



Helping the Helpers

Lessons Learned and Outcomes to Date from
the FirstNet® Health and Wellness Coalition

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“When I was a boy and I would see scary things in the news, my mother would say to me, ‘Look for the helpers. You will always find people who are helping.’”

Fred Rogers

Quis adiuvat adiutores?

Who helps the helpers?

Abstract:

Historians in America and around the world may well label the early 21st century as the era of mass casualty events. From the events of September 11, 2001, to multiple mass school shootings in the U.S. to terrorist attacks in Boston, Moscow, Paris and elsewhere, first responders repeatedly face horrific incident scenes. Police, fire and medical personnel, emergency managers, and public safety telecommunicators, their peers, and their families bear the physical and emotional scars of these events. And they struggle daily to overcome those long-term injuries.

The FirstNet program was one of the two major communications projects¹ born from the September 11, 2001, attacks in New York City, Washington, and Shanksville, PA. In February 2012, Congress passed the Middle Class Tax Relief and Job Creation Act into law, allocating \$7 billion and 20 megahertz of broadband spectrum to establish a standalone broadband network for first responders and create the First Responder Network Authority (FirstNet Authority). In 2017, the FirstNet Authority awarded AT&T a historic 25-year contract to build and maintain this network. Public safety now has a reliable, interoperable, and effective network for response at a moment’s notice to natural and man-made disasters.

As AT&T began to deploy the FirstNet network, leadership realized they could do much more to help the nation’s police, fire, medical personnel, public safety telecommunicators, and other emergency responders. So, AT&T established the FirstNet Health and Wellness Coalition (FNHWC or “the Coalition”) to support the health, wellness, and readiness of America’s first responders and their families.

The Coalition brings together over two dozen national public safety organizations to assess, plan, prepare, integrate, and evaluate strategies and solutions to support emergency responder wellness. This group identified needs in the larger public safety/public health infrastructure and learned many lessons along the way. Most importantly, the group learned that we have much more to discover about the dynamic between emergency response, chronic stress injuries, individual mental wellness, and community health. This paper will discuss our collaboration within the Coalition, and the lessons learned from these efforts. We welcome feedback from readers on how the Coalition can improve going forward.

¹The other project is the Wireless Emergency Alert (WEA) system, which was authorized by Congress and signed into law by President George W. Bush in 2006 and became operational in 2012.

Executive Summary

FirstNet, Built with AT&T is the only nationwide communications network built with and for public safety. Through its intimate working relationship with public safety, FirstNet leadership recognized the need for resources dedicated to first responder health and wellness.

The FirstNet Health and Wellness Program (FNHWP) officially launched in May 2020 following FirstNet's exclusive support of the International Association of Chiefs of Police Officer Safety and Wellness Symposium. In order to proliferate these early activities, FirstNet recognized the need to formalize efforts to support first responder health and wellness efforts through advocacy, identifying available resources, and building relationships. Guiding the FNHWP is the FirstNet Health and Wellness Coalition (the Coalition), which is made up of more than two dozen organizations from public safety, academia, and industry to assess, integrate, and evaluate strategies and solutions to support emergency responder wellness.

It was determined that to better understand the current state of responder wellness and identify priorities, a formal needs assessment was an appropriate kickoff for the Coalition.

Through data analysis, literature review, a survey of first responders, and reports from various Coalition members, the FNHWC compiled a responder needs assessment report of its findings to date. This report highlights the challenges first responders face; opportunities to engage at the individual and agency level; and critical recommendations for the larger public safety/public health infrastructure. The Coalition found that first responders are aware of these concerns and are open to changing the status quo. For the purposes of this paper, we have defined "first responders" as law enforcement, fire, EMS, corrections, public safety telecommunicators, emergency management, frontline healthcare workers, and those who support them.

Compared with the general population, first responders experience higher rates of depression, post-traumatic stress, burnout, anxiety, and other issues. This leads to secondary and tertiary health risks, such as cardiovascular disease and disordered sleep. In addition, public safety departments across the country are experiencing widespread morale, recruitment, and retention challenges. Additionally, family members of emergency responders silently bear the burden of these impacts.



The Coalition found that first responders are aware of these concerns and are open to changing the status quo. The FirstNet Needs Assessment Survey (FNNAS), conducted from January to March 2021 with 475 first responders, bears out this analysis. Survey respondents identified areas they believe would improve their health and wellness, including stress management and physical fitness. They highlighted barriers to personal and agency improvement. And they made recommendations for how best to engage the public safety community.

From its analysis, the Coalition makes five key recommendations:

1. Engage public safety leadership
2. Integrate wellness into training throughout careers and beyond
3. Allocate funding for evidence-based solutions locally and nationally
4. Establish standards and technical assistance centers
5. Increase communication at all levels of public safety

Ultimately, the Coalition encourages continued examination and communication across all disciplines and levels of public safety, to continue learning more about the complex dynamic between emergency response, chronic stress injuries, individual mental wellness, and overall community health. Additional resources, data, funding, and collaboration can drive change and provide holistic support to those who serve.

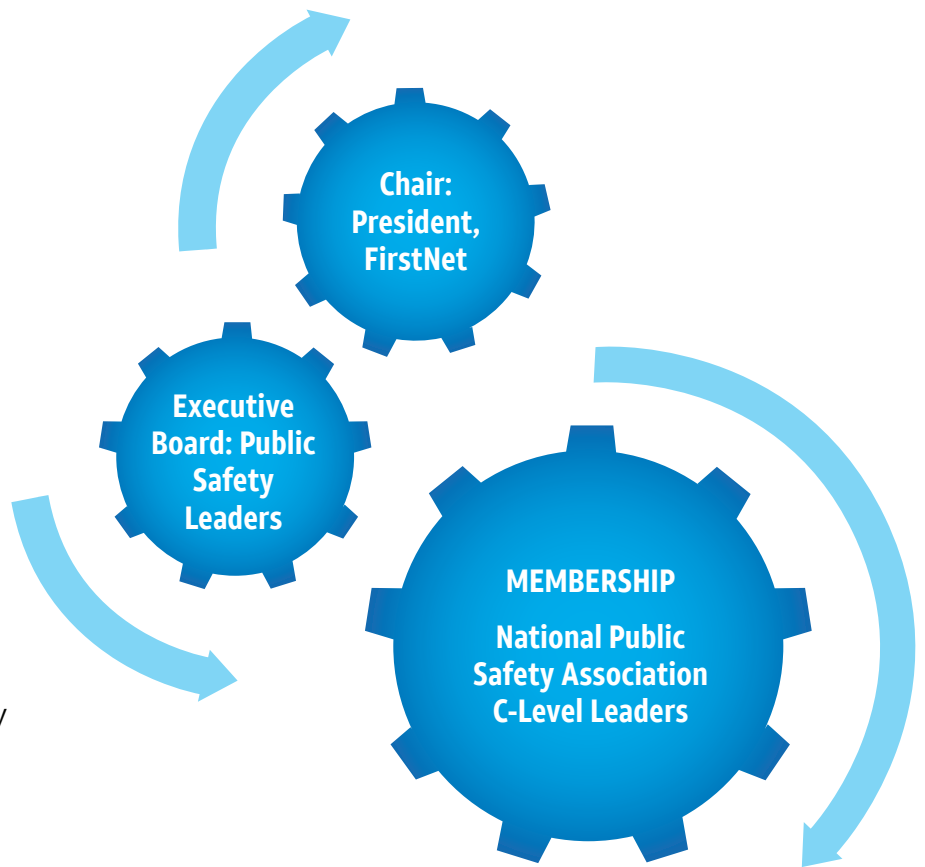


Introduction

FirstNet Genesis and the Emphasis on First Responder Health and Wellness

The FirstNet Program at AT&T is the result of a historic 25-year public-private partnership between AT&T and the First Responder Network Authority. AT&T has been given the responsibility for building out the telecommunications infrastructure of this standalone, wireless, broadband network for public safety. This network is designed to help ensure public safety has a reliable and effective network to respond to natural and man-made disasters at a moment's notice. FirstNet is more than just a wireless network – it includes advanced communications services, applications and purpose-built devices. It also provides public safety interoperability between agencies at the state, local, federal and tribal levels².

As AT&T began to build out the FirstNet system, the process naturally involved close collaboration between AT&T leadership and countless first responders from across the public safety spectrum. Through this intimate working relationship, AT&T leadership recognized that a career in emergency response can greatly impact the health and wellness³ of public safety professionals. So, AT&T began to pursue ways to integrate public safety health and wellness into the FirstNet mission. And it launched the FirstNet Health and Wellness Program (FNHWP) in May 2020 to support first responder health and wellness efforts through advocacy, resources and relationships. The mission of the FNHWP is to improve the health and wellness of first responders nationwide, while also serving as an example of corporate policy engagement in a meaningful yet under-resourced public health space⁴.



²First Responder Network Authority (FRNA). (2020). *First responder network authority roadmap*. Department of commerce. <https://firstnet.gov/network/roadmap>

³The [World Health Organization](#) defines wellness as the optimal state of health of individuals and groups. There are two focal concerns: the realization of the fullest potential of an individual physically, psychologically, socially, spiritually, and economically, and the fulfilment of one's role expectations in the family, community, place of worship, workplace and other settings.

⁴Research demonstrates that corporate engagement in public health concerns leads to improvements for the community's those companies serve, the wellness of community members, and facilitate a healthy workplace culture. See Bipartisan Policy Center. (2019). Good Health is Good Business. The Value Proposition of Partnership Between Businesses and Governmental Public Health Agencies to Improve Community Health. <https://bipartisanpolicy.org/download/?file=/wp-content/uploads/2019/06/Good-Health-Is-Good-Business.pdf>

One strategic arm of the FirstNet Health and Wellness program is the FirstNet Health and Wellness Coalition (the Coalition). The mission of the Coalition is to integrate responder, industry, community and academic capabilities to support the health, wellness, and readiness⁵ of America's first responders. This effort brings together over 2 dozen public safety organizations – representing over 5.1 million first responders – to identify the most critical priorities facing first responders and lend their resources to creating meaningful solutions.⁶

The FNHWC Model

1. Establishes a framework to integrate leadership across first responder professions.
2. Assesses/analyzes existing data on first responder health and wellness needs.
3. Identifies key priorities for action.
4. Facilitates action planning in which to address priorities.
5. Evaluates the effectiveness of activities for future planning and activities.⁷



This model stems from the Mobilizing Action through Planning and Partnerships (MAPP) process for community health improvement planning. But we are applying it in an organizational setting rather than a community.⁸ Increasing evidence shows that private industry should take an active role in supporting the needs of the community. This aligns with private industry's business priorities.⁹ It also creates an opportunity for private industry to positively influence the health and wellness of the communities it serves. The Coalition strives to create a collaborative environment that facilitates positive change.

⁵Readiness is the capacity for an emergency responder to execute their job requirements tactically as well as mental, physical, and spiritual readiness required from ongoing, cyclical, and chronic exposure to traumatic incidents

⁶See Appendix A: FirstNet Health and Wellness Coalition Membership

⁷Courie, A. (2020). FirstNet Health and Wellness Coalition Charter. <https://www.firstnet.com/content/dam/firstnet/white-papers/firstnethealth-and-wellness.pdf>; Courie, A. & Sanati, M. (2021). The FirstNet First Responder Needs Assessment: Driving Towards Targeted Interventions. International Public Safety Association Journal. 1-14.

⁸National Association for City and County Health Officials. (2015). *Mobilizing action through planning and partnerships handbook*. <https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp>; Substance Abuse, Mental Health Services Administration (SAMHSA). (2018). *Disaster technical assistance center supplemental research bulletin: First responders: Behavioral health concerns, emergency response, and trauma*. <https://www.samhsa.gov/sites/default/files/dtac/supplementalresearchbulletin-firstresponders-may2018.pdf>

⁹Bipartisan Policy Center (2019); NACCHO, (2015)

First Responders – Who and How Many

For the purposes of this paper, we have defined public safety and emergency response personnel as those who serve in the professions of law enforcement, fire, EMS, corrections, public safety telecommunicators, emergency management, frontline healthcare workers, and those who support them.

Consistent with the Department of Homeland Security and Federal Emergency Management Agency, first responders are considered emergency response providers and are defined in 6 U.S.C. 101 (6) as: “Federal, State, and local governmental and nongovernmental emergency public safety, fire, law enforcement, emergency response, emergency medical (including hospital emergency facilities), and related personnel, agencies, and authorities.”¹⁰

The National Fire Protection Agency estimates 1,115,000 firefighters are currently active in the country. Two-thirds of that total are volunteers and one third are career firefighters.¹¹ USAFACTS states that in 2019, there were over 1,000,000 full-time and part-time law enforcement officers employed in the country.¹² The National Institute for Occupational Safety and Health reported that in 2018 there were 241,000 career E.M.T.s and paramedics with many more volunteer units.¹³ In addition, the National Emergency Numbers Association¹⁴ reported over 100,000 9-1-1 professionals currently working at over 5,700 Emergency Communications Centers (ECCs, also referred to as public Safety Answering Points). All told, the Department of Homeland Security¹⁵ estimates there are over 3 million emergency response personnel practicing in the United States today. These data are consistent with the 2021 Bureau of Labor Statistics reporting as well.¹⁶

These figures do not include the extended public safety infrastructure of frontline healthcare workers, including emergency department medics, nurses, and physicians who are often on the receiving end of casualty transports following man-made and natural disasters. For example, the last National Sample Survey of Registered Nurses showed over 205,000 registered nurses (RNs) employed in Emergency settings.¹⁷ Data supports that the mental health and wellness concerns facing public safety are similar to those of frontline healthcare personnel, especially following the COVID-19 pandemic. In this paper, frontline healthcare workers are included in the population under consideration.

¹⁰Department of Homeland Security. (January, 2017), The International Forum to Advance First Responder Innovation, *First responder market overview synopsis*. https://www.dhs.gov/sites/default/files/publications/First_Responder_Market_Overview_Synopsis_2017_508C.pdf and *First Responders Defined by the NCHRP - Homeland Security Digital Library (hsdl.org)*

¹¹Everts, B., Stein, G. P. (2020, February). *U.S. department profile*. National Fire Protection Association. <https://www.nfpa.org/News-and-Research/Data-research-and-tools/Emergency-Responders/US-fire-department-profile>

¹²Police Departments, Funding, Stats & Data (usafacts.org)

¹³Emergency Medical Services Workers | NIOSH | CDC

¹⁴National Emergency Numbers Association. (2021). *911 Basic information. 9-1-1 Basic Information - National Emergency Number Association (nena.org)*

¹⁵Department of Homeland Security. (January, 2017), The International Forum to Advance First Responder Innovation, *First responder market overview synopsis*. https://www.dhs.gov/sites/default/files/publications/First_Responder_Market_Overview_Synopsis_2017_508C.pdf

¹⁶Employment by detailed occupation : U.S. Bureau of Labor Statistics (bls.gov)

¹⁷<https://data.hrsa.gov/topics/health-workforce/nursing-workforce-dashboards>

Confronting a Serious Line-of-Duty Hazard

Those who respond to emergencies on a consistent basis experience higher rates of depression, post-traumatic stress, burnout, anxiety, and other issues, compared with the general population¹⁸, with the prevalence of these conditions only rising since the COVID-19 pandemic¹⁹, the literature shows. The data seem to paint a clear picture of significant health risks for those who run towards problems instead of away from them. Additional research substantiates the relationship between the chronic stress injuries first responders experience and their secondary and tertiary health risks, such as cardiovascular disease, hypertension, cancer, metabolic disease, injuries, and others²⁰.

Consequently, there is growing awareness of the mental, physical, and spiritual stressors facing those who respond to emergencies.

One of the ever-increasing problems facing first responders is suicide. Many first responders lose their lives to suicide every year. In 2020, at least 127 firefighters and 116 police officers died by suicide²¹. Mental illnesses such as PTSD and depression are contributing factors²². We have also learned that death by suicide in this group can often outnumber traditional line-of-duty deaths. Additionally, nurses and other frontline healthcare personnel have long been at an increased risk of suicide than the general population²³. Suicide risk is significant for populations with access and means to methods for suicide (for example, firearms and narcotics)²⁴ – an issue that is significant for all the professions that fall under the umbrella of public safety.



¹⁸Heyman, M., Dill, J., & Douglas, R. (2018). *The Ruderman white paper on mental health and suicide of first responders and Substance Abuse*, Mental Health Services Administration (SAMHSA). (2018). Disaster technical assistance center supplemental research bulletin: First responders: Behavioral health concerns, emergency response, and trauma. <https://www.samhsa.gov/sites/default/files/dtac/supplementalresearchbulletin-firstresponders-may2018.pdf>

¹⁹Cuccia, A. F., Peterson, C., Melnyk, B. M., & Boston & Leary, K. (2022). Trends in mental health indicators among nurses participating in healthy nurse, healthy nation from 2017 to 2021. *Worldviews on Evidence-Based Nursing*, 19(5), 352-358.

²⁰House, A., Jackson, B., Bartis, J., & Peterson, D. (2004). *Emergency Responder Injuries and Fatalities*. Technical Report for National Personal Protective Technology Laboratory. RAND Corp. [Emergency Responder Injuries and Fatalities: An Analysis of Surveillance Data | RAND](https://www.rand.org/pubs/technical_reports/TR404.html)

²¹Bar Nissim, H., Dill, J., Douglas, R., Johnson, O., & Folino, C. (2022). The Ruderman White Paper Update on Mental Health and Suicide of First Responders. Ruderman Family Foundation. https://issuu.com/rudermanfoundation/docs/ruderman_white_paper_b6e23ffe50d480/10

²²Heyman et al., 2018.

²³<https://sigmapubs.onlinelibrary.wiley.com/doi/abs/10.1111/wvn.12419>

²⁴Milner A, Witt K, Maheen H, LaMontagne AD. Access to means of suicide, occupation and the risk of suicide: a national study over 12 years of coronial data. *BMC Psychiatry*. 2017 Apr 4;17(1):125. doi: 10.1186/s12888-017-1288-0. PMID: 28376757; PMCID: PMC5379531.

But these existing data also can be misleading. The public safety telecommunications and emergency management professions do not track suicide rates and mental health risk factors. The process for systematic surveillance and aggregation of health risk data is disjointed and inconsistent across professions. And there is no single organization today that systematically tracks the health risk factors facing America's emergency response personnel. But the literature seems to document a consistent message that emergency response providers face health risk factors because of the work they do.

The Centers for Disease Control and Prevention (CDC) is currently working to expand the National Violent Death Reporting System through the first-year implementation of a Public Safety Officer Suicide Reporting Module²⁵, and the Federal Bureau of Investigation is implementing a tracking process similar to the Department of Defense Suicide Event Reporting, albeit more robust²⁶.

But these systems are not integrated and rely on local voluntary reporting. They contain different case definitions, circumstances, and level of detail that may create additional gaps in reporting and usage.

Regardless, suicide remains a significant risk for emergency responders. If left untreated, the cumulative traumatic stress injuries of the profession, coupled with additional life stressors, can take a critical toll on first responders. As one organization remarked, *"Life is hard. There is no educational system that is preparing our responders how to manage the stress of life, the stress of the job, and the stress of being human. This needs to change²⁷."*

There is increasing need for advocacy, resources, and legislation towards supporting first responders' mental, physical, and spiritual health to get upstream from the problems they face. First responders must be able to access confidential and free or low-cost access to mental health screening and treatment services without fear of losing their employment, license to practice, or any other sort of backlash.

“ *Life is hard. There is no educational system that is preparing our responders how to manage the stress of life, the stress of the job, and the stress of being human. This needs to change²⁷.* **”**

²⁵The National Violent Death Reporting System (NVDRS) is a federal surveillance system which tracks any violent death (suicide, homicide, deaths of undetermined intent, lethal intervention, and unintentional firearm deaths). Initiated in 2003, NVDRS is now operative in all US states and territories and relies on death certificates, coroner/medical examiner reports, and law enforcement reports to collect information on fatalities to help inform prevention efforts. The Public Safety Officer Module of NVDRS launched in January 2022 and is funded through the Helping Emergency Responders Overcome (HERO) Act.

²⁶The Law Enforcement Suicide Data Collection Act (2020) established a new data collection tool under the FBI for current and former law enforcement officers for suicide deaths and attempts. Local law enforcement agencies voluntarily generates the case records using an online reporting portal that is not yet highly utilized.

²⁷Goldberg, J. (2022). Posttraumatic Growth Summit. Integration of Posttraumatic Growth into Public Safety proceedings. Boulder Crest Institute for Posttraumatic Growth: Washington, DC.

Opportunities for Community Action and Engagement

A systematic review of literature showed that first responders were at a much higher risk for post-traumatic stress disorder, depression, and suicidal tendencies^{28,29}. This review also showed that first responders are aware of the mental and physical stressors that contribute to their health and wellness challenges, including post-traumatic stress, depression, access to mental healthcare, and concerns about drug and alcohol abuse. In a recent survey, 46% of nurses shared that they are either considering or planning to leave their position in the next 6 months because “work is negatively affecting their health and well-being”.³⁰ This finding is consistent with other helping professions and concerns for retention and recruitment extend across professions.

To further explore these stressors, perceived barriers and potential opportunities for engagement, the Coalition conducted the FirstNet Needs Assessment Survey (FNNAS or the survey). The Coalition conducted the survey from January to March 2021 using Survey Monkey™ software. And it invited its associations to share the link with their membership and distributed through email and newsletters. The Coalition received consent to the survey from 475 responders and analyzed 368 completed data sets from the professions of fire (35.3%), law enforcement (22.3%), public safety telecommunicators (16%), emergency management (14.4%), paramedics (5.2%), and emergency medical personnel (1.4%).

The data gathered by the survey indicated areas in which responders wanted to improve their wellness through stress management, physical fitness, wellness coaching, and resilience training. These results support perceptions that first responders see an opportunity to engage in addressing their health and wellness risk factors, indicating that the population is ready to take action.

The data also identify areas where action can be taken, and areas where responders want to engage, which makes them more likely to participate in activities to improve their own well-being.

Respondents shared valuable ways to engage first responders in their health and wellness needs. Specifically, respondents wanted to see their leadership engaging in health and wellness, not just speaking to it. One respondent remarked: “Leadership needs to be involved with this {wellness} at the same level as other staff and provide funding and participation that shows their real support.” Additionally, respondents expressed a desire to attach awards or incentives to health and wellness engagement.

Respondents to the survey said that programs with the greatest impact focused on stress management, physical fitness, life coaching, resilience training, or dealing with anxiety.



²⁸Jones, S. (2017). Describing the Mental Health Profile of First Responders: A Systematic Review. *Journal of American psychiatric nurses association*. <https://doi.org/10.1177/1078390317695226>

²⁹US Marshals Service. (2022). National Wellness Survey Report for public safety personnel. US Marshals Service.

³⁰American Nurses Foundation, Pulse on the Nation's Nurses Survey Series: Annual Assessment Survey, November 2022. <https://www.nursingworld.org/practice-policy/work-environment/health-safety/disaster-preparedness/coronavirus/what-you-need-to-know/annual-survey--third-year/>

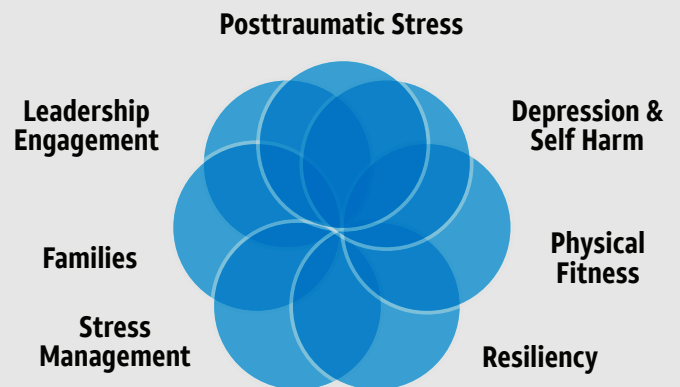
The respondents also shared barriers to engaging in wellness activities, such as insufficient time, work-life balance struggles, the cost of activities and a lack of awareness of resources. These barriers to engaging in health and wellness activities are consistent with the perceived barriers in many other populations^{31,32}.

As health promotion practitioners develop engagement strategies to manage first responder health and wellness needs, they will have to be exceedingly aware of the barriers perceived by first responders. The demands of shift work and non-traditional work hours present unique challenges to public safety engaging in traditional wellness offerings. Departments and organizations focused on first responder health and wellness needs will need to consider the timing and frequency of offerings to meet the various shift requirements.

An example of success is the effort of some employers in the healthcare industry with healthcare workers and nurses who work long shifts and face many stress factors. These employers addressed several areas for health improvement. These include ongoing education, skill development plans, leadership development, education on stress management skills, team building, and communication improvement exercises. All of these can be helpful in addressing mental health concerns^{33,34,35}. First responder agencies such as police, fire, and EMS could use similar improvement programs to increase satisfaction, health, and wellness.

Priorities and Objectives

Consistent with the background on first responder health and wellness and the results from the survey, the Coalition identified **7 key priorities for action**: post-traumatic stress, depression and self-harm, physical fitness, resiliency, stress management, and family member engagement, and leadership engagement. These priorities have framed the advocacy, programmatic, and collaborative efforts of the coalition since 2021³⁶.



³¹Perrault, E. K., Hildenbrand, G. M., & Rnoh, R. H. (2020). Employees' Refusals to Participate in an Employer-Sponsored Wellness Program: Barriers and Benefits to Engagement. *Compensation & Benefits Review*, 52(1), 8–18. <https://doi.org/10.1177/0886368719899209>

³²Person AL, Colby SE, Bulova JA, Eubanks JW. Barriers to participation in a worksite wellness program. *Nutr Res Pract*. 2010 Apr;4(2):149-154. <https://doi.org/10.4162/nrp.2010.4.2.149>

³³Tamers, S., Chosewood, L., Childress, A., Hudson, H., Nigam, J., & Chang, C.-C. (2019). Total Worker Health® 2014–2018: The Novel Approach to Worker Safety, Health, and Well-Being Evolves. *International Journal of Environmental Research and Public Health*, 16(3), 321. MDPI AG. Retrieved from <http://dx.doi.org/10.3390/ijerph16030321>

³⁴Lara Pinho, Tânia Correia, Francisco Sampaio, Carlos Sequeira, Laetitia Teixeira, Manuel Lopes, César Fonseca. (2021). The use of mental health promotion strategies by nurses to reduce anxiety, stress, and depression during the COVID-19 outbreak: A prospective cohort study, *Environmental Research*. <https://doi.org/10.1016/j.envres.2021.110828>.

³⁵Wu, A.; Roemer, E.; Kent, K.; Ballard, D.; Goetzal, R. (2021). Organizational Best Practices Supporting Mental Health in the Workplace. *Journal of Environmental Medicine*. 63 (12).

³⁶Courie, A. & Sanati, M. (2021). The FirstNet First Responder Needs Assessment: Driving Towards Targeted Interventions. *International Public Safety Association Journal*. 1-14.

There are five key objectives by which this public-private collaboration drives action in these priorities for emergency responder health and wellness:



COMMUNICATION

Implement strategies to raise awareness of issues and resources, advocacy, and engagement of these health risk factors inside the profession, across all public safety, and for the local communities that responders serve.



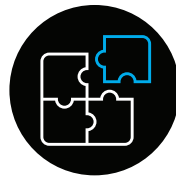
PROGRAMMATIC SOLUTIONS

What evidence-based programs, resources, mental health services, and training by nonprofits and for-profit organizations are available to first responders? How can we engage these organizations to reach responder agencies that have limited resources and fewer personnel to drive engagement at all levels in emergency responder wellness? How can we recruit and retain first responders? How can employers (both public and private) support the health and wellness of their first responder employees?



LESSONS LEARNED AND BEST PRACTICES

The Coalition has come to realize that the health risks of emergency response crosses professions. While there are unique attributes to each profession, they have much in common; and can continue to share their lessons learned and resources developed at the national level to cross pollinate best practices.



COLLABORATIVE SOLUTIONS

How do we work at the national level to think outside the box: engaging academic institutions, think-tanks, and other consortia to get ahead of the health risk factors facing public safety? How can we get sustained Federal, state and local funding for the training, recruitment, and ongoing payment for more first responders?



TECHNICAL SOLUTIONS

The lives of emergency responders do not revolve around a 9-5 punch clock. The Coalition looks for technical solutions that can drive responder engagement in health and wellness wherever they live, work, or play by use of evidenced-based mobile health (mHealth) applications and tools that are available around the clock.

Consequently, the efforts of the Coalition over the last 2 years have been to drive multiple efforts in these strategic objectives. The Coalition's efforts have resulted in allocation of resources, new partnerships, key collaborations, and summits to address the issue. In addition, the Coalition has driven messaging, developed training, created technical solutions, and identified gaps in resourcing and legislation that required additional action.

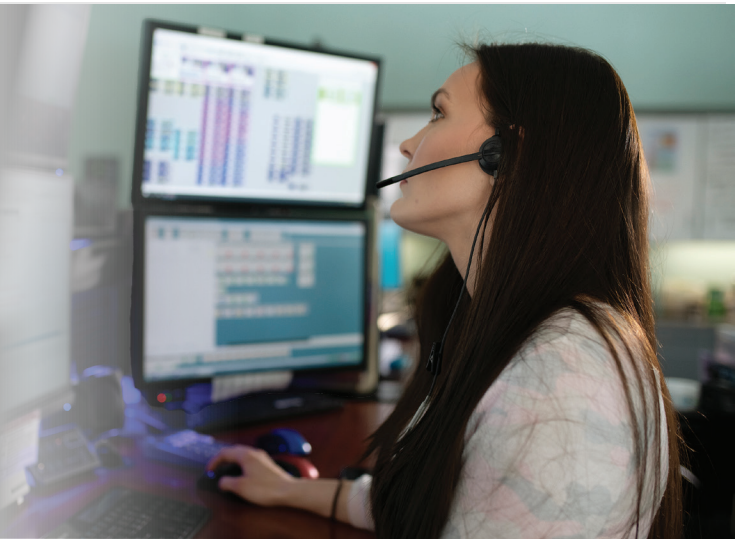
Recommendations and Discussion

As the Coalition has evolved, the membership has made critical recommendations for the profession and for the nation. The health and wellness challenges facing public safety will continue to erode trust in leaders and the profession and present a serious issue for the health, safety, and infrastructure of local communities.

In addition to the health risk factors described here, many public safety professions report issues with retention and recruitment. Morale is low in many departments and responders question the ability to reclaim the purpose, meaning, and pride in serving their local communities that is at the core of their identity as a first responder.

Depending on the community, many responders do not feel valued; and there is increasing concern about retention.³⁷ Survey results from the American Nurses Foundation are shocking. From their Pulse on the Nation's Nurses COVID-19 Survey Series: Workplace Survey, June-July 2022, 58% of nurses reported that their work environment is not healthy and/or positive. Additionally, 60% of nurses reported experiencing bullying or incivility at work, and a third have experienced an act of violence at work.³⁸ Nurses reported feelings of being attacked by the patients they serve, and nursing remains one of the most dangerous professions from a workplace violence standpoint.³⁹ A representative from the National Emergency Number Association (NENA) reports that some 9-1-1 telecommunications centers have a 70%+ vacancy rate.⁴⁰ Police, Fire, and EMS are unable to recruit and retain the responders we need for the safety our communities require. These data present an alarming picture for the longer term sustainability of community response capabilities.

These issues represent a cause-and-effect cycle impacting the health, wellness, and readiness of the American public safety system. However, engagement and action are robust across the associations represented at the Coalition. There are significant efforts we can make in the near-term. Based on multiple reports and recommendations from nonprofit organizations, agencies, and training programs, the Coalition has identified several key recommendations for action at the national level.



³⁷U.S. Marshals Service. (2022). National Wellness Survey Report for Public Safety Personnel. US Marshals Service.

³⁸American Nurses Foundation, Pulse on the Nation's Nurses COVID-19 Survey Series: Workplace Survey, June-July 2022. <https://www.nursingworld.org/practice-policy/work-environment/health-safety/disaster-preparedness/coronavirus/what-you-need-to-know/covid-19-survey-series-anf-2022-workplace-survey/>

³⁹[Addressing The Rise In COVID-Related Violence Against Nurses | NurseJournal.org](https://www.nursejournal.org/addressing-the-rise-in-covid-related-violence-against-nurses)

⁴⁰[911 Telecommunications: It's more than just taking a stressful call \(firstnet.com\)](https://www.firstnet.com/en/911/telecommunications-it-s-more-than-just-taking-a-stressful-call)

Lessons Learned and Key Recommendations

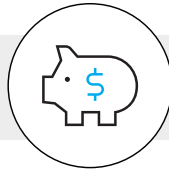
As public safety leaders have come together to discuss lessons learned and best practices, they have come closer to identifying critical gaps in the infrastructure of public safety wellness and made several key recommendations. These recommendations should be considered for resourcing, policy change, standards development, and further advocacy across public safety.



Engage Leaders



**Integrate Wellness
Into Training**



**Allocate Funding
and Resources**



**Establish
Standards**



Communication

Engage Leaders

Information gathered from across multiple organizations, nonprofits, surveys, and dialogue at summits highlights one significant recommendation: leaders need to be engaged. Within the First Responder Needs Assessment⁴¹ responders report the need for deepening leadership engagement. Responders acknowledge the value of leaders addressing mental health and wellness, but they report leaders need to go beyond talking about health and wellness and actually demonstrate and model behaviors of mental health and wellness practices. This recommendation is consistent with the literature. Organizations that want to see specific behaviors in their rank and file need to be reinforced and displayed by their mid-level managers and at the highest levels of leadership.

Reports on lessons learned from the First H.E.L.P. organization on addressing suicide prevention within public safety departments also recommend leadership engagement within trainings themselves.⁴² Rank and file responders were more likely to participate in conversations about wellness, trauma, and struggle when their peers and leaders were also willing to engage in those meaningful conversations. Boulder Crest Foundation for post-traumatic growth also provided recommendations to this effect. Their programs had more significant impacts and integration of wellness into the culture of the organizations when efforts were not just supported at the top, but when leadership across the department was involved in wellness activities.⁴³



⁴¹Courie, A. & Sanati, M. (2021). The FirstNet First Responder Needs Assessment: Driving Towards Targeted Interventions. International Public Safety Association Journal. 1-14.

⁴²Courie, A. (2022). FirstNet Health and Wellness Coalition Meeting Minutes September 15, 2022. FirstNet, Built with AT&T. Dallas, TX.

⁴³Courie, A. (2022). FirstNet Health and Wellness Coalition Meeting Minutes December 14, 2022. FirstNet, Built with AT&T. Dallas, TX.

Integrate Wellness into Training and Education Programs

Wellness needs to be integrated into training and education efforts from entry into the profession and throughout the life cycle of a responder, including retirement.^{44,45} Consistently, reports from various nonprofits and leaders within the profession recommend integration of wellness into the training programs and education lifecycle of all responders. To change the culture of public safety, wellness needs to be woven into the very fabric of becoming a responder. For too long, wellness has been perceived as an ad hoc “nice to have” but not a “must have” of many departments. With increasing stressors, operational tempo, and workforce shortages, wellness is a critical force multiplier in correcting the current trend of burnout, depression, PTSD, and loss of responders from the profession due to suicide or attrition. For example, within nursing, the American Nurses Foundation and partners launched the Well-Being Initiative in the spring of 2020 to provide free multi-modal programs to all nurses.

Training programs and education in wellness skills should start at the onset of learning of the profession and continue all the way through to retirement. Wellness curriculum should be incorporated at the academy, training agency, and/or college coursework. The wellness of public safety is inherent in the ability of the individual to do their jobs and should be a part of how they train to become experts in their field.

Additionally, organizations found that cross-profession trainings were especially valuable. Trainings that included responders from multiple professions – sworn and unsworn (civilian personnel) – built a sense of community, shared purpose and common struggles that created deep and meaningful relationships and understanding. Training plans should be built in such a way that public safety agencies in a geographic area can share resources and tools that foster cross collaboration. This shared sense of struggle can deepen relationships that ultimately can assist in improved collaboration even in the middle of crisis response.⁴⁶ Unfortunately, wellness knowledge, skills, and abilities are not incorporated to the same level as standards for equipment, uniforms, or operations. This needs to change. Organizations should be responsible for building policies that incorporate wellness throughout the lifecycle of an emergency responder’s career.

“ . . . a sense of community, shared purpose and common struggles that created deep and meaningful relationships and understanding . . . ”



⁴⁴Courie, A. (2022). FirstNet Health and Wellness Coalition Meeting Minutes December 14, 2022. FirstNet, Built with AT&T. Dallas, TX.

⁴⁵Boulder Crest Institute. (2022). Posttraumatic Growth Summit. Boulder Crest Foundation: Washington, DC.

⁴⁶Courie, A. (2022). FirstNet Health and Wellness Coalition Meeting Minutes September 15, 2022 and March 2, 2022. FirstNet, Built with AT&T. Dallas, TX.

⁴⁶[BJA FY22 Grant Awards | Office of Justice Programs \(ojp.gov\)](https://www.ojp.gov)

Allocating Funding and Resources

Agencies need to allocate funding and resources to implement evidence-based solutions at the local and national level. Currently, grants are available to address responder wellness through various federal entities (Bureau of Justice Administration,⁴⁷ US Fire Administration⁴⁸) and state grants, but they are not always equally available across all public safety professions. While the grant process fills an important gap for funding of wellness programs for public safety and should be sustained for those that rely on grants, it lacks long term sustainability and equality for access amongst first responder groups.

We need to publish training and continuing education standards and recommendations for state and local administrators that incorporate funding measures to include health and wellness for all emergency responders. This will allow communities to invest in the wellness of their responders in the same way they invest in equipment and resources to ensure the safety and health of their emergency response systems for their municipalities. And we need to educate communities on the need for aiding emergency response personnel and caring for the health, safety and functioning of the systems on which they rely. The capacity and well-being of the U.S. health workforce has been under threat for years by an epidemic of burnout, and the COVID-19 pandemic has exacerbated this systems issue. Now more nurses, physicians, and state and local public health department employees than ever are considering leaving their professions. Recognizing that the function of the U.S. health system is at stake, the NAM released the National Plan for Health Workforce Well-Being in October 2022 to drive collective action to strengthen health workforce well-being and restore the health of the nation.⁴⁹

**Communities to invest in the wellness
of their responders in the same way
they invest in equipment and resources**

Wellness Standards

We need to publish standards on evidence-based health and wellness programs. And we need to make technical assistance centers available as a resource for implementation. At the current time, many public safety associations are moving to publish standards for the implementation of robust and evidence-based wellness programs for various size agencies that are tailored for the health risk factors of the first responders they serve.⁵⁰ However, many responders report a lack of awareness of these standards⁵¹ and want more visibility and understanding on what those standards entail. Particularly for mental health

⁴⁷[BJA FY22 Grant Awards | Office of Justice Programs \(ojp.gov\)](#)

⁴⁸[Fire service grants and funding \(fema.gov\)](#)

⁴⁹<https://nam.edu/initiatives/clinician-resilience-and-well-being/national-plan-for-health-workforce-well-being/>

⁵⁰[Officer Health and Wellness \(theiacp.org\)](#); [Wellness/Fitness Program Summary \(iafc.org\)](#); [Health and Wellness - APCO International \(apcointl.org\)](#)

⁵¹[Courie, A. & Sanati, M. \(2021\). The FirstNet First Responder Needs Assessment: Driving Towards Targeted Interventions. International Public Safety Association Journal. 1-14.](#)

assistance, assessment and treatment must be accessible, affordable, confidential, and not endanger the first responders' employment or licensure.

Evidence also suggests that organizations that have access to technical assistance are more likely to implement evidence-based standards and drive towards the outcomes they seek to address in their specific population. Many associations could develop mobile technical assistance teams that would assess a department's wellness capacity, make recommendations for improvement, help implement community health action plans, and assist in evaluating those efforts to ensure constant quality improvement in the wellness efforts at the local level. Many well-meaning responders with a desire to shift the culture in their organizations to one of wellness get "voluntold" or "volunteer" to implement a wellness program with few or no resources or guidance on how to get started. It can be exceedingly frustrating to build a program without any sense of where to start or resources available to ensure success. Public safety organizations have an opportunity to implement a technical assistance model that would ensure consistent, sustainable, and high-quality wellness programs across their constituents.

Communication

All the public safety organizations agree that wellness needs to be a part of the broader discussion both nationally and at the local level. They have identified a gap in the discussions happening at the national association level, as well as in states and local chapters. There needs to be ongoing, strategic communication of best practices and lessons learned in wellness program implementation. And these lessons need to trickle down to the rank and file across our nation. One third of respondents in the FirstNet First Responder Needs Assessment Survey expressed a desire for departments to better amplify awareness of programs, reflecting the need to better communicate health and wellness opportunities and an overall wellness message.

Additionally, deepening the conversation on responder health and wellness creates a shared language; reduces stigma about the problems of mental health, depression, anxiety, and PTSD; and allows for an opportunity for discourse about solutions & promising practices; and provides public safety with a strong and shared voice.

Communication also helps our local communities understand the impact of disaster response work. We must do a better job communicating the story of the emergency responder experience to connect our communities to the impacts of the job. This can lead to an understanding of the need to resource emergency responder wellness programs appropriately to contribute to the overall health and wellness of local municipalities. Additionally, this support and understanding can help drive local funding and collaboration.



In the Future

These key recommendations will create the path for systematic improvements within public safety wellness. An essential component for the success will be consensus amongst stakeholders. Advocates and leaders in this space will need to collaborate with their unions, communities, governments, families, and people to ensure activities are supported by key stakeholders.

Conclusion

Collaborating with public safety, disaster response organizations, and community safety infrastructure facilitates innovation, dialogue, and solutions that will help systematically identify critical gaps in the current systems to address the health priorities facing emergency responders and frontline healthcare personnel. By coming together with a united voice and clear understanding of the ways organizations can collaborate to drive change, we can drive public safety to address issues such as post-traumatic stress, depression, self-harm, anxiety, stress management, and family member, and leadership engagement.



Innovation + Dialogue + Solutions

Appendix A:

FirstNet Health and Wellness Coalition Membership, Contributors to White Paper and National Public Safety Association Endorsements

NAME	ORGANIZATION	MEMBERSHIP TYPE
Dr. Anna Courie	Director, Responder Wellness, FirstNet, Built with AT&T*	FirstNet/Private Sector/ Responder Wellness
Mr. Ed Davis	CEO, Edward Davis Company	Law Enforcement Consultant
Ms. April Heinze	National Emergency Number Association (NENA)*	Public Safety Telecommunications
Chief Bruce Evans	National Association of Emergency Medical Technicians (NAEMT)*	EMS/EMTs
Chief Jeff Spivey	International Association of Chiefs of Police (IACP)*	Police Chiefs
Chief Patrick Ridenour	International Association of Chiefs of Police (IACP)*	Police Chiefs
Chief Shannon Trump	National Association of Women Law Enforcement Executives*	Law Enforcement
Ms. Kym Craven	National Association of Women Law Enforcement Executives*	Law Enforcement
Ms. Deb Courtright	Public Safety Consultant	Field Expert
Chief Deric Weiss	Metro Fire Chiefs Association (MFCA)*	Fire Chiefs
Mr. Dick Mirgon	Public Safety Broadband Technology Association (PSBTA)*	Information Officers
Chief Al Gillespie	Public Safety Broadband Technology Association (PBSTA)*	Information Officers
Dr. Chet Kharod	National Association of Emergency Medical Service Physicians (NAEMSP)*	EMS Physicians, Prehospital Staff & Providers
Dr. Jennifer Mensik Kennedy	American Nurses Association*	Nursing
Dr. Sara Metz	Code4Counseling	Public Safety Psychology
Chief George Turner	Public Safety Commissioner/Police Chief City of Atlanta, Retied	
Mr. Mike Varney	First Responder Network Authority-Fire	First Responder Network Authority
Mr. Harry Markley	First Responder Network Authority - LE	First Responder Network Authority
Mr. Jason Biermann	International Association of Emergency Managers*	Emergency Management
Ms. Carrie Sperranza	International Association of Emergency Managers*	Emergency Management
Mr. Jason Rhodes	National Association of State EMS Officials (NASEMSO)	Emergency Management/ EMS
Sheriff Jim McDonnell	Los Angeles, CA County Sheriff (RET)	Police/Corrections
Mr. Jim Bugel	President, FirstNet, Built with AT&T*	FirstNet/Private Sector
Mr. Jim Pasco	National Fraternal Order of Police*	Police Officers
Mr. John Flynn	National Association of Police Organizations (NAPO)*	Police Officers
Chief Kathy O'Toole	Retired Police Chief/Police Consultant	Police Officers/Police Chiefs
Mr. Kevin O'Connor	International Association of Fire Fighters (IAFF)*	Firefighters

Appendix A: (continued)

NAME	ORGANIZATION	MEMBERSHIP TYPE
Ms. Leslyn Stewart	Metro COPS*/NOBLE Wellness*	Family Members
Mr. Dwayne Crawford	National Organization of Black Law Enforcement Executives (NOBLE)*	Law Enforcement
Mr. Mark Reddish	Association of Public Communications Officials International (APCO)*	Public Safety Telecommunications
Mr. Mark Spross	Association of Public Communications Officials International (APCO)*	Public Safety Telecommunications s
Mr. Otto Drozd	National Fire Protection Agency/Metropolitan Fire Chiefs Association*	Fire Service
Assistant Chief Patrick Fale	Tualatin Valley Fire and Rescue/Western Fire Chiefs of America*	Fire Service
Chief Paco Balderamma	Fresno County, CA Police Chief	Police Chiefs
Sheriff Pat Labat	Major County Sheriffs of America (MCSA)	Sherriff/Corrections
Mr. Pat McMonigle	FBI Agents Association*	Federal Agents
Mr. Reid Vaughan	National Volunteer Firefighters Council (NVFC)*	Volunteer Firefighters
Chief Rich Martin	International Association of Fire Chiefs (IAFC)*	Fire Chiefs
Ms. Sherri Martin	Fraternal Order of Police*	Police Officers
Ms. Trina Sheets	National Emergency Management Association (NEMA)*	Emergency Management
Mr. Josh Goldberg	CEO, Boulder Crest Foundation for Posttraumatic Growth*	Academic/Nonprofit
Ms. Rhonda Kelly	Executive Director, All Clear Foundation*	Academic/Nonprofit
Ms. Karen Solomon	President, First HELP*	Academic/Nonprofit
Chief Jeff Johnson (Ret)	Western Fire Chiefs*	Firefighters

*Denotes public safety association endorsement as well as individual.

Appendix B:

First Responder Needs Assessment

Table 1: First Responder Needs Assessment Demographics

Age	18-24	25-34	35-44	45-54	55-64	65+	PNTA*
Percentage	1.4%	9.8%	23.9%	35.3%	23.1%	6%	0.5%
Gender	Male	Female	Other				PNTA
Percentage	70.7%	28.3%	0.3%				0.8%
Ethnicity	A.A./Black	Asian	Caucasian	Latino/ Hispanic	Native Am.	Other	PNTA
Percentage	2.7%	0%	85.6%	3.8%	0.8%	1.6%	4.9%
Education	HS Grad	Trade	AD	BS/BA	MS/MA	Doctoral/Prof	PNTA
Percentage	13%	6.8%	22.8%	35.9%	17.1%	1.9%	2.4%
Marital Status	Unmarried	Married	Cohabiting	Divorced	Widowed	Separated	PNTA
Percentage	12.2%	70.7%	3%	8.7%	1.4%	1.1%	3.0%

Table 2: The top three problems facing public safety

ANSWER CHOICE	PERCENTAGE	ANSWER CHOICE	PERCENTAGE
Access to healthcare	3.0%	Lack of health/mental-care workers	9.0%
Access to mental healthcare	22.0%	Lack of healthcare insurance	2.2%
Alcohol and Drug Abuse	20.9%	Lack of morals or values	1.9%
Anxiety	19.0%	Lack of purpose/hope	5.4%
Cancer	15.5%	Lack of resilience	5.2%
Cardiovascular Disease	14.9%	Line of Duty Death	4.3%
Child Abuse	0.0%	Lung disease	0.8%
Communication Issues	11.7%	Metabolic problems/obesity	10.9%
COVID-19	17.1%	Personal Safety	14.1%
Domestic Violence	3.3%	Post-Traumatic Stress Disorder	39.9%
Depression	23.6%	Suicide	9.5%
High Blood pressure	9.0%	Toxic culture	12.8%
Hostile Work Environment	5.7%	Other (please specify)	9.2%
Implicit Bias	9.0%		

Appendix B:

First Responder Needs Assessment (continued)

Table 3: Programs with the Greatest Impact

ANSWER CHOICES	PERCENTAGE	ANSWER CHOICES	PERCENTAGE
Bias training	7.6%	Physical Fitness Training	22.8%
Compassion training	8.2%	Relationship Building	5.7%
Cultural Competence	7.1%	Resilience Training	20.7%
Alcohol and Drug Abuse	6.3%	Professional Development Scholarships	5.4%
Dealing with Anxiety	20.1%	Sleep skills	12.8%
How to be a better leader	9.8%	Strength Training	3.0%
How to run a 5 or 10K	0.3%	Stress Management	50.8%
Leadership training	17.7%	Suicide Prevention	9.0%
Healthy nutritional choices	15.5%	Therapy Dogs	5.2%
Marriage/Family	13.9%	Tobacco Cessation	1.6%
Mindfulness training	13.3%	Wellness/Life Coaching	22.3%
Peer counseling programs	19.3%	Other (please specify)	1.9%

Table 4: Barriers to engaging activities that enhance health

ANSWER CHOICES	PERCENTAGE	ANSWER CHOICES	PERCENTAGE
Cost of activities (it's too expensive)	33.4%	Not enough time	56.3%
Fear of impact on employment	18.2%	Not interested in being healthier	10.3%
Lack of awareness of programs	32.3%	Stigma (internal/external)	23.4%/23.4%
Lack of community support	5.7%	Times that activities are offered	0%
Lack of culturally competent providers	8.7%	Work-life balance	56%
Lack of organizational support	26.1%	Other (please specify)	6.3%

Appendix B: First Responder Needs Assessment (continued)

Table 5: Ways to engage first responders in health and wellness

ANSWER CHOICES	PERCENTAGE	ANSWER CHOICES	PERCENTAGE
Amplification of awareness of programs	33.7%	Personal Protective Equipment	9.2%
Awards/Incentives	42.7%	Podcasts	3.3%
Biometrics/biofeedback	11.4%	Retreats	10.1%
Digital applications	6.5%	Small group classes	14.4%
Engagement from Leadership	47.6%	Sponsored training	24.2%
Fitness testing	14.7%	Web-based tools	7.9%
Identify standards for wellness programs	24.2%	Web-based training	8.7%
Mobile training	7.3%	Webinars	3.8%
Mobile Wellness Centers	11.4%	Wellness Symposiums/Conferences	13.0%
Newsletters	1.6%	Other	4.3%

