

Wellness Initiative

Lafayette Police Department

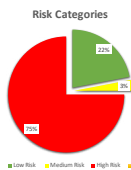
COST REDUCTION STRATEGIES IN IMPROVING OFFICER HEALTH

In 2019 the Lafayette Police Department continued programming and research to improve the long term outcomes of officer safety and wellness. As a follow-up from previous programming done with Specialty Health (Reno, NV) and Public Safety Medical (Indianapolis, IN) the Lafayette Police Department funded, in part with the City of Lafayette Wellness Team, the voluntary screening of lipid profiles of all sworn personnel.

In this 2019 initiative, a total of 115 officers participated in the opportunity to have their cardiometabolic risk factors screened utilizing a blood test from Specialty Health via LabCorp.

Results from this screening were informative and concerning in some cases. As a result of this testing, the LPD identified the following:

Lafayette Police Department
"Police Panel"
115 Participants



Insulin Resistance



- 43% High range of LDL-P and 45% Moderate range of LDL-P
- 2% High range in A1C but 31% high range for Fasting Blood Sugar
- 38% had High GlycA
- Multiple Incidences of elevated levels of Lp(a)

- Multiple Incidences of Familial Hypercholesteremia (F.H.)
- 10% hypertensive
- 8% Tobacco Users

According to the work of Dr. John Violanti, a prominent researcher on police stress and mortality, as an occupational group, law enforcement officers have more significant morbidity and mortality rates than the general population, principally due to cancer and cardiovascular disease. Various law enforcement agencies have calculated the in-service-related disease cost between \$400 and \$750k. Surveys suggest that work-related illness accounts for 20 to 50 percent of early retirements. Studies of LEOs indicate that healthy officers have 40 to 70 percent less absenteeism than officers with health problems. With the cost associated with a disability running so high and recruitment and retention at all-time lows, the LPD must continue pursuing avenues and programs to reduce the cost associated with job-related health-related injury and illness. The bottom line, healthy officers are less likely to suffer from diseases, thereby spending a smaller share of the agency's or city's health care dollars. These early initiatives have proven we have work to do at LPD.

Continued Research

In 2020, Chief Patrick Flannelly and Lt. Chad Robinson traveled to Durham, NC, to meet with Dr. William Cromwell. Cromwell is a lipidologist that helped Specialty Health create a CVD Risk Profile specifically designed for LEOs. Both officers tested in the outstanding range on department fitness evaluations; however, both had "very high" risk indicators detected in their lipid testing from Specialty Health.

Chief Flannelly contacted Dr. Cromwell as a result of this testing to identify next steps in mitigating risks detected that could be implemented in long-term programming for the LPD and, potentially, other city department personnel.

As a result of this inquiry, it was advised that Chief Flannelly and Lt. Robinson participate in Advanced Screening protocols for early detection of CVD. In this case, the recommended testing was Advanced CIMT scanning to detect the potential for plaque in the carotid arteries. This can be an early indication of the onset of CVD and is not always detected by just a CAC Scan, which can be done locally. This required the test subjects to travel to N.C.

As a result of the CIMT scans, Chief Flannelly and Lt. Robinson were found to have detectable CVD that required medical intervention. Both were given a treatment protocol and referred to follow on care with their primary physicians. Both were instructed to return in two years for a follow-up examination.

In February of 2022, Flannelly and Robinson returned to N.C. to complete the two-year follow-up. The results of this follow-up examination have led to additional follow-up care recommendations.

The benefit is far-reaching from this program. LPD, in the past decade, has had several officers suffer from heart attacks. The average cost to care for a heart attack in the U.S. is between \$750k and \$1.5 million. This is over the lifespan of each event. Seven percent of all on-duty fatalities of police officers in the U.S. are from heart attacks.

Future Recommendations

The next step in this wellness initiative is to conduct a follow-up lipid screening for all sworn and non-sworn personnel. Those that participated in the initial testing will have baseline numbers to compare to, and all additional personnel will get their current CVD risk assessment and a future baseline.

The treatment protocols will vary based on the test results. Based on the findings from this initiative, it will be recommended that any person identified in a "high risk" category receive follow-up testing. This should be done at the expense of the City of Lafayette. In 2003, the United States Congress passed the Hometown Heroes Act to recognize the risk unique to law enforcement personnel. This act created the statutory presumption that public safety personnel who die of a heart attack or stroke while performing strenuous duties and activities in the line of duty are eligible for death benefits. The cost associated with risk identification and prevention programs, such as this, is not only the right thing to do for the health and safety of our public safety personnel but also the financially prudent investment for the city and the police department.

Advanced CIMT scanning is not required for all personnel tested, only those that meet the risk profile identified. We are researching emerging technologies that have made this testing far more available through mobile testing sites. Once these mobile testing sites are appropriately vetted, we can eliminate the cost of travel associated with this testing in the future.

Continued financial reviews of the cost associated with injury and death from cancer, CVD, and other preventable illnesses related to the risk from public safety work is recommended. While the two participants in this study are only an N of 2 examples, both were identified to have likely to experience CVD events without this intervention. The actuarial assessment, over time, will provide the cost/benefit rationale for the expansion of this program.

Patrick J. Flannelly
Chief of Police
Lafayette Police Department