

Part II. Building Physical and Emotional Health and Resilience

Stress

Tools

Health

What is Resilience?

As explored in the morning discussion of the meeting, mass casualty events can challenge the resilience of law enforcement officers and other first responders, and an effective response to support their well-being cannot be created in the midst of a crisis. However, attendees also recognized that the stress and trauma-exposure present in policing are not limited to such mass-scale events. The work of a police officer—a mostly sedentary job punctuated by brief periods of high stress and physical activity—can have long-term negative impact on the physical and emotional health of officers. This impact can also influence how officers respond to crisis. Resilient officers will be able to better manage the stress of both the everyday and the trauma of crisis.

Resilience is the ability to cope with and recover from stress, adversity, and trauma. Resilience may evolve from childhood and life experiences. A meeting attendee speculated that people who have been tested in life may be more resilient and may perform better in a crisis than those who have not been tested. Others suggested that resilience stems from having strong protective factors, such as networks of family and friends. Whatever the origin, the attendees agreed that resilient officers can maintain composure and self-regulate their levels of stress in challenging situations.⁵

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But resilience is not limited to individuals; it also can be applied to organizations. A resilient organization is one that can support its people and respond to employee trauma, that recognizes the risks of the job, and that seeks to protect personnel from those risks.

The physical and mental health of the individual and the health of the organization and community play a role in resilience. Management can make or break officer resilience. The range of activities that can be a part of a culture of resilience are broad, but transparency, honesty, and trustworthiness between and among employees create the culture that leads to resilience.

5. Sandra Ramey and John Markovic, "Improving Officer Resiliency to Stress and Associated Health Outcomes," *Community Policing Dispatch* 9, no. 9 (September 2016), https://cops.usdoj.gov/html/dispatch/09-2016/improving_officer_health.asp.

One attendee suggested that law enforcement agencies build resilience by selecting the right people to become police officers, noting that the U.S. Navy SEALs have a test to predict whether a person is likely to pass the training program. However, another attendee said that he does not want to feed into the narrative that officers have been poorly selected. Some people may be more naturally resilient, but that shouldn't be a predictor of who can be a good officer; in fact, agencies have selected good people as law enforcement officers. Also, there is no research to justify an approach that precludes building resilience. Overall, attendees agreed that whether or not an agency screens for resilience, it is a trait that agencies can teach and support.

Attendees then discussed that law enforcement, as a profession, needs a common vision for resilience in agencies. John Violanti, research professor at the State University of New York at Buffalo, offered a starting point when he observed that a resilient law enforcement agency has a "moral and ethical duty of care." The supportive nature of the organization is a key factor in facilitating a resilient agency. Such support helps to ensure recovery from stress and trauma and provides sustainability over the long term of a law enforcement career.

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Five Pillars of Resilience

The afternoon's discussion began with many attendees enumerating known risk factors that officers face in regard to their physical health. They have little time to eat during their shifts and may frequently resort to fast food. They work night shifts or overtime or may have a second job, leading to inadequate sleep. A fast-food diet coupled with lack of exercise can lead to obesity, diabetes, hypertension, and an increased risk for cardiovascular disease. These risks exist even before the emotional stress of the job is added into the equation.

A point made earlier in the day was that we cannot speak about different aspects of health and wellness in isolation, and this notion resonated with the OSW Group meeting attendees. Hypertension, obesity, and diabetes are serious problems in law enforcement (see the sidebar "Elevated Health Risks for Law Enforcement Officers" on page 27). While more research is needed to fully understand the stress patterns of law enforcement jobs and how that can lead to heart disease, it is common knowledge that officers often have little time to eat during shifts. Time constraints can lead to heavy reliance on a diet of convenience, which is a known risk factor for obesity and diabetes. Moreover, shift work, overtime, and second jobs are known to contribute to sleep problems that can also raise the risk of metabolic syndromes and heart disease.

The meeting attendees acknowledged that some of these risks are unavoidable in the profession. Law enforcement will always be a 24/7 job necessitating shift work. Overtime is crucial to ensuring coverage in shorthanded agencies and is often an important part of an officer's overall financial compensation package. While the job may offer opportunities for exercise, not every beat is walkable or bikeable. These obstacles do not mean that the health risks should be ignored. The lack of exercise combined with an individual's genetic predisposition can place stress on officers' bodies even before the emotional factors of the job are considered. Everyone in an agency needs to be cognizant of the physical and emotional risks and work to mitigate those that can be controlled, whether at the individual or organizational level.

Dr. Jonathan Sheinberg, a cardiologist and lieutenant with the Cedar Park (Texas) Police Department and a special deputy with the U.S. Marshals Service, introduced meeting attendees to the concept of the five pillars of officer health and wellness. According to Sheinberg, the following pillars should be given high priority in every law enforcement agency as the building blocks of resilience:

1. **Tactical trauma care.** Law enforcement agencies must have standardized equipment, including trauma care kits, and training in tactical trauma care such as hemorrhage control. When an officer is shot, the first responder to the scene is often a fellow officer (see the sidebar “Tactical Trauma Care” on page 28).
2. **Cardiac screening.** The risk of heart disease appears higher among police officers than the general population and may be exacerbated by the acute surge of adrenaline that officers experience in critical incidents. Screening for potential heart problems is necessary, relatively inexpensive, and likely to save money in the long run.
3. **Fitness.** Lack of fitness is a health risk for officers and a liability for their agencies. Every agency should have fitness standards for all of its officers. In addition, agencies should have consequences—though not necessarily punitive—for failure to meet the standards and a benefit or reward structure for those who meet or exceed them.
4. **Overweight and obesity.** The risk of shift work and having a sedentary job places law enforcement officers at higher risk of being overweight or obese, both of which increase the risk of heart disease and stroke and make the law enforcement officer less successful in certain job-related performance measures.
5. **Emotional or mental health.** On a daily basis, law enforcement officers see small traumas that, over time, can have as significant an impact as a major incident. This can lead to a higher risk of self-medicating behaviors such as alcohol use.

When addressed together by agencies, these factors should lead to healthy, resilient officers.

ELEVATED HEALTH RISKS FOR LAW ENFORCEMENT OFFICERS

At the meeting, Research Professor John Violanti referenced a study he worked on that showed the life expectancy of a police officer in Buffalo, New York, to be significantly shorter than that of the general population.* His work compared the life expectancy of male police officers in Buffalo, New York, with the U.S. general male population, using an abridged life table method. The study confirmed previous epidemiological research indicating that police officers have an elevated risk of death for specific causes, including cardiovascular disease, metabolic syndromes, and a number of cancers. The research also found that the life

expectancy of police officers was shorter, and differences were more pronounced in younger age categories. The data showed that the years of potential life lost for police officers was 21 times larger than that of the general population. This finding was due to the younger age death of officers.

To the extent that heart disease, metabolic syndromes such as diabetes, and some cancers are preventable or mitigatable, this and other similar research flags opportunities for agencies to assist their officers in taking steps to ensure their career choices do not lead so directly to early death. ■

* John M. Violanti et al., "Life Expectancy in Police Officers: A Comparison with the U.S. General Population," *International Journal of Emergency Mental Health* 15, no. 4 (2013): 217–228, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4734369/>.

Tactical trauma care was not discussed at any length at this particular OSW Group meeting. However, this topic has been addressed in previous meetings and in other programs and resources provided by the COPS Office, such as a podcast on hemorrhage control and on the ease of tourniquet usage training[‡] and numerous articles aimed at introducing law enforcement professionals to the Hartford Consensus.

Tactical first-aid kits with tourniquets (and training on their use) can save the lives of both officers and civilians. These kits represent a small and relatively inexpensive tool that can have a massive impact. Kits cost around \$50, and officers can be trained in approximately two hours via train-the-trainer or online programs.

The Hartford Consensus, a committee led by the American College of Surgeons, has specifically looked at the benefits of hemorrhage control in law enforcement. The consensus calls

for agencies to adopt hemorrhage control as a core law enforcement skill and to integrate rescue and emergency medical services personnel into community-wide active-shooter training.[‡]

Community members also have a role to play in tactical trauma care. Bystanders are always the first on a scene, no matter how quickly emergency personnel respond to a call. Given that a bleeding person can die from blood loss in less than five minutes, community-wide training can save lives and enhance community resilience. In an effort to promote such training, the U.S. Department of Homeland Security has launched Stop the Bleed as “a nationwide campaign to empower individuals to act quickly and save lives.”[‡] With training, resources, and public service announcements, Stop the Bleed can assist agencies in helping both themselves and their communities to be better prepared for responding to active-shooter and other mass casualty events. ■

[‡] Alexander L. Eastman, *Hemorrhage Control Overview for Law Enforcement* (Washington, DC: Office of Community Oriented Policing Services, 2014), https://cops.usdoj.gov/pdf/Hemorrhage_Control_Eastman.pdf.

[†] “The Hartford Consensus,” American College of Surgeons, accessed March 23, 2017, <https://www.facs.org/about-ac/s/hartford-consensus>.

[‡] “Stop the Bleed,” U.S. Department of Homeland Security, last modified October 11, 2016, <https://www.dhs.gov/stopthebleed>.

Physical Health

Three of the five pillars of resilience emphasize physical health: i.e., cardiac screening, fitness training, and obesity. Dr. Sheinberg led discussions of physical health by stating that cardiovascular disease is a serious problem in law enforcement that is often left unaddressed; 50 percent of law enforcement retirees will die from heart disease within five years of retirement.⁶ This is a particularly shocking statistic when one considers that law enforcement officers tend to retire years earlier than other professions. Moreover, research comparing police officers' age and probability of dying to the general population found that a civilian's probability of dying at the age of 55–59 is just 1.5 percent compared to 56 percent for an officer.⁷ This and other research have been used to estimate that 45 percent of officers will have a heart attack before age 45, compared to less than 7 percent of the general population.

In Texas, Dr. Sheinberg developed a screening protocol that he applied to officers who did not have any symptoms or evidence of existing cardiovascular disease and found that greater than 50 percent of the more than 750 officers screened had evidence of coronary artery disease. Although the initial development of heart disease can potentially be detected readily, early screening is vital. Unfortunately, younger individuals without symptoms are less likely to see their physician, and this age group is precisely the population that includes most police officers.

Meeting attendees wondered whether screening for heart disease could actually influence individual behavior. Dr. Sheinberg noted that good education on heart disease will encourage about 50 percent of people to make critical lifestyle changes. He also observed that while the population is generally pleased at medical advances to treat acute, immediate life-threatening blockages such as advanced coronary stent technology, his cardiologist peers view the insertion of a stent not as a success but rather as a sign of failure to diagnose coronary disease and begin early treatment. The medical field knows how to prevent and mitigate heart disease through less invasive lifestyle changes, supplements, and pharmaceuticals, but doctors cannot do that without the public getting timely screening and education (see the sidebar "Heart Health Screening Programs for Officers" on page 32).

6. Tom Tracy, "Fit for Duty: Demand It," *Police* (March 1993): 18.

7. John M. Violanti et al., "Life Expectancy in Police Officers: A Comparison with the U.S. General Population," *International Journal of Emergency Mental Health* 15, no. 4 (2013): 217–228, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4734369/>.

This conversation interested meeting attendees because it pointed out how quickly medicine advances and how unlikely people outside of the profession are informed of the latest standards and protocols. It reinforced the earlier conversation that building relationships with local medical professionals, whether or not they serve officially as medical officers, can be valuable in helping leaders to make decisions about service offerings based on current, accurate information.

Discussion on the risk of heart disease and stress led to a conversation on the links between exercise, heart health, and stress reduction. Attendees agreed that fitness is a major issue in law enforcement agencies. Research has shown that more than 40 percent of police officers (and other first responders) are clinically obese,⁸ leading one attendee to grimly note, “We are the fattest profession.” Research conducted across nine Midwestern states found that nearly 83 percent of police officers were overweight (BMI > 25),⁹ and similar findings were reported among retired police officers from a large city agency (85 percent with a BMI > 25), which is much greater than the percentage of U.S. adults who are overweight or obese (66 percent).¹⁰ For many officers, the academy is the last time they are obligated to meet any fitness standard—despite the fact that many other aspects of their job require regular requalification. And for agencies that do encourage fitness standards and programs, how agencies handle them vary greatly.

Encouragement and remediation are key to any diet and fitness program success, and the culture of fitness in a law enforcement agency should begin with the command staff. However, fitness and associated programs are areas in which unions should be a critical part of agency planning and implementation. Sergeant David Orr from the Norwalk (Connecticut) Police Department observed that, in his experience, union leaders and members will not vote for something in the contract that is, or can be perceived as, punitive. He instead proposes fitness evaluation programs that provide bonuses to those who meet or exceed standards.

Other OSW Group meeting attendees agreed that officer buy-in is critical and that incentives are more effective than punitive actions. Chief Mina, for instance, said that Orlando officers can earn \$100 for participating in a voluntary training class and can enter a lottery drawing for more. The officers being healthier also resulted in various cost reductions, leaving more than enough money

8. Sara E. Luckhaupt et al., “Prevalence of Obesity among U.S. Workers and Associations with Occupational Factors,” *American Journal of Preventive Medicine* 46, no. 3 (March 2014): 237–248, <https://www.ncbi.nlm.nih.gov/pubmed/24512862>.

9. Sandra L. Ramey, W.D. Franke, and M.C. Shelley, “Relationship among Risk Factors for Nephrolithiasis, Cardiovascular Disease, and Ethnicity: Focus on a Law Enforcement Cohort,” *AAOHN Journal* 52, no. 3 (2004): 116–121.

10. Sandra L. Ramey, Nancy Downing, and Warren Franke, “Milwaukee Police Department Retirees: Cardiovascular Disease Risk and Morbidity among Aging Law Enforcement Officers,” *AAOHN Journal* 57, no. 11 (2009): 448–453, <https://www.ncbi.nlm.nih.gov/pubmed/19873941>.

to cover the cash incentives. Other examples mentioned included a program that provided officers who failed to meet age-adjusted fitness standards with guidance and coaching to help them pass. There is no consequence for failure so long as the officer pursues remediation. Some law enforcement agencies also have fitness coaches and trainers on staff; however, their credentials must be carefully evaluated against the needs of the officers, or the risk for injuries could potentially increase. Attendees referenced agencies that give officers an hour per shift to work out, and officers in those agencies tend to be fitter. The group also observed that the FBI has fitness standards coupled with time to work out three days a week.

It was also discussed that building a healthy culture can also be fun. Programs that offer intra- or inter-agency competitions as motivators, like the Running Man Challenge, encourage officer fitness. Many officers will also challenge themselves to maintain or surpass their fitness level from the previous year and will take advantage of on-shift workout time to make sure they do. Another motivation could be officers wanting to stay one step ahead of the criminals they may have to chase. One attendee described a motivational poster hanging in a police gym that shows inmates working out in a prison yard with the words, "Every day you don't work out, they do."

Some attendees said they believe younger generations of officers are more likely to maintain fitness and eat a healthy diet. Although there might be some broader cultural trends that influence how younger officers eat, many still find that the type of work the individual does is a predictor of fitness. Those who drive a car for their entire shift are less likely to be fit than those in more physically active units like foot and bike patrols.

The meeting attendees felt that promoting fitness is important not only for officers' health but also for their safety. Attendees also believe officers are more likely to maintain their fitness when it is connected with their own safety on the job; officers may have to chase a suspect on foot, break up a fight, or face a physical altercation with a suspect who works out every day.

Last, attendees noted that many officers in their late 40s see officers not much older have heart attacks shortly after they retire. This reality can shock some into focusing on their physical fitness. While that effort is ostensibly a good thing, it's important they have access to trainers who can develop age- and level-appropriate training programs. Also, that shock is less likely to resonate with and motivate younger officers.

Of course, for any of these fitness methods to work, agency leaders have to prioritize wellness programs within their budgets. Agencies can spend their budget on preventative screening, education, and training, or they can spend much larger shares of it on disability, health insurance, early retirements, and death benefits. Despite the potential long-term savings of proactive health and wellness initiatives, it can be difficult to get local government leaders to see beyond their annual

HEART HEALTH SCREENING PROGRAMS FOR OFFICERS

The Cedar Park (Texas) Police Department offers a voluntary heart health screening program as a free benefit to employees. Officers are well informed that in addition to being voluntary, the screening results are protected by HIPAA and thus cannot be shared with the department. Dr. Sheinberg, who is a lieutenant with the department, implores officers to tell their supervisors about any problem that the supervisors should know about so the officer's health can be better managed, but that is not a requirement. Since the department has been running the screening program, it has seen more than half of the officers with identified risk factors proactively make changes to improve their health and reduce their risk.

The program costs less than \$100 per individual to screen for the risk of heart disease and identify blockages to the blood vessels. This

screening, when coupled with training and education on lifestyle change, can save incredible money in medical and lost time costs in the long run. Even though it can be difficult to convince municipal budget planners to spend money now on screening in return for future savings, the program offers advantages to both the agency and its officers. Considering the high costs of health care, Dr. Sheinberg estimates aggressive screening for heart disease can save approximately \$5,000 per officer per year when extrapolated across a large department. And that is just the healthcare costs. That estimate does not consider the lost time of the officer out on extended medical leave. "Various law enforcement agencies have calculated the cost of an in-service heart attack to be between \$400,000 and \$750,000." ■

* J.E. Smith and G.G. Tooker, "Health and Fitness in Law Enforcement: A Voluntary Model Program Response to a Critical Issue," *CALEA Update Magazine* 87 (2005), <http://www.calea.org/calea-update-magazine/issue-87/health-and-fitness-law-enforcement-voluntary-model-program-response-c>.

budget concerns. Thus, the message that health and fitness programs cost money in the short run but save in the long run should also be talked about with risk managers. Risk managers can help influence budget discussions, especially if the municipality has its own insurance pool, because risk managers have the actuarial knowledge and access to data that can show the financial value of prevention.

In addition, evidence of the success of fitness programs—such as officers using fewer sick days or fewer officers needing medical rehabilitation services—appeals to risk managers and insurers. Of course, such evidence requires agencies to track data on these and other metrics; however, aggregate sick leave use is obtainable from human resource systems, and basic injury tracking models and applications have been developed for local agency use.

Emotional Health

The fifth pillar of officer resilience focuses on emotional health. Although the law enforcement field discusses emotional health most frequently in terms of managing critical incident stress and trauma, as did part I of this report, emotional health is a much broader discussion. Statistically, most officers never encounter critical incidents like those faced by the Dallas, San Bernardino, or Orlando officers, but many face disturbing situations every day.

The OSW Group meeting attendees noted that remaining resilient while witnessing the daily suffering of others—without having the time to process one event before moving on to the next—can be challenging for officers. Calls involving domestic violence, suicide, or involuntary commitments can be immediately followed by calls to the scene of child neglect or overdose deaths. An overwhelming number of officers say they went into the profession to help and protect people. Realizing day in and day out that they cannot protect everyone they encounter and seeing the destruction people can cause themselves and others can be emotionally draining.

Officers find ways to help themselves cope with this everyday drain, but some methods are less positive than others. Some officers take advantage of peer counseling services or build informal networks of support with their coworkers. Others find the support they need in family. But constant challenges to emotional health can weaken the social ties that individuals rely on to maintain their own balance.

A real danger for officers is that of self-medication. Substance abuse by officers is a challenging problem. Addiction can impair decision making, putting the officer and those around him or her, whether citizens or colleagues, at risk. But even officers who can see that they have a dependency problem may not seek help because of the fear of discipline. The OSW Group discussed the importance of agencies encouraging officers who have a substance abuse problem to come forward so agencies can get the officers into treatment. One attendee's agency tells officers they have a duty to report that they are seeking help. Another meeting attendee pointed out that this kind of policy might discourage officers from getting the help they need out of fear that record could threaten their careers. There was general agreement that self-reporting a need for help should not be a career-ender but rather an opportunity for rehabilitation. Agencies should recognize that someone who is impaired on the job may very well be self-medicating.

Officers' personal and family lives can also impact their ability to manage their emotional health on the job. Family deaths or illnesses, the end of marriages and relationships, or children having problems in school are all stressors that can threaten officer resilience. Employee assistance programs (EAP) can be an important resource for officers facing these and other problems, but sometimes they go underused for fear of embarrassment or retaliation.

Agencies can build trust by creating and promoting EAPs and other support programs in concert with union leaders, officer affinity groups, and command staff, because everybody has to buy in to a program for it to be successful. To build a comprehensive emotional health program that delivers

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officers the individual help they may need, education is the first step. The program's leadership should be well educated about the various aspects of emotional health and the types of resources the agency can and should offer, and the agency should extend that education to its staff so they make use of program resources. It is important to recognize that there can be delays

getting into the right counseling program, which is another reason why the OSW Group meeting attendees support the use of peer support and chaplaincy programs alongside other professional counseling programs. Not only is offering choices good practice, but also the peer support programs may help fill gaps when there are time delays in the mental health or insurance system.

Although attendees spoke well of EAP resources, Robert Reed, assistant U.S. Attorney for the Eastern District of Pennsylvania, noted that he has talked to a number of officers, including those working in corrections and policing, who want access to good mental health care but struggle to trust their in-agency EAP as a truly anonymous resource. Dianne Bernhard, executive director of Concerns of Police Survivors (C.O.P.S.), concurred with Reed's observation, noting that although the constituency of C.O.P.S. is the surviving family members of officers, C.O.P.S. regularly hears from officers who don't know where to go for assistance (see also the sidebar on "Law Enforcement Suicide" beginning on page 36). To help meet that demand, C.O.P.S. has started an annual conference on officer wellness and holds retreats for officers from agencies who have lost colleagues. These retreats provide people who have experienced similar loss with a venue to come together.

The OSW Group meeting attendees also discussed whether a person can train for resilience and what that might look like (see also the sidebar on "The VALOR program" on page 38). One suggested that such training could start with field training officers, who spend time mentoring new officers

as they come onto the force. Many attendees acknowledged that agencies need to understand at some basic level where rookies are coming from. While rookies are typically young, that does not mean they are emotional clean slates when they come on board; they bring with them their past experiences and pressures from their lives.

On a similar note, every officer needs to recognize that, just as the job impacts personal lives, personal lives impact the job. The attendees think mentoring programs should extend beyond the rookie year and carry on throughout an officer's career. For example, Officer Nicole Juday of the Indianapolis (Indiana) Police Department said her department has an on-going mentoring program that plays a role in training officers to be resilient (see the sidebar "The Indianapolis Experience" on page 39).

And Major Wade Lanphear from the Olathe (Kansas) Police Department echoed his support for mentoring, saying he has seen positive outcomes from his department's mentoring program and knows officers who said they would have quit if not for their mentor's support. The mentoring program is part of department's larger peer support program, which the department launched in 2007. Over the last 10 years, approximately 30 agencies in the greater Kansas City metropolitan area have adopted and implemented similar peer support programs. Because of the widespread use of peer support programs in the Kansas City metropolitan area, the Olathe Police Department and neighboring agencies regularly collaborate for training and cross-jurisdictional support.

One final theme that emerged during the discussion on emotional health was that the field needs better dissemination of information about help that is available for law enforcement personnel. Many good initiatives developed for law enforcement are backed by science, but the field has not implemented them, because of a lack of understanding or awareness.

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Recommendations for Building Resilience

Attendees made a variety of recommendations to build resilience and keep officers safe and well “from hire to retire.” Some recommendations are aimed at law enforcement agencies; others make more sense for law enforcement agencies to follow up with national organizations and government agencies for their input and assistance. What is clear in all recommendations is that officer safety and wellness initiatives need to address both the physical and mental health aspects. The recommendations included the following:

- **Don’t just launch new initiatives.** Inventory what the agency has, and assess what it needs. This also includes educating everyone in the agency on key facts and data about officer health and wellness. For example, talk about the rates and circumstances of officer suicides, heart attacks, obesity, line-of-duty injuries and deaths, vehicular crashes, and other basic awareness facts that everyone in the profession should know.
- **Involve the whole agency in establishing wellness programs.** The best programs involve management and rank and file working together and include education, screening, and service provision. Wellness does not need to be a chore, and programs can include incentives and competition to help inspire self-care.
- **Provide a variety of options to help officers address their emotional health needs effectively.** Formal counseling services are one avenue, but so too are chaplaincy programs, peer support programs, mentoring, and information on other venues for assistance.
- **Model good behavior, and take ownership of initiatives.** Agency leaders need to be clear that nothing is more important than the wellness of officers; this realization includes leaders’ own wellness. Show a commitment to diet, fitness, physical and emotional health screenings, body armor, and seatbelts when asking officers to do the same.
- **Make fitness fun.** Building teams and a sense of community within the agency can not only improve individual health but also make fitness enjoyable. Remember that the common use of push-ups as discipline in the academy may work to influence behavior during training, but that method also likely ensures that those officers will never do a push-up again once they graduate.

- **Provide officers with annual fitness evaluations, regular information on the health risks of inadequate sleep, ongoing nutritional counseling, and periodic cardiac screening.** Although providing a full cardiovascular risk assessment for all officers would be the ideal approach, even small steps can help. An agency should consult with knowledgeable experts to ensure the agency uses good, validated tests; otherwise, the money is not well spent.
- **Talk about trauma as an experience shared by community members and law enforcement officers.** This trauma-informed approach could help improve trust between the community and officers. Making agencies trauma-informed does not mean making officers feel like victims; rather, it is about recognizing and validating the trauma officers experience.
- **Collect and analyze national data to identify the characteristics of successful officers to help define the characteristics associated with resilience.** For example, one attendee said that individuals who succeeded at his workplace were more likely to have played team sports in high school and college. The more we understand about individual resilience, the more we can do to promote and protect it.
- **Remember the influence survivors can have on current officers.** Messages like “take care of yourself” hold a lot of weight when they come from survivors.
- **Create a system to collect resilience research results, and use the research to build effective programs.** Currently, law enforcement experts recommend wellness programs without having the data to show if the programs are effective.
- **Create comprehensive officer safety and wellness toolkits.** These tool kits should include resources that cover issues such as the long-term effects of doing law enforcement work and how officers can take care of themselves to counteract those effects. There should be toolkits for agencies as well as for individuals. Resilient agencies empower officers to take ownership of their own health and wellness.
- **Push for a major cultural shift within law enforcement that talks about all five pillars of resilience.**