



NATIONAL FIRE SERVICE HEALTH & WELLNESS STRATEGY MEETING

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Columbus, OH

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BACKGROUND

The First Responder Center for Excellence for Reducing Occupational Illnesses, Injuries, and Deaths (FRCE) is a subsidiary affiliate of the National Fallen Firefighters Foundation (NFFF). The NFFF was established by US Congressional charter in 1992 to address firefighter line-of-duty deaths. The NFFF created its trademark Everyone Goes Home™ (EGH) project in 2004 as a result of an industry-wide consensus effort to identify the principal preventable factors contributing to firefighter fatalities and expand the effort to address not just mortality, but also morbidity factors impacting fire and emergency medical services (EMS) personnel. This effort produced the 16 Firefighter Life Safety Initiatives (FLSIs) which, in turn, were developed into a range of health, wellness, and safety efforts disseminated throughout the US first response community. EGH™ became one the nation's most recognized and subscribed fire service programs, widely attributed as among the most substantial contributions leading to a nearly two-thirds reduction from 169 line of duty fatalities in 1978 (NFPA, 1987) to only 62 in 2019, the lowest recorded since these data were first collected (US Fire Administration, 2020).

FRCE was created in 2018 as a separate not-for-profit organization. Its charge is to build partnerships and coalitions to create and implement research to practice (R2P) efforts that can deliver theoretically grounded, empirically supported awareness, education, and intervention projects across all aspects of America's widely diverse first responder structure. FRCE efforts have been highly productive in its five target domains: cardiac health and disease prevention; awareness and prevention of occupational cancers; behavioral health; musculoskeletal injury prevention; and issues related to overall health and safety of firefighters (e.g., firefighter physicals; wellness and fitness programs). Established knowledge translation approaches identify the best empirical research in areas related to its mission and to translate these into applied programs that can be delivered across a wide range of settings in user-friendly, accessible, and affordable formats.



Connection to Firefighter Life Safety Initiatives

The 16 FLSIs that form the foundation for EGH™ were the product of a groundbreaking national symposium held March 10-11, 2004, in Tampa, FL. Two days of intensive exploration involving a wide range of fire service leaders resulted in the identification of 16 fundamental principles that demanded an aggressive and comprehensive address if firefighter illnesses, injuries, and fatalities were to be meaningfully reduced in the following decade. Once these were identified, the NFFF began an intensive program of building coalitions, marshaling resources, and shaping focus around the implementation of these landmark proposals.

Three years later, more than 200 fire service representatives convened again in Novato, California to flesh out each of the 16 initiatives and offer specific recommendations for their implementation. Experts in specific areas were commissioned to produce a white paper for each FLSI that

would summarize current information and serve as the linchpin for focused discussion. A ten-year reevaluation of the 16 FLSIs dubbed “Tampa2” to acknowledge the program’s origins, revisited the overall EGH™ effort and the progress of each FLSI. High among the summary points of that two-day session was the continuing imperative to implement mandatory medical examinations and physical fitness programs in accordance with National Fire Protection Association (NFPA) standards. While concluding that much acceptance had been gained in the year since Novato, the report also concluded that much more progress was needed. Given the refinements in research and understanding with respect to occupational health impacts of firefighting, it was noted that these needs are even more essential even though universal adoption still faced very daunting obstacles.

16 FIREFIGHTER LIFE SAFETY INITIATIVES
THE NATIONAL FALLEN FIREFIGHTERS FOUNDATION'S EVERYONE GOES HOME® PROGRAM

1. Define and advocate the need for a cultural change within the fire service relating to safety; incorporating leadership, management, supervision, accountability and personal responsibility.
2. Enhance the personal and organizational accountability for health and safety throughout the fire service.
3. Focus greater attention on the integration of risk management with incident management at all levels, including strategic, tactical, and planning responsibilities.
4. All firefighters must be empowered to stop unsafe practices.
5. Develop and implement national standards for training, qualifications, and certification (including regular recertification) that are equally applicable to all firefighters based on the duties they are expected to perform.
6. Develop and implement national medical and physical fitness standards that are equally applicable to all firefighters, based on the duties they are expected to perform.
7. Create a national research agenda and data collection system that relates to the initiatives.
8. Utilize available technology wherever it can produce higher levels of health and safety.
9. Thoroughly investigate all firefighter fatalities, injuries, and near misses.
10. Grant programs should support the implementation of safe practices and/or mandate safe practices as an eligibility requirement.
11. National standards for emergency response policies and procedures should be developed and championed.
12. National protocols for response to violent incidents should be developed and championed.
13. Firefighters and their families must have access to counseling and psychological support.
14. Public education must receive more resources and be championed as a critical fire and life safety program.
15. Advocacy must be strengthened for the enforcement of codes and the installation of home fire sprinklers.
16. Safety must be a primary consideration in the design of apparatus and equipment.

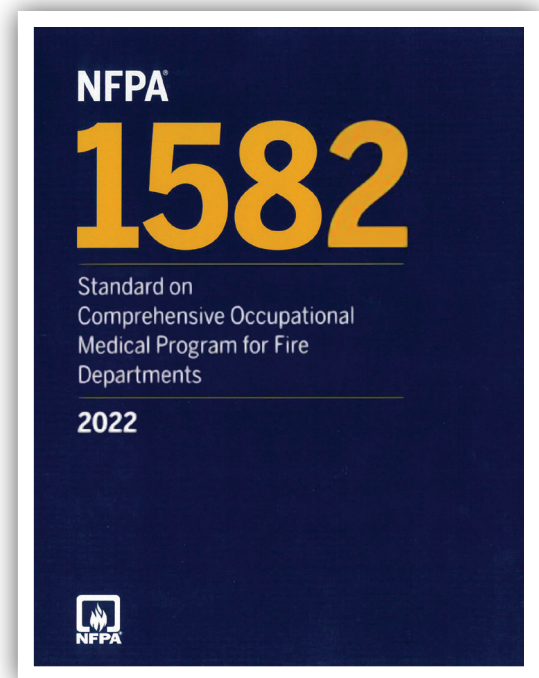
The Everyone Goes Home® program is made possible through the National Fallen Firefighters Foundation with funding provided by the Department of Homeland Security, Assistance to Firefighters Grant and the generosity of Fireman's Fund Insurance Company.

LEARN MORE: www.everyonegoeshome.com

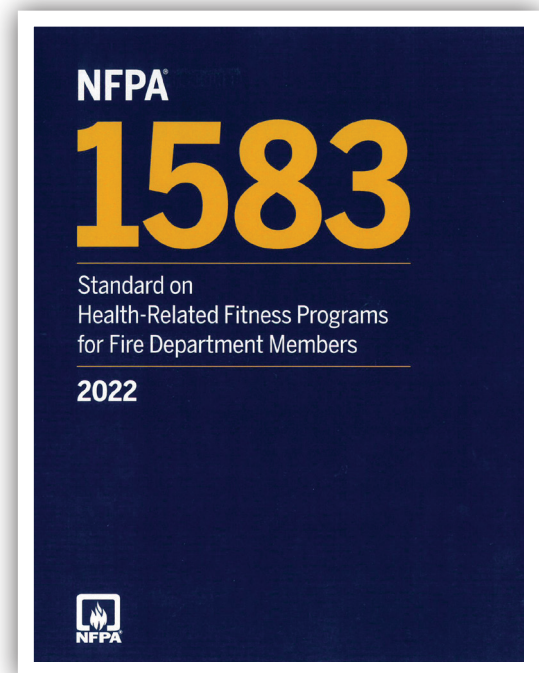
EGH Life Safety Initiatives

Much of the more stringent attention resulting from these efforts has focused on expanding the implementation of mandatory annual medical examinations for all firefighters. NFPA 1582, *Standard on Medical Requirements for Fire Fighters*, was first issued in 1992. Over the course of its revision and evolution, it has come to provide a guideline for a comprehensive occupational medical program, carefully tied to 14 core performance elements central to functioning as a firefighter. The EGH™ project of the NFFF, the FSTAR initiative of the International Association of Fire Chiefs, the IAFF/IAFC WFI, and more recently the FRCE have all put significant effort into creating ways to facilitate more extensive adoption and implementation. Yet, even as this aspect has evolved, attention to the more fundamental elements regarding wellness, fitness, and nutrition has remained less central and less focused.

This effort represents a move forward toward operationalization of FLSI 2: *Enhance the personal and organizational accountability for health and safety throughout the fire service*. Here, we focus on organizational adoption of NFPA 1583 and the implementation of structured, sustainable programs to enhance and maintain the overall fitness, wellness, and readiness of firefighters and EMTs throughout the course of their careers. The objective, as it has been with other FRCE efforts to operationalize the 16 LSIs, is to generate low cost, easily implemented, straightforward programs that bring evidence supported best practices into the reach of all American firefighters and the communities they protect and serve.



NFPA 1582 updated 2022



NFPA 1583 updated 2022

FRCE has prioritized its efforts into five principal areas of focus:

1. Behavioral health—operationalizing the components developed through EGH™, FLSI 13, including the widely disseminated and adapted Stress First Aid (SFA) program.
2. Cancer prevention—coordinating the work of the Fire Service Occupational Cancer Alliance, created in response to priorities emerging from the Tampa2 conferences.
3. Cardiac health—reducing the incidence and impact of the industry’s most strongly established cause of duty related morbidity and mortality.
4. Health and wellness programming—expansion of FRCE’s R2P work to address the importance of organized health, wellness, and fitness programs in fire and EMS agencies. The goal is to promote healthy lifestyles for fire and EMS providers throughout the span of their careers, both in the workplace and across all aspects of their lives.
5. Physical examinations—Promotion of annual physical examinations for all fire and EMS personnel includes a memorandum of understanding with the IAFC to develop resources for firefighters and clinicians on physicals and how to best implement a physical program, building of the work of FSTAR and NFFF’s work related to EGH™, FLSI 6.



Wellness and Fitness in Fire and EMS

Hardly anyone connected to the American fire service, whether by serving as a firefighter or working within the occupational health space to address firefighter safety and performance, is unaware of the wide impacts associated with exercise, fitness, diet, and nutrition. Wellness and fitness programming is central to broad initiatives such as the IAFF/IAFC Joint Labor Management Wellness and Fitness Initiative (WFI) that have been in place for nearly two decades. Manualized intervention approaches such as PHLAME (Elliott *et al.*, 2007) have shown capacity to induce improvement in certain aspects of wellness and nutrition but less impact on other key variable such as exercise habits and aerobic fitness (Ranby *et al.*, 2011). Other interventions (cf. Goheer *et al.*, 2014; Poston *et al.*, 2013) show similarly promising results on selected measures while economic return analyses (e.g., Kuehl *et al.*, 2013)

“...737,000 fire-fighters serve in fire departments with no program to maintain basic health...”

suggest significant reduction in worker compensation claims and medical costs, especially in comparison the relatively low cost of wellness/fitness/nutrition programming.

There is no question that formal adoption and maintenance of well-structured wellness, fitness, and nutrition programs can produce positive, measurable impacts and calls to action have been commonplace

(see, for example, Storer *et al.*, 2014, or Smith, 2011). Still, however, full formal adoption of comprehensive programs is surprisingly limited, as is compliance and participation over time. A growing number of departments offer access to fitness equipment or fitness facilities, but participation is often unstructured and rarely mandatory. Even well-established programs with substantial backing find full footholds challenging. WFI, for example, was initiated using a consortium of ten departments as its foundation; by the adoption of the fourth edition two decades later, that number had grown to 22. The NFPA promulgated a formal standard for such programs (NFPA 1583) in 2000; full adoption, as with all NFPA industry standards, is voluntary and no solid data could be found regarding the standard’s penetration with respect to full or partial implementation. USFA, in a follow up needs assessment, estimated that 737,000 firefighters serve in fire departments with no program to maintain basic health, most of them volunteers with less than 5,000 population (USFA, 2021).

The incongruity with established impact for wellness, fitness, and nutrition related conditions is nothing short of disturbing. Obesity among American firefighters is rampant, with some reported analyses placing it third highest among 41 male dominated occupations (Caban *et al.*, 2005; Choi *et al.*, 2011).



Compliments of O2x Human Performance

This figures strongly into unfavorable cardiovascular disease profiles, a set of conditions strongly connected to occupational morbidity and mortality in this workforce (Poston *et al.*, 2011). Strength and fitness factors have been demonstrated to be predictive of firefighter performance on physically demanding tasks (Henderson, Berry, & Matic, 2007) which, while relative less frequent in the overall time-task profile, are critical to the essence of the work and stand especially amplified in those incidents with highest risk and highest criticality. Orthopedic injuries, especially strains and sprains, account for half or more of nonfatal firefighter injuries (Campbell & Molis, 2019) with these predominantly related to relative overexertion (Le *et al.*, 2020); this is noted as directly modifiable by structured fitness efforts. Moreover, these factors interact, with overweight and obesity compounding the propensity toward and impact of these sorts of cumulative morbidities (Mayer *et al.*, 2012).

Against this background, and seeking to identify ways to stimulate and facilitate broader adoption and impact, The First Responder Center for Excellence for Reducing Occupational Illness, Injuries, and Death (FRCE) convened a working group of industry researchers and practitioners to examine the current status of wellness, fitness, and nutrition. The recommendations that resulted from this gathering will establish the actions and initiatives that can expand adoption, implementation, and adherence.

FRCE Investment

FRCE has facilitated production of several video products and has compiled an online resource base for fire and EMS personnel, both to promote awareness of health and wellness participation and to link consumers to sources of health and wellness materials and consultation. Still, solid programming options that can be readily adopted and/or adapted by fire and EMS agencies to efficiently implement effective actions and interventions, have not been strategically outlined or pulled together in a readily accessible, nonproprietary location.



www.firstrespondercenter.org/health-wellness/

The basic model for R2P projects is, at its essence, simple:

1. Establish the best empirical information (get it right).
2. Build translation models that make it easy and desirable to utilize (make it easy).
3. Get the products out in ways that reach the right targets and compel them to act (get it out there).
4. Evaluate, reassess, refine, and redeploy (keep it working).

The consensus group reported here represents the initiation of the first step, establishing the existing state of the art and science. It was proposed as an element of FRCE's FY 2019 Assistance to Firefighters Grants (AFG) Fire Prevention & Safety proposal to implement the following objective:

FRCE will convene a working group representing successful wellness programs to evaluate current best practices, and propose strategies for disseminating systematic approaches usable by various types and sizes of departments. Results will include guidance documents, program plans, workbooks, and evaluation mechanisms.



Wellness Program Analysis & Strategy Meeting 2018

Structure of Session

The following specific objectives were specified for the working group:

- Explore current status of systematic health and wellness programming in the American fire service.
- Examine role of industry standards (NFPA 1583) in promoting systemization.
- Identify programs or program elements showing promise for successful implementation across the broad range of American fire departments.
- Recommend strategies to promote dissemination, implementation, and compliance.

The work session was generally organized to follow the components outlined in NFPA 1583, *Standard on Health-Related Fitness Programs for Fire Department Members*. NFPA 1583 was first adopted in 2000 to provide a standard for structure and content of evolving health, wellness, and fitness programs. NFPA 1583 builds on pioneering work embodied in NFPA 1500, *Standard on Fire Department Occupational Safety, Health, and Wellness Program* and is designed to articulate with that standard and with NFPA 1582, *Standard on Comprehensive Occupational Medical Program for Fire Departments*.

The standard covers six core elements:

- Member roles and responsibilities
- Qualifications for health and fitness coordinators and peer fitness trainers
- Guidelines for a periodic fitness assessment
- Fitness training program components
- Health program promotion and education requirements
- Requirements for data collection

Both NFPA 1583 and the IAFF-IAFC *Fire Service Joint Labor Management Wellness-Fitness Initiative (WFI)* were reviewed from both historical and forward-looking perspectives to provide an initial foundation for discussion. Several limiting factors were noted with respect to adoption of such comprehensive standards in the broader contexts of the American fire service. The US Fire Service is estimated to have approximately 30,000



individual fire departments operating, more than two thirds of which are single station operations with only 15 percent having three or more stations. More than 85 percent are all volunteer or principally volunteer; 54 percent of the nation's active firefighters are volunteer with only a third identified as career (the remaining 12 percent are paid by the call). Even these data represent approximations, as only an estimated 92 percent of departments are included in the USFA's national census (USFA, 2021). Potential inhibitors include:

- Scalability of programs
- Expense and staffing issues
- Logistical aspects of staffing and participation
- Challenges in maintaining adherence and compliance

The process itself began with exploration of the characteristics that underlie successful programs and how these can be promoted and supported in order to encourage fire department and firefighter participation. This occupied most of the first half day session.

The remainder of the work group's time was applied to reviewing each major section of NFPA 1583 to determine:

- Resources needed for successful adoption
- Inhibitions or obstacles limiting cost efficient and efficacious adoption and implementation
- Existing resources addressing requirement
- Potential resources that might facilitate wider adoption and implementation

Characteristics of Successful Programs

Discussion centered on key determinants shared by programs that had demonstrated success in achieving key objectives. While programs offered as examples covered different focus areas and utilized a variety of structures and approaches, working group members were able to offer several points around which consensus could be achieved with respect to their contribution to program performance.

1. Program success is strongly dependent on commitment at organization, leadership, and member levels.

- Leadership, both formal and informal, needs to clearly endorse the effort and consistently reinforce that endorsement through both optics and actions.
- Participation and adherence need to be reinforced in well planned, systematic, and ongoing ways and that reinforcement needs to be sustained over time through consistent evaluation and refinement.
- Sources of critical professional support including fire department physician or equivalent; professionals in physical therapy, athletic training, or fitness training; nutritionists, dieticians, and related professionals; and other pertinent, qualified, and credentialed subject matter experts in component areas need to be identified and incorporated into the planning, execution, and evaluation of both the overall program and its component elements.



Hartford Fire Department

2. Sustainable outcomes require that the program be fully embedded in the culture of the organization and its membership. Key players identified included:

- **Champions:** those persons among both formal leaders and informal influencers who step forward to invest their energy and influence in promoting the program, its goals, and its component objectives.
- **Emissaries:** those persons who actively work to bridge connections between the program and other influential elements (e.g., labor, external SMEs, constituency organization, governing bodies, funding sources) to ensure that support is sufficiently broad and deep to keep the program moving.

- **Cross functional connections:** relationships to other aspects of the organization (e.g., operations, tech support, equipment) whose commitment will be required to ensure that the program can operate smoothly in the organizational environment.

3. Emphasis needs to be placed on supporting and maintaining relevance to salient mission and performance elements:

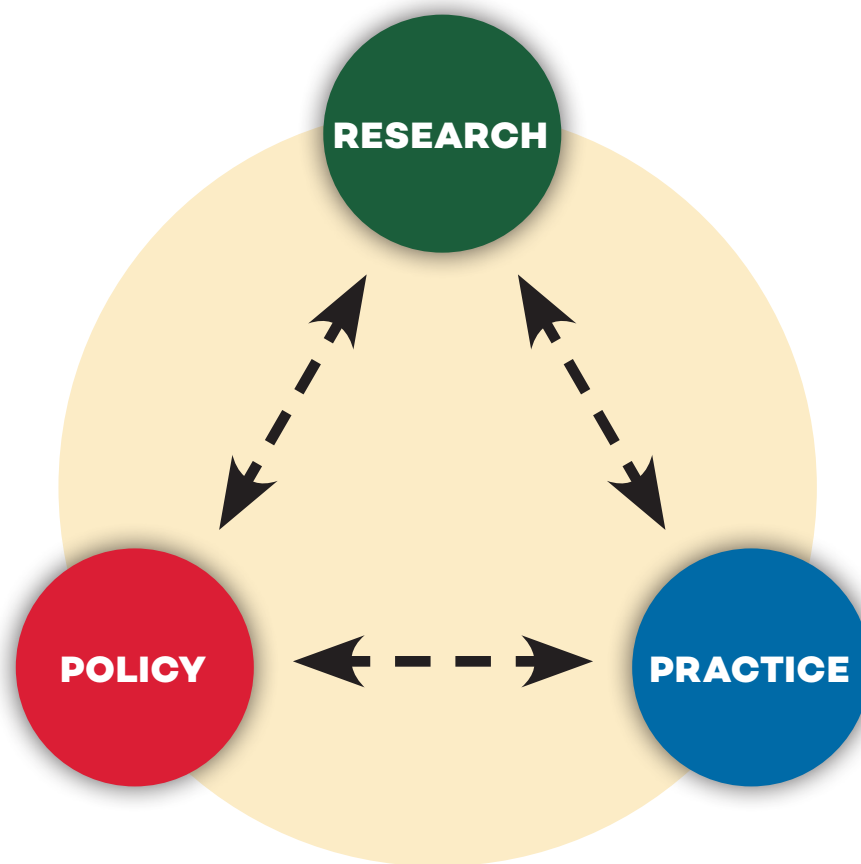
- **Organizational values and purpose:** few enterprises are so directly dependent on the physical capacities of line personnel to deliver their service portfolios. Health, wellness, and fitness need to be underscored as critical to delivering the essential services of fire and EMS organizations.
- **Leadership objectives and outcomes:** leadership cannot deliver the most essential core outcomes that define successful performance without a healthy, fit workforce consistently available and engaged.
- **Company level culture:** health, wellness, and fitness must be part of the company level culture for a program to truly succeed. Fire and EMS are enterprises in which daily operations are likely to be highly decentralized, especially in multi-station and/or multi-shift organizations. Daily compliance will depend on integration into the expected activities and routines of the company unit.
- **Individual motivational factors:** more than perhaps any other factor, programs must connect with the things that motivate individual firefighters and EMTs. This entails ensuring that program elements are designed to engage participants at a personal level; that they are promoted and delivered in ways that encourage personal contact and interaction; that they propose reasonable objectives that are incrementally achievable by those participating; and that they include incentives and reinforcements designed to maintain participation and recognize outcomes at the individual level.

4. Accountability must be planned, managed, and systematically maintained at organizational, program, component, and participant levels.

- **What is not measured is not managed:** expectations need to be tracked, monitored, and reported in ways that demonstrate organizational commitment and reinforce individual performance.
- **Technological solutions can enhance accountability:** dashboards, apps, and such can significantly enhance accountability and adherence.
- **Program evaluation should be integral and ongoing:** programs must change as organizations, individuals, and priorities evolve. Planned, systematic program evaluation helps keep the program aligned with current needs and climate.

5. Succession and continuity planning is critical to ensuring that programs do not become dependent on the personalities and interests of those who lead and manage them.

The remainder of the work completed in the initial work session was primarily focused on producing a preliminary body of information that FRCE could utilize to guide the R2P process in this domain across the next 3 to 5 years. Objectives were created and divided in accordance with the R2P process including preliminary strategies and tasks outlined for each.



OBJECTIVES & STRATEGIES

Objective 1: Review, publish, and promote findings from consensus group work and any subsequent review and refinement (get it right).

Findings from the original consensus group sessions should provide a roadmap for operationalizing FRCE R2P efforts in this domain. These need to be publicized in outlets that will reach those invested in this area of fire and EMS health to ensure that the input derived from the consensus work reflects a solid representation of knowledge, interest, and availability. These three strategies help expand that basis and establish FRCE's intent.

Strategy 1-A: Publish summaries of background, findings, and proposed strategies across appropriate fire and EMS venues, providing avenues for input and comment.

Tasks:

- Circulate report to consensus group participants for feedback and input
- Incorporate input into summaries for trade publications and circuit venues
- Prepare and submit trade publications
- Prepare and submit conference proposals
- Develop PPT sets, handouts, etc., to support presentations
- Train an appropriate cadre of presenters

Players:

- Working group representatives
- Publication and outreach support
- Potential trainers/presenters

Partners:

- National Volunteer Fire Council (NVFC)
- International Association of Fire Chiefs (IAFC)
- International Association of Firefighters (IAFF)
- Federal Emergency Management Agency (FEMA) Assistance to Firefighters Grant (AFG), *et al*
- Potential vendors

Funding:

- AFG FPS
- Potential sponsors

Strategy 1-B: Incrementally develop and launch component modules, following identified strategic priorities.

Tasks:

- Select initial priorities
- Identify project team for each module
- Develop PPT package, handouts, instructor materials, etc., for each
- Identify needed apps or other resources
- Create funding proposals for specific development tasks
- Generate and launch resource package for each

Players:

- Designated project team
- Web/app development vendors where indicated

Partners:

- National Volunteer Fire Council (NVFC)
- International Association of Fire Chiefs (IAFC)
- International Association of Firefighters (IAFF)
- Federal Emergency Management Agency (FEMA) AFG, *et al.*
- Approved CME sponsors

Funding:

- FEMA AFG/FPS
- Strongly consider appropriate sponsorship

Strategy 1-C: Create evaluation plan for each module as core elements of development and implementation.

Tasks:

- Generate overall evaluation model, to be consistent across all component modules
- Identify evaluation team, including specific subcontractors as indicated
- Build into grants and sponsorships

Players:

- FRCE internal experts
- External evaluation vendors

Partners:

- FRCE
- National Development & Research Institutes (NDRI)

Funding:

- Build into grants and sponsorships

Objective 2: Develop strategic plan for creating an integrated portfolio of products/services to assist fire and EMS agencies in implementing wellness and fitness programs consistent with NFPA 1583 (make it easy).

While the optimal solution would result in every fire department and EMS agency implementing the complete scope of an NFPA 1583 compliant program, it is probably unrealistic to expect that most departments, especially the vast majority that are small in size and limited in budget and resources, will be able to accomplish that goal. The more achievable objective is to strategically modularize the essential elements and provide technical support and app/web/manualized resources to enhance the feasibility of more organizations taking a coordinated, comprehensive approach to firefighter/EMT health, wellness and fitness. The initial efforts of this working group laid a solid foundation for outlining such an approach, but additional, focused work will be required to translate these concepts into actionable modules and provide accessible, cost-effective resources to adopting departments that will provide readily doable pathways to adoption. The proposed strategy begins with an ongoing working group whose focus will be to put forward a modularized, prioritized strategic plan for building out components and disseminating them to America's first responder provider agencies.

Strategy 2-A: Convene ongoing working group(s) to develop a working model for creating a modularized collection of tools and resources.

Tasks:

- Establish smaller, focused working group (draw on participants from scoping group, adding additional constituencies as indicated)
- Identify core modules and appropriate mix of tools and resources for each
- Identify project team for implementing each component module
- Establish funding sources for initial priority components (mixing grants, sponsorships, donations as indicated)

Players:

- Working group representatives to develop overall plan
- Smaller core module groups to develop content

Partners:

- National Volunteer Fire Council (NVFC)
- International Association of Fire Chiefs (IAFC)
- International Association of Firefighters (IAFF)

- Federal Emergency Management Agency (FEMA) Assistance to Firefighters Grant (AFG), *et al*
- Approved CME sponsors
- Strategic plan facilitation assistance (internal, volunteered, or contracted)
- Potential vendors

Funding:

- Initial:
 - AFG FPS component for strategic planning
- Subsequent:
 - Grant
 - Sponsorship
 - Contribution funds for components

Strategy 2-B: Incrementally develop and launch component modules, following identified strategic priorities.

Tasks:

- Select initial priorities
- Identify project team for each module
- Develop PPT package, handouts, instructor materials, etc., for each
- Identify needed apps or other resources
- Create funding proposals for specific development tasks
- Generate and launch resource package for each

Players:

- Designated project team
- Web/app development vendors were indicated

Partners:

- National Volunteer Fire Council (NVFC)
- International Association of Fire Chiefs (IAFC)
- International Association of Firefighters (IAFF)
- Federal Emergency Management Agency (FEMA) Assistance to Firefighters Grant (AFG), *et al*.
- Approved CME sponsors

Funding:

- FEMA AFG/FPS
- Strongly consider appropriate sponsorship

Strategy 2-C: Create evaluation plan for each module as core element of development and implementation.

Tasks:

- Generate overall evaluation model to be consistent across all component modules
- Identify evaluation team, including specific subcontractors as indicated
- Build into grants and sponsorships

Players:

- FRCE internal experts
- External evaluation vendors

Partners:

- FRCE
- NDRI

Funding:

- Build into grants and sponsorships

Objective 3: Develop Initial dissemination plan to introduce initiative to fire and EMS Provider agencies

“Getting it out there” is typically the weak link in R2P projects. The best evidence supported information is gathered, excellent translation strategies and products are developed and launched, but too often all that effort languishes at the gate rather than reaching those who need and can use it most. Dissemination must receive the same focused intensity in planning, execution, and evaluation or even the best work fizzles when it should have flashed.

Strategy 3-A: Develop a detailed strategic plan for product rollout and dissemination.

Tasks:

- Identify core organizations and media to partner in rolling out initial components and assisting as other elements are incrementally developed and launched
- Identify and convene advisory group for product launch
- Secure agreements to participate in dissemination

Players:

- Key fire and EMS constituency groups
- Key constituency groups in wellness/fitness domain
- Media and social marketing professionals

Partners:

- National Volunteer Fire Council (NVFC)
- International Association of Fire Chiefs (IAFC)
- International Association of Firefighters (IAFF)
- North American Fire Training Directors (NAFTD)
- National Association of Emergency Medical Technicians (NAEMT)
- Other constituency organizations as indicated

Funding:

- Limited funding required

Strategy 3-B: Plan and mount rollout symposium to introduce ongoing projects and launch initial components.

Tasks:

- Identify potential consumers, partners, and champions for initial mix of component resources
- Plan symposium to attract partner organizations, potential sponsors and champions, funders and supporters, trade media outlets, and other key players
- Secure support to underwrite initial rollout symposium

Players:

- FRCE staff
- Event planners
- Identified sponsors

Partners:

- National Volunteer Fire Council (NVFC)
- International Association of Fire Chiefs (IAFC)
- International Association of Firefighters (IAFF)
- North American Fire Training Directors (NAFTD)
- National Association of Emergency Medical Technicians (NAEMT)
- Other constituency groups as indicated
- Established wellness/fitness/nutrition programs and vendors
- Industry sponsors and supporters

Funding:

- Consider NIOSH R-13 mechanism
- Sponsor/vendor contributions can be substantial

Strategy 3-C: Publicize and promote rollout symposium and initial components.

Tasks:

- Identify potential consumers, partners, and champions for initial mix of component resources
- Plan symposium to attract partner organizations, potential sponsors and champions, funders and supporters, trade media outlets, and other key players
- Secure support to underwrite initial rollout symposium

Players:

- FRCE staff
- Event planners
- Identified sponsors

Partners:

- National Volunteer Fire Council (NVFC)
- International Association of Fire Chiefs (IAFC)
- International Association of Firefighters (IAFF)
- Federal Emergency Management Agency (FEMA) Assistance to Firefighters Grant (AFG), *et al*
- Other constituency groups as indicated
- Industry sponsors and supporters

Funding:

- Consider NIOSH R-13 mechanism
- Sponsor contributions could be substantial

Objective 4: Develop strategies to expand, refine, and encourage further adoptions.

An exceptional, well subscribed, and well publicized rollout will typically yield an initial group of adopters, often those organizations that already held an interest and possess the wherewithal to allow early adoption. The group arguably in greatest need—and a priority target for this FRCE initiative—is those departments that will need to adopt incrementally and must prioritize what components they are ready and able to adapt on what sort of schedule. These organizations need both a mechanism by which to build out their programs piece by piece and a mechanism for support in setting their strategy and operationalizing their plan. This becomes ongoing work, and it needs to be seen and planned for as such from inception.

Strategy 4-A: Develop trade magazine articles and/or article “teasers” for publication in fire service trade venues emphasizing the importance of the “reasonable start” concept and highlighting ways to mount incremental adoptions.

Tasks:

- Develop outline and content, highlighting materials created under earlier objectives and encouraging use of these to interest and assist with incremental adoptions
- Draft articles and/or releases for dissemination
- Identify target media
- Make media contacts
- Assist with production as needed

Players:

- Working group representative(s) to advise content development
- NFFF/EGH™ training staff and cadre
- NFFF/EGH™ media staff

Partners:

- International Association of Fire Chiefs Health/Safety Section
- North American Fire Training Directors

Funding:

- Grant funding where indicated
- Sponsorship/partnership funding

Strategy 4-B: Prepare and submit workshop proposals for key meetings highlighting ways to launch incremental adoptions and offering case study examples.

Tasks:

- Identify departments and organizations successfully building incremental plans
- Develop outline and content, highlighting materials created under earlier objectives, and encouraging use of these to interest and assist local physicians in working with their department
- Develop PPT package, handouts, and instructor materials
- Identify and train presenters
- Identify target conferences and submit programs
- Submit proposals

Players:

- Working group or subgroup to advise content development
- NFFF/EGH™ training staff and cadre

Partners:

- International Association of Fire Chiefs Health/Safety Section
- North American Fire Training Directors

Funding:

- FEMA AFG/FPS

Strategy 4-C: Translate workshop content into online module of Fire Hero Learning Network and/or other platforms to promote broader, more cost-effective reach.

Tasks:

- Contract with vendor(s) for production
- Determine production support needs
- Assist with writing and development
- Submit proposals

Players:

- Working group representative(s) to advise content development
- NFFF/EGH training staff and cadre
- Stone House Media

Partners:

- International Association of Fire Chiefs Health/Safety Section
- North American Fire Training Directors

Funding:

- Strongly consider appropriate sponsorship

PARTICIPANT LIST

Aaron Zamzow, Owner & Firefighter/EMT, Fire Rescue Fitness

Alisa M. Koval, MD, MPH, MHSA, Division Head, Denver Division of Occupational Medicine

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