APTA conducted research that examined the cause of the shortage by surveying 190 transit agencies, interviewing 18 of those agencies, and surveying over 1,300 transit operation workers. The following list includes some of the main survey findings about agencies' and workers' views on the shortage.

- **Transit workers and agency management have different perceptions of the pressures on operations workers.** Operations workers and agency management both ranked assault and harassment lower among reasons for quitting. However, current—and especially former—operations workers ranked it substantially higher than the agency management respondents.
- **Transit workers feel unsupported by agency staff and management.** Current and former transit workers felt unsupported by their supervisors, and they believe their agencies were not responsive enough when they had concerns. Responses suggest there is room for agencies to support workers more when they face challenges on the job.
- **Pay, work schedule, and agency responsiveness are seen as key to retaining and attracting workers.** According to current transit workers, increasing pay and providing better work schedules are the most effective ways to retain employees. In addition, former workers emphasize listening to (and acting on) employees' concerns, increasing pay, and improving worker safety as the top strategies.
- **Building agency culture and improving morale are important tools for retaining workers.** Organizations where workers are engaged, recognized, and acknowledged and have clear pathways for growth are attractive to current employees and prospective hires. Creating a supportive working environment that facilitates growth is especially important as agencies attempt to hire a younger generation of workers.

Perpetually Adverse Work Conditions for Transit Workers

While COVID-19 added a new layer of adverse working conditions for frontline transit workers, they were already exposed to difficult workplace conditions. Numerous studies have documented these perpetual adverse conditions and their effects on mental health, physical health, and performance, as well as family and personal life. Although all frontline transit workers—including maintenance workers, schedulers, and supervisors—can encounter difficult or hazardous work conditions, barring a few studies (e.g., Bacharach et al., 2005), most existing literature has exclusively focused on the working conditions of bus operators and rail or subway operators. Because of the differences between these studies, work-related adversities experienced by bus operators and train operators are discussed in two separate sections.

Adverse Conditions for Bus Operators

While describing bus operators' adverse work conditions, Tse et al. (2006) mentioned exposure to carbon monoxide, sulfur dioxide, and nitrogen oxides. Bacharach et al. (2005) noted that bus operators—as well as subway operators and workers performing duties in stations and station platforms—are consistently exposed to chemicals and fumes. However, the physical work environment for bus operators has been generally considered more challenging than other frontline workers. Bus operators are considered a classic example of a high-strain occupation because of the high demands, low control, and low support (Kompier and Di Martino, 1995; Kompier et al., 2000). Glare, sitting for extended periods, confinement to a small space for a prolonged period, stressful postures, consistent whole-body vibration, navigation in difficult traffic and weather conditions, and visual and auditory information overload have been noted as perpetual hazards for bus operators (Gillespie et al., 2016). In addition, bus operators' work schedules often begin early in the morning or end late in the evening, which makes the occupation even more challenging. As Choi et al. (2017) noted, 20% of Los Angeles County Metropolitan Transportation Authority bus operators work more than 12 hours a day, and 14% work more than 70 hours a week.

These issues are experienced universally and have been recorded in the International Transport Workers' Federation's (ITF's) research study in 2021. This study examined the working conditions and mental health of public transit workers in Canada, Colombia, Indonesia, the Philippines, Spain, Uganda, and the United States. The study synthesized over 80 research studies and identified key risk factors that affect the mental health of frontline transit workers, including the nature of professional driving, underfunding in the industry, a hostile work climate, bus design that lacks protection from assaults, and system designs that cause traffic congestion or infrastructure shortcomings (Landsbergis et al., 2023).

One of the most serious workplace hazards for bus operators is assault. A survey of 88 transit agencies by Nakanishi and Fleming (2011) in *TCRP Synthesis 93: Practices to Protect Bus Operators from Passenger Assault* revealed that within a one-year time frame, 81% of agencies experienced verbal threats, intimidation, or harassment against operators; 60% experienced spitting on operators; 38% reported projectiles thrown at buses; 26% reported objects thrown inside buses; 5% reported assaults due to race, gender, or body size of operators; 3% reported simple assault; and 2% reported assaults involving weapons. Although a large share of the assaults involving bus operators occur in the evening, late night, and early morning, assaults are also common during the evening peak periods and school dismissal times. Similarly, although assaults are far more common for agencies with a large ridership volume and fleet size, they are also somewhat common for moderate-sized agencies and not entirely uncommon for small agencies.

Various factors contribute to assaults against bus operators, including fare enforcement, other rule enforcement (e.g., eating or drinking), cash transactions, passengers under the influence, substance use, youth-related violence, gang-related violence, mental illness of passengers, service problems (e.g., delays, service reductions), and operation in high-crime areas (Nakanishi and Fleming, 2011; CASE and TRA, 2018a; and CASE and TRA, 2018b). When experiencing assault, bus drivers have little recourse, other than fending for themselves, because they operate alone. Although bus operators can and do get support from supervisors, local law enforcement, and transit police, such responses are often not instantaneous.

Another perpetual adverse work condition for bus operators is the lack of restroom access when needed (Gillespie and Sarles, 2020). Although transit agencies consider the Occupational Safety and Health Administration (OSHA) regulations or state safety plans when preparing driver paddles for runs or trips, bus operators still face serious challenges related to restroom access. Restrooms provided by transit agencies are located mostly in bus terminals and train stations; even when a bus trip begins or ends at such locations, operators often use restrooms in shopping malls, fast-food restaurants, or similar places at the other end of the trip. Whenever there is a delay in arriving at the destination stop (e.g., traffic congestion, collisions), bus operators often do not have enough

time to use restrooms, if any are available, because of tight schedules. In a survey of transit officials and frontline workers at transit agencies operating both bus and rail systems, 29% of respondents reported that access to restrooms was one of the most serious issues, and another 46% reported that it was a significant issue (Gillespie and Sarles, 2020). Among bus operators who took the survey, 48% reported lack of access to restrooms along the route, whereas 38% reported experiencing the issue at layovers. Gillespie and Sarles (2020) noted that transit officials recognize the seriousness of the issue, but lack of funding often prevents the provision of additional restrooms.

Adverse Conditions for Train Operators and Others

While the bulk of literature on mental health among bus operators focuses on the effects of assaults, one of the primary foci of the literature on mental health among train operators is the exposure to violent accidents and death by suicide from train, often referred to as person under train (PUT) incidents. According to FRA's trespassing dashboard data, there were 539 fatalities in the United States in 2019 from trespassing incidents (FRA, n.d.), out of which 278 (52.6%) were death by suicide (FRA, 2020). Similarly, after analyzing data from the NYC subway system for the years 1990 to 2003, Gershon et al. (2008) found that 51.3% of the 668 fatalities over that period were death by suicide, 47.2% were accidental, and 1.5% were homicides. According to a recent report in the *New York Post* (Klein, 2022), 47 people died from PUT incidents involving New York subway trains during the first eight months of 2021, which means there were approximately six fatalities per month that involved subway trains in NYC. With such a high rate of PUT incidents, subway operators in New York likely experience extremely high rates of anxiety, fear, and uncertainty while working. Although railway-related fatalities are common worldwide, PUT fatalities are more problematic in the United States than in other high-income countries. For example, only 17% of railroad-related fatalities in the European Union were due to trespassing, whereas trespassing accounted for 43% of such fatalities in the United States (Topel, 2019).

Although much of the literature on the impact of PUT incidents has focused on train operators, it is worth noting that such incidents also have adverse effects on other frontline workers, such as medical emergency personnel and law enforcement personnel attending to such incidents. Media reports about shootings on NYC buses and subway trains, homicides in subway stations, and so on bear testimony to the frequent exposure to violent events endured by the public and frontline transit workers as well as other frontline workers. Some of the adverse effects experienced by bus operators, such as long work hours, difficult work schedules, and exposure to chemicals and fumes, can also be experienced by workers operating trains and working at train stations.

Finally, acts of terrorism also pose a significant risk to the physical and mental health of transit workers and other frontline workers. For example, through a survey of New York City Transit workers, Tapp et al. (2005) found significant health effects caused by dust inhalation from the World Trade Center (WTC) terrorist attack in 2001. Specifically, the study found that transit workers in the dust cloud at the time of the WTC collapse had a significantly higher risk of persistent lower respiratory and mucous membrane symptoms, depressive symptoms, and PTSD symptoms compared to those not exposed to the dust cloud. However, among exposed workers, transit workers were not at any higher risk than non-transit workers to experience PTSD, depression, or lower respiratory symptoms.

Effects of Adverse Conditions on Workers' Health and Well-Being

Transit workers experience a host of physical and mental health issues, which are often interrelated (e.g., fatigue and sleep problems). Yet, because many reviewed studies have focused on either mental or physical health—but not both—the effects of adverse work conditions on transit workers are discussed separately in two subsections. A third subsection is included to discuss

other types of effects, such as absenteeism and productivity loss, that are often consequences of mental and physical health impacts. It should be noted that the effects of adverse work conditions on transit workers' health were derived from reviewed studies, but they were not always scientifically designed observational studies. Rather, the effects were often derived from surveys of transit officials or transit workers. Thus, they are referred to as "potential effects" rather than "effects."

Potential Effects on Mental Health

Frontline transit workers are exposed to a range of potentially traumatic events, including suicide attempts; death by suicide; workplace violence, such as physical and verbal assault; witnessing or involvement with accidents; and robbery (Bender et al., 2016). In a review of 27 studies, Tse et al. (2006) mentioned several psychological effects of adverse work conditions for bus operators, including depression, anxiety, PTSD, and behavioral outcomes such as substance misuse. The study further mentions that bus riders assaulted at work often develop PTSD. Alcohol and drug use are commonly reported as coping strategies in response to occupational pain or aches and sleep problems. Based on past studies, Gillespie et al. (2014) similarly contended that fatigue and sleep disorders are common among transit workers because of the nature of their work.

In a systematic review of international studies that mostly focused on train operators but also included one study on bus operators, Carey et al. (2021) noted a high prevalence of PTSD, major depressive disorder, and anxiety disorders among transit operators. The reviewed studies examined workers' mental health immediately after critical incidents, such as PUT incidents and assaults. PTSD was found to be more common than the other two types of disorders, ranging between 0.73% and 29.9%, followed by depression, ranging between 0.05% and 16.3%, and anxiety disorders, ranging from 1.3% to 13.9%. In a systematic review of studies that only looked at train or subway operators after critical incidents, Clarner et al. (2015) found that 0.7% to 17% of operators experienced PTSD, 1% to 26% experienced persistent depression, 1.3% to 2.8% experienced major depressive episodes, and 0.5% to 1.3% experienced panic disorder. Moreover, Looi et al. (2009) found brain-level differences between transit workers with and without work-related PTSD.

Although cases involving trespasser suicides, accidents, and assaults may have longer-term effects on transit workers than minor events, Gillespie and Sarles (2020) noted that even a lack of adequate access to restrooms could have adverse psychological effects, such as fear, anger, and humiliation. In an observational study involving a small number of bus operators in Stockholm, Sweden, Rydstedt et al. (1998) found that operators' stress levels increased when assigned to routes with new features but decreased to normal after some time, indicating that assigning operators to drive in different circumstances can acutely raise work-related stress.

Other minor psychological effects of the work environment—such as operators' job strain, stress, and lack of control—have been discussed in numerous other studies, including Gomez-Ortiz et al. (2018), Poulsen et al. (2007), and Rydstedt et al. (1998). According to Rydstedt et al., work conditions associated with stress include machine-paced work, low social support from colleagues and supervisors, rotating shift work or irregular hours, contradictory work demands, role overload, and unhealthy working conditions, all of which are common concerns for public transportation operators. The lack of job control is also cited as a major contributor to stress among bus drivers, since they have little control over the pace of their work and must balance several different duties throughout their workday. Urban bus driving is also characterized by high levels of risk, where the failure to meet work demands can have serious or, in some instances, fatal consequences. Furthermore, high exposure to traffic congestion has also been shown to cause heightened psychophysiological stress. All of these conditions are common examples of stress factors on public transportation workers that can have serious long-term cardiovascular effects.

The international nature of the studies on mental health impacts of adverse work conditions of transit workers reveals a global issue rather than an issue that only affects the United States. In 2022, the Alberta Motor Transport Association conducted a survey among 55 small- and medium-sized carriers in Alberta to gauge their awareness of psychosocial hazards and their mitigation. The survey results showed a gap between the percentage of employers that indicated they were aware of their basic legal obligations to address hazards (80% of respondents) and those that indicated they had practices in place to address them (65.5% of respondents).

Potential Effects on Physical Health

Tse et al. (2006) mentioned a higher prevalence of chronic heart disease among bus operators because of exposure to noxious gases, occupational stress, hypertension, sedentary nature of work, and obesity; higher prevalence of gastrointestinal disorders because of rotating shifts, irregular meal hours, poor meal quality, prolonged seated posture; higher likelihood of developing musculoskeletal disorders from working in constrained cabins with little space for movement, whole body vibration, frequent twisting of the spine, and need for continual vigilance in high traffic conditions; and a greater propensity to experience fatigue because of shift work, longer work hours, deficient food intake, sleep deprivation, and potential exposure to violence. In a similar vein, Gillespie et al. (2014) contended that transit workers are prone to metabolic syndrome, diabetes, stroke, musculoskeletal disorders, and digestive disorders, and Gillespie et al. (2016) contended that public transit workers experience higher instances of lower back pain, shoulder problems, carpal tunnel syndrome, and lower leg vascular problems. Other studies have associated type 2 diabetes, cardiovascular disease, and musculoskeletal disorders with adverse work conditions of transit operators (Stoloff et al., 2020).

In a study involving a survey of 957 bus operators at King County Metro in the Seattle area of Washington, Steele (2018) found that the majority (85%) of operators experienced pain in at least one area of their body, which is significantly higher than the rate of pain among the general population. The study also found that 50% of bus operators who experienced pain had to take time off from work and seek medical help.

Gillespie and Sarles (2020) argued that lack of restroom access for transit operators not only can cause mental distress but also can affect operators' cardiovascular system, gastrointestinal system, urinary tract, and reproductive system. Body pain and other ergonomic issues have been discussed by other studies (e.g., Poulsen et al., 2007; Gomez-Ortiz et al., 2018).

One study that provided many details about the hazards encountered by transit workers is an edited volume by Markowitz et al. (2005) for the Transport Workers Union (TWU) Local 100 of New York City. It listed numerous chemicals and biohazards that transit workers are exposed to and names several diseases—such as cancer, HIV/AIDS, and cardiovascular disease—as potential consequences. The authors contended that the adverse impacts of these hazards on transit workers are understudied.

Importantly, Bushnell et al. (2011) emphasized that physical health impacts of work are often not recorded unless they involve injury, since physicians seldom inquire about workplace conditions during patient visits. Thus, the full impact of work on transportation workers is unknown, and the documented effects are likely underestimated.

Other Potential Effects of Adverse Work Conditions

In addition to directly impacting workers' mental and physical health, the work environments of transit workers can have certain other effects. For example, *TCRP Research Report 193: Tools and Strategies for Eliminating Assaults Against Transit Operators, Volume 1: Research Overview*

and *Volume 2: User Guide* (CASE and TRA, 2018a; CASE and TRA, 2018b) found that assaults against transit operators resulted in lost work time, damaged employee morale and productivity, and increased worker compensation payments, medical expenses, lawsuits, and liability costs. Similarly, a survey conducted by Nakanishi and Fleming (2011) found that violence against operators was significantly associated with increases in injury-related claims, absenteeism, and union grievances, and it diminishes productivity.

In many other studies, authors have discussed secondary effects of the mental health and physical health impacts of transit workers' adverse work conditions. For example, Tse et al. (2006) contended that mental and physical health effects on transit workers lead to higher rates of absenteeism and labor turnover and a greater propensity for accidents. Gomez-Ortiz et al. (2018) found that accident propensity was associated with operators' physical health issues, whereas Gillespie and Sarles (2020) proposed that mental distress from inadequate restroom access could increase accident propensity. Gertler et al. (2002) suggested that fatigue from an adverse work environment might cause accidents and productivity loss. Several other studies also mention absenteeism and productivity loss as consequences of adverse work conditions for transit workers (Ragland et al., 1998; Kompier and Di Martino, 1995; Kompier et al., 2000; Davis, 2004; and Stoloff et al., 2020). Finally, Bacharach et al. (2005) suggested that certain adverse work conditions of transit workers, such as shift work and long work hours, can cause conflicts between work and family.

Although the reviewed literature has been restricted to public transit, numerous studies beyond transit show that work-related mental health issues, such as PTSD, can have serious impacts on productivity, absenteeism, and an employer's return on investment (ROI). Stergiopoulos et al. (2011) and Pieper et al. (2019) are two examples of such studies. Stergiopoulos et al. studied the effects of eye movement desensitization and reprocessing (EMDR) treatments on public transit workers with PTSD. Results showed that 12 of the 20 patients who received treatment no longer fulfilled the criteria for PTSD at 35 months, and 10 of those 12 patients had returned to full working capacity, improving worker retention. Economic analyses of work-related health interventions by Pieper et al. found that interventions for management of depression in the workplace were "economically successful" and highlighted the potential cost-effectiveness of mental health interventions and web-based programs.

Ways to Address Adverse Work Conditions

FTA administers a national transit safety program and compliance oversight process that applies to all transit agencies and workers. The agency offers transit safety and crime prevention oversight and guidance as well as mental health resources, including access to a mental health toolkit from the U.S. Department of Labor. In 2018, FTA published the Public Transportation Agency Safety Plan (PTASP) Final Rule, requiring public transportation systems that receive federal funds to develop safety plans, including processes and procedures to implement Safety Management Systems. The PTASP went into effect in 2019. FTA also regulates drug and alcohol use policies for transit operators with the intent of reducing accidents. In addition, the agency started the Transit Workforce Center in 2021, the first technical assistance center for transit workforce development. The center focuses on the workforce development needs of urban, suburban, tribal, and rural public transportation entities, with an overarching mission to assist the industry as it recruits, hires, trains, and retains a diverse workforce. (More information about the Transit Workforce Center can be found at www.transitworkforce.org.) FTA also maintains a website focused on mental health resources for transit workers: www.transit.dot.gov/regulations-and-programs /safety/mental-health-resources.

Other agencies have developed additional reports to address adverse work conditions, both for frontline transportation employees and the general working population. The World Health

Organization (WHO) (2022) produced guidelines on mental health at work that elaborate on the interconnection between mental health and work and include recommendations on organizational interventions and training, among other topics. The U.S. Surgeon General's Workplace Mental Health & Well-Being page (U.S. Surgeon General, 2022b) stated that 76% of U.S. workers reported at least one symptom of a mental health condition, and 84% of workers said their workplace conditions contribute to at least one mental health challenge. In addition, *The U.S. Surgeon General's Framework for Workplace Mental Health and Well-Being* (U.S. Surgeon General, 2022a) established five essentials for workplace mental health and well-being: protection from harm; opportunity for growth; connection and community; mattering at work; and work–life harmony.

Only two studies could be identified that empirically examined the effects of COVID-19 on transit workers (Gershon et al., 2021; Rice et al., 2021). One recommendation common to both studies is for transit agencies to provide an adequate amount of PPE to frontline workers. Gershon et al. (2021) further suggested procedural changes in the provision of service, whereas Rice et al. (2021) emphasized workplace assessments, enhanced safety information, and communication with frontline workers about structural changes made (e.g., health and safety personnel hired).

Beyond COVID-19-specific recommendations, several studies have recommendations for how to improve transit workplace environments to promote employee wellness. Notably, while there are operator training programs designed to *avoid* potentially hostile situations, little work has focused on *proactive* resilience programs to buffer the effects of adverse situations. Thus, the first subsection discusses potential measures to reduce adverse events, such as PUT incidents and assaults, and thereby reduce the chance that transit workers will be exposed to adverse conditions. In the second subsection, a discussion is provided on proactive resilience programs based on literature from other workplaces and occupational groups. In the third subsection, a discussion is provided on typical transit practices for enhancing the wellness of transit workers, such as employee assistance programs (EAPs). Finally, the fourth subsection is an overview of the barriers to improving transit workers' mental health and well-being.

Improving Workplace Environment

The reviewed literature covers a variety of methods to improve workplace environments and mitigate transit workers' risk of exposure to adverse conditions. For example, a project to build physical platform barriers between subway trains and waiting passengers in three NYC Metropolitan Transit Authority stations is underway to reduce the probability of exposure of subway operators and other frontline workers to PUT incidents, such as accidents, deaths by suicide, and homicide. The total cost of the project is estimated to be $100 million (Deliso, 2022). This review showed that potentially less-expensive measures—such as identifying people on the platform who are at risk of suicide through real-time closed-circuit television (CCTV) surveillance (Mishara et al., 2016); identifying locations of trespassing and suicide incidents (Botha et al., 2014); and identifying season, time of day, and so on for railway suicides (Uittenbogaard and Ceccato, 2015)—may also reduce train operators' risk of exposure to PUT incidents. Furthermore, decreasing this risk would reduce operators' chances of experiencing PTSD, depression, anxiety, and other mental health symptoms and disorders.

Likewise, Operation Lifesaver is a nonprofit organization working to improve rail safety and save lives in and around rail crossings through education, and FTA's TRACS completed *Trespass and Suicide Prevention Final Report* (2021) on rail trespassing and suicide prevention. The report's recommendations include, among others, providing targeted funding for comprehensive post-fatality support programs for transit employees; developing standard suicide and trespassing prevention signage; using detection technologies to identify rail trespassing hotspots; and building low-cost physical barriers and signage around railroad rights-of-way.

Similarly, bus operators' risk of exposure to assaults can be reduced by adopting appropriate policies and protocols for policing and security, driver protection systems, voice communication and telemetry systems, surveillance and observation systems, and training (CASE and TRA, 2018a; CASE and TRA, 2018b). Nakanishi and Fleming (2011) also proposed several strategies: physical barriers to decrease risks of physical violence; emergency communication and GPS to reduce response time; video surveillance to serve as a deterrent and help with prosecution; audio surveillance to reduce verbal attacks; and legislation or regulations relating to operator assault to increase prosecution and reduce future assaults. Another important deterrent to assaults is the reduction of bus operators' role in fare enforcement. By removing the requirement for bus operators to state the fare, passenger interactions—and the potential conflict that can occur—can be reduced (CASE and TRA, 2018b). According to Gillespie and Sarles (2020), both the mental and physical health of bus operators can be addressed by constructing new restrooms at layovers and designing bus routes and runs appropriately so that operators have the time and opportunity to use restrooms when needed.

Since transit workers' fatigue and stress are often attributed to long work hours and shift work, transit agencies can reconfigure work hours and schedule runs to ensure that the most vulnerable operators have the lowest risk of exposure. This could be potentially achieved by preparing work-risk profiles for individual workers. To address fatigue and stress, Kompier et al.'s (2000) summary of interventions to prevent injuries in bus drivers found that reduced work hours for senior and partially disabled drivers, more flexible and fair vacation planning, improvements to scheduling, driver participation and ergonomic modifications in the design of seats, and improved communication were effective at reducing psychological stress and absenteeism in transit agencies. Similar interventions were implemented by the HealthyBus project in Copenhagen, which showed reductions in tight timetables, stress about violence and threats, and mistreatment from managers (Poulsen et al., 2007). Gertler et al. (2002) suggested that transit agencies consider analysis of runs, design of facilities and equipment, recruiting and hiring additional operators, and investigation of incidents, while workers should consider how they manage personal habits, behaviors, and responsibilities. Research in other fields (e.g., a meta-analysis of health professionals' work in Petrie et al., 2019) shows that rescheduling work, reducing workload, and modifying physical work environments can reduce burnout of affected workers generally.

Rydstedt et al. (1998) studied the work environment benefits of traffic interventions for public transportation operators. Key interventions included improved street maintenance, minor route configurations to avoid sharp left turns and minimize bottlenecks, increases in number and length of separated bus lanes, reductions in number of bus stops (where stops were underutilized), changes in the design of bus stops to facilitate access, and active signal priority for bus traffic. In addition to the traffic interventions, a system for automated passenger information was also implemented which included automated announcements which reduced operator interactions with passengers. Rydstedt et al. (1998) concluded that, in general, "reduced traffic congestion, safer driving conditions, and improved information systems for passengers appear to have had some positive effects on drivers' well-being."

TCRP Report 174: Improving Safety Culture in Public Transportation (Roberts et al., 2015) provided transit agencies with further strategies to improve the workplace environment for transit workers by developing a safety culture. Although an organization's safety culture primarily involves its health and safety programs, organizations with good safety culture also demonstrate mutual trust and a shared perception of safety among all employees. Characteristics of good psychological safety culture include strong leadership commitment; provision of safety resources; emphasis on learning, education, and training; union involvement; honest and open communication; performance monitoring; and fair treatment of employees, among others. The report listed the following components of safety culture and included case studies that indicate transit

agencies were most lacking regarding the last two components (i.e., employee recognition and rewards, organizational trust).

- Strong leadership, management, and organizational commitment to safety;
- Employee/union shared ownership and participation;
- Effective safety communication;
- Proactive use of safety data, key indicators, and benchmarking;
- Organizational learning;
- Consistent safety reporting and investigation for prevention;
- Employee recognition and rewards; and
- High level of organizational trust.

TCRP Report 174 provided several suggestions for improving transit agencies' safety culture. However, perhaps the most important takeaway is the need for transit management to take primary responsibility and collectively work with employee leaders to develop a road map.

Although the literature on improving workplace environments within the public transit context is varied, several studies highlight the effectiveness of certain approaches. For example, Cavallari et al. (2021) showed that increasing the predictability of work schedules and reducing the work intensity of transportation workers can reduce burnout. Based on a review of 24 peer-reviewed articles, Lindberg and Vingård (2012) concluded that the workplace environment is healthy when there are chances for collaboration and teamwork, potential for growth and development, and recognition and employee involvement; when leaders are positive, accessible, and fair; when there are opportunities for autonomy and empowerment; when communication is clear; and when the physical work environment is safe.

Reducing the Impact of Adverse Environments

Several studies were found that cover treatment of PTSD and other mental illnesses, including a small, primarily randomized control study to examine the effect of EMDR (Hogberg et al., 2007). This study involved 24 public transit workers who were experiencing PTSD after PUT incidents and assaults. After treatment, the study found that 67% of the EMDR group and 11% of the control group no longer met the criteria for PTSD.

Health-promoting programs already provided by many transit agencies, as discussed in the next subsection, can help workers cope with day-to-day adverse conditions in the workplace. Although evaluations of such programs are rare, studies beyond the realm of public transit show that certain components of similar programs—such as mindfulness training—are highly effective in mitigating workers' anxiety and stress. Because existing transit agency programs are highly relevant to this research, they are discussed in a later section.

Although some studies suggest training programs could reduce operators' risk of aggression due to disputes, it is rare for such studies to discuss proactive resilience training programs that prepare workers for hostile work environments. For example, in *TCRP Synthesis 93*, Nakanishi and Fleming (2011) mentioned that nearly all bus operators received training on customer relations, conflict mitigation, and diversity, whereas only 33% received training on self-defense. There was no mention of resilience training.

A large body of literature (outside of public transit) shows the benefits of such proactive resilience training. The number of studies on such resilience training programs is large enough to allow Robertson et al. (2015) to review 14 studies and Joyce et al. (2018) to undertake a meta-analysis involving 11 randomized trial studies.

Proactive resilience programs typically instill problem-solving skills, self-efficacy, optimism, self-regulation, emotional awareness, flexibility, empathy, and healthy relationships with others

(Robertson et al., 2015). These programs can be thought of as mental health "prep" programs to help build individuals' resilience and ability to cope with distress. Such programs have been used to prepare intensive-care nurses, college students, cancer survivors, youth workers, radiologists, immigrants, physicians, military officers, police officers, educators, entrepreneurs, and general office workers (Robertson et al., 2015; Joyce et al., 2018). No explicit mention of transit workers was found in the reviewed literature on proactive resilience training.

Perhaps the most well-known resilience training program in the United States is the Master Resilience Trainer program developed at the University of Pennsylvania to train military personnel (Reivich et al., 2011). The program uses validated concepts from positive psychology—such as identifying strengths, cultivating gratitude, and improving relationships—to enhance cognitive and social skills. Another well-known and popular program is the READY (Resilience and Activity for every DaY) program, which enhances positive emotions, cognitive flexibility, social support, life meaning, and active coping (Burton et al., 2010). The program has been successfully used in numerous circumstances, including workplaces with diverse characteristics.

In addition to teaching how to prepare for and effectively encounter hostile environments, resilience training programs also teach empathy and healthy relationships, which can make them beneficial not only to frontline transit workers but also to managerial staff who make organizational decisions.

Typical Health and Wellness–Promoting Practices of Transit Agencies

At the time of writing, no comprehensive review of transit agencies' health and wellness programs has been published since *TCRP Synthesis 52: Transit Operator Health and Wellness Programs*, released two decades ago (Davis, 2004). Based on a survey of 14 transit agencies and 6 case studies, the synthesis included the following findings.

- A program's success depends on management and union support.
- Some health and wellness programs are visible, but others are not.
- Some agencies have health and wellness committees, but others have personnel attached to health and wellness. In some agencies, health and wellness personnel have other responsibilities, limiting their time and effort in this area.
- Most health and wellness programs are organizationally linked with other programs, such as safety, benefits, and workers' compensation. This practice allows health and wellness programs to maintain a higher profile.
- Although agencies often have annual operating plans, goals, and objectives, program evaluations are rare. Assessment of participant satisfaction is the most common method for program evaluation.

The synthesis also revealed that "health education, exercise, stress management, employee assistance, nutrition, smoking cessation, maintaining mental health, cardiovascular disease prevention, and disease management programs" were the most common endeavors undertaken by wellness programs (Davis, 2004, p. 2). In a subsequent TCRP study, *TCRP Report 169: Developing Best-Practice Guidelines for Improving Bus Operator Health and Retention*, a survey of U.S. and Canadian transit agencies and unions showed that only 50% of agencies had ongoing workplace health-promotion programs, which was lower than the percentage (63%) reported by the Kaiser Foundation for all types of employers at that time (Gillespie et al., 2014). The report authors also noted that transit agencies' health-promoting programs were sporadic, and only one-third of small agencies had health-promoting programs compared to 50% for all agencies.

Because of the scarcity of recent reviews of transit agencies' wellness programs or EAPs, a preliminary investigation into the components of wellness programs was conducted through searches of transit agency websites. The following list includes a few examples.

- Utah Transit Authority's (UTA's) wellness program includes (a) Free Health and Wellness Center, a free on-site clinic for insured employees and their dependents that treats both acute and chronic conditions and provides annual physicals, health coaching, lab work, and sleep apnea testing; (b) PACE (Participation, Activity, Commitment, and Evaluation) program that offers confidential biometric screening, tobacco cessation programs, weight loss programs, and health coaching for free to employees and their insured spouses; (c) on-site fitness center at every facility that can be used by employees and spouses; and (d) an EAP that offers unlimited face-to-face confidential counseling assistance for personal matters for employees and their household members.
- The employee wellness program of Pace (the suburban bus division of the Regional Transportation Authority in the Chicago metropolitan area) offers annual biometric screening and cardio screening. Its EAP Concierge Work-Life Services include services related to sleeping difficulties, weight control, loss of loved ones, emotional issues, depression, eating disorders, relationship concerns, workplace concerns, family relationships, smoking cessation, coping with a serious illness, caregiver support, resolving legal problems, childcare, and substance misuse.
- The Balanced You program offered by King County, Washington, is available to its Metro workers. Its two main programs are its EAP and the Making Life Easier Program (MLEP). The EAP deals with workplace stress, coaching and consulting, conflict with coworkers, supervisor support, and so on. The MLEP includes personal counseling, legal and financial services, childcare services, and adult and elder care services. Through a partnership with Mindfulness Northwest, Balanced You also offers mindfulness classes to employees.
- Orange County Transportation Authority's EAP provides employees with access to resources for (a) crisis and disaster management, (b) stress management, (c) staying healthy, (d) self-improvement, and (e) trauma, grief, and loss counseling.

Although these transit agencies provide a reasonable amount of information about the content of their health and wellness programs, there is little or no information on the websites of many other agencies about their programs. Information from such agencies can only be obtained through outreach. Furthermore, information about program costs and benefits; program participation rates; the role of employees, management, and unions in shaping the programs; the potential for attaching stigma to program participation; and so on cannot be obtained from websites, even when agencies describe their program components well. Such information has to be collected through surveys, focus groups, and interviews.

A review of studies beyond the realm of public transit shows that certain components of health and wellness programs of transit agencies may be beneficial to transit workers generally. For example, in a study involving a meta-analysis of 23 randomized control studies, Bartlett et al. (2019) found that workplace mindfulness programs are beneficial to address workers' stress, anxiety, psychological distress, well-being, and sleep. In another study involving meta-analysis, Karabinski et al. (2021) found that detachment training had beneficial effects on workers. In a review of 10 studies, Ravalier et al. (2016) found conclusive evidence of a positive effect of mindfulness and meditation, but they did not find evidence that relaxation programs were beneficial. Wright et al. (2017) and Slemp et al. (2019) also found similar positive effects of mindfulness training, but Slemp et al. noted that the effects were modest.

Other findings on the effectiveness of worker-oriented health programs are also relevant to this study. For example, Carolan et al. (2017) and Ryan et al. (2017) found that web-based wellness programs offered by employers are generally beneficial. Carolan et al. (2017) also found that web-based interventions provided in a shorter time frame (six to seven weeks), SMS and emails, and persuasive technology for self-monitoring and tailoring have the greatest effect on workers' program engagement and adherence. Ryan et al. (2017) noted that individual-focused, web-based programs have greater effectiveness than organization-focused programs. Thus,

interventions focused on individual workers rather than workplace structure or procedures may be more effective at reducing mental health distress. In a review of 30 studies on workplace psychological aggression, Pacheco et al. (2021) concluded that workers need support from supervisors, managers, and coworkers for a workplace to be healthy and aggression-free. Useche et al. (2021) and Bacharach et al. (2005) similarly showed the importance of supervisor support and peer support in reducing job stress.

Steps taken by transit agencies beyond health-promoting programs can also be beneficial for workers. However, very little literature is available on efforts by transit agencies in that regard. In a study involving transit agencies from several countries that was published more than 20 years ago, Kompier et al. (2000) showed that health-promoting courses and activities were considered highly effective, but improving communication and creating new workgroup structures were also effective.

Barriers to Improving Mental Health and Well-Being

Although several review studies, some involving meta-analysis of scientifically conducted empirical studies, show definitive positive effects of employer-provided health and wellness programs, there are many barriers to treatment, participation, and access to benefits.

1. Gillespie et al. (2014) found that only 50% of agencies provide such services—thus, half of all transit workers have no access to mental health services or programs. As noted by the same study, workers from smaller agencies are less likely to have access to such programs.
2. Long work hours and shift work cause fatigue, which can prevent workers from participating in wellness programs and services (Gertler et al., 2002). Said another way, the job itself is so demanding that it can prevent workers from seeking out any services, even if they would be beneficial, due to fatigue and exhaustion.
3. As found by Bance et al. (2014), transit workers are often reluctant to seek treatment or participate in health programs because of an overwhelming amount of paperwork (bureaucracy); negative interaction with management; and personal or household financial constraints. How insignificant operators can feel about their status within transit agencies is revealed in this quote from an interviewee: "I have a badge number and basically I'm a number, I'm part of the system. They want the service out there and that's about it. As long as those buses are on time" (Bance et al., 2014, p. 7).
4. As Bowles et al. (2017) observed in a study involving semi-structured interviews with transit workers, organizational practices and management leadership style often create an atmosphere of distrust among workers, which in turn can discourage workers from seeking assistance provided by employers.
5. Other factors, such as attrition, turnover, conflict between worker groups, resistance to change, and authoritarian leadership style, can also prevent workers from seeking assistance provided by transit agencies (Kompier et al., 2000).

There has not been much discussion in recent surface transit literature about removing barriers or enhancing the participation of workers in programs and services provided by employers. However, a recent study on airport workers' participation in similar programs and services, *ACRP Synthesis 113: Airport Workforce Programs Supporting Employee Well-Being*, is instructive because surface transit workers and airport workers both encounter some of the same issues, such as public-facing work environment, long work hours, and the potential to encounter violent incidents (Alexander et al., 2020). The following two passages about removing barriers to workers' participation in programs and services provided by employers could also be beneficial to surface transit.

> The success of a well-being program requires more than encouraging physical modifications and dietary improvements. Implementing a new well-being program does not mean that it will automatically be effective. Various elements can help to increase participation in well-being programs and, ultimately, the success

of these programs. Some of the factors that can help to increase employee participation in well-being programs include leadership buy-in, identifying champions for the well-being offerings, and forming committees to help select well-being offerings and evaluate their success. . . .

. . . For wellness programs that are successful, leaders consistently express the importance of employee health and well-being to the organization through their words, actions, and policies and devote sufficient resources to health promotion efforts, even if programs are not expected to save money immediately. (Alexander et al., 2020, pp. 16–17)

One way to convince transit agency leadership about the positive impact of employer-provided programs and services would be to demonstrate their positive economic impacts, such as any productivity gain or reduction in absenteeism. However, one such effort in *TCRP Research Report 217: Improving the Health and Safety of Transit Workers with Corresponding Impacts on the Bottom Line* failed to find evidence of reduced absenteeism for four of the five agencies for which data were analyzed (Stoloff et al., 2020). Such results are not necessarily surprising, for two reasons. First, productivity is a secondary benefit, whereas improvement in health and well-being is a primary benefit. The mechanism by which employer-provided programs and services affect workers' personal well-being, and how that enhanced well-being affects productivity or absenteeism, may not be identifiable by the type of regression model used by Stoloff et al. (2020). Second, if workers do not participate in programs and services provided by employers, one cannot expect them to have positive economic outcomes. Since the relationship between employer-provided programs and services and worker productivity is complex, it may be more sensible to demonstrate the impact of programs and services on personal mental health and well-being. This may also increase workers' desire for such programs and services and help remove the barriers that prevent workers from seeking and participating in such programs and services.

Impact of COVID-19 on Public Transit

COVID-19 Infection and Mortality Among Public Transit Workers

As of the first week of April 2022, COVID-19 had killed 6.2 million people worldwide and almost 1 million in the United States alone, according to Johns Hopkins University's COVID-19 website (https://coronavirus.jhu.edu/map.html). The pandemic has had a disproportionately greater impact on the health and well-being of transit workers. Transit workers were declared essential critical infrastructure workers by the federal government and continued to work during initial COVID-19 shutdowns. According to a report by APTA, during the first 15 months of the pandemic (March 2020–May 2021), 48,511 public transit workers in the United States were infected with the coronavirus, and 478 of them died from COVID-19 (Mader, 2021). Tomasi et al. (2021) found that, during the first five months of the pandemic, COVID-19 killed 118 public transit workers in the New York metropolitan area—the first epicenter of the pandemic in the United States. The study also showed that most victims were male (83%) and older (median age of 58). Because of the nature of COVID-19 transmission, vehicle operators (46%) and workers with public contact (57%) represented a disproportionately larger share of the victims. The disproportionately worse health effects of the pandemic on transportation workers seem to be universal: A countrywide analysis by Nafilyan et al. (2021) showed a very high mortality hazard ratio for workers in the United Kingdom, and a very high level of excess deaths was found among transportation workers in California by Chen et al. (2021).

Age-specific COVID-19 mortality data by occupation within the transportation sector could not be located. However, it can be inferred from Tomasi et al. (2021) and a study by the Shared Use Mobility Center (SUMC) (2021) that bus operators might have constituted a disproportionately larger share of victims nationally. (This is because bus operators are typically older than other transportation workers, on average, and older workers experienced disproportionately worse health effects from COVID-19.) For example, the SUMC report showed that the median

age of urban bus operators was 52.1 years in 2020, whereas the median age for all transportation workers was only 42.5 years.

Impact of COVID-19 on Mental Health of Transit Workers

A recent NCHRP/TCRP research report mentioned that a pandemic like COVID-19 affects workers' confidence, morale, trust, bonds, and stress, as well as personal and household expenditures and income (Matherly et al., 2021). The study did not provide empirical evidence of these effects; however, there are two empirical studies—by Gershon et al. (2021) and Rice et al. (2021)—that specifically addressed the impact of the COVID-19 pandemic on mental health in public transit workers. These studies provided insights not only about variables that could potentially affect the mental health of transit workers but also about survey protocols and questionnaire design, as well as methods of data analysis. Because these studies were far more relevant to the research project, they have been described in more detail than other studies in this report.

Gershon et al. (2021) collected data from 645 transit workers (bus and subway) via random sampling in New York City through convenient sampling in August 2020, approximately five months after the pandemic began. The TWU Local 100 leadership emailed the online survey link to 3,000 workers, stratified by job type. The study provided a detailed description of the 645 workers who responded, including race, ethnicity, gender, and age. It also showed the level of access that sampled workers had to diverse types of PPE.

To measure mental health symptoms, Gershon et al. (2021) used the General Health Questionnaire (GHQ-4), a four-item, self-report screener for anxiety and depression symptoms. Logistic regression models were used to predict the likelihood of COVID-19 infection, experiencing fear of COVID-19 infection, and developing any mental health symptoms. It used preexisting medical conditions (Y/N), age (<50/50+), gender, race, Hispanic ethnicity, marital status, number of household members, and household members with chronic illness as common independent or explanatory variables to predict the likelihood of COVID-19 infection. There were not many emergent predictors of virus infection. Instead, the only significant predictor of infection likelihood was the difficulty of acquiring PPE, such that difficulty of obtaining PPE was associated with an increased likelihood of COVID-19 infection. In addition, knowing someone with COVID-19, history of home quarantine, history of COVID-19 infection, public-facing nature of work, difficulty acquiring PPE, and having a plexiglass barrier were associated with greater fear of COVID-19. The presence of physical barriers (such as plexiglass) may contribute to workers' awareness and concern about viral infection; however, data indicated that signage about social distancing, physical barriers, and fewer passengers were associated with *lower* work-related fear. The model on mental health symptoms used variables that were mostly similar to those of the COVID-19 infection and fear of COVID-19 infection models, but it included fear of COVID-19 as an additional predictor. Results indicated that people who feared COVID-19 were six times more likely to have anxiety or depression symptoms. One of the study's conclusions was that transit agencies can reduce fear of a pandemic by providing an adequate amount of PPE and making procedural changes via signage and limiting passenger numbers, which could have a positive effect on mental health.

The study by Rice et al. (2021) involved public transit workers from Oregon. A total of 174 transit workers were recruited for a survey, with assistance from labor unions. Nine transit agencies were approached; four of them participated. Survey respondents were recruited by placing posters in garages and flyers in employee mailboxes, and a union mailing flyers to its members. Of the respondents, 67% were bus operators, whereas the other 33% included rail/streetcar operators, vehicle maintenance workers, facility maintenance workers, administrative support staff, and other support staff.

For data analysis, the study used a structural equation model. The model first predicted workers' risk perception with the nature of work (public facing or not), race (Black, Indigenous, and people of color), age, work-hour shift, job insecurity, and perception of the Centers for Disease Control and Prevention's (CDC's) response based on survey responses. Including the first two of these variables and the factor developed in the first step, the model predicted depressive symptoms, anxiety symptoms, work stress, and overall health. The two-item Patient Health Questionnaire (PHQ) was used for mental health assessment. The key findings of the research were

- Public-facing work, BIPOC, and job insecurity increase risk perception, a factor developed by confirmatory factor analysis;
- Risk perception increases anxiety symptoms and work stress and decreases overall health but has no effect on depressive symptoms;
- Public-facing work increases the chances of developing depressive symptoms; and
- Overall health is lower for BIPOC.

Study recommendations include the provision of adequate PPE; safety information; enhanced communication with workers, especially about structural changes; workplace assessments; and assessment of direct and indirect effects of public-facing work.

Impact of COVID-19 on Transit Service and Hiring

COVID-19 also had unprecedented adverse effects on the U.S. transit industry. However, the effects have not been felt uniformly by all transit agencies. A study by the CTAA (Mader, 2021) found that 72% of the transit agencies reduced service during the pandemic, and 15 months later, 37% still provided service at a reduced level. A survey conducted by APTA in January 2021 revealed that out of the 130 responding agencies, 22% had laid off staff, 17% furloughed workers, 65% cut services, 32% eliminated routes, and 15% reduced days of service (Dickens, 2021). In addition, 44% of the agencies reported that their service level was less than 75% of their pre-COVID level. Thus, many agencies were considering further actions to reduce the number of workers and service level.

The cutbacks on employment and service levels because of COVID-19 were consistent with substantially lower demand for transit service. As revealed by a 2021 national survey covering 97 metropolitan areas of the United States, 90% of riders were not comfortable making transit trips, and 75% reported making fewer transit trips than before the pandemic (Parker et al., 2021). A national study by Liu et al. (2020) that covered 200 cities and examined ridership change during the first three months of the pandemic drew similar conclusions. However, both studies showed that the pandemic had varying effects on trips made by people belonging to different socioeconomic groups. Statistical analyses by Liu et al. (2020) revealed that communities with higher proportions of essential workers, African Americans, Hispanics, females, and residents over 45 years old, as well as communities where more coronavirus Google searches were made, maintained higher levels of demand during the first three months of the pandemic. Furthermore, Parker et al. (2021) found that riders with lower incomes were more likely to continue riding transit compared to riders with higher incomes. These studies seem to indicate that public transit may be more sustainable in areas with larger proportions of low-income and minority populations compared to other areas, at least until the adverse effects of COVID-19 decrease substantially.

During the pandemic, transit agencies adopted a number of measures to mitigate the effects of COVID-19 on transit riders and workers. Some of these changes include

- Improve cleaning service;
- Reduce schedules;
- Reduce onboard capacity limits;

- Run only drop-off service after reaching capacity;
- Require masks on board vehicles;
- Install mask and hand sanitizer dispensers in vehicles;
- Switch to rear-door boarding;
- Implement the six-feet social distancing rule; and
- Install protective physical barriers between operators and passengers. (Mader, 2021)

Some transit agencies adopted measures to address frontline workers' needs specifically, including

- Work with labor unions to change schedules (e.g., Port Authority of Allegheny County);
- Allow workers to use special administrative leave instead of sick time (e.g., Port Authority of Allegheny County);
- Approve hazard pay for frontline workers (e.g., Heart of Iowa Regional Transit Authority, New Orleans Regional Transit Authority); and
- Give priority to transit workers for receiving vaccines.

A comparison of national data from the Bureau of Labor Statistics for May 2019 and May 2020 shows that the number of jobs for the occupational category "Bus Drivers, Transit and Intercity" decreased from 179,510 to 162,850, a decrease of approximately 9.3%. For the same period, median annual wages for the occupational category increased from $43,030 to $48,620, an increase of 13% (U.S. Bureau of Labor Statistics, 2020; 2021). These changes reflect the shortage of transit frontline workers in the peri-COVID-19 period, especially bus operators, which has been a concern for many transit agencies. The decrease in bus operators despite the increase in median wages could also demonstrate how wages are not the definitive factor in the decline of frontline transit jobs.

Even media reports now show the difficulties faced by transit agencies in hiring bus operators (Perrero, 2022). A survey conducted by APTA in February 2022 revealed the difficulties that transit agencies experience in hiring frontline workers (Dickens, 2022). Among the 117 transit agencies surveyed, 92% reported having difficulty hiring new employees, especially bus operators; 71% reported having to decrease service level or delay increasing service level because of labor shortage; 52% increased starting pay; 39% implemented referral bonuses; and 17% implemented retention bonuses.

Some information on agency-specific efforts is also available (Thompson, 2021). For example, NJ TRANSIT began to pay sign-on bonuses of $6,000, and Metropolitan Atlanta Rapid Transit Authority (MARTA) began to provide one-time payments of $3,500 to various types of frontline workers (Thompson, 2021). Bonuses can be structured in various ways; for example, sign-on bonuses may be paid in different amounts at different times, such as once at the start of service, again once operators complete their initial training, and again after six months.

As indicated in the APTA survey from February 2022, almost 62% of responding agencies reported having difficulty retaining employees. According to a worker survey that APTA conducted in 2023, many factors contributed to workers quitting, such as (in descending order of importance) work schedules, compensation, "other" working conditions, on-the-job harassment or assault, and concerns over contracting COVID-19 on the job. Difficulty retaining frontline transit workers appears to be the result of multiple factors, with stressors from everyday working conditions being an underlying reason why transit workers are leaving their jobs. If not addressed properly, these everyday stressors can develop into mental health issues with long-term impacts on current and former operators.

Transit agencies are struggling to hire and retain frontline workers, despite providing pay raises and other incentives, because of the lived experiences of transit frontline workers during the pandemic, as well as the perception of risk among people who could potentially work as frontline transit employees. As discussed in the 2023 APTA report, transit frontline workers have had to

work in difficult environments since before the pandemic, which contributes to poorer mental and physical health compared to most other occupations. COVID-19 has had a compounding effect on an already adverse work environment, potentially leading to even worse outcomes in terms of health and well-being. However, COVID-19 also seems to provide an opportunity to negotiate a better work environment for frontline transit workers.

With the COVID-19 pandemic's persistence for over two years, repeated surges affecting millions of people, the emergence of new virus variants (e.g., Delta, Omicron BA.1, Omicron BA.2), and various predictions from the nation's public health experts as to whether circumstances will ever be like pre-pandemic times, it is difficult to predict how the nature of public transportation in this country will change. A recent report for APTA by Freemark et al. (2021) on post-pandemic travel showed that more transit agencies expect overall ridership to decrease (45% decrease vs. 20% increase), and they expect a substantial reduction in the numbers of white-collar riders and peak-period riders. If these changes materialize, and service revisions are made because of such changes, they could potentially impact the health and well-being of the future transit workforce.

Although COVID-19 made recruiting frontline transit workers more difficult, recruiting and retaining such workers have always been challenging for transit agencies. *TCRP Report 77: Managing Transit's Workforce in the New Millennium* (McGlothin Davis, Inc., and Corporate Strategies, Inc., 2002) noted that (a) retaining frontline workers is more challenging for larger agencies than smaller agencies, (b) retention is easier when workers are treated with dignity, (c) there is a need for greater joint efforts between agencies and unions through labor-management committees for retaining workers, and (d) agencies must be open to an organizational culture change that prioritizes inclusion, respect, and appreciation.

Literature Review Conclusion

This review began with the perpetually adverse work conditions of transit workers and their effects on workers' mental health, physical health, and overall well-being. A large number of studies, including some rigorous reviews, showed strong evidence of the adverse effects. For example, there is clear evidence of PUT incidents and assaults negatively impacting train operators' and bus operators' mental health. The subsequent review of approaches to reduce exposure to adverse conditions and incidents showed many ways to reduce exposure, including building physical platform barriers at stations. However, such measures are expensive, and they cannot prevent trespassing in areas outside stations (e.g., at level crossings), which is a more serious problem in the United States than other high-income countries. It may be possible to reduce suicides by monitoring individuals through live CCTV; however, the effectiveness of such efforts has not yet been seriously tested.

Several studies on the adverse effects of work environment on bus operators were also reviewed. Although assaults appear to have the gravest consequences, bus operators constantly operate in inconvenient physical spaces and stressful conditions. For example, one study from the Seattle area found that 85% of bus operators suffer from pain in various body parts. Another study from Los Angeles showed that a large proportion of bus operators work significantly longer hours than typical workers. Restroom access is also a serious problem because of the inadequate number of restrooms along bus routes and at layovers. Several suggestions have been made by past studies, including redesign of operator workstations, less stressful schedules, and shorter work hours. Workplace conditions such as restroom access, varying schedules, exposure to COVID-19, and assault contribute to agencies' ability to retain frontline workers.

The review of transit agencies' health-promoting programs and services showed that about half of all agencies make such provisions, but only about one-third of small agencies make such provisions. While some agencies provide information about such programs and services on their

websites, many do not. Assessment of programs and services provided by transit agencies for workers has been rare, but a review of the effectiveness of certain components (e.g., mindfulness training) in mainstream studies showed that they may be highly effective in addressing the mental health of workers. Although preparatory training for resiliency is nearly guaranteed for certain demanding professions, such as military personnel and physicians, little evidence was found about such training among transit workers.

It appears from the review that participation by transit workers in health and wellness-promoting programs is often voluntary. The reviewed literature showed that organizational practices and leadership styles of managers often create an atmosphere of distrust among workers. Studies have shown that visible labor-management collaboration, leadership buy-in, and identifying champions among workers are crucial for the success of employer-provided health-promoting programs and services. While a demonstration of economic benefits to transit agencies through productivity gain could be convincing to managers, some suggest managers should not expect short-term economic benefits because the effects of such programs and services are likely to be evident only in the long run.

This literature review included an exploration of the limited number of studies that have been published to date on the effects of COVID-19 on transit workers and transit agencies. The research team found two studies on the effects of COVID-19 on transit workers, and both showed statistically significant adverse effects. Both studies also recommended adequate provision of PPE to transit workers to reduce the pandemic's impact. The review also showed that the pandemic has had a profound effect on transit ridership, which has led to a great deal of uncertainty about the nature of transit in the future. COVID-19-related research showed that the pandemic has had a significant impact on the transit labor force. Many frontline workers departed because of COVID-19 and restructuring of the overall labor market. Because of the disproportionate effects of the virus on different age groups, it appears that departures have been more common among older workers, who are usually more experienced. It is difficult to predict what the long-term consequences of COVID-19 will be, but managers will have to create better work environments for frontline workers if the current labor shortage continues.

One of the primary objectives of this review was to assess how past studies conducted outreach with transit agencies and what analytical methods researchers used in quantitative studies. The review showed that most TCRP studies conducted outreach with transit agencies rather than interacting directly with transit workers, but many other studies involved direct interaction with workers. These interactions were mostly conducted through surveys, but in some cases, semi-structured interviews were also conducted. Finally, the review showed that the statistical models used in past studies are conventional.

Agency Interviews and Union Interview

Introduction

As part of the research project, multiple virtual group interviews were conducted with a diverse set of transit agencies. Each agency gathered staff who were knowledgeable about the experiences of frontline workers and were able to discuss existing programs, policies, and tools that the agency had in place related to supporting workers' mental health and wellness. The staff who participated in the agency interviews were not frontline workers themselves but rather those who managed or oversaw frontline workers. The types of staff included

- Direct managers or supervisors for frontline workers, such as street supervisors, dispatching managers, and other managers working in operational functions of transit agencies;
- Lead schedulers responsible for creating work schedules for operators;
- Trainers for frontline employees;
- Human resources (HR) managers;
- Union representatives; and
- Safety officers and transit police force commanders.

In addition to the interviews with transit agencies, there was one interview with a group of transit union leaders from around the United States. Similar questions were asked of the union representatives about the experiences of frontline transit workers and how transit agencies addressed these issues through policies and programs.

The following list includes some key observations from the interviews.

- Interviewees confirmed that many of the well-documented causes and stressors impacting transit workers' mental health and wellness continue to be barriers and challenges. These include assaults and confrontations; PTSD from passenger events such as PUT incidents and suicides; split shifts and inconsistent work schedules contributing to poor nutrition and lack of sleep; extended periods of sitting and inactivity; lack of time for exercise; and lack of bathroom access.
- Additional causes and stressors for mental health and wellness include overall poor morale among frontline workers; feelings of loneliness and isolation; transit workforce shortages; introduction of a younger workforce and workers who are new to transit; and other cultural and diversity aspects of the workplace that can lead to conflict and miscommunication.
- The COVID-19 pandemic instilled a lot of fear and anxiety among frontline workers. Uncertainty around policies and communication contributed to their stress, in addition to the fear of exposure. As the United States continues to emerge from the pandemic, continued stress over exposure lingers. In addition, workers felt undervalued and unsupported during the height of the pandemic, and this continues to impact employee morale.
- More resources and a clear commitment from leadership are necessary for mental health, wellness, and resiliency practices to be successful and make a positive impact on frontline workers.

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- Employees, unions, and leadership collaborating to develop and implement practices is critical for removing stigmas and gaining trust.
- Stigmas around mental health and confidentiality are still a barrier for some. From the top down, leaders need to demonstrate that it is acceptable, and even encouraged, to prioritize self-care.
- Better communication and marketing of existing resources are needed to increase the visibility and use of existing programs and resources; promotions should be designed with work locations, schedules, and working conditions of frontline employees in mind.
- More funding and staff resources are needed to address barriers and to develop, implement, and support programs aimed at improving mental health, wellness, and resiliency. This includes staff dedicated to implementing and monitoring holistic wellness programs.
- Agencies and union representatives expressed a need for more staff with mental health expertise (e.g., counselors and medical professionals) and a need for new training (e.g., trainings on de-escalation, sensitivity and empathy, and resiliency). Partnerships with specialized organizations could help bridge the gap in staff expertise.
- Increasing employee benefit offerings to better support and retain frontline workers is necessary. This includes incentivizing the use of wellness programming and finding ways to support staff in caregiving roles.
- Mentoring and supporting frontline workers is critical for their mental health and wellness as well as for retention. Programs to better support new workers throughout onboarding should extend beyond the initial training period. Specialized teams trained in de-escalation, mental health, and safety should be created to provide immediate and ongoing incident response.
- Agencies also noted a need to revisit operational policies and rethink how they can be modified to fit the needs of an evolving workforce. New policies and procedures should incorporate empathy and trauma-informed care in their design.

Interview Selection Approach

Transit agencies were identified as potential interview participants based on their responses to an interest form designed to assess their willingness to participate. The interest form was circulated in May 2022. Of those agencies willing to participate, 10 were selected, representing a cross section of agencies in

- Various geographies (rural, suburban, urban);
- Regions in North America (Northeast, Southeast, Midwest, Gulf, West Coast, and Northwest);
- Size (based on vehicles in maximum operation—small, medium, large);
- Mode (rail, light rail, bus, microtransit, and paratransit/demand-response);
- Union presence (unionized and nonunionized frontline workers); and
- Presence of programs, policies, or tools to address frontline employee mental health, wellness, or resilience.

Potential agencies were contacted to schedule interviews and identify participants. In instances where the primary agency was no longer able to participate, backups were chosen from a secondary list. The agencies that were interviewed are shown in Table 2.1 and Figure 2.1.

At the request of the panel, one additional focus group session with frontline workers and two separate interviews with union representatives were conducted. These union leaders represented transit workers in a variety of modes across six states and the District of Columbia.

Defining Frontline Workers

Interviewees indicated that the definition of "frontline workers" extends far beyond people who operate transit vehicles. Frontline workers are staff that interact with the public, which can

Table 2.1.   Interviewed agencies.

Large (301 or more vehicles in max operations)	Medium (51–300 vehicles in max operations)	Small (fewer than 50 vehicles in max operations)
Metropolitan Atlanta Rapid Transit Authority (MARTA), Atlanta, GA	County of Hawai'i Mass Transit Agency (Hele-On), Hilo, HI	Flint Hills Area Transportation Agency (ATA Bus), Manhattan, KS
Metro Transit, Minneapolis/St. Paul, MN	Indianapolis Public Transportation Corporation DBA (IndyGo), Indianapolis, IN	Cape Fear Public Transportation Authority (Wave Transit), Wilmington, NC
Santa Clara Valley Transportation Authority (VTA), San Jose, CA	Metrolink, Los Angeles, CA	
Sun Tran, Tucson, AZ	Central Oklahoma Transportation and Parking Authority (EMBARK), Oklahoma City, OK	

include station agents; people who work with ticketing machines; fare inspectors; mechanics who may engage with the public while reporting on-site for vehicle or other repairs; customer service representatives; dispatchers; transit police; and other cleaning and maintenance staff. The age and education levels of frontline workers span a broad range—from 18 years to near retirement and from high school to higher levels of education, respectively. While demographic characteristics were diverse, many transit agencies noted that they have an aging workforce, particularly among vehicle operators. They also noted that since the pandemic, retirements have increased, forcing the agencies to hire younger workers more often.

Figure 2.1.   Transit agencies and states represented in interviews.

Causes and Factors That Impact Mental Health

This section provides a detailed summary of factors that impact the mental health of frontline transit workers. The interviews consistently mentioned well-known, documented impacts on mental health and provided an opportunity to explore other factors that may not be as widely known or reported on (e.g., impact of balancing work with family care).

Well-Known, Documented Causes and Factors

Many factors that impact the mental health of workers are commonly associated with frontline transit work, such as

- Assaults and confrontations;
- PTSD from passenger events such as PUT incidents and suicides;
- Split shifts and inconsistent work schedules, which contribute to poor nutrition and lack of sleep;
- Poor communication between frontline workers and management;
- Not enough post-incident support;
- Not enough leadership transparency in decision-making;
- Extended periods of sitting and inactivity;
- Lack of time for exercise; and
- Lack of bathroom access.

The following subsections explore these well-known factors, introduce additional causes and factors, and explain interview findings about them in detail.

Assaults and Confrontations

Direct engagement with the public was often cited as a source of stress for frontline staff. Users of the transit system can become confrontational with operators, frontline staff, and each other, which can include physical altercations. Operators who are responsible for mentioning fare policies to riders can be met with aggressive reactions, but if they do not mention fares, they may face repercussions from their employers. One interviewee mentioned that their agency has a policy requiring operators to mention the existence of a fare, but it does not require them to enforce fare policy.

Furthermore, passengers may be experiencing mental health issues, homelessness, or substance use disorders. Transit agencies interviewed reported having more of this type of passenger since the COVID-19 pandemic, which has exacerbated frontline workers' stress and increased the frequency of assaults and confrontations. It is difficult for frontline workers to engage with riders who may be experiencing a mental health crisis if they have insufficient training or experience.

When operators are running behind schedule, they may also be faced with irritated riders. This has increasingly been an issue because of ongoing operator shortages and cuts or reductions to service. Staff interviewed also noted that some riders who have regular contact with an operator may try to create ongoing conflicts that can escalate over time. These interactions can cause trauma to frontline workers.

PTSD

In addition to crashes, near misses, PUT incidents, attempted suicides, and deaths by suicide, frontline workers may experience or witness assaults, which can cause additional trauma. This is particularly acute in the case of operators, who may choose to leave the profession after witnessing these types of events on the job. Frontline workers need time to heal, which can be difficult given scheduling and staffing constraints.

Work Schedules

Many transit agencies interviewed were experiencing a labor shortage prior to the COVID-19 pandemic. During the pandemic, frontline workers were often the only employees at their agencies to work full-time and in person. These workers kept agencies moving and helped provide essential services to the public throughout the pandemic, while having to interact face-to-face with the public during the time of an airborne, highly infectious, and deadly pandemic.

This labor shortage has continued into the pandemic recovery period and has had far-reaching effects. The operator shortage means that operators are asked or mandated to increase their work hours. Because agencies and staff rely on seniority, newer hires are not able to select desirable schedules, which may impact recruitment and expansion of the operator pool. Interviewees noted that younger workers, especially those with children who are entering the transit industry for the first time, struggle with the variable shifts allocated to them due to their seniority status.

Route design and scheduling can also impact physical and mental health if layover locations are uncomfortable or schedules do not provide enough turnaround time. Some types of frontline workers do not receive a scheduled lunch break, while at some agencies, break time is cumulative (e.g., a half hour of break time may be composed of six five-minute layovers that may or may not actually happen, depending on real-time conditions). A growing and diverse workforce may also have requirements that remain unmet because they would necessitate complex schedule changes, such as observant Muslim drivers who need breaks to pray five times a day and workers who need agency calendars that observe non-Christian holidays.

Extended Periods of Sitting or Inactivity

Agencies discussed the physical demands of driving, which requires sitting for long periods of time with limited opportunities for exercise or movement, and the various physical and mental impacts of operating transit vehicles. The difficulty level of frontline work can vary based on the weather. One agency mentioned how operators may be subjected to varying and sometimes unpredictable weather conditions throughout the length of a shift, from sudden snow squalls to torrential downpours, making driving difficult and raising further on-the-job safety concerns beyond interaction with the public. Driving in areas with traffic congestion also impacts the mental and physical demands on operators—one agency mentioned that for people with commercial driver's licenses (CDLs), trucking may be a more attractive option due to the type of driving involved (i.e., open roads and little need to interact with the public). Furthermore, operators are on their own most of the time, which can be isolating. One agency noted that their dispatchers do not have scheduled lunch breaks, which means they may sit at their desks for an eight-hour shift without being prompted to take a break or move around.

Lack of Exercise

Operators may choose to spend their layover time by stretching their legs and moving around, but how they spend their breaks is at their discretion. Poor weather may make operators less likely to want to spend time outside their vehicles to stretch or perform light exercises between trips. Time for movement may also be limited if routes are running late.

Lack of Bathroom Access

Almost all interviewees noted the lack of restroom access. In general, transit operators can only access facilities at the end of each run and during breaks. This lack of access can impact preexisting health conditions. During the COVID-19 pandemic, many of the usual places where operators accessed bathrooms during their layovers were closed or made inaccessible to the public. For frontline employees that do not have scheduled breaks, accessing a restroom may still be difficult, even when facilities are located on-site.

Other Factors Impacting Mental Health and Wellness

The interviews also discussed less familiar topics that impact frontline workers' mental health and wellness, including work–life balance, other internal stressors related to the workplace, and external stressors that are not related to the workplace.

Work–Life Balance

Transit is a 24/7 job—employees may be expected or required to work nights, weekends, and holidays; work split shifts; or work overtime. The number of hours worked adds up, especially during the current workforce shortage. Meeting these scheduling demands while maintaining work–life balance is challenging for frontline workers. It is difficult to coordinate childcare, self-care, and other family care, especially if agencies are unable to accommodate time-off requests (both scheduled and unscheduled) given the industry's labor shortage. Work schedules may also be inconsistent, which impacts quality of life and work–life balance, and new employees do not have the tenure to select more predictable work schedules. Long commute times may also result in too few hours for rest periods between shifts.

Other Internal Stressors

Interviewees described other internal stressors, which are factors that relate internally to the job and the agencies where they work. These factors include the frequency and quality of communication, especially when operators need critical, timely information about detours. Moreover, the staff of diverse agencies may have varying degrees of English proficiency, which can impact how operators and trainers interact with each other. Other interviewees discussed inconsistent communication from managers and how departmental morale impacts employees.

Some interviewees shared that frontline workers mentioned feeling lonely and isolated while performing their jobs in the field. Before the pandemic, agencies used to have gatherings or other activities at the yard or break rooms to develop a sense of community, but these stopped during the pandemic and are only recently restarting. Interviewees discussed a perceived "us vs. them" mentality between unions and agency management, which contributes to low morale and feelings of not being supported or understood, in addition to leadership's lack of empathy for frontline employees. Both the transit agency staff and union representatives who were interviewed agreed that morale and conflict between agencies and unions were issues. Stressful events and other adverse work conditions also reportedly impact employee morale.

New operators may also experience additional stressors, including concerns related to driving incidents, point systems, feeling unprepared for the job, and a lack of support. One agency interviewee mentioned bullying that may take the form of experienced operators providing intentionally incorrect information or advice to new operators. In general, some operators mentioned that their agencies are having problems with rolling stock and other equipment failures, which impacts worker stress levels.

Some agencies purchase transit and use contractor operators. When an agency changes its contracted vendor, current employees may need to switch companies to keep their jobs. If they switch companies, they may lose established tenure or seniority and need to learn an entirely new set of protocols and procedures.

Poor morale was another topic of conversation. Agencies interviewed felt underappreciated by management and the public, compounded by more frequent issues with disruptive passengers. Employees at one agency expressed that their contributions were not taken seriously by a management team that believed anyone could do their jobs. Agencies interviewed noted the critical role that managers and supervisors can play in impacting their employees' mental health.

External Stressors

Interviewees also discussed external stressors related to their lives outside of work. These include the provision of childcare and family care, being single parents while balancing the requirements of their jobs, and accessing healthcare. Access to childcare is particularly challenging for new operators who may have difficult work schedules. Some employees may not have equal access to healthcare if some individuals choose to be uninsured for financial or other reasons. Access to healthcare may be an overarching issue in the communities where workers live, and frontline and operator work schedules can make it difficult to access healthcare, take breaks, and exercise.

The high cost of living and lack of affordable housing were mentioned as stressors by one interviewed agency. Their frontline workers could not afford to live close to work, and they had long commutes from housing that was suitable for them and their families.

The COVID-19 pandemic produced various stressors. Employees worried about being infected and losing friends, family, and colleagues. Agencies were frequently short-staffed during outbreaks and tried to adapt to the changing course of the pandemic. One agency split employees for two shifts across buildings so that each building could be cleaned before the next shift came, but it weighed on employees to constantly bounce between two locations. Where possible, agencies instituted work-from-home policies, but not all employees could take advantage of them. Other employees abused work-from-home policies, which created animosity and stress among employees. At another agency, state-mandated COVID-19 sick leave (80 hours) further exacerbated the workforce shortage and led to absenteeism because people took all the leave they were given.

Impact of COVID-19 Pandemic on Mental Health

The COVID-19 pandemic profoundly impacted frontline transit workers. Seemingly overnight, these employees found themselves at the forefront of the United States' response to a novel threat and responsible for transporting essential personnel to their places of work. This role left them vulnerable to infection at a time when it was unclear what, if any, measures effectively mitigated the spread of the virus. Understandably, frontline transit workers reported the emergence of new fears and anxieties associated with their duties; in addition to their routine stressors, workers were afraid of catching a potentially deadly virus and spreading it to their loved ones. Many workers confronted these fears when they contracted COVID-19; far too many also saw their fears intensified by the loss of coworkers, family, and friends.

Compounding this fear, several interviewees mentioned how uncertainty exacerbated their anxieties. Particularly early in the pandemic, rapidly changing restrictions and conflicting messaging from local, state, and federal health officials made it difficult for frontline transit employees to know what was being done to keep them safe. Other interviewees reported frustrations with the quality and consistency of contact tracing at their agency, which made them wonder if administrative failures were leaving them unnecessarily vulnerable.

In addition to the emergence of new fears and anxieties, the COVID-19 pandemic forced frontline transit workers to cope with exhausting, ever-changing logistical challenges. Despite newly limited transit service, the agencies interviewed almost universally reported issues associated with short staffing throughout the pandemic. Interviewees noted that a substantial number of employees resigned due to medical concerns or new demands in their personal lives (e.g., homeschooling their children), while the remaining workforce contended with further staffing issues associated with routine outbreaks. One agency reported that entire departments were out sick at times during the pandemic. Efforts to avoid such a situation had their own challenges—one

agency rotated shifts of train dispatchers through two different offices to limit the sharing of spaces and provide time for cleaning. However, this disrupted the day-to-day routines of these employees and complicated turnover between shifts by forcing employees to transmit notes from one location to another at the end of their shift, a task that would ordinarily happen collaboratively, in person. The pandemic complicated even routine challenges, such as finding a place to use the restroom; operators at one agency cited that the closure of gas stations and restaurants further limited the number of bathrooms that were available.

Beyond the fear and anxiety associated with infection and logistical challenges, low morale was cited more than any other impact of COVID-19 on frontline transit employees. Since workers were too frequently taken for granted before being dubbed essential workers and asked to work through a pandemic, many interviewees have become more aware that frontline workers believe their work is unappreciated. While countless factors likely contribute to this sentiment, the agency staff interviewed cited increasing demands of the job and a loss of community. A workforce shortage, exacerbated by rolling absences attributable to sickness, resulted in mandatory overtime for those available on any given day. Finally, the loss of coworkers and restrictions that prevented gatherings, from agency-sponsored potlucks to informal games of dominoes, impacted employee comradery and isolated employees from their support systems.

Many agencies also reported that conflict strained frontline workers' well-being throughout the pandemic. When the TSA required masks on public conveyances, operators reported frequent conflicts with passengers who refused to comply with the mandate. In general, frontline transit workers felt that dealing with unruly passengers became a more regular occurrence during the pandemic. Other conflicts stemmed from within the agencies themselves; at several agencies, frontline workers reported feeling as though administrative staff were taking advantage of the opportunity to work remotely, which generated animosity. Subsequent perceived failures to adequately recognize the sacrifices of those working in person further strained relationships, resulting in conflict.

In contrast to the overwhelmingly negative experiences reported by many frontline transit employees, some interviewees highlighted positive moments. Frontline workers at one agency transported meals to seniors, which reportedly had positive impacts on their mental health. Similarly, some agencies reported that the implementation of policies and mitigations designed to keep workers safe (e.g., installing protective barriers and barring passengers from sitting in the first few rows) helped alleviate stressors.

Agency Barriers to Recruitment and Retention

In addition to the causes and factors mentioned earlier, agencies face a variety of other barriers to recruiting and retaining frontline transit workers. Causes and factors that impact mental health can also play a role in either retaining employees or preventing potential recruits from taking a position due to concern about the job's impacts on their health.

Agencies and union representatives interviewed referenced certain safety concerns pertinent to recruitment and retention. These included concerns about contracting COVID-19 and working in a public-facing role during the pandemic; fear of being assaulted; the safety and quality of equipment being operated; concerns among women operators of driving at night; and concerns about being responsible for potentially hurting someone with the vehicle. In addition, multiple agencies and union representatives noted that the stress of interacting with members of the public could impact worker retention due to safety concerns.

Other working conditions—such as scheduling—can also be significant barriers to recruitment and retention, especially for newer workers who are often assigned the least desirable schedules.

For example, agencies report difficulty recruiting and retaining workers who are caregivers for family members, such as children or older adult relatives. Work schedule challenges faced by new workers include inconsistent schedules, split shifts, and weekend or late-night work.

As noted by agencies and union representatives, the job market and pay were the most frequently cited barriers to recruiting and retaining frontline workers. One agency noted that there are not enough people looking for jobs. Others noted that service work is not as attractive to younger generations, and driving a bus was perceived as a more prestigious position in the past. Uncompetitive pay was noted as the largest barrier to recruitment and retention. Despite recent increases in signing bonuses and pay, agencies still have trouble recruiting enough workers. Agencies noted that the lower pay in transit compared to higher pay offered at other jobs is a large contributing factor. The schedule for raises can also be a disincentive to work in transit, if raises are not scheduled frequently enough to be competitive.

Competing jobs in the transportation industry are another significant barrier. Many agencies offer paid CDL training, and some workers use this as an opportunity to receive their CDL and leave their agency—either to start their own business or apply for other jobs that require CDLs (i.e., jobs that are higher paying or less stressful than being a transit operator, such as trucking). Multiple agencies noted that driving a municipal trash truck, for example, requires a CDL and pays similarly to being a bus operator without having weekend shifts or difficult passengers.

Some agencies and union representatives also drew attention to successful recruitment and retention programs. One union local started a CDL training program at their union hall, which received high levels of interest and participation from the community. Agencies and union representatives noted that supporting workers through mentorship programs and clear career ladders that set a path for advancement could make a substantial difference in retaining workers. (For example, see the exemplary program from the Santa Clara Valley Transportation Authority [VTA] on training and mentorship profiled later in this chapter.)

Practices: Current and Proposed

Many contributing factors to poor mental health and wellness among frontline workers are rooted in policies, practices, and procedures of the workplace, as well as factors outside of work. While counseling and EAP services may directly address mental health and wellness, larger efforts to resolve root causes of stressors were the main outcome of the interviews with agencies and union representatives. The following practice summary includes direct and indirect solutions for improving mental health and wellness noted by transit agencies and union representatives. Some practices were already in place, while others were noted as in-progress or aspirational programs, policies, or practices that the interviewed officials thought would improve employees' mental health and wellness.

The practices are organized into eight categories:

1. Employee assistance programs,
2. Wellness programs,
3. Agency-provided health services,
4. Communications and marketing of resources,
5. Intervention training and support,
6. Operations policies,
7. Increased benefits, and
8. Mentoring and peer programs.

Also included in this section are text boxes that highlight exemplary programs or initiatives undertaken by agencies.

Exemplary Practice: Using Technology to Connect Employees with Support

The Metropolitan Atlanta Rapid Transit Authority (MARTA) EAP includes numerous app-based services, including Ginger, which provides employees with round-the-clock, text-based emotional support coaching.

Exemplary Practice: Increased Access to Mental Health Services and Trained Professionals

The Santa Clara Valley Transportation Authority (VTA), in partnership with the Amalgamated Transit Union (ATU) Local 265, supplements their EAP with external resources that allow employees and their family members to work with therapists through a resilience center, located off agency property. These resources were established following a mass shooting at their Guadalupe Division facility, in collaboration with California State Senator Dave Cortese. VTA also hired a licensed psychologist to be on-site and support employees as they recover from the trauma caused by the mass shooting event.

Employee Assistance Programs

Employee assistance programs (EAPs) enable employees, and often their immediate family members, to quickly connect with a trained professional to address specific issues affecting their mental health or well-being. Generally, these programs offer a set number of counseling sessions per issue, per year. While specific resources vary considerably, EAPs generally offer a phone number (staffed around the clock) or website that serves as an initial contact for individuals in crisis, and most programs aim to connect clients with a mental health professional in less than 24 hours. For anyone who has dealt with the mental healthcare system, the benefit of an EAP is immediately evident; rather than attempting to navigate health insurance portals to call therapists who are not taking new patients, individuals quickly connect with professionals to address emergent issues. For frontline transit workers with irregular schedules, the ability to reach out at any time of day is even more critical.

All interviewed agencies offered EAPs, but resources varied by program. While the most robust EAPs were procured independently of any other employee benefits, some agencies offered a more limited EAP through employee health insurance. The most robust EAPs included in-person counseling for employees and their family members, though many EAPs focused on virtual services or limit services to employees only. Despite the association of in-person counseling with more robust programs, frontline transit workers appreciated the convenience of virtual services, as their schedules and working environment make it difficult or impossible to attend in-person sessions during business hours. Accordingly, some agencies prioritized the procurement of EAPs with considerable online resources, including mobile applications and websites for accessing services and learning about available resources. Recognizing the unique needs of many transit employees, who often function as both transportation professionals and de facto social workers, one transit agency interviewed is considering offering the same EAP that the municipality offers to first responders (i.e., police officers and firefighters) so it can increase the resources for operators and ensure the well-being of its employees.

Despite the broad availability of EAPs for frontline transit workers, interviewees suggested that the stigma associated with seeking mental health treatment deters individuals from utilizing their resources. Accordingly, while agencies are often aware of incidents that expose employees to trauma (e.g., PUT incidents), mandatory EAP referrals occur only under rare circumstances. The stigma further discourages resource use because employees often feel uncomfortable utilizing these services, believing that the agency will know they have done so. Although most agencies would encourage their employees to seek help with managing their stressors, a perception persists that this could earn them an unfavorable label or result in disciplinary action.

Communicating the existence of services offered through their EAP presents another challenge for agencies. While many agency employees may be readily reachable via email, frontline transit workers often do not have work email addresses, and those who do have them rarely use this means of communication. Accordingly, agencies must get creative in marketing these programs to the workers most likely to need their services. In addition to a robust website and a monthly newsletter that links employees to various resources, one

transit agency interviewed uses display kiosks located throughout the agency's properties to advertise its EAP.

Wellness Programs

Wellness programs provide an opportunity for transit agencies to encourage their employees to engage in habits that promote health and well-being. While some agencies strongly incentivized employees to participate (e.g., by increasing health insurance premiums for those who do not participate or providing cash incentives based on certain behaviors), others offered programs on a strictly voluntary basis. These programs generally connected employees with wellness coaches, who can provide referrals to nutritionists and exercise guides. While some agencies employed a wellness coordinator, these programs may also be offered in coordination with local organizations (e.g., YMCA). Some of the most robust programs included weekly sessions with an on-site psychiatrist, who talks to attendees about well-being topics; to maximize participation, these sessions were held at varying times and locations.

Wellness programs deployed by the interviewed transit agencies often included educational programming, such as lunch-and-learns and virtual webinars. However, the use of these resources among frontline workers was markedly lower than workers in office settings at the agency.

Interviewees also reported challenges with the maintenance of these programs, especially if their agency did not have a wellness coordinator. At agencies with a wellness coordinator, employees reported that additional effort and resources to engage with employees were necessary for it to truly be successful.

> **Exemplary Practice: Incentives for Wellness Program Participation**
>
> The Metropolitan Atlanta Rapid Transit Authority (MARTA) provides employees and covered spouses with up to $250 per person for completing biometric and cancer screenings, taking a total health assessment, and completing a lifestyle coaching session.

Agency-Provided Health Services

Agency-provided health clinics offer employees convenient access to healthcare. Services may be offered for free to all employees and often to their families as well. On-site services reduce the need for frontline workers to travel off-site to other health facilities to receive care, especially if there are satellite services offered throughout the service area. (Employees may not necessarily start or end their day at a centralized building, such as a bus garage.) Services can include annual physicals, sick visits, wellness counseling and support, and other types of counseling and therapy. Providing more accessible healthcare services is one way that interviewed agencies noted they could better support the physical and mental well-being of their employees.

> **Exemplary Practice: On-Site Services**
>
> Indianapolis Public Transportation Corporation DBA (IndyGo) offers an on-site health clinic with clinical staff, including nurse practitioners and doctors who are available for appointments. Employees receive access to physicals and sick visits. The health clinic is free and open to all employees, even if they do not take part in the company-sponsored health insurance. Employee family members who enroll in the employee's company-sponsored health insurance also use the clinic at no cost. IndyGo staff noted that the clinic provides a convenient way for employees to access health services because there is easy access at their workplace. In addition to the main clinic, IndyGo offers satellite locations throughout the city. Clinic hours vary to accommodate frontline workers' shifts.

Communications and Marketing of Resources

Many transit agencies have a deluge of resources, which can be an overwhelming challenge for employees to navigate, especially if the resources are available in different locations. Some agencies distributed e-newsletters with information about resources or provided resources on intranets. However, some employees may not have access to these formats, or they might not have agency email addresses. Another agency had physical information kiosks throughout their properties. Agencies and union representatives acknowledged the challenges with communicating effectively and frequently about resources available to employees. Agencies want to facilitate the exchange of information about available resources with pared-down, quick reference guides and marketing campaigns aimed at informing staff of their options. One group of interviewees suggested developing a list of key contacts the size of a business card that frontline workers could keep in their wallets and easily refer to in case of an emergency.

Exemplary Practice: Creative Marketing

IndyGo's "Toilet Talk" is a pamphlet on health and wellness topics displayed in restrooms behind plexiglass. The monthly flyers include information on where employees can go for support.

Exemplary Practice: Resiliency Center

Workers at VTA have access to therapists at a resiliency center provided by the county in collaboration with the ATU Local 265. While not an agency-provided service, the center offers walk-in support to employees and their family members. Connecting to county services that are not under the umbrella of their transit agency may make some employees feel more comfortable seeking support compared to EAPs.

Exemplary Practice: Critical Incident Response Teams

VTA reported employing a critical incident response team that includes police, safety personnel, and supervisors with specialized training to respond immediately in case of a major incident. The team supports frontline workers and helps guide workers and the public in responding to the incident.

Intervention Training and Support

Frontline workers face daily incidents (e.g., assaults, confrontations, riders with substance use issues, collisions, and near misses) that cause stress and trauma, and potentially require follow-up and documentation procedures. Agencies and union representatives noted that frontline workers—especially those who are new to the job—needed specialized, timely, and ongoing support. For traumatic incidents, such as PUT, passenger suicide, and assault, agencies expressed a desire to have specialized teams that could intervene quickly to provide support. This could range from on-site response by police and a supervisor to immediate psychological support from a trained counselor for particularly traumatic incidents. Agencies also noted that, even for less traumatic incidents, frontline workers may still need support from a mentor or supervisor to navigate the process following the incident. This person

would help workers understand what to do next, including how to access EAP resources, complete documentation or other procedural items, and go through the next steps in the process.

Training for de-escalation, resiliency, sensitivity, and working with passengers experiencing a mental health crisis were also noted by those interviewed. Frontline workers do not always feel equipped with the skills and tools needed to support the passengers and public they serve. However, agencies acknowledged that most frontline workers are dispersed, and delivering consistent and cohesive training is challenging, especially when agencies are experiencing workforce shortages.

Agencies noted that frontline workers, particularly maintenance and cleaning staff, were increasingly encountering people experiencing homelessness. Workers must engage with unhoused people in transit centers and stations as well as on vehicles. Those interviewed thought additional training could empower frontline staff to navigate the somewhat contentious encounters and connect individuals to other services. Also noted as potential solutions were establishing a partnership with a social services provider or having a trained support specialist who could be contacted by frontline workers to come on-site and assist the individual in need.

> **Exemplary Practice: Red Kite Project Resiliency Training**
>
> Metro Transit in Minneapolis partnered with the Red Kite Project to offer operators a three-day training on how to be resilient in their workplace. The training was confidential and allowed space for employees to freely discuss their challenges at work without fear of repercussions. The training also included de-escalation tactics that operators can deploy in the field to mitigate passenger incidents.

Operations Policies

Work schedules were often noted as one of the biggest contributing factors to poor mental health and wellness among frontline workers, especially among operators. Agencies and union representatives shared a strong desire to improve work–life balance through policies and procedures that respond to and support frontline workers who feel isolated.

Modifying work-schedule practices and work selection (i.e., pick) were among the interviewees' top discussion items. One agency described a pilot effort to design compressed work schedules,

> **Exemplary Practice: Lactation Van for Nursing Operators**
>
> To support nursing parents in the field, TriMet in Portland, Oregon, transformed paratransit vans into mobile lactation units that offer secure, comfortable, and convenient places to pump while completing a driving shift. Each van's services are scheduled in coordination with nursing parents' shift times so they can meet operators during scheduled breaks. Extraboard operators drive the vans to and from relief locations and may stand in while the nursing operator pumps. The program was established because the agency became aware that nursing operators were missing work and needed more support to be able to pump while at work. Feedback on the program has been very positive. The lactation vans are marketed to employees and used in recruitment.

allowing more days off for operators. This pilot included 4 shifts of 10 hours rather than a 5-day workweek. Another agency noted that they were shifting to a roster-style selection over a cafeteria-style selection so they could provide more cohesive work schedules with some time off on evenings or weekends. De-emphasis on seniority when it comes to selecting or picking work schedules for operators was also noted. Many agencies and unions use a seniority program to select work shifts, leaving the newest employees—who are generally younger and more likely to have childcare responsibilities—with the least desirable schedules. To the extent possible, the agencies interviewed suggested designing work schedules to provide consistent shifts by time of day. Agencies also cited decreasing reliance on split shifts and increasing the amount of layover and break time for operators as potential solutions to improve work schedules.

Several interviewees mentioned the importance of supporting frontline workers who are parents or caregivers. They suggested that agencies design work schedules that allow caregivers to continue working and provide additional accommodations to parents, such as support for people who are nursing.

Union and agency interviewees noted the importance of collaboration in addressing operations policies and procedures. When modifying existing or developing new standard operating procedures and policies, both the union and employees need to be directly engaged in the process. This can be done through a committee with joint participation from leadership and frontline workers or though other feedback mechanisms, such as surveys.

Increased Benefits

Exemplary Practice: Mental Health Benefits

VTA is piloting a program that provides three paid mental health days per year, no questions asked and without penalty (i.e., no points), for managing sudden trauma and stress.

Frontline transit employees interviewed mentioned several ways in which increasing benefits can alleviate the stressors associated with their work. For example, increasing paid time off mitigates the strain imposed by long and irregular hours. Providing sick time for employees who contract COVID-19 helps alleviate some of the anxiety associated with contracting prolonged cases. Mental health days provide ways of coping with the stressors commonly associated with their work. Childcare programs—either provided on-site or subsidized by the agency—as well as gender-agnostic programs that offer more parental leave or part-time/flexible work after having or adopting a child ensure that frontline transit workers with children do not face undue burdens simply because of their work. Finally, when possible, benefits need to be extended to family members of frontline transit workers (e.g., EAPs), as they also face unique stressors.

Exemplary Practice: Training and Mentorship for Retention and Advancement

VTA, in collaboration with ATU Local 265, established the Joint Workforce Investment (JWI) program, which provides training and mentorship to help ease new employees into their job and to provide opportunities for upward mobility and continual growth. New operators are each assigned a mentor, and there is a lead mentor in each yard who supervises the process. JWI also includes educational components and supports workers' health and wellness, retention, and career longevity. The program has national and international recognition and is a success story for negotiation between labor and management.

Mentoring and Peer Programs

Programs for new hires aim to ease them into their job and provide necessary support and guidance. Many agencies have established mentorship programs, in which new operators are assigned a trained mentor during the training and onboarding process. Mentor duties may include spending the first day with a new operator on a ride-along, taking future ride-along trips, and remaining in constant contact through regular check-ins. Unions have played a large role in advocating for and establishing these programs. Labor and management may work together to review mentor applications and select candidates who would best fulfill the mentorship needs of new operators (e.g., based on expertise or personality). Agencies also offer peer-support programs, which are sometimes connected to an EAP.

Considerations for Developing Practices

When asked what agencies should consider when developing practices to address frontline workers' mental health and wellness, many interviewees noted the need for collaboration in program and policy development. This includes engaging with employees as well as union and agency leadership. Employees felt that a top-down approach resulted in ineffective practices, at best, and fostered resentment from frontline workers when policies or programs were ineffective or did not adequately consider their needs and work environment. Collaboration on developing and implementing policies and programs was noted as a way to further build trust between leadership and employees.

More than one agency interviewed mentioned using a committee to develop or modify policies and programs. These committees—ideally staffed by agency leadership, union representatives, and frontline workers or their supervisors—provide a forum for collaboratively addressing the issues facing frontline workers through policy, tools, and programming. Most interviewees reported that agency leadership retains the final say on implementing or accepting recommendations from committees; however, leadership generally accepted such recommendations.

Another interviewee noted that their agency has started integrating trauma-informed perspectives into the development of their training program. Trauma-informed practices actively recognize the presence of trauma and acknowledge the role trauma may play when an individual is in certain situations.

Challenges and Gaps

While many of the agencies interviewed had exemplary programs in place, they acknowledged that not enough was being done to address the mental health and wellness of frontline workers. Several overarching challenges and gaps were identified, including access to information and services, EAPs, lack of expertise, union and work rule conflicts, leadership buy-in, and the overall need for resources and funding.

Equal Access

Multiple interviewees discussed the varying ways in which employees were treated by their agency. Overall treatment and access to resources varied by shift, job type, and location (e.g., employees working in offices at headquarters vs. workers based in garages). These differences were most apparent during the COVID-19 pandemic—while some employees were able to work from home, most frontline workers reported to work in person for most or all of the pandemic. This difference in treatment, combined with the specific risks of close public contact, had a significant impact on frontline worker morale.

EAPs

Not all EAPs are created equal. One agency mentioned that while it has an EAP, the level of service is inadequate. This agency stated that it left some employees scrambling to fill in the gaps (e.g., ensuring that mandatory drug testing was completed after an incident or responding to emergencies that would otherwise be discussed with an EAP counselor). The inefficient and inadequate EAP caused additional stress and work for other employees and made it difficult to access care in a timely manner. One agency mentioned that if any employees get into a physical altercation or fail to de-escalate a situation, they may have to undergo a mandatory referral process. This means the EAP counselor might require them to attend additional sessions before returning to the job, and employees have not always felt comfortable with these assessments.

Although most interviewees were familiar with EAPs and recognized that their agency had some marketing efforts, not all interviewees were aware of their agency's offerings. This indicates a potential need for additional marketing and awareness. Interviewees also described concerns about using an agency-sponsored EAP. There is a perception that the topics and details discussed in counselor sessions or while using EAP services will be shared with the agency. Interviewees and union representatives discussed employees' mistrust for anything that is associated with the agency, as well as employees' concerns that information revealed in a session could be used against them or, worst case, cause them to lose their jobs or suffer other professional repercussions. One solution is to distribute information about community-based resources to staff, who can use these external resources to access assistance outside of their agency's offerings.

Interviewees often addressed the stigma surrounding mental health and wellness, which also creates a barrier. Employees may not be able to access resources and information on their own if they are not aware of the types of resources available and how to access them. They may not feel comfortable reaching out to a supervisor or manager for more information. Scheduling constraints may also make it difficult for employees to utilize available resources. For example, if employees work extensive overtime, it can be difficult or impossible to find time to see anyone in person.

Expertise

Many interviewees said that employees felt they or others were insufficiently prepared for their jobs and expressed a desire for additional preparation and training across the board. Training could focus on incident response, de-escalation, and sensitivity or empathy training. Multiple agencies suggested having specialized staff for critical incident support teams. Frontline workers described the range of distressing encounters they may experience while performing their jobs (e.g., near misses, collisions, PUT incidents, and suicides) and the need for additional support. Many interviewees expressed their support for on-site counselors or access to other specialized experts to provide support.

Considerations Regarding Unions, Work Rules, and Scheduling

Increasing trust between represented employees, unions, and agencies is critical for building better relationships—conversations regarding concerns with EAPs and privacy highlighted a need for mutual trust between these key stakeholders. Some interviewees called for closer collaboration between unions and agency management.

In addition, interviewees noted that agencies need to revisit traditional approaches to work rules and scheduling practices to accommodate, attract, and retain a younger workforce that is new to transit. This included rethinking point systems, building work schedules to accommodate caregivers, and revisiting the use of seniority in work-schedule selection.

Leadership and Union Buy-In

Several agencies expressed that leadership buy-in is important for initiatives aimed at mental health, wellness, and resiliency. Interviewees believe that agency leadership buy-in is required to move the needle on these topics and to demonstrate that mental health and wellness are a priority across the workforce. Buy-in includes destigmatizing mental health assistance and ensuring that adequate resources are available. Agency management has a critical role to play in establishing a culture that supports mental health among all employees. One agency said that when their CEO emphasized addressing mental health and gave the chief of human resources the freedom and budget to roll out better processes, it demonstrated that leadership is championing mental health.

Resources and Funding

Funding was cited as the main impediment to implementing more robust health, wellness, and resilience programming. If agencies do not have in-house expertise, they would need to engage external providers at cost. If agencies do have in-house expertise, they may not have sufficient staffing to accommodate the mental health needs of their employees. As noted in previous sections, employees recognize when treatment across shifts, jobs, and working locations is unequal. Dedicating time and resources to mental health, wellness, and resiliency initiatives demonstrates an agency's commitment to the frontline workforce.

Findings and Conclusions from Interviews

The interviews provided an opportunity to directly engage with transit agency and union leadership about the mental health and well-being of frontline transit workers. Interviewees confirmed many of the stressors identified in the literature, provided additional qualitative information about lesser-known stressors, and suggested possible strategies to improve the working environment. The following list contains key findings from the interviews with agency staff and union representatives.

- Interviewees confirmed that many of the well-researched causes and stressors impacting transit workers' mental health and wellness are still relevant barriers and challenges. These include assaults and confrontations; PTSD from passenger events such as PUT incidents and suicides; split shifts and inconsistent work schedules, which contribute to poor nutrition and lack of sleep; extended periods of sitting and inactivity; lack of time for exercise; and lack of bathroom access.
- Additional causes and stressors that affect mental health and wellness include overall poor morale among frontline workers; feelings of loneliness and isolation; transit workforce shortages; the introduction of a younger workforce and workers who are new to transit; and other cultural and diversity aspects of the workplace that can lead to conflict and miscommunication.
- The COVID-19 pandemic instilled a lot of fear and anxiety among frontline workers. In addition to fear of exposure, uncertainty around policies and communication contributed to their stress. As the United States continues to emerge from the pandemic, ongoing stress over exposure lingers, as do feelings of being undervalued and unsupported during the height of the pandemic—all of which continues to impact employee morale.
- More resources and a clear commitment from leadership are necessary for mental health, wellness, and resiliency practices to be successful and make a positive impact on frontline workers.
- Collaboration in the development and implementation of practices is critical to removing stigmas and gaining trust between employees, unions, and leadership.
- The stigma around mental health and confidentiality is still a barrier for some who would benefit from seeking support. From the top down, leaders need to demonstrate that prioritizing self-care is acceptable and even encouraged.

- Better communication and marketing are needed to increase the visibility and utilization of existing programs and resources; promotion efforts should be designed with work locations, schedules, and working conditions of frontline employees in mind.
- More funding and staff resources are needed to address barriers and to develop, implement, and support programs aimed at improving mental health, wellness, and resiliency. This includes staff dedicated to implementing and monitoring holistic wellness programs.
- Agencies and union representatives expressed a need for more mental health expertise on staff (e.g., counselors and medical professionals) and the need for new training (e.g., trainings on de-escalation, sensitivity and empathy, and resiliency). Partnerships with specialized organizations could help bridge the gap in expertise on staff.
- Increasing the benefit offerings to better support, and ultimately retain, frontline workers is a must. This includes incentivizing the use of wellness programming and finding ways to support staff in caregiving roles.
- Mentoring and supporting frontline workers is critical for their mental health and wellness as well as for retention. Programs to better support new workers throughout onboarding should extend beyond the initial training period. Specialized teams who are trained in de-escalation, mental health, and safety should be created to provide immediate and ongoing incident response.
- Agencies also noted a need to revisit operational policies and rethink how they can be modified to fit the needs of an evolving workforce. New policies and procedures need to incorporate empathy and trauma-informed care in their design.

Frontline Worker Experiences

Introduction

Although agency leadership provided valuable feedback, there have been few efforts to directly engage with operators and frontline workers to understand their views, challenges, and solutions for improving their mental health, well-being, and resiliency. The aim was to gain a comprehensive understanding of their experiences and identify their specific needs within the transit industry. Two focus group sessions exclusively for frontline transit workers and a national survey encompassing a wide range of frontline transportation workers were conducted to gather information directly from workers on their mental health and well-being. These initiatives provided firsthand insights and perspectives from those directly involved in the field.

Frontline Worker Survey Findings

The frontline worker survey was conducted from February 9 through March 6, 2023. The goal of the survey was to better understand factors that affect the mental health and wellness of frontline transit workers and gather workers' feedback on possible solutions to improve workplace mental health and resilience. The consent form and survey questions can be found in the survey questionnaire section of the Appendix. Eligibility for the survey included (1) being a frontline transportation worker (i.e., those who interact directly with the public as part of their job) and (2) working at a transportation agency located in the United States. Recruitment materials (i.e., email announcement and a flier with the survey link and QR code) were disseminated primarily through (1) transit agency management staff who participated in the interview portion of the study, (2) union representatives from various regions and states, and (3) other transit agencies' management staff who expressed an interest and willingness to disseminate the survey to their frontline workers.

Through March 6, 2023, 1,139 survey responses were initiated. Of those, 84 were invalid responses, spam/bot responses (n = 26) and duplicate responses (n = 58), leaving 1,055 valid responses. Of those, 1,031 provided consent for survey completion. And of the consenting individuals, 155 did not qualify for the survey because either they were not a frontline worker (n = 129) or they discontinued the survey prior to answering any questions (n = 26). Additionally, 96 individuals were excluded due to missing over 90% of the survey responses (n = 96), and 3 individuals were excluded due to working outside of the United States. This yielded 777 survey responses with usable data.

Although this survey provides valuable information from hundreds of transit workers throughout the country, a healthy worker bias might be at play. This survey was aimed at workers who are actively on the job, so it may not provide sentiments from workers who have left the industry or the reasons they did so.

Data Analysis

All data cleaning and analyses were conducted in survey software. Embedded metrics were used to identify duplicate responses and "spam" or bot entries, which were removed from the dataset such that only valid cases were retained. All variables were reviewed for completeness of response, illogical consistencies, and outliers. There were no identified outliers. Cases with excessive incomplete answers (>90% of data missing) were excluded. Response patterns on a single survey item (i.e., total years of education completed) evidenced illogical inconsistencies and thus were not included in analyses. All dichotomous variables were dummy coded (0 = no, 1 = yes). The survey data were synthesized using descriptive analyses (means and frequencies) and inferential statistics (e.g., t-tests, chi-square tests, linear regression).

Due to the large sample size and number of exploratory analyses conducted, an ultra-conservative alpha was used in interpreting statistical significance ($p \leq .001$). When a large number of analyses are conducted, the risk of a statistical significance being found due to chance and not because of an actual effect (i.e., false-positive findings) increases. An ultra-conservative p value was selected because it increases the confidence that the findings are true and not simply the result of chance.

Statistical Analysis Methods

Data and statistical tests are presented with the results, along with any correlations. Correlations examine how related two variables are to one another. An r value ranges from −1.0 to +1.0, where a negative value reflects an inverse association between the two variables (i.e., higher values in one variable are associated with lower values in the other variable) and a positive value reflects that higher values of one variable are associated with higher values of the other variable. R values of 0 reflect an absence of association between the variables. The strength of the association between two variables is generally considered small when the r value is 0.1–0.3, medium when the r value is 0.4–0.6, and larger when the r value is 0.7 or higher.

A t-test is a statistical test used to determine whether two groups differ in their average scores on a measure. The t-test statistic reflects the size of the difference between the two groups. A larger t value reflects that the difference between group means is greater than the pooled standard error, indicating a more significant difference between the groups.

A p value is a number calculated from a statistical test that describes the likelihood of a particular set of observations if there is no association or difference between variables (the null hypothesis). The smaller the p value, the more likely it is that the null hypothesis can be rejected. The p value is a proportion: If the p value is .05, then there is a 5% probability that the observed effect is attributable to chance. In the study, a p value of .001 was used, indicating a high level of certainty (99.9%) required to reject the null hypothesis and determine significance.

Workplace Conditions and Safety

Workplace Stress

When asked about the level of workplace stress on a 0–10 scale, with 10 representing the highest stress level, the average rating reported by frontline workers was a 7.0±2.3 (N = 777), which reflects elevated stress. Independent samples t-tests were conducted to examine whether there were group differences in the level of workplace stress by occupation (operator vs. other), race (Black vs. other), ethnicity (Hispanic vs. non-Hispanic), or gender (female vs. other); the results were nonsignificant.

Anxiety and Depression

The presence and severity of anxiety and depressive symptoms were assessed in question 8 with the Patient Health Questionnaire-4 (PHQ-4), a well-validated, four-item self-report brief

screener. Items are rated on a 0–3 scale based on the frequency of occurrence in the past two weeks (0 = "not at all" to 3 = "nearly every day"). Two items assess anxiety symptoms (e.g., "feeling nervous, anxious, or on edge") and two items assess depressive symptoms (e.g., "feeling down, depressed, or hopeless"), with a possible severity score ranging from 0–6 for anxiety and depression, where higher scores reflect more severe symptoms. A total summed subscale score greater than 3 suggests probable anxiety or depressive disorder. Based on the PHQ-4, 35.8% of the sample met the criteria for probable anxiety (mean severity score, M = 2.2±2.0; n = 756), and 27.2% of the sample met the criteria for probable depression (M = 1.8±1.9; n = 756). Independent samples t-tests were conducted to examine whether there were group differences in the level of anxiety and depression by occupation (operator vs. other), race (Black vs. other), ethnicity (Hispanic vs. non-Hispanic), or gender (female vs. other); the results were nonsignificant.

Workplace Stressors and Experiences

A list of various workplace stressors and experiences was developed based on the published literature in addition to worker and stakeholder input (Table A.10 and Figure 3.1). Respondents were instructed to indicate what stressors they had experienced while at work ("select all that apply"), with the option to select "none" if they had not experienced any of the events. On average, respondents experienced 5.2±3.0 of the 13 listed stressors (range = 0–13; n = 774). The number of workplace stressors reported was moderately correlated with the level of workplace stress, anxiety, and depression (r = .46–.47; p < .001). There was a small negative correlation between age and
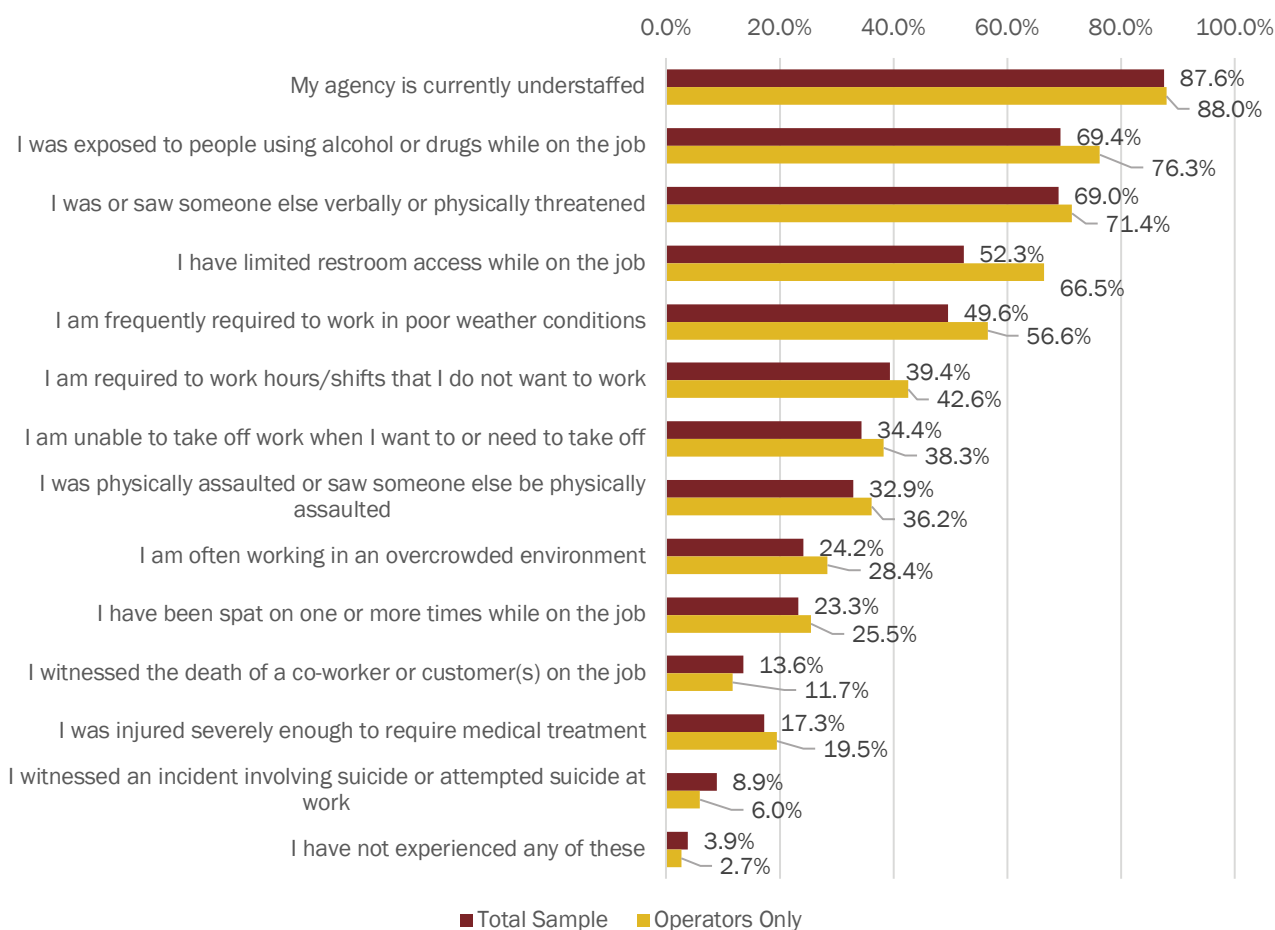
Figure 3.1.   Workplace stressors.

anxiety severity ($r = -.14$; $p < .001$) and between age and depression severity ($r = -.18$; $p < .001$), which means as age goes up, anxiety and depression scores go down. While overall age was correlated with anxiety and depression levels, number of years working in the transit industry was not associated with workplace stress, anxiety, or depression severity.

Nearly all respondents (87.6%) reported that their agency was currently understaffed. In addition, more than two-thirds of respondents reported working in conditions where they (a) were exposed to people using alcohol or drugs (69.4%) and (b) were verbally or physically threatened or witnessed someone else being verbally or physically threatened (69.0%). A series of chi-square analyses were conducted to examine differences in endorsement of each workplace stressor by occupation (operator vs. other), race (Black vs. other), ethnicity (Hispanic vs. non-Hispanic), and gender (female vs. other). Compared to other genders, men were significantly more likely to report being physically assaulted/witnessing someone else be physically assaulted (40.2% vs. 25.0%, $x^2 = 16.50$, $p < .001$). In addition, operators were significantly more likely than other transit occupations to report

- Having limited restroom access on the job (66.8% vs. 17.6%, $x^2 = 155.79$, $p < .001$);
- Exposure to people using alcohol/drugs at work (76.7% vs. 52.0%, $x^2 = 46.34$, $p < .001$);
- Working in poor weather conditions (57.0% vs. 32.2%, $x^2 = 39.45$, $p < .001$);
- Working in an overcrowded environment (28.6% vs. 13.7%, $x^2 = 19.45$, $p < .001$); and
- Being unable to take off when they need/want to (38.5% vs. 24.7%, $x^2 = 13.51$, $p < .001$).

Additional Workplace Factors

Additional feedback reflected wider issues with workplace culture, such as the level of respect and empathy shown to colleagues and the ways in which colleagues communicate with each other. For example, one respondent wrote: "The biggest toll on my mental health is from dispatch and road supervisors. They bully the new drivers, dismiss our concerns with abusive passengers, yell at us, talk to us over the airwaves with hostile and demeaning tones, make negative personal comments when requiring a van with operational safety features (lights, turn signals, mirrors, etc.)." Additional emergent themes involved poor communication. For instance, one respondent raised concerns about lack of transparency about policies, as well as the need for "clear written policies and procedures that are consistently followed by management and that can be easily referenced." Another respondent raised concerns about infrequent communication and lack of connection with the team and the need for more check-ins or meetings. This was highlighted through comments: "More communication and transparency lets the employee know what [sic] going on without hearing it from outside sources. . . . The biggest gap I feel within the transit agency is the lack of daily team/peer staff communication to debrief."

Predictor Analyses

A series of multiple linear regression models were constructed to explore the association between workplace stressors with three outcomes: workplace stress, anxiety severity, and depression severity. Results are presented in Table A.11. The regression model results were significant, accounting for 25.8% of variance in workplace stress ($F(13, 753) = 20.16$, $p < .001$); 24.6% of variance in anxiety severity ($F(13, 734) = 18.42$, $p < .001$); and 24.1% of variance in depression severity ($F(13, 734) = 17.91$, $p < .001$). The workplace factors consistently and significantly associated with workplace stress, anxiety, and depression were

- Being verbally/physically threatened or seeing someone be verbally/physically threatened,
- Being often required to work hours/shifts that I do not want to work,
- Being unable to take off work when wanting/needing to, and
- Often working in an overcrowded environment.

Mental Health Resources

Access to Mental Health Resources

The extent to which frontline workers had access to mental health resources in their workplace was evaluated (Table A.12). More than half (59.3%, n = 461) of respondents reported that their agency offered mental health resources or programs to employees. Roughly one-third (31.3%) of frontline workers reported being unsure whether their agency offered mental health resources.

Utilization of Resources

Among respondents who reported having access to mental health resources at their agency, 20.6% (n = 95) reported utilizing the mental health resources available to them, which is 12.2% of the overall sample (Table A.13). An additional 11.9% of workers reported that they tried to utilize mental health resources at their agency but were unable to do so successfully. Among respondents who reported having no access or being unsure about access to mental health resources at their agency (n = 312), the majority (70.5%) indicated that they would consider using mental health resources if made available to them at their agency (Table A.14).

Satisfaction with Resources

All respondents were asked to rate their level of satisfaction with mental health resources available at their agency. On a 0–10 scale, with 10 representing the highest level of satisfaction, the average rating reported by frontline workers was a 4.50±3.0 (N = 735), which reflects moderate satisfaction. Satisfaction was lowest among frontline workers who reported no access to resources at their agency (M = 1.7±2.3, n = 69) and among those who were unsure about access (M = 3.0±2.64, n = 222), in addition to those who tried to use available resources but were unable to do so (M = 3.4±2.5, n = 54). Independent samples t-tests were conducted to examine whether there were group differences in levels of satisfaction with current resources by occupation (operator vs. other), race (Black vs. other), ethnicity (Hispanic vs. non-Hispanic), or gender (female vs. other). The only group difference observed was in terms of transit occupation: Operators reported significantly lower levels of satisfaction with mental health resources compared to other occupations (M = 4.2±2.9 vs. M = 5.2±3.0; t(732) = 4.08, p < .001).

Reasons for Not Using Mental Health Services Provided by Employer

A list of 13 barriers to using mental health resources was developed based on the published literature in addition to worker and stakeholder input (Table A.15). Respondents were instructed to indicate any reasons that would influence their decision to seek mental health support through their employer ("select all that apply"), with the option to write in "other" or select "none" if they did not believe any of the reasons would influence their decision or be a barrier to seeking services. Respondents reported an average of 2.9±2.7 reasons/barriers (range 0–13, n = 738). Independent samples t-tests were conducted to examine whether there were group differences in the number of reasons/barriers for using agency services by occupation (operator vs. other), race (Black vs. other), ethnicity (Hispanic vs. non-Hispanic), or gender (female vs. other); there were no significant group differences. The most commonly cited reasons affecting the decision to seek services through an employer were lack of time (35.9%), concern about missed pay (33.2%), privacy concerns (32.6%), and being too tired/exhausted (31.5%). Write-in feedback also reflected the need for increased access to community resources, such as "I think that more should be done to get health insurance [to] cover more" and "Recruit more counselors to take our agency's medical insurance because we live in a small community, and we have limited choices." A series of chi-square analyses were conducted to examine how reasons for not seeking services differed by occupational role (operator vs. other), race (Black vs. other), ethnicity (Hispanic vs. non-Hispanic), or gender (female vs. other). Operators were significantly more likely to endorse

concern about missed pay compared to other roles (40.5% vs. 22.3%, $x^2 = 22.14$, p < .001). Men were significantly more likely to say they were unsure whether they needed mental health help compared to other genders (27.7% vs. 16.3%, $x^2 = 11.77$, p < .001).

Predictor Analyses

A multiple linear regression model was constructed to examine which barriers to using agency services were the strongest predictors of satisfaction with available mental health resources. The results indicated that barriers accounted for 33.1% of the variance in satisfaction ratings ($F(13, 695) = 26.43$, p < .001). Four specific barriers were significantly associated with lower ratings of satisfaction:

- Unsure about how to access services or if they are available ($\beta = -.27$, $t = -8.05$, p < .001);
- Unsatisfied with resources available through employer ($\beta = -.24$, $t = -6.68$, p < .001);
- Limited availability of insurance coverage/cost ($\beta = -.13$, $t = -3.70$, p < .001); and
- Lack of compassion from manager ($\beta = -.12$, $t = -3.29$, p = .001).

Solutions

Preferences for Mental Health Services

There are many ways in which mental health services could be provided to frontline transportation workers. Several survey questions were used to assess preferences for communication about available mental health services (e.g., via email, website, flier), in addition to preferences for various aspects of mental health services. These aspects included the format of services (e.g., delivered one-on-one vs. in a group), the mode of accessing services (e.g., online vs. in person), and the timing of when services are provided (e.g., during work hours vs. outside of work hours). In response to each question, respondents were instructed to indicate their preferences (yes/no) with the option to indicate "no preference." Regarding the format of mental health services (Table A.16), most frontline workers (63.6%) reported a preference for participating in mental health services one-on-one with a mental health professional. Those who reported privacy concerns as a reason for not seeking services from their agency were significantly more likely to prefer one-on-one services with a mental health professional (80.9%, $x^2 = 31.78$, p < .001). Group-based and peer-led services were the least-preferred formats. In addition, more workers preferred to have in-person services accessed off-site (away from the workplace) (55.2%) compared to in-person services accessed on-site at the workplace (23.2%) (Table A.17). Workers were almost equally split in terms of preferences for having access to resources during work hours (38.6%), outside of work hours (36.8%), or no preference (33.1%) (Table A.18).

Most respondents preferred to be informed about available mental health services (Table A.19 and Figure 3.2) via email communication (52.1%), in training (47.6%), or via agency website (46.7%). Respondents endorsed an average of 3.2±2.4 different preferred communication approaches. One respondent emphasized: "Do more than just send out emails saying, 'We have this EAP available for all employees.' Have someone that administers the EAP/UAP [union assistance program] to actually visit onsite or even multiple online meetings to educate and share what realistically available resources are and answer any questions [like about privacy concerns]."

Ideas for Programs and Training

The survey included two questions designed to gauge respondents' perception of how helpful various mental health programs and training programs would be if they were offered in the workplace. Respondents could indicate any programs or training that they thought would be most helpful ("select all that apply"), with the option to write in "other" or select "none" if they did not believe any programs/training listed would be helpful. Based on survey data, the top programs that participants felt would be helpful (Table A.20 and Figure 3.3) were programs and policies
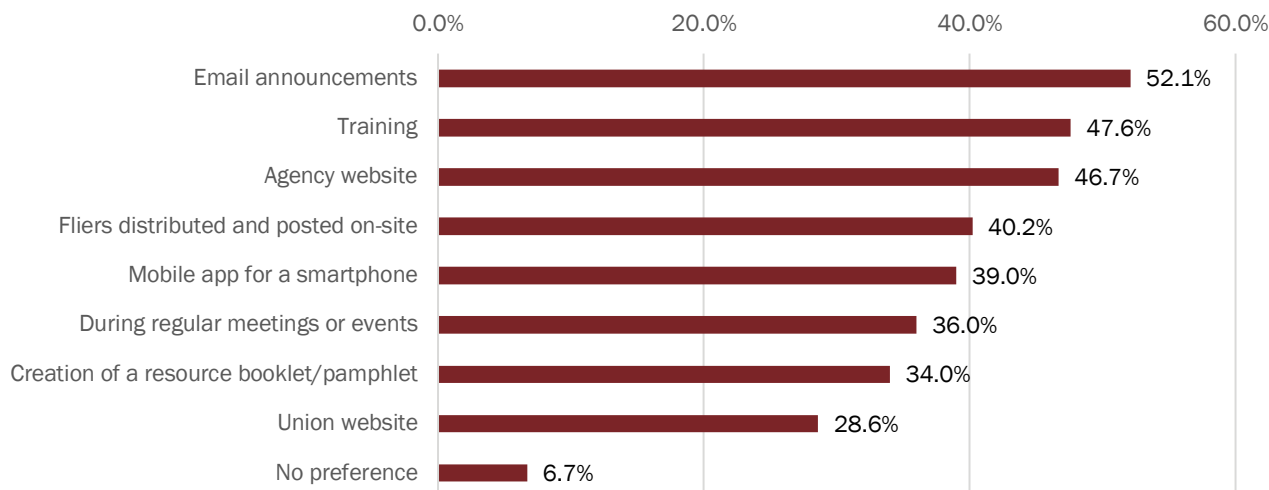
Figure 3.2. How would you prefer that your agency inform frontline workers of the mental health and wellness resources available to you?

The chart shows the following preferences:

- Email announcements: 52.1%
- Training: 47.6%
- Agency website: 46.7%
- Fliers distributed and posted on-site: 40.2%
- Mobile app for a smartphone: 39.0%
- During regular meetings or events: 36.0%
- Creation of a resource booklet/pamphlet: 34.0%
- Union website: 28.6%
- No preference: 6.7%

to reduce sources of stress in the workplace (54.7%), free mental health screening and referral (46.1%), and increased access to information about available mental health resources (44.3%).

One respondent suggested offering trauma-specific programs: "I think we should offer counseling for people going through trauma at work and stress in the workplace." Another respondent wrote, "When you are in a mental health crisis, it's difficult to advocate for yourself. Sometimes you can't do anything but survive. People need to have good connections and a mentor who can be of support. Possibly creating some sort of mental health buddy or sponsor relationship." In support of mental health programs, one respondent emphasized, "I am glad my employer offers 8 sessions per incident. . . . I am willing to pay my $35 co-pay to be able to see my counselor once
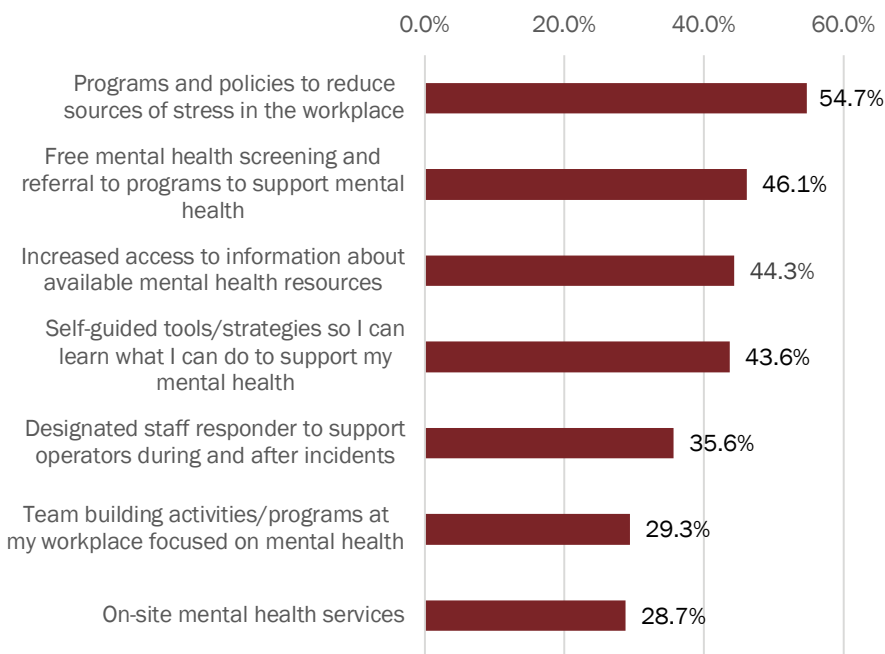
Figure 3.3. What types of mental health programs or wellness services would be most helpful if offered in your workplace?

The chart shows the following:

- Programs and policies to reduce sources of stress in the workplace: 54.7%
- Free mental health screening and referral to programs to support mental health: 46.1%
- Increased access to information about available mental health resources: 44.3%
- Self-guided tools/strategies so I can learn what I can do to support my mental health: 43.6%
- Designated staff responder to support operators during and after incidents: 35.6%
- Team building activities/programs at my workplace focused on mental health: 29.3%
- On-site mental health services: 28.7%

a week. It makes me a better person which makes me a better employee to have a counselor to talk to about the stress of my job." Other respondents said, "Mental health is just as important as physical health," and programs "to support physical health and on-site fitness would be beneficial for relieving stress before and after work and this could help improve mental health overall as well."

All four training program ideas that were presented were rated as "would be helpful" by more than half of the respondents (Table A.21 and Figure 3.4), with training for managers on empathy/ compassion (63.1%) most frequently endorsed. Many respondents noted that everyone in the workforce, not just managers, would benefit from empathy/compassion training to ensure the whole agency is communicating with respect and compassion. An additional training idea suggested as a write-in option was training on naloxone delivery (administering naloxone to rapidly and temporarily reverse an opioid overdose). Respondents provided additional feedback on training, suggesting that mental health training be mandatory, offered during the workday (i.e., when workers are paid to attend), and presented in an interactive format (instead of a passive video format). These recommendations were emphasized as ways for leadership to demonstrate that they are prioritizing mental health and wellness. In addition, one respondent emphasized the importance of receiving training from someone who has firsthand experience in the transit industry: "I believe training is the best tool available to provide us with information to help deal with issues in our industry. To have someone from our industry who has done our work and has experienced some of these issues would be the ideal person to train us. We would be more apt to relate to someone who has been there, done that so to speak."

Ideas for Policy Changes

The survey included one additional question in which respondents were asked to review 14 different policy changes and indicate which policies would support their mental health and wellness if implemented in the workplace. Respondents were able to "select all that apply," with the option to write in "other" or select "none." Three of the most frequently supported policy changes to support mental health were related to modifying the in-field experience by building more recovery or break time into transit timetables and improving access to restrooms and healthy foods during field work. A series of chi-square analyses were conducted to examine how policy changes differed by transit occupation (operator vs. other). Compared to other roles, operators were significantly more likely to endorse the helpfulness of policies related to scheduling and field work:

- Access to restrooms during field work (61.2% vs. 22.4%, $x^2 = 85.89$, $p < .001$);
- More recovery/break time built into timetables (65.4% vs. 28.4%, $x^2 = 79.22$, $p < .001$);
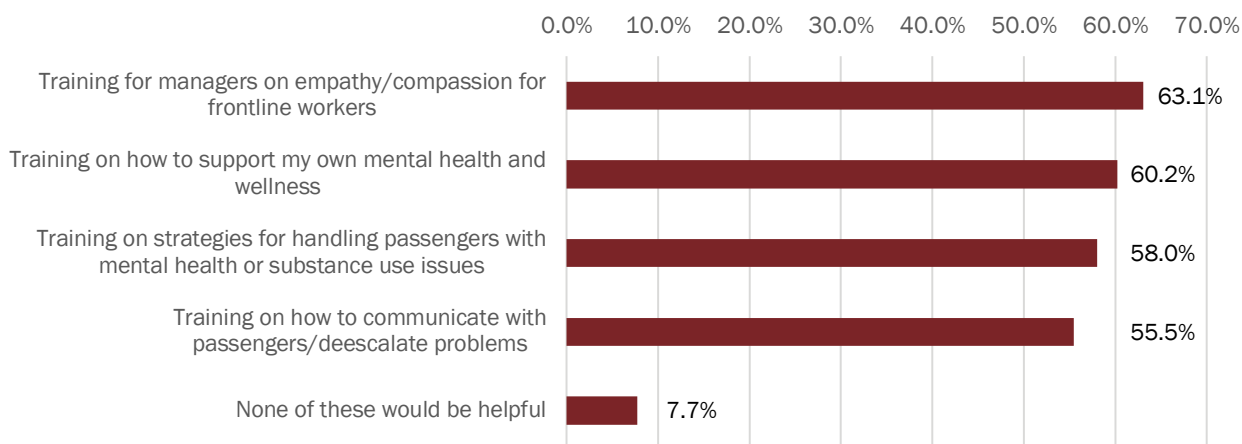
Figure 3.4.   *What mental health or wellness training, if any, would be helpful if offered by your agency?*

- Access to healthy foods during field work (55.3% vs. 38.8%, $x^2 = 15.51$, p < .001);
- More in-field support (49.0% vs. 20.3%, $x^2 = 20.16$, p < .001);
- Having a less variable work schedule (36.0% vs. 21.4%, $x^2 = 14.01$, p < .001); and
- Time off on weekends/evenings (38.6% vs. 24.4%, $x^2 = 12.81$, p < .001).

In addition, policies that provide more time off for mental health and wellness and provide free physical health and well-being check-ups were widely endorsed as helpful by respondents. Write-in responses frequently emphasized the importance of time off for mental health, such as having "a number of paid mental health days that we can take throughout the year" or "a once-a-year mental health offsite retreat staggered in assigned small groups with a qualified counselor or facilitator, teambuilding week, etc." Workers' responses reflected the importance of implementing paid time-off policies for mental health, as well as assurances that workers will be supported for taking this time and protected from retaliation if they choose to take it.

Additional Solutions Suggested by Survey Respondents

Respondents were provided the opportunity to write in any additional ideas for solutions to improve workplace mental health. There was an overwhelming emphasis on the need for enforceable policies for handling inappropriate passenger behavior and ensuring operator safety. Respondents noted that they are often "blam[ed] for the actions of others (i.e., we are blamed and disciplined for being assaulted) rather than the passengers being held responsible for their actions on the bus." The need for clear and enforceable rules, which would make things less stressful for operators, was emphasized. For example, "If the rules state you can't bring a shopping cart full of junk on the bus, then you don't get to ride." One respondent noted, "Operators should have the right to keep their passengers safe as well as themselves and not be faulted for passing up [patrons] who cause problems on the bus or who have threatened or assaulted themselves, other operators, and/or passengers."

Finally, workers requested more focus on protection from harm (safety and security), especially as it relates to rider behavior. One respondent also suggested, "We need another trained individual to monitor and help with customer anger or mental health. This monitor should have the same schedule and have a radio to communicate with the police." Others noted structural changes that involve having a protected area for operators. For example, "Enclosing the driver's area [and] giving the driver a sense of security would go a really long way" or "installation of the protective doors to act as a layer of protection between the driver and the general public."

Frontline Worker Focus Group Findings

Frontline transit workers were engaged through two focus group sessions to assess their experiences, challenges, stressors, and potential solutions to improve their mental health, wellness, and resiliency in the workplace. A total of seven people participated in each focus group session. Sessions were convened online and lasted 80 minutes and 60 minutes, respectively. The first focus group was held in October 2022 to gather information regarding the difficulties workers are facing. Session participants from this focus group were primarily frontline transit workers from three agencies, with two participants identifying as managers working with frontline workers. The second focus group was conducted in May 2023 to collect feedback on strategies to improve mental health and wellness and potential components of this report's toolkit for transit agencies. This group was composed of seven frontline transit workers, each from a different transit agency. Focus group participants were recruited through the transit agencies interviewed for this report and through the frontline worker survey.

Causes of Mental Health Stressors for Frontline Transit Workers

When asked about factors contributing to or causing stress or mental health problems for frontline workers, the following factors were mentioned:

- Operator shortages and other agency personnel shortages impact their work.
- There is a lack of agency focus in promoting work–life balance for frontline workers (e.g., mandatory shifts).
- The frequency of long runs makes it difficult to accommodate basic needs (e.g., restroom and food breaks) or to take calls during the workday to address personal and family needs.
- Frontline workers are concerned about personal safety and the unpredictability of threats (e.g., passenger assaults and how to handle passengers exhibiting mental health issues or unhoused passengers).
- There is constant pressure to maintain an on-time schedule while handling unexpected events and issues.
- The cost of living and inflation mean that workers are working more overtime to keep up.
- There is still concern about COVID-19, and it is difficult to take time off for any sickness due to staff shortages.

Participants shared their thoughts on the lack of work–life balance for operators. As one participant stated, an eight-hour off-shift begins when the operator pulls the bus into the garage, not when they arrive home. This means that once the operator arrives home, they have less than eight hours to sleep or rest before returning to work for their next shift. Others discussed difficulties associated with balancing work–life needs when forced to accept mandatory shifts with little or no notice. More consideration of frontline workers is needed from agency management regarding mandatory shifts since this practice causes great stress for workers, who often must struggle to arrange childcare or care for older family members on short notice. Some participants also shared that taking on a mandatory shift can necessitate canceling plans, including medical appointments scheduled months in advance, which often result in cancellation fees or other charges.

Lack of time to address personal matters or check in on family and young children during the workday was also discussed as a stressor. One participant explained that due to her agency's no-distraction policy, her cellphone must be turned off during work hours. Thus, if she has a 15-minute break during a shift, she must check on her family during that brief time and try to complete any other personal business, such as scheduling doctor appointments. Participants were unanimous in their reporting of agencies infringing on personal vacation time. Many participants noted how although they receive dedicated sick time and vacation time, they are often not able to utilize those protected days since they must remain on call. The inability to take vacation or sick days without rest from work can have detrimental effects on the mental health of transit workers. As one participant noted, "My peace of mind is more important than a paycheck." Participants recommended that transit agencies implement policy changes to ensure workers can take full advantage of protected days of rest.

Another participant explained that work stress could begin at the start of their shift when they realize they are departing the garage with a "faulty bus," such as a vehicle with heating or air-conditioning problems. Their stress escalates as the shift progresses because they must handle difficult passengers and sometimes wait for supervisor assistance. Overall, they feel a lack of control at work due to these stressful factors and feel that "nobody takes accountability for it."

Quotes from Frontline Workers: Impacts of Personnel Shortages

"Our main objective is, you know, to try and keep everyone safe, but it's kind of hard to do that when you don't have too much [sic] people showing up at work or have enough units at work."

Quotes from Frontline Workers: Lack of Breaks

"Oftentimes we have to make a choice whether we are going to drink some water real quick to keep hydrated and there's not time to really eat."

Quotes from Frontline Workers: Personal Safety

"It happens all the time. There are assaults and there are threats, many assaults, many threats. People have quit because of those things. And you really can't blame them."

One participant reported that their agency used to utilize standby or report operators to help cover shifts and assist with customer service issues during operator shortages. This policy contributes to better workflow and less "exhaustion" among operators in the field. However, this practice is no longer utilized due to staff shortages and agency reluctance to pay overtime salaries. The participant added that the proactive management approach of employing standby operators would help a transit agency function in a "proactive instead of a reactive" manner.

Another participant working in law enforcement for their agency added that understaffing makes it difficult to respond quickly to emergency situations. They explained that their agency's practice is for officers to take passengers exhibiting mental health problems on board vehicles to a local hospital. They noted that the time the responding officer takes to travel to and from the hospital contributes to further staff shortages during a given shift.

Passenger behavior is a common contributing factor to poor mental health among operators. There was also much discussion of the stress caused by interacting with passengers exhibiting mental health issues and unhoused passengers. Several participants shared that passengers with mental health issues exhibiting problem behaviors are often not taking their medications. Some commented that many of their peer operators have quit from having to address issues with challenging, and sometimes dangerous, passengers.

Several participants observed that many unhoused passengers seek to travel by bus or rail throughout the day and evening to avoid inclement weather conditions. As a result, operators can have difficulty asking these individuals to disembark at the end of a run. Participants added that they sometimes must wait for supervisor assistance in dealing with difficult passengers.

Another source of stress for frontline workers is interacting with people under the influence of drugs or alcohol. As one participant shared, sometimes they must deal with passengers smoking drugs on the bus. The resulting smoke causes the operator and fellow passengers to exhibit signs of physical illness, so they must stop the bus when this occurs to open windows and doors to air the vehicle out.

Participants were asked how facing these diverse workplace stressors impacts their mental health, well-being, and ability to perform their job. Comments focused on feelings of fear, anger, and sadness, and sometimes symptoms of physical illness. In discussing feelings about passengers experiencing mental health disorders, homelessness, or drug addiction, one participant noted frequently feeling compassion for such passengers, as well as anger and sadness for the lack of societal support these individuals receive. Simultaneously, they recognize these passengers are often "the ones that assault us, you know, they cause all the problems on our buses, not only us but assault other passengers, the elderly, young girls."

Trying to determine how to best address difficult passenger behaviors makes their job complicated and stressful. Participants explained that the job of a frontline worker is all-encompassing, requiring them to react to and handle internal factors onboard—as well as challenges in the external environment, including pedestrian and bicycle traffic and jaywalkers—all while arriving at their destination safely and on time. As they reported, "We are also babysitters, day care providers, and you know, we're everything, we do everything on the bus to make sure everybody's safe."

Finally, ongoing stressors related to the COVID-19 pandemic contribute to poor mental health and wellness. Participants shared that the transit sector was "hit hard" by COVID-19 initially, with many workers passing from the illness over the first two years of the pandemic. While the pandemic has ebbed and vaccinations are available, COVID-19 remains a concern among participants in terms of sick time, personal wellness, and the wellness of their families.

Workplace Culture, Personal Safety, Resource Availability, and Other Barriers Related to Frontline Worker Mental Health

Workplace culture and messaging surrounding frontline worker mental health were also discussed at both focus group sessions. As one participant stated, "They tell us to stay safe, and my job, I'm on the train, but there is no part of it where you can because there have been times when you have someone causing altercations and issues on the train and they [management] want you to go see about them." The participant explained that the message from agency management is that operators should seek to resolve onboard issues independently, if possible, but they do not feel safe doing so. They offered the example of needing to have all passengers disembark when their train goes out of service. Some unhoused or other passengers do not want to disembark, and while there is sometimes a police officer available to help secure compliance, this is not always the case. One participant noted, and several agreed, that agencies "care more about hiring than the mental health of their drivers."

Most participants perceived a general lack of understanding from agency leadership about the difficulties that frontline workers face. This lack of understanding can result in policy decisions that ignore the stressors that frontline workers face and can ultimately be detrimental. To address the gap in understanding and to foster empathy among management, many focus group participants suggested implementing a program where senior management shadows an operator for a full shift. This exposure to the daily life of a frontline worker can help build empathy, understanding, and relationships between frontline workers and management. It can also create an opportunity for frontline workers to describe the stressors they face in real time to provide management with a much deeper understanding. A ride-along program would allow management to listen and learn directly from their frontline staff so they can actively seek to remediate challenges.

Others said that while COVID-19 remains a concern, their agencies are no longer offering COVID-19-specific time off, which poses a problem of spreading the virus if the employee has no additional sick days remaining. Participants explained that issues related to sick time for COVID-19 cause them stress, and senior management does not seem to recognize or understand that concern. And as one participant explained their feelings about COVID-19 transmission, "If you work in transportation, nine times out of ten that is where you caught it from."

Regarding workplace mental health resources, several participants shared that EAPs are available. As one expressed, "it can be helpful," but she added that many do not have time to seek out those services due to the daily stressors of their job. Also regarding EAPs, another shared that "they [management] talked about EAPs during orientation, but you don't hear anything else about it after that." In discussing how employees are made aware of mental health resources or programs, several shared they are informed by internal work emails, fliers or bulletins posted around the agency, correspondence from the HR department, and word of mouth from peers.

Participants discussed whether awareness of their agency's mental health resources or programs was widespread among their peer frontline workers and if lack of awareness was a barrier to accessing support and services. One participant noted that their coworkers should be aware of these offerings, since the information is shared during the job orientation and via internal emails. Another responded that some of their peers only become aware of these resources if they need to seek them out. The group also briefly touched on the stigma surrounding mental health issues, with some noting that it can be difficult to bring up these topics. However, this can sometimes be made easier when workers can discuss one-on-one with another employee or in a small-group setting.

Another barrier mentioned relates to the continuity of mental healthcare and support. For example, a participant explained that following their involvement in a workplace accident that included death, they went through their agency's EAP for counseling sessions. However, the counselor did not have expertise in the treatment of PTSD. After the allocated maximum number

of sessions, they needed more therapy but had difficulty identifying a mental health professional who (1) had flexible hours to accommodate their shift work schedule and (2) had expertise in treating PTSD. The participant acknowledged that the shortages in mental health resources are a problem nationally, in part due to the COVID-19 pandemic; while this is not specific to transit workers, it is an additional issue the workforce faces.

Strategies to Improve Frontline Workers' Mental Health

Participants also discussed strategies to improve frontline transit workers' mental health and well-being. While focus group facilitators shifted the conversation to identifying strategies to better support frontline workers, participants continued to share the stressors they face daily. Several specified that female frontline workers often face more distressing workplace situations compared to their male counterparts. Overall, the group participants were extremely frustrated and discouraged by the challenging workplace conditions they face daily, especially those that affect their personal safety in interacting with customers and other members of the public.

As mentioned previously, several participants shared that programs offering one-on-one or small-group support can be particularly beneficial and may help reduce the stigma related to seeking assistance. One participant, a manager, shared an experience in which they convened a small group of operators for a post-incident discussion following a colleague's death by suicide. The purpose of the meeting was to check in on a personal or more "human" level beyond procedural or work-related regulations. They were surprised when two other participants in the session openly shared that they had experienced suicidal feelings due to work stress. The participant explained that the comradery engendered by discussing this topic in a trusted, small-group environment was helpful to these frontline workers, and it gave them an opportunity to raise their own mental health issues and learn about available resources.

Another participant shared that everyone needs someone to listen to their concerns and issues at work. They tried to help meet that need at their agency through their mentorship initiative and noted the importance of regularly "checking in on people." They added that "there's a lot of people that come in smiling that are really crying on the inside."

Other strategies, ideas, or initiatives recommended by the group to support frontline worker mental health are included in the following list.

- **Offer topical training during operator orientation.** This training should be provided by a mental health professional and designed to assist operators in learning how to best handle passengers with mental illnesses exhibiting problematic behavior onboard.
- **Offer training for supervisors focused on empathy and sensitivity.** This training should focus on educating frontline supervisors on how to support the mental health and well-being of frontline workers and how to exhibit more empathetic, compassionate, and supportive leadership.
- **Offer mentorship opportunities for both operators and supervisors.** Mentoring opportunities can contribute to the overall wellness and mental health resiliency of the transit workforce and can also help supervisors become more sensitive to operators' needs. One participant shared that their agency is considering implementing a supervisor mentorship program.
- **Develop a professional operator peer-support team.** In this initiative, mental health professionals would provide specific training to designated agency personnel so that the personnel could provide critical incident support to operators following accidents or other work-related incidents. A participant noted that their city's police department has successfully implemented this type of program, and they have been seeking to establish a similar program at their transit agency. They emphasized that the program would focus on trained personnel functioning as the first line of support to an operator who experiences an incident—a team member would

help the operator get home post-incident and assist with completing paperwork and other requirements related to the incident, such as blood and urinalysis testing. The team member would also inform the operator of EAP services and other initiatives that may be helpful. Overall, they explained that this type of program "shows support, shows we care."

- **Offer and promote operator counseling.** Participants in the focus groups agreed that counseling can be very helpful to frontline workers. One participant shared that their agency offers eight free sessions to operators alone or with their family members. The group noted the importance of health insurance at least partially covering these services. Several participants noted the benefit of offering these services off-site to promote confidentiality.
- **Include a staff counselor on-site.** An on-site mental health professional, whether part-time or full-time, would provide frontline workers with more access to services.
- **Develop an engagement committee to promote camaraderie.** Participants cited camaraderie among workers as an important means to support each other. An engagement committee can provide an outlet for workers to celebrate each other and to voice the difficulties they face with others who may understand and can provide guidance or comfort. One participant reported that her agency will often hold potluck meals to "celebrate anything that we can," such as birthdays and other employee life events. She noted these efforts offer a low-cost strategy to help build camaraderie among workers.

Empathy training for supervisors, as described previously, was a suggestion the group strongly supported. Several participants shared personal stories and examples of instances when supervisors did not exhibit appropriate empathetic behavior toward a frontline worker. For example, when a driver is notified during a shift that someone close to them has passed away, some supervisors suggest the operator continue working their shift.

In contrast, another participant gave an example of how an empathetic supervisor can help a frontline worker recover after an incident. They shared their experience of going on-site as a supervisor to assist an operator who had just experienced a passenger harassment encounter. The operator was crying, and the participant explained how they acknowledged the operator's feelings, showing compassion as the two of them discussed the incident. Following their conversation, the operator felt comfortable to "continue on" and decided to complete their shift, even though they were given a choice to stop working. The participant emphasized that sometimes operators feel they cannot continue their shift following an incident, and supervisors need to be supportive of those decisions.

Another key takeaway was the need for and value of increased agency support to help frontline transit workers navigate accident and assault incidents, with both on-site and post-event support and guidance. Regarding post-event support, one participant shared how they suffered mental health issues following an accident on board their vehicle that resulted in a death. They discussed the difficulty in returning to work post-event: "That's also another part of our job that we have to deal with, because then we have to come back to work like nothing happened, you know?"

Those offering post-incident support to frontline workers should be aware of available mental health resources so that they can communicate those options to workers in need. When asked if volunteers could fill these post-incident support roles, the group responded strongly in the negative—paid professional support should be utilized, as even workers interested in serving as volunteers would not have adequate time to offer the needed support. One participant shared that there could be a role for peer volunteers to offer fellow operators support in times of need; however, the time demands would have to be very limited to successfully recruit and retain a volunteer base. For example, structuring the program with volunteer shifts, such as one day a month, might work. In addition, the role of a volunteer would only appeal to certain people. As the participant explained, "To do it voluntarily, you would be doing it from the heart."

Participants also provided potential strategies to protect employees against threats of harm, which was cited as the biggest concern among many. Several acknowledged that macrosocietal

issues greatly influence their experience as frontline workers, such as limited federal, state, and local policies as well as a lack of resources to support members of the public coping with mental illness or housing stability issues. One participant remarked that programs to build employee camaraderie were not valuable and would not generate sustained improvement of transit frontline worker mental health. Instead, he reported that transit agency leadership and government need to devote funds to address mental health and housing issues. Some key suggestions to protect frontline workers against harm are included in the following list.

- **Implement programs to expand management's understanding of frontline worker issues.** For example, agencies could implement a program that requires senior management to ride the bus or train with an operator for a full shift or a full day so that management acquires firsthand experience regarding the work life of an operator.
- **Increase security officer or personnel presence in the field as a strategy to protect operators.** Increased security or police could be targeted at routes, transit lines, or stations with a higher number of safety incidents, assaults, or confrontations. Security officers can perform fare enforcement and address any issues on board related to passenger conduct.
- **Erect safety features, including physical barrier protections or enclosures between passengers and operators to protect operators.** Several participants noted that their agency had erected these enclosures and they have contributed to operator safety.
- **Enforce existing agency policies related to passenger codes of conduct designed to protect frontline workers.** The group strongly expressed that their agencies and local law enforcement too often do not enforce existing policies to protect workers.
- **Engage in an ongoing dialogue with local law enforcement and the prosecutor's office.** Discussing strategies to enforce laws and policies designed to protect transit operators from being harmed by members of the public could help address enforcement concerns. Further, the group suggested that agency law enforcement be instructed to enforce passenger codes of conduct and be trained in addressing issues with passengers experiencing mental health issues.
- **Expand communications with the riding public on the role of frontline transit workers in helping to meet community transportation needs.** This could include installation of signage throughout buses and trains that inform passengers of the legal and financial consequences of engaging in operator assault or harassment. Bus and rail audio announcement systems could also be used to communicate the legal and financial consequences of engaging in operator assault or harassment.
- **Improve lighting at bus depots to better protect operators who use these facilities daily.** One participant shared that unhoused persons have been sleeping at transit stops, raising safety concerns among operators. Focus group participants believe that local law enforcement has not been helpful in remediating the situation, despite repeated requests for their involvement.
- **Provide post-incident support for frontline workers.** One participant shared that he was never offered peer support following any of the three assaults he experienced on the job, despite his agency's policy of providing such support.

Key Takeaways from Frontline Worker Engagement

Focus group participants eagerly and openly shared their experiences. They discussed various factors that contribute to or cause stress and mental health problems for frontline transit workers; the messaging they receive from their workplace regarding worker mental health; the available resources at work to support their mental well-being; how they become aware of these resources; barriers to accessing resources; and suggested strategies to enhance the mental health and overall well-being of frontline workers.

The national survey of frontline workers further validated these individuals' experiences, providing data that highlighted their shared experiences. The survey revealed consistent patterns concerning the factors that contribute to or cause stress and mental health problems. It showed evidence of anxiety and depression among frontline workers nationwide, echoing many of the issues expressed by the focus group participants.

The following list summarizes key takeaways from both the focus groups and the national survey of frontline workers.

- **Frontline workers are experiencing elevated anxiety and depression at work.** Frontline transit workers reported high levels of workplace stress. Over one-third (35.8%) of survey respondents met the criteria for probable anxiety and 27.2% for probable depression.
- **Operator and other staff shortages were cited as a major factor contributing to stress in the workplace.** This issue was validated in the workplace stressors section of the national survey, where nearly all respondents (87.3%) reported that their agency was currently understaffed. Focus group participants noted high stress levels due to workplace conditions and staffing shortages.
- **Nearly all (97%) of national survey respondents reported experiencing negative workplace conditions.** On average, workers were exposed to several different negative workplace conditions, most commonly (1) working at an understaffed agency (87.3%), (2) being exposed to people using alcohol or drugs while on the job (69.1%), and (3) being verbally or physically threatened or witnessing it (68.7%). Focus group participants expressed personal safety concerns (e.g., constant hypervigilance and uncertainty) related to passengers, primarily those exhibiting mental illness symptoms, unhoused passengers, and passengers under the influence. Focus group and survey respondents brought up difficulties regarding the frequency of long runs that result in inadequate restroom, eating, and other break times; 66.8% of operators who were survey respondents reported having limited restroom access on the job as a stressor.
- **A multifaceted approach to communicating and marketing mental health resources is ideal.** On average, workers most often preferred to be informed about available mental health services by email (52.1%), at a training (47.6%), and via agency website (46.7%). A combination of passive communication strategies (e.g., posting on an internal website for employees to read) and active strategies (e.g., being told by a supervisor or trainer) would enhance awareness of available resources and optimize uptake. Focus group participants also shared various ways they have learned about the mental health resources available to them, primarily citing agencywide emails; flyers/bulletins; correspondence from HR, particularly during orientation; and word of mouth from peers. In discussing resources, mixed feelings were expressed about EAPs, with some noting these services can be helpful and others not as supportive. Barriers to mental health services can include a lack of awareness and issues related to continuity of service, such as limited counseling sessions.

Finally, the following strategies were recommended to improve the mental health of frontline workers.

- **Agency policy–related changes would improve employee wellness.** Focus group participants often felt they did not have adequate support from management regarding their mental health, particularly during and after incidents. The top-rated policy change recommendations to support mental health involved modifying the in-field experience by building more recovery or break time into transit timetables (48.8%) and improving access to restrooms and healthy foods during field work (45%), as well as increasing time off for mental health (48.1%) (Table A.22). Participants also said that even when time off is provided, it is not always respected by management, and being on call can cause serious stress. Adequate protection of paid time off or sick time is a vital agency policy–related change to ensure operators can rest. Enforceable policies for handling inappropriate passenger behavior and ensuring operator safety are also needed. Focus group

participants showed interest in the development of a professional support team to offer on-site and post-incident support to frontline workers.

- **Training programs were also widely endorsed as beneficial for improving employee mental health.** Roughly 60% of workers noted that training for building empathy and compassion in the workplace would be beneficial, as well as trainings for employees on how to support their mental health and how to handle passengers with mental health or substance use issues. Training on the delivery of naloxone (opioid overdose reversal drug) was also suggested in both the survey and focus group. Respondents shared a preference for training delivery to be mandatory, offered during work hours (paid), and designed in an interactive manner. Focus group participants expressed interest in empathy training for supervisors so they can better support frontline workers experiencing mental health stressors and issues. Participants also showed interest in increasing the availability of operator counseling and mentorship opportunities for frontline workers and supervisors.
- **Stress-reduction programs and programs increasing access to and awareness of mental health services were highly rated.** The programs rated as the most helpful solutions were those focused on reducing sources of stress in the workplace (54.7%), free screening and referral to mental health services (46.1%), and increasing access to information about mental health resources (44.3%). While access to mental health services is important in any workplace, it is essential for frontline transit workers due to their high levels of stress and exposure to violent incidents and accidents.
- **Frontline workers need greater support in the field, particularly after incidents.** Many frontline workers are on their own most of the time, which can be isolating and lonely. They are often left to handle situations and conflicts on their own, which can be especially stressful for newer employees. Some strategies to address the lack of support include the implementation of staff trained in incidence response, such as critical response teams. When probed on types of mental health programs or wellness services that would be most helpful if offered in the workplace, 35.6% of survey respondents preferred designated staff to support operators after incidents. Ongoing support is also needed following incidents to ensure that frontline workers recover and can return to work without additional adverse impacts on their or others' well-being. Some focus group participants suggested a program in which security officers or personnel travel aboard vulnerable bus routes as a strategy to protect operators.
- **Increase privacy by offering one-on-one and small-group options for support and other services.** Several focus group participants advised that programs offering one-on-one or small-group support can be particularly attractive and beneficial to frontline workers, and they may help reduce stigma concerns related to seeking assistance.

C H A P T E R   4

Findings and Conclusions

Key Findings of This Research

The purpose of this research was to examine the mental health, wellness, and resilience of frontline transit workers and to develop a comprehensive set of resources and a toolkit to help transit agencies identify and mitigate workplace factors that cause negative impacts. This report uses a multipronged approach to understand the existing research and agency practices related to transit worker well-being and to gather feedback on the topic directly from frontline workers, agency management, and union leadership.

Previous Research

The research for this project began with a comprehensive literature review to develop familiarity with articles and studies that had been published on the well-being of transit workers, as well as studies from other fields and industries relevant to the research topic. The literature scan also captured the state of the practice at transit agencies by reviewing public-facing information about employee programs and benefits (such as EAPs). The scan yielded many findings that were verified in later rounds of direct engagement with frontline transit workers, transit agency management, and union management:

- Frontline transit workers experience a range of difficulties in the work environment.
- One serious issue that affects the mental health of train operators (as well as transit police and other emergency workers) is PUT incidents, which occur because of accidents, suicides, and homicides. Studies show that up to 30% of transit operators experience PTSD after PUT incidents and assaults.
- COVID-19 had a profound effect on transit agencies and workers, making it even more difficult for agencies to recruit and retain frontline workers, such as operators.
- Two empirical studies examined the effects of COVID-19 on transit workers' mental health and well-being.

The body of literature highlighted the adverse work conditions that bus operators face, such as exposure to chemicals and fumes, extended periods of sitting and stressful postures, difficult traffic and weather conditions, assault (both verbal and physical), and the lack of restroom access. Rail operators and other frontline workers are exposed to violent crashes, suicide by train, and exposure to chemicals and fumes. These exposures impact workers' health and well-being. From a mental health perspective, on-the-job occurrences can expose frontline workers to a range of potentially traumatic events, with one study finding a high prevalence of PTSD, major depressive disorder, and anxiety disorders among bus operators. These exposures also impact physical health, including chronic heart disease, occupational stress, and hypertension, among others. A lack of bathroom access can cause mental distress, affect operators' cardiovascular system, and contribute to kidney and bladder problems.

Aside from the toll on human capital, adverse workplace events can also impact a transit agency's bottom line. Assaults against transit operators resulted in lost work time, damaged employee morale and productivity, and increased worker compensation payments, medical expenses, lawsuits, and liability costs. In many other studies, authors have discussed secondary effects of the mental health and physical health impacts of transit workers' adverse work conditions. These secondary effects include greater absenteeism, high labor turnover, and propensity for accidents. Although the literature review focused on public transit, numerous studies of other industries show that work-related mental health issues seriously impact productivity, absenteeism, and employers' ROI.

The literature also identified ways to address adverse work conditions, such as improving the workplace environment by (1) building physical barriers between subway trains and platforms to reduce PUT incidents; (2) erecting enclosures between customers and bus operators; and (3) developing new or enforcing existing policies and protocols for policing and security, driver protection systems, voice communication and telemetry systems, and surveillance and observation systems.

Reconfiguring work hours can reduce fatigue and stress. Other initiatives, such as agency-provided programs that promote health, can reduce the impact of adverse environments. Common health and wellness promoting practices include health education, exercise, stress management, employee assistance, nutrition, smoking cessation, maintaining mental health, cardiovascular disease prevention, and disease management components. While 50% of agencies provide health and wellness programs, programs are less likely to be offered at smaller agencies. Barriers to using programming include work hours, fatigue, stigma, turnover, and leadership styles that may prevent workers from participating. There is limited information in the research about reducing barriers or increasing participation.

Interviews and Focus Groups

Focus groups and interviews were conducted with transit agency leadership, frontline transit workers and their managers, and Amalgamated Transit Union (ATU) leadership during two separate parts of the project. These conversations both verified well-known causes and factors impacting mental health and provided an opportunity to learn about lesser-known factors that were not as prevalent in the literature. Well-known factors discussed in focus groups and interviews included assaults and confrontations, PTSD, work schedules, extended periods of sitting/inactivity, lack of exercise, and lack of bathroom access.

- **Assaults and confrontations.** Verbal or physical altercations may arise during fare enforcement and general interaction with the public, including customers experiencing homelessness, customers with mental health issues, or customers with substance use issues.
- **PTSD.** Frontline workers may be victims of assault or witness assaults, which cause additional trauma on top of the potential for crashes, near misses, PUT incidents, attempted suicides, and deaths by suicide.
- **Work schedules.** The industry was experiencing a labor shortage prior to the pandemic, and continued shortages have made it difficult for employees to get time off (on top of common agency structures that rely on seniority for scheduling purposes). Frontline workers, unlike colleagues at other parts of their agency, did not have the option to work remotely during the pandemic; instead, they spent the health crisis on the front lines.
- **Extended periods of sitting/inactivity.** Operating a transit vehicle can also be a solitary and isolating job, since operators are typically on their own most of the time. For operators, the physical demands of driving require sitting for long periods of time with limited opportunities for exercise, movement, or a mental break from concentration on traffic, driving, and passengers.

- **Lack of exercise.** Although operators may choose how to spend their breaks, poor weather may make operators less likely to stretch or move around while on break. Stretching may also not be possible if routes are running late.
- **Lack of bathroom access.** This was mentioned by almost all interviewees. In general, operators can only access restrooms at the end of a run, and frontline workers without scheduled breaks may also face limited restroom access. In addition, many public restrooms were closed during the pandemic.

Lesser-known stressors uncovered during the interviews and focus groups included work–life balance, other internal stressors, and external stressors.

- **Work–life balance.** Transit is a 24/7 job, with work schedules that may be inconsistent. Varying work schedules complicate self-care and family care and may make it difficult to accommodate time-off requests due to labor shortages.
- **Other internal stressors.** Internal stressors related to interviewee jobs and agencies include the frequency and quality of communication; varying degrees of English proficiency among staff and the riding public; loneliness and isolation in the workplace; lack of support from managers in the field and after incidents; overall inadequate training to prepare workers for their jobs; an "us vs. them" mentality between unions, frontline workers, and management; and low morale among transit agency staff.
- **External stressors.** The provision of childcare and family care amid scheduling constraints is an additional source of stress, as is overall access to healthcare and childcare. Operators may also work in high cost-of-living areas and have long commutes because of a lack of affordable housing in their agencies' service areas. Frontline workers lost friends, family, and colleagues in the pandemic and feared contracting COVID-19, especially since they could not work from home.

Survey

The goal of the survey was to better understand factors that affect the mental health and wellness of frontline transit workers and to gather frontline workers' feedback on possible solutions to improve workplace mental health and resilience. The survey included questions about respondents' health and well-being throughout the COVID-19 pandemic; their work environment; workplace stressors; their agencies' preventive and health-promoting measures; personal characteristics; and strategies to address mental health and wellness. Out of the original 1,130 responses, 777 were considered valid for analysis.

The following list includes some key findings from the survey.

- **Workplace stressors.** Out of all respondents, 87.3% indicated that their agency was currently understaffed, 69.1% said they were exposed to people using alcohol or drugs while on the job, and 68.7% either were or saw someone else verbally or physically threatened. Operators were more likely to report having limited restroom access on the job.
- **Anxiety and depression.** Frontline transit workers are experiencing elevated anxiety, depression, and stress levels at work. Over one-third (35.8%) of survey respondents met the criteria for probable anxiety and 37% for probable depression.
- **Existing program awareness and utilization.** More than half of respondents (59.3%) reported that their agency offered mental health resources or programs to employees. Roughly one-third (31.3%) of frontline workers reported being unsure whether their agency offered mental health resources. Among respondents who reported having access to mental health resources at their agency, 20.6% reported utilizing the mental health resources available to them (which is 12.2% of the overall sample). An additional 11.9% of workers reported that they tried to utilize mental health resources at their agency but were unable to do so successfully.
- **Satisfaction with resources.** All respondents were asked to rate their level of satisfaction with mental health resources available at their agency. On a 0–10 scale, with 10 representing the

highest level of satisfaction, the average rating reported by frontline workers was a 4.50±3.0, which reflects moderate satisfaction.

- **Barriers to using mental health services.** The most commonly cited reasons affecting the decision to not seek services through an employer were lack of time (35.9%), concerns about missed pay (33.2%), privacy concerns (32.6%), and being too tired/exhausted (31.5%).
- **Preferences for mental health services.** When asked about the preferred format of mental health services, most frontline workers (63.6%) reported a preference for participating in mental health services one-on-one with a mental health professional. Those who reported privacy concerns as a reason for not seeking services from their agency were significantly more likely to prefer one-on-one services with a mental health professional.
- **Ideas for programs.** Respondents indicated that the most helpful programs and policies would be those that reduce sources of stress in the workplace (54.7%), offer free mental health screenings and referrals (46.1%), and increase access to information about mental health resources (44.3%).

Suggested Responses to Worker Mental Health, Well-Being, and Resiliency Needs

Various themes emerged about how transit agencies could respond to worker needs and address their mental health, well-being, and resiliency. The following are suggested actions agencies can consider taking to address the specific challenges faced by frontline transit workers.

- **Improve the physical safety of the workplace.** This can be done by building physical barriers between subway trains and platforms to reduce PUT incidents; erecting enclosures between customers and bus operators; and developing new or enforcing existing policies and protocols for safety, security, and driver protection systems. Many frontline workers noted that policies were in place at their transit agencies to help protect workers and set codes of conduct for passengers; however, they felt those policies were not enforced. Likewise, frontline workers desire support in the field from supervisors and transit police.
- **Adjust benefits and policies to provide more support for frontline workers to attain and maintain good mental health and a better work–life balance.** Workers repeatedly noted the difficulty of taking time off for their own well-being or for the care of family members. Varying work schedules, strict absentee policies, and seniority rules for selecting work schedules make it difficult for workers to exert autonomy over their lives and have a work–life balance that is typically expected in other industries. Frontline workers also felt their time off was not their own, since they were often required to be on call or available in case of emergencies or staff shortages. Likewise, transit timetables and ongoing operator shortages make it difficult to take breaks throughout the day. To provide a better balance of work and personal life, transit agency leadership, unions, and workers can collaborate to modify and improve scheduling practices for timetables and work schedules. Transit agencies can also revisit policies and practices to ensure that employee time off is protected and not interrupted by workplace emergencies.
- **Improve and diversify communication and marketing efforts to grow employee awareness of available mental health and wellness resources.** Since not all frontline workers have agency email addresses, marketing resources to them can be complicated. Frontline workers may also have working hours that do not lend themselves to lunch-and-learn sessions or other trainings and meetings that occur during first-shift working hours. The demands of their job and existing staffing shortages can complicate the attendance of information sessions. Agencies can take steps to diversify communication methods and the flow of information about available resources, such as ensuring that information sessions are offered across shifts, facilities, and departments or provided during regularly scheduled meetings that frontline workers are paid to attend during their working hours. These information sessions could include the

staff member responsible for administering the EAP, and they could provide an opportunity for attendees to learn about the resources in-depth and ask questions, particularly around privacy. Since some frontline workers may not have agency email addresses, agencies could supplement their communication with text messaging to push information out. Sometimes taking a more old-fashioned approach to communication can help, such as flyers in common areas or posters in bathroom stalls. Supervisors and managers can also play a part in spreading the word by making direct reports aware of resources during recurring team meetings.

- **Evaluate EAPs, UAPs, and other mental health programs to assess whether a program's services align with employee needs and the extent to which programs are more successful.** This may include a review of existing and future EAP service level agreements and the institution of a monitoring process for programs that focus on improving mental health.
- **Address the privacy concerns that obstruct employees from using resources by providing a range of programming types.** Survey results indicated that most frontline transit workers preferred mental health services that were delivered in a one-on-one format (not in a group format), led by a mental health professional (not a trained peer), delivered in person (not via telehealth), and accessed at an off-site location (not on-site at the workplace).
- **Strengthen and enforce policies to protect frontline workers.** Policies that outline clear and enforceable rules and procedures for handling inappropriate passenger behavior are needed to ensure operator safety. In addition, training on how to address passenger problems (e.g., communication and de-escalation; strategies for handling passengers with mental health or substance use issues) is also recommended.
- **Provide more support in the field and ongoing support after incidents.** Many frontline workers are on their own most of the time, which can be isolating and lonely. They are often left to handle situations and conflicts on their own, which can be especially stressful for newer employees. Additional and dedicated support through specialized staff trained in incident response, such as critical response teams, would help make frontline workers feel more supported and protected in their jobs. Ongoing support is also needed following incidents to ensure that frontline workers recover and are able to return to work without additional adverse impacts on their or others' well-being.
- **Provide peer support and mentoring to increase morale, build meaningful relationships among workers, and provide ongoing support systems.** Frontline transit workers and transit agency managers engaged in this report noted the positive impacts on employee outcomes when a peer support or mentoring program was in place. These programs should be more widely adopted by transit agencies to increase employee engagement and workplace satisfaction.
- **Strengthen community and create a culture where workers feel supported and support each other.** As stated previously, frontline work can be isolating and lonely. Similar to mentoring and peer support systems, providing more opportunities for frontline workers to connect with one another regularly and build relationships with their peers can increase their overall connection to the workplace. Transit agencies can implement more social events and other opportunities for frontline workers to meet their peers and build relationships. Likewise, transit agencies can design social or volunteer-based opportunities for frontline workers to connect and engage with community members in a non-transit and non-work environment. This would help frontline workers understand the challenges faced by their community and be better equipped to engage community members when they interface with the public at work every day. These activities can create a strong community among frontline workers and can promote culture change that is centered around workers supporting each other and the communities they serve.
- **Develop trainings that empower employees to navigate the adverse conditions they may face on the job.** Include training on how to interact with riders experiencing homelessness, drug dependency, or mental health crises, potentially including de-escalation strategies.

Training for critical response teams to provide in-field, immediate support during times of crisis and continued support after incidents would also be helpful.

- **Develop trainings to increase empathy and improve communication among frontline workers, managers, and agency leadership.** Many frontline workers noted the disconnect between themselves and their managers. Managers not understanding what frontline work entails and using dismissive language made workers feel like their concerns were neither heard nor adequately addressed. Empathy training, communication training, and other activities (e.g., ride-alongs with operators) for managers, supervisors, and non-frontline staff would increase awareness of the challenges that frontline workers face as well as validate their feelings. Communication training could also benefit frontline workers by providing them with the tools to express their grievances and complaints in a productive way that can lead to collaborative solutions.

- **Seek opportunities to improve trust between all parties, including between employees and their peers, between employees and managers, and between transit agency management and union leadership.** Building trust can help reduce the negative stigma associated with seeking help to improve mental and emotional well-being. From the beginning, include frontline workers and unions in the identification and rectification of barriers to employee wellness.

Overall, this research clarified that transit agencies—specifically transit agency leadership—must make a real and concerted effort to take the mental health and overall wellness of frontline workers more seriously. Leadership can play an important role by making a clear commitment and dedicating resources to address mental health, wellness, and resiliency at their agency. Ultimately, this means that more funding and staff resources are needed to address barriers and to develop, implement, and support programs aimed at improving mental health, wellness, and resiliency. This includes staff dedicated to implementing and monitoring holistic wellness programs.

Future Research

The findings from this research have uncovered knowledge gaps that could be explored in future research, as described in Table 4.1.

Table 4.1.   Implications for future research.

Research Gap	Description
Limited research on the mental health of transit workers	The literature review produced a limited amount of prior research about the mental health of transit workers, aside from two studies related to the COVID-19 pandemic.
Process/framework for evaluating EAP performance and user outcomes	Throughout the course of the project, no transit agencies with an established framework for evaluating EAP performance were identified. Future research may develop a methodology to better evaluate EAP performance and explore user outcomes associated with EAP use.
Guidebook for establishing peer-mentor programs	Some transit agencies had implemented peer-mentor programs, which participants generally found to be helpful. Transit agencies might benefit from a guidebook on best practices for peer-mentor programs that includes an implementation checklist for agencies to establish their own program.

Table 4.1.   (Continued).

Research Gap	Description
Service planner and scheduler training materials	Bus routes determine the areas where operators spend their layover time. Likewise, timetable design impacts whether and for how long an operator can rest and recover from the often stressful job of operating vehicles and managing passengers. Training materials could be developed to (1) help transit agency service planners understand how the physical environment impacts operator comfort and physical health and (2) provide tips for how to incorporate bathroom access and layover areas into the service planning process to improve operators' job conditions. Training materials for schedulers could include information on the relationship between operator wellness and break time, as well as recommend standards for recovery and break time.
Strategies for reducing operator exposure to drug use on transit vehicles	Operators may be exposed not only to verbal and physical threats but also to passenger drug use while on the job. Future research could identify strategies to reduce operator exposure, including additional physical barriers as well as the development and consistent implementation of policies that establish a process for addressing drug use in transit vehicles.
Frontline transit preemployment tests	Interviewees explained that applicants and new hires might be unaware of what a frontline transit job entails, including both the nature of the work and the skills and abilities required to perform the job successfully. Developing a screening tool for frontline workers would benefit both potential candidates and the transit agencies hiring them by measuring a candidate's propensity for the job, which could help candidates and agencies ensure a good fit on both sides. The FAA Air Traffic Skills Assessment Test, which evaluates the skills and attributes of air traffic controllers, may serve as an example.

PART II

Resources and Toolkit

Part II of this report includes resources and a toolkit to help practitioners and transit agency staff address the challenges, needs, and other barriers to wellness among frontline transit workers. The next chapter in Part II, Chapter 5, presents a series of case studies that highlight exemplary programs implemented by transit agencies in the United States to address various aspects of worker mental health, wellness, and resiliency. Chapter 6 provides transit agencies with guidance and tools to enhance mental health and wellness programs and processes. This toolkit uses lessons learned from literature, interviews with agencies, and focus groups with transit workers and agency leadership throughout the United States.

This resource for practitioners was developed through extensive engagement with transit management officials, union leadership, and frontline workers. Content was informed by research gathered through a literature review, survey, interviews, an initial focus group of frontline workers, and two additional focus group sessions with agency officials and frontline workers to discuss potential elements of the report's toolkit. Participants discussed topics such as

- Preferred programs to support mental health and wellness among transit workers;
- Training, mentoring, or peer programs that could provide important support for transit workers and operators;
- Privacy concerns and difficulties with accessing existing mental health or wellness programs;
- Difficulties with implementing mental health and wellness programs; and
- Potential toolkit formats and content suggestions.

This part is not meant to be read as a narrative from start to end but rather used as a reference for transit agency leadership, frontline workers and supervisors, and union leadership to address the most pressing issues workers are facing. Readers are encouraged to identify issues they are hoping to address and use the case studies and tools to develop interventions to address those issues. (For detailed instructions on how to identify potential solutions, see Chapter 5.)

CHAPTER 5

Case Studies and Effective Strategies

Introduction

Practitioners repeatedly expressed a desire for case studies that summarize the exemplary programs identified throughout the research project, resulting in the development of this chapter.

Use Table 5.1 to identify the case studies that are most relevant to your agency's challenges. Each case study describes in detail the program or initiative, the challenges or stressors it aims to solve, and considerations for transit agencies to establish similar programs, policies, or resources for their frontline workers. Read the description of each case study and the issues it addresses, and click on the title to navigate to the desired case study.

While these case studies and strategies showcase admirable examples nationwide, every program has room for improvement. No program is flawless, and there's always space for growth. Agencies must strive to continually assess the effectiveness of their programs and adapt to the evolving needs of transit employees.

Table 5.1.   Case studies.

Title	Lead Agency	Initiative Description	Type of Initiative	Issues Addressed
Case Study 1: Using Technology to Connect Employees with Support	Metropolitan Atlanta Rapid Transit Authority (MARTA)	MARTA's employee assistance program (EAP) provides employees access to numerous app-based and digital services to connect employees with health and wellness support.	Innovative practice	Access to mental health and wellness resources for workers whose roles may preclude services that are only available during typical business hours.
Case Study 2: Increased Access to Mental Health Services, Trained Professionals, and Other Benefits	Santa Clara Valley Transportation Authority (VTA)/ Amalgamated Transit Union (ATU) Local 265	In collaboration with ATU Local 265, VTA supplements its EAP services with external resources that allow employees and their family members to work with therapists through The 526 Resiliency Center, located off agency property.	Innovative practice	Access to mental health services provided by licensed professionals. Privacy concerns raised by frontline workers who are afraid that accessing services through their employer or on agency property may negatively impact their job or work conditions.

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Table 5.1.   (Continued).

Title	Lead Agency	Initiative Description	Type of Initiative	Issues Addressed
				Lack of paid time-off for mental health, wellness, and recovery.
Case Study 3: Incentives for Wellness Program Participation	Metropolitan Atlanta Rapid Transit Authority (MARTA)	In coordination with its health insurance provider, MARTA provides employees and their covered spouses with a one-time reward of up to $250 for participation in the Wellness Rewards program.	Innovative practice	Low utilization of existing mental health and wellness resources.
Case Study 4: On-Site Health Clinic Services	Indianapolis Public Transportation Corporation DBA (IndyGo)	IndyGo offers an on-site health clinic with licensed clinical staff, including nurse practitioners and doctors available for appointments.	Innovative practice	Barriers to accessing mental health and wellness services.
Case Study 5: Creative Marketing	Indianapolis Public Transportation Corporation DBA (IndyGo)	IndyGo developed a creative marketing campaign to spread awareness of their EAP resources as well as important health and wellness topics.	Innovative practice	Lack of awareness of resources and services available to frontline workers.
Case Study 6: Critical Incident Support Teams	Santa Clara Valley Transportation Authority (VTA)/ Amalgamated Transit Union (ATU) Local 265	VTA and the ATU Local 265 collaborate to employ a Critical Incident Support Team to better support frontline workers in the field as they encounter major or traumatic incidents, such as collisions, person under train or vehicle events, and assaults.	Best practice	Lack of support for frontline workers during and after traumatic incidents.
Case Study 7: Red Kite Project Resiliency Training	Metro Transit	Metro Transit in Minneapolis works with an outside resiliency training company to provide a multiday training for employees. This training gives frontline workers the tools to better manage difficult situations and conflicts while performing their jobs.	Best practice	Frontline workers lack the tools, training, and resources to deal with the adverse conditions and stress encountered on the job.

Table 5.1.   (Continued).

Title	Lead Agency	Initiative Description	Type of Initiative	Issues Addressed
Case Study 8: Lactation Van for Nursing Operators	TriMet	TriMet in Portland transformed a paratransit van into a mobile lactation unit that offers a secure, comfortable, and convenient place to pump while completing a driving shift.	Innovative practice	The workplace conditions of frontline transit workers do not accommodate parents and caregivers.
Case Study 9: Training and Mentorship for Retention and Advancement	Santa Clara Valley Transportation Authority (VTA)/ Amalgamated Transit Union (ATU) Local 265	VTA, in collaboration with the ATU Local 265, established the Joint Workforce Investment program, which provides training and mentorship to help ease new employees into their jobs, as well as opportunities for upward mobility and continual growth.	Innovative practice	Frontline transit workers feel unprepared for their jobs. Frontline workers lack clear pathways for career growth.
Case Study 10: Operator Restroom Workgroup	Maryland Transit Administration (MTA)	To support bus operator requests for consistent access to safe and clean restroom facilities, MTA launched an operator restroom workgroup to identify and address gaps in restrooms at layover locations.	Best practice	Lack of access to safe, clean facilities while working in the field.
Case Study 11: Union Assistance Program	Transport Workers Union (TWU) Local 100	TWU Local 100, a union primarily representing NYC public transportation workers, developed a union assistance program to provide counseling and referral assistance to workers who are experiencing difficult home or work situations and offer rehabilitation services to workers experiencing substance use issues.	Best practice	Distrust in agency services and fear of retribution. Programs that support workers who are dealing with substance misuse.

Table 5.1. (Continued).

Title	Lead Agency	Initiative Description	Type of Initiative	Issues Addressed
Case Study 12: Beyond Traditional Employee Assistance Program Services	San Diego Metropolitan Transit System (MTS)	MTS provides an employee assistance program that includes nontraditional services, such as legal, financial, and daily assistance services. While these additional offerings are not necessarily focused on mental health, they provide workers with necessary support systems.	Innovative practice	Access to mental health and wellness resources. Access to other services, such as daily-life assistance, legal and financial services, and online mental health and wellness resources.

Case Study 1: Using Technology to Connect Employees with Support

Challenges addressed: Access to mental health and wellness resources for workers whose roles may preclude services that are only available during typical business hours.

The Metropolitan Atlanta Rapid Transit Authority's (MARTA's) employee assistance program (EAP) gives employees access to numerous app-based and digital services to connect employees with health and wellness support. Online access through mobile applications and websites allows MARTA employees to easily navigate the resources available to them through their health insurance and EAP vendor. The vendor provides a personalized strategy for MARTA employees and ensures access to all digital resources and apps, with one-on-one virtual assistance for finding resources, strategies for addressing health issues (e.g., managing diabetes and losing weight), and resources for managing stress through guided activities (e.g., mindfulness exercises and meditation). In addition to the app suite offerings, MARTA also provides other web-based resources, such as health education webinars, that focus on a range of topics. Digital offerings for MARTA employees include the following:

- Ginger app (Figure 5.1), which provides employees with 24/7, text-based emotional support coaching. Employees can speak to a counselor and get referrals. (More information is available at ginger.com/eap.)
- MyStrength app, which provides emotional health support through personalized planning tools, access to counselors, and recommendations for activities. (More information is available at mystrength.com.)
- Calm app for de-stressing, mindfulness, and meditation. (More information is available at business.calm.com.)
- Self-care resources available through MARTA's insurance provider including articles, videos, audio activities, and self-assessment tools. Topics are focused on healthy sleep, relationships, and how to manage stress and life challenges. (More information is available at healthy.kaiserpermanente.org.)
- Lark, a free diabetes-prevention program that follows guidelines from the Centers for Disease Control and Prevention to help members make small changes in diet, exercise, and sleep habits that can improve health and reduce the risk of diabetes over time. (More information is available at lark.com.)
- Periodic health education webinars.
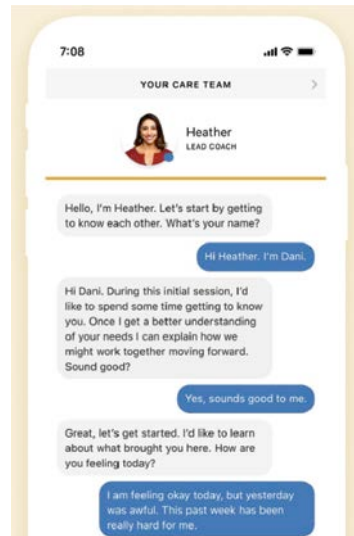
Figure 5.1.   Sample Ginger conversation.

MARTA introduces employees to the digital offerings when they are hired. Furthermore, a cross section of volunteers from various departments serves as "Wellness Ambassadors." The ambassadors provide boots on the ground and establish two-way communications by sharing information about the agency's health and wellness resources with employees and sharing feedback from employees at the monthly Wellness Ambassador committee meetings. As a committee, ambassadors work to develop solutions to address employee concerns and requests. MARTA raises awareness of the wide array of programs available by conducting group visits in coordination with their EAP provider, speaking at department meetings, hosting lunch-and-learns and webinars, and hosting an annual wellness fair.

MARTA frames its resources as a value-added benefit for existing employees and when recruiting new hires. The agency's promotional materials focus on how its programs and resources serve as preventive measures, in contrast to reactive interventions (e.g., counseling following an incident). MARTA's preferred communications approach focuses more on framing the EAP and other resources as positive wellness offerings rather than punitive requirements following incidents. MARTA is working on ways to measure the use and effectiveness of its offerings to understand their impact and inform future improvements to the resources offered.

> **Program Success**
>
> Because of the agency's innovative EAP program, MARTA employees have myriad resources available to them 24/7. Online resources are easily accessible and anonymous, and they provide various important services.

> **Considerations for Using Technology in Your Wellness Approach**
>
> - Poll employees to identify digital offerings that might be useful to them.
> - Explore existing relationships with vendors to understand digital offerings that may already be included with the services procured by the transit agency.
> - Develop a plan to market digital and non-digital offerings to employees so they can be used in preventive contexts as wellness services rather than as punitive requirements following an incident.

Case Study 2: Increased Access to Mental Health Services, Trained Professionals, and Other Benefits

Challenges addressed:

- Access to mental health services provided by licensed professionals.
- Privacy concerns raised by frontline workers who are afraid that accessing services through their employer or on agency property may negatively impact their job or work conditions.
- Lack of paid time-off for mental health, wellness, and recovery.

Considerations for Increasing Access to Mental Health Resources

- Consider off-site mental health and wellness programs or partnerships because they allow for greater privacy and can help reduce the stigma often associated with seeking help.
- On-site mental health professionals remove several barriers to seeking help and can provide input on agency policy and procedures. However, agencies should identify and commit to funding such efforts to ensure continuity of care.
- For paid time-off related to mental health and wellness, agencies should be thoughtful in the design and implementation of the policy or benefit so that it achieves the intended purpose and is not used merely as additional vacation days.

Following a 2021 mass shooting at their Guadalupe Division facility, the Santa Clara Valley Transportation Authority (VTA) implemented several efforts to help their employees heal and recover from this traumatic incident. One such effort supplemented VTA's EAP services with external resources that allowed employees and their family members to work with therapists through The 526 Resiliency Center. This program was established in collaboration with California State Senator Dave Cortese to provide counseling services to those impacted by the shooting. One of the key benefits of the program is that the facility is located off agency property, which provides increased privacy for employees who want to access services without fear of exposure or stigmatization. Some of the services offered by The 526 Resiliency Center include

Program Success

Providing mental health support following traumatic incidents is critical to ensuring that frontline workers are adequately supported. By providing an on-site mental health professional and paid time-off, VTA employees have the time and support necessary to navigate traumatic incidents.

- Group counseling;
- Individual counseling for children and adults;
- Family counseling;
- Trauma counseling;
- Eye movement desensitization and reprocessing therapy with a licensed professional, a technique used to reduce emotional responses to trauma; and
- Workshops on stress management, relationships, coping skills, and self-care.

The center offers both walk-in and scheduled appointments, with services offered in English and Spanish.

In addition to the off-site center offerings, VTA also hired a licensed psychologist to be on-site and support employees as they recover from the trauma caused by the mass shooting event. The increased and immediate access to a licensed professional helped remove several barriers to accessing care. The licensed psychologist also advised on program and policy changes to help employees recover from the incident and to improve overall employee mental health, wellness, and resiliency. One such program is "Check up from the Neck Up," a monthly virtual webinar where the psychologist discusses various mental health topics. VTA varies the times and

days that the virtual webinar is held to help encourage live participation among workers with different schedules.

VTA recognizes that this is a costly solution, funded through a special program. While few transit agencies will likely be able to implement similar programming given existing funding constraints, the value of an on-site mental health professional is nevertheless immense, evidenced by positive employee opinions of the service.

In addition to counseling services, VTA is piloting a program that provides three paid mental health days per year, which can be used without prior approval and without penalty (i.e., no attendance points would be accrued by union employees who use the paid time-off) for managing sudden trauma and stress. The mental health days do not roll over and are not paid out at the end of employment. This approach encourages employees to use the mental health days to take a break or recover from stress.

Case Study 3: Incentives for Wellness Program Participation

Challenges addressed: Low utilization of existing mental health and wellness resources.

In coordination with its health insurance provider, the Metropolitan Atlanta Rapid Transit Authority (MARTA) provides employees and covered spouses with up to $250 per person, per year for their participation in the Wellness Rewards program. The program, developed in July 2020, provides cash incentives for participants who complete preventive services and programs to prioritize their health. The program aims to increase the use of existing resources and preventive care measures, which can benefit employee health, attendance, and resilience, both in the short and long term.

The Wellness Rewards program is connected to the agency's Health and Benefits division and is managed through a wellness coordinator. Participants register through a portal on the insurance provider's website and accept their wellness program agreement. A set of clinical or laboratory tests to measure an individual's overall health and identify risks or potentially chronic conditions early on are conducted at no cost to the employee. Participants also complete a Total Health Assessment questionnaire online, complete any recommended cancer screenings based on age and sex, and have the option to sign up for lifestyle coaching. Once a member completes their health assessment, results are communicated to the wellness coordinator's outreach team. Participant results are analyzed and then used to educate participants on the resources available to them, informing the development of a personalized approach. After completing the necessary steps, participants receive their $250 incentive. There are additional incentives for wellness follow-ups, exercise activities, and participation in other program activities.

Program Success

MARTA's Wellness Rewards program is an example of how to successfully incentivize the use of mental health resources. Around 150 volunteers from various departments have participated in MARTA's Wellness Ambassador program.

MARTA and the insurance provider also promote a new health topic each month. As part of their promotion, the insurance provider goes on-site to different locations within the transit authority to engage directly with participants and provide a service that complements the month's topic. For example, when highlighting the importance of musculoskeletal strategies, chair massages are provided on-site.

MARTA's "Wellness Ambassadors," a cross section of around 150 volunteers who represent various departments, also help promote the program and spread awareness among employees. The Wellness Ambassador program is led by a wellness consultant, assigned by the insurance

provider, who works alongside ambassadors from different departments to develop program goals and a 12-month plan. MARTA continually seeks out user feedback through an annual Wellness Interest Survey. The results from the survey are shared with MARTA'S Wellness Ambassadors and used to develop the 12-month plan.

Considerations for Building a Wellness Program

- Even small incentives can encourage employees to take advantage of existing resources, which makes the costs of providing preventive services and resources more efficient and effective.
- Work with department heads, employee supervisors, and employees themselves to understand how best to incentivize employees to use existing resources.
- Consider conducting an annual interest survey to develop goals for an agency-wide incentive program.

Case Study 4: On-Site Health Clinic Services

Challenges addressed: Barriers to accessing mental health and wellness services.

IndyGo in Indianapolis offers an on-site health clinic with clinical staff, including nurse practitioners and doctors who are available for appointments (Figure 5.2). The health clinic is free and open to all employees, even if they do not take part in the company-sponsored health insurance. Employee family members who use the agency's health insurance can also visit the clinic at no cost.

Figure 5.2. Entrance to IndyGo's on-site health clinic.

IndyGo established the clinic in March 2023 to provide employees and their families with easy access to healthcare, both to improve convenience and affordability and to achieve the best possible health outcomes in the workplace. IndyGo President and CEO Inez Evans stated that "the value of having an onsite clinic, and now a network of clinics around the city, will increase access and decrease the cost of healthcare for our team of dedicated employees" (IndyGo, 2022). IndyGo selected a healthcare vendor to run the clinic through a competitive RFP (request for proposal) bidding process. Through the provider's network, employees and covered dependents can also access care at seven satellite clinic locations throughout the city, in addition to telehealth services. The clinic hours vary to accommodate frontline worker shifts. Instead of scheduling time away from work, employees can use this free service to see a doctor, complete commercial driver's license (CDL) physicals, and receive some medications free of charge while at work.

Services offered by IndyGo's health clinic network include

- Physicals and sick visits,
- Chronic condition management,
- Behavioral health counseling,
- CDL physicals,
- Medications, and
- Recurring "Lunch and Learn" events, where employees learn about health and wellness offerings through posted advertisements, newsletters, emails, and the agency's intranet.

> **Program Success**
>
> Transit workers often must navigate schedules that do not make it easy to get regular health checks. By providing an on-site health clinic, IndyGo is providing essential services that many frontline workers might not otherwise have the time or capacity to access.

IndyGo's wellness and teammate engagement coordinator is responsible for overseeing the partnership with their healthcare vendor and the on-site health clinic, with additional support from the chief people officer and the DEI and teammate engagement director. Collectively, they ensure that wellness and mental health are taken seriously, and they interact regularly with teammates to understand their needs. The position of wellness and teammate engagement coordinator is budgeted for operations funding, and IndyGo has found that the return on investment (ROI) more than outweighs the costs.

Employee participation is measured through goals and awards, such as discounted health insurance rates for attending at least three wellness coaching sessions, completing a physical, or participating in wellness goals that they help set. Other monetary awards are available for getting a flu shot; participating in a run, walk, or similar activities; or having a covered spouse who received a physical.

> **Considerations for On-Site Services**
>
> - Make a business case for funding an on-site clinic by emphasizing the ROI, which could include increased compliance with U.S. DOT physical examination requirements, fewer employee absences to manage chronic illnesses, and reduced healthcare costs for employees and employer.
> - Identify a quality vendor through a competitive bid process to establish and manage the on-site healthcare services.
> - Hire a dedicated agency employee to oversee and coordinate with the clinic vendor to ensure quality of services. Make a business case for funding a position that has the capacity and scope to prioritize wellness for employees, such as the wellness and teammate engagement coordinator.

Case Study 5: Creative Marketing

Challenges addressed: Lack of awareness of resources and services available to frontline workers.

Program Success

IndyGo's Toilet Talk program is an effective way to communicate mental health resources to frontline workers. Toilet Talk flyers are engaging, creative, and affordable, and they can be regularly updated.

IndyGo in Indianapolis developed a creative marketing campaign to spread awareness of their employee assistance program (EAP) resources as well as important health and wellness topics. IndyGo's "Toilet Talk" is a flyer with information on health and wellness topics displayed in restrooms behind plexiglass (Figure 5.3). The idea for Toilet Talk came from IndyGo President and CEO Inez Evans, who was motivated by a desire to engage with employees on the importance of health and wellness to both themselves and the agency. Staff responded positively to the promotion of mental health awareness, and Toilet Talk is a creative and fun way to share information and start conversations. It provides an easily accessible way for people to engage with mental health topics, which can make them feel more comfortable seeking support through provided resources when they need it.

Figure 5.3.   Examples of IndyGo's "Toilet Talk" wellness marketing from 2022 and 2023.

Figure 5.3.   (Continued).

IndyGo's wellness and teammate engagement coordinator receives information from IndyGo's benefits advisory firm about wellness education and promotion topics, such as preventative health information and recipes. The human resources department coordinates the monthly flyer to present current information about the on-site clinic, health and wellness tips, and resources for health and wellness support in a creative and fun way. In an interview for the research project, IndyGo staff offered the following advice for agencies that may be interested in implementing a similar program: "Do it. Remain teachable and make sure that when promoting wellness, you are having fun and you are educated on current information on health and wellness."

Considerations for Creative Marketing

- Identify where your target audience can be reached—these locations can be physical or virtual—and then identify marketing collateral that works for those places.
- Consider temporal elements of marketing—frontline workers may work different shifts and at various locations, so marketing materials should be multifaceted or adaptable to meet workers where they are.
- Be creative, and do not be afraid to change an approach if it is not effective.

Case Study 6: Critical Incident Support Teams

Challenges addressed: Lack of support for frontline workers during and after traumatic incidents.

Santa Clara Valley Transportation Authority (VTA) reported employing a Critical Incident Support Team (CIST) to better support frontline workers in the field as they encounter major or traumatic incidents, such as collisions, person under train or vehicle events, and assaults. VTA's CIST team includes police, safety, and supervisor personnel with specialized training to respond immediately in case of a major incident. The team supports frontline workers and helps guide them and the public in responding to incidents.

Program Success

CISTs are becoming an increasingly popular strategy throughout the country. CISTs provide important mental health support for frontline workers while alleviating the burdens of dealing with incidents, filling out paperwork, and handling logistical requirements. VTA has made great efforts to provide frontline workers with various forms of post-incident support, a potential example for agencies nationwide.

VTA recognized that frontline workers encounter a wide variety of traumatic incidents while on the job, and the CIST was designed to reduce the psychological burden during and after these incidents. CIST team members help with logistical requirements immediately following an incident (e.g., paperwork) and provide ongoing peer or mentor support to impacted workers. This post-incident support helps frontline workers process the incident and recover so they can feel safe and confident returning to work.

VTA's CIST team leverages best practices from the emergency response field. Developed by two light-rail operators, the program's standard operating procedures borrow processes from research into how emergency responders address traumatic situations. CIST response begins with a request for support from an affected employee or a colleague or supervisor. Following this request, the Operations Control Center contacts a division dispatcher, who identifies the closest CIST member. The dispatcher then contacts the CIST member, provides them with the information needed to respond, and makes sure they are relieved if they are on duty. (While CIST members are volunteers and are not compensated for their time, they are paid for any time they spent responding to an incident when they had been scheduled to work.)

CISTs are designed to include personnel who are well-versed in policies and procedures for responding to an incident. They also may have specialized training, such as de-escalation training, or they may apply trauma-informed care approaches to help those impacted by the incident and its aftermath.

Considerations for Starting a Critical Incident Support Team

- When implementing a CIST, seek a wide array of volunteers who have experience in various incidents and can be empathetic to those impacted by an incident.
- CIST members should receive training in trauma mitigation, empathy, and de-escalation techniques, and they must be well-versed in policy, procedures, and resources to ensure impacted workers are sufficiently supported.
- Develop procedures for post-incident support in addition to support during the event. This will ensure workers feel fully supported and have the resources they need to return to work following an incident.

Case Study 7: Red Kite Project Resiliency Training

Program Success

The Red Kite Project's trainings on resiliency and conflict management techniques better prepare frontline workers for on-the-job incidents and provide a safe space for employees to talk about work difficulties.

Challenges addressed: Frontline workers lack the tools, training, and resources to deal with the adverse conditions and stress encountered on the job.

Metro Transit in Minneapolis determined that frontline workers needed both help in conflict management while performing their jobs and a safe platform to speak freely about the challenges and stress of their work. Metro Transit identified a vendor, the Red Kite Project, to provide a multiday training intended to increase employees' resiliency in the workplace. The Red Kite Project assists organizations and their workforce in rising above obstacles encountered in their work environment to promote worker well-being and safety. Their services aim to address employee burnout and disengagement, as well as reduce

conflict and violence in the workplace. Their trainings utilize best practices from behavioral health, violence prevention, martial arts, yoga, and other disciplines.

Metro Transit worked with the Red Kite Project to focus the three-day training on overall resiliency and conflict management techniques. Since the training is confidential and conducted by an outside party, employees have a safe space to speak freely in a group setting with peers about their challenges at work, without fear of repercussions. The training includes de-escalation tactics that operators can deploy in the field to address unruly passengers.

Feedback on the program from frontline workers has been overwhelmingly positive. Metro Transit is working to deploy a six-month follow-up survey to further understand the most useful aspects of the program. Metro Transit said the following about the program's success: "Whether other agencies contract with [a vendor] or develop a resiliency program in-house, Metro Transit believes offering this sort of support training is very important so employees can navigate traumatic events that occur on transit."

Considerations for Implementing Resiliency Training

- Resiliency training should include training on de-escalation and other techniques for frontline workers to manage difficult situations with riders and then recover from those difficult situations.
- Employee resiliency programs and trainings should include time and space for employees to share their job stresses and challenges freely and without repercussions.

Case Study 8: Lactation Van for Nursing Operators

Challenges addressed: The workplace conditions of frontline transit workers do not accommodate parents and caregivers.

TriMet in Portland, Oregon, began noticing that nursing operators were missing work and needed more support to be able to pump while at work. To support nursing parents in the field,

Figure 5.4.   TriMet's lactation van interior.

Program Success

TriMet's lactation van for nursing operators is an excellent example of an agency using available resources and partners to provide a critical need for their workers.

By using a paratransit vehicle, communicating the service early on, and partnering with the union and various departments, TriMet was able to appropriately meet the needs of new parents.

TriMet explored off-the-shelf location pods, like those found in public spaces; however, none of the models available were able to withstand the elements. As a creative solution, TriMet decided to transform a paratransit van into a mobile lactation unit that offers a secure, comfortable, and convenient place to pump while completing a driving shift.

The lactation van's services are scheduled in coordination with a nursing parent's shift times so it can meet the operator during their scheduled break. Extraboard operators drive the vans to and from the relief locations and may stand in while the nursing operator pumps.

The availability of this resource is advertised through the internal communications teams and communicated by frontline managers who work with expectant parents. This helps identify the need for lactation van services early and allows sufficient time to inspect the vehicle and strategize for deployment when the nursing operator returns to work.

Several departments and the local union collaborated to create this program: The paratransit department provided the van; maintenance personnel and the nonrevenue vehicle department undertook the sourcing of equipment, furniture, and other supplies; and the union, transportation operations department, and maintenance department identified issues and addressed them together.

The resource's initial deployment met challenges, such as scheduling a driver for the lactation van, but TriMet departments and the union worked together to adjust the program and brainstorm solutions. Feedback on the program has been very positive. The lactation van is also marketed to new employees and used in recruitment.

Considerations for Supporting Parents and Caregivers

- Building and testing a new program to support frontline workers can take time, collaboration, and revision. Agencies must be open to failure and be adaptive rather than give up after a first attempt or when challenges are encountered.
- Programs intended to support parents and caregivers should involve this target audience and incorporate their input into program development.

Case Study 9: Training and Mentorship for Retention and Advancement

Challenges addressed:

- Frontline transit workers feel unprepared for their jobs.
- Frontline workers lack clear pathways for career growth.

Santa Clara Valley Transportation Authority (VTA), in collaboration with the Amalgamated Transit Union (ATU) Local 265, established the Joint Workforce Investment (JWI) program. The JWI provides training and mentorship to help ease new employees into their job, as well as opportunities for upward mobility and continual growth. This program was founded in 2006 as a High Road Training Partnership between VTA and ATU Local 265 to address key issues faced by transit workers.

Despite differences between the union and the agency, both parties recognized that there was a need for improved training programs for transit workers, particularly operators, due to the complex nature of their role. In a customer-facing role that also requires the operation of a heavy vehicle, operators often experienced inadequate training and support, which led to lower retention rates and impacted their mental health and well-being. The agency and union worked together to create a program that could provide mentorship for new transit workers, with the goal of improving retention by sharing practices that could bolster mental health and wellness and by increasing professionalism among workers. Both parties identified leaders who were strong advocates for transit workers who would prioritize the partnership. To identify practices that were most popular among frontline workers, management, and the union, the JWI held focus groups led by a neutral third party. The results of the focus groups were used to create the JWI's mentorship program.

The mentorship program was initially developed by identifying key transit operators who could act as mentors; these operators demonstrated leadership skills as well as a commitment to the profession and the community. Mentors were assigned to new operators after the technical training period ended, ensuring that those operators who were accepted to the mentorship program were committed to working with the agency. The mentorship program now has over 100 mentors for around 900 total operators working at VTA. The program consists of continued on-the-job trainings with mentor support, as well as classroom trainings in partnership with a higher education institution.

> **Program Success**
>
> VTA's mentorship program provides a career ladder for the advancement of many frontline workers, providing them with the opportunities and trainings necessary to apply for management or specialized roles.

Through the mentorship program, VTA identified a need to better define operators' career paths. This need was addressed through the development of a career ladder, allowing operators to acquire technical skills through the JWI program. Offering a career ladder helps the JWI focus on gender parity and community advocacy in populations that are underrepresented in the industry.

The program's success has been measured using four key metrics: attendance, retention, accident occurrences, and customer service complaints. At the program's conception, the JWI established a control group, which has served as a baseline for the effectiveness of having a mentor. Operator retention and attendance are significantly higher among JWI participants than the control group, and accident occurrences are less frequent. The program continues to evolve—for example, it currently offers an apprenticeship program for vehicle and track maintenance workers.

> **Considerations for Building a Training and Mentor Program**
>
> - Identify core values to guide the development of a mentorship program that is supported by agency management, union leadership, and frontline workers.
> - Provide a career ladder that works in tandem with a mentorship program, providing internal mobility within agencies and opportunities for leadership.

Case Study 10: Operator Restroom Workgroup

Challenges addressed: Lack of access to safe, clean facilities while working in the field.

In response to bus operator requests for consistent access to safe and clean restroom facilities, the Maryland Transit Administration (MTA) launched an operator restroom workgroup that

identifies gaps in restroom availability at layover locations and develops potential solutions. To inform this effort, MTA interviewed staff from the San Francisco Municipal Transportation Agency (SFMTA) and other transit agencies to design an approach for solving operator restroom access issues. At the time, SFMTA had staff dedicated to creating and maintaining contracts with local businesses and property owners to use restrooms during—and sometimes after—business hours.

MTA took this model and created the operator restroom workgroup following their bus system redesign in 2017. The workgroup was relaunched in 2023 and is now led by the office of service development (OSD), which is primarily responsible for bus service planning and scheduling. The relaunch was driven by incidents where operators were denied access to restrooms they had previously been permitted to use.

The OSD is working with the MTA's inreach coordinator, whose primary responsibility is to liaise between transit operators and other departments. However, the workgroup recognizes that success requires further engagement and buy-in from other departments at MTA, including the facilities, legal, real estate, and customer and community relations offices.

One of the relaunched workgroup's first initiatives was surveying operators to gather feedback on existing and potential restroom facilities. The inreach coordinator and OSD staff visited each operating division to talk with workers and distribute surveys. The workgroup also used feedback collected from the monthly Operator Advisory Committee to identify the locations of restrooms that operators currently use.

After collecting some initial data, the workgroup systematically examined bus routes with the most operator complaints to identify restroom locations at each layover and at mid-route timepoints, if necessary. The workgroup then identified a series of potential solutions to address the lack of access. These solutions included

- Moving or adjusting timepoints and layover locations,
- Identifying a property owned or leased by MTA that could house a portable toilet or future comfort station,
- Identifying businesses near existing bus stops or layovers that have expansive operating hours and restroom access, and
- Adjusting alignments and adding stops, if necessary.

While identifying nearby businesses or locations owned or leased by MTA is preferable for portable toilets, the workgroup is open to all ideas. As of writing, the group is soliciting feedback on potential solutions from other departments to select the best option in each case.

The workgroup aims to accomplish several goals in the coming year:

- Develop sample agreements or contracts with businesses to formalize operator restroom access. These agreements could include financial compensation to help cover restroom maintenance costs.
- Develop a code of conduct for operators to address behavioral complaints that have been received from businesses in the past.
- Develop a guidebook or toolbox of potential solutions and considerations to address operators' lack of access to restrooms. Clear documentation will help the agency continue to address this issue as the service evolves and as MTA staff grows and changes.

Union Efforts to Improve Access to Safe, Clean Bathrooms

Amalgamated Transit Union (ATU) leadership has been actively advocating for better bathroom access throughout the United States and Canada (Healthy Work Campaign, 2020). In response to the many health issues caused by restrictions or delays in bathroom use, the ATU (2022) published *Restroom Access: A Guide for Local Unions* to inform and support union members and to educate the public on the importance of bathroom access for transit workers.

The ATU's website provides news on local union efforts, scientific articles, surveys, flyers, posters, and educational media on the issue of bathroom access.

Program Success

Restroom access is an extremely important topic in transit planning and operations. MTA's thorough efforts to improve access to bathrooms emphasized the importance of access and allowed frontline workers to participate directly in the improvement process.

Considerations for Building a Similar Program

- Operators should be included in the identification of restroom access issues and in the development of solutions.
- Solutions to restroom access require involvement from many departments; MTA recommends involving other departments early in the process to gain their buy-in and support.
- For a large agency with many bus layover locations, like MTA, a full-time staff person dedicated to resolving restroom access issues and maintaining agreements with partners can help keep the program intact and effective.
- Increasing and maintaining access to restrooms for workers in the field has the additional benefit of building trust between agency leadership and frontline workers. However, agencies must dedicate the resources needed to maintain access and cleanliness of facilities to maintain the trust between parties.

Case Study 11: Union Assistance Program

Challenges addressed: Distrust in employee assistance programs or agency management.

To support the mental health needs of frontline transit workers, the Transport Workers Union (TWU) Local 100 in New York City developed a union assistance program (UAP) in 1988. Since then, the UAP has provided members with intervention services for substance misuse, family issues, and mental health issues, including stress, depression, anxiety, eating disorders, and gambling.

The UAP is a confidential, voluntary, and non-disciplinary service that allows workers to express the issues they are dealing with without fear of retribution. The TWU Local 100 also negotiated to include provisions that would allow union members to volunteer for drug or alcohol treatment before being identified by a random alcohol or drug testing program. The agreement also stipulates that the cost of treatment must be provided by the employer, beyond the existing health benefit plan.

One important element of the program is the monitoring and evaluation of participants. The program does not simply seek to connect participants to services. Instead, it focuses heavily on rehabilitating workers so that they may reach their goals, successfully complete the program, and reenter the workforce with a plan for their work and home life. The UAP also supports and monitors members who have been required to attend the program because they failed a drug test or drove while intoxicated. The TWU Local 100 program has continued supporting workers since its inception decades ago, and it has served as an example for UAPs throughout the country. Furthermore, members can find important educational resources and crisis hotlines on the UAP's website.

Program Success

For years, the TWU Local 100's UAP has been an example for many unions looking to implement a similar program. The UAP provides important services while ensuring confidentiality and support for frontline workers.

Unions can play a crucial role in supporting the mental health and wellness of transit workers. As an independent entity, unions can provide workers who need support with an environment that prioritizes confidentiality and a path to rehabilitation without endangering their livelihood.

Considerations for the Development of a Union Assistance Program

- Guarantee strict confidentiality for all participants in the program. Workers should feel safe and comfortable discussing their mental health concerns, without fear of repercussions.
- Develop a crisis intervention plan to address mental health crises promptly. Ensure that transit workers have access to immediate support in emergency situations.
- Develop rehabilitation plans for members that focus on achieving their goals and provide monitoring and follow-up.

Case Study 12: Beyond Traditional Employee Assistance Program Services

Challenges addressed:

- Access to mental health and wellness resources.
- Access to other services, such as daily-life assistance, legal and financial services, and online mental health and wellness resources.

After the onset of the COVID-19 pandemic, the San Diego Metropolitan Transit System (MTS) realized that employees were looking for more resources and services to support their own and their family's mental health. Therefore, MTS decided to find an employee assistance program (EAP) provider that could provide a wide range of easily accessible services. Offered at no cost to employees, services are completely confidential and typically available 24/7.

Program Success

MTS goes beyond traditional EAP services, like mental health support, by providing access to legal, financial, and daily-life assistance services. While these services are not directly related to mental health, they alleviate many of the daily stressors that frontline workers face and often do not have the time or capacity to address.

To provide adequate mental health support for transit workers, employees can access up to eight counseling sessions per each unique issue each year. Counseling sessions are available for a variety of issues, including anxiety, relationships, depression, stress management, work–life balance, family issues, grief and loss, personal development, substance misuse, and many more. Services are free and confidential, with the option of speaking face-to-face via video call or chat. Services are also available 24 hours a day for any urgent or in-the-moment emotional support, which can be crucial for transit workers who are experiencing or have just experienced a traumatic incident. The confidentiality of counseling sessions also allows workers to express their grievances or personal issues without fear of repercussion.

MTS also offers its employees a range of online tools, resources, and applications to support mental health and well-being, including the following:

- **Talkspace.** This online therapy platform allows users to connect with a licensed behavioral therapist. Therapists are available 24/7. Users can send unlimited text, video, and audio messages to their dedicated therapists, and they can schedule 30-minute live sessions.
- **MyStrength.** The app provides online tools to improve emotional well-being. The app also provides resources to help users maintain a positive outlook, and it gauges each user's mindset to provide feedback.
- **Online resources.** Members can access various tools, such as articles and self-assessments, video resources, a stress resources center, live and recorded webinars, and an adult-care and childcare provider search tool.

Apart from providing resources with a specific focus on mental health and wellness, MTS's EAP also offers services that can help alleviate the stress of daily life outside of work. Financial services, legal services, childcare, and basic needs are important elements of an employee's life that are often overlooked by employers. To provide a full range of support that can alleviate the stresses of daily life and support employee performance, San Diego MTS offers the following:

- **Daily-life assistance.** Employees can seek personalized guidance and resources regarding childcare, parenting, adoption, elder care, school and financial aid research, special needs, pet care, community resources, home repair, summer programs for kids, household services, and more.
- **Legal services.** Members have access to a free 30-minute consultation with a participating attorney for each topic. Topics include family law, civil law, criminal law, elder law and estate planning, divorce, wills, real estate transactions, and mediation services. Participants receive a 25% discount beyond the initial consultation and have access to legal documents and forms via the member website.
- **Financial services.** Members have access to a free 40-minute consultation for financial topics related to budgeting, retirement or financial planning, mortgages and refinancing, credit and debt issues, college funding, and tax and IRS questions. Participants receive a 25% discount on tax preparation services and have access to financial articles, calculators, and a financial assessment.

While these services are not explicitly related to mental health, support in these areas can be extremely valuable for the mental health and well-being of transit workers, especially since work–life balance is a challenge for many frontline transit workers.

> **Considerations for Expanding an EAP Program**
>
> - Identify a vendor that can fit the changing needs of employees by suppling quality, consistent, and multifaceted services on different platforms.
> - Review feedback and employee utilization continuously and adjust offerings as needed.
> - Ensure that available program offerings are clearly communicated to employees.

CHAPTER 6

Toolkit

Introduction

This toolkit reflects best practices identified through engagement with frontline workers and agency leadership from various transit agencies nationwide. Frontline transit workers shared the wide array of difficulties they face on the job and described the mental health programs they believed would best support them. Focus groups of transit workers and agency leadership also provided insight into the best format for this toolkit.

The toolkit provides guidance for enhancing existing mental health and wellness programs and for implementing new ones, with a range of formats tailored to the specific type of improvement or program (e.g., narratives, worksheets, checklists, frameworks, and step-by-step guides). The toolkit also provides research on the overall business value of establishing mental health and wellness programs for frontline workers, which can support efforts to identify dedicated resources to fund these initiatives. The primary aim of this toolkit is to assist agencies in supporting their frontline workers by facilitating the development and delivery of effective mental health and wellness programs.

How to Use This Toolkit

Table 6.1 is meant to help you navigate this toolkit. First, read the key issue statements, and identify those that resonate with your agency. One or more toolkit components are identified for each key issue statement. Read the descriptions and issues addressed, and click on the desired component to jump to that section of the toolkit.

Table 6.1.   Toolkit components.

Key Issue Statement	Toolkit Component*	Issues Addressed	Description
My transit agency is unsure if our employee assistance program (EAP) offerings are adequate, unsure how often the offerings are used, or both.	**Program Evaluation**	Evaluating program performance or effectiveness.	This section includes a framework for how agencies can create procedures for program evaluation.
	Evaluating and Improving EAPs and Union Assistance Programs	Increasing mental health and wellness offerings.	This section includes detailed worksheets (Tables 6.3, 6.4, 6.5, and 6.6) with probing questions to help transit agencies and unions document their current processes related to assistance programs and assess and identify opportunities to enhance them.

Table 6.1. (Continued).

Key Issue Statement	Toolkit Component*	Issues Addressed	Description
My agency has existing mental health and wellness programs, but we are unsure how effective they are.	Program Evaluation	Evaluating program performance or effectiveness.	This section includes a framework for how agencies can create procedures for program evaluation.
My agency is interested in expanding the mental health and wellness resources available to our frontline workers.	Establishing Wellness Program	Increasing mental health and wellness offerings.	This section includes information about wellness program components, steps for establishing a wellness program, and other considerations for building an effective wellness program targeting frontline workers.
	Evaluating and Improving EAPs and Union Assistance Programs	Increasing mental health and wellness offerings.	This section includes detailed worksheets (Tables 6.3, 6.4, 6.5, and 6.6) with probing questions to help transit agencies and unions document their current processes related to assistance programs and assess and identify opportunities to enhance them.
	Increasing Training Offerings	Increasing mental health and wellness offerings. Building trust and empathy.	This section identifies three types of trainings that frontline workers or their managers and supervisors identified as useful for coping better with certain on-the-job situations.
My agency struggles to communicate with our frontline workers about mental health and wellness resources.	Support Mental Health in the Workplace: Checklist for Leadership and Senior Managers	Improving communications about mental health in the workplace. Building trust and empathy.	This checklist provides a tool for agency leadership, union leaders, and those who manage frontline workers directly to better understand worker needs and communicate with them about mental health.
	Improving Communications and Marketing of Resources	Increasing awareness of resources. Increasing program participant retention.	This section addresses findings that frontline workers often feel uninformed about mental health resources by providing guidance on communicating and marketing these resources.
	Increasing Training Offerings	Better preparing employees for their work environment. Training managers on empathy/compassion for frontline workers. Increasing mental health and wellness offerings. Building trust and empathy.	This section identifies three types of trainings that frontline workers or their managers and supervisors identified as useful for coping better with certain on-the-job situations.

(continued on next page)

Table 6.1.   (Continued).

Key Issue Statement	Toolkit Component*	Issues Addressed	Description
I have an idea for a new or modified program or policy to improve the mental health or wellness of frontline workers, but I do not know how to implement it.	How to Make the Case for Increased Benefits to Support Mental Health and Wellness	Increasing mental health and wellness offerings. Funding and implementing a program.	This section includes directions for agency staff on how to communicate the value of increased employee benefits to agency leadership.
	Building Trust between Parties	Building trust and empathy. Promoting empathetic management.	This section details a three-step process for building supportive, positive relationships and increasing trust between agency leadership, union leadership, and frontline transit workers.
My agency's frontline workers distrust leadership and feel disengaged.	Building Trust between Parties	Building trust and empathy.	This section details a three-step process for building supportive, positive relationships and increasing trust between agency leadership, union leadership, and frontline transit workers.
	Fostering Community among Frontline Transit Workers	Increasing employee engagement. Building trust and empathy.	This section includes creative ways to build a sense of community among frontline transit workers who may not naturally have an opportunity to regularly engage with their peers.
	Developing and Implementing Mentor and Peer Programs	Preparing employees for their work environment. Increasing employee engagement. Building trust and empathy.	This section includes a framework for the development of a mentorship program based on research from other agencies and industries.
My agency's frontline workers feel unprepared or unsupported in their jobs.	Increasing Training Offerings	Increasing mental health and wellness offerings. Preparing employees for their work environment. Building trust and empathy.	This section identifies three types of trainings that frontline workers or their managers and supervisors identified as useful for coping better with certain on-the-job situations.
	Developing and Implementing Mentor and Peer Programs	Preparing employees for their work environment. Increasing employee engagement. Building trust and empathy.	This section includes a framework for the development of a mentorship program based on research from other agencies and industries.

Table 6.1.   (Continued).

Key Issue Statement	Toolkit Component*	Issues Addressed	Description
	Providing Support during and after Incidents	Supporting frontline workers during and following traumatic events.	This section includes best practices for supporting frontline workers in the field: specialized critical incident response teams that can respond to incidents in the field (e.g., vehicle crash or person under train incident) and improvements to post-incident support.
	Building Trust between Parties	Building trust and empathy. Promoting empathetic leadership.	This section details a three-step process for building supportive, positive relationships and increasing trust between agency leadership, union leadership, and frontline transit workers.
Some of my agency's current policies and procedures are not supportive of employee work–life balance or mental health and wellness.	**Providing Support during and after Incidents**	Supporting frontline workers during and following traumatic events.	This section includes best practices for supporting frontline workers in the field: specialized critical incident response teams that can respond to incidents in the field (e.g., vehicle crash or person under train incident) and improvements to post-incident support.
	Modernizing Operational Policies for a Healthy Workforce	Improving operational policies to provide flexibility and a better work–life balance to frontline workers.	This section includes ideas for modernizing operational policies and procedures to improve the work–life balance for frontline workers and provide more time to rest and recover from intense, stressful work.
As a frontline worker, I want to learn how to advocate for myself and my peers to improve our overall well-being at work.	**Self-Advocacy Tools**	Empowering self-advocacy for frontline workers in the workplace.	This section includes resources for frontline workers to be their own advocates for mental health and wellness in the workplace. It includes information on worker rights, how to effectively communicate with management, how to leverage partnerships with human resources departments, and how to become a peer advocate or start a resource group.

*Click on the titles of linked toolkit components to jump to those sections.

Program Evaluation

This project's research findings indicate transit agencies are not consistently evaluating the effectiveness of their mental health and wellness programs, making it hard for them to know whether their strategies are working and how to adapt them as conditions change. Continuous improvement is vital for programs to effectively address constantly evolving issues. The guidance on capability maturity measurement in this section adds a tool to agencies' and unions' resource arsenals that can help them develop and continuously improve mental health and wellness programs.

This section summarizes core Capability Maturity Model Integration (CMMI) concepts. The conceptual framework of capability maturity was originally developed by researchers at Carnegie Mellon University. Formally known as CMMI, these concepts have been used for organizational performance improvement across many fields, including aerospace engineering and government. (For more information, see Godfrey, 2004). These concepts are especially useful for agencies, unions, and staff who are newer to evaluation, since the evaluation can be done qualitatively (What is working, and what needs improvement?) as well as quantitatively (How often does this need to happen to be successful?).

Table 6.2 defines five stages of capability maturity and provides examples of how these stages apply to management of mental health and wellness programs, namely employee assistance programs (EAPs) and union assistance programs (UAPs), at transit agencies. Capability maturity is used for evaluation throughout the transportation industry, most prominently by state departments of transportation for transportation systems management and operations (TSM&O).

Table 6.2.   Capability maturity matrix.

Stage	Characteristics	EAP/UAP Examples
(1) Initial	The work process is poorly controlled and reactive, relying on individual efforts on an individual basis—this stage has the highest risk of failure and greatest variability in quality.	Transit agency or union has secured a vendor for EAP/UAP services and offers other programs and resources through their healthcare provider. The burden is primarily on individual frontline workers to access services when they need them.
(2) Repeatable	The work process is documented well enough that it can be repeated the same way on a project basis, even for employees who are new to the process. Furthermore, work can be planned well in advance and monitored at a rudimentary level.	Transit agency or union has implemented a regular marketing plan to build awareness of EAP/UAP resources. However, resources are still dispersed among different websites, call centers, etc. Frontline workers must navigate various portals to find the resources they need.
(3) Defined	The work process is well-defined, and adoption is standardized. Processes of individual projects are tailored to the standard. Projects can verify and validate work integrity, and organizations can integrate the work of related projects.	In addition to having a marketing campaign that builds awareness of resources in various ways (flyers, lunch-and-learns, emails, etc.), the transit agency or union has also developed a single online resource hub that clearly explains where and how to access services.
(4) Managed	The organization quantitatively tracks process activities using standard metrics, such as hours worked, activity clearance, or percent complete, which makes complex organizational integration and performance management possible.	Building on the comprehensive marketing campaign and one-stop resource hub, the transit agency or union is also tracking which resources are most accessed as well as collecting metrics to see how worker well-being (e.g., absences, retention) has been impacted since the start of various activities and immediately following marketing blitzes.
(5) Optimizing	The organization engages in process analysis, which provides management and staff with sufficient visibility into relationships between processes and outcomes to collaborate for continuous improvement.	After reviewing utilization and outcome metrics, the transit agency or union begins measuring the effectiveness of individual EAP/UAP offerings to determine which should be discontinued, added, or expanded. The organization also uses employee focus groups and committees to help evaluate and improve EAP/UAP offerings and marketing of services.
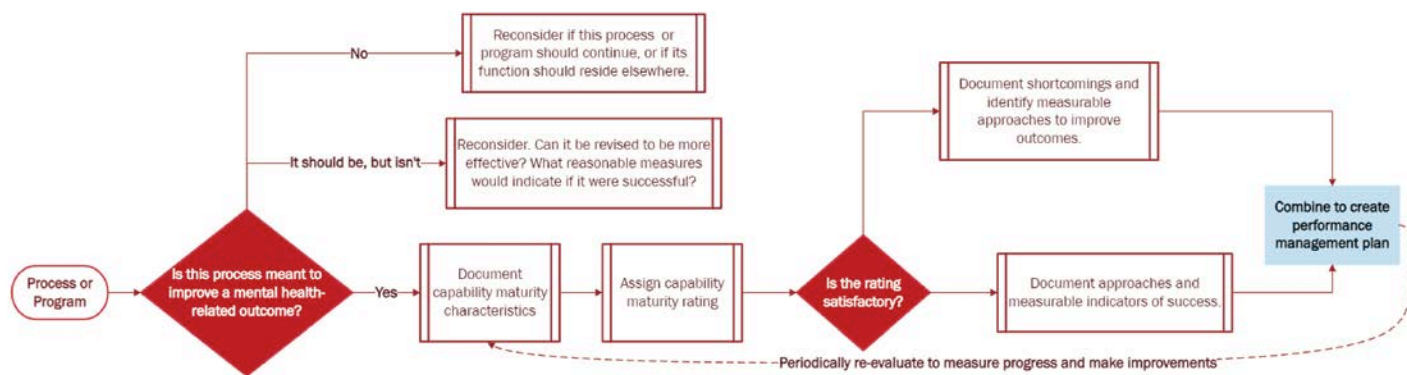
Figure 6.1.   Sample program evaluation process using a capability maturity framework.

FHWA developed a suite of capability maturity matrix (CMM) tools focused on TSM&O work functions, such as ensuring travel time reliability, safety training, and timely asset management (National Operations Center of Excellence, n.d.). Transit agencies may consider perusing that guidance for examples and inspiration when employing CMM concepts.

If desired, apply the CMM concept to worksheets throughout this toolkit by conducting a simple evaluation (Figure 6.1). Evaluation should rarely result in punitive action: Its purpose is to clarify what is and is not happening, clarify what is and is not in the program's span of control, and make continuous improvements. Staff should work together to consider a program or its component processes' functions and assign a capability maturity rating, preferably based on a categorical (yes or no) or quantitative indicator that measures the success of the desired outcome. If the function of a program or process is not related to improving mental health among transit workers, staff may consider whether it should be revised or managed elsewhere in the organization. Likewise, if a program or process could be used to improve mental health among transit workers but is not currently designed for such a purpose, staff may consider how to restructure and make it more effective.

Agencies and unions conducting the CMM evaluation need to use meaningful measures of success, periodically re-evaluate, and document progress. Staff may discover that creating a report on workforce mental health enhances organizational processes, clarifies their objectives, refines outcome measurement methods, and tracks progress toward these outcomes. This formalization can help structure continuous improvement by making it easier to trace how a program has evolved over time and prevent the repetition of unsuccessful strategies.

Additional Resources

For more information about the capability maturity matrix, see Godfrey (2004). See also FHWA's developed suite of CMM tools focused on TSM&O work functions (National Operations Center of Excellence, n.d.).

Evaluating and Improving EAPs and Union Assistance Programs

While transit agencies and unions may offer assistance programs to their staff and members, research conducted for this project indicates the process for evaluating this programming is often unclear or nonexistent. Although employee assistance programs (EAPs) as offered by transit agencies may be more well-known, unions have also developed their own programming for

> **Union Assistance Programs**
>
> Transport Workers Union (TWU) Local 100 has provided a robust union assistance program (UAP) since 1988. The program provides members with assistance for substance misuse, psychological issues, family problems, and other personal issues on a voluntary and confidential basis.
>
> The TWU Local 100 UAP was featured in a 2023 study commissioned by the International Transport Workers' Federation. The report explored union-based initiatives to protect the mental health of young public transportation workers.

members. This section includes four tables, each one a detailed worksheet with questions to help transit agencies and unions document their processes related to assistance programs, as well as assess and identify opportunities to enhance them.

Each worksheet covers one of four main components:

1. **Marketing.** Transit agency staff and union members may not be aware of the resources available to them. Table 6.3 helps agencies and unions identify the methods they are currently using.
2. **Accessing Services.** Reducing barriers to access is a critical component of helping workers get the support they need. Since worker needs and preferences vary by individual, Table 6.4 helps transit agencies and unions document the different ways in which staff and members can access services.
3. **Vendor and Program Evaluation.** The existence of a program provides a starting point to assist staff and members in addressing mental health and wellness needs, but agencies and unions need to conduct continuous quality control. Table 6.5 includes guiding questions to facilitate program evaluation.
4. **Building Trust.** The research conducted throughout this project indicates employees may be hesitant to seek assistance due to privacy concerns and the fear of repercussions (e.g., termination due to seeking treatment for substance misuse). Maintaining confidentiality is critical for the use and success of assistance programs (Table 6.6). While programs are generally confidential, there are some instances in which providers must inform authorities (e.g., if an employee or member wants to harm themselves or others).

Additional Resources

For more information on evaluating EAPs, see Evaluating Employee Assistance Programs in University of Maryland, Baltimore's digital archive (Masi, 1997).

For information on working with EAP vendors to provide additional mental health resources, see the National Safety Council's *Working with Benefits Providers: Mental Health Issues Checklist.*

Establishing Wellness Programs

The Society of Human Resource Management (SHRM) found that wellness programs can help increase employee morale and improve overall health while decreasing an employer's healthcare costs. Wellness programs can also increase the productivity of employees by reducing sick days. According to a survey of over 700 frontline workers conducted for this report, workers value having a variety of resources available to them in different formats. This means that a successful

Table 6.3.   Worksheet: Marketing in EAPs and UAPs.

Guiding Questions	Agency/Union Answer	Notes on Process/Metrics
Process Components		
Advertising. How do employees, contracted staff, or union members learn about the assistance program? Check all the places where your agency/union advertises the program.	Check all that apply: ☐ Intranet ☐ Email to employees with agency addresses/email to members ☐ Text messages ☐ Flyers, posters, and postcards in common areas ☐ Sharing information during recurring meetings ☐ Sharing information during onboarding ☐ Sharing information during open enrollment periods ☐ Other (open-ended response)	
Referrals. Is there any person or organization that can refer employees or members who may need assistance program services? List any people involved in the process.		
Barriers to implementation. What steps, if any, has your agency or union taken to ensure *all* employees are being reached?		
Metrics		
For each marketing avenue identified, how often is the avenue used to make a referral? (For example, when a link to the EAP/UAP website is emailed, how many clicks does the link receive?)		
How does awareness of EAP/UAP services compare to the utilization rate of services?		

Table 6.4.   Worksheet: Accessing services in EAPs and UAPs.

Guiding Questions	Agency/Union Answer	Notes on Process/Metrics
Process Components		
Eligibility. Who can access assistance program resources?	Check all that apply: ☐ Staff (direct hires) ☐ Staff (contracted) ☐ Staff (direct hires) and spouses ☐ Staff (contracted) and spouses ☐ Staff (direct hires) and extended family ☐ Staff (contracted) and extended family ☐ Union members ☐ Union members and spouses ☐ Union members and extended family	
Access. How can employees or members access assistance program services?	Check all that apply: ☐ Virtual ☐ In-person, group setting ☐ In-person, individual ☐ On-site, group setting ☐ On-site, individual	
Application. What is the process for staff or members to use assistance program services? Describe the steps that staff or members must take to request and use services, including the information they need to provide to access services and estimated wait times to receive services.		
Barriers to access. What steps, if any, has your agency or union taken to address issues regarding access to services (including scheduling difficulties or technology challenges)?		
Metrics		
How many staff or members utilized assistance program services in the last calendar year? (Note: If you are unable to track the utilization of services, work with your vendor to identify ways of collecting the information.)		
What was the most popular method of accessing program services? What was the least popular?		

Table 6.5.   Worksheet: Vendor and program evaluation in EAPs and UAPs.

Vendor and Program Evaluation	Agency/Union Answer	Notes on Process/Metrics
Process Components		
Vendor selection. Describe the process for selecting an assistance program vendor (where applicable). What factors were considered when evaluating vendors (e.g., cost, coverage, specific services provided)?		
Service level agreements. Describe the process for monitoring the vendor, in particular the vendor's adherence to agreed-upon service levels (e.g., response times, number of available counselors). Describe the process, if one exists, for taking corrective action if the vendor does not meet requirements.		
Facility assessment. Does your agency or union conduct an on-site visit to the vendor's facilities? If so, what aspects of the facilities are assessed?	Check all that apply: ☐ Condition of physical office ☐ Accessibility of physical office ☐ Office location and ease of access	
Cost-benefit analysis. How does your agency or union calculate the cost and associated savings of programming, and what metrics are used to assess whether the program is operating effectively? (Note: There are costs associated with absenteeism, inability to recruit or retain talent, medical expenses, etc. How does your agency or union factor these costs into the analysis? Could the increased costs of offering more services be offset by savings achieved through more retention and less absenteeism?)		
Reporting frequency. How often does your agency or union receive vendor reports? What do these reports measure? How are these reports used to assess performance and identify areas of improvement (including year-over-year)?		
Surveying staff or members. Has your transit agency or union surveyed staff or members about the strengths and weaknesses of the program, as well as opportunities for enhancing it? If yes, describe the survey content, when the survey was administered, and the results as well as how they were addressed.		

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Table 6.5.   (Continued).

Vendor and Program Evaluation	Agency/Union Answer	Notes on Process/Metrics
(Note: You might include questions related to the assistance program as part of other surveys, such as surveys for existing employee engagements.) Potential survey questions include: • How did you become aware of the assistance program? • On a scale of 1–5, with 1 indicating not satisfied at all and 5 indicating extremely satisfied, how satisfied are you with the quality of service you received? • On a scale of 1–5, with 1 indicating not satisfied at all and 5 indicating extremely satisfied, how satisfied are you with the timeliness of service you received? • Do you have any recommendations for how to improve the program? • Is there anything else you would like to share?		
Surveying program users. Is there a process in place for surveying people who used the assistance program? If so, describe the process and how survey results are used to evaluate and enhance services.		
Metrics		
What is the current utilization rate for the assistance program? What is last year's rate? (Note: If you are unable to track the utilization of services, work with your vendor to identify ways to collect that information.)		
How many staff or members indicate they are satisfied with the program or services provided?		

Note: Masi (1997) was used to create this worksheet.

Table 6.6.   Worksheet: Building trust in EAPs and UAPs.

Guiding Questions	Agency/Union Answer	Notes on Process/Metrics
Process Components		
Confidentiality. Do you know what information about program use you are legally able to request? Is there a policy in place to prevent any "off-the-record" conversations about staff or member cases?		
Barriers to entry. What steps, if any, has your agency or union taken to address the stigma of seeking help (e.g., fear of a loss of confidentiality, fear of professional repercussions for seeking help)?		

wellness program designed for frontline workers should contain distinct components and offer services across various formats. Table 6.7 lists several components that agencies and unions can consider when designing a wellness program.

Steps to Establish and Design a Wellness Program

The SHRM has identified nine steps to establish and design a wellness program. These steps are outlined in further detail in this section.

1. Conduct assessments and determine needs.
2. Build support and gain buy-in from leadership.
3. Establish a wellness committee.
4. Develop goals and objectives.
5. Establish a budget.
6. Design wellness program components.
7. Develop wellness program incentives or rewards.
8. Communicate the wellness plan.
9. Evaluate the success of the program.

Conduct Assessments and Determine Needs

The best way to begin developing a successful wellness program is to survey employees directly and collect baseline health data. This will allow the program manager to measure success and make continuous improvements over time. Transit agencies and unions should start designing their wellness program by evaluating what employees need most. Consider conducting focus groups, employee surveys, or health risk assessments to identify and understand these needs. Likewise, it may be a good idea to review health plans and existing EAP and UAP offerings to understand what, if anything, is already covered or included in other services that the transit agency is paying for. Staff should consider periodically revisiting these assessments to see whether the program is achieving its goals.

Key questions include:

1. What are the biggest challenges your frontline workers face with regard to mental health and wellness?
2. What resources or tools would help your frontline workers cope with these challenges?
3. What wellness resources does your agency already offer?

Table 6.7.   Components of a wellness program.

Program Component	Description	Resources Required & Other Considerations	Magnitude of Cost (Low, Medium, High)
On-site health services	On-site health services reduce barriers to access by bringing health professionals to the job site for things like routine physicals, health screenings, counseling, and disease management.	Partnership with a healthcare provider as well as agency staff to help oversee the program's execution are required. Additionally, space or facilities on-site would need to be identified to house the on-site clinic services. (See also Case Study 4: On-Site Health Clinic Services in Chapter 5.)	High
Health screenings	Health screenings can help detect diseases and other chronic health issues. Early detection can help employees achieve better health outcomes in the long term. Health screenings can be done in person or, to some extent, virtually.	Transit agencies can check with their healthcare providers and employee assistance program (EAP) or union assistance program (UAP) vendors to see if health screenings are included. If so, transit agencies will need to dedicate staff resources to promote the availability of free screenings. If not, agencies may need to procure a vendor to offer the screenings. In-person or on-site screening events may increase the utilization of this service, but this may also incur additional costs.	Medium
On-site gyms and fitness equipment	An on-site gym can encourage employees to stay active by providing access to an exercise facility and equipment. On-site gyms can also be coupled with fitness classes or other fitness programs (see next component).	Transit agencies will need to purchase fitness equipment and identify a space on-site to house the equipment. Transit agencies also need to consider the costs of maintaining, cleaning, and potentially staffing a fitness facility.	Medium to high
Fitness programs and activities	Fitness and exercise programs are designed to encourage employees to stay active and lose weight. These programs can include recurring group exercise classes, one-off events like "fun runs," and fitness challenges where employees earn rewards or compete with one another to meet various fitness goals.	Fitness programs range in cost depending on the type of event or ongoing activity and whether outside resources, like a fitness coach, are required. At a minimum, agencies would need to dedicate staff time to organizing and executing activities.	Low to medium

Table 6.7.   (Continued).

Program Component	Description	Resources Required & Other Considerations	Magnitude of Cost (Low, Medium, High)
Stress-reduction programs	Stress-reduction programs aim to teach employees skills and techniques for reducing or managing stress at work and at home. Stress-reduction programs can include mindfulness or meditation sessions, yoga classes, and other techniques for stress reduction. They can be in person or virtual (either synchronous or on demand).	Depending on the offerings, stress-reduction programs can be led by agency employees or specialized instructors. For frontline workers, consider the format, time, and location of activities offered so that employees who work primarily in the field can still take advantage of stress-reduction programs. As with many other program components described in this table, transit agencies can check with their healthcare providers and EAP/UAP vendors to see if stress-reduction programs or mobile applications are included in their services.	Low to medium
Lifestyle improvement programs	These can include weight loss, smoking cessation, and disease management programs (e.g., how to manage diabetes). Lifestyle programs target employees who may need help changing behaviors or managing certain chronic conditions. These programs can take a wide variety of formats—including one-on-one coaching, group sessions, virtual or in-person counseling—and may include educational components (e.g., newsletters, daily emails with tips, or webinar series).	More hands-on components, such as coaching, require expertise to execute. Transit agencies can check with their healthcare providers and EAP/UAP vendors to see if they already offer these services. Promotion of lifestyle improvement programs and offerings requires a time commitment from transit agency staff. (See also the toolkit component Improving Communications and Marketing of Resources.)	Low to high
Vaccination clinics or events	On-site events to provide vaccinations or other health screenings can be very effective in preventing illness and identifying chronic health issues. This type of event can remove barriers to employees	Consider working with your health insurance provider or a local pharmacy to set up an on-site clinic. Since many vaccinations and screenings are covered by health insurance, pharmacies and healthcare providers may be willing to host an on-site clinic at no cost to the transit agency. However, agency staff time will be required to organize and market the event.	Low to medium

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Table 6.7.   (Continued).

Program Component	Description	Resources Required & Other Considerations	Magnitude of Cost (Low, Medium, High)
	who would like to seek preventive care services but cannot do so because of their work schedule.		
Lunch-and-learn or webinar educational series	Educational series can be deployed in person (e.g., lunch-and-learns) or virtually (e.g., webinars). These are usually short-format instructional events, usually dedicated to a single health-related topic. The benefit of a series is that employees get exposure to a wide variety of topics presented in a low-stakes, casual environment. This can make employees feel more comfortable learning about different topics.	Educational series take staff time to design, organize, and execute. Additionally, subject matter experts may need to be identified (internally or externally) and invited to speak on selected topics. In some cases, external experts may require consulting fees.	Medium
Reward or incentive programs	Reward or incentive programs are add-ons to a wellness program that encourage employees to increase their use of the resources an employer is already providing. A reward or incentive program can include nonmonetary rewards (e.g., a certificate and formal recognition in front of colleagues for completing a program), cash rewards, additional time off, or other prizes.	Depending on the prizes or rewards available, the cost of this program component can be low or moderate. Consider what might motivate your employees. For example, tickets to a coveted sporting event may be more motivational than a cash prize. (See also Case Study 3: Incentives for Wellness Program Participation.) Additionally, transit agencies will need to dedicate staff time to organize, deploy, and track the rewards or incentive program.	Low to medium

Build Support and Gain Buy-In from Leadership

Buy-in from management and union leaders is essential for building support throughout the organization, approving related policies or processes, and securing funding. One of the best ways to gain management support is to clarify a wellness program's impact on the bottom line. For more tips on how to gain buy-in and make the business case for a wellness program, see the toolkit sections Building Trust between Parties and How to Make the Case for Increased Benefits to Support Mental Health and Wellness.

Key questions include:

1. What are the benefits of the wellness initiative to the employees and the organization?
2. What are the strategic priorities of the organization, and how can a wellness program contribute to those priorities?

Establish a Wellness Committee

An internal, employee-driven committee contributes to a wellness culture and builds organizational support. A committee that represents employees across various departments builds in diversity of thought and perspective for the wellness program offerings. A committee can also help generate organizational support for the effort. Additionally, committee members can help get their peers onboard with wellness programs and activities, reducing the stigma associated with seeking mental health support.

Key questions include:

1. What programs and services are currently available to employees, and how do they meet current needs?
2. How can members of this committee best support and represent their peers?

Develop Goals and Objectives

With the information gleaned from assessments and surveys conducted in previous steps, the committee can develop goals and objectives for the wellness program. Goals are the intended long-term outcomes, while objectives support goals with time-limited wording that clearly defines achievement.

Key questions include:

1. What are the main goals of the program (e.g., reduced healthcare costs, improved productivity, increased retention)?
2. What are the success metrics of the program?

Establish a Budget

To ensure program longevity through steady funding, the wellness program budget needs to be informed by identified goals and objectives. A thorough budget estimate should include the cost of incentives, marketing, provider fees, meeting provisions, committee member time, etc.

Key questions include:

1. Would employees be willing to contribute to the budget (e.g., paying for a yoga class)?
2. What wellness benefits does the current health insurance provider offer? What wellness programs does the EAP or UAP vendor offer?
3. Are there low-cost activities or free community resources that could help meet employee needs?

Design Wellness Program Components

The assessment data and budget can be used to design the wellness program itself. Managers must ensure that there are no legal or compliance conflicts regarding ADA and the Genetic Information Nondiscrimination Act, the Health Insurance Portability and Accountability Act, and the Patient Protection and Affordable Care Act. (See also Table 6.7 for wellness program components.)

Key questions include:

1. What are the main risk behaviors to address? How would addressing these behaviors align with meeting the needs of employees?
2. Does the proposed wellness program avoid discrimination?

Develop Wellness Program Incentives or Rewards

Wellness programs can encourage participation by offering incentives with the hope of converting external rewards to intrinsic drive. Examples of incentives include the ability to accumulate points for participation in certain activities and exchange them for goods or gifts; other gifts or monetary rewards for participating in certain wellness program activities; and additional benefits, such as extra paid time off at work for completing certain activities. Competitions or challenges with prizes, such as a daily steps challenge, can also be effective at incentivizing participation in wellness activities.

Key questions include:

1. What kind of reward system would best address the risk behaviors?
2. How do the incentives help build long-term change?

Communicate the Wellness Plan

Once finalized, the wellness program needs to be communicated to the employees. A written wellness policy with a statement of intent and a description of involvement and the reward system can build participation. Marketing materials need to communicate that the organization's social culture values health. (See also the Improving Communications and Marketing of Resources component of this toolkit.)

Key questions include:

1. Which examples, based on anecdotal scenarios, would provide the most clarity on the initiatives?
2. How can upper management support and endorse the program?

Evaluate the Success of the Program

Measuring the success of the program is essential in sustaining program support and participation. Baseline data from initial assessments can be used to monitor improvements. Examples of success indicators include participation rates, reduction in healthcare costs, and percentage of employees that stopped engaging in risk behavior. (See also the Program Evaluation and Evaluating and Improving EAPs and Union Assistance Programs components of this toolkit.)

Key questions include:

1. How has this program affected the well-being of employees and the overall culture of the organization?
2. How can you track the success of the wellness program against the identified goals and objectives?

Other Tips and Considerations for Building a Comprehensive Program

The following list includes some final considerations for developing a wellness program for frontline transit workers:

- Provide various offerings to cover the numerous challenges that frontline transit workers face, including wellness components that focus on both physical and mental health.
- Consider a variety of access methods: virtual, in person, group, and individual. Based on the survey of frontline transit workers (Chapter 3), there is a wide range of preferences for how to access wellness services.
- Build buy-in from top to bottom. Trust is a key reason why frontline workers feel isolated from transit agency managers and leaders. Involve frontline workers directly in program development to demonstrate that their employer values their input in agency decisions.

- Consider privacy—communicate to frontline workers that programs, activities, and other resources offered through the wellness program are confidential.

Additional Resources

For more information, see the how-to guide How to Establish and Design a Wellness Program and the article "The Real ROI for Employee Wellness Programs" from SHRM.

Support Mental Health in the Workplace: Checklist for Leadership and Senior Managers

According to the survey of over 700 frontline workers conducted for this report, frontline workers experience elevated anxiety and depression at work and reported high levels of work-place stress. Over one-third (35.8%) of survey respondents met the criteria for probable anxiety and 37% for probable depression. (For more detailed information on frontline worker survey findings, see Chapter 3.) Managers and leadership can do more to support the mental health and wellness of their employees. The following section is a modified version of the Occupational Safety and Health Administration's (OSHA's) *Supporting Mental Health in the Workplace: Checklist for Senior Managers* (OSHA, n.d.-a).

These checklists (Tables 6.8, 6.9, 6.10, and 6.11) are helpful tools that provide suggestions for agency leadership, union leaders, and those who manage frontline workers directly on how to frame worker needs, better support employees' mental health, and alleviate stressors.

Table 6.8. Be a compassionate leader and establish a supportive tone.

Checklist Item	Additional Suggested Actions
☐ Tell staff you are committed to supporting their mental health and well-being.	— Issue an organization-wide statement about the importance of addressing workplace stress and supporting workers' mental health and well-being. — Identify specific staff in your organization with whom workers can share concerns about job-related stressors. — Promote a judgment-free workplace by making it clear that workers can ask for help without facing negative consequences.
☐ Raise awareness about workplace stressors and reduce the stigma surrounding mental health issues and substance use.	— Talk about types of stress that affect the general population, specific stressors that relate to your workforce and sector, and mental health (e.g., high rates of depression and anxiety disorders, increased substance use). — Share national statistics from the National Institute of Mental Health (NIMH) so that workers struggling with mental health or substance use issues know they are not alone. — Tell staff that it is natural to feel stressed, and encouraging them to seek help as needed.
☐ Be transparent. Ensure communication takes place regularly to alleviate the stress of uncertainty and to defuse misinformation or rumors that might be circulating.	

Table 6.8.   (Continued).

Checklist Item	Additional Suggested Actions
☐ Consider creating a mental health task force or committee, with representatives from different levels of your organization (i.e., not only senior managers), to talk about existing and emerging workplace stressors and ways to reduce them.	
☐ Build a culture of connection and encourage coworkers to be supportive of one another.	— Create peer support networks around common issues, such as hybrid or remote work. These networks can be formal or informal. Each network might have a trusted employee who sets up sessions (in person or virtual) and leads conversations, giving other staff a chance to talk about issues, tell their stories, and brainstorm potential solutions. — Encourage coworkers to check in on each other or create a "buddy system," since helping others improves an individual's sense of control, belonging, and self-esteem. For example, advise coworkers to break into small teams, and ask them to call or email each other weekly or biweekly to check in. — Plan optional in-person or virtual social activities to promote camaraderie among staff (e.g., virtual coffee breaks, lunches, allotted time for sharing stories, games, virtual book clubs).

Table 6.9.   Assess whether you can modify operations, assignments, schedules, policies, or expectations to alleviate or remove stressors.

Checklist Item	Additional Suggested Actions
☐ Examine workers' tasks to determine whether their workload has increased, and if so:	— Look for ways to reassign work and prioritize tasks. — Allow for more time to complete tasks and reschedule deadlines. — Be realistic and fair about expectations, especially in situations where workers are being asked to absorb new tasks.
☐ Revisit organizational policies and, when possible, allow for more flexibility with leave policies, work schedules, and telework.	
☐ Provide training, tools, and equipment to help workers adapt to their job tasks and work environment. For example:	— Provide training for staff on how to complete new tasks. Training should be done at a time and location that is convenient for workers. — Ensure that staff who are reporting to their worksites feel safe by (1) giving them an opportunity to provide feedback and make suggestions for protective measures and (2) encouraging workers to tell you if they have safety concerns or questions.
☐ Provide various methods for workers and supervisors to share their ideas on how to reduce or remove workplace stressors, without fear of scrutiny. Examples include:	— Distribution of confidential questionnaires (online or paper). — Group meetings and sessions where workers can share input. — Regular discussions between frontline supervisors and staff in which workers are encouraged to provide feedback on how management can support them better.

Table 6.10.   Prepare supervisors to be empathetic and supportive.

Checklist Item	Additional Suggested Actions	Potential Impact
☐ Train frontline supervisors on stress and mental health topics so that they have the skills and confidence to initiate discussions with workers and to recognize the signs and symptoms of stress and mental health emergencies. For example, consider requiring supervisors to take:	— Mental Health First Aid: This course, available through the National Council for Mental Wellbeing, teaches people how to identify, understand, and respond to signs of mental illness and substance use disorders. — QPR Online Gatekeeper Training: This one-hour course, offered by QPR Institute, provides insight on how to question, persuade, and refer someone who may be suicidal.	Employees will be able to trust management with hard conversations and work together with management to discuss solutions.
☐ Ensure that supervisors understand their role: to listen and validate workers' feelings, concerns, and experiences. Ensure that supervisors understand that being dismissive of workers can be damaging.		Employees will feel supported by management. One reason why many frontline workers leave their jobs is due to issues with management. Genuinely empathetic management could improve retention rates.
☐ Advise supervisors that they may need to alter their leadership style, including:	— Being good role models by demonstrating self-care behaviors (e.g., getting enough sleep, exercising), taking time off, and defining and adhering to work-schedule boundaries. — Being more positive than usual, and taking every opportunity to highlight the accomplishments of staff members and express appreciation for their efforts.	Employees may learn from management's examples and develop better self-care behaviors, which can improve performance and retention.
☐ Instruct frontline supervisors to watch for declines in worker performance, an indicator of problematic stress.		By identifying stress early on, leadership can intervene and come up with solutions to ensure workers are taken care of and performance is improved.

Table 6.11. Provide or share information about coping, resiliency, and mental health resources.

Checklist Item	Additional Suggested Actions
☐ Provide self-care tools and stress management, mental health, and well-being resources:	— If there is an EAP/UAP, regularly communicate the available benefits and encourage workers to use them as needed. — If there are limited assistance resources, explore the feasibility of providing additional benefits, such as (1) investing in an EAP, (2) expanding the types of services offered by the EAP/UAP (e.g., well-being coaching sessions, online assessments), and (3) working to offer more wellness-related services at no cost to workers (e.g., company-wide virtual celebrations, access to well-being apps, mental health education sessions, weekly self-care videos, and virtual wellness sessions, such as yoga and meditation classes).
☐ Share resources and outreach materials developed by entities outside your organization (e.g., federal and state governments, local support organizations) that raise awareness about the signs and symptoms of distress. Examples include:	— Outreach materials at OSHA's workplace stress and mental health website. — NIMH's website My Mental Health: Do I Need Help? — The Substance Abuse and Mental Health Services Administration's (SAMHSA's) information about the warning signs for distress and suicide.
☐ Participate in existing promotional campaigns on mental health throughout the year. For resources, promotional materials, and ideas, visit:	— National Prevention Week — Mental Health Awareness Month — National Suicide Prevention Month — National Alliance on Mental Illness's list of awareness events — Verywell Mind's 8 Mental Health Awareness Charity Walks and Runs
☐ Consider implementing a well-being challenge with self-care activities for workers.	
☐ Promote free or low-cost online tools and apps for stress reduction, mindfulness, and personal resilience (e.g., the U.S. Department of Veterans Affairs' Mindfulness Coach, SAMHSA and the American Psychiatric Association's My Mental Health Crisis Plan).	

Additional Resources

See the original checklist developed by OSHA (n.d.).

How to Make the Case for Increased Benefits to Support Mental Health and Wellness

Employee wellness is critical to maintaining a productive, resilient workforce in today's rapidly changing employment landscape. Companies that prioritize the mental health and wellness of their employees not only exhibit a commitment to their staff's overall well-being but also stand to yield substantial benefits in overall employee productivity and long-term business success. Specific benefits include lower healthcare costs, better recruitment and retention, reduced absenteeism, and improved employee engagement. Moreover, workplace health and wellness programs can help employees modify their lifestyles and move toward an improved state of wellness, even outside the

workplace. Worksite health and wellness interventions include health education, nutrition services, lactation support, physical activity promotion, screenings, vaccinations, traditional occupational health and safety, disease management, linkages to related employee services, and others.

This section of the toolkit includes example messages and some statistics to help agencies and unions make the case for increasing the benefits offered by mental health and wellness programs for frontline workers. The section concludes with a worksheet (Table 6.12) to help frame a "business case" for a particular program, policy, or pilot.

Example Messages and Related Statistics

- **Transit agencies will save money.** Mental health support can help reduce overall healthcare and disability costs. Statistics from the National Alliance on Mental Illness (NAMI) suggest that people with depression have a 40% greater risk of developing cardiovascular and metabolic diseases (NAMI, n.d.). Moreover, people with a serious mental illness are nearly twice as likely to develop such conditions. Thus, supporting employees' mental health is critical to avoid these conditions and the associated costs of treatment.
- **Increased wellness and mental health offerings lead to increased retention.** A survey conducted by Mind Share Partners (2021) found that approximately 50% of full-time workers in the United States have had at least one mental health reason for leaving a job. These points suggest a greater need for employers to provide mental health support for their employees.
- **Mental health programs increase productivity.** According to the World Health Organization (WHO), anxiety and depression cost the global economy around $1 trillion per year in lost productivity (WHO, n.d.). WHO also estimates that every $1 spent on treating common mental health concerns is associated with a return of $4 in improved productivity and health. A study by Goetzel et al. (2018) demonstrated that about 86% of employees receiving depression treatment were found to have improved work performance.
- **Employees will save money and be healthier.** Participation in worksite health and wellness programs can help employees reduce their healthcare spending in the following ways:
  - Through health education, employees can learn which preventive care services are covered by insurance, including screenings, immunizations, and well-woman exams. They can also have regular doctor visits for health assessment, lowering the long-term and more expensive costs that would be required to treat an illness.
  - On average, smokers pay 15% to 20% more for monthly insurance premiums than non-smokers (Tobacco-Free Life, n.d.). By participating in tobacco cessation programs, employees can manage or quit smoking, resulting in savings by reducing or eliminating tobacco costs in the short term and costs associated with chronic health issues caused by smoking in the long term.
- **Creating a supportive and flexible working environment leads to enhanced performance and greater employee satisfaction.** One study of employees found that working from home enhanced employee performance by 13%, increased job satisfaction, and led to a 50% drop in turnover rate (Jiang et al., 2023). This suggests that flexible work options, like remote work or flexible hours, can help employees better manage their mental health. In another study, nearly 50% of employees agreed that a strong relationship exists between the physical working environment and their motivation to perform (Bushiri, 2014). Therefore, creating a positive and supportive work environment can help employees feel more comfortable discussing and addressing their mental health needs.

Building Your Own Message

Building a case for a particular program or idea to improve the mental health or wellness of frontline employees may require convincing agency or union leaders that your idea is beneficial to the overall agency or to their personal workplace goals. To do this, think about how you will convey the idea and create a compelling case to leadership. Table 6.12 is a worksheet that agency or union staff can use to build a case for support.

Table 6.12.   Worksheet: How to make the case for increased benefits.

Prompt	Considerations	Agency Answer
How will you measure success? What tools, metrics, or data sources will you use to measure the program's or policy change's success?	Be prepared to explain how success will be measured and how you will know that the program delivered the desired results.	
Program or idea. Describe the program, policy change, or other idea you are proposing.		
Purpose and goals. How will this program or policy change impact employee mental health and wellness? What specific goals will this program or policy change meet?	Think about the specific skills, tools, or resources that will be provided through this program or policy.	
Do your research. Is there independent research or literature that supports your ideas? Alternatively, is there a successful example from another transit agency that you can point to? What were the results of that program?	Others may be convinced by independently verified research. It will strengthen your case to have an example where such a program was successful. It may help to look beyond the transit industry for examples.	
Audience. Who are the key stakeholders that must be convinced to pursue this new program or policy?	Do you need to convince leadership? Your manager? The union? Your colleagues or peers? There may be more than one audience or group of stakeholders to convince that your new program or policy is worth investing in. List all the members of your audience.	
Audience values. What aspect of this program or its purpose will speak to each person or group identified in your audience?	Think about what is important to each audience member. What do they value? You may need to create a different pitch for each audience member.	

Table 6.12.   (Continued).

Prompt	Considerations	Agency Answer
Operating and capital costs. What are the costs of implementing this program?	Think through a budget for the program or the cost implications of changing a policy (e.g., adding a paid mental health day). Will staff time be required to design, implement, or manage the program? How much time and at what rate? Will the time that employees take to participate in the program be paid or unpaid? Are there capital expenses to account for?	
Return on investment (ROI). What gains or savings will this program create?	It is compelling to match capital and operating expenditures with a real, tangible return on that expense. For example, "We will retain more employees because [XYZ] research showed for every dollar invested, [#] employees stayed [#] years longer." This will be the most challenging piece of the message to create. Sometimes ROI is not numbers but rather qualitative items, such as increased employee satisfaction.	
Put it all together: Make the pitch. Write a compelling, brief message that explains the program idea and the impact it will have on employee mental health and well-being. Explain the ROI.	Think of this as the elevator pitch for your idea. Stick to only a few sentences. As you write your pitch, consider what is compelling to your audience members so you can align your goals with their goals.	

Next steps:
1.   Prepare material for your pitch; this could be a flyer, presentation, or scripted speech.
2.   Share your pitch with peers and trusted colleagues for feedback. Practice your pitch in front of them, and ask them to challenge you and your case.
3.   Set up a meeting with stakeholders to make your pitch. You may need to go through multiple levels or "gatekeepers," convincing one level of leadership at a time.
4.   Do not get discouraged if your first attempts are rejected. Go back and rework your idea. Be sure to listen to feedback provided and adjustment the idea as needed.
5.   After successfully winning approval and funding, work toward implementing your idea!

Additional Resources

- *Corporate Wellness Magazine* article, "The Benefits of Employee Mental Health Programs."
- Jiang et al. (2023) article, "More Flexible and More Innovative: The Impact of Flexible Work Arrangements on the Innovation Behavior of Knowledge Employees."
- *HR Exchange Network* article, "Employee Experience: The Business Case."
- Kaiser Family Foundation article, "2022 Employer Health Benefits Survey."
- Goetzel et al. (2018) article, "Mental Health in the Workplace: A Call to Action Proceedings from the Mental Health in the Workplace: Public Health Summit."
- Mind Share Partners (2021) report, *2021 Mental Health at Work Report*.
- NAMI (n.d.) webpage, Mental Health by the Numbers.
- Bushiri (2014) dissertation, "The Impact of Working Environment on Employees' Performance: The Case of Institute of Finance Management in Dar es Salaam Region."
- The Work Foundation report, *The Business Case for Employee Health and Wellbeing*.
- Tobacco-Free Life (n.d.) webpage, Cost of Smoking.
- Understood for All, Inc., article, "Workplace Mental Health: 5 Ways to Support Employee Wellness."
- U.S. Office of Personnel Management fact sheet, "Business Case for Employees: Worksite Health & Wellness Campaign Fact Sheet."
- WHO (n.d.) webpage, Mental Health and Substance Use.

Improving Communications and Marketing of Resources

By effectively marketing your agency's mental health resources for frontline workers, you can expand their utilization, increasing their benefit to your agency's workforce. The distributed nature of transit industry jobs (i.e., frontline workers primarily work off-site and have work shifts at all times of day) necessitates deliberate planning to effectively communicate with frontline employees. To address findings that frontline workers often feel uninformed about this programming, this section includes guidelines for communicating and marketing mental health resources.

Understanding Your Audience

Effective communication requires an intimate knowledge of your audience. While the audience may seem obvious for communications with frontline employees, taking a few minutes to consider the job classifications that compose this group might yield some surprises. When interviewed about how best to communicate with frontline workers, transit workers generated substantially different answers to this question, even among individuals working at the same agency. Discussions with colleagues on how best to reach frontline workers ensure that marketing efforts reach all individuals who might benefit from mental health resources.

Equally critical to identifying your audience is recognizing their unique needs. An ideal means of communication for one transit worker might be totally inaccessible for another. The easiest way to understand what works for your employees or union members is to ask them. The Utah Transit Authority recruited a team of employees to develop a plan for connecting with employees to promote the accessibility of information. This approach ensures that diverse workforce needs are considered. If your agency does not have a task force dedicated to improving communications, then periodically check in with employees and ask what does and does not work for communicating mental health and wellness resources.

Making the Connection

Clearly communicating resources from onboarding through retirement is critical. Depending on your agency's size, the agency may need to hire a dedicated staff person to coordinate

Tips to Make a Connection

- Be consistent and persistent: Market resources at regular intervals, from onboarding through retirement.
- Create a one-stop shop for employees to find information.
- Increase recognition by giving your mental health and wellness programs an identity under one wholistic brand.
- Share success stories of how resources have helped employees.
- Use a variety of media—in person, print, email, SMS, social media, etc.—to reach employees.

communications surrounding mental health and wellness resources (e.g., services available through an employee assistance program or union assistance program).

Maintaining a single source for this information ensures that while vendors might change, employees always know exactly where to turn for resources and information. Creating an intranet is a great way of compiling this information in a readily accessible location. When developing the site, ensure compatibility with mobile browsers, since many frontline workers will primarily access the intranet from a smartphone.

Another opportunity to increase utilization is by creating a compelling message to accompany resources. In creating an intranet, your agency has an opportunity to establish a brand for its resource hub. This brand gives efforts related to employee wellness an identity, encourages the use of these resources, and facilitates marketing efforts. Messaging on the benefits of resources may be the most powerful marketing tool at your agency's disposal. Rather than relying on a vendor's marketing materials, develop success stories attached to specific benefits, and share these alongside the resources on your intranet. Hearing or reading how resources helped employees is far more powerful than stock media, and it demonstrates how the resources can be used to address specific challenges unique to the agency and its employees. For example, transit agency employees have expressed concern about stress management, so success stories could demonstrate how an employee used stress management techniques gained from the resource hub.

Another critical element to improving communication is ensuring equal access to resources, regardless of work location or shift time. Consolidating resources is the first step in this process, but it is also critical to meaningfully engage with workers when and where they are available. Visiting break rooms and garages to speak with employees across shifts and distribute materials is a great way to ensure everyone hears the same message. Additionally, marketing across emails, SMS, social media posts, posters, and quick reference cards will help the message reach all employees, regardless of an employee's preferred means of communication.

By leveraging technology, you can assess the effectiveness of your engagement and understand which marketing media work best. When directing employees to a resource hub, you can utilize a URL-shortening service (e.g., bitly) to create unique links and QR codes that can track how often a link is visited. Over time, you can identify trends across shifts and work locations to further refine your marketing efforts.

Communications and Marketing Worksheet

Table 6.13 presents a worksheet that transit agencies and unions can use to develop or refine a marketing approach for sharing information with frontline workers about available resources.

Table 6.13.   Worksheet: Communicating and marketing mental health resources.

Consideration	Item	Notes
Audience. Who is your target audience? Consider who regularly interacts with your riders; these individuals are frontline workers, and they may benefit from mental health and wellness resources to help them manage the stress associated with this role.	**Identify frontline workers:** ☐ Operators ☐ Station attendants ☐ Fare inspectors ☐ Police officers and security personnel ☐ Outreach workers ☐ Field supervisors ☐ Maintenance personnel ☐ Cleaners ☐ Customer service representatives ☐ Dispatchers ☐ Other:	
Means of communication. How will you reach your target audience? Consider the preferred methods of communication. Do communication methods differ for employees based on work location, shift time, and internet access?	**Digital:** ☐ Email ☐ Intranet ☐ SMS ☐ Social media **Print:** ☐ Posters ☐ Quick reference cards ☐ Resource summaries **In person:** ☐ Peer testimonials ☐ Resource fairs ☐ Mentoring sessions ☐ Meetings	Ensure that digital communications support mobile browsers. Use QR codes to link employees to resources. Identify opportunities for employees to share stories about leveraging agency resources to address their mental health challenges.
Marketing opportunities. When and where can employees learn about the resources available to them? Any gathering provides an opportunity to remind employees of mental health resources.	**When:** ☐ Onboarding ☐ Staff meetings ☐ Training courses **Where:** ☐ Break rooms ☐ Run sheets	 Ensure posted materials reach locations throughout your agency (i.e., not just headquarters). Materials that are regularly distributed to employees (e.g., run sheets) provide an opportunity to market resources.

Additional Resources

See also the *Mass Transit Magazine* article "Improving Internal Communication" and the Transit Center article "Baltimore MTA's 'In-Reach' Program Meets Bus Operators Where They Are."

Building Trust between Parties

Trust can be defined as belief in the ability and integrity of another person or entity. It begins with authenticity from all parties involved and relies on the understanding that although there may be some interests at odds with each other, parties are engaging in conversations and collaborating in good faith. Trust between management, workers, and labor is integral for any transit agency to function well and provide high-quality service. Historically, trust has not been easy to maintain. Safety concerns, scheduling difficulties, operator pay, legislative changes, and budgetary constraints have frequently tested relations between parties, often diminishing recruitment and retention, employee satisfaction, and service.

> **Begin with Authenticity**
>
> Authenticity is crucial to the trust-building process. All parties must be ready to enter the trust-building process in good faith and with an awareness that collaboration will bring about culture change.

Likewise, COVID-19 had a profound effect on transit agencies and workers, making it even more difficult for agencies to recruit and retain frontline workers. This was particularly true early in the pandemic, when rapidly changing restrictions and conflicting messaging from local, state, and federal health officials made it difficult for frontline transit employees to know what was being done to keep them safe. Some employees interviewed for this study reported frustrations with the quality and consistency of contact tracing at their agency, making them wonder if administrative failures were leaving them unnecessarily vulnerable.

To address short staffing, workers at many agencies are being asked to pick up more hours to cover the shifts needed to deliver scheduled transit service. Transit agencies nationwide are facing shortages and low retention rates for frontline workers. One of the principal factors affecting retention rates is the mental and physical strain associated with operating a transit vehicle and handling passenger incidents. Now, more than ever, it is crucial for agencies and unions to work together to protect workers while ensuring that service is not diminished.

The following section of this toolkit describes a three-step process (Figure 6.2) to build and support positive relationships and increase trust between agency leadership, union leadership, and frontline transit workers.

Step 1: Define the Issues

Many of the issues faced by agencies, unions, and frontline workers are shared among all parties. From an agency perspective, low retention rates have directly affected the levels of transit service they can deliver. Workforce shortages have become common throughout the nation, and agencies are struggling to provide reliable transit services. Current workers have seen the effects of low retention rates and workforce shortages firsthand; demand for service has often led to workers taking on more or longer shifts to provide a minimum level of service. Transit operators have

1. Define the Issues ➜ 2. Identify Common Goals ➜ 3. Develop Bottom-Up Solutions
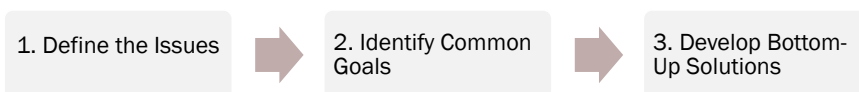
Figure 6.2.   Three steps to building positive relationships and increasing trust.

also reported an increase in incidents involving aggressive or violent passengers. Recognizing the burden placed on their members, unions have sought to bargain for a healthier work–life balance for employees. Although many of these issues share the same solutions, distrust between agencies and unions remains, hindering the search for solutions that would solve common problems and improve the livelihoods of frontline transit workers.

Open and honest dialogue between agency leaders, frontline workers, and union representatives is required to help frame the shared challenges faced by workers. This can be achieved through a variety of ways, including town halls, coffee chats with leadership, dropping into existing meetings, digital engagement, labor-management committees, and collective bargaining.

- **Town halls.** Agency and union leadership can facilitate open conversations and collect feedback from workers directly by hosting a town hall–style meeting, where frontline workers can voice their thoughts among their peers and appeal directly to leadership. Agencies may consider holding such an event jointly with the labor union to demonstrate a united front in listening to frontline workers. Also consider the format and accessibility of the town hall format. More than one town hall event may be required to provide ample opportunities for workers to attend. A hybrid format (i.e., in person and virtual) may also allow more workers to attend.
- **Coffee chats with leadership.** In this format, agency leaders meet frontline workers where they are for individual conversations. One-on-one conversations are less formal and more conversational than town halls, which can help gather feedback from workers who may be less inclined to speak in front of large groups. This also helps to build individual relationships that are more personal between agency leaders and workers. Agencies need to be thoughtful about how to capture feedback from a broad sampling of workers by holding events on different days (including weekends) and at various times of day.
- **Dropping into existing meetings.** Another option is to leverage existing meetings or events to engage with frontline workers about their issues and challenges. This can include visiting frontline workers when they are already gathered for mandatory training or for a benefits information session.
- **Digital engagement.** Consider soliciting information through surveys or internal social media (e.g., message boards on the intranet). This can be a low-cost way to collect data quickly; however, digital engagement may be interpreted as impersonal and may not contribute to building (or rebuilding) relationships between workers and leadership.
- **Labor-management committees.** Labor-management committees, such as the Joint Workforce Investment (JWI) organized by Santa Clara Valley Transportation Authority (VTA) and the Amalgamated Transit Union (ATU) Local 265, are an innovative method for fostering cooperation around common goals, including frontline worker mental health and wellness. These partnerships allow workers to speak about the issues they face without fear of retribution, and they allow unions and agency leaders to work together to identify solutions.
- **Collective bargaining.** Collective bargaining is another effective tool for workers to ensure that their issues are heard and addressed by agency leadership. Open dialogue in the collective bargaining process is crucial to identifying the issues workers are facing.

Regardless of the means utilized to collect this information, it is important for agency and union leadership to communicate the next steps of this data collection process with employees. Be honest and realistic with employees about timelines for any solutions; emphasize that solutions are achieved over time and require ongoing communication and collaboration between parties.

Step 2: Identify Common Goals

The next step to building trust is to take the feedback gained in Step 1 and identify common goals between parties. Although agencies, workers, and unions may have distinct issues that are

sometimes at odds with each other, there are undoubtedly common goals that can guide the collaborative development of solutions. For example:

- Agencies want to improve retention rates and identify strategies to improve the mental health and well-being of their workers.
- Unions want to improve the working conditions of their members and to create career pathways.
- Workers want a job that can offer them benefits that outweigh the difficulties of working in transit; they are looking for stability and a career.

In this case, all parties are looking for very similar outcomes. While issues with the methods for achieving these goals are bound to arise, if an agency and a union are committed to improving conditions for their workers, then any effort to implement change should be able to identify common solutions.

Union–agency partnerships that were developed to solve issues affecting operators have demonstrated success when they were conducted as a new effort based on shared goals (Figure 6.3). Some partnerships are conducted separately from the collective bargaining process to identify common goals rather than negotiate contract terms, which are based on differing interests. Collaborative efforts have seen success when there is buy-in on all sides, as well as champions who are willing to compromise to achieve common goals.

Tips for Identifying Common Goals

- Efforts should be coled by agency and union leadership to demonstrate trust and a united effort between leaders.
- Consider conducting partnerships separately from the collective bargaining process.
- Collaboration is most successful when there is buy-in from all parties: agency, union, and workers.
- Find a champion from each party, for each effort.
- Be willing to compromise.

Step 3: Develop Bottom-Up Solutions

The development of solutions is one of the most fundamental yet complicated aspects of trust building. Programs cannot be developed by one party as a solution for all, but rather as a collaborative investment that prioritizes the input of those most affected. At the core of solution development, agencies and unions need to listen to the changes and solutions their operators are proposing. Solutions should be developed from the bottom up to ensure that they are not seen as disconnected mandates imposed from the top or, worse, measures that make frontline workers' jobs harder. By acknowledging that frontline workers understand their work best and are capable of creating innovative strategies, bottom-up solutions foster trust between agencies and frontline workers.

One important recommendation for solution development is the inclusion of a neutral third party that can identify commonalities across proposed solutions. Agencies and unions are often
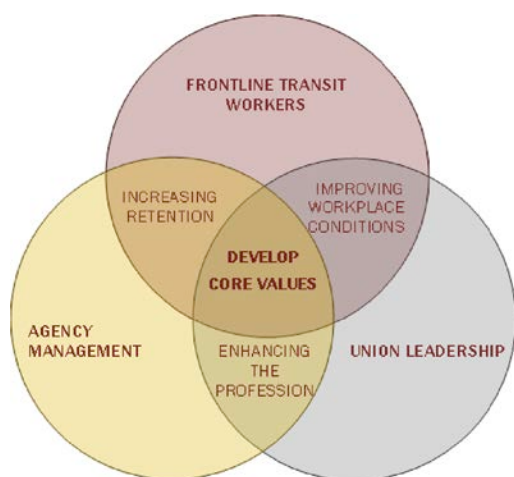
Figure 6.3.   Example set of shared goals for retention.

> **The Joint Workforce Investment**
>
> The JWI was developed as a partnership between VTA and ATU Local 265 to improve retention rates and professionalize a career path for operators. Both union and agency members highlighted the importance of creating a safe space to speak about issues and solutions, where the collective bargaining process is separate from the program.
>
> The JWI was created with common core values that prioritize operators: serving the public, creating workplace solutions, increasing professionalism, and improving health and wellness. See Case Study 9: Training and Mentorship for Retention and Advancement for more information.

Amplify the Voices of Those on the Frontlines

Bottom-up solutions foster trust between agencies and frontline workers by acknowledging that frontline workers have agency and the capacity to create innovative strategies.

at odds, so the inclusion of a neutral third party ensures shared leadership in the development of strategies and can foster open and honest communication, free from fear of retribution.

Tabletop Exercise: Building Trust

The worksheet in Table 6.14 provides issues identified through engagement with frontline workers, transit agency leadership, and union leaders. This role-playing exercise can be completed by agency managers or union leaders to understand how each party might view each situation or scenario. For this exercise, each person should be assigned one of three roles: frontline worker, union representative, or agency representative. All parties should participate in the exercise across all three steps: (1) Define the issues, (2) identify common goals, and (3) develop bottom-up solutions.

Table 6.14.   Tabletop exercise: Building trust across parties.

Situation	Define the Issues (How Does the Situation Affect Each Party?)	Identify Common Goals (What Are the Common Objectives Across All Parties?)	Develop Bottom-Up Solutions
The agency is dealing with low retention rates. Service is becoming less frequent, and drivers must take more shifts.	Frontline Worker Union Agency		

Table 6.14.   (Continued).

Situation	Define the Issues (How Does the Situation Affect Each Party?)	Identify Common Goals (What Are the Common Objectives Across All Parties?)	Develop Bottom-Up Solutions
Operators have limited access to restrooms while on the job.	**Frontline Worker** **Union** **Agency**		
Incidents involving passengers experiencing mental health crises are becoming more frequent.	**Frontline Worker** **Union** **Agency**		
Incidents involving violent or aggressive passengers are becoming more frequent.	**Frontline Worker** **Union** **Agency**		
The lack of exercise is having serious effects on the health of operators. Operators are taking more sick days due to the physical strain of the job.	**Frontline Worker** **Union** **Agency**		

Table 6.14.   (Continued).

Situation	Define the Issues (How Does the Situation Affect Each Party?)	Identify Common Goals (What Are the Common Objectives Across All Parties?)	Develop Bottom-Up Solutions
Frontline transit workers are unaware of the existing resources available to them. There are several existing programs, but they are not used by employees.	**Frontline Worker** **Union** **Agency**		
Frontline workers do not feel like there is a career path available within the agency. Internal promotions are few and far between.	**Frontline Worker** **Union** **Agency**		

Increasing Training Offerings

Training has proven to be a successful strategy for transit agencies to improve employee satis-faction (McGlothin Davis, Inc., and Corporate Strategies, Inc., 2002). Agencies frequently offer basic training for frontline workers on topics such as vehicle operations; customer service; and internal policies for scheduling, leave, and basic requirements for their respective positions. However, many frontline workers emphasized how they were unprepared for some aspects of the job, such as dealing with passenger conflicts and maintaining a healthy work–life balance. New training offerings are a crucial tool that can provide workers with the skills they need to handle difficult situations.

Although trainings are most beneficial when targeted to new employees and frontline workers, management and leadership need to receive sufficient training so they can provide adequate support and direction to workers. Leadership is often unaware of the many difficulties frontline workers face, even though the decisions leaders make can have a serious impact on the work and lives of those on the frontline. Training offerings at the management and leadership level can help improve relations between workers and managers. Such trainings can also assist management in making more informed decisions about day-to-day operations that have an effect on operators' mental health and wellness.

This section describes three types of trainings—a training identified as useful by frontline workers in order to better cope with certain on-the-job scenarios (Training C: Intervention Training for Frontline Workers); a training that is useful for leadership or managers of frontline workers (Training A: Empathy Training for Managers); and a training that is uniquely beneficial for both parties because it provides an opportunity to build trust and understanding between frontline workers and their leaders (Training B: Leadership and Manager Ride-Alongs).

To help navigate this section, Table 6.15 provides commonly faced challenges or sentiments within transit agencies and training offerings that can potentially alleviate those issues. Each training offering is broken down in further detail below for guidance on implementation.

Training A: Empathy Training for Managers

Empathy and communication training helps managers improve dialogue and leadership skills that focus on strengthening the relationship (i.e., trust) between leadership, managers, and frontline workers. Table 6.16 lists key elements necessary to build an empathy and communication training program, as well as a few resources for doing so.

Training B: Leadership and Manager Ride-Alongs

Day-in-the-life experiences can help managers and leaders better understand the challenges faced by their employees. The leadership ride-alongs described in this section are a key training identified by the frontline workers surveyed for this project. Ride-alongs are a valuable tool that gives agency leadership and management important insights into the day-to-day experiences of frontline transit workers. By placing managers with workers on the frontlines, ride-alongs also allow workers to

Table 6.15.   Training solutions for common challenges.

Challenge or Sentiment	Potential Training Solution
Operators at my agency feel like they are unprepared to handle incidents with passengers.	Training B Training C
Managers do not have the experience or knowledge to provide operators with guidance concerning incidents with passengers.	Training A Training B
Relations between managers and frontline workers are tense.	Training A Training B
Incidents involving mental health crises or aggressive passengers on our system are occurring frequently or with increasing frequency.	Training B Training C
Leadership is unwilling to buy in on much-needed programs to improve working conditions impacting frontline workers' mental health and wellness.	Training A Training B
The decision-making process does not consider the experiences of frontline transit workers.	Training A Training B
Frontline transit workers do not feel like their concerns are being heard.	Training A Training B
Our agency feels siloed. There are communication issues between different departments.	Training A Training B

Table 6.16.   Key elements of empathy and communication training.

Training Element	Description
Purpose	An emphasis on empathy and communication is vital for the development of a healthy workplace. Empathetic management can play a crucial role in improving the mental health and wellness of frontline workers through practices such as active listening and open discussion. Fostering empathy and communication has shown great benefits for companies and organizations worldwide, such as improved productivity and increased retention. When leadership learns to actively listen to the struggles frontline workers face and adequately communicate with frontline workers, relationships between parties improve, and their decisions are more considerate of the difficulties workers face. The following are key objectives to consider when developing an empathy training program: • Building trust between management and frontline workers, • Promoting collaborative decision-making, • Improving communication techniques, • Fostering a positive work culture that deprioritizes hierarchy, • Amplifying workers' voices, and • Increasing retention.
Audience	Empathy and communication training can be a vital tool for agency leadership to develop a deeper understanding of the many issues frontline transit workers face every day. Leadership decisions have a direct effect on the mental health and well-being of workers. Leadership roles that can engage in empathy and communication training may include • Executive director or CEO, • Deputy or assistant director, • Chief financial officer, • Chief operations officer, • Human resources director, • Safety and security director, • Board of directors or governing body, • Planning department employees, • Scheduling department employees, • Dispatchers, • Road supervisors, and • Others who manage frontline workers.
Key Components	All parties should agree on what it means to be empathetic and to practice empathy. Empathy training can be tailored to the specific needs and experiences of workers in a specific industry. The following key components may be necessary to develop empathy training within a public transit agency. • **Define empathy.** Empathy can be defined as the ability to perceive and relate to the experiences of others. Distinguish sympathy from empathy and other similar concepts. • **Discuss the significance of empathy and communication in the workplace.** Describe the benefits and meaning of empathy in the workplace, as well as its positive impact on engagement and productivity. Describe the importance of empathy and communication training for transit agency managers, especially considering the difficulties faced by frontline transit workers. Empathy begins with authenticity in the workplace, and creating an empathetic workplace may bring about a change in culture. • **Provide techniques to practice empathy in the workplace.** Teach managers how to practice active listening. Emphasize the importance of finding similarities rather than differences. Practice being vulnerable, and be willing to listen and share. Encourage judgment-free zones for frontline workers to express the difficulties they face without the fear of retribution.

Table 6.16.   (Continued).

Training Element	Description

	• **Provide communication strategies.** Although empathy is vital for building a positive work environment, it is more meaningful when supplemented with proper communication techniques. Empathy that is communicated inadequately could be perceived as patronizing or dismissive. Communication strategies include
	
	    o Practicing active listening and two-way communication;
	    o Understanding context: where, when, and what to communicate;
	    o Using appropriate body language and tone;
	    o Seeking feedback and participation; and
	    o Understanding different communication styles.
	
	• **Practice empathy through hypothetical situations.** Provide hypothetical scenarios for leadership to practice empathy. Work through issues collaboratively, and encourage participants to provide feedback. Use this as an opportunity to practice communication skills.
	• **Create space for frontline worker feedback.** Encourage agency leadership to create spaces where frontline workers can openly share their concerns and where leadership can employ their empathy training. One way to practice empathy is through leadership ride-alongs (see Training B).

Resources	• *Harvard Business Review* article, "Making Empathy Central to Your Company Culture." • *Research in Business Management* article, "Conflict Resolution Through Training on Emotional Intelligence and Empathy in a Workplace—An Empirical Study." • *Annual Review of Organizational Psychology and Organizational Behavior* article, "Compassion at Work." • Center for Creative Leadership article, "The Importance of Empathy in the Workplace."

share their concerns or suggestions for how to improve the operator experience directly with the people who can make those improvements. Table 6.17 provides a few components required to implement leadership ride-alongs.

Training C: Intervention Training for Frontline Workers

Both focus group and survey participants highlighted significant challenges with effectively managing incidents involving passengers and skillfully intervening in a professional manner, without jeopardizing their own safety. Table 6.18 provides guidelines for training to help frontline workers address these situations.

Other Considerations for Training Frontline Workers

Apart from creating and implementing new trainings for frontline workers or agency leadership, agencies nationwide have updated their existing policies and procedures to improve the onboarding experience, improve retention, and enhance the mental health and well-being of new operators. The following are some examples of changes that have helped agencies and frontline workers alike:

- **One-on-one trainings.** Operator route or line training usually includes shadowing a variety of routes with different operators. One-on-one trainings would provide new employees with the same trainer every day as they go through the process of learning different routes. This would help trainees build a stronger relationship with a long-term mentor who can provide support and guidance.

> **Communicate Trust**
>
> Communicate to operators that ride-alongs are for observation and understanding, not for disciplinary purposes. Ensure that this is true in practice. Be sure that operators who choose to participate in the ride-alongs feel like they are not being observed for policy or procedural compliance; instead, they are educating management on their working environment and its challenges.

Table 6.17.   Implementation of leadership ride-alongs.

Training Element	Description
Purpose	The purpose of a training must be clear up front. The objective of a ride-along might be to build trust with the public or, in some cases, to ensure there are no disciplinary or noncompliance issues with operators. Given the importance of operator mental health and wellness, the purpose of these ride-alongs is not to reprimand or to improve public perception, but rather to understand the difficulties and needs of frontline transit workers. By participating in ride-alongs, leadership and managers can make decisions about operating policies and procedures with an awareness of how those decisions can directly affect operators. When leadership experiences the difficulties of frontline work firsthand, this can also prompt internal changes that improve the mental health and well-being of operators, which improves service and increases retention. Key objectives of leadership ride-alongs include • Building trust between management and frontline workers, • Promoting collaborative decision-making, • Improving communication techniques, • Fostering a positive work culture that deprioritizes hierarchy, • Amplifying workers' voices, and • Addressing operators' safety concerns.
Audience	Ride-alongs can be a vital tool for leadership to develop a deeper understanding of the many issues frontline transit workers face daily. The decisions made by leadership have a direct effect on the mental health and well-being of operators. Leadership that can engage in ride-alongs includes • Executive director or CEO, • Deputy or assistant director, • Chief financial officer, • Chief operations officer, • Human resources director, • Safety and security director, • Board of directors or governing body, • Planning department employees, • Scheduling department employees, • Dispatchers, • Road supervisors, and • Others who manage frontline workers.
Key Components	To fully understand the working conditions and environment of frontline transit workers through ride-alongs, there needs to be guidance for their successful implementation. If the results of these ride-alongs are not analyzed or evaluated in an organized manner, change is unlikely. The following list includes key components of implementation. • **Coordinate with operators.** Ensure that operators are aware of the reasons for the ride-along, and obtain consent to have leadership accompany them for a workday. Without operator consent, trust cannot be built. Ride-alongs should occur during regularly scheduled shifts to avoid creating additional stress. • **Encourage active observation.** Riding a busy bus can often be distracting, and leadership could potentially miss important details that give context to work conditions. Prior to the ride-along, a worksheet should be developed that includes space for notes on observations and prompts that encourage participants to identify incidents or difficulties. • **Reflect on the experience.** After the ride-along has been conducted, provide space for reflection so that leadership and operators can talk together about their experience. Encourage leadership to ask questions to truly understand the needs and difficulties of frontline transit work. This reflection period might be most successful after leadership participates in empathy training. The reflection process could be conducted by a third party to create a safe space for all participants.

Table 6.17.   (Continued).

Training Element	Description
Resources	Similar programs that were designed to build understanding and trust through observation and dialogue have been successful with police and the public. While relationships between the public and police are not the same as those between managers and frontline transit workers, these programs have trust-building elements that may be applicable to public transit. Some example programs include • District of Columbia Metropolitan Police Department. • University of Maryland, Baltimore Police Department. • City of Allentown, Pennsylvania Police Department.

Table 6.18.   Intervention training guidelines.

Training Element	Description
Purpose	Frontline transit workers must ensure the safety of their passengers—often while operating a heavy vehicle—and they are responsible for enforcing agency policies and rules. This can result in conflicts with passengers that may escalate to verbal and physical assaults. Likewise, the frequency of mental health crises among passengers is on the rise, increasing the number of times that frontline workers encounter these difficult situations. Intervention training is an important tool that can help frontline transit workers feel more prepared to assess, intervene, or seek professional help when dealing with passenger incidents. The purpose of this training is to help frontline workers navigate how to handle incidents to protect passengers and themselves. Key objectives for the implementation of intervention training include • Protecting frontline workers from harmful situations, • Educating managers on the difficulties of handling incidents, • Protecting passengers and bystanders, and • Fostering partnerships with social service agencies and emergency response departments.
Audience	Although this training mainly supports frontline workers, such as operators, managers can also benefit from understanding how to handle incidents. By participating, managers can understand how to best support frontline workers and can recognize workers' efforts as they manage difficult situations. Participants that can engage in this training include • Operators (bus, rail, paratransit, on demand, etc.), • Safety operations workers, • Station managers and maintenance personnel, • Ticket or fare clerks, • Dispatchers, • Road supervisors, and • Others who manage frontline workers.
Key Components	Although one of the main purposes of this training is to protect frontline transit workers from harm, intervention may be necessary in situations where other workers, passengers, or bystanders are in danger. Therefore, the incident response training should include components that focus on both self-preservation and successful incident intervention. Key components include the following: • **Discuss types of incidents and identify their likelihood.** Participants will be able to discuss their experiences and identify events that preceded them. In this section of the training, participants will also learn how to define and identify assault. • **Emphasize prevention strategies, with a focus on communication and de-escalation.** Participants will acquire and apply techniques for both de-escalation and effective communication, enabling them to cultivate a secure environment for fellow passengers through skillful de-escalation methods. Participants will also learn how to effectively support others and themselves by recognizing stress and practicing mental health first aid.

(continued on next page)

Table 6.18.   (Continued).

Training Element	Description
	• **Encourage seeking professional assistance.** Participants will also be able to recognize situations in which intervening will put them or others in harm's way. Identifying these situations is a crucial step in addressing incidents. The final component of this section includes learning about the different resources available and contacts for potential support.
Resources	• American Red Cross's Psychological First Aid: Supporting Yourself and Others During COVID-19 Online Course. • FTA-sponsored training courses on assault prevention. • APTA's Recommended Practice for Transit Bus Operator Training. • National Transit Institute's Assault Awareness and Prevention for Transit Operators. • New Mexico Department of Transportation's Handling Conflict and De-Escalation Skills for Transit Drivers and Supervisors: Video Handout.

- **Mentorship programs.** Mentoring stood out as one of the most popular types of training in the survey of transit workers for the research project. A mentorship element within driver onboarding provides new employees with the opportunity to learn important skills and strategies from more senior members. (The establishment of mentorship programs is explored in more detail in the Developing and Implementing Mentor and Peer Programs section of this toolkit.)
- **Critical incident response teams.** These teams, made up of employees with specialized training, can be deployed to the field during serious incidents to help frontline transit workers navigate difficult situations. (See the Providing Support during and after Incidents section of this toolkit for more information.)
- **Increased mental health and wellness resources.** To help frontline workers manage stress and achieve better health outcomes, transit agencies are deploying wellness programs to increase the offerings for wellness training and self-care. (See the Establishing Wellness Programs section of this toolkit for more information.)

Providing Support during and after Incidents

Frontline transit workers, particularly operators, mentioned how their role can be isolating in various ways. This isolation may worsen when dealing with difficult incidents on vehicles or at transit stops or stations: Workers often feel alone in handling these situations and cut off from agency support, both during incidents and afterward, as they cope with stress and trauma. Frontline transit workers expressed a need for greater in-field support to assist them in handling a variety of incidents, from vehicle crashes to passenger crises or conflicts. The following best practices were uncovered during research for this project: specialized Critical Incident Response Teams (CIRTs) that can respond to incidents in the field—such as vehicle crash or person under train (PUT) incidents—and improvements to post-incident support.

Critical Incident Response Teams

CIRTs, sometimes referred to as critical incident support teams or crisis intervention teams, have the potential to become an essential tool for any transit agency. Many frontline workers reported facing traumatic events on the job or having to deal with aggressive or violent passengers. On many occasions, these situations were neither handled with professional help nor handled in a timely manner. CIRTs address incidents associated with passengers experiencing mental health crises

by mediating conflict and connecting these individuals with organizations capable of supporting them. Many CIRTs have made a concerted effort to differentiate themselves from law enforcement to foster de-escalation and dialogue. They are often equipped with skills and training that allow them to provide guidance and support for both passengers and transit workers. CIRTs provide immediate and ongoing support after an incident and easy access to mental health professionals. The following are considerations for the development and implementation of CIRTs.

Recruitment

Agencies and unions that have implemented CIRTs have cited the importance of hiring members from the communities they serve. CIRT members can come from a variety of backgrounds, and they do not need a college degree. By hiring members who represent the community, a CIRT can connect better with passengers and provide high-quality and individualized support that is sensitive to social dynamics. When hiring CIRT team members or selecting them from your existing employee pool, important qualities to look for in candidates include

- Empathy,
- Excellent communication skills,
- Ability to work in high-pressure situations,
- Knowledge of the community that is being served, and
- Passion for people and community service.

Equal Access

Agencies should facilitate community members' access to CIRT positions to ensure that team members possess a deep understanding of the community context.

Training

CIRT members must be prepared to handle situations that can often be sensitive and difficult to navigate. Members must understand larger socioeconomic dynamics and biases that can cause conflicts or incidents to escalate, such as the stresses that housing instability may place on an individual or the mistrust of authority experienced by people of color. Training elements that need to be present in a CIRT program include

- Mental health first aid,
- Communicating with people in crisis,
- Working against biases and microaggressions,
- Emotional intelligence training, and
- Empathy training.

Tabletop Exercise

One valuable exercise for CIRTs involves conducting drills or simulated practice scenarios that mirror common field situations. These drills should support existing training, allowing CIRT members to practice, hone, and maintain their skills. Table 6.19 provides a few examples of situations that transit workers identified as commonly occurring on transit vehicles and in stops or stations. These scenarios can be printed and cut out to make cards that can be shuffled randomly to conduct drills.

Additional Resources

- Bay Area Rapid Transit's Transit Ambassador job description.
- Planetizen article, "Transit Systems Begin to Shift Away from Police Enforcement."
- TriMet report, *Reimagining Public Safety*.
- TriMet video, "Safety Response Team Works to Help Create a Safe and Welcoming Environment on TriMet."
- *Health Affairs* article, "Enlisting Mental Health Workers, Not Cops, in Mobile Crisis Response."
- DCist article, "Metro to Pair Mental Health Experts with Transit Police and Staff in New Public Safety Initiative."

Table 6.19.   CIRT drill cards.

Scenario 1	Scenario 2
There is a passenger who seems to be experiencing homelessness and is asleep on a bus. The passenger has been sleeping across two seats for the entire length of the route, and the run is ending soon. The bus operator is unsure how to handle the situation and does not know if the passenger will be argumentative, so the operator has requested support from the CIRT. You are at the bus terminal and are asked to support the operator.	There is a passenger on a bus who is angry and yelling at other passengers. The passenger has not made any physical threats, but they are clearly under the influence of drugs or alcohol, and they are acting erratically. Other passengers and the operator are uncomfortable. The bus operator has requested CIRT support at the nearest station. You are at the nearest station and are asked to intervene.
Scenario 3	**Scenario 4**
You were tasked with accompanying an operator on their route. As passengers start to board, one passenger enters erratically and starts yelling at others. A second passenger quickly responds, and they begin to make violent threats toward each other.	The CIRT has received a distress call from a worker at a rail station where a person who is experiencing a severe mental health crisis has communicated their intention to jump onto the tracks. This person is not making threats to anyone but themselves. You are at the station and are the first responder in the situation.
Scenario 5	**Scenario 6**
You were tasked with accompanying an operator on their route. You notice a man who is unnecessarily close to a woman and is making repeated comments about her physical appearance. The woman is clearly uncomfortable, but because the bus is crowded, she does not have room to move out of the way. The woman makes eye contact with you and asks for help nonverbally.	A passenger on a vehicle has collapsed on the ground. Bystanders noted that before the passenger's collapse, they had been nodding, closing their eyes, and speaking incoherently. The passenger's lips are changing color, their face is pallid, and they are unresponsive. You are waved down by a passenger who believes an overdose is occurring.
Scenario 7	**Scenario 8**
A passenger is boarding on a route that recently had some changes. The passenger asks the operator about said changes, and the operator answers calmly. The passenger grows angry and frustrated at these changes and decides to lash out at the operator by spitting on them before alighting from the vehicle. The operator calls for your support since you are at the station.	A passenger evaded their fare when boarding a transit vehicle. The operator followed procedure and requested that the passenger pay their fare two times. The passenger begins yelling and pacing up and down the vehicle aisle. The operator radios dispatch and pulls the vehicle over. You are part of the CIRT that responds to the location.
Write Your Own Scenario	**Write Your Own Scenario**

Post-Incident Support Best Practices

Post-incident support has become essential to public transit workers, especially given the rise in traumatic experiences faced by workers in the field. Based on engagement with frontline workers conducted for this study, 69% of workers reported that they were threatened or saw someone else verbally or physically threatened, 33% of workers noted they had been physically assaulted or saw someone else be physically assaulted, and 9% witnessed an incident involving death by suicide or attempted suicide at work. Post-traumatic stress disorder (PTSD) has become increasingly common for frontline transit workers and operators due to incidents like these. Best practices in post-incident support can help agencies better support frontline workers following traumatic situations.

Following a potentially traumatic incident, agencies should consider providing the following services to involved workers:

- **Connect the impacted worker with resources through the employee assistance program (EAP).** For some incidents this may be a requirement, but managers should communicate that any required follow-on counseling or training is not punishment but rather supportive services to help the worker recover and return to work.
- **Ensure continuity of care is available after EAP-funded services are expended.** Some individuals may feel ready to return to work after only a few counseling sessions, while others may need continued access to services to heal from a traumatic incident and feel safe at work. How will the agency continue providing access to care once EAP-funded or employer-mandated care is expended?
- **Be flexible with employees returning to work following a traumatic incident.** Recovery may not look the same or take the same length of time for all individuals. Consider implementing flexible policies that allow workers to return to a normal work schedule following a traumatic incident in a way that suits each unique recovery process. Keep in mind that a return to work may be influenced by financial considerations. Ensuring that workers are financially secure is key to their mental health recovery.
- **Pair the impacted frontline worker with a peer or mentor who is experienced and can help the worker navigate post-incident paperwork.** Ensure that peers are aware of their role in supporting the impacted frontline worker rather than promoting "toxic positivity." The peer or mentor should also be available for emotional support and periodically check in with the worker to see how they are recovering from the incident. This can help reduce the stigma associated with independently seeking out care for mental health.

Workplace Mental Health Checklist

The Occupational Safety and Health Administration (OSHA) provides a checklist that managers can use to support mental health in the workplace. The OSHA (n.d.-b) checklist was developed due to the reported rise in the number of people experiencing symptoms of anxiety and depressive disorders. The following section includes elements of the OSHA checklist that have been applied to frontline transit workers.

Ensure Management Is Compassionate

Remind frontline transit workers and other agency staff that you are committed to supporting their mental health and wellness. This may include

- Issuing an agencywide statement about the importance of mental health and wellness in the workplace;
- Identifying and reminding workers of available resources or staff they can access;
- Promoting a judgment-free workplace where workers can openly talk about negative experiences, without the fear of retribution or negative consequences;

> **Providing Support to All**
>
> CIRT members will be on the frontline for crises and incidents that can often be traumatic. If an agency is planning to implement a CIRT, providing post-incident support for response team members is highly encouraged.

- Raising awareness of the mental health and wellness issues that frontline workers face (e.g., sharing statistics from this report); and
- Promoting empathy in management and considering the implementation of empathy training (described in the previous section).

Assess the Viability of Operational, Scheduling, or Policy Changes to Alleviate Stressors

Managers should think about process or policy changes needed to help frontline workers recover from events. Consider the following:

- Examine frontline worker tasks and identify ways to alleviate stressors. For example, fare enforcement is a responsibility that causes stress among operators and, in many cases, puts them in danger.
- Increase flexibility by creating avenues so that frontline workers who have experienced a traumatic event can relocate to a new location or take over a different route to avoid triggers.
- Examine leave policies and allow more flexibility when possible, especially for mental health reasons.
- Increase or extend access to mental health resources beyond what is normally covered under health insurance plans.
- Create a mental health task force that can support frontline workers by creating the space to talk about issues they are facing.
- Implement peer or mentor support programs.
- Create a system for ongoing support for frontline workers where a mental health professional can check in and guide workers in processing their experiences and emotions.
- Provide more trainings to handle difficult incidents or for self-guided mental health support.

Additional Resources

See OSHA's *Supporting Mental Health in the Workplace: Getting Started Guide for Senior Managers,* as well as the American Red Cross's Psychological First Aid training course.

Modernizing Operational Policies for a Healthy Workforce

In addition to programs that directly support frontline workers, agencies and unions should evaluate broader operational practices that impact employees' job satisfaction and overall well-being. Work–life balance was cited as an important tool for managing the stress of a job as a frontline transit worker. Likewise, more recovery time during strenuous shifts to collect oneself and recover is another tool requested by frontline workers. The capacity of frontline workers to effectively manage their mental health and well-being is directly shaped by the organizational policies overseen by agency leadership.

Some policy suggestions in this section would increase the cost of operating transit services. Furthermore, some of the proposed measures may require changes to an agency's collective bargaining agreement. However, any increase in cost resulting from these policy changes must be weighed against the costs of high absenteeism and turnover. Consider examining the Building Trust between Parties section of this toolkit for tips on how to work with unions, leadership, and frontline workers themselves to identify and achieve common goals.

Policy Suggestions

Late Night, Early Morning, and Weekend Work

Most workers prefer working during the day on weekdays, and for some workers—especially those with caretaking responsibilities—having to frequently work evening or weekend shifts

can even be a reason to resign. Agencies can help create a more palatable assignment of shifts by offering incentive pay to those who work late at night, early in the morning, or on the weekends. Workers who are not particularly bothered by working those shifts have an incentive to pick them; and when workers are required to pick up those shifts, they will feel they have been compensated for the inconvenience.

Some agencies that have explored incentive pay have found that different parties disagree about which shifts should be eligible for the bonus. Agencies should dialogue with unions and workers about how the incentive program is structured. Policy suggestions have been adapted from engagement with frontline transit workers, detailed in the first section of this report, and from APTA's (2023) *Transit Workforce Shortage Synthesis Report*.

Seniority in Selecting Work Shifts or Schedules

Many unions see the seniority system, in which operators with longer tenures get to pick their shifts before more junior counterparts, as an important benefit they provide to their membership. Unfortunately, systems that overemphasize seniority can discourage workers from joining the agency or lead new workers to quit shortly after they have started. Without completely undoing the seniority system, agencies can work with unions to modify the schedule selection process so that newer employees have better job satisfaction by

- **Switching from a cafeteria-style system to a rostering system.** Agencies may want to consider adopting a rostering system for their schedule selection process, where operators choose one collection of bundled shifts out of several rather than selecting individual shifts one at a time. This allows agencies to ensure that no work schedule is comprised entirely of the most undesirable shifts. Moving to rostering can require substantial negotiation with unions, both to establish which collections of shifts might be attractive to workers and to change collective bargaining agreements to permit rostering.
- **Imposing restrictions on picking shifts.** If agencies find they are unable to move to a rostering system, they may explore requiring all workers to choose a minimum number of early, late, or weekend shifts so that those picks are more evenly distributed among workers of different tenures.

Days Off and Compressed Work Schedule

Another way to improve work–life balance, allow frontline workers time to recover from their often stressful jobs, and improve their resilience in the workplace is to address regular time-off policies. Providing consistent days of the week off, providing two consecutive days off, and offering a compressed work schedule that allows for three days off are all ways that transit agencies can provide more time for workers to rest and recover from their shifts.

Time-Off Policies

Some agencies prevent new employees from taking time off within the first year of employment. While these policies may be designed to reduce absenteeism, they may be counterproductive by depriving new workers of the opportunity to rest and recharge.

Split Shifts

Split shifts, where workers have an unpaid gap in the middle of the day between their runs, are a source of worker dissatisfaction. One way to mitigate the impact on morale is to limit the number of split shifts any worker has to work during a given week, either through scheduling policies or rostering.

Mandatory Overtime

For many workers, not knowing when their shift will be over represents a major reduction in quality of life. This poses special burdens on workers with family obligations at home, particularly

parents, and therefore also may preclude potential workers from joining the agency in the first place. However, many agencies rely on mandatory overtime because their worker absenteeism is so high. The most comprehensive way to reduce the need for mandatory overtime is to reduce absenteeism.

Another way to deal with mandatory overtime is to introduce a pay differential to encourage workers to sign up or be available when other workers call out. Agencies should consider increasing the number of extraboard operators to fill unexpected needs instead of forcing operators whose relief driver did not show up to cover shifts.

Layovers

Agencies should explore ways to improve layovers for operators. First, agency planners should ensure that workers have adequate time for short breaks to use the restroom and stretch their legs. If certain routes regularly come in a few minutes behind schedule, it can keep operators from being able to take a break. Worrying about missing a break can increase stress on the job.

Agencies should also make sure that layover points have adequate amenities. Essential break space elements include access to a toilet, protection from the elements, and good lighting. Operators also tend to prefer laying over in areas that are busier and have more foot traffic, since it is safer to wait in more populated areas.

Implementation

Putting these suggestions into action may require careful and contentious negotiation with an agency's workers and unions. However, it is possible to change collective bargaining agreements to improve operations and increase worker satisfaction in ways that unions will accept, and this has been accomplished at agencies across the United States. (See Case Study 11: Union Assistance Program to learn about the Transport Worker's Union [TWU] Local 100's exemplary employee assistance program.) This section provides two suggestions for how agencies can approach these conversations.

Establish Common Goals

Agencies can make progress by working with unions to establish common goals. Agencies want a motivated, reliable workforce so they can provide their riders with a high level of service. Unions want to ensure a good standard of living for the workers they represent, and they want to maintain their membership. Therefore, both entities are motivated to ensure that agencies are successful at hiring and retaining happy and healthy workers, which means ensuring that all workers have adequate working conditions.

Creating a Culture of Dialogue

Agencies can take steps to make sure they are sensitive to workers' concerns and are seen as available and responsive. To promote a culture of dialogue at transit agencies, managers and leaders can

- Institute an "open-door" culture where managers and leaders are visible and available to workers,
- Spend time in the field to get to know frontline employees, and
- Hold periodic listening sessions and town halls to solicit worker feedback and demonstrate an interest in the experience of workers.

Developing a culture of open communication and dialogue can build trust with workers and support agency efforts to make operational changes that might otherwise be viewed with skepticism.

Additional Resources

See also *Transit Workforce Shortage Synthesis Report* (APTA, 2023).

Fostering Community among Frontline Transit Workers

The U.S. Surgeon General's Framework for Workplace Mental Health and Well-Being noted that a sense of community is important because social support contributes to a sense of belonging, which reduces feelings of isolation and loneliness (U.S. Surgeon General, 2022a). Building strong relationships is essential for building trust among transit employees, developing a culture of collaboration and teamwork, and creating an overall sense of belonging. It can be challenging for frontline transit workers to build a sense of community when they often work alone and away from their colleagues. This can be isolating, and it may leave workers feeling like they do not have supportive peers or managers who understand the challenges of their jobs. Building a community among frontline workers is challenging—it requires out-of-the-box approaches along with concerted and thoughtful programming. The following are some creative ways to build a sense of community among frontline transit workers who may not naturally have an opportunity to engage with their peers.

Create a Strong Set of Core Values

A positive work culture starts with defining core values for the workforce to embody. Having a shared language for workplace values helps establish a feeling of community among employees. Core values should ground an agency's work, represent the best of the organization, set the organization apart from other workplaces, and provide a guiding light when faced with difficult choices. (See FTA's core values in Figure 6.4.)

Defining core values is a process that should include employees and leaders alike. If your transit agency has not established an official set of core values, consider creating a committee

Source: https://www.transit.dot.gov/about/mission-vision-values-and-goals.
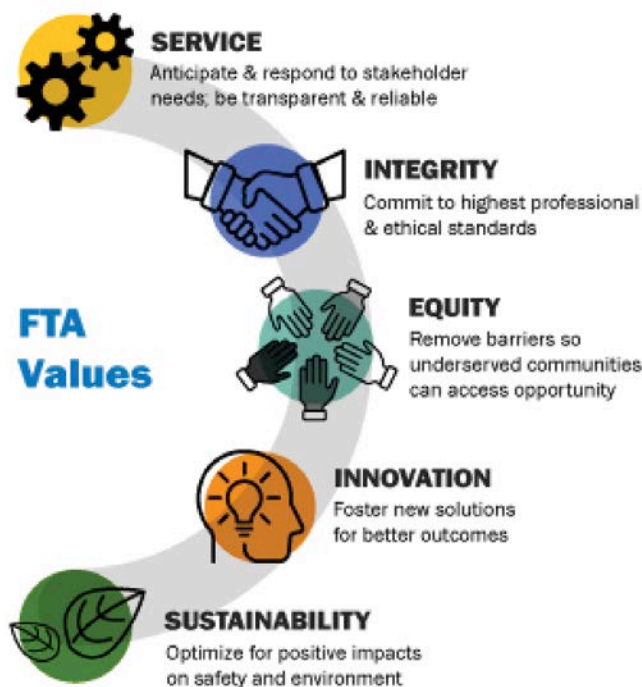
Figure 6.4.   FTA's core values.

with diverse representation from across the organization to do so; be sure to include employees from different departments and levels, and ensure the resulting group represents various ages, ethnicities, and backgrounds.

Once core values are established, communicate them widely. Core values should be easily recognizable and known by every employee. Be sure to tie everyday work back to the agency's values.

Develop an Employee Recognition Program

Another way to build a sense of community is to employ a recognition program. By appreciating one-time achievements, longevity, and noteworthy performances, organizations can raise morale and reduce stress, absenteeism, and turnover among employees. Many transit agencies have awards, ceremonies, and appreciation days to celebrate the ordinary and extraordinary achievements of their frontline workers (Figure 6.5).

Plan Fun, Non-work Opportunities

A sense of belonging and community also helps employees feel connected to their work. However, group activities during the workday can unintentionally exclude frontline workers as well as caregivers. Consider planning other ways for frontline workers to gather and connect, such as organizing a hike or employee picnic, attending a professional sports event as a group, or organizing volunteer activities.

Since transit operations occur at all hours, not all employees will have an opportunity to attend all events. Provide many opportunities for employees to attend a variety of events at various times throughout the year.

Organize Group Volunteering Events

Group volunteer events are a great way to rally your employees around a cause that is close to the mission of the organization. It is an excellent way to show your employees that you care and to build relationships between frontline workers and the community members they serve. Although volunteer events are extremely valuable, they are often perceived as a way to seek favor with frontline workers. Ensure that authenticity is at the center of volunteer events and that agency leadership is just as active, or more active, in participation.

Figure 6.5.   New York MTA 2022 Bi-annual Employee Awards Ceremony.

It can be difficult to accommodate all employees to attend in-person volunteer events at once. Think about a week of events or recurring activities that happen on different days of the week and at different times of the day so that everyone has the opportunity to participate, if they wish.

Use Storytelling to Create a Sense of Shared Experiences

Incorporating employee and leader testimonials into organizational communications helps bring a personal connection to the workforce. Storytelling helps connect employees to their work and bring meaning to seemingly menial tasks. Transit agencies can solicit stories of both exceptional and ordinary events in which frontline workers impacted the lives and communities they serve. For example, highlight a transit employee who goes out of their way to help a member of the riding public. Interview the employee and impacted rider, gather quotes and photos of both the rider and the employee, and share these materials in a poster or virtual medium, such as an employee newsletter.

Peer Support Groups

Peer support groups allow workers to discuss challenges and difficulties with peers who are experiencing similar circumstances. Peer support groups allow workers to discuss issues openly in a group setting, giving workers access to many new perspectives that can help them navigate challenging situations. Group sessions can also build camaraderie and trust among teams, creating a support network that can work together to solve common problems.

Employee Resource Groups

Employee resource groups (ERGs) have become a common practice throughout the modern work landscape to foster diverse and inclusive workplaces. ERGs are often comprised of members who share a common characteristic, such as gender identity, ethnicity, race, or life circumstance. ERGs bring together workers with similar backgrounds or identities to foster a safe space for them to express their concerns and propose new solutions. ERGs also provide mentorship opportunities through the sharing of common experiences. For example, an ERG for new parents can be especially helpful for transit workers due to the difficulties of balancing irregular schedules with childcare.

Develop a DEI Committee

Diversity, equity, and inclusion (DEI) committees help workplaces bring changes and implement policies or programs to increase diversity, ensure employees are treated equitably, and identify ways to be more inclusive in the workplace or break down barriers for employees so they feel a sense of belonging.

University of Southern California (2023) defines a five-step process for establishing a DEI committee:

1. **Identify potential DEI committee members from various backgrounds.** Include employees from various departments, racial and ethnic backgrounds, and life stages.
2. **Recruit members.** Emphasize that committee membership is voluntary.
3. **Create organizational buy-in for DEI efforts.** Demonstrate support from the top and bottom of the organization to create buy-in. Allocate paid time and resources to committee members so they can complete their duties.
4. **Define clear and actionable goals.** Begin by drafting a mission statement, and then define short- and long-term goals.
5. **Establish processes to communicate and weather change.** Committee membership is bound to fluctuate and change over time, so consistency of processes for adding members, maintaining regular meetings, and communicating among members is key to the committee's longevity.

Additional Resources

See these additional resources for ways to build community among frontline transit workers:

- *The U.S. Surgeon General's Framework for Workplace Mental Health and Well-Being* (U.S. Surgeon General, 2022a).
- Society for Human Resource Management's "How to Engage Employees in a Hybrid Workplace" and Managing Employee Recognition Programs.
- WebMD Health Services' How to Build a Sense of Community in the Workplace.
- The Management Center's How to Develop and Use Core Values.
- University of Southern California (2023), How to Create a DEI Committee So More Voices Can Be Heard.

Developing and Implementing Mentor and Peer Programs

Engagement with frontline workers demonstrated a high level of interest in mentorship or peer programs to support new employees. Based on research findings and engagement, frontline workers may be more inclined to seek and accept support from peers or mentors than from supervisors or mental health professionals. Established mentoring programs have been cited by many agencies as a key factor in the retention of new employees. Mentoring programs provide an opportunity for on-the-job training from individuals who have experience with the issues new employees will face and necessary strategies for dealing with those issues.

This section contains a framework for developing of a mentorship program, based on research from other agencies and industries. This framework was developed with elements from A 5-Step Guide to Start a Mentoring Program (Together Mentoring, n.d.) as well as Creating a Mentor Program (Society for Human Resource Management, n.d.), both of which provide key steps and list the various types of mentorship.

Establish Goals for the Mentorship or Peer Program

The first step in developing a mentorship program is to establish goals. It is important for agencies to decide what they would like to achieve with the program. For example, potential goals may include

- Providing emotional and mental health support,
- Improving employee retention,
- Creating future mentors and leaders within the agency, and
- Promoting diversity, equity, and inclusion.

Agencies should also develop objectives that measure the success of established goals. For example, agencies could measure retention rates before and after the program is implemented. In some cases, agencies have set up control groups to measure the effect of programs on retention rates more accurately.

Goals should be developed in coordination with frontline workers and can be developed with the support of unions through labor-management partnerships. (See Case Study 9: Training and Mentorship for Retention and Advancement, which details the mentorship program developed by Santa Clara Valley Transportation Authority in partnership with the Amalgamated Transit Union Local 265.)

Additional things to consider including in a mentor program include

- Paid time to participate in the program,
- Special bonuses for more tenured employees to act as mentors, and
- Training for mentors and resources for them to use, as applicable.

Select a Program Model

There are a variety of models for mentorship or peer programs, each with its own benefits and shortcomings. After goals are established, agencies and unions must determine which mentorship model will fit agency needs and goals. Different mentorship models include traditional, one-on-one mentorship; group mentorship; peer-to-peer mentorship; peer support groups; employee resource groups; and speed mentoring, among others.

Traditional, One-on-One Mentorship

One-on-one is the most common form of mentoring. Each mentee is paired with a mentor, typically a more tenured employee. Mentors in the transit agency can ride along with new employees on their first days, providing important advice and strategies to face daily challenges. Senior mentors can also provide a sense of job security for new employees, demonstrating how far they can advance within the agency. One-on-one mentors provide personalized attention, trusting relationships, and tailored advice. This type of mentoring is particularly important for transit workers due to the nuanced challenges they face dealing with customers, traffic, and vehicle operations.

Group Mentorship

Mentees are placed in groups with a mentor who can lead discussions and provide specialized support. Although advice may not be as tailored or specific as it would be in the traditional mentorship model, this model gives participants the opportunity to learn from someone senior as well as their peers, who are facing similar challenges. This type of program can also be more far-reaching, allowing for more mentees with fewer mentors. Among frontline transit workers, this type of program can be especially helpful for bus drivers who operate similar routes or encounter common issues at the same stations or locations.

Peer-to-Peer Mentorship

Peer-to-peer mentorship (sometimes called a "buddy program") is a form of mentorship that is used across many industries. "Buddies" are often peers at a similar level to a new hire who can provide important, role-specific feedback. This mentorship model can also foster openness, as mentees are less likely to be afraid of retribution if they are expressing concerns to a peer rather than someone in a supervisory role. Within the transit industry, a buddy program can provide important advice on topics that are not often discussed with managers, including advice on combatting fatigue, and open a dialogue about hygiene or cleanliness when using shared vehicles.

Peer Support Groups

Peer support groups allow workers to discuss challenges and difficulties with peers who are experiencing similar circumstances. Peer support groups allow workers to discuss issues openly in a group setting, which can allow workers to hear many new perspectives that can help them navigate challenging situations. Group sessions can also build camaraderie and trust among teams, creating a support network that can work together to solve common problems.

Employee Resource Groups

Employee resource groups (ERGs) have become a common practice throughout industries to foster diverse and inclusive workplaces. ERGs are often comprised of members who share a common characteristic, such as gender identity, ethnicity, race, or life circumstances. ERGs bring together workers with similar backgrounds and create a safe space for workers so they can express their concerns and come together to propose new solutions. ERGs also provide mentorship opportunities through the sharing of common experiences. For example, an ERG for new parents can be especially helpful for transit workers due to the difficulties of balancing irregular schedules with childcare.

Speed Mentoring

Speed mentorship programs provide employees with an opportunity to talk with a different senior coworker every so often to acquire different perspectives from leadership and experienced workers. Speed, or flash, mentoring provides the opportunity to develop relationships in workplaces that are siloed. Speed mentoring can also be less time-consuming, which can be helpful for transit workers who are experiencing increased work demands.

Identify and Appoint Mentors

A crucial aspect of developing a mentorship program is the process of selecting mentors. To develop criteria for selecting mentors, agencies and unions can look to their mission and vision statements as well as their core values. This will also enable them to identify frontline workers who exemplify what it means to work at their agency. The Joint Workforce Investment (JWI), mentioned previously in this toolkit, started its mentorship program by identifying champions within the agency who demonstrated the organization's core values. Agencies and unions should also give employees the opportunity to ask for mentorship positions, with an understanding that while not everyone can be assigned as a mentor, passionate people are encouraged to seek positions of leadership.

Mentorship programs also provide a framework for a career ladder program. Mentors who participate in the program can gain important skills that are necessary for management positions, opening opportunities for internal promotions. By implementing mentorship programs, agencies are building future leaders within the organization and identifying employees with high potential for management while ensuring employee succession.

Measure Success

As stated earlier, agencies and unions need to continue monitoring the effectiveness of their mentorship programs using consistent and measurable objectives. For example, the JWI measured success using four different metrics: operator attendance, retention, accident occurrences, and customer service complaints. Measuring success is crucial to understanding whether the mentorship program is successful or if other tools are necessary to improve the mental health and well-being of frontline transit workers.

To learn more about the JWI and its mentorship program development, please see Case Study 9: Training and Mentorship for Retention and Advancement.

Additional Resources

- High Road Training Partnerships: The High Road to Public Transit.
- Creating a Mentor Program (Society for Human Resource Management, n.d.).

Self-Advocacy Tools

In November 2022, the U.S. Surgeon General released a groundbreaking report on workplace mental health. The report, *The U.S. Surgeon General's Framework for Workplace Mental Health and Well-Being* (2022a), discusses an essential framework for fostering a mentally strong workplace that focuses on the worker's voice.

As you seek to support your mental health and well-being at work, it is vital that you exercise your voice as a frontline transit employee. As an employee, the actions you take independently and with your peers can increase your agency's awareness of the importance and many benefits—to both employees and the overall agency—of supporting frontline worker mental health and resiliency.

As a self-advocate, your voice and actions can

- Promote the importance of advocating for employee mental health and reducing the stigma associated with seeking help;
- Contribute to the development and implementation of policies, programs, and resources at your agency to benefit frontline employee mental health and well-being;
- Help educate your peers on the available resources to support frontline workers' mental health and well-being; and
- Foster a culture of inclusion, connectivity, and well-being that will contribute to the success and resiliency of your agency and its workforce.

This section of the toolkit provides direction and resources for frontline transit workers to advocate on behalf of themselves and their peers. Included in this section are

- Understanding Workers' Rights,
- Dialogue and Effective Communication with Management,
- Human Resources as a Partner, and
- Peer Advocacy and Resource Groups.

Understanding Workers' Rights

Workers' rights include various human rights, from decent work and freedom of association to equal opportunity and protection against discrimination. These rights also extend to specific aspects of the workplace, including health and safety regulations and the right to privacy. According to the International Labour Organization (ILO), about 2.78 million workers die annually from occupational accidents and work-related diseases (United Nations Global Compact, n.d.).

Since 1919, the ILO has worked with its constituents (governments, employers, and workers) to develop international labor standards that outline basic principles and rights at work. Among these standards, the ILO's governing body has identified eight conventions as "fundamental" since they address critical aspects of workers' rights. These fundamental conventions encompass freedom of association, collective bargaining, equal pay, nondiscrimination, and eliminating forced and child labor. In addition to these fundamental conventions, the ILO has also developed non-fundamental conventions covering a range of issues related to workers' rights, including wages, working hours, occupational health and safety, maternity protection, and social security. Prior research strongly suggests that workers' rights—including union power, employment protection legislation, and income security arrangements—positively affect productivity and real wage growth.

The U.S. Department of Labor, whose primary mission is to support and protect the well-being of American workers, advocates for forming and organizing unions and collective bargaining. Workers' voices are critical for a better work environment, a productive workplace, and long-term sustainable improvements in labor standards compliance. The U.S. National Labor Relations Act addresses the right to create a workers' union as a bargaining representative for improving wages and working conditions. Employees have the right to be represented by unions fairly, in good faith, and without discrimination. This includes several actions, such as collective bargaining, handling grievances, and operating hiring halls.

Dialogue and Effective Communication with Management

Communicating effectively with senior management about frontline worker mental health can benefit you and your peers. Engaging agency leaders on this topic can enhance their understanding of the diverse issues affecting the mental health of their frontline workforce. These conversations can also prompt leadership to establish supportive programs and resources that promote frontline workers' mental health.

Prior evidence suggests that a lack of proper communication from higher management could lead to uncertainty, apprehension, lack of knowledge, and a sense of uncontrollability over the situation, resulting in significant anxiety and mental health issues among frontline workers. Building a strategic communication plan with senior management may be very useful to succeed in your job and to reduce work-related stress.

Strategies and tips for engaging in an effective dialogue with senior management include

1. Communicate often with leadership to maintain a healthy working relationship and understand their work-related expectations.
2. Seek continual feedback about your job performance.
3. Have an open mind, a positive attitude, and a willingness to find the middle ground.
4. Write down the key points you hope to discuss before meeting with your manager.
5. Be an active listener, and if you do not understand something, ask your manager to repeat or clarify what was said.
6. Be sure to request important job-related information, such as salary raises and hour changes, through email or other written forms of communication.
7. State your needs clearly and calmly, such as "I need the information" instead of "You did not give me the information."
8. Discuss issues with your manager before they become insurmountable.
9. Use frequent communication and regular meetings during a difficult phase.
10. Avoid speaking with management when you are experiencing strong negative emotions, such as anger.
11. Avoid gossip in the workplace.
12. Use visuals to explain your point (e.g., posters, charts, infographics).
13. Follow internal communication platforms, such as newsletters, to get updates and relevant information about your job and organization.
14. Engage in cross-functional projects or teams, where you may have the opportunity to interact directly with your manager.
15. Ask open-ended questions of your managers—such as "What do you mean by [x]?" or "What brought you to this decision?"—to gain a better understanding of the issues.

Human Resources as a Partner

Your agency's human resources (HR) department is an important resource for supporting your mental health and well-being. The HR team is knowledgeable about agency policies, your rights and responsibilities as an employee, and details on the resources and potential accommodations available to support your mental health and well-being.

One of the key resources typically available is an employee assistance program (EAP). You may have some familiarity with your agency's EAP offerings, but there may be additional information on how the EAP can aid you. The HR team is well-versed in these offerings and can provide you with detailed information that may assist you and your family. If you work within a labor union, a union assistance program with resources and tools may also be available to you.

In addition to seeking out HR for resources and programs to support your mental health, you can also seek their leadership in promoting staff education about the available resources to support frontline workers' mental health.

Peer Advocacy and Resource Groups

There can be tremendous power and benefit to establishing a workplace peer support network or resource group organized around employee mental health and wellness. Peer advocacy and resource groups can

- Provide a way for you to share personal, lived experiences as a frontline worker with your peers and normalize discussion of mental health concerns;
- Foster camaraderie, social support, connections, relationship-building, and a feeling of community among your peers;
- Encourage collaboration, teamwork, and a culture of inclusion;
- Generate broader agency awareness for the importance of recognizing and addressing issues that affect frontline workers' mental health and well-being;
- Offer a mechanism to amplify your voice, and the voices of your peers, to agency leadership and management on the topic of frontline worker mental health and well-being;
- Present an opportunity for you and your peers to educate one another on agency resources available to support frontline worker mental health and well-being;
- Stimulate conversations about ideas, actions, policies, and programs that may support your mental health and well-being;
- Create a channel by which you can collectively advocate for frontline worker mental health; and
- Reduce the stigma that often surrounds mental health conditions.

Peer resource groups can promote frontline worker mental health through a variety of actions and activities, including convening events to promote social connection and increased awareness for mental health issues, sharing educational resources, developing agencywide campaigns focused on frontline worker mental health, and providing a venue for fostering workplace social connections and connectivity. You and your peers can also collaborate with your HR team and senior management to develop or acquire relevant training and educational materials on topics such as mental health first aid.

Frontline transit workers who participated in this research offered two examples of different types of peer resource groups implemented at agencies throughout the nation. These examples focus primarily on building social connections among frontline workers rather than directly advocating for mental health concerns. However, they noted mental health benefits associated with participating in these organized peer groups:

- Creating an equity and inclusion team focused on providing opportunities for all agency personnel to connect with one another and the larger community in which they work. A component of this program involves agency staff volunteering to attend community festivals and events. At these gatherings, they often represent their transit agency to support recruitment activities and bring a static bus to the event that the public can explore to learn more about public transit.
- Establishing an employee club or engagement committee that offers group social experiences, such as organized outings to a baseball game or opportunities to participate in other community events.

To form a peer resource group that promotes frontline worker mental health, builds overall social connectivity, and fosters an inclusive culture at your transit agency, you can take the following steps:

- Converse with your peers to determine their interest in establishing an employee resource group or wellness committee. At a minimum, all frontline employees should be invited to participate so that diverse voices and opinions can be shared.
- Collaborate with management to ensure their awareness of the group's formation and its goal of supporting employee mental health as well as business goals.
- Establish goals for the group, and discuss strategies to achieve those goals.
- Determine group logistical details, such as a meeting location (e.g., in person or virtual) and frequency of meetings and events. Keep in mind that shift schedules may prevent all frontline workers from participating at the same time, so focus on ensuring that all can be accommodated at least some of the time.
- Develop a strategy to "spread the word" in your agency about the group's activities, and determine preferred communication methods, such as word of mouth, posters, newsletters, social media, and webpages.

- Seek involvement from other agency departments and units to support the group's work, as well as local mental health organizations that can offer educational and local resource information.

Additional Resources

Below are some resources on topics discussed in this toolkit section:

- Understanding worker rights:
  – Know Your Rights Toolkit.
  – National Action Plans on Business and Human Rights: Workers' Rights.
  – Labor Partnerships and Worker Organizing.
  – National Labor Relations Board: Your Rights.
  – National Labor Relations Board: What's the Law?
- Dialogue and effective communication with management and working with human resources as a partner:
  – How to Advocate for Your Mental Health in the Workplace.
  – Ten Tips for Speaking to your Manager Effectively.
  – How Employees Can Advocate for Better Workplace Mental Health.
  – Seven Strategies for Improving Your Management Communication Skills.
  – Fifteen Tips for Communicating with Your Manager.
  – Communicate Effectively with Your Boss.
  – How to Communicate with Senior Management.
- Peer advocacy and resource groups:
  – Workplace Well-Being Resources.
  – Community Toolbox, section on creating and facilitating peer support groups.
  – Five Ways to Improve Employee Mental Health.
  – Public Transportation Workers Toolkit.
  – Benefits of Mental Health Communication in the Workplace.
  – Workplace Mental Health: Five Ways to Support Employee Wellness.
  – Mental Health Resources for Employers.

Bibliography

Alberta Motor Transport Association. (2022). *Psychosocial Hazards Survey Results.* Available at https://amta.ca/wp-content/uploads/2022/03/Psychosocial-Survey-2.pdf

Alexander, A., Solook, K, Iliav, S., and Warner, K. (2020). *ACRP Synthesis 113: Airport Workforce Programs Supporting Employee Well-Being.* Transportation Research Board, Washington, DC. https://doi.org/10.17226/25919

APTA (American Public Transportation Association). (2022). *Transit Workforce Shortage: Root Causes, Potential Solutions, and the Road Ahead.* Interim findings report. Available at https://www.apta.com/wp-content/uploads/APTA-Transit-Workforce-Shortage-Report.pdf

APTA (American Public Transportation Association). (2023). *Transit Workforce Shortage: Synthesis Report.* Available at https://www.apta.com/wp-content/uploads/APTA-Workforce-Shortage-Synthesis-Report-03.2023.pdf

ATU (Amalgamated Transit Union). (2022, March 2). *Restroom Access: A Guide for Local Unions.* https://www.atu757.org/?zone=/unionactive/view_article.cfm&HomeID=868116&page=Health20and20Safety

Bacharach, S. B., Bamberger, P., Sonnenstuhl, W., and Miller, Y. (2005). Transport Workers in New York City: TWU Membership Survey. Cornell University ILR School, Ithaca, NY.

Bance, S., Links, P. S., Strike, C., Bender, A., Eynan, R., Bergmans, Y., Hall, P., O'Grady, J., and Antony, J. (2014). "Help-Seeking in Transit Workers Exposed to Acute Psychological Trauma: A Qualitative Analysis." *Work*, 48(1), 3–10. https://doi.org/10.3233/WOR-131650

Bartlett, L., Martin, A., Neil, A. L., Memish, K., Otahal, P., Kilpatrick, M., and Sanderson, K. (2019). "A Systematic Review and Meta-Analysis of Workplace Mindfulness Training Randomized Controlled Trials." *Journal of Occupational Health Psychology*, 24(1), 108–126. https://doi.org/10.1037/ocp0000146

Bender, A., Eynan, R., O'Grady, J., Nisenbaum, R., Shah, R., and Links, P. S. (2016). "Best Practice Intervention for Post-Traumatic Stress Disorder among Transit Workers." *Work*, 54(1), 59–71. https://doi.org/10.3233/WOR-162263

Botha, J. L., Neighbour, M. K., and Kaur, S. (2014). *An Approach for Actions to Prevent Suicides on Commuter and Metro Rail Systems in the United States.* MTI Report 12-33. Mineta Transportation Institute, San José, CA.

Bowles, N. P., McEwen, B. S., and Boutin-Foster, C. (2017). "Trouble in Transit: Organizational Barriers to Workers' Health." *American Journal of Industrial Medicine*, 60(4), 350–367. https://doi.org/10.1002/ajim.22701

Burton, N. W., Pakenham, K. I., and Brown, W. J. (2010). "Feasibility and Effectiveness of Psychosocial Resilience Training: A Pilot Study of the *READY* Program." *Psychology, Health & Medicine*, 15(3), 266–277. https://doi.org/10.1080/13548501003758710

Bushiri, C. P. (2014). "The Impact of Working Environment on Employees' Performance: The Case of Institute of Finance Management in Dar es Salaam Region." MHRM diss., The Open University of Tanzania. CORE (oai:repository.out.ac.tz:608). core.ac.uk/download/pdf/33424874.pdf

Bushnell, P. T., Li, J., and Landen, D. (2011). Group Medical Claims as a Source of Information on Worker Health and Potentially Work-Related Diseases. *Journal of Occupational and Environmental Medicine*, 1430–1441. https://www.jstor.org/stable/45009927

Carey, M. G., Regehr, C., Wagner, S. L., White, M., Alden, L. E., Buys, N., Corneil, W., Fyfe, T., Matthews, L. R., Randall, C., Fraess-Phillips, A., Krutop, E., and White, N. (2021). "The Prevalence of PTSD, Major Depression and Anxiety Symptoms among High-Risk Public Transportation Workers." *International Archives of Occupational and Environmental Health*, 94(5), 867–875. https://doi.org/10.1007/s00420-020-01631-5

Carolan, S., Harris, P. R., and Cavanagh, K. (2017). "Improving Employee Well-Being and Effectiveness: Systematic Review and Meta-Analysis of Web-Based Psychological Interventions Delivered in the Workplace." *Journal of Medical Internet Research*, 19(7), e271. https://doi.org/10.2196/jmir.7583

CASE (Countermeasures Assessment & Security Experts, LLC) and TRA (Transportation Resource Associates, Inc.) (2018a). *TCRP Research Report 193: Tools and Strategies for Eliminating Assaults Against*

Transit Operators, Vol. 1: Research Overview. Transportation Research Board, Washington, DC. https://doi.org/10.17226/25115

CASE (Countermeasures Assessment & Security Experts, LLC) and TRA (Transportation Resource Associates, Inc.) (2018b). *TCRP Research Report 193: Tools and Strategies for Eliminating Assaults Against Transit Operators, Vol. 2: User Guide.* Transportation Research Board, Washington, DC. https://doi.org/10.17226/25115

Cavallari, J. M., Garza, J. L., Ferguson, J. M., Laguerre, R. A., Decker, R. E., Suleiman, A. O., and Dugan, A. G. (2021). "Working Time Characteristics and Mental Health among Corrections and Transportation Workers." *Annals of Work Exposures and Health*, 65(4), 432–445. https://doi.org/10.1093/annweh/wxaa131

Chen, Y. H., Glymour, M., Riley, A., Balmes, J., Duchowny, K., Harrison, R., Mathay, E., and Bibbins-Domingo, K. (2021). "Excess Mortality Associated with the COVID-19 Pandemic among Californians 18–65 Years of Age, by Occupational Sector and Occupation: March through November 2020." *PLOS ONE*, 16(6). https://doi.org/10.1371/journal.pone.0252454

Choi, B., Schnall, P., Dobson, M., Yang, H., Baker, D., and Seo, Y. (2017). "A Socioecological Framework for Research on Work and Obesity in Diverse Urban Transit Operators Based on Gender, Race, and Ethnicity." *Annals of Occupational and Environmental Medicine*, 29(1), 1–13. https://doi.org/10.1186/s40557-017-0171-2

Clarner, A., Graessel, E., Scholz, J., Niedermeier, A., Uter, W., and Drexler, H. (2015). "Work-Related Post-traumatic Stress Disorder (PTSD) and Other Emotional Diseases as Consequence of Traumatic Events in Public Transportation: A Systematic Review." *International Archives of Occupational and Environmental Health*, 88(5), 549–564. https://doi.org/10.1007/s00420-014-0980-3

Davis, M. J. (2004). *TCRP Synthesis 52: Transit Operator Health and Wellness Programs.* Transportation Research Board of the National Academies, Washington, DC. https://doi.org/10.17226/23371

Deliso, M. (2022, February 23). "New York City to Test Platform Barriers at 3 Stations amid Calls for Subway Safety." ABC News. Available at https://abcnews.go.com/US/york-city-test-platform-barriers-stations-amid-calls/story?id=83069071

Dickens, M. (January 2021). *COVID-19 Pandemic Threatens Public Transit Jobs and Service.* Policy Brief. American Public Transportation Association, Washington, DC. Available at https://www.apta.com/wp-content/uploads/APTA-Survey-Brief-Agency-Jan-2021.pdf

Dickens, M. (March 2022). *Workforce Shortages Impacting Public Transportation Recovery.* Policy Brief. American Public Transportation Association, Washington, DC. Available at https://www.apta.com/wp-content/uploads/APTA-SURVEY-BRIEF-Workforce-Shortages-March-2022.pdf

FRA (Federal Railroad Administration). (2020). Suicide Reporting. U.S. Department of Transportation. https://railroads.dot.gov/accident-and-incident-reporting/casualty-reporting/suicide-reporting

FRA (Federal Railroad Administration). (n.d.). Trespasser Casualties Over Time. U.S. Department of Transportation. https://explore.dot.gov/views/TrespasserDashboard/TrespasserTimelineDashboard

Freemark, Y., Shankar, P., González-Hermoso, J., Alias, C., Morales-Burnett, J., and Persaud, H. (2021). *On the Horizon: Planning for Post-Pandemic Travel.* American Public Transportation Association, Washington, DC. Available at https://www.apta.com/research-technical-resources/research-reports/on-the-horizon-planning-for-post-pandemic-travel/

Gershon, R. R., Merdjanoff, A. A., Meltzer, G. Y., Piltch-Loeb, R., Rosen, J., Nwankwo, E. M., Medina, P., Vlahov, D., and Sherman, M. F. (2021). "Impact of Occupational Exposure to COVID-19 on the Physical and Mental Health of an Essential Workgroup: New York City Transit Workers." *Journal of Emergency Management*, 19(9), 133–146. https://doi.org/10.5055/jem.0599

Gershon, R. R., Pearson, J. M., Nandi, V., Vlahov, D., Bucciarelli-Prann, A., Tracy, M., Tardiff, K., and Galea, S. (2008). "Epidemiology of Subway-Related Fatalities in New York City, 1990-2003." *Journal of Safety Research*, 39(6), 583–588. https://doi.org/10.1016/j.jsr.2008.10.004

Gertler, J., Popkin, S., Nelson, D., and O'Neil, K. (2002). *TCRP Report 81: Toolbox for Transit Operator Fatigue.* Transportation Research Board, Washington, DC.

Gillespie, R. M., Krum, A., Bowman, D., Baker, S., and Belzer, M. (2016). *TCRP Report 185: Bus Operator Workstation Design for Improving Occupational Health and Safety.* Transportation Research Board, Washington, DC. https://doi.org/10.17226/23478

Gillespie, R. M., and Sarles, R. (2020). *TCRP Research Report 216: Improving the Safety, Health, and Productivity of Transit Operators Through Adequate Restroom Access.* Transportation Research Board, Washington, DC. https://doi.org/10.17226/25960

Gillespie, R. M., Wang, X., and Brown, T. (2014). *TCRP Report 169: Developing Best-Practice Guidelines for Improving Bus Operator Health and Retention. Part I: A Transit Workplace Health Protection and Promotion Practitioner's Guide, Part II: Final Research Report.* Transportation Research Board of the National Academies, Washington, DC. https://doi.org/10.17226/22322

Godfrey, S. (2004). "Using CMMI for Improvement at GSFC." Slide deck presentation. Systems Engineering Lecture Series, National Aeronautics and Space Administration. https://ses.gsfc.nasa.gov/ses_data_2004/040601_Godfrey.ppt

Goetzel, R. Z., Roemer, E. C., Holingue, C., Fallin, M. D., McCleary, K., Eaton, W., Agnew, J., Azocar F., Ballard, D., Bartlett, J., Braga, M., Conway, H., Crighton, K. A., Frank, R., Jinnett, K., Keller-Greene, D., Rauch, S. M.,

Safeer, R., Saporito, D., Schill, A., Shern, D., Strecher, V., Wald, P., Wang, P., and Mattingly, C. R. (2018). Mental Health in the Workplace: A Call to Action Proceedings from the Mental Health in the Workplace: Public Health Summit. *Journal of Occupational and Environmental Medicine*, 60(4), 322–330. https://doi.org/10.1097/JOM.0000000000001271

Gomez-Ortiz, V., Cendales, B., Useche, S., and Bocarejo, J. P. (2018). "Relationships of Working Conditions, Health Problems and Vehicle Accidents in Bus Rapid Transit (BRT) Drivers." *American Journal of Industrial Medicine*, 61(4), 336–343. https://doi.org/10.1002/ajim.22821

Healthy Work Campaign. (2020). *Bathroom Access for Bus Drivers in the US and Canada.* https://healthywork.org/wp-content/uploads/2020/09/Bathroom-Access-for-Bus-Drivers-in-US-and-Canada.pdf

Hogberg, G., Pagani, M., Sundin, O., Soares, J., Aberg-Wistedt, A., Tarnell, B., and Hallstrom, T. (2007). "On Treatment with Eye Movement Desensitization and Reprocessing of Chronic Post-Traumatic Stress Disorder in Public Transportation Workers—A Randomized Controlled Trial." *Nordic Journal of Psychiatry*, 61(1), 54–61. https://doi.org/10.1080/08039480601129408

IndyGo. (2022, March 28). "IndyGo to Provide Free Healthcare to All Employees." https://www.indygo.net/indygo-to-provide-free-healthcare-to-all-employees/

Jiang, L., Pan, Z., Luo, Y., Guo, Z., and Kou, D. (2023). "More Flexible and More Innovative: The Impact of Flexible Work Arrangements on the Innovation Behavior of Knowledge Employees." *Frontiers in Psychology*, 14. https://doi.org/10.3389/fpsyg.2023.1053242

Joyce, S., Shand, F., Tighe, J., Laurent, S. J., Bryant, R. A., and Harvey, S. B. (2018). "Road to Resilience: A Systematic Review and Meta-Analysis of Resilience Training Programmes and Interventions." *BMJ Open*, 8(6). http://dx.doi.org/10.1136/bmjopen-2017-017858

Karabinski, T., Haun, V. C., Nubold, A., Wendsche, J., and Wegge, J. (2021). "Interventions for Improving Psychological Detachment from Work: A Meta-Analysis." *Journal of Occupational Health Psychology*, 26(3), 224–242. https://doi.org/10.1037/ocp0000280

Klein, M. (2022, January 29). "MTA Data Shows How Many Times People Killed by Trains." *New York Post*. Available at https://nypost.com/2022/01/29/new-mta-data-reveals-the-number-of-train-deaths/

Kompier, M. A., Aust, B., van den Berg, A. M., and Siegrist, J. (2000). "Stress Prevention in Bus Drivers: Evaluation of 13 Natural Experiments." *Journal of Occupational Health Psychology*, 5(1), 11–31. https://doi.org/10.1037//1076-8998.5.1.11

Kompier, M. A., and Di Martino, V. (1995). "Review of Bus Drivers' Occupational Stress and Stress Prevention." *Stress Medicine,* 11(1), 253–262. https://doi.org/10.1002/smi.2460110141

Kuorinka, I., Jonsson, B., Kilbom, A., Vinterberg, H., Biering-Sørensen, F., Andersson, G., and Jørgensen, K. (1987). "Standardised Nordic Questionnaires for the Analysis of Musculoskeletal Symptoms." *Applied Ergonomics*, 18(3), 233–237. https://doi.org/10.1016/0003-6870(87)90010-X

Landsbergis, P. A., Cedillo, L., Cendales, B., Useche, S., Stephenson, D., Yan, S., McLeod, C., Gómez, V., Kusumawardhani, D. E., Rukman E. Y., Velasco, B., Mukwaya, P., and Mbabazi, J. (2023). *Essential Public Services, Essential Workers' Health: Union-Based Initiatives to Protect the Mental Health of Young Public Transport Workers*. International Transport Workers Federation (ITF), London. https://www.itfglobal.org/sites/default/files/2023-02/Urban_Transport_Youth_Report.pdf

Lindberg, P., and Vingård, E. (2012). "Indicators of Healthy Work Environments—A Systematic Review." *Work*, 41(Suppl. 1), 3032–3038. https://doi.org/10.3233/WOR-2012-0560-3032

Liu, L., Miller, H. J., and Scheff, J. (2020). "The Impacts of COVID-19 Pandemic on Public Transit Demand in the United States." *PLOS ONE*, 15(11). https://doi.org/10.1371/journal.pone.0242476

Looi, J. C., Maller, J. J., Pagani, M., Hogberg, G., Lindberg, O., Liberg, B., Botes, L., Engman, E. L., Zhang, Y., Svensson, L., and Wahlund, L. O. (2009). "Caudate Volumes in Public Transportation Workers Exposed to Trauma in the Stockholm Train System." *Psychiatry Research: Neuroimaging*, 171(2), 138–143. https://doi.org/10.1016/j.pscychresns.2008.03.011

Mader, S. (2021). *Public Transportation's Response to the COVID-19 Pandemic and How It Shapes Transit's Future.* Community Transportation Association of America, Washington, DC.

Markowitz, S., Newman, D., Frumin, N., and Gillespie, R. (2005). *The Health Impact of Urban Mass Transportation Work in New York City.* New York State Department of Health and Transport Workers Union Local 100, New York, NY.

Masi, D. A. (1997). "Evaluating Employee Assistance Programs." *Research on Social Work Practice,* 7(3). Sage Publications, Thousand Oaks, CA. http://hdl.handle.net/10713/4635

Matherly, D., Bye, P., and Benini, J. (2021). *NCHRP Research Report 963/TCRP Research Report 225: A Pandemic Playbook for Transportation Agencies*. Transportation Research Board, Washington, DC. https://doi.org/10.17226/26145

McGlothin Davis, Inc., and Corporate Strategies, Inc. (2002). *TCRP Report 77: Managing Transit's Workforce in the New Millennium.* TRB, National Research Council, Washington, DC.

Mind Share Partners. (2021). *2021 Mental Health at Work Report*. http://www.mindsharepartners.org/mentalhealthatworkreport-2021

Mishara, B. L., Bardon, C., and Dupont, S. (2016). "Can CCTV Identify People in Public Transit Stations Who Are at Risk of Attempting Suicide? An Analysis of CCTV Video Recordings of Attempters and a Comparative Investigation." *BMC Public Health*, 16(1), 1245. https://doi.org/10.1186/s12889-016-3888-x

Nafilyan, V., Pawelek, P., Ayoubkhani, D., Rhodes, S., Pembrey, L., Matz, M., Coleman, M., Allemani, C., Windsor-Shellard, B., van Tongeren, M., and Pearce, N. (2021). "Occupation and COVID-19 Mortality in England: A National Linked Data Study of 14.3 Million Adults." *Occupational and Environmental Medicine*. http://dx.doi.org/10.1136/oemed-2021-107818

Nakanishi, Y. J., and Fleming, W. C. (2011). *TCRP Synthesis 93: Practices to Protect Bus Operators from Passenger Assault*. Transportation Research Board of the National Academies, Washington, DC. https://doi.org/10.17226/14609

NAMI (National Alliance on Mental Illness). (n.d.). Mental Health by the Numbers. Last updated April 2023. http://www.nami.org/mhstats

National Operations Center of Excellence. (n.d.). AASHTO TSM&O Guidance. https://transportationops.org/tools/aashto-tsmo-guidance

OSHA (Occupational Safety and Health Administration). (n.d.-a). *Supporting Mental Health in the Workplace: Checklist for Senior Managers*. https://www.osha.gov/sites/default/files/Checklist-Senior_Manager_508.pdf

OSHA (Occupational Safety and Health Administration). (n.d.-b). *Supporting Mental Health in the Workplace: Getting Started Guide for Senior Managers*. https://www.osha.gov/sites/default/files/Getting_Started-Senior_Manager_508.pdf

Pacheco, E., Bartolo, A., Rodrigues, F., Pereira, A., Duarte, J. C., and Silva, C. F. (2021). "Impact of Psychological Aggression at the Workplace on Employees' Health: A Systematic Review of Personal Outcomes and Prevention Strategies." *Psychological Reports*, 124(3), 929–976. https://doi.org/10.1177/0033294119875598

Parker, M. E. G., Li, M., Bouzaghrane, M. A., Obeid, H., Hayes, D., Frick, K. T., Rodríguez, D. A., Sengupta, R., Walker, J., and Chatman, D. G. (2021). "Public Transit Use in the United States in the Era of COVID-19: Transit Riders' Travel Behavior in the COVID-19 Impact and Recovery Period." *Transport Policy*, 111, 53–62. https://doi.org/10.1016/j.tranpol.2021.07.005

Perrero, M. (2022, March 22). "COVID-19 Recovery: Riders Are Coming Back but Where Are the Drivers?" *Mass Transit*. Available at https://www.masstransitmag.com/management/article/21259119/covid19-recovery-riders-are-coming-back-but-where-are-the-drivers

Petrie, K., Crawford, J., Baker, S. T. E., Dean, K., Robinson, J., Veness, B. G., Randall, J., McGorry, P., Christensen, H., and Harvey, S. B. (2019). "Interventions to Reduce Symptoms of Common Mental Disorders and Suicidal Ideation in Physicians: A Systematic Review and Meta-Analysis." *The Lancet Psychiatry*, 6(3), 225–234. https://doi.org/10.1016/s2215-0366(18)30509-1

Pieper, C., Schroer, S., and Eilerts, A. L. (2019). "Evidence of Workplace Interventions—A Systematic Review of Systematic Reviews." *International Journal of Environmental Research and Public Health*, 16(19). https://doi.org/10.3390/ijerph16193553

Poulsen, K. B., Jensen, S. H., Bach, E., and Schostak, J. F. (2007). "Using Action Research to Improve Health and the Work Environment for 3500 Municipal Bus Drivers." *Educational Action Research*, 15(1), 75–106. https://doi.org/10.1080/09650790601151228

Ragland, D. R., Krause, N., Greiner, B. A., and Fisher, J. M. (1998). "Studies of Health Outcomes in Transit Operators: Policy Implications of the Current Scientific Database." *Journal of Occupational Health Psychology*, 3(2), 172–187. https://doi.org/10.1037/1076-8998.3.2.172

Ravalier, J. M., Wegrzynek, P., and Lawton, S. (2016). "Systematic Review: Complementary Therapies and Employee Well-Being." *Occupational Medicine*, 66(6), 428–436. https://doi.org/10.1093/occmed/kqw047

Reivich, K. J., Seligman, M. E., and McBride, S. (2011). "Master Resilience Training in the U.S. Army." *American Psychologist*, 66(1), 25–34. http://dx.doi.org/10.1037/A0021897

Rice, S. P., Greenspan, L. S., Bauer, T. N., Rimby, J., Bodner, T. E., and Olson, R. (2021). "The Impact of COVID-19 on Transit Workers: Perceptions of Employer Responses and Associations with Health Factors." *Annals of Work Exposures and Health*, 1–14. https://doi.org/10.1093/annweh/wxab080

Roberts, H., Retting, R., Webb, T., Colleary, A., Turner, B., Wang, X., Toussaint, R., Simpson, G., and White, C. (2015). *TCRP Report 174: Improving Safety Culture in Public Transportation*. Transportation Research Board of the National Academies, Washington, DC. https://doi.org/10.17226/22217

Robertson, I. T., Cooper, C. L., Sarkar, M., and Curran, T. (2015). "Resilience Training in the Workplace from 2003 to 2014: A Systematic Review." *Journal of Occupational and Organizational Psychology*, 88(3), 533–562. https://doi.org/10.1111/joop.12120

Ryan, C., Bergin, M., Chalder, T., and Wells, J. S. G. (2017). "Web-Based Interventions for the Management of Stress in the Workplace: Focus, Form, and Efficacy." *Journal of Occupational Health*, 59(3), 215–236. https://doi.org/10.1539/joh.16-0227-RA

Rydstedt, L. W., Johansson, G., and Evans, G. W. (1998). "The Human Side of the Road: Improving the Working Conditions of Urban Bus Drivers." *Journal of Occupational Health Psychology*, 3(2), 161–171. https://doi.org/10.1037/1076-8998.3.2.161

Slemp, G. R., Jach, H. K., Chia, A., Loton, D. J., and Kern, M. L. (2019). "Contemplative Interventions and Employee Distress: A Meta-Analysis." *Stress and Health*, 35(3), 227–255. https://doi.org/10.1002/smi.2857

Society for Human Resource Management. (n.d.). Creating a Mentor Program. https://www.shrm.org/membership/student-resources/pages/mentorprogram.aspx

Steele, J. (2018). *Not Just an Ache: Examining the Rate of Musculoskeletal Pain in City Bus Drivers*. Mineta Transportation Institute, San José State University.

Stergiopoulos, E., Cimo, A., Cheng, C., Bonato, S., and Dewa, C. S. (2011). "Interventions to Improve Work Outcomes in Work-Related PTSD: A Systematic Review." *BMC Public Health*, 11. https://doi.org/doi:10.1186/1471-2458-11-838

Stoloff, J., Clogston, F., Bellemore, F., Khan, C., Pongsiri, J., Beggs, T., Wang, X., and Holdzkom, K. (2020). *TCRP Research Report 217: Improving the Health and Safety of Transit Workers with Corresponding Impacts on the Bottom Line*. Transportation Research Board, Washington, DC. https://doi.org/10.17226/26022

SUMC (Shared Use Mobility Center). (2021, November 5). Managing the Labor Shortage at Transit Agencies. Available at https://learn.sharedusemobilitycenter.org/casestudy/managing-the-labor-shortage-at-transit-agencies/

Tapp, L. C., Baron, S., Bernard, B., Driscoll, R., Mueller, C., and Wallingford, K. (2005). "Physical and Mental Health Symptoms among NYC Transit Workers Seven and One-Half Months After the WTC Attacks." *American Journal of Industrial Medicine*, 47(6), 475–483. https://doi.org/10.1002/ajim.20177

Thompson, S. (2021, August 9). "The Future of Transit Workforce: Managing Post-Pandemic Shifts." *Metro*. Available at https://www.metro-magazine.com/10148697/the-future-of-transit-workforce-managing-post-pandemic-shifts

Tobacco-Free Life. (n.d.). Cost of Smoking. http://www.tobaccofreelife.org/why-quit-smoking/cost-smoking/

Together Mentoring. (n.d.). A 5-Step Guide to Start a Mentoring Program. https://www.togetherplatform.com/how-to-start-a-mentorship-program

Tomasi, S. E., Ramirez-Cardenas, A., Thiese, M. S., Rinsky, J. L., Chiu, S. K., Luckhaupt, S., Bateman, R., and Burrer, S. L. (2021). "COVID-19 Mortality among Amalgamated Transit Union (ATU) and Transport Workers Union (TWU) Workers—March–July 2020, New York City Metro Area." *American Journal of Industrial Medicine*, 64(9), 723–730. https://doi.org/10.1002/ajim.23281

Topel, K. (2019). *Transportation Research Circular E-C242: A Literature Review of Rail Trespassing and Suicide Prevention Research*. Transportation Research Board, Washington, DC.

TRACS (Transit Advisory Committee for Safety). (2021). *Trespass and Suicide Prevention Final Report*. Available at https://www.transit.dot.gov/sites/fta.dot.gov/files/2021-07/Trespass-and-Suicide-Prevention-TRACS-18-03-Final-Report.pdf

Tse, J. L. M., Flin, R., and Mearns, K. (2006). "Bus Driver Well-Being Review: 50 Years of Research." *Transportation Research Part F: Traffic Psychology and Behaviour*, 9(2), 89–114. https://doi.org/10.1016/j.trf.2005.10.002

Uittenbogaard, A., and Ceccato, V. (2015). "Temporal and Spatial Patterns of Suicides in Stockholm's Subway Stations." *Accident Analysis & Prevention*, 81, 96–106. https://doi.org/10.1016/j.aap.2015.03.043

United Nations Global Compact. (n.d.). Occupational Safety and Health. https://bhr-navigator.unglobalcompact.org/issues/occupational-safety-and-health/

University of Southern California. (2023). How to Create a DEI Committee so More Voices Can Be Heard. https://communicationmgmt.usc.edu/blog/how-to-create-a-dei-committee

U.S. Bureau of Labor Statistics. (2020). Occupational Employment and Wages, May 2019: 53-3052 Bus Drivers, Transit and Intercity. Available at https://www.bls.gov/oes/2019/may/oes533052.htm

U.S. Bureau of Labor Statistics. (2021). Occupational Employment and Wages, May 2020: 53-3052 Bus Drivers, Transit and Intercity. Available at https://www.bls.gov/oes/2020/may/oes533052.htm

U.S. Surgeon General. (2022a). *The U.S. Surgeon General's Framework for Workplace Mental Health and Well-Being*. Available at https://www.hhs.gov/sites/default/files/workplace-mental-health-well-being.pdf

U.S. Surgeon General. (2022b). *Workplace Mental Health & Well-Being*. Available at https://www.hhs.gov/surgeongeneral/priorities/workplace-well-being/index.html

Useche, S. A., Alonso, F., Cendales, B., Montoro, L., and Llamazares, J. (2021). "Measuring Job Stress in Transportation Workers: Psychometric Properties, Convergent Validity and Reliability of the ERI and JCQ among Professional Drivers." *BMC Public Health*, 21(1), 1594. https://doi.org/10.1186/s12889-021-11575-1

WHO (World Health Organization). (2022). *WHO Guidelines on Mental Health at Work*. Available at https://www.who.int/publications/i/item/9789240053052

WHO (World Health Organization). (n.d.). Mental Health and Substance Use. http://www.who.int/teams/mental-health-and-substance-use/promotion-prevention/mental-health-in-the-workplace%20

Wright, E. M., Matthai, M. T., and Warren, N. (2017). "Methods for Alleviating Stress and Increasing Resilience in the Midwifery Community: A Scoping Review of the Literature." *Journal of Midwifery & Women's Health*, 62(6), 737–745. https://doi.org/10.1111/jmwh.12651

APPENDIX

Research Questions and Results

Interview Question Guide

Welcome & Consent (Minute 0:00 to 0:05 of Interview)

Section 1: Introductions (Minute 0:05 to 0:10 of Interview)

Participants introduce themselves, stating their name, role, and department.

Section 2: Introductory Questions and Root Causes (Minute 0:10 to 0:40 of Interview)

1. At your agency, who or what occupations do you consider a "frontline transit worker"? Could you describe the typical frontline worker in terms of age, education, and background?
2. What do you think contributes to or causes mental health problems among frontline transit workers? Please note if challenges vary based on the type of frontline worker.
   a. There are many factors that are well-documented, and these include the list below:
      i. Assaults and confrontations.
      ii. Post-traumatic stress disorder from passenger events such as person under train (PUT) and suicide.
      iii. Split shifts and inconsistent work schedules contributing to poor nutrition and lack of sleep.
      iv. Extended periods of sitting/inactivity.
      v. Lack of time for exercise.
      vi. Lack of bathroom access.
   b. Other internal factors/stressors (those factors or stressors which are controlled by work environment).
   c. Other external factors/stressors (those factors or stressors which are outside of the work environment).
3. What are the biggest barriers your agency faces when it comes to recruitment and retention of frontline transit workers?
4. How has the COVID-19 pandemic affected mental health and overall well-being of frontline transit workers? What adverse conditions have been specific to the pandemic?

Section 3: Current Practice (Minute 0:40 to 0:55 of Interview)

1. Does your agency offer any specific mental health services programs to frontline workers?
2. What systems are in place to engage workers and unions in health-related decision-making (e.g., worker surveys, wellness committees, labor-management committees, mental health training, critical incident response training, etc.)?

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3. How is technology used to promote mental health assessment, referral, and/or treatment at your agency?
4. Does your agency have an example of an effective, successful practice that addresses the mental health, well-being, and/or overall resilience of employees that you would like to share with the group?
   a. How does your agency define "success," and what makes this practice successful?
   b. How did you help make this practice/program/resource attractive to your frontline workers?
   c. What metrics, if any, do you use to track progress?
   d. How is the practice structured, administered, and reevaluated?
   e. What is required to make the practice run (e.g., staff hours, facilities, external assistance, etc.)?
   f. Do you have any lessons learned in the initiation, implementation, and/or ongoing administration of this practice that would be useful to other agencies that may be interested in the practice?
5. If your agency is considering developing a practice or program, please explain the decision-making process and what you have learned so far.

Section 4: Addressing Mental Health and Wellness (Minute 0:55 to 0:75 of Interview)

1. What types of support could transit agencies be providing to their frontline workers for their mental health and well-being?
2. What are the biggest barriers your agency faces in addressing and improving employee mental health, wellness, and resilience? What processes, systems, antiquated technology, and/or cultural aspects are a barrier to mental health treatment and awareness?
   a. Do you have any ideas about how these barriers may be overcome?
3. To what extent does or will your organization have the capacity to implement new strategies in these areas?
4. What support or tools do you think transit agencies need to better address mental health, well-being, and resilience of frontline workers?
5. What type of resources would be most useful to your agency that could come out of this study? What would you like to see included in the resource manual we develop?

Section 5: Interview Wrap-up (Minute 0:75 to 0:85 of Interview)

1. In addition to these management-focused interviews, we would also like to survey frontline workers and hold a frontline worker focus group. Would your agency be willing to participate in facilitating access to frontline workers for either the survey, focus group, or both? If so, who should I follow up with on this request?
2. Are there any additional thoughts on this subject?

Frontline Worker Focus Group Question Guide

Group Member Introductions (Minute 0:10 to 0:15 of Focus Group)

Introductions: Now, let's start by taking a few minutes to introduce ourselves. Please tell us your first name, or pseudonym, if you prefer; what your job is; and how long you have worked at your transit agency.

Questions or comments? What questions do folks have before we get started? [. . .] Now that we all know each other a little better, let's begin our discussion.

Open-Ended Key Research Questions
(Minute 0:15 to 0:60 of Focus Group)

This section aims to discover and expand upon the key issues of focus, including identifying a) causes of mental health problems, b) available mental health resources and barriers to use, and c) areas for change/solutions.

Defining the problems: The intent of these questions is to understand the nature and causes of mental health problems and the culture of mental health in transit system agencies.

1. *Nature of problems*: What are types of mental health problems that transit workers face?
   a. Do mental health problems differ based on job type?
2. *Causes of mental health problems:* What do you think contributes to or causes mental health problems among transit workers?
   a. What aspects of your job impact your mental health?
      i. Person Under Train (PUT) incidents/assaults—when, why, preventability.
      ii. Bathroom access.
      iii. Work schedule.
      iv. How is your life outside of work affected?
   b. How has COVID-19 affected mental health and well-being of transit system workers?
   c. Protective factors: What protects someone from mental health problems?
   d. Impact: How does mental health influence your ability to do your job on a day-to-day basis?
      i. Psych: Do you ever have feelings of hypervigilance, anxiety, fear, low morale, anger, hostility?
      ii. Work: absenteeism, decreased productivity, limited promotions, liability.

Mitigating the problems: The intent of this section is to understand the existing resources, their use, and barriers to mental health among transit system workers.

1. *Culture:* What types of conversations do you have around mental health in your workplace?
   a. Messaging: What kind of messages have you gotten from your supervisor or agency about mental health?
   b. Stigma: What sort of concerns do you or your coworkers have around talking about or disclosing mental health problems?
   c. Reporting: How do workplace issues and/or mental health concerns or complaints get handled at your agency?
      i. Who do you report those issues to? (direct manager, HR, union rep, unknown)
      ii. What happens after reporting?
2. *Resources:*
   a. What sorts of mental health resources or programs are you aware of that are available to you at your agency?
      i. Type: Screening, prevention, treatment, in house, external?
      ii. Source: How did you learn about the mental health resources that were available to you?
      iii. COVID-19: What mental health resources have been established in response to COVID-19, if any?
   b. What has your experience been with these programs, or what have you learned from others who have used these programs?
3. *Barriers:* What are the barriers to accessing or using mental health resources or services?
   a. Psych: Privacy, stigma, fatigue, overwhelmed, lack of awareness about process/procedures.
   b. System: Low managerial support, paperwork/logistics, organization practices.

Solutions: The intent of this section is to elicit workers' ideas on how to change systems or create new/revised programs to improve the mental health and well-being of workers.

The final topic we want to discuss with you today is your ideas on the types of supports and resources that would be helpful in supporting the mental health of frontline workers. Please know we will review and consider the suggestions you share to help us frame the guide that will be produced at the end of this study. We cannot guarantee, however, that your agency will implement these ideas. (But we can hope!)

1. What ideas do you have about how to improve the mental health experience of frontline workers?
   a. Resources: What resources are needed to make changes?
2. What changes would you like to see in your agency to better support your mental health and the mental health of your fellow workers?
   a. Resources: What resources are needed to make changes?
3. What sorts of mental health programs would you like to have in your agency?
   a. Resources: What resources are needed to make changes, e.g., Employee Assistance Programs (EAPs) or Union Assistance Programs (UAPs)?

Conclusions: Thinking back on everything we talked about today related to mental health in your workplace, is there anything we didn't discuss that you feel is important to share with the group?

Thank you all so much for your time and insights today. We really appreciate you sharing your experiences and thoughts with us. Jot down any final suggestions/recommendations on how your workplace can improve mental health.

Survey Questionnaire

Survey Consent

Your employer and union have been invited to participate in a research study being conducted by Rutgers University and Foursquare ITP. The research team is seeking to learn more about your work environment as it relates to your mental health and well-being. This survey should take you approximately 10-15 minutes to complete.

This research is **confidential**. Your employer will not be notified if you complete the survey. Your participation in the survey is completely **voluntary**. You may skip any questions you are not comfortable answering. If at any time you wish to stop participating, you are free to do so with no penalty to you.

Up to 6,000 persons may complete this survey. If a report of this study is published, or the results are presented at a professional conference, only group results will be stated. No individual responses will be stated. Any information that could identify you will be kept for the shortest time possible on a secure server and available only to the research team and the Institutional Review Board at Rutgers University. After information that could identify you has been removed, de-identified responses may be used by or distributed to investigators for other research without obtaining additional informed consent from you.

Breach of confidentiality is a risk, but a data security plan is in place to minimize such a risk, with all survey responses to be stored on a password-protected server location maintained by Rutgers University. There are no direct benefits to participation, however, the information you share in completing the survey will help the research team develop strategies to support the mental health and well-being of transit agency frontline workers nationwide.

If you have any questions at any time about the research or procedures, or if you need assistance in completing the survey, you may contact the study principal investigator.

○ YES, I consent to take the survey

○ NO, I do not consent to take the survey

1. Do you interact directly with the **public** as part of your job?
   o   Yes
   o   No → END SURVEY

2. How many years have you worked in the transit industry?
   o   _____ (# of years)

3. Which position best describes your job at your agency?
   o   Bus operator
   o   Rail operator
   o   On-demand or paratransit operator
   o   Other type of operator
   o   Supervisor of operators
   o   Station attendant
   o   Field maintenance worker or cleaning crew
   o   Dispatcher or control center worker
   o   Mechanic
   o   Transit police
   o   Customer Service Representative or Call Center Worker
   o   Office worker, planner, scheduler, or administer (no interaction with the public) → END SURVEY
   o   Other (please specify)

4. Are you a member of a workers' union, or are you represented by a workers' union?
   o   Yes
   o   No
   o   Unsure

4a. [IF YES TO #4] Do you have access to a Union Assistance Program (UAP)?

- o Yes
- o No
- o Unsure

WORKPLACE CONDITIONS/SAFETY

5. On a 0-10 scale, what level of stress do you typically feel in your work environment?
    - o **0 (not at all) - 10 (extremely)**

6. Is your agency currently **understaffed**?
    - o Yes
    - o No

7. Tell us which the following you have experienced while at work (select all that apply):

☐	I was injured severely enough to require medical treatment		
☐	I was verbally or physically **threatened** or saw someone else be verbally or physically threatened		
☐	I was **physically assaulted** or saw someone else be physically assaulted		
☐	I witnessed an **incident involving the death of a coworker or customer(s)** on the job		
☐	I witnessed an incident involving **suicide or attempted suicide** at work (e.g. Person Under Train or bus)		
☐	I am often required to **work hours/shifts that I do not want to work**		
☐	I have **limited restroom access** while on the job		
☐	I am unable to **take off work** when I want to or need to take off		
☐	I am often working in an **overcrowded environment**		
☐	I am frequently required to work in **poor weather conditions**		
☐	I have been **spat on** one or more times while on the job		
☐	I have been exposed to people **using alcohol or drugs** (e.g., smoking or intoxicated near me) while on the job		
☐	I have **not experienced any** of these		

MENTAL HEALTH

8. Over the last **two weeks**, how often have you been bothered by the following problems?

PHQ-4	Not at all	Several days	Most than half of the days	Nearly every day
a. Feeling nervous, anxious, or on edge	0	1	2	3
b. Not being able to stop or control worrying	0	1	2	3
c. Feeling down, depressed, or hopeless	0	1	2	3
d. Little interest or pleasure in doing things	0	1	2	3

9. Does your agency offer any mental health resources or programs to employees?	**Yes**	**No**	**Unsure**
If Yes to 9: 9a. Have you **ever used** the mental health resources or programs available to you at your agency?	**Yes**	**No**	
9b. Have you **ever tried** to access the mental health resources or programs available to you **BUT were unable to?**	**Yes**	**No**	
If No to 9: 10c. Would you consider using mental health resources or programs if they were available to you at your agency?	**Yes**	**No**	

10. How satisfied are you with the current mental health resources available to you at your agency? **0 (not at all) - 10 (extremely)**

BARRIERS TO SERVICE USE

	11. Please indicate which reasons from this list could influence your decision whether or not to seek mental health support through your employer (select all that apply):
☐	I am unsure how to access services or if they are available
☐	I am unsure if I need help or not
☐	I lack the time to seek help/support
☐	I lack the support or compassion from my manager
☐	I am intimidated by peers or stigmatized for needing support
☐	There is too much paperwork required
☐	I am too tired/exhausted
☐	I am concerned about missed pay
☐	My family is unsupportive of me seeking help
☐	I have privacy concerns (e.g., my employer will know that I sought help)
☐	Availability of insurance coverage for services and cost are a deterrent to seeking help
☐	The Employee Assistance Program (EAP) or Union Assistance Program (UAP) is too limited/restricted
☐	I am unsatisfied with the resources available to me through my employer
☐	Other (please specify) _____
☐	None of these reasons

SOLUTIONS

These final few questions ask for your input on how we can improve the mental health and well-being of transit workers.

12. How would you prefer to participate in mental health support or wellness services? (select all that apply)
    o Independently/self-guided
    o One on one with a mental health professional
    o One on one with a trained peer
    o Small group with a mental health professional
    o Small group with a trained peer
    o No preference

13. Would you prefer mental health resources that were available to you … (select all that apply)
    o During work hours
    o Outside of work hours
    o No preference

14. Which of the following ways would you prefer to access mental health support or wellness services? (select all that apply)
- o   Online/telehealth
- o   In-person onsite at my agency
- o   In-person off-site, away from my agency
- o   No preference

15. What types of mental health programs or wellness services would be most helpful to you if offered through your workplace? (select all that apply)
- o   Increased access to information about available mental health resources
- o   Self-guided tools/strategies so I can learn what I can do to support my mental health
- o   Team building activities/programs at my workplace focused on mental health
- o   Free mental health screening and referral to programs to support mental health
- o   On-site mental health services
- o   Designated staff responder to support operators during and after incidents
- o   Programs and policies to reduce sources of stress in the workplace
- o   Other (please specify)
- o   None of these would be helpful

16. What mental health or wellness trainings, if any, would be helpful if offered by your agency? (select all that apply)
- o   Training on strategies for handling passengers with mental health or substance use issues
- o   Training on how to support my own mental health and wellness
- o   Training on how to communicate with passengers/deescalate problems
- o   Training for managers on empathy/compassion for frontline workers
- o   Other (please specify)
- o   None of these would be helpful

17. What other programs or policies would support your mental health and well-being?
- o   Free physical health and well-being checkups
- o   On-site or subsidized childcare and/or eldercare
- o   Support for pregnant persons or new parents such as lactation facilities, extended leave, or flexible schedules
- o   Less variable work schedules
- o   Work schedules with time off during evenings and weekends
- o   More in-field support from managers, supervisors, and/or dispatch
- o   Access to restrooms during field work
- o   Access to healthy foods during field work
- o   More recovery or break time built into transit timetables
- o   Better communication or training on policies and procedures
- o   More time off for mental health/wellness needs
- o   More time off for physical illness and recovery
- o   Mentorship programs for new hires
- o   Education and training programs for career advancement
- o   Other (please specify)
- o   I would not be interested in any of these solutions

18. How would you prefer that your agency inform frontline workers of the mental health and wellness resources available to you? (select all that apply)
- o   Agency website
- o   Union website
- o   Mobile app for a smartphone
- o   Email announcements
- o   Fliers distributed and posted on-site
- o   Trainings
- o   Creation of a resource booklet/pamphlet
- o   During regular meetings or events
- o   Other (please specify)
- o   No preferences

19. Please share any other ideas you have about how transit agencies can more fully support the mental health and well-being of transit frontline workers.
_____

DEMOGRAPHICS

20. What is your age?
- _____ (# of years)

21. Are you: (chose one only)
- Male or man
- Female or woman
- Non-binary or gender-fluid
- Prefer to self-describe: _____
- Prefer not to answer

22. Are you: (choose one only)
- Black/African American
- White
- Asian or Pacific Islander
- American Indian or Alaska Native
- More than one race
- Other (please specify)
- Prefer not to answer

23. What is your ethnicity?
- Hispanic
- Non-Hispanic
- Prefer not to answer

24. What state do you work in: _____

25. How many people, including yourself, live in your household? ___ (#)

26. What is your highest educational level?
- Some high school
- High school diploma or GED
- Trade or technical school
- Some college
- Two-year college degree
- Four-year college degree
- Graduate degree (Master's, PhD, etc.)

27. What is the total number of years of schooling/education you have completed? (For example, if you completed 12th grade and 1 year of college, you would answer 13 years):
- # _____ (continuous)

Thank you for taking the time to complete this survey!

(This question will not be linked to prior responses)

We want to learn more from you! The research team will be convening a brief online focus group discussion with frontline transit workers nationwide in the coming months to learn more about strategies to improve your work environment. Are you interested in potentially participating?

- YES
- NO → END SURVEY

Please provide your contact information so we can follow up with you. Your name will not be linked to the survey responses you just provided.

First name: _____

Phone or email address: _____

Results Tables

Table A.1.   Race.

Race	N	%
White	354	45.4
Black/African American	164	21.1
Asian or Pacific Islander	18	2.3
American Indian or Alaska Native	7	0.9
More than one race	40	5.1
Other	14	1.8
Prefer not to answer	85	10.9
Missing (no response)	96	12.4

Table A.2.   Ethnicity.

Ethnicity	N	%
Non-Hispanic/Non-Latino	442	56.9
Hispanic or Latino	97	12.5
Prefer not to answer	135	17.4
Missing (no response)	103	13.3

Table A.3.   Gender.

Gender	N	%
Male or man	379	48.8
Female or woman	269	34.6
Non-binary or gender-fluid	7	0.9
Prefer to self-describe	0	0.0
Prefer not to answer	34	4.4
Missing (no response)	88	11.3

Table A.4.   Educational attainment.

Educational Attainment	N	%
Less than HS degree	7	0.9
HS degree or GED	161	20.7
Technical degree	52	6.7
Some college	205	26.4
Two-year college degree	94	12.1
Four-year college degree	126	16.2
Graduate degree	33	4.2
Missing (no response)	99	12.7

Table A.5. Household size.

Household Size	N	%
1 (Live alone)	118	15.2
2	245	31.5
3	122	15.7
4	112	14.4
5	49	6.3
6	19	2.4
7	10	1.3
8	0	0.0
9	1	0.1
10 or more	3	0.4
Missing (no response)	98	12.6

Table A.6. Transit occupation.

Transit Occupation	N	%
Operators	549	70.7
Bus	494	63.6
Rail	18	2.3
On-Demand/Paratransit	24	3.1
Other	13	1.7
Operator supervisors and trainers	75	9.7
Other field worker (mechanic, attendant, dispatch)	51	6.6
Safety operations or police	23	3.0
Administrative and customer service roles	62	8.0
Leadership (managers, directors)	16	2.1
Missing (no response)	1	0.1

Table A.7.   Location of workplace.

Location of Workplace	N	%	Location of Workplace	N	%
Alabama	0	0.0	Montana	14	1.8
Alaska	0	0.0	Nebraska	1	0.1
Arizona	20	2.6	Nevada	5	0.6
Arkansas	0	0.0	New Hampshire	0	0.0
California	45	5.8	New Jersey	5	0.6
Colorado	9	1.2	New York	7	0.9
Connecticut	6	0.8	North Carolina	65	8.4
Delaware	1	0.1	North Dakota	1	0.1
District of Columbia	3	0.4	Ohio	14	1.8
Florida	19	2.4	Oklahoma	1	0.1
Georgia	40	5.1	Oregon	25	3.2
Hawaii	11	1.4	Pennsylvania	27	3.5
Idaho	0	0.0	Rhode Island	1	0.1
Illinois	5	0.6	South Carolina	0	0.0
Indiana	1	0.1	South Dakota	5	0.6
Iowa	2	0.3	Tennessee	47	6.0
Kansas	13	1.7	Texas	87	11.2
Kentucky	4	0.5	Utah	1	0.1
Louisiana	2	0.3	Vermont	0	0.0
Maine	26	3.3	Virginia	24	3.1
Maryland	6	0.8	Washington	60	7.7
Massachusetts	3	0.4	West Virginia	0	0.0
Michigan	7	0.9	Wisconsin	39	5.0
Minnesota	29	3.7	Wyoming	0	0.0
Mississippi	0	0.0	Prefer not to answer	1	0.1
Missouri	0	0.0	*Missing (no response)*	95	12.2

Table A.8.   Are you a member of a workers' union, or are you represented by a workers' union?

	N	%
No	266	34.2
Yes	497	64.0
Unsure	14	1.8
Missing (no response)	0	0.0

Table A.9.   Of those in a union (N = 497), do you have access to a union assistance program?

	N	%
No	41	8.2
Yes	213	42.9
Unsure	242	48.7
Missing (no response)	1	0.2

Table A.10.   Endorsement of workplace experiences and stressors.

	Total Sample[a] Yes (n, %)	Operators Only[b] Yes (n, %)
My agency is currently understaffed	678 (87.3%)	483 (88.0%)
I have been exposed to people using alcohol or drugs (e.g., intoxicated near me) while on the job	537 (69.1%)	419 (76.3%)
I was verbally or physically threatened or saw someone else be verbally or physically threatened	534 (68.7%)	392 (71.4%)
I have limited restroom access while on the job	405 (52.1%)	365 (66.5%)
I am frequently required to work in poor weather conditions	384 (49.4%)	311 (56.6%)
I am often required to work hours/shifts that I do not want to work	305 (39.3%)	234 (42.6%)
I am unable to take off work when I want to or need to take off	266 (34.2%)	210 (38.3%)
I was physically assaulted or saw someone else be physically assaulted	255 (32.8%)	199 (36.2%)
I am often working in an overcrowded environment	187 (24.1%)	156 (28.4%)
I have been spat on one or more times while on the job	180 (23.2%)	140 (25.5%)
I witnessed an incident involving the death of a co-worker or customer(s) on the job	105 (13.5%)	64 (11.7%)
I was injured severely enough to require medical treatment	134 (17.2%)	107 (19.5%)
I witnessed an incident involving suicide or attempted suicide at work	69 (8.9%)	33 (6.0%)
I have not experienced any of these	30 (3.9%)	15 (2.7%)

[a]N = 774 (total sample responses)
[b]N = 542 (operators only); N=3–8 (0.4%–1.3%) missing data

Table A.11.   Regression models examining workplace stressors in relation to key mental health outcomes.

	Workplace Stress		Anxiety Severity		Depression Severity	
	Beta	p	Beta	p	Beta	p
Is your agency currently understaffed?	0.062	0.057	0.056	0.094	0.014	0.672
I was injured severely enough to require medical treatment.	0.066	0.045	0.024	0.468	0.015	0.661
I was verbally or physically threatened or saw someone else be verbally or physically threatened.	0.185	0.000	0.161	0.000	0.163	0.000
I was physically assaulted or saw someone else be physically assaulted.	0.017	0.650	0.059	0.129	0.123	0.002
I witnessed an incident involving the death of a co-worker or customer(s) on the job.	0.004	0.898	0.033	0.347	0.070	0.045
I witnessed an incident involving suicide or attempted suicide at work (e.g., Person Under Train or Bus).	0.035	0.311	0.053	0.127	0.077	0.028
I am often required to work hours/shifts that I do not want to work.	0.126	0.000	0.157	0.000	0.119	0.001
I have limited restroom access while on the job.	0.003	0.942	0.069	0.063	0.045	0.235
I am unable to take off work when I want to or need to take off.	0.174	0.000	0.088	0.015	0.095	0.009
I am often working in an overcrowded environment.	0.096	0.007	0.134	0.000	0.141	0.000
I am frequently required to work in poor weather conditions.	0.092	0.021	0.042	0.302	0.037	0.367
I have been spat on one or more times while on the job.	0.061	0.094	0.053	0.150	-0.004	0.905
I have been exposed to people using alcohol or drugs (e.g., smoking or intoxicated near me) while on the job.	-0.027	0.502	-0.035	0.391	-0.020	0.619

Table A.12.   Does your agency offer any mental health resources or programs to employees?

	N	%
No	69	8.9
Yes	461	59.3
Unsure	243	31.3
Missing (no response)	4	0.5

Table A.13.   Of those with access to resources (N = 461), have you ever used the mental health resources or programs available to you at your agency?

	N	%
No	309	67.0
Yes	95	20.6
Tried but were unable to use	55	11.9
Missing (no response)	2	0.5

Table A.14. Of those with no/unsure access to resources (N = 312), would you consider using mental health resources or programs if they were available at your agency?

	N	%
No	89	28.5
Yes	220	70.5
Missing (no response)	3	1.0

Table A.15. Reasons for not using services from employer.

	Yes (n)	Yes (%)
I lack the time to seek help/support	279	35.9
I am concerned about missed pay	260	33.2
I have privacy concerns (e.g., employer will know that I sought help)	253	32.6
I am too tired/exhausted	245	31.5
I am unsure how to access services or if they are available	203	26.1
I lack the support or compassion from my manager	169	21.8
I am unsure if I need help or not	163	21.0
Availability of insurance coverage for services and cost are a deterrent to seeking help	144	18.5
I am unsatisfied with the resources available to me through my employer	122	15.7
The Employee Assistance Program (EAP) or Union Assistance Program (UAP) is too limited/restricted/not satisfactory	119	15.3
I am intimidated by peers or stigmatized for needing support	79	10.2
There are too many paperwork requirements	68	8.8
My family is unsupportive of me seeking help	15	1.9
Other reasons	8	1.0
None of these reasons	182	23.4

Note: N = 738 (total responses); N = 39 (5.0%) missing data.

Table A.16. Format: How would you prefer to participate in mental health support or wellness services?

	Yes (n)	Yes (%)
One-on-one with a mental health professional	494	63.6
Independently/self-guided	232	29.9
Small group with a mental health professional	124	16.0
One-on-one with a trained peer	89	11.5
Small group with a trained peer	71	9.1
No preference	129	16.6

Note: N = 736 (total responses); N = 41 (5.3%) missing data.

Table A.17.   Mode: Which of the following ways would you prefer to access mental health support or wellness services?

	Yes (n)	Yes (%)
In-person off-site, away from my agency	429	55.2
Online/telehealth	278	35.8
In-person onsite at my agency	180	23.2
No preference	131	16.9

Note: N = 730 (total responses); N = 47 (6.0%) missing data.

Table A.18.   Timing: Would you prefer mental health resources that were available to you. . .

	Yes (n)	Yes (%)
During work hours	300	38.6
Outside of work hours	286	36.8
No preference	257	33.1

Note: N = 729 (total responses); N = 48 (6.2%) missing data.

Table A.19.   How would you prefer that your agency inform frontline workers of the mental health and wellness resources available to you?

	Yes (n)	Yes (%)
Email announcements	405	52.1
Training	370	47.6
Agency website	363	46.7
Fliers distributed and posted on-site	312	40.2
Mobile app for a smartphone	303	39.0
During regular meetings or events	280	36.0
Creation of a resource booklet/pamphlet	264	34.0
Union website	222	28.6
No preference	52	6.7

Note: N = 695 (total responses); N = 82 (10.6%) missing data.

Table A.20.   What types of mental health programs or wellness services would be most helpful if offered in your workplace?

	Yes (n)	Yes (%)
Programs and policies to reduce sources of stress in the workplace	425	54.7
Free mental health screening and referral to programs to support mental health	358	46.1
Increased access to information about available mental health resources	344	44.3
Self-guided tools/strategies so I can learn what I can do to support my mental health	339	43.6
On-site mental health services	231	28.7
Team building activities/programs at my workplace focused on mental health	228	29.3
Designated staff responder to support operators during and after incidents	277	35.6
None of these would be helpful	63	8.1

Note: N = 712 (total responses); N = 65 (8.4%) missing data.

Table A.21.   What mental health or wellness training, if any, would be helpful if offered by your agency?

	Yes (n)	Yes (%)
Training for managers on empathy/compassion for frontline workers*	490	63.1
Training on how to support my own mental health and wellness	468	60.2
Training on strategies for handling passengers with mental health or substance use issues	451	58.0
Training on how to communicate with passengers/deescalate problems	431	55.5
None of these would be helpful	60	7.7

Note: N = 707 (total responses); N = 70 (9.0%) missing data.
*Many respondents noted that compassion and empathy training should ideally be targeted to everyone in the workforce, not just managers, to ensure that the whole system is trained in communicating with respect and compassion.

Table A.22.   What policies would support your mental health and well-being?

	Total Sample[a] Yes (n, %)	Operators Only[b] Yes (n, %)
More recovery or break time built into transit timetables	379 (48.8%)	322 (58.7%)
Access to restrooms during field work	346 (44.5%)	301 (54.8%)
Access to healthy foods during field work	350 (45.0%)	272 (49.5%)
More time off for mental health/wellness needs	374 (48.1%)	266 (48.5%)
Free physical health and well-being checkups	381 (49.0%)	265 (48.3%)
More in-field support from managers, supervisors, and/or dispatch	302 (38.9%)	241 (43.9%)
Better communication or training on policies and procedures	327 (42.1%)	247 (45.0%)
More time off for physical illness and recovery	313 (40.3%)	235 (42.8%)
Education and training programs for career advancement	287 (36.9%)	195 (35.5%)
Mentorship programs for new hires	271 (34.9%)	186 (33.9%)
Work schedules with time off during evenings and weekends	239 (30.8%)	190 (34.6%)
Less variable work schedules	220 (28.3%)	177 (32.3%)
On-site or subsidized childcare and/or eldercare	200 (25.7%)	125 (22.8%)
Support for pregnant people or new parents, such as lactation facilities, extended leave, or flexible schedules	129 (16.6%)	90 (16.4%)
I would not be interested in any of these solutions	50 (6.4%)	32 (5.8%)

[a]N = 694 (total sample responses); N = 83 (10.7%) missing data
[b]N = 549 (operators only); N = 57 (10.6%) missing data

Abbreviations and acronyms used without definitions in TRB publications:

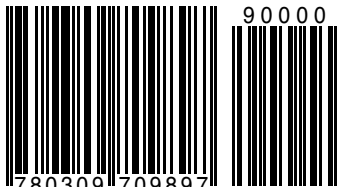|	
A4A	Airlines for America
AAAE	American Association of Airport Executives
AASHO	American Association of State Highway Officials
AASHTO	American Association of State Highway and Transportation Officials
ACI–NA	Airports Council International–North America
ACRP	Airport Cooperative Research Program
ADA	Americans with Disabilities Act
APTA	American Public Transportation Association
ASCE	American Society of Civil Engineers
ASME	American Society of Mechanical Engineers
ASTM	American Society for Testing and Materials
ATA	American Trucking Associations
CTAA	Community Transportation Association of America
CTBSSP	Commercial Truck and Bus Safety Synthesis Program
DHS	Department of Homeland Security
DOE	Department of Energy
EPA	Environmental Protection Agency
FAA	Federal Aviation Administration
FAST	Fixing America's Surface Transportation Act (2015)
FHWA	Federal Highway Administration
FMCSA	Federal Motor Carrier Safety Administration
FRA	Federal Railroad Administration
FTA	Federal Transit Administration
GHSA	Governors Highway Safety Association
HMCRP	Hazardous Materials Cooperative Research Program
IEEE	Institute of Electrical and Electronics Engineers
ISTEA	Intermodal Surface Transportation Efficiency Act of 1991
ITE	Institute of Transportation Engineers
MAP-21	Moving Ahead for Progress in the 21st Century Act (2012)
NASA	National Aeronautics and Space Administration
NASAO	National Association of State Aviation Officials
NCFRP	National Cooperative Freight Research Program
NCHRP	National Cooperative Highway Research Program
NHTSA	National Highway Traffic Safety Administration
NTSB	National Transportation Safety Board
PHMSA	Pipeline and Hazardous Materials Safety Administration
RITA	Research and Innovative Technology Administration
SAE	Society of Automotive Engineers
SAFETEA-LU	Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (2005)
TCRP	Transit Cooperative Research Program
TEA-21	Transportation Equity Act for the 21st Century (1998)
TRB	Transportation Research Board
TSA	Transportation Security Administration
U.S. DOT	United States Department of Transportation

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