PHLAME A TWH[™] FOR FIREFIGHTERS: OUTCOMES TO OUT THERE (LESSONS FOR TAKING SCIENCE TO SERVICE)

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Drs. Elliot and Kuehl have a financial interest in the commercial sale of technologies used in this research. This potential conflict is managed by the OHSU Conflict of Interest in Research Committee.



OBJECTIVES

- Describe the PHLAME team-centered, peer led program for TWHTM and its outcomes
- Describe findings concerning program adoption and implementation
- Explain how mediation analysis informs findings
- Share lessons learned about program dissemination

WHY PROMOTE HEALTHY BEHAVIORS?

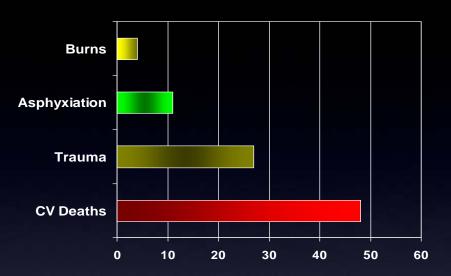
- 1 in 5 Americans smoke
- 3 out of 4 eat unhealthy diet
- 4 out of 5 do not exercise
- 7 out of 10 are overweight
- 5 out of 10 are sleep deprived
- Human behavior accounts for >70% of healthcare costs (Institute For Healthcare Consumerism 2011)

BACKGROUND

- PHLAME Study was funded in 1999 as one of 14 grants funded by NIH to study how to change health behavior.
- Behavior Change Consortium was created among these researchers targeting diet, exercise, obesity, smoking, injury and illness.
- Objective: Conduct study to compare behavior change interventions in high risk population.



- High blood pressure
 - 65% <u>></u> 3 risk factors
 - 40% <u>></u> 4 risk factors





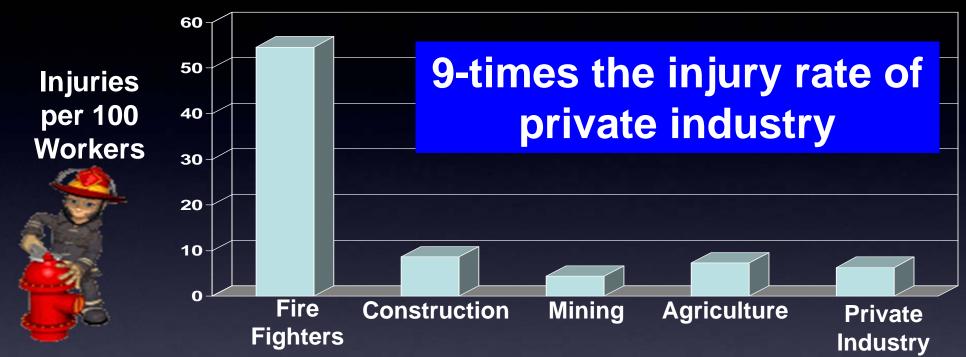
FIRE FIGHTERS & CANCER

FIREFIGHTERS ARE AT RISK FOR EXPOSURE-RELATED CANCERS.

Cancer Risk Among Firefighters: A Review and Meta-analysis of 32 Studies

association with firefighting. Conclusions: Our results confirm previous findings of an elevated metarelative risk for multiple myeloma among firefighters. In addition, a probable association with non-Hodgkin lymphoma, prostate, and testicular cancer was demonstrated. (J Occup Environ Med. 2006;48: 1189–1202)

SLEEP DEPRIVATION: INJURIES



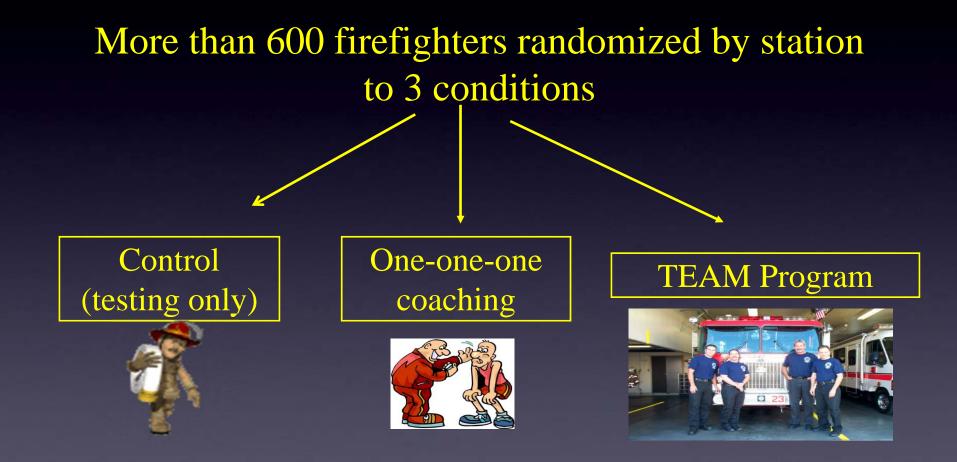
INJURIES INCREASE LATER IN SHIFT, DURING NIGHT, AND WITH LONGER HOURS.

WHY STUDY FIREFIGHTERS?

- We demonstrated among high school athletes that team-based, peer-led behavior change programs work (ATLAS & ATHENA).
- Firefighting is an occupation with a natural team structure, and fire stations are a useful format for a randomized trial.
- Although healthy at entry, firefighters are a risk group for injury, heart disease and cancer.



THE PHLAME STUDY DESIGN



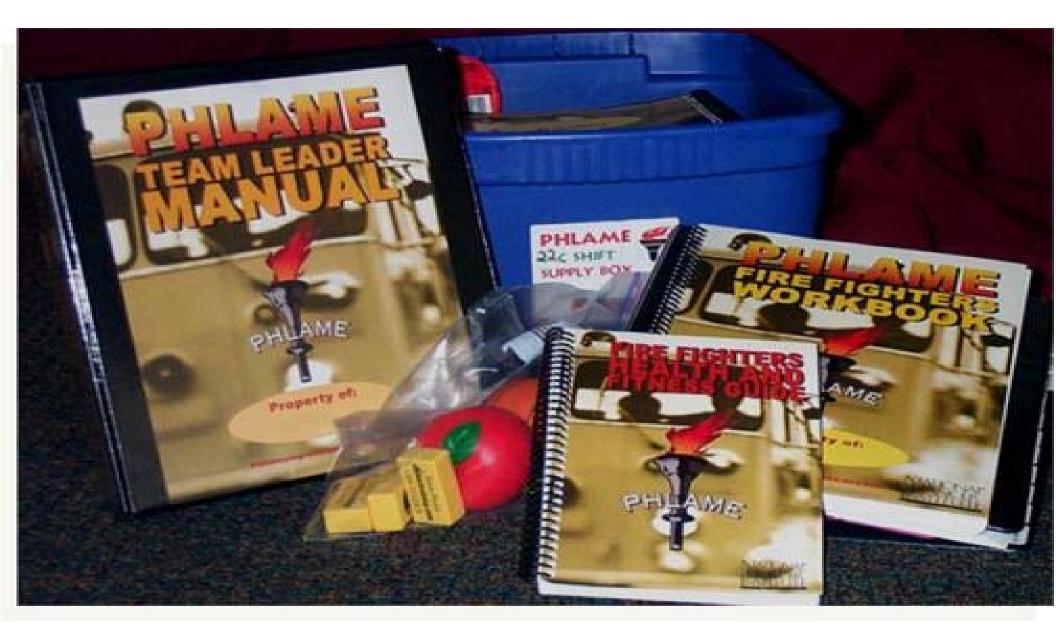
ASSESSMENT ANNUALLY FOR 2 YEARS (FOLLOWED FOR 4 ADDITIONAL YEARS)

- Cardiopulmonary stress test
- Body composition analysis
- Survey









PHLAME TEAM PROGRAM

- Firefighters meet once a week for 12 one-hour sessions
- Fun learning activities
- Activities related to diet, exercise, body weight, injury
- Led by team member using scripted lesson plans
- Competition built in with other shifts

SESSION 10 ACTIVITY 2 - 10 minutes **PROTEIN IN FOODS** Instructions to Squad Leader: Read aloud the following points. Remember the torch and candle example from Session 2? Carbohydrates are the only fuel your muscles can use for intense exercise, and fats are a low octane fuel that can be stored efficiently, but Carbs Burn Hot can only be used for low intensity physical activities. Like a Torch A third nutrient from food is protein. Protein is used for muscle (and other tissues) repair and growth. Your body has no storage depot for protein, so if you are training, Fats Burn Slowly you will want to eat protein several times a day to provide your Like a Candle muscles a steady supply of protein. How much protein you need depends on how physically active you are. If you are doing either aerobic or strength training daily, you will need extra protein to repair muscle damage from your workouts. If you are strength training, you will need even more protein, because in addition to repairing your muscles, you need extra protein to build bigger, stronger muscles. Turn to the Protein in Foods table on page 112 of your Workbooks.

 Rate the grams of protein in these foods, that is guess which has the least to most amount of protein. The number of calories, % calories from fat and cost per gram of protein is provided for each food.

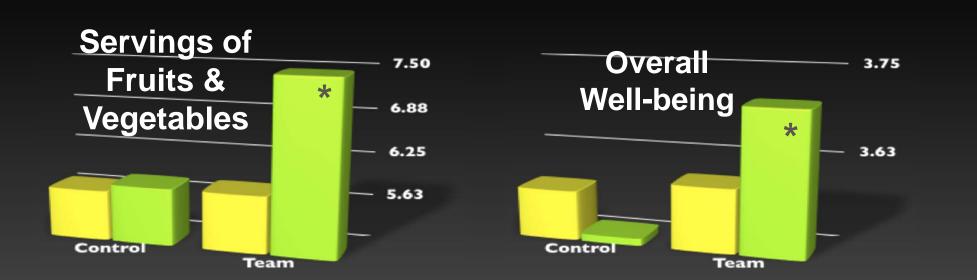
We will go over the answers together when we are finished.

Scripted lesson plans

Minimal preparation time

Cost = \$85 per individual







J Occup Environ Med 2007;49:204-213





WHAT ABOUT SAFETY?

- Initial NIH NIAMS funding, so interested in musculoskeletal and back injuries in content
- Firefighters wanted additional topics, including safety topics: sleep, more injury prevention, stress management and alcohol use
- Firefighter lifestyles & sleep



http://www.iafc.org/s leep

HEALTH PROTECTION & HEALTH PROMOTION

- Fatigue and injuries: most fires are afternoon to early evening but most fireground injuries are midnight to 6 AM
- Increasing fruit and vegetable intake may promote tissue integrity, antioxidants, anti-inflammatory properties

J Internat Soc Sport Nutrition 2010;7:17. Integrative Med 2010;9:25-29. J Food Studies 2012;1:14-25.



LONG-TERM OUTCOMES

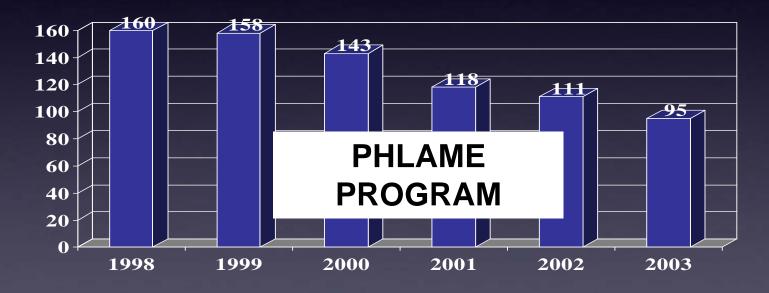
- Changes persisted and continued to improve.
- High participation rate, initial positive changes (learning, habits and administrative support) in this unique environment may have achieved a tipping point to change the culture.

Am J Health Behav 2010;34(6):695-706.

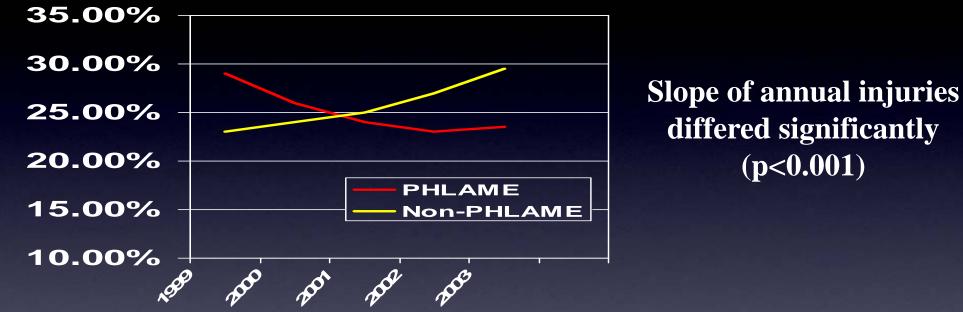
Am J Health Behav 2013;37(5):693-702.

PHLAME ROI

- Sick days were reduced 35% among the intervention participants
- Unlike national trends, workers comp claims went down for PHLAME departments



COMPARED TO MATCHED DEPARTMENTS WC CLAIMS AND COSTS WENT DOWN



Average amount saved per firefighter/year was \$1000, with and ROI (even including the expensive testing done) of approximately 4:1. Occupational Medicine 2013 Apr;63(3):203-9.

IF WE BUILD IT WILL IT WORK? YES

ALL BREAKTHROUGH & NO FOLLOW THROUGH (LOST IN TRANSLATION)

HOW CAN WE GET IT OUT THERE AND HAVE IT WORK?

2009 American Reinvestment and Recovery Act Challenge Topic 'Pathways for Translational Research,' to define and prioritize determinants that enable and hinder translation of evidenced-based health interventions in well-defined settings.



IGNITE (Investigation to Guide New Insights for Translational Effectiveness) Trial



Send materials (personalized letter, recruitment DVD, and glossy folder) to 3 key people at all the moderately sized fire departments in Oregon and Washington. (Program materials are free.)

ADOPTION: Select 12 responder or participant departments and match them with 24 non-responders.



USE: Among the 12, examine factors that lead to the program being used and having positive outcomes.



WELLNESS PROGRAM FOR FIREFIGHTERS. SAVES LIVES. CUTS COSTS.



structure of shifts. Focuses on MUTRITION. EXERCISE. INJURY REDUCTION, and MAXIMIZING PERFORMANCE

GKAN





AGALTHY NUTRITION



2 learn about types of training and work together to IMPROVE THEIR FITNESS

-work together to ENHANCE THEIR HEALTH



WWW.PHCANEPROGRAM.COM

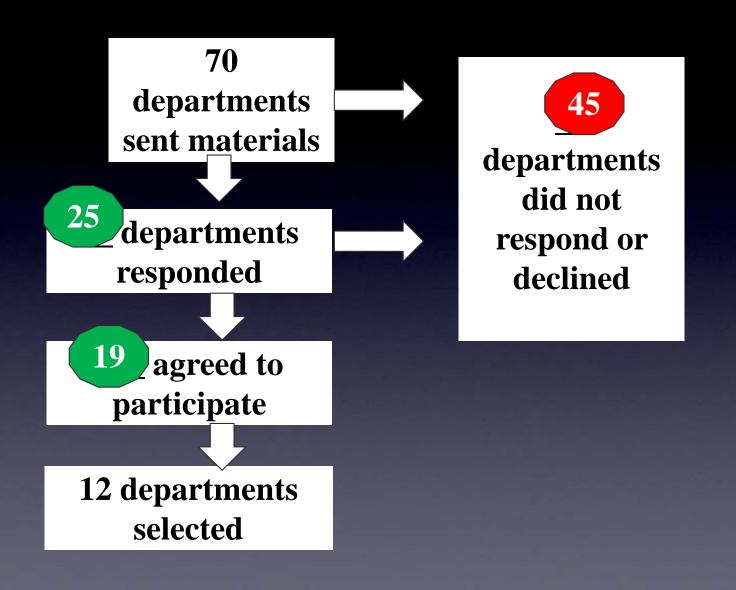












STEP 1: DECISION TO ADOPT THE PROGRAM

Interview key decision-makers at the 12 participating stations and 24 (matched) of the 45 non-adopters.

- 9/24 never saw the mailer
- 3/24 had a program
- 3/24 Chief turnover

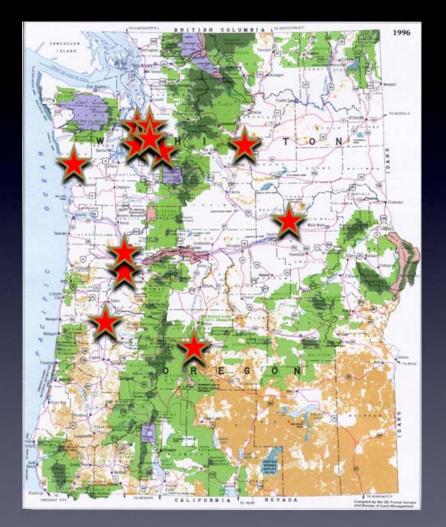
9/24 – no champ surfaced to make the call J Occup Environ Med. 2013;55(4):424-9.

STEP 2: GETTING IT USED (TRANSLATIONAL EFFECTIVENESS)

• Visit each department to collect baseline surveys from firefighters and launch the program.

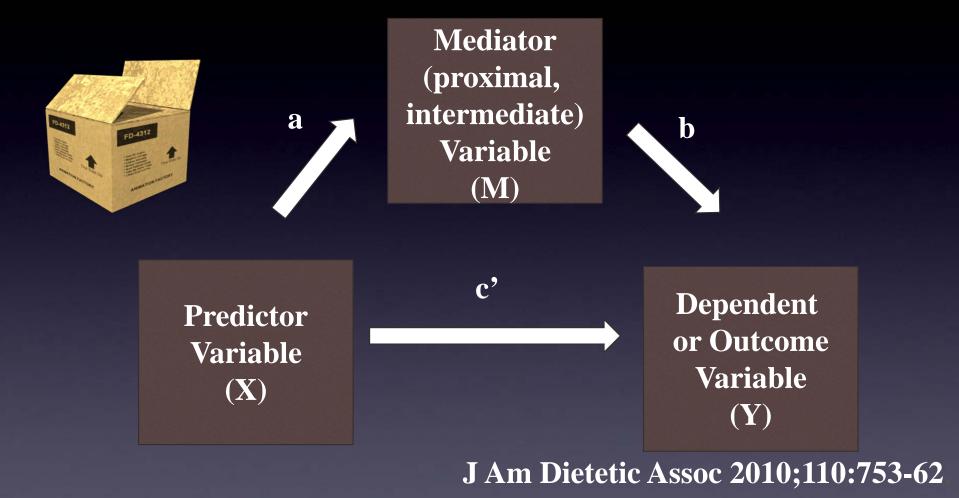
 6-months later repeat the initial survey and self reported program outcomes.

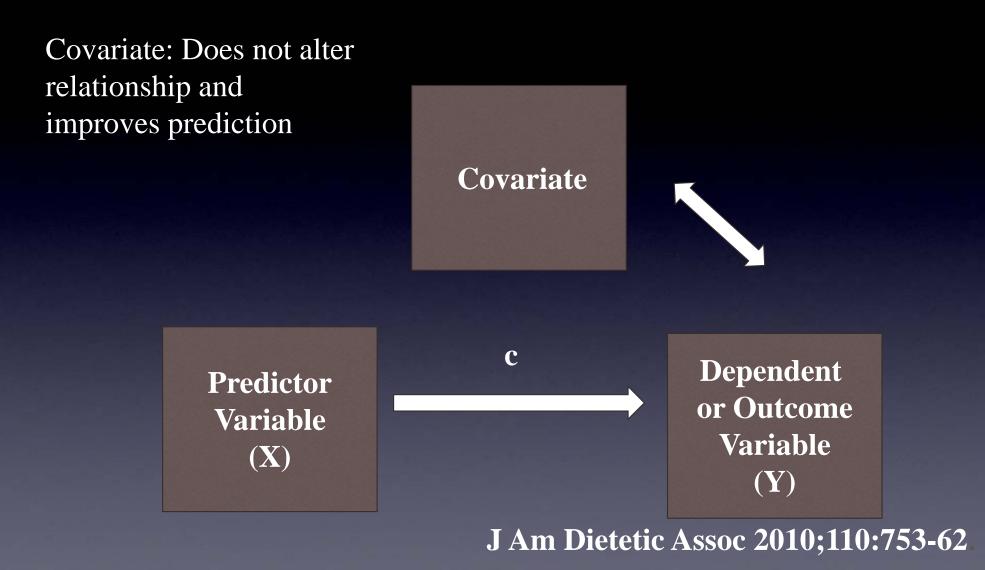
 Relate department characteristics (organizational climate, leadership, tailoring and competing demands) with how effectively the program was used.

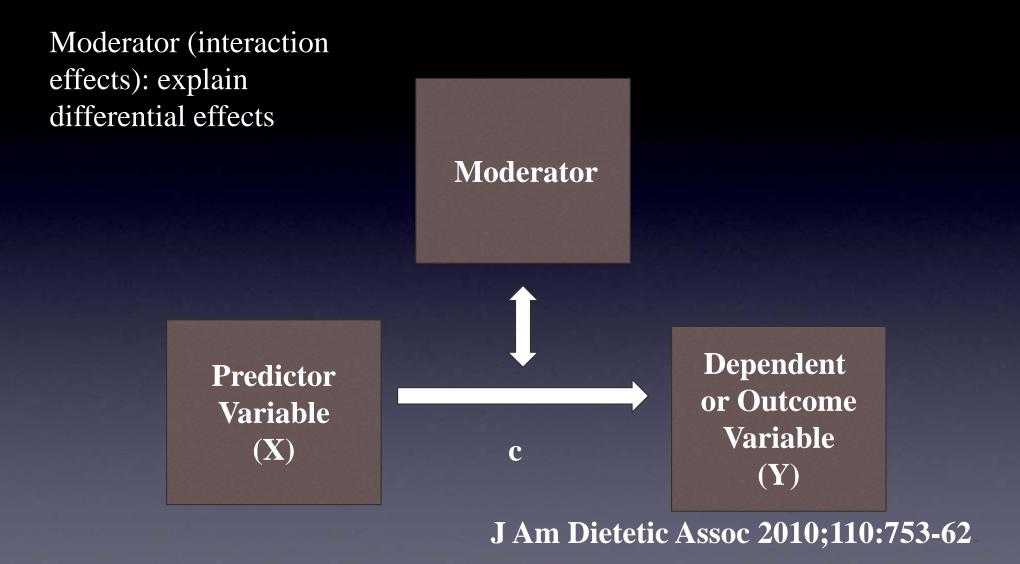


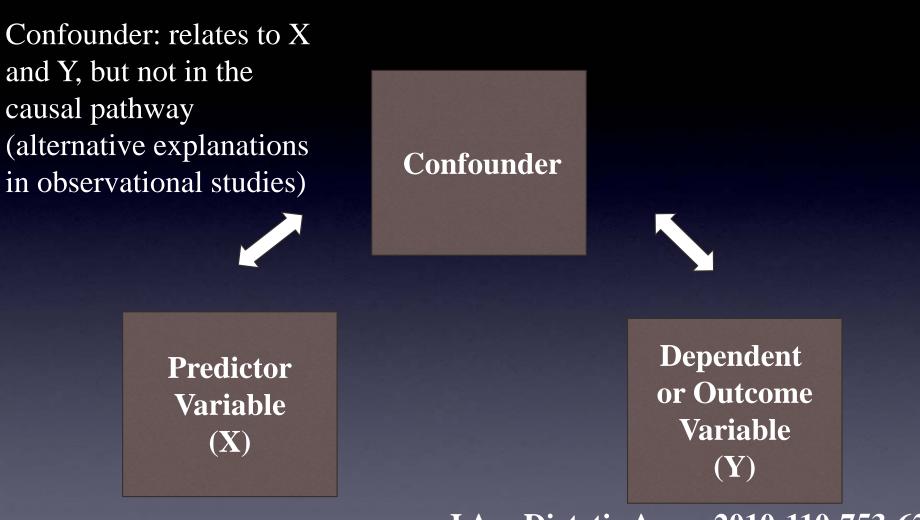


MEDIATION ANALYSIS TO OPEN THE BLACK BOX



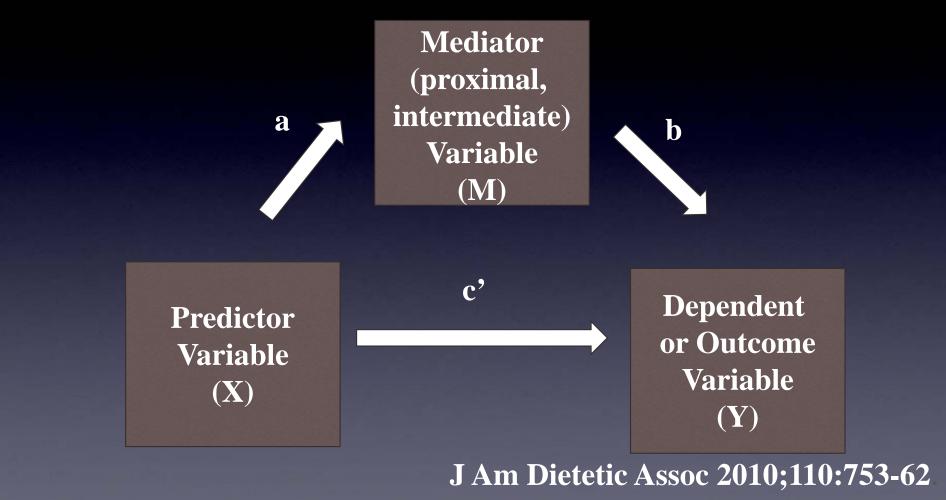




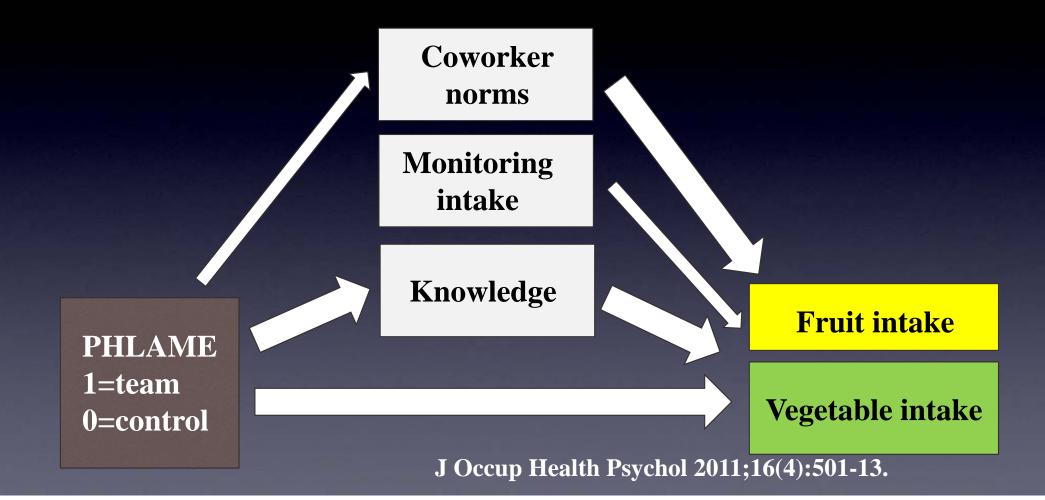


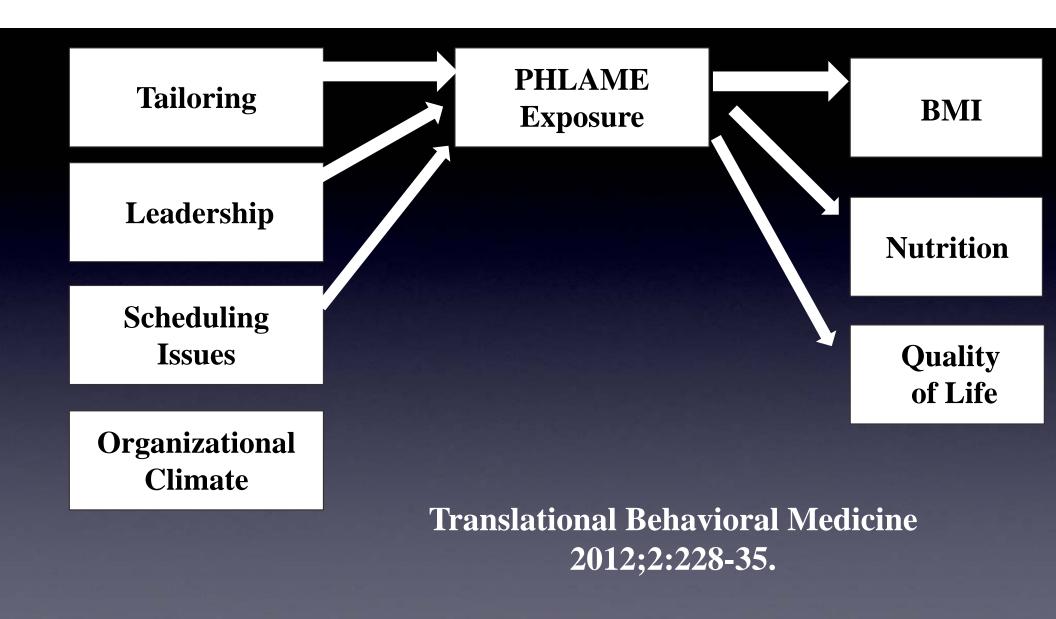
J Am Dietetic Assoc 2010;110:753-62

MEDIATION ANALYSIS TO OPEN THE BLACK BOX



PHLAME TEAM PROGRAM MEDIATION





AGE EFFECTS

Age relatively restricted (mean 40 ± 9 years)

Age did not contribute to the mediation model; looking at \leq and > 40 yo, not a moderator (no differential effects)

• Qualitative findings + & - impacts: increasing awareness was rarely sufficient for change and if anything, more difficult to change; justified changing recommendations as reason to discount them

TAKE HOME LESSONS

Team-centered peer-led programs can change behaviors.

Changing health and safety behaviors can save costs.

Programs can change the culture and durably alter behaviors.

Mediation analysis allows deconstructing what worked.

TAKE HOME LESSONS (CONTINUED)

Design for dissemination (MI works, but way too costly).

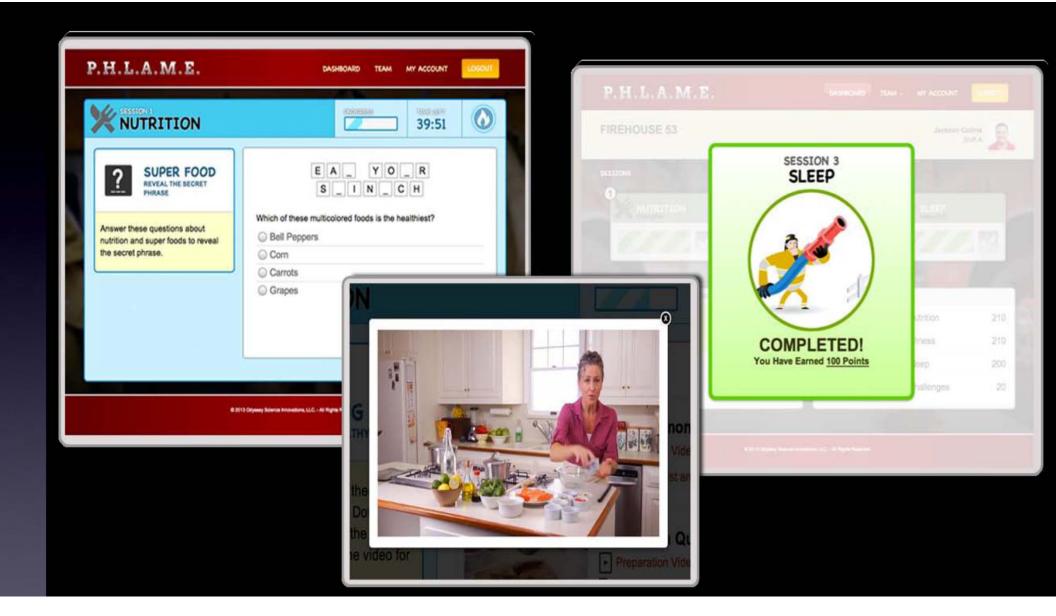
Local champions can move a program forward and tailoring and leadership support can make it work.

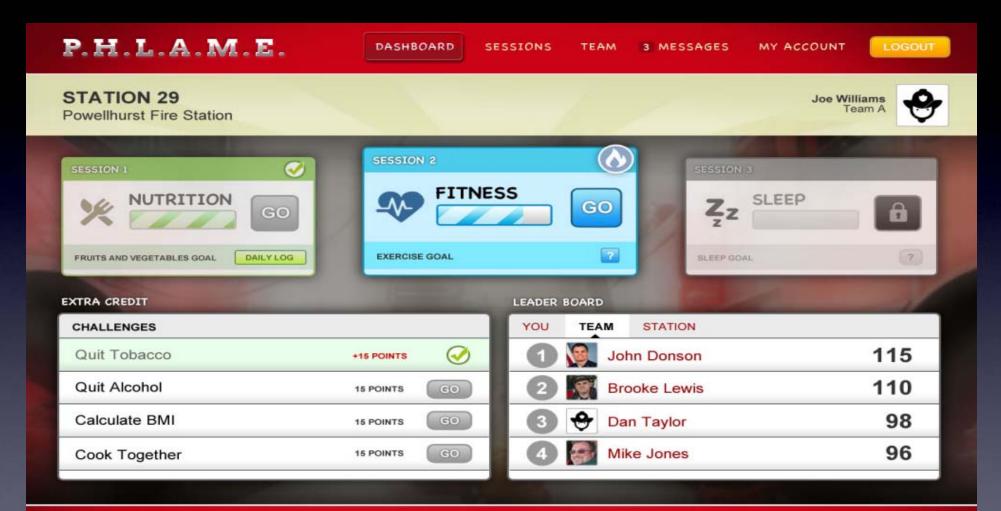
Plan dissemination strategies and involve those partners early on.

Align TWHTM programs with worksite culture (moving PHLAME to a web-based smartphone accessible format).









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