

## First Responder Needs Assessment

Thank you for taking the time to complete the inaugural First Responder Needs Assessment. This effort will identify strategic priorities for the FirstNet Health and Wellness Coalition. We want to hear from YOU on your perceptions of health and wellness and the sort of programs, services, and support that would be best support your individual health and wellness needs.

This survey is anonymous and analyzed in aggregate to determine the areas of wellness that are most needed by First Responders. The survey should take you no more than 10-15 minutes to complete and is completely voluntary in nature. We do hope you take the time however as we want our Health and Wellness Program built like FirstNet: Built by First Responders, For First Responders!

### Do you consent to this survey?

Yes/No

### Wellness Needs

1. Thinking about First Responders, what are the top 3 problems you think public safety faces (please choose three)?
  - a. Access to healthcare
  - b. Access to mental healthcare
  - c. Alcohol and Drug Abuse
  - d. Anxiety
  - e. Cancer
  - f. Cardiovascular Disease
  - g. Child Abuse
  - h. Communication Issues
  - i. Domestic Violence
  - j. Depression
  - k. High Blood pressure
  - l. Hostile Work Environment
  - m. Lack of culturally competent healthcare/mental health care providers
  - n. Lack of healthcare insurance
  - o. Lack of morals or values
  - p. Lack of purpose/hope
  - q. Lack of resilience
  - r. Line of Duty Death
  - s. Lung disease
  - t. Metabolic problems/Obesity
  - u. Personal Safety
  - v. Post-Traumatic Stress Disorder
  - w. Suicide
  - x. Toxic culture
  - y. Other (please specify)

2. If someone offered a free program to improve first responder health, which of the following would be of greatest impact (please choose three)?
  - a. Bias training
  - b. Compassion training
  - c. Cultural Competence
  - d. Dealing with Alcohol and Drug Abuse
  - e. Dealing with Anxiety
  - f. How to be a better leader
  - g. How to run a 5 or 10K
  - h. Leadership training
  - i. Making healthy nutritional choices
  - j. Marriage/Family
  - k. Mindfulness training
  - l. Peer counseling programs
  - m. Physical Fitness Training
  - n. Relationship Building
  - o. Resilience Training
  - p. Scholarships for professional development/advancement
  - q. Sleep skills
  - r. Strength Training
  - s. Stress Management
  - t. Suicide Prevention
  - u. Therapy Dogs
  - v. Tobacco Cessation
  - w. Wellness/Life Coaching
  - x. Other (please specify)
  
3. What are the top three things that prevent first responders from participating in activities that enhance their health (please choose three)?
  - a. Cost of activities (it's too expensive)
  - b. Fear of impact to employment
  - c. Lack of awareness of programs
  - d. Lack of community support
  - e. Lack of culturally competent providers
  - f. Lack of organizational support
  - g. Not enough time to participate in activities
  - h. Not interested in being healthier
  - i. Stigma
  - j. Times that activities are offered
  - k. Work-life balance
  - l. Other (please specify)
  
4. What do you think is the most valuable way to engage first responders in their health and wellness (please choose three)?
  - a. Amplification of awareness of existing programs
  - b. Biometrics/biofeedback
  - c. Digital applications

- d. Fitness testing
  - e. Identify standards for health and wellness programs
  - f. Mobile training
  - g. Mobile Wellness Centers
  - h. Newsletters
  - i. Podcasts
  - j. Retreats
  - k. Small group classes
  - l. Sponsored training
  - m. Web-based tools
  - n. Web-based training
  - o. Webinars
  - p. Wellness Symposiums/Conferences
  - q. Other (please specify)
5. Are there any other health and wellness needs, programs, services, issues that you would like to include in this survey for consideration? (open ended comment box)

### **Demographics**

1. To which First Responder category do you most strongly identify?
  - a. Emergency Communications Official/Emergency Call Taker
  - b. Emergency Medical Technician/Service
  - c. Emergency Room Nurse
  - d. Emergency Room Physician
  - e. Firefighter
  - f. Other: please specify
  - g. Police
2. What is your age range?
  - h. 18-30
  - i. 31-45
  - j. 46-55
  - k. 55+
  - l. Prefer not to answer
3. What is your gender?
  - m. Male
  - n. Female
  - o. Prefer not to answer
4. Please specify your ethnicity:
  - p. African American
  - q. Asian
  - r. Caucasian
  - s. Latino or Hispanic
  - t. Native American
  - u. Native Hawaiian or Pacific Islander
  - v. Other
  - w. Prefer not to answer
5. What's the highest level of education you have completed?

- x. Some high school
  - y. High School Graduate
  - z. Trade School
  - aa. Associates Degree
  - bb. Bachelor's Degree
  - cc. Master's Degree
  - dd. Doctoral/Professional Degree
  - ee. Prefer not to answer
6. What is your marital status?
- ff. Unmarried
  - gg. Married
  - hh. Divorced
  - ii. Widowed
  - jj. Separated
  - kk. Prefer not to answer
7. Where do you live?
- a. State drop down option