

**INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS  
INTERNATIONAL ASSOCIATION OF FIRE CHIEFS**



# **The Wellness-Fitness Initiative**

**Task Force Meeting  
December 12-13, 2022**



# The Fire Service Joint **LABOR MANAGEMENT**

Wellness-Fitness Initiative

Est 1997



# A Historic Partnership

Indianapolis

Austin

Seattle

New York

Los Angeles County



Calgary

Miami Dade

Phoenix

Charlotte

Fairfax County

A Commitment to Improve the Wellness of All  
Uniformed Fire Department Personnel

# WHY the WFI?

## Objective 1

- Highlight the interdisciplinary nature of wellness and the need for a **COMPREHENSIVE** approach to promote fire fighter health and well-being





# WHY the WFI?

## Objective 2

- Establish the importance of **COLLABORATION** between labor and management during the implementation of any wellness-fitness program



# WHY the WFI?

## Objective 3

- Remove any punitive associations with health screening and physical fitness (promote **INCLUSIVITY**)





# WHY the WFI?

## Objective 4

- Shift the focus from performance and fitness standards to wellness and **BEHAVIOR CHANGE**





## NFPA 1582

# Standard on Comprehensive Occupational Medical Program for Fire Departments

Standard outlines an occupational medical program that will reduce risks and provide for the health, safety and effectiveness of fire fighters operating to protect civilian life and property. Informed by the WFI.

## NFPA 1583

# Standard on Health-Related Fitness Programs for Fire Department Members

Standard outlines a complete health-related fitness program designed for fire departments that is consistent with today's best practices. Reflects the guidelines outlined in the WFI.





# WHAT is the WFI?

## A Comprehensive Resource

### A. Medical Evaluations

Chapter 2 – Medical

### B. Physical Fitness

Chapter 3 – Fitness

### C. Medical/Fitness/Injury Rehabilitation

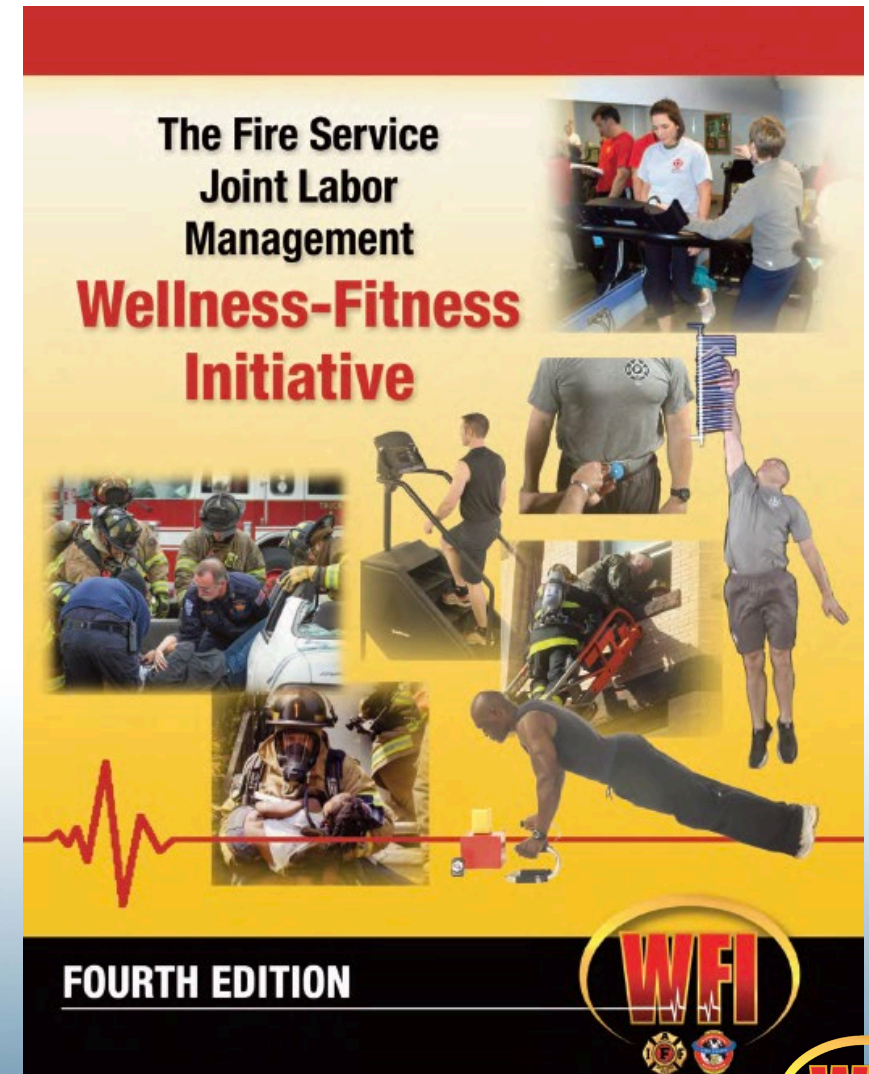
Chapter 4 – Injury and Medical Rehabilitation

### D. Behavioral Health

Chapter 5 – Behavioral Health

### E. Data Collection and Reporting

Chapter 6 – Cost Justification, Chapter 7 – Data Collection,  
Chapter 8 – Implementation





# 25 YEARS LATER

## Position Statement

---

The WFI stands to be the principal, most comprehensive and inclusive resource to support firefighter wellness and fitness.

It is grounded by a framework and collection of evidence and best-practice guidelines to inform the implementation of wellness-fitness programs by any department.





# Pre-Participation Survey

Most task force departments reported using **ASSESSMENTS, PROGRAMS** and/or **POLICIES** not included the current WFI

# Obstacles and Facilitators

## LEADERSHIP

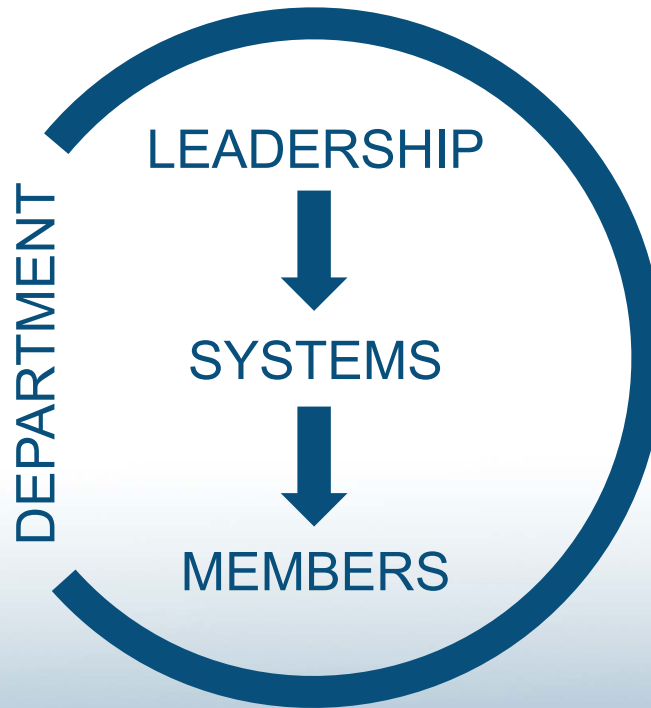
Confirm **MANAGEMENT**'s commitment to and support of...

Confirm **UNION EXECUTIVE**'s commitment to and/or support of...

## MEMBERSHIP

Reward members' **WILLINGNESS TO ENGAGE** in department initiatives

Increase members' **ENTHUSIASM** towards wellness and fitness



## SYSTEMS

Involve **CHAMPIONS** to support and overcome resistance

Create and execute a comprehensive **IMPLEMENTATION PLAN**

## DEPARTMENT

Create a **CULTURE** to support physical and psychological well-being

Build a working **RELATIONSHIP** between labor and management

# Updating the WFI

## A Comprehensive Resource

### A. Medical Evaluations

Chapter 2 – Medical

### B. Physical Fitness

Chapter 3 – Fitness

### C. Medical/Fitness/Injury Rehabilitation

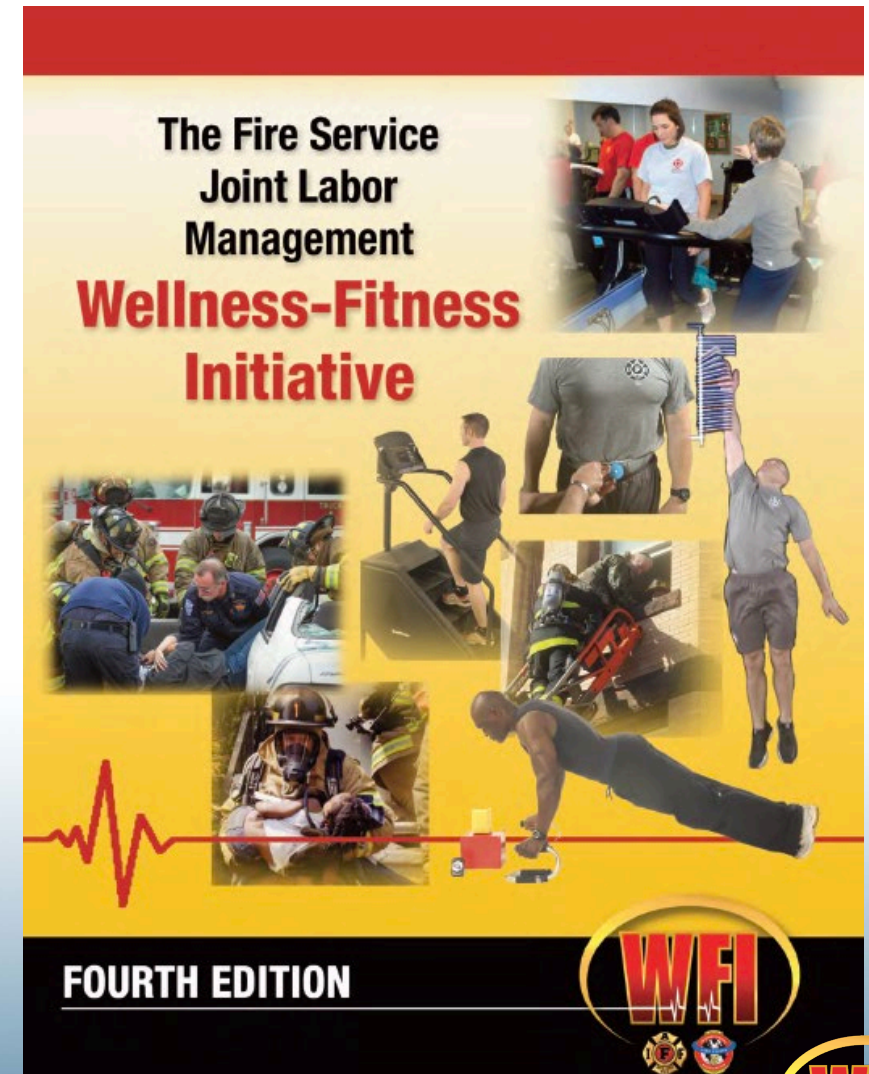
Chapter 4 – Injury and Medical Rehabilitation

### D. Behavioral Health

Chapter 5 – Behavioral Health

### E. Data Collection and Reporting

Chapter 6 – Cost Justification, Chapter 7 – Data Collection,  
Chapter 8 – Implementation





# A Comprehensive System

## A. Defining Wellness

Guidelines to assess well-being (PHYS, PSYC, SOC)

## B. Pursuing Wellness

Programs to target MOVE, EAT, BREATHE, SLEEP, CONNECT

## C. Supporting Wellness

Policies to support well-being (PHYS, PSYC, SOC)

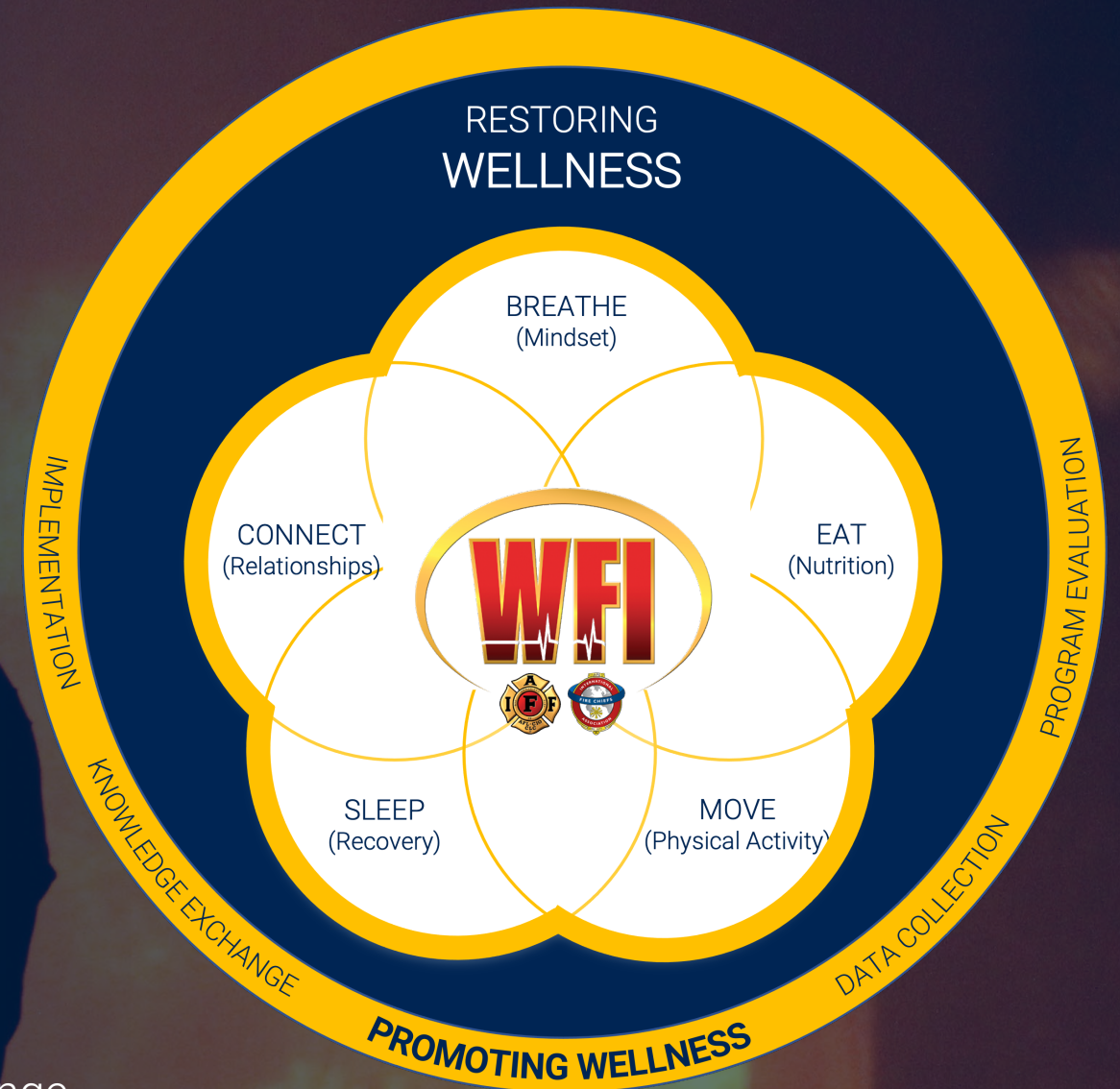
## D. Restoring Wellness

Standards to rehabilitate well-being (PHYS, PSYC, SOC)

## E. Promoting Wellness

Strategies to implement and evaluate programs

Comprehensive, Collaborative, Inclusive, Behavior Change



# Defining Wellness

## Wellness-Related Outcomes

- Guidelines to assess physical, psychological and social well-being using best available evidence
- Physical, psychological, social







**PHYSICAL  
PSYCHOLOGICAL  
SOCIAL**

## A Scientific Statement From the **American Heart Association**

---

- There is a clear association between psychological health and CVD and risk
- Psychological health may be causally linked to biological processes and behaviors that contribute to and cause CVD
- Interventions that improve psychological health can have a beneficial impact on cardiovascular health
- Psychological health should be considered in the evaluation and management of patients with or at risk for CVD

(Levine et al 2021)

The risk of early mortality and CVD because of loneliness is comparable to obesity or smoking

(Paul et al, 2021)





# Pursuing Wellness

## Wellness-Related Behaviors

- Programs to target specific behaviors known to influence well-being
- Guidelines to assess the sources of the target behaviors







# BREATHE

Be more mindful

High levels of mindfulness are associated with lower rates of depression and anxiety and fewer PTSD symptoms amongst fire fighters

(Smith et al, 2011)

6 weeks of mindfulness training significantly reduced PTSD and depression symptom severity while increasing mindfulness

(Colgan et al, 2016)



# EAT

Eat real food

Fruit and vegetable intake is associated with reduced risk of cardiovascular disease, cancer and all cause mortality

(Aune et al, 2017)

Research-driven nutrition interventions focusing on habit-change result in improvements in heart health, body composition, cancer risk, and long-term sustainability

(Lynch et al, 2017)



# MOVE

Be more active

26% reduction in cardiovascular mortality and higher levels of health-related quality of life

(Anderson et al, 2016)

10-50% lower risk of specific cancers

(Moore et al, 2016)

43% fewer poor mental health days, and 22% lower mental health burden

(Chekroud et al, 2018)

Significant changes in cardiorespiratory fitness, strength, mobility and movement behaviors

(Frost et al 2015)





# SLEEP

Build a sleep routine

Insufficient sleep has been linked with increased risks of weight gain, obesity, injury, cardiovascular disease, stroke, type 2 diabetes, cancer, and depression

(Keckland 2016)

Fire fighters who get more than 6 hours sleep following 2+ days off from work experienced lower emotional exhaustion

(Wolkow et al 2019)

More than 6 hours sleep during overnight shift mediated the effect of mental health conditions on burnout

(Wolkow et al 2019)





# CONNECT

Build meaningful relationships

Poor social relationships, loneliness, and low perceived social support carry similar risks of premature death to smoking 15 cigarettes a day – higher than obesity and physical inactivity.

(Holt-Lunstad et al 2015)

29% higher risk of CHD incident,  
32% higher risk of stroke

(Valtorta et al 2016)

4 weeks of group health significantly improved mental health and well-being (i.e. depression, anxiety, stress, loneliness, and life satisfaction)

(Haslem et al 2016)



# Supporting Wellness

## Wellness-Related Policies

- Policies and best practices to support physical, psychological and social well-being (outcomes and behaviors)







# DECONTAMINATION

## IN AN ERA OF INCREASED CANCER RISK

---

- Fire fighters reported positive attitudes, beliefs, and perceived norms about decontamination
- Showering after a fire was only decontamination process that occurred regularly
- Time and concerns over wet gear were cited as barriers to decontamination

(Harrison et al, 2018)

- Dish soap, water, and scrubbing was able to reduce contamination on jackets by 85%. Cleansing wipes were able to reduce contamination on neck by 54%.

(Fent et al, 2017)





# Restoring Wellness

## Wellness-Related Standards

- Standards, policies and best practices to rehabilitate or restore physical, psychological and social well-being
- Links to target outcomes and behaviors







## IAFF BEHAVIORAL HEALTH PROGRAM

---

- Behavioral Health Awareness Course
- Peer Support Program
- Resiliency Training
- Center of Excellence
- Clinician Training
- Online Recovery Meetings





# Promoting Wellness

## Wellness-Related Strategies

- An implementation framework and best practice guidelines to assess, design, implement, evaluate
- An evaluation framework to examine processes and outcomes





# AN **IMPLEMENTATION** FRAMEWORK

DEFINE THE  
**OBJECTIVES**

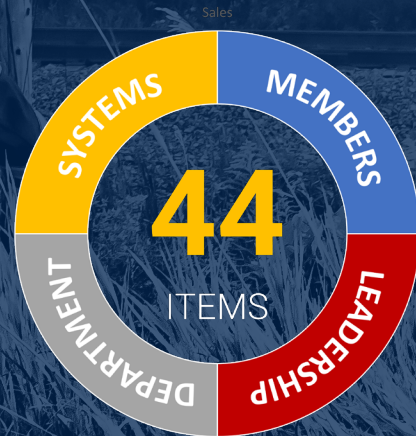
## **FIRE FIGHTER**

(Participation,  
Satisfaction,  
Capacity)

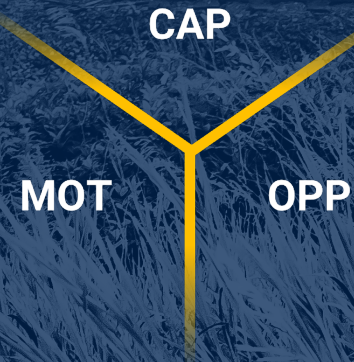
(Costs,  
Injuries, Culture)

## **ORGANIZATION**

**ASSESS**  
NEEDS AND WANTS



CREATE (**DESIGN**) A  
COMPREHENSIVE PLAN



PUT PLAN INTO PLACE  
(**IMPLEMENT**)



MONITOR PROGRESS (**EVALUATE**)  
AND ADAPT AS NECESSARY





“We don’t rise to the level of our goals,  
we fall to the level of our **SYSTEMS**.”

James Clear





# A More Inclusive WFI

## A Comprehensive Roadmap

- 1. DEFINE** Wellness  
(Guidelines to assess physical and psychological well-being)
- 2. PURSUE** Wellness  
(Programs to target physical and psychological behaviors)
- 3. SUPPORT** Wellness  
(Policies to support physical and psychological well-being)
- 4. RESTORE** Wellness  
(Standards to rehabilitate physical and psychological well-being)
- 5. PROMOTE** Wellness  
(Strategies to implement and evaluate programs)





**INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS  
INTERNATIONAL ASSOCIATION OF FIRE CHIEFS**



# **The Wellness-Fitness Initiative**

**Task Force Meeting  
December 12-13, 2022**