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Use of the Health Report Card to Promote  
Healthy Behaviors in Firefighters  
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Abstract

#### BACKGROUND

Cardiovascular disease is a leading cause of mortality among firefighters (Soteriades, Hauser, Kawachi, Liarokapis, Christiani, & Kales, 2005). The prevalence of obesity, elevated TC, and elevated blood pressure in firefighters exceeds Healthy People 2010 (Byczek, Walton, Conrad, Reichelt, & Samo, 2004). As a DNP student and NP provider in NYC, I observed similar findings in my patients and identified the need for innovative approaches to decreasing cardiac risk factors in this population. Recent evidence supports the “self-care” approach to primary care reduces cardiovascular risks. Self monitoring, using a “Health Report Card,” may be an innovative approach to this problem.

#### STUDY AIM

My Capstone Project: “Use of the Health Report Card to Promote Healthy Behaviors in Firefighters” will describe behavior modification in a randomly selected sample of 30 patients who are given laboratory results using a health report card. The purpose of this study to assess whether the use of a health report card motivates subjects to make lifestyle changes that may ultimately impact modifiable cardiac risks factors.

#### INTERVENTION

The intervention group (n=30) will receive a health report card adapted from the Framingham Fraser Health Report Card. The control group (n=30) will receive the usual care which consists of laboratory reports mailed to their residences with abnormal values circled and written provider recommendations. A baseline questionnaire regarding diet and exercise patterns and demographic information will be completed by both groups at their annual physical exam visits. Both groups will receive telephone follow-up at 1 and 3 months to assess modifications in lifestyle using the same questionnaire.

#### ANALYSIS

Paired t-tests and independent t-tests will be used to compare outcomes both within and between groups at 3 months. A chi-square analysis will be used for categorical variables that may be related to pre and post changes in weight, smoking status, exercise and diet. P= 0.05 will be considered statistically significant. All data analyses will be performed using SAS version 9.1.(Cary, North Carolina, USA.

Conflict of Interest: None