

2017 National Symposium on Correctional Worker Health

National Corrections Collaborative
Saint Louis University School of Law
St. Louis, MO | August 17, 2017

TOTAL WORKER HEALTH[®]
ADVANCING WORKER SAFETY, HEALTH, AND WELL-BEING

SLU LAW
SAINT LOUIS UNIVERSITY SCHOOL OF LAW

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NIOSH[®]

UConn
HEALTH



JOHN JAY
COLLEGE OF CRIMINAL JUSTICE
PRI PRISONER REENTRY INSTITUTE



HEALTHIER WORKFORCE
CENTER of the MIDWEST

UMASS University of Massachusetts Lowell
Learning with Purpose



SAINT LOUIS UNIVERSITY
Occupational Science &
Occupational Therapy

2017 National Symposium on Correctional Worker Health

8:00AM **Breakfast and Check-in**

8:30AM **Welcome by Missouri House Representative Bruce Franks, Jr**

8:45AM **Introduction and Remarks**

Lisa Jaegers, PhD OTR/L, Assistant Professor,
Saint Louis University

Mazen El Ghaziri, PhD, MPH, RN, Assistant Professor,
University of Massachusetts Lowell

Martin Cherniack, MD, MPH, Professor of Medicine,
University of Connecticut Health Center

Paula L. Grubb, PhD, Work Organization & Stress Team,
National Institute for Occupational Safety and Health

Angela Moore, PhD, Division Director, Justice Systems Research
Division, National Institute of Justice

9:30AM ***The Many Dimensions of Correctional Staff Health***

Caterina Spinaris, PhD, LPC, Director,
Desert Waters Correctional Outreach

9:45AM ***Staff Health: Correctional Administrators' Concerns***

Moderated by **Maureen Buell**, Correctional Program Specialist,
National Institute of Corrections

Scott Semple, Commissioner, Connecticut Department of Correction

Henry Atencio, Director, Idaho Department of Correction

Katherine Minnich, Deputy Director, Human Resources, California
Department of Corrections and Rehabilitation

10:45AM *Health Improvement Through Employee Control (HITEC) Project in Connecticut:
Participatory Approaches for Correctional Officer Health and Wellness*

Mazen El Ghaziri, PhD, MPH, RN, Assistant Professor,
University of Massachusetts Lowell

Martin Cherniack, MD, MPH, Professor of Medicine,
University of Connecticut Health Center

11:30AM *Wellness in Oregon's Department of Corrections*

Colette Peters, Director

Zach Erdman, Operations & Policy Manager

12:15PM Lunch

1:00PM ***Collaborative Approaches to Health Needs Assessment and Identification of Workplace Health Solutions in Urban and Rural Jails of St. Louis***
Moderated by **Lisa Jaegers**, PhD OTR/L, Assistant Professor, Saint Louis University
 Jeffrey Carson, Superintendent, Medium Security Institution,
 City of St. Louis Division of Corrections
 Robin Edwards, Correctional Program Manager,
 City of St. Louis Division of Corrections

1:45PM ***Stress, Trauma, and Suicide***
Moderated by **Ann Jacobs**, Director, Prisoner Reentry Institute,
John Jay College of Criminal Justice
 Natasha A. Frost, PhD, Associate Dean and Professor,
 Northeastern University
 Laurie Leitch, PhD, Director, Threshold GlobalWorks
 Caterina Spinaris PhD, LPC, Director, Desert Waters Correctional Outreach

2:30PM Round Table Presentations and Discussions

(30-minute sessions at each table; choose 2)

Table	Discussion	Room
1	The Total Worker Health® program approach in corrections	116
2	Peer-to-peer CO support programs	116
3	Interventions directed to support CO family life and CO work-life balance	109
4	Workforce-led efforts to deal with substance misuse	1020
5	Interventions directed to critical incidents and post-traumatic stress, mental health	1030
6	Issues around using EAPs and other services for CO stress-related and other problems	1032
7	Low hanging fruit for health and wellness at the workplace	1066
8	What's on your mind for CO health and wellness?	1072

3:45PM Break

4:00PM Round Table Reports

Five-minute summaries from each discussion table

4:45PM Closing Remarks

The Center for the Promotion of Health in the New England Workplace is supported by Grant Number 1 U19 OH008857 from the National Institute for Occupational Safety and Health. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of NIOSH.

Welcome to..

SAINT LOUIS



UNIVERSITY™



Higher purpose. Greater good.™



NIOSH Public Safety Sector Research, Corrections Subsector Goals, and the Total Worker Health™ Approach

Paula L. Grubb, Ph.D.
Lead Research Psychologist

National Institute for Occupational Safety and Health

National Institute for Occupational Safety and Health (NIOSH)

- Occupational Safety and Health Act of 1970
- Conduct research and make recommendations to improve worker safety and health

NIOSH Mission

To provide leadership in research to
prevent work-related illness, injury,
disability, and death.

What We Do

- Basic and Applied Research
- Interdisciplinary/Multi-Disciplinary Research
- Epidemiology
- Field Studies
- Laboratory Studies
- Engineering Controls
- Personal Protective Equipment (PPE)
- Exposure Assessment

National Occupational Research Agenda (NORA) Sector Programs

- Agriculture, Forestry, Fishing
- Construction
- Healthcare and Social Assistance
- Manufacturing
- Mining
- Oil and Gas Extraction
- Services
- Public Safety
- Wholesale-Retail Trade
- Transportation, Warehousing, and Utilities

Public Safety Sector Program

- Identify the research, information, and actions most urgently needed to prevent occupational illnesses, injuries and fatalities among public safety and emergency response workers.

Public Safety Sector Program

- Firefighters
- Emergency Medical Services (EMS)
- Law Enforcement
- Corrections
- Wildland Fire Services

Public Safety Sector Objectives

- Reduce Chronic Disease
- Reduce Musculoskeletal Disorders
- Reduce Motor Vehicle Incidents
- Reduce Workplace Violence
- Promote Healthy Work Design and Well Being
- Improve Surveillance
- Improve Emergency Preparedness

Correctional Officers

- Increased Job Demands
 - Increasing Inmate Population
 - Staffing shortages
 - High turnover
- Highest number of injuries that resulted in days away from work
 - Assaults
 - Restraining inmates
- 4 times higher rates of days away from work for non-fatal injuries

Correctional Officers Stressors

- Public Perception
- Considered Low-Level Occupation
- Violence Backdrop
- Hours of Work/Mandatory Overtime
- Inmate Contact and Behavior
- Overcrowding/Understaffing
- Exposure to Disease, Biological Agents

Priority Research Areas for Correctional Workers

- Mental Health
 - Depression
 - Suicide
 - Substance Use/Abuse
- Workplace Violence
- Work-Family Balance
- Cardiovascular Disease

Total Worker Health (TWH)

Policies, programs, & practices that integrate **protection** from work-related safety & health hazards with promotion of injury & illness **prevention efforts** to advance **worker well-being**

Total Worker Health (TWH)

Keep Workers Safe

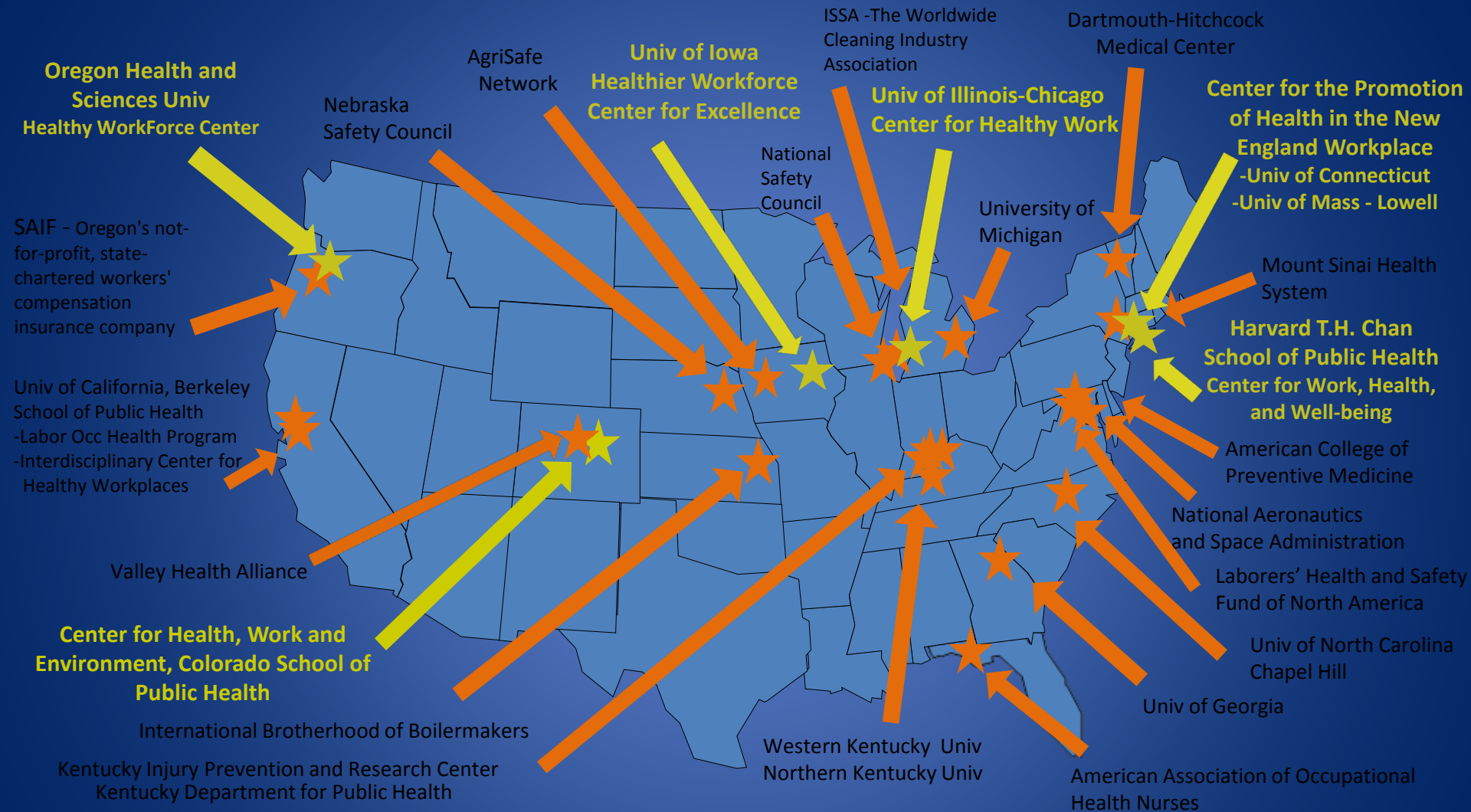


**Establish Workplace Policies, Practices, and
Programs that Improve Health**



Create Worker Well-Being

Centers of Excellence and TWH Affiliates



(Affiliates recently added: Industrial Minerals Association - North America; the University of Buffalo, Eskinazi Health System and the National Security Administration)

Contact

- Paula L. Grubb, Ph.D.

NIOSH

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Corrections Research at the National Institute of Justice

National Symposium on Corrections Worker Health
August 17, 2017

Angela Moore, Ph.D.
Justice Systems Research Division, Director



NIJ

Presentation Summary

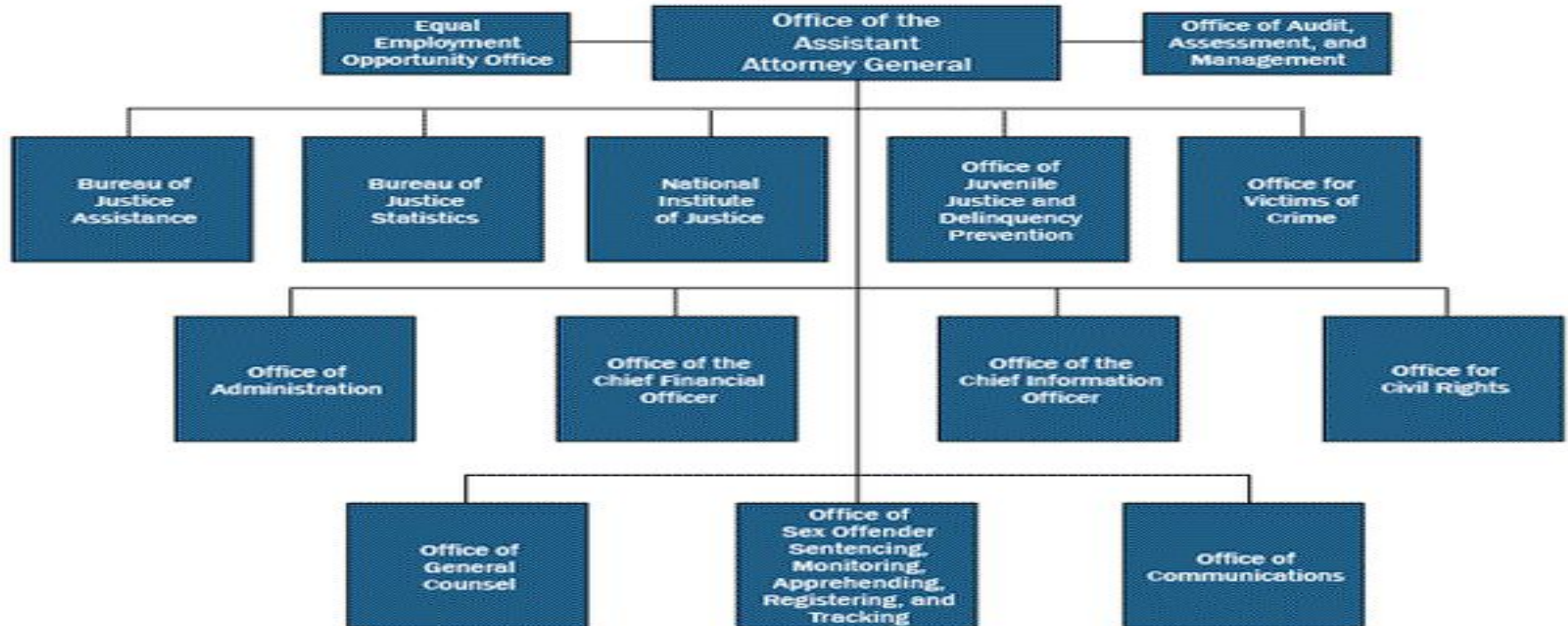
- Agency Overview
 - Office of Justice Programs
 - National Institute of Justice
- Corrections Research
 - Impact of Restrictive Housing
 - Safety, Health, and Wellness
- Potential Topics for Future Research



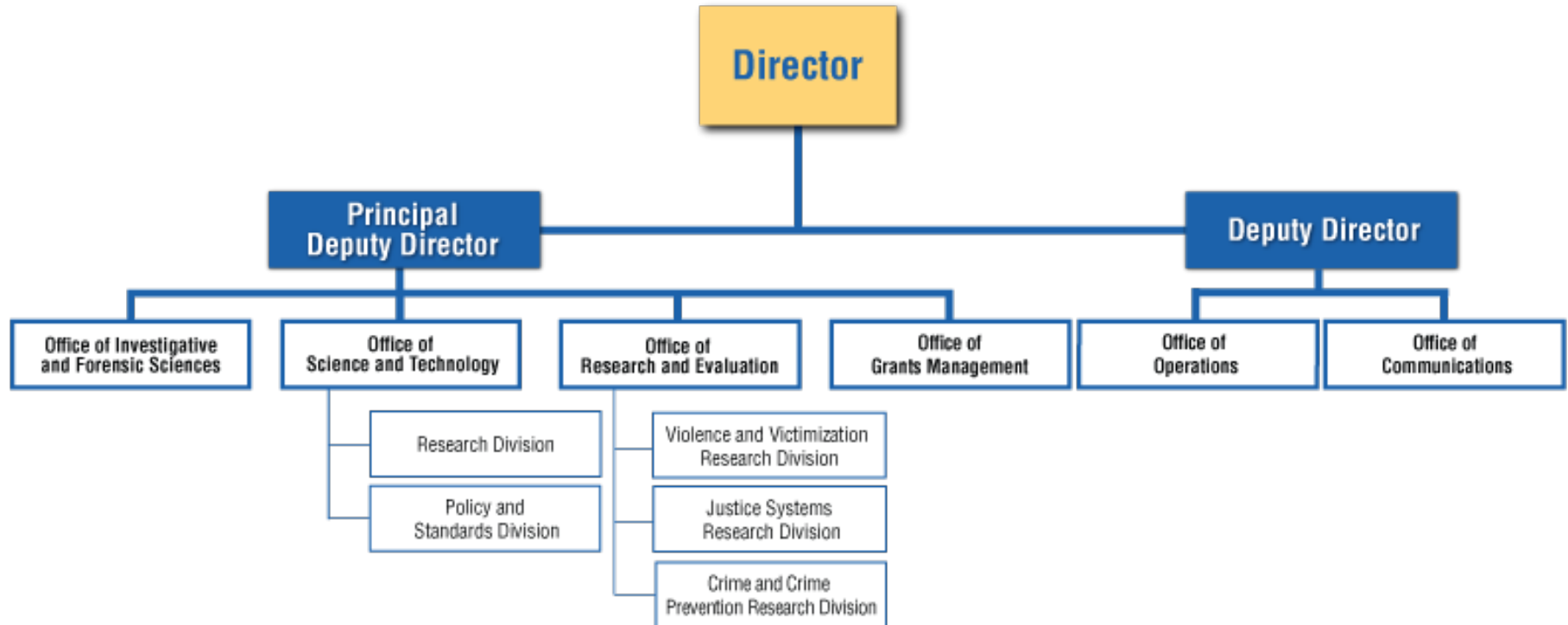
NIJ

Office of Justice Programs

Bureaus and Offices



NIJ Organizational Structure



NIJ Mission Statement

“The National Institute of Justice — the research, development and evaluation agency of the U.S. Department of Justice — **is dedicated to *improving knowledge and understanding of crime and justice issues through science.*** NIJ provides objective and independent knowledge and tools to reduce crime and promote justice, particularly at the state and local levels.”



NIJ

Office of Investigative & Forensic Sciences

- Improves the quality and practice of forensic science through innovative solutions that support research and development, testing and evaluation, technology, information exchange and the development of training resources for the criminal justice community, and
- Carries out programs that, by providing equipment, training and technical assistance, improve the safety and effectiveness of criminal justice technology as well as access to that technology by local, state, tribal and federal enforcement agencies.



Office of Science & Technology

- Serves as the national focal point for work on criminal justice technology, and
- Carries out programs that, by providing equipment, training and technical assistance, improve the safety and effectiveness of criminal justice technology as well as access to that technology by local, state, tribal and federal enforcement agencies.



Office of Research & Evaluation

- Develops, conducts, directs and supervises research and evaluation activities through extramural and intramural research — that involves outside researchers who often collaborate with criminal justice practitioners.
- Three research divisions:
 - Violence, and Victimization Research Division (VVRD)
 - Justice Systems Research Division (JSRD)
 - Crime and Crime Prevention Research Division (CCPRD)



Justice Systems Research Division

- Addresses issues related to criminal justice systems, specifically policing, **institutional and community corrections**, courts, and sentencing.
- Vision:
 - Pursue **justice systems knowledge that works** — knowledge that improves the function and purposes of criminal justice systems — and is available, accessible, and applicable to the field.



Corrections Research

- Institutional corrections (Prisons and Jails)
- Community corrections
- Police and correctional officer safety, health and wellness
 - Priority of the DOJ administration



Recent NIJ Research Related to Correctional Officer Health and Wellness

- Impact of Restrictive Housing
- Dedicated NIJ Journal on Institutional Corrections
- Safety Health and Wellness Plan



NIJ

Impact of Restrictive Housing

- NIJ Produced an Award-Wining Book:
 - Restrictive Housing in the U.S.: Issues, Challenges and Future Directions
 - Topics included the restrict housing's impact on Correctional Officer health and wellness and the correctional environment
- NIJ funded Arizona State University to study Arizona's contingency-management approach to restrictive housing
 - Looking at impact on health and wellness of correctional officers



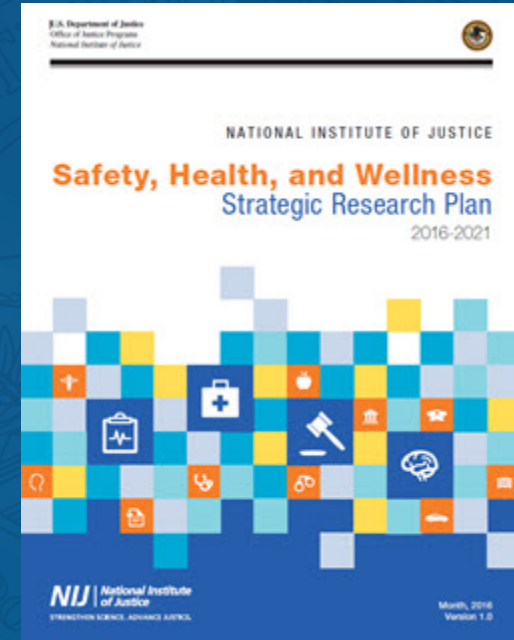
Dedicated NIJ Journal on Institutional Corrections

- Articles of Note:
 - Identifying At-Risk Officers
 - Evaluation of Performance Management Information Systems (PMIS)
 - Importance of a Holistic Safety, Health, and Wellness Research Program



Safety, Health, and Wellness Strategic Plan

- Interdisciplinary effort focusing comprehensively on the safety, health, and wellness of all individuals in the criminal justice system
- Divided into two main priorities:
 - Research to promote safety
 - Research to promote health and wellness



Safety, Health, and Wellness Solicitation

- In FY 2017, NIJ released the solicitation:
 - Research and Evaluation in Safety, Health, and Wellness in the Criminal Justice System
- Directly advancing activities in the Safety, Health, and Wellness plan
- Seeks research specifically on causes and effects of stress and trauma on police and correctional officers

U.S. Department of Justice
Office of Justice Programs
National Institute of Justice

OMB No. 1121-0329
Approval Expires 12/31/2018



The [U.S. Department of Justice](#) (DOJ), [Office of Justice Programs](#) (OJP), [National Institute of Justice](#) (NIJ) is seeking applications for funding for research in three areas: (1) the impact of acute and chronic stress on (a) law enforcement and corrections officers and (b) individuals in violent communities; (2) the impact of parental incarceration on children; and (3) the efficacy of services, strategies, policies, and processes within the criminal or juvenile justice system that serve as responses to children exposed to violence. This program furthers the Department's mission by sponsoring research to provide objective, independent, evidence-based knowledge and tools to meet the challenges of crime and justice, particularly at the state and local levels.

Research and Evaluation in Safety, Health, and Wellness in the Criminal Justice System

Applications Due: May 8, 2017

Eligibility

In general, NIJ is authorized to make grants to, or enter into contracts or cooperative agreements with, states (including territories), units of local government, federally recognized Indian tribal governments that perform law enforcement functions (as determined by the Secretary of the Interior), nonprofit and for-profit organizations (including tribal nonprofit and for-profit organizations), institutions of higher education (including tribal institutions of higher education), and certain qualified individuals. For-profit organizations must agree to forgo any profit or management fee. Foreign governments, foreign organizations, and foreign colleges and universities are not eligible to apply.

NIJ welcomes applications under which two or more entities would carry out the federal award; however, only one entity may be the applicant. Any others must be proposed as subrecipients ("subgrantees").¹ The applicant must be the entity that would have primary responsibility for carrying out the award, including administering funding and managing the entire project, including monitoring and appropriately managing any subawards ("subgrants").

Under this solicitation, any particular applicant entity may submit more than one application, as long as each application proposes a different project in response to the solicitation. Also, an

Corrections Research – Potential Topics for Future Research

- Understand the applicability of research on prisons to jails
 - Explore the unique research needs of jails
- Community corrections officer safety, health, and wellness
- Understand the impact of organizational climate in corrections
- Study how corrections are adjusting to various de-incarceration strategies



NIJ Funding Priorities

Who decides?

- Director's discretion
- DOJ Priorities
- Congressional mandates
- Field-initiated research
- Input from practitioners, policymakers through scientific working groups, topical working groups, communities of practice



NIJ

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www.NIJ.gov/funding



NIJ

The Many Dimensions of Correctional Staff Health

CATERINA SPINARIS, PHD, LPC



ACA's 2017 Corrections Staff Wellness Resolution

- "... correctional employees' wellness is a critical issue and has reached crisis proportions; ..."

ACA RESOLUTION SUPPORTING CORRECTIONAL EMPLOYEE WELLNESS 2017-1



What We Know

KEY RESEARCH FINDINGS



ACA's 2017 Corrections Staff Wellness Resolution

- "... the unique inherent risks correctional employees are exposed to have resulted in increased health risks; ..."

ACA RESOLUTION SUPPORTING CORRECTIONAL EMPLOYEE WELLNESS 2017-1

Some Corrections Work Challenges

Built-In Risk Factors

- Violence, injury or death
- Harsh physical conditions
- Work overload
- Overtime
- Organizational structure and climate



ACA's 2017 Corrections Staff Wellness Resolution

- "... very few resources have been used on researching correctional employees' wellness and very few resources have been used to provide tools to improve correctional employees' wellness; ..."

ACA RESOLUTION SUPPORTING CORRECTIONAL EMPLOYEE WELLNESS 2017-1

Corrections Work Challenges



- Occupational stressors

Traumatic

Operational

Organizational

- Corrections Fatigue



Context

- Insufficient understanding by:
 - Family and friends
 - Supervisors
 - Employers
 - Even themselves
- Culture of “toughness”
- Negative public image



ACA's 2017 Corrections Staff Wellness Resolution

- "... the nature of the correctional environment can be a causative factor in high-risk behaviors, such as the abuse of alcohol, prescription medications, and illegal substances; ..."

ACA RESOLUTION SUPPORTING CORRECTIONAL EMPLOYEE WELLNESS 2017-1

ACA's 2017 Corrections Staff Wellness Resolution

- "... traumatic events in a correctional environment may result in employees experiencing post-traumatic stress disorder; ..."

ACA RESOLUTION SUPPORTING CORRECTIONAL EMPLOYEE WELLNESS 2017-1

Signs of Declining Health and Functioning



- Hypertension
- Overweight/obesity
- Anxiety
- Depression
- PTSD
- Substance Use Disorders
- Work-family conflict
- Elevated suicide risk





Solutions Basics

BALANCING ACT



What is Needed?



“Hazmat suit”

Preparation to deal effectively with what is encountered



“Tool box”

Means to process and cope with what is experienced

“Hospital”

Means, conditions and resources for recovery

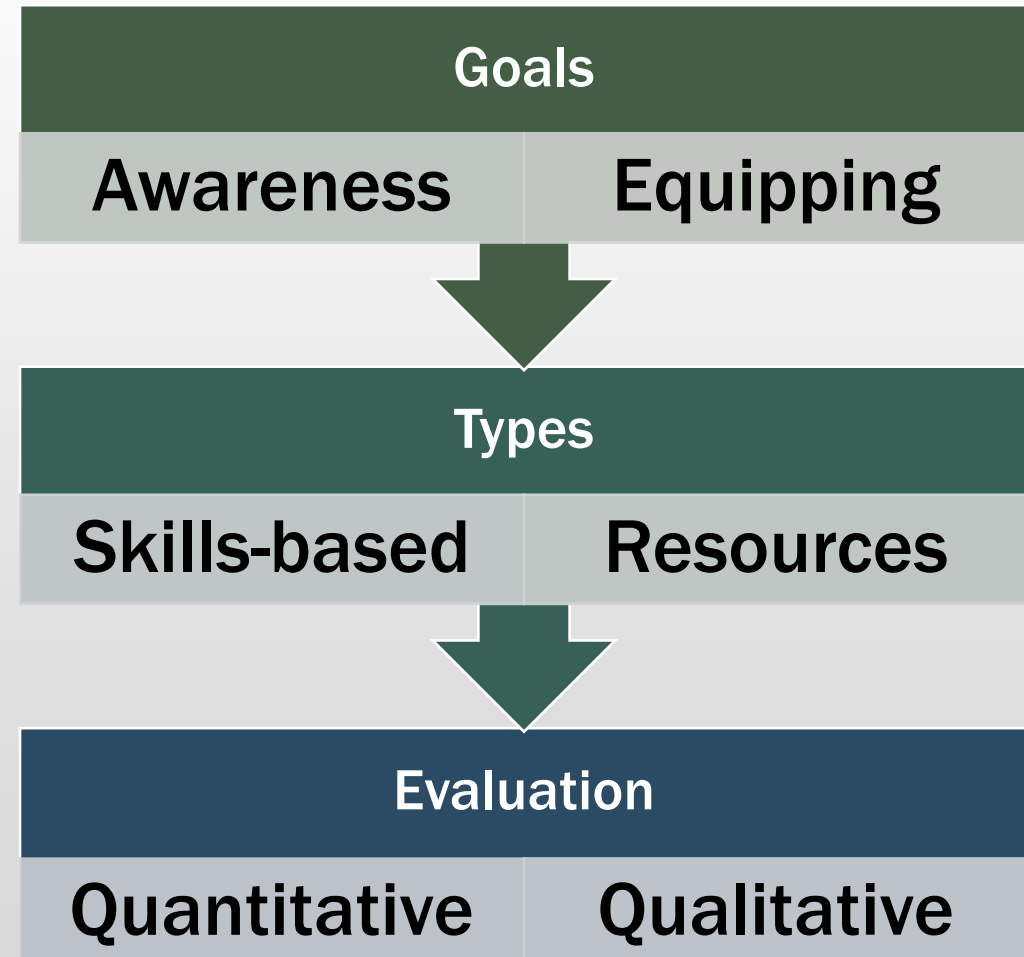


ACA's 2017 Corrections Staff Wellness Resolution

- "... the American Correctional Association urges correctional agencies to raise awareness and educate employees regarding employee wellness in a corrections environment, including emphasis on employment-related stress; ..."

ACA RESOLUTION SUPPORTING CORRECTIONAL EMPLOYEE WELLNESS 2017-1

Solutions Elements



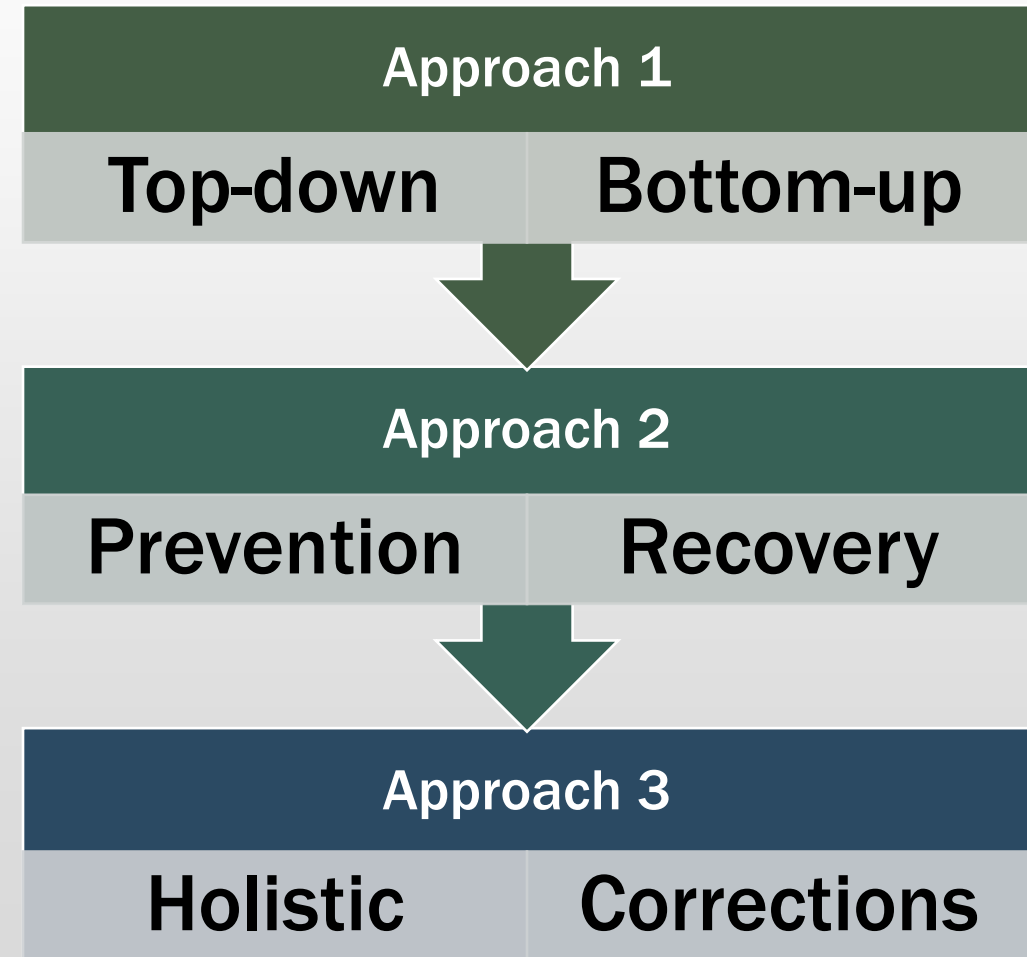
ACA's 2017 Corrections Staff Wellness Resolution

- "... the American Correctional Association encourages agencies to develop and implement wellness initiatives and convene wellness committees regarding all the dimensions of wellness, including emotional, environmental, financial, intellectual, occupational, physical, social and spiritual; ..."

ACA RESOLUTION SUPPORTING CORRECTIONAL EMPLOYEE WELLNESS 2017-1



Solutions Approaches



Solutions Approaches

Approach 4

Multi-faceted



Approach 5

All-inclusive



Approach 6

Evidence-informed



ACA's 2017 Corrections Staff Wellness Resolution

- "... the American Correctional Association is committed to supporting and improving the overall wellness of correctional employees."

ACA RESOLUTION SUPPORTING CORRECTIONAL EMPLOYEE WELLNESS 2017-1

Solutions Elements



M.O.

Marathon



In Conclusion

- Effects of occupational stressors on corrections workers' health and functioning can be severe.
- Psychosocial skills that promote wellness/resilience CAN BE TAUGHT.
- Combinations of organizational and individual initiatives can be expected to be the most beneficial.





Thank you!

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Connecticut Department of Correction

EMPLOYEE WELLNESS INITIATIVES





Public Safety

Reduce Recidivism and Prevent Criminal Activity in our Community and be an active partner in the state's criminal justice, public safety and emergency response/disaster relief systems.

Wellness

Reduce Trauma and its effects throughout the system.

Efficiency

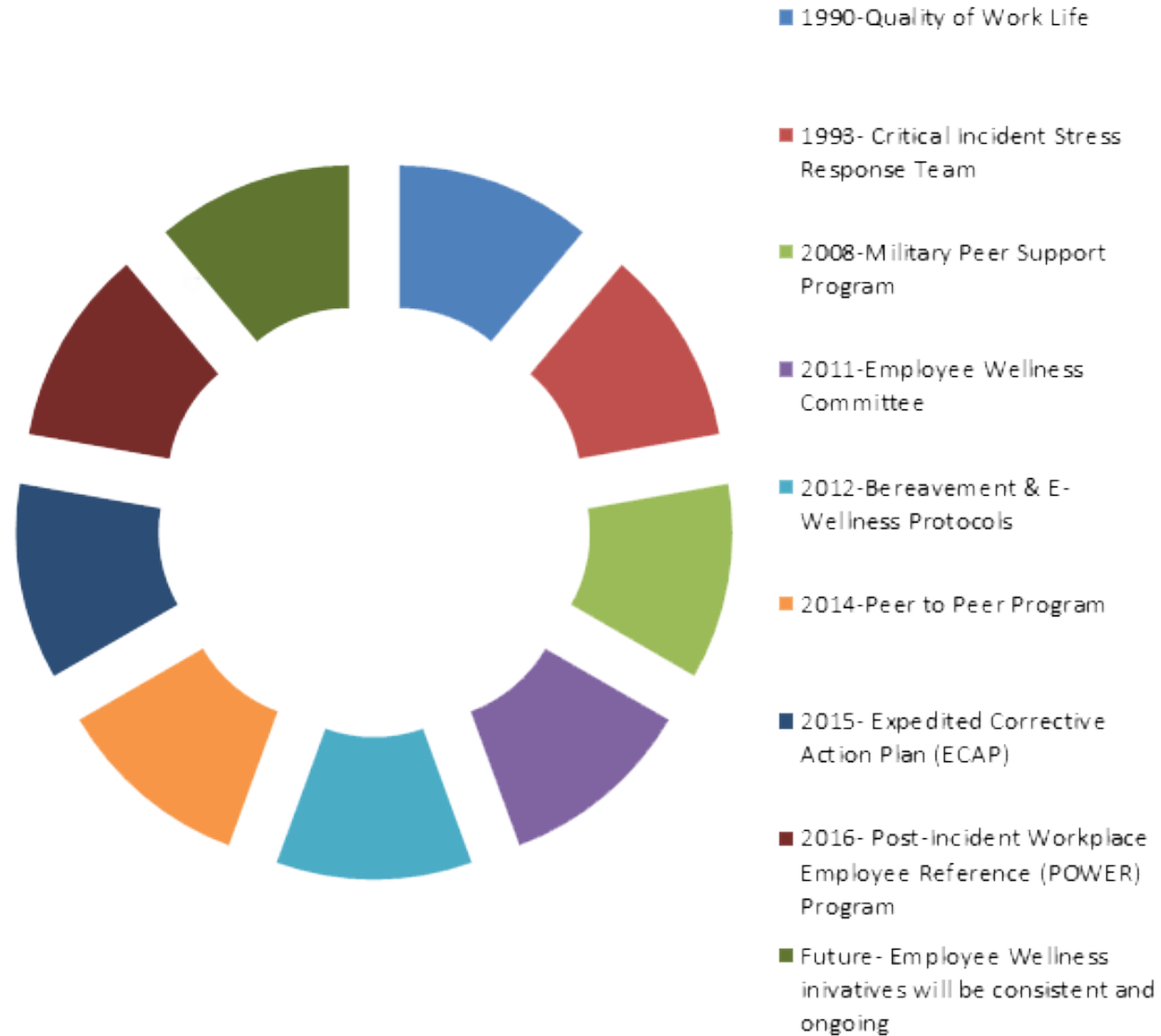
Maximize the utility of limited resources, increase and enhance collaboration, productivity and efficiencies and achieve operational and procedural consistency between DOC facilities and between DOC and its partners.



Wellness

Reduce Trauma and
its effects
throughout the
system.

Connecticut Department of Correction E-Wellness Continuum



Quality of Work Life Committees – QWL

- Since 1990 - Each facility has had a QWL
- Consist of a variety of employee ranks/ job titles
- Gives employees a chance to unwind from a very stressful work environment

Critical Incident Stress Response Team

- Mission – Provide support to staff adversely affected by traumatic event
- Since the mid 1990's.
- Activated after serious assaults, deaths, and suicides (staff or inmate).
- On average activated 1-2 times per month.

Critical Military Peer Support Program

- Mission – Provide support to DoC staff service members during all phases of deployment, including transition back to work.
- Created in 2008.
- Members communicate with deployed staff and their families.
- Send care packages.
- Annual picnic.

Employee Wellness Committee

- Created in 2011 following an increase in staff suicides.
- Comprised of a wide range of staff including: wardens, human resource staff and front line officers.
- Focus is on addressing issues facing correction officers, i.e. substance abuse, suicide, depression, domestic violence etc.

Bereavement & E-Wellness Protocol

Established in
2012

Peer to Peer Mentoring Program

- Created in 2014 to foster mentor-mentee relationships.
- Developed in conjunction with grant funded UCONN Health Center study.
- Collected blood pressure and body fat data.
- Results – those with mentors were “healthier.”

Expedited Corrective Action Plan

ECAP

Expedited Corrective Action Plan

- Designed to expedite and streamline implementation of disciplinary actions for certain employee infractions.
- Launched in 2015 as the result of a LEAN project aimed at impacting both the Efficiency and Wellness components of the DoC's Strategic Plan.

The POWER Program

Post-Incident Workplace Employee Reference Program

The POWER Program

- The POWER Card was created to provide valuable reference information to employee affected by significant trauma.
- Feedback from recuperating employees experiencing challenges finding the help they needed, was the impetus for this initiative.

Future Employee Initiatives





Connecticut Department of Correction Employee Wellness Initiatives

- **Quality of Work Life Committees (QWL)**

Each Correctional Institution has an established QWL with members from various ranks from various departments. The QWL has been a very successful committee focused on coordinating events at the facility that give employees an opportunity to unwind or distress from a very challenging and stressful environment. Some examples of their activities include organized meals, t-shirt sales, bake sales, organized off-duty trips, organized sporting events, and charity collections.

- **Critical Incident Stress Response Team (CISRT)**

- ❖ Created in the mid-90's - Currently has 40 members (various ranks/facility assignments)
- ❖ Mission: Provide support for the staff adversely affected by a traumatic event.
- ❖ Interventions conducted in a safe/confidential atmosphere to promote staff well being.
- ❖ Members receive training related to Critical Incident Stress Management.
- ❖ Examples of an activation of this unit include a serious assault, death, or suicide – both staff and inmates.
- ❖ The Unit is activated on the average 1-2 times per month and report directly to the facility

- **Military Peer Support Program (MPSP)**

- ❖ Created in 2008 - Mission: Provide support and assistance to our service members and their families during all phases of deployment and the transition back to work.
- ❖ Unit meets with families, communicates with deployed staff, put together care packages, coordinate fundraising and puts together an annual picnic.

- **Employee Wellness Committee**

- ❖ Created in 2011 following a recognized increase in staff suicides.
- ❖ Comprised of facility Wardens, various bargaining unit members, human resource staff, front line officers.
- ❖ Focus is to address issues facing correctional employees such as substance abuse, suicide, domestic violence, criminal arrests, mental health, depression, and obesity. The

vision of this Unit is to “Show We Care.” The mission is empower employees to be courageous and break down boundaries between co-workers. *As of date, the Employee Wellness Committee has completed the following tasks:*

- Implemented a guide for wellness checks (employee no call/no show)
- Established a facility bereavement protocol
- Created several physical fitness challenges to engage employees (challenge course, squat off, bench press)
- Weekend employee wellness fair
- Monthly email *blasts* aimed at encouraging the use of the agency Employee Assistance Program (EAP) by providing information on available services, while stressing the confidentiality component.
- Created a logo (mind/body/spirit) which is used to endorse all events which support employee wellness

- **Peer Mentor Program – Peer to Peer**

- ❖ Program began in 2014 - created to foster a mentor-mentee relationship
- ❖ Based on trust where a more senior person guides and teaches a less-experienced person about expectations of the work environment and career advancement
- ❖ Developed following a UCONN stress study (grant funded) at Cheshire and Corrigan/Rad
- ❖ Consisted of surveys, focus groups, interviews
- ❖ Collection of clinical data: blood pressure and body fat analysis
- ❖ Results showed that those staff with mentors were actually “healthier”

- **Expedited Corrective Action Plan (ECAP)**

- ❖ Launched from a LEAN event in April 2015 with a focus on reducing the time spent during the disciplinary review process.
- ❖ The significant reduction in timeframe has a positive impact on employee wellness and the associated stress and anxiety that often accompanies a workplace incident with disciplinary consequences.

- **Post-Incident Workplace Employee Reference Program (POWER)**

- ❖ Newest (2016) DOC policy focused on communicating and supporting employees after a significant incident within a correctional setting.
- ❖ The POWER card was created to provide a reference for employees that may be out of work based on an injury sustained on the job.
- ❖ Reference information/contacts include Workers Compensation Unit, Victim Services, Critical Incident Response Team, and the Employee Assistance Program.
- ❖ The initiative was the result of feedback from employees who had experienced challenges while home recuperating from an injury.



IDAHO DEPARTMENT OF CORRECTION

National Symposium on Correctional Worker Health
August 17, 2017



Vision Statement

- Our vision is focused on the care and development of staff, sound security practices, and a reentry system that enhances public safety.

On The Same Page.....

<https://www.idoc.idaho.gov/>

The screenshot shows a web browser window with the URL https://www.idoc.idaho.gov/content/careers/employee_resources/wellness. The page features a navigation bar with links to the Director's Office, Prisons Division, Probation & Parole Division, Management Services Division, and Locations. Below the navigation bar, there are two search boxes: "Can we help you find something?" with a search button, and "Looking for an Offender?" with buttons for "Offender Search" and "Sex Offender Search". The main content area is titled "Wellness" and includes a list of resources: Employee Assistance Program (EAP), New Baby, Discount Programs, Smoking Cessation, Legal Shield, Information & Opportunities, and Mental Wellbeing. Each resource is accompanied by a small icon. The page also includes a "Questions? Contact Us!" section with contact information for the EAP and a "Helpful Links" section with links to "Benefits Information" and "Employee Assistance Program". The footer contains the IDOC logo and links to "ABOUT US" and "STATE & LOCAL AGENCIES".

Director's Office Prisons Division Probation & Parole Division Management Services Division Locations

Can we help you find something?
Search our site

Looking for an Offender?
Offender Search or Sex Offender Search

Current Opening»
Internship Opportunities
Background Investigation Questionnaire
Job Descriptions
Career Facts / Employment FAQ
Employee Resources »

Home » Careers » Employee Resources » Wellness

Wellness

Care and concern for staff is a top priority for IDOC. We want you to be aware and have easy access to resources which are currently available and may benefit you in your work or family life. Below is a brief description of each, but click on the designated icon for more information.

- » Employee Assistance Program (EAP) - This program provides free counseling services for you and your family. This online resource also includes wellness, financial and child care information.
- » New Baby - Programs, resources and free supplies available to those expecting a new addition to their family.
- » Discount Programs - Discounts available to IDOC employees for services such as hearing exams, orthodontics, vision services and gym memberships.
- » Smoking Cessation - Resources available to help you quit smoking.
- » Legal Shield - Prepaid legal services available for IDOC employees.
- » Information & Opportunities - A list of resources for IDOC employees that includes health information, financial information & classes.
- » Mental Wellbeing - Helpful information on maintaining mental wellness.

Questions? Contact Us!
Phone: 208-658-2027
Email: hr@idoc.idaho.gov
EAP: 877-427-2327

Helpful Links
» [Benefits Information](#)
» [Employee Assistance Program](#) Company ID: SOIEAP

Print this page

IDAHO DEPARTMENT OF CORRECTIONS

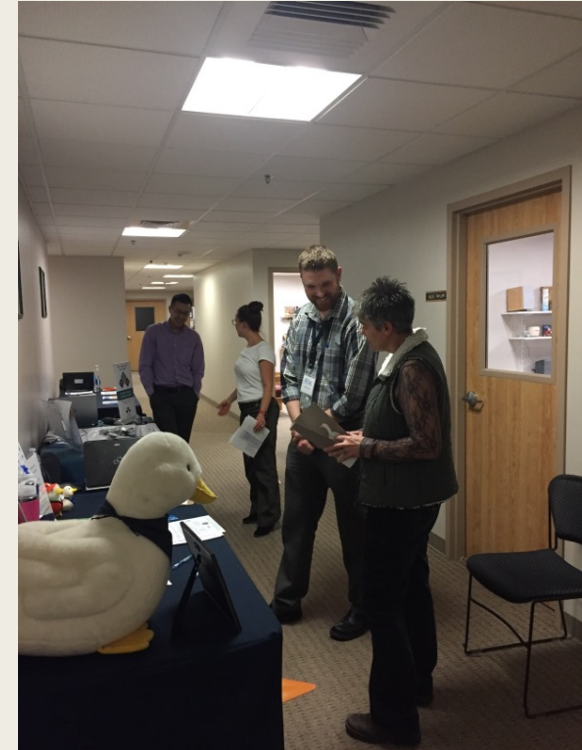
ABOUT US
Agency Overview
Accessibility
Careers with IDOC

STATE & LOCAL AGENCIES
Commission of Pardons & Parole
Correctional Industries
Criminal Justice Commission

Family Orientation



Wellness Fairs



Nursing Mother's Rooms



Correctional Fatigue to Fulfillment



Next up.....

- Financial Wellness
- Flu Shot Clinics
- Mobile Mammogram Services



California
Department of Corrections
and Rehabilitation

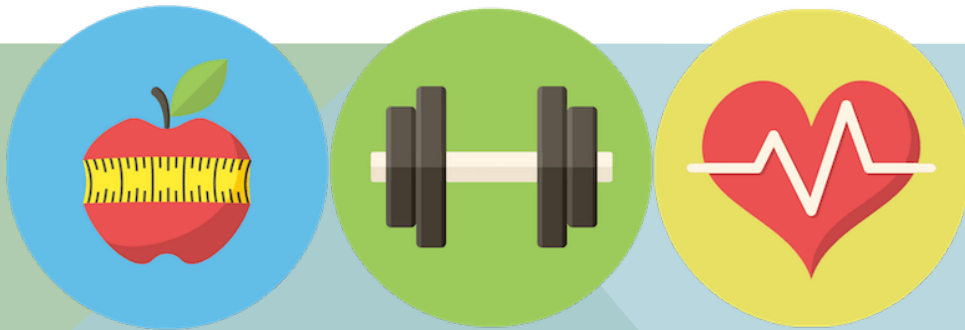
EMPLOYEE HEALTH AND WELLNESS IN A CORRECTIONAL ENVIRONMENT

**PRESENTED BY:
KATHERINE MINNICH
DEPUTY DIRECTOR, HUMAN RESOURCES
AUGUST 17, 2017**

EMPLOYEE HEALTH AND WELLNESS

- Provide proactive, accessible, sustainable programs to address health and wellness issues impacting CDCR employees and their families.
- Offer education and resources to deal with the stressors of the job.
- Promote good physical and behavioral health throughout their entire career and into retirement.

“Taking Care Of Our Most Valuable Asset – Our People.”



EMPLOYEE HEALTH AND WELL-BEING SURVEY

- **Collect data from employees to create a baseline.**
- **Sent to over 58,000 employees**
 - Approx. 50% custody
- **Over 10,000 responses received**
 - Approx. 18% employee response rate
- **Results will be used for the development of new and the enhancement of existing programs to benefit employees and their families.**

CURRENT EFFORTS

Physical Health

- Healthier Food and Beverage Education, Accessibility, and Availability
- Walking paths
- Fitness platforms (i.e. challenges)
- Onsite Fitness Centers and Fitness Discounts

CURRENT EFFORTS

Behavioral Health

- **First responder specific services**
 - **Desert Waters**
 - **Code 9 Workshops**
 - **Law Enforcement Chaplaincy Services**
 - **Peer Support Standardization**
 - **EAP and Health Plans**

CURRENT EFFORTS

Ongoing Education and Communication Strategy

- Digital Display

HEALTHY TRIAD

Mind

Stay connected
(community, social groups,
and family)
Schedule activities
(plan ahead)
Communicate (friends, family,
someone you trust)

Self-Care

Spirit

Vacation
(refresh, renew, recreate)
Hobbies
(music, art, outdoors)
Relaxation
(meditation, prayer, self-
reflection)

Body

Sleep
(7 to 8 hours daily)
Exercise
(22 minutes daily)
Eat healthy





Participatory Workplace Health Interventions in Corrections

*Mazen El Ghaziri, PhD, MPH, RN; Jeffrey Dussetschleger, DDS, MPH;
Sara Namazi, MS; Martin Cherniack, MD, MPH*

2017 National Symposium on Correctional Worker Health

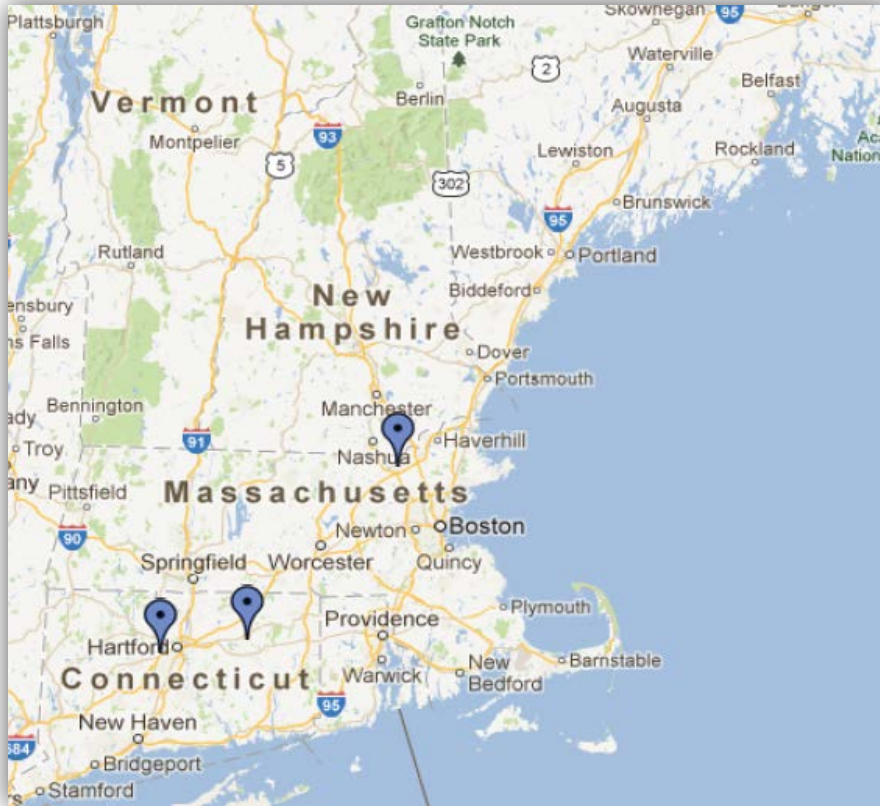
This presentation is supported by Grant Number 5 U19 OH008857-09 from the National Institute for Occupational Safety and Health. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of NIOSH.

Participatory Workplace Health Interventions in Corrections

- About CPH-NEW
- Health Improvement through Employee Control (HITEC)
 - Background & Context-The Why
 - Participatory Interventions Approaches and Process
- Intervention, Design, and Analysis Scorecard (IDEAS Tool)
 - Indoor Air Quality
- Strengths & Limitations
- Conclusion & Summary



Center for Promotion of Health in the New England Workplace



- University of MA Lowell
- Occ. Health & Safety
- Epidemiology
- Biostatistics
- Economics
- Nursing



- University of CT Health Center
- Ergonomics
- Medicine
- Health Policy



- University of CT Storrs
- Psychology
- Health Promotion



CPH-NEW's goals include

(From NIOSH Total Worker Health™ Mission)

www.cdc.gov/niosh/twh

1. Implement and evaluate models for improving worker health by combining:
 - Worksite health promotion (WHP)
 - Workplace safety & health (OSH)
2. To promote **participatory approaches** that engage all levels of an organization in the design of effective, **sustainable** workplace interventions.



CPH-NEW Healthy Workplace Toolkit: Program Goals

Promote PARTICIPATION of the workforce in the design of interventions

- Enhances job control, reduces stress
- Uncover root causes of injury, illness, poor health behavior

Design interventions that INTEGRATE workplace health protection (safety) and health promotion.

- Healthier work environment supporting healthier employee behavior



HITEC 1 (2006-2011)

1. Compared 2 approaches for integrating OSH and health promotion:
 - Professional -- Administratively directed (top down)
 - Participatory -- Employee initiated, with joint employee-management oversight
2. Tested at 2 Department of Correction (DOC) facilities
2. Professional site interventions included a weight loss program, a fitness program and health counseling
3. Participatory site interventions included 2 weight loss programs, a cushioned insole program, and a civility program



HITEC 2 (2011-2016)

Two Participatory Intervention Approaches

Design Team	Kaizen Team
<i>Design team (DT) line officer lead intervention planning</i>	<i>Multi-level kaizen event team lead (KET) intervention planning</i>
Unlimited time to plan and refine interventions	Limited time to plan and refine interventions (120 days)
Structure-COs only with Study Team Facilitator	Structure-COs, facility managers (Warden Captain), DOC upper management
Can plan multiple interventions simultaneously	Plan 1 intervention at a time
Use IDEAS TOOL	



HITEC 2 Interventions

Name of Intervention	Description
Building Improvement Linked to Design (BILD)	An ergonomic intervention addressed to procurement policies, and building design to support exercise and relaxation
Structured Work-related Injury Prevention through Ergonomics (SWIPE)	A safety intervention addressing CO injury related to inmate incidents .
Work to be Fit (W-2 BFIT)	A CO-developed program for fitness for duty
Better Food through Education and Design (BFED)	A weight management program aimed at improved nutrition and altering the environment to affect eating patterns at work



HITEC 2 (2011-2016)

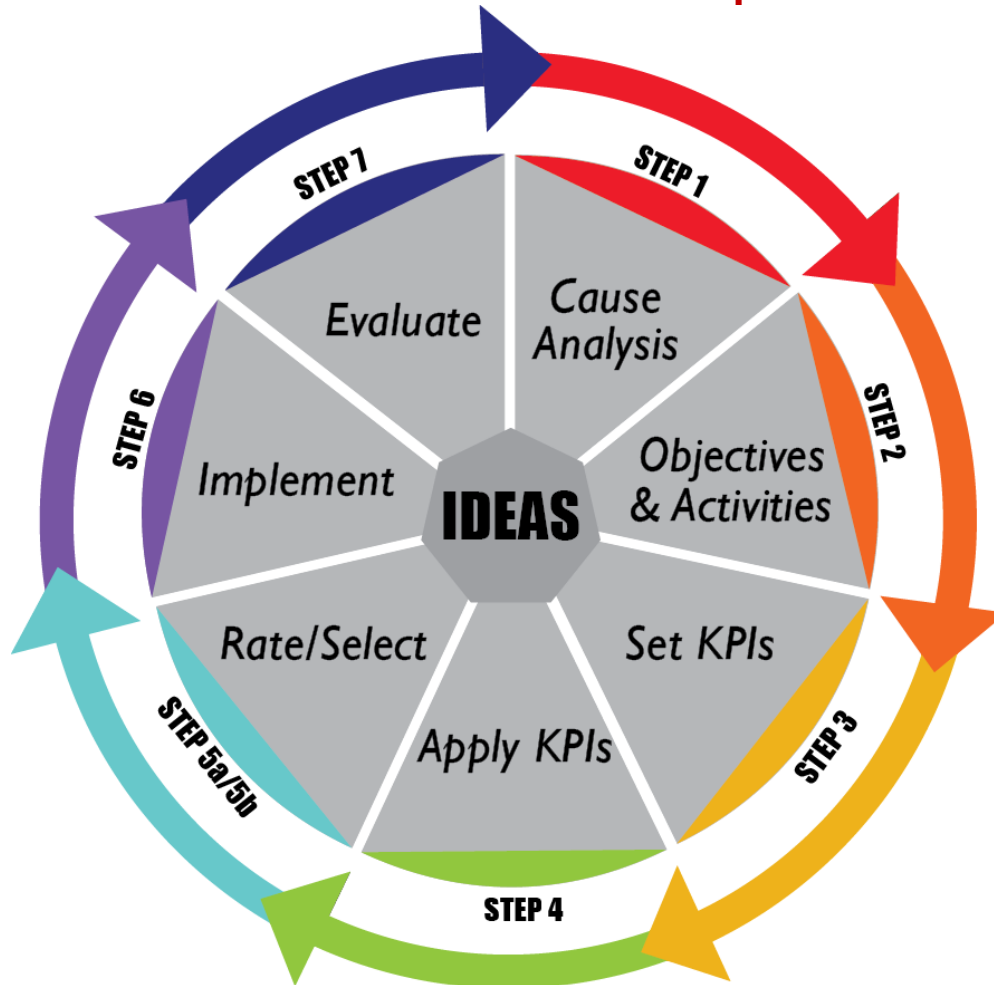
New CO Initiative

- 2 cohorts created from new recruit classes
 - One cohort received standard follow-ups post-academy:
 - electronic contact & periodic program activity
 - Other cohort received personalized follow-up and an assigned health mentor



Intervention, Design, and Analysis Scorecard: *a participatory intervention planning method*

Designing interventions with IDEAS is an iterative process



Step 1

Understanding the problem

Step 2

Creating full set of possible solutions

Steps 3,4

Analyzing costs, benefits, barriers
Formulate alternatives

Step 5

Rating, selecting best option

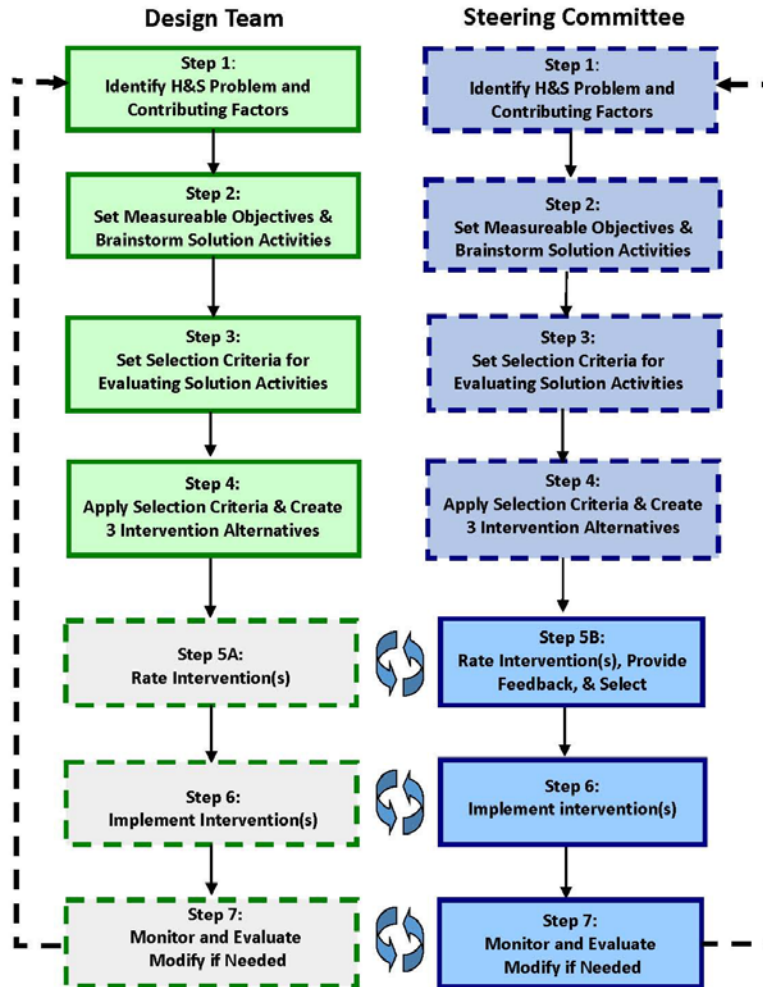


IDEAS tool



Intervention, Design, and Analysis Scorecard (IDEAS)

A planning tool for integrated worksite health protection/health promotion interventions



Developed by Center for Promotion of Health in the New England Workplace with support from NIOSH grant #U19-OH008857

Step 1: Identify a Health & Safety Concern and Contributing Factors

General Health & Safety Concern:

<div>Sub-Issue:</div> <div></div>	<div>Sub-Issue:</div> <div></div>	<div>Sub-Issue:</div> <div></div>	<div>Sub-Issue:</div> <div></div>
<div>Contributing Factors:</div> <div></div>	<div>Contributing Factors:</div> <div></div>	<div>Contributing Factors:</div> <div></div>	<div>Contributing Factors:</div> <div></div>

Step 2: Set Measurable Objectives & Brainstorm Solution Activities

Major Health & Safety Objective:

Solution 1:	Solution 2:	Solution 3:	Solution 4:
Specific Activities / Components of Solution 1:	Specific Activities / Components of Solution 2:	Specific Activities / Components of Solution 3:	Specific Activities / Components of Solution 4:

Step 3: Establish the Criteria for Evaluating Interventions

Scope/Impact	Benefits/Effectiveness	Resources/Costs	Obstacles/Barriers
<p><i>Who do you want to reach (e.g. one unit or the entire organization)? How many people should be affected? (describe both short term and long term)</i></p>	<p><i>What are the positive outcomes you want to achieve? (describe both short and long term)</i></p>	<p><i>What resources are currently available within the organization that should be considered? (e.g. time, money, personnel, etc.)</i></p>	<p><i>What obstacles/barriers exist that may interfere with intervention success?</i></p>
	<p><i>Short term examples: increased knowledge, behavior change, increased participation and satisfaction</i></p> <p><i>Long term examples: improvements in health, lower insurance claims, more health care utilization</i></p>	<p><i>Design Teams may propose interventions that exceed the currently available resources if the benefits justify the resources needed/costs. Resources available should not limit Design Team brainstorming</i></p>	

Step 4: Apply Selection Criteria to Solution Activities and Create At Least 3 Interventions

Intervention:

Solution Activities <i>List the activities that you want to include in this intervention</i>	Scope/Impact <i>Who will this activity reach? How many people will be affected? Who do you want to reach (describe both short term and long term)</i>	Benefits/Effectiveness <i>What positive outcomes will be achieved through this activity? (describe both short and long term)</i>	Resources/Costs <i>What are the resources needed/costs of this activity? (e.g. time, money, personnel, etc.)</i>	Obstacles/Barriers <i>What obstacles/barriers could interfere with the success of this activity?</i>

Step 5A: Rate Intervention(s)

Rate the three intervention alternatives as High (H), Medium (M), or Low (L) relative to the selection criteria from Step 3.

	Intervention 1	Intervention 2	Intervention 3
	Title:	Title:	Title:
Anticipated Scope/Impact (L/M/H)			
Anticipated Benefits (L/M/H)			
Resources Needed (L/M/H)			
Anticipated Obstacles (L/M/H)			

Priority ranking of interventions (optional):

Additional notes to the Steering Committee (optional):

Step 5B: Rate & Select Intervention(s)

Rate the three intervention alternatives as High (H), Medium (M), or Low (L) relative to the selection criteria from Step 3 and select an intervention for implementation.

**Anticipated Scope/Impact
(L/M/H)**

Anticipated Benefits (L/M/H)

Resources Needed (L/M/H)

**Anticipated Obstacles
(L/M/H)**

Intervention 1	Intervention 2	Intervention 3
Title:	Title:	Title:

Topics to discuss with Design Team regarding proposed intervention (optional):

Intervention(s) selected for implementation:

Design Team Intervention Approach- IAQ (BILD)

	Design Team
Location	A medium security-level correctional facility in Connecticut
Type of activity/ Intervention	<p><u>BILD:</u> IAQ intervention</p> <p>Poor indoor air quality (IAQ) in a workplace can affect personal and organizational health</p> <p>Plan IAQ interventions can help reduce employee discomfort and increase worker productivity.</p>
Structures	<p>The Design Team consists of 5 Correctional Officers (COs) who participate in a one hour weekly meeting with a facilitator from the HITEC- II study team</p> <p>The Site Steering Committee consists of supervisors (captains and deputy wardens) at the correctional facility.</p>
Duration of Interventions	IAQ (BILD) intervention – 1 year (Started August 2013) still in progress
Number of meetings	IAQ Intervention – 19 meetings.

IAQ (BILD) Intervention-Measures

- Comprehensive walkthrough of the facility by an industrial hygienist who observed conditions and spoke with staff at their posts.
- Connecticut Department of Public Health's "Tools for Office Buildings Program" workstation checklist.



IAQ (BILD) Intervention-Results

Facility Walkthrough findings of the industrial hygienist pertained to:

- Accumulated debris on air supply, vents, and return air grills.
- Poor IAQ in mechanical rooms and tunnels.

Recommendations from the industrial hygienist included:

- Increased frequency in cleaning of the HVAC system and of the stand-alone air circulation systems in order to minimize health and safety issues.
- Address IAQ related activities through a larger program, such as the DPH Tools for Office Buildings, to ensure sustainability and ongoing oversight.



IAQ (BILD) Intervention-Results

Workstation Checklist-Surveys were collected from 43 staff members who completed the checklist. Results demonstrated that:

- 43% had concerns about general cleanliness (e.g. dust accumulation on horizontal surfaces and HVAC supply and return grills, and weekly vacuuming).
- 67% had concerns about excess moisture (e.g. condensation and stains on indoor surfaces, walls and ceiling tiles).
- 75% had concerns about thermal comfort (e.g. temperature not maintained at acceptable levels, drafts).



IAQ (BILD) Intervention-IDEAS

Step 1:

General Health & Safety

Problem/Issue:

Indoor Air Quality (IAQ) problems throughout the Correctional Facility reported by staff contributes to absenteeism and presenteeism.

Sub-issues:

- Temperature swings and dust accumulation contributes to health and productivity problems (e.g. sinus infection, wheezing, asthma, absenteeism, and presenteeism).
- Humidity problems contribute to concerns (e.g. slips and falls during code response).

Step 2:

Health & Safety Goal/Objective:

Improve air quality to reduce staff and inmate complaints.

Solutions:

- Improve temperature control to reduce temperature swings between shifts and areas.
- Improve air quality by reducing circulating levels of allergens and irritants.
- Review maintenance schedule to develop solutions to improve pre-existing schedule, and remove sources of dust.



IAQ (BILD) Intervention-IDEAS

<u>Intervention A</u>	<u>Intervention B</u>	<u>Intervention C</u>
Improve temperature control to reduce temperature swings between shifts and areas	Improve air quality by reducing circulating levels of allergens and irritants	Review maintenance schedule to develop solutions to improve pre-existing schedule, and remove source of dust
<ul style="list-style-type: none">Keep AC running steady year around, which can help keep humidity levels constant.Have a designated officer in Housing Control Units trained and able to adjust the thermostat (Activity already adopted).	<ul style="list-style-type: none">Create a vent cleaning schedule or adjust pre-existing maintenance schedule.Incorporate annual dust cleaning as part of preventative maintenance.Elicit regular cleaning of already existing filters.	<p>Create publically displayed maintenance log sheet.</p> <p>Teach inmates how to clean vents and utilize existing machinery (i.e. Duct cleaning equipment).</p> <p>Review and optimize maintenance schedule along with maintenance staff.</p>



IAQ (BILD) Intervention-IDEAS

	<u>Intervention A</u>	<u>Intervention B</u>	<u>Intervention C</u>
	Improve temperature control to reduce swings between shifts and areas	Improve air quality by reducing circulating levels of allergens and irritants	Review maintenance schedule to come up with solutions to improve pre-existing schedule, and remove sources of dust
Anticipated scope/impact (L/M/H)	H	H	H
Anticipated benefits (L/M/H)	M	H	H
Resources needed (L/M/H)	M	H	H
Anticipated obstacles (L/M/H)	M	H	M
Intervention B is first priority. DT would like to implement this with support from management. Intervention C is also important and some activities could be adopted. Intervention A is last priority because one of the activities under the intervention has already been adopted.			
<u>Rating Key:</u> H: Activities that make up an intervention alternative meets or exceeds what is stated in the selection criteria. M: Activities that make up an intervention alternative only partly accomplish what is stated in the selection criteria. L: Activities that make up an intervention alternative fails to accomplish what is stated in the selection criteria.			



IAQ (BILD) Intervention-IDEAS

<u>Step 5 (a)</u>	<u>Step 5 (b)</u>
Intervention (Solution) Chosen by DT members	Intervention (Solution) Chosen by Site Steering Committee members
Improve existing schedule in order to better remove sources of dust that get circulated.	



IAQ (BILD) Intervention-Lesson Learned

- Concerns are significant for the correctional facility staff.
- A participatory framework allows for worker involvement in design and implementation of interventions that are specific to their workplace settings and needs.
- The IDEAS tool:
 - Promotes ownership of, engagement with, and sustainability of proposed and implemented interventions, and may guide other studies that address health-based interventions in the workplace setting.
 - Allows for the opportunity of workers and management to work together to develop interventions to reduce exposure to poor IAQ.
- The findings of this intervention study could be applied to other workplace settings looking at improving IAQ.

CPH-NEW Healthy Worksite Participatory Program Website Interactive Tools

CPH-NEW Readiness Survey

Please answer any of the assessments in this survey. When you are finished, click Generate Summary to generate a summary document.

Generate Summary

Assessment 1

Senior Management Commitment

- ☐ Senior management is willing to commit to a participatory safety, health and wellness program for 9-12 months.
- ☐ Senior management has not yet made a commitment.

Comments

Assessments

Assessment 1

Assessment 2

Assessment 3

Assessment 4

Assessment 5

Assessment 6

Assessment 7

Worksheets and Quick
Reference Guides for
Facilitators

Online readiness
survey

The screenshot displays a web browser window with the URL https://129.63.176.149/docs/IDEAS/20-%20Step%20Form_to.... The page title is "Please fill out the following form." and it includes a "Highlight Existing Fields" button. The main content area is titled "Step 1: Identify Health & Safety Problem/Issue and Contributing Factors". It features a hierarchical form structure with a "General Health & Safety Problem/Issue:" box at the top, which branches into three "Sub-Issue:" boxes. Each "Sub-Issue:" box is connected to a "Contributing Factors:" box below it. The CPH-NEW logo is visible at the bottom of the form area. The browser's taskbar at the bottom shows various application icons and the system clock indicating 10:29 AM on 10/2/2013.

Overall Study Strengths & Limitations

- Participatory nature of the design:
 - Union and Management support
 - 10 years of engagement
- Awareness
- Retirement and transfers
- Scheduling, staffing and overtime
- Budget



Summary & Conclusion

- Too early to conclude
- Severity of health risks among COs
- Willingness to change
- Organizational Culture
- Engagement & Sustainability
- National Effort



HITEC Website & Newsletter

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HEALTH

Division of Occupational and
Environmental Medicine

UConn Health Directory

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Academics & Research

Graduate Programs

CPH-NEW

- Center Objectives
- HITEC II Study
 - Fitness
 - Lifestyle
 - Nutrition
 - Work Environment
- Partners
- Projects

Health Improvement Through Employee Control II Study

Health Improvement Through Employee Control II (HITEC II), also known as the UConn Department of Correction (DOC) study, is a continuation of a study begun seven years ago called "HITEC I." In HITEC I, the health and wellness of correctional staff was assessed along with two different methods of health promotion interventions. HITEC II is an intervention study that builds on the findings of our previous work and consists of a mentoring program for new recruits and two different participatory intervention activities. The study is planned to run until August 2016.

An interesting finding about the health of correctional staff was that, while new officers began their careers physically fit, within their first three years on the job their health deteriorated to a level similar to that of an officer who had been on the force for 15 or more years. Their rates of high blood pressure, obesity and depression were comparable to more experienced officers. These findings raised the questions, "Why does this occur?" and "Can something be done in those first

Contact Us

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Project Coordinator
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UConn Health
263 Farmington Avenue
Farmington, CT 06030

Newsletter

[Read our latest newsletter >](#)

The HITEC team would like to wish

CORRECTIONAL HEALTH AND WELLNESS

Issue 3



Health Improvement Through Employee Training and Control II



Fall 2013

IN THIS ISSUE

What is the study all about?

by Jeff Dussetschleger

Health Improvement Through Employee Control II (HITEC II), also known as the UConn DOC study, is a continuation of a study begun seven years ago, called, "HITEC I." In HITEC I, the health and wellness of correctional staff was assessed along with two different methods of health promotion interventions. HITEC II is an intervention study that builds on the findings of our previous work and consists of a mentoring program for new recruits and two different participatory intervention activities. The study is planned to run until August 2016.

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To address these questions, HITEC II implements two interventions with new officers: a web-based education site that will provide information and self-paced learning modules about health and wellness, and a mentor program, which pairs a senior officer with a new officer. The mentor's role is not to teach the new officer the job but rather to assist the new officer to develop healthy ways of handling the stressors of the job.

HITEC I addressed health promotion in two ways: a top-down, "best practices" approach, and a participatory approach in which correctional officers designed the interventions. Because the participatory approach proved to be the better one, HITEC II is expanding on it. The officer-lead intervention program stays in place while a new approach is introduced. The new approach, "Kaizen," brings together correctional officers, facility management, and DOC management to address the issues of nutrition, fitness, on-the-job injury and ergonomics. They will work intensely for a few months to develop and implement a program to address each of the target areas.

What is the study all about?
An overview

The Mentoring Program
An update

Cheshire Design Team Update
An update

Corrigan-Radgowski Kaizen Event Update
An update

DOC Family Night-HITEC-II Participation
Page 4-5

DOC Safety Tips

Dining Out the Healthier Way

Physical Activity Facts

Page 1

Page 2

Page 4

Page 4

Page 4-5

Page 5

Page 6

Page 6



Q&A



Discussion Questions

- DOC/Facility level approach to health and safety.
- What is the current structure/governance to address health and safety at the DOC/Facility levels.
- Communication process at the DOC/Facility levels about health and safety issues.
- What is the process for identifying health and safety issues.
- Staff availability and knowledge of health and safety issues and interventions
- Managerial culture: time, resources, involvement in decision making , etc.

Health Improvement through Employee Control (HITEC)

Research Team

UConn Health/ UConn Storrs

- Dr. Martin Cherniack (Principle Investigator)
- Dr. Jeff Dussetschleger
- Dr. Alicia Dugan
- Dr. Janet Barnes-Farrell
- Dr. Robert Henning
- Dr. Pouran Faghri
- Ms. Sara Namazi, PhD Candidate

UMass- Lowell

- Dr. Mazen El Ghaziri



תודה
Dankie Gracias
Спасибо شکرًا
Merci Takk
Köszönjük Terima kasih
Grazie Dziękujemy Dèkojame
Ďakujeme Vielen Dank Paldies
Kiitos Tänane teid 谢谢
Thank You Tak
感謝您 Obrigado Teşekkür Ederiz
Σας ευχαριστούμε 감사합니다
Бодхон
Bedankt Děkujeme vám
ありがとうございます
Tack





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University of Connecticut

CPH-NEW website:

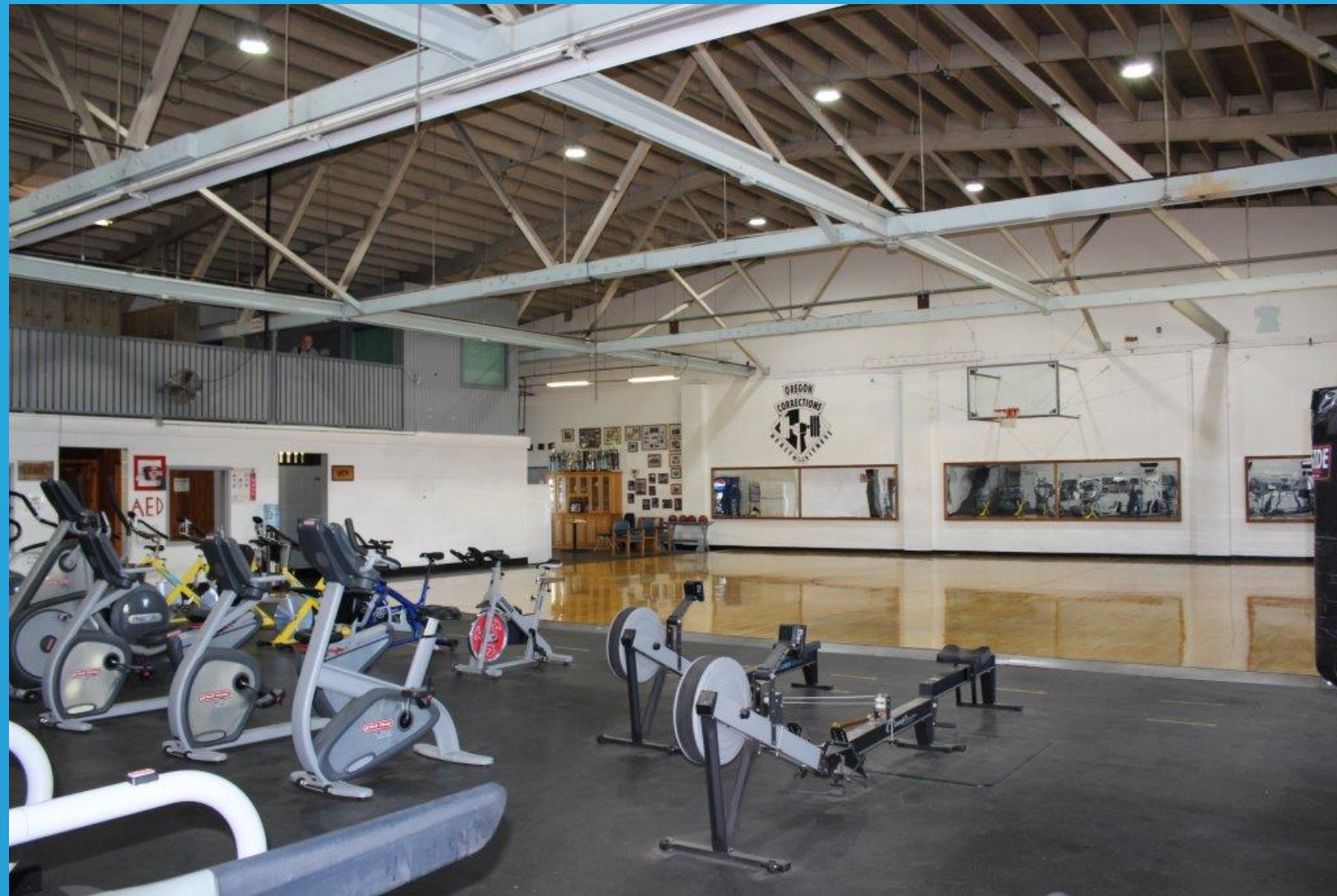
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The Center for the Promotion of Health in the New England Workplace is supported by Grant Number 1 U19 OH008857 from the National Institute for Occupational Safety and Health. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of NIOSH.

2017 National Symposium on Corrections Worker Health

**Wellness Presentation
Oregon Department of Correction**

Oregon State Penitentiary Fitness Center



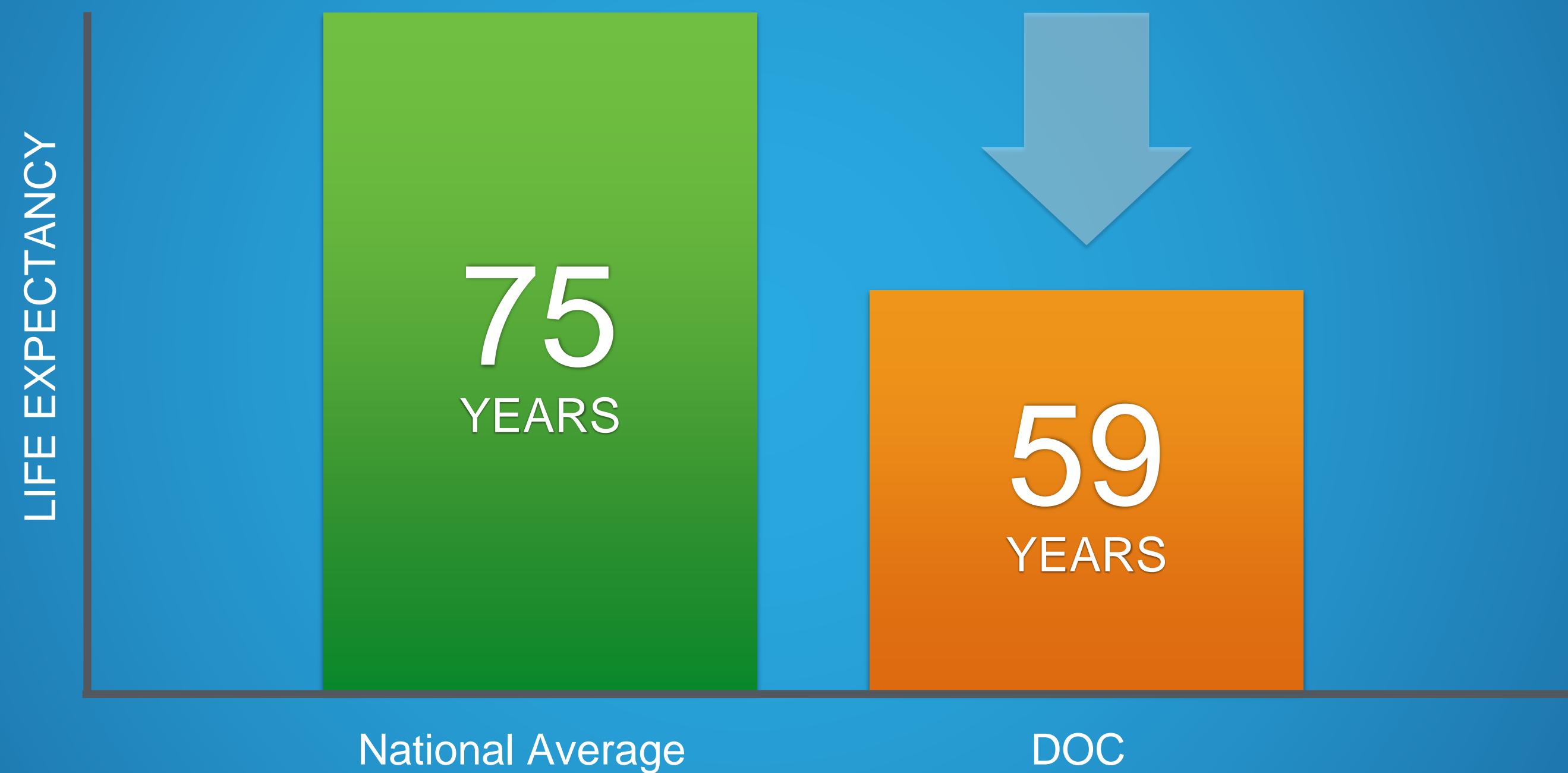
Coffee Creek Correctional Institution



*In March of 2003,
Sgt. Michael VanPatten attempted
to take his own life.*

REDUCED LIFE EXPECTANCY

16 YEARS YOUNGER



Source: Reducing Staff and Inmate stress. F Cheek; M D S Miller
Corrections Today Volume:44 Issue:5 Dated:(October 1982) Pages:72-76, 78

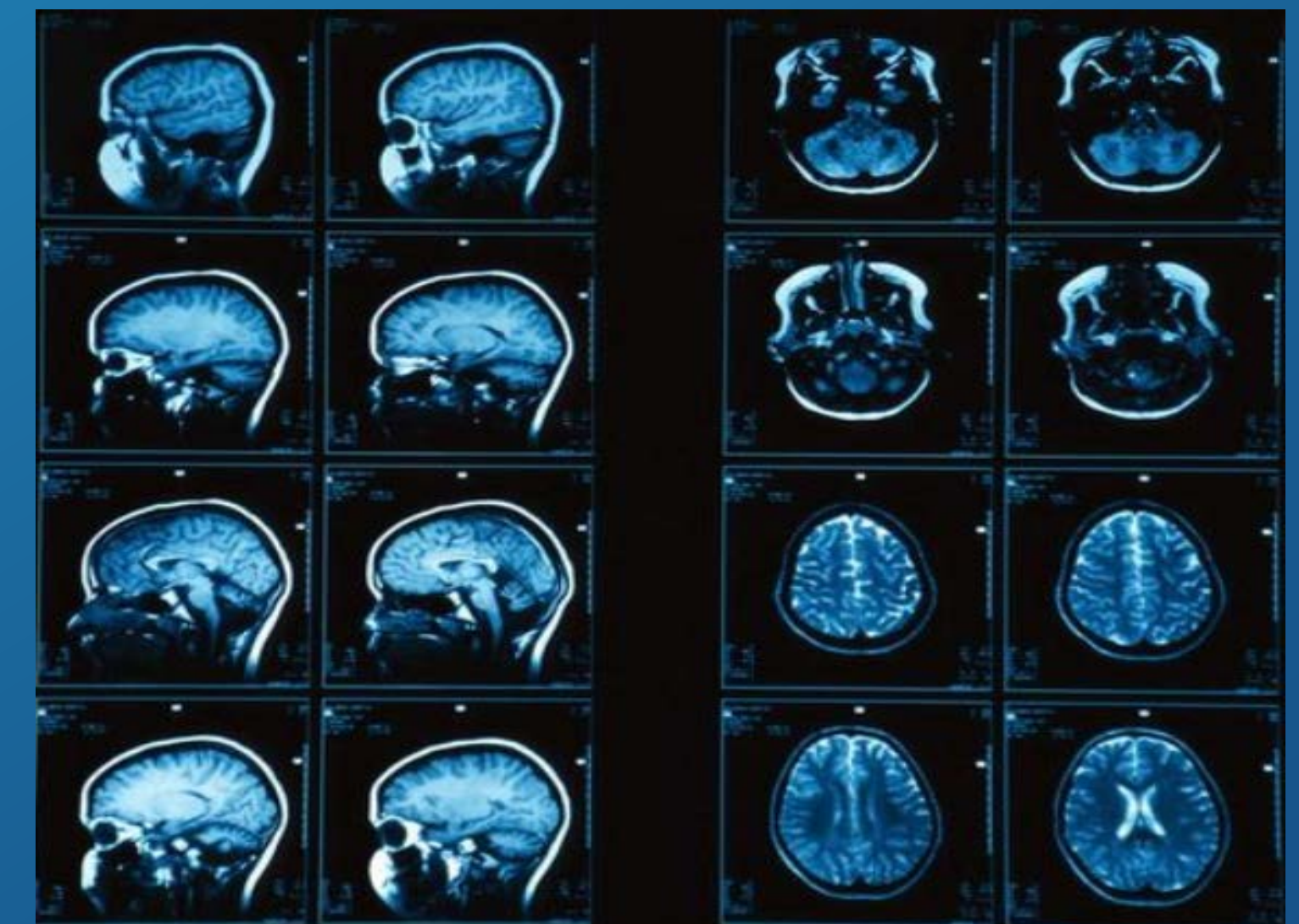
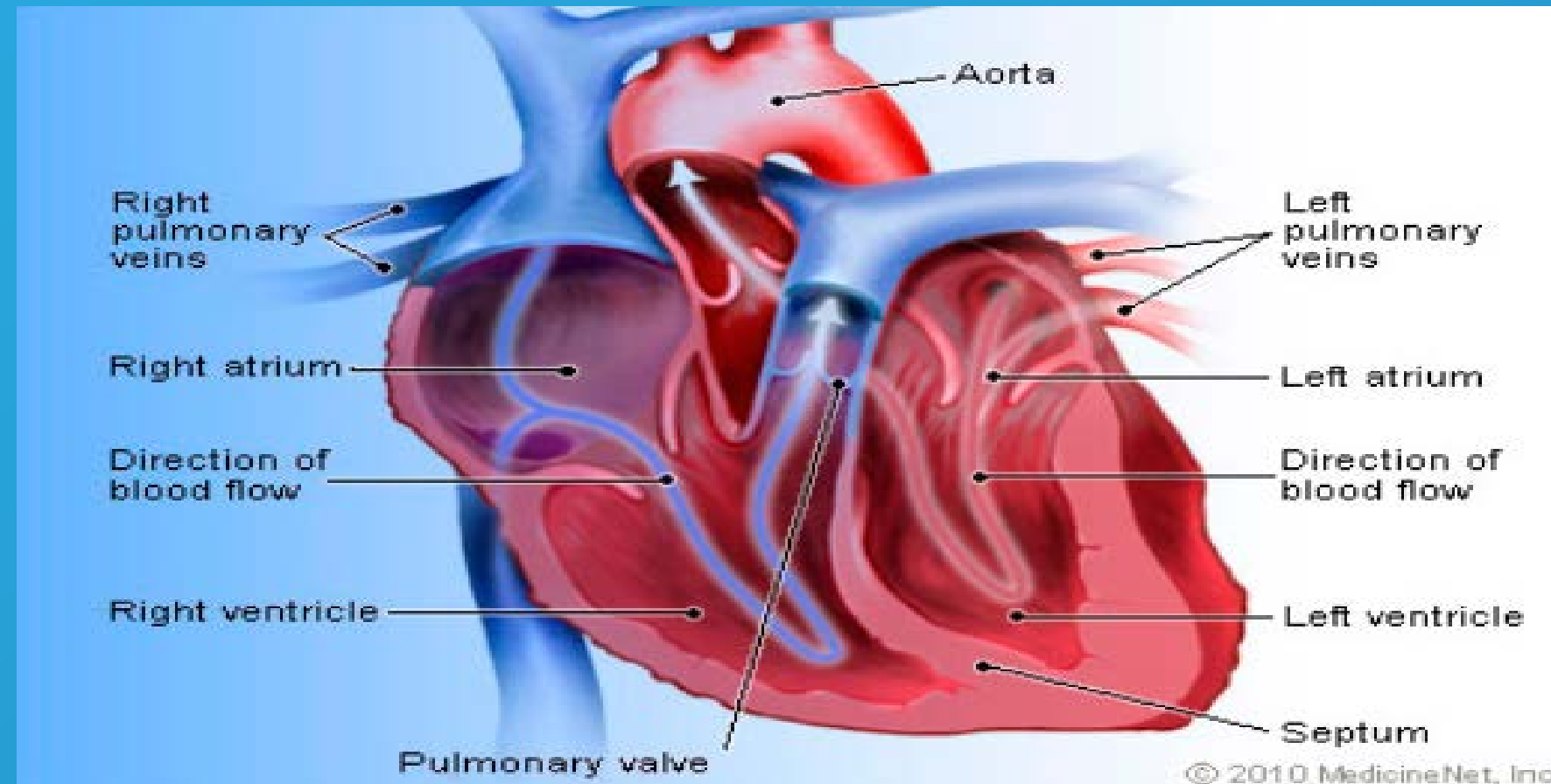


Portland State
UNIVERSITY



OREGON
HEALTH & SCIENCE
UNIVERSITY

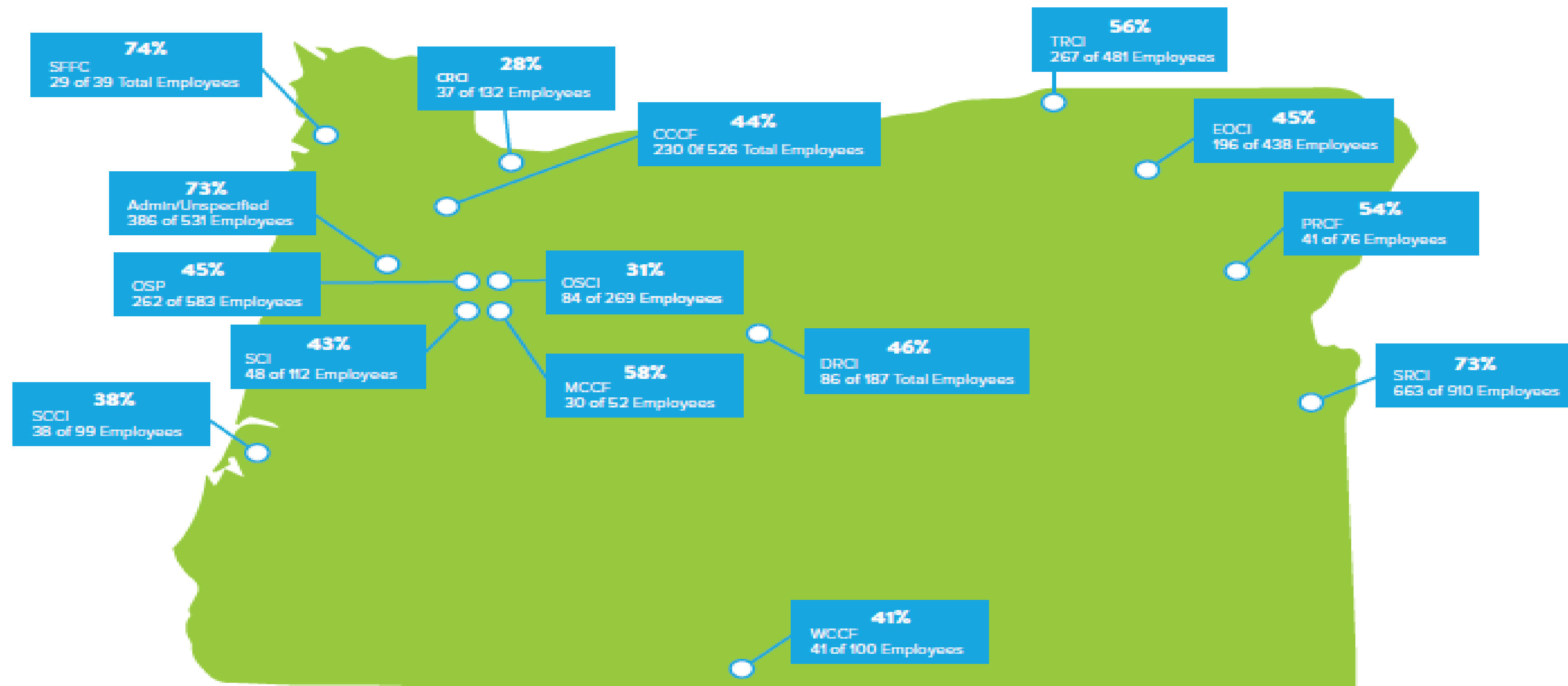
Why Are We Here?



Healthy Team Healthy U Results

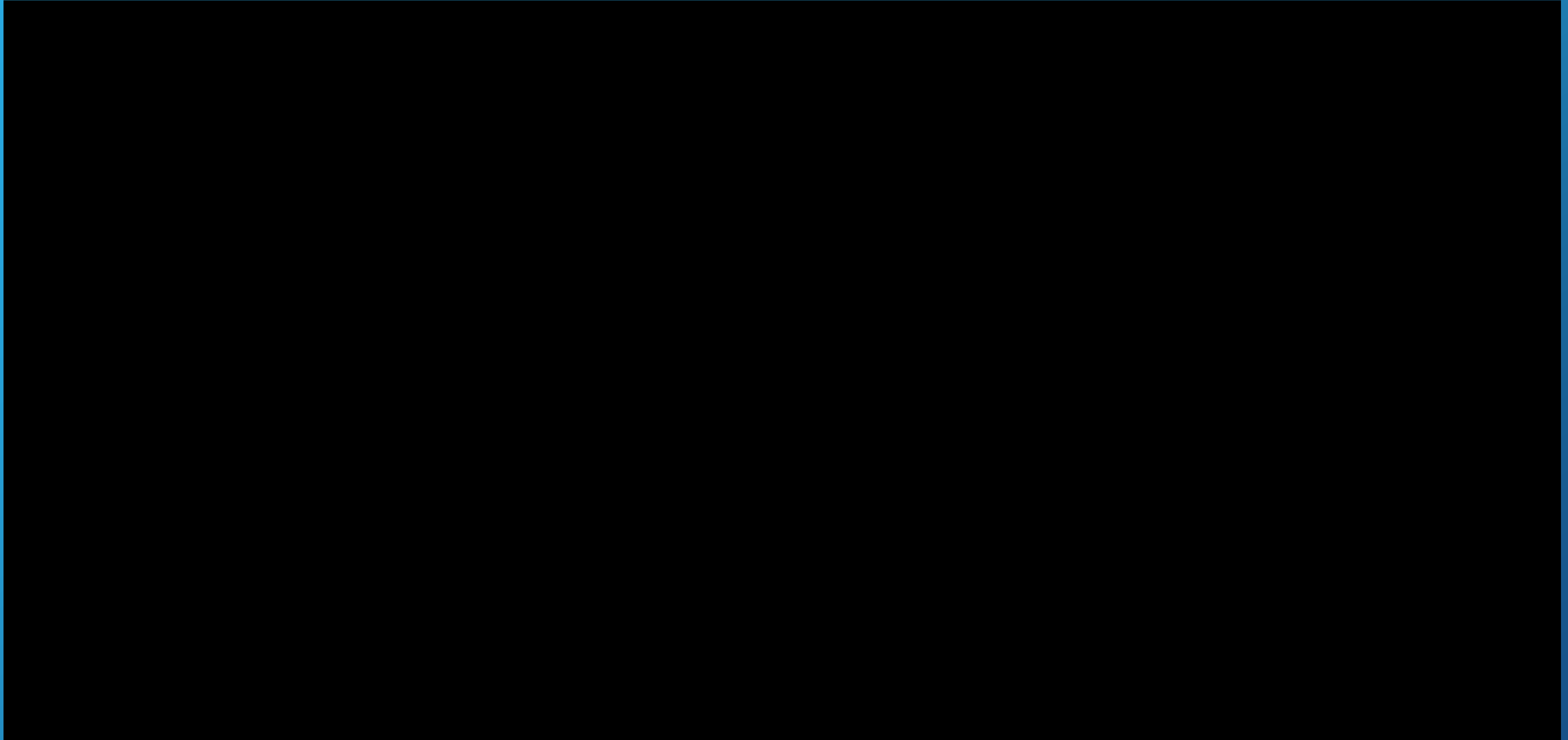
OREGON DEPT OF CORRECTIONS

53.7% participating in HTHU*



n= 2,438 Total HTHU Participants
may include some dependents and spouses

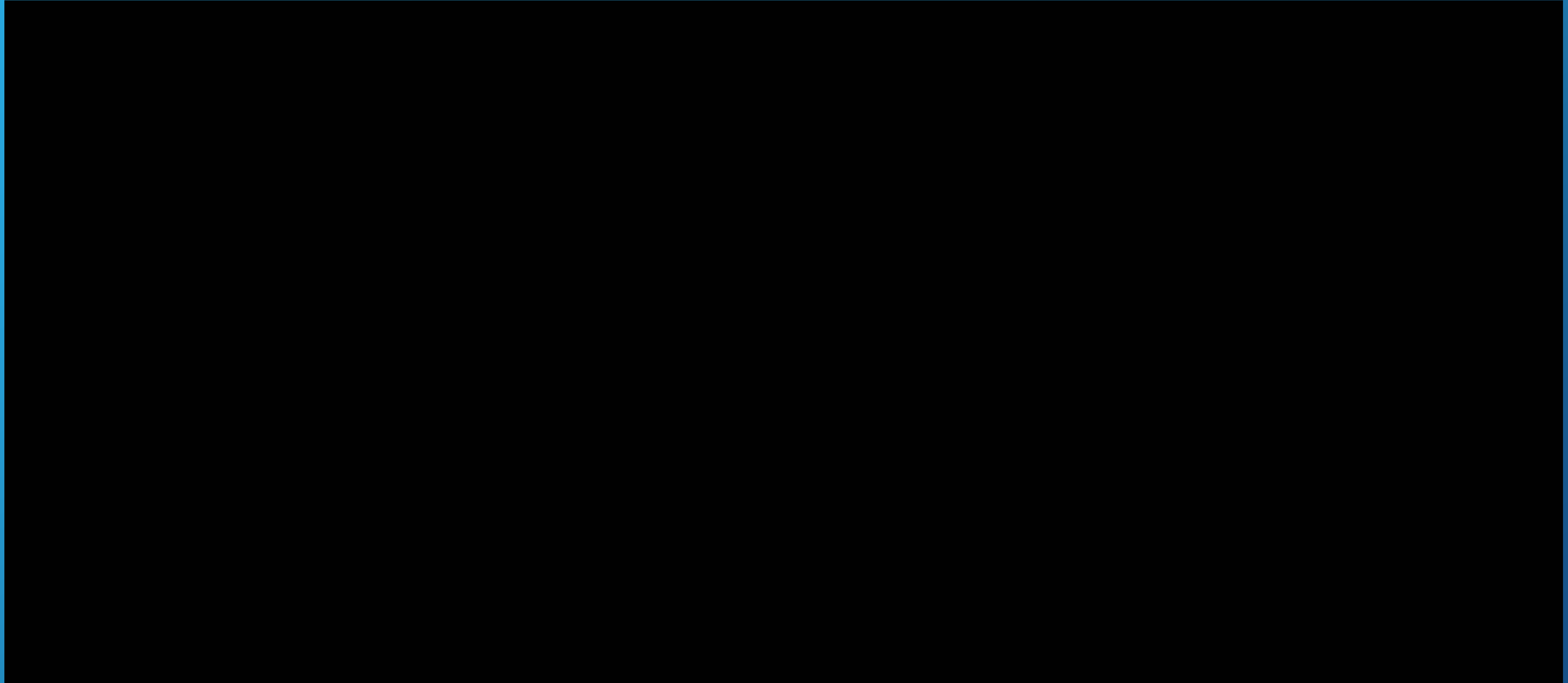
HTHU Testimonial



OSP Correctional Officers VR Meditation



Coffee Creek Correctional Institution Family Orientation



DOC Collaboration



*Making justice systems fairer and more effective
through research and innovation*



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HEALTH & SCIENCE
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Thank You

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Collaborative Approaches to Health Needs Assessment and Identification of Workplace Health Solutions in Urban and Rural Jails of St. Louis

Lisa Jaegers, PhD, OTR/L

Saint Louis University

Jeffrey Carson

Robin Edwards

City of St. Louis Division of Corrections



HEALTHIER WORKFORCE
CENTER of the MIDWEST





A Participatory Needs Assessment to Identify Correctional Workplace Health Interventions 2015 - 2016

Principal Investigator: Lisa Jaegers, PhD, OTR/L^{1,2}

Co-Investigators: Monica Matthieu, PhD², Ellen Barnidge, PhD, MPH³, Omar Ahmad, OTD, PhD¹.

1. Department of Occupational Science & Occupational Therapy, Doisy College of Health Sciences (DCHS).
2. School of Social Work, College for Public Health & Social Justice (CPHSJ).
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This research was supported (in part) by a pilot project grant from the Healthier Workforce Center for Excellence (HWCE) at the University of Iowa. The HWCE is supported by Cooperative Agreement No. U19OH008858 from the Centers for Disease Control and Prevention (CDC) / National Institute for Occupational Safety and Health (NIOSH). The contents are solely the responsibility of the author(s) and do not necessarily represent the official views of the CDC, NIOSH, or the HWCE.



Participating Jails

1 Urban (2 locations)

City of St. Louis Division of
Corrections

2 Rural (1 location each)

County Sheriff Departments



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Study Goals

1. Create community-based participatory research teams of correctional / jail officers, sheriff's deputies.
2. Explore workplace health needs.
Emergent mixed methods: Survey results informed focus group questions.
3. Share the results with each jail (*59 page report*).
4. Together, develop evidence-based workplace interventions.

Better Tomorrow In Corrections

Urban Jail

- Participatory team set goals and a mission.
- Developed Team name
 - Logo



Needs Assessment Data

Social Ecological Model Levels	Participatory Team Meetings	Surveys	Focus Groups
Policy (city/county)	✓		✓
Community / Society (general public/ neighborhood)	✓		✓
Institutional (jail)	✓	✓	✓
Interpersonal (supervisor, workgroup)		✓	✓
Intrapersonal (CO)		✓	✓



Findings (N=328)

	All (N=328)	Rural (n=48)	Urban (n=280)
Age (average)	44	37	45
Range	19 - 75	19 – 33	24 – 75
(SD)	(11.3)	(11.7)	(10.9)
Gender (female)	52%	27%	57%
Ethnicity (African Am, Black)	77%	2%	86%
Jail Tenure 2 years or less	19%	47%	15%



Health Findings (N=328)

PROMIS Global Scale	COs Mean Score	General Population Mean Score
Physical Health	46.4 * (SE, 0.44)	50
Mental Health	47.21 * (SE, 0.45)	50

* $p < .0001$. Indicates lower, less healthy than general population.
November-December, 2015. ~80% response rate

Scoring PROMIS Global Short Form: Hays, R. D., et al. (2009). Development of physical and mental health summary scores from the Patient Reported Outcomes Measurement Information System (PROMIS) global items. *Quality of Life Research*, 18(7), 873-80. (PMCID: PMC2724630)

Health Findings (N=328)

Missed work due to medical problem in past 4 weeks	47%
Have become harsh towards people since taking the job	40%
Felt depressed at least 1-2 days in last week	39%
Depression (CESD) scores in the depressed range (>10)	32%
Bothered by repeated, disturbing memories in the past month (PTSD)	33%
Taking medication for high BP or hypertension	31%



Findings (N=328)

Social Climate

Reported agree or strongly agree

Employees and management work together as a team.	27%
COs have a great deal of say over what has to be done on their job.	35%
COs are asked about their opinion when a work-related problem arises.	49%

Saylor, W. 1996. Prison Social Climate Survey: Reliability and Validity Analyses of the Work Environment constructs. Federal Bureau of Prisons.

Actions, Policies, Procedures

- Breaks

“The policies and procedures change all the time.”

- Rotation of post

- Posting policies online & available in resource room

“In terms of other types of officers, I think we’re the low man on the totem pole – we have to pay for parking, horrible insurance, and no

- Residency

discounts.”
“Since we’re city employees, we have to stay in the city and most of these guys, they don’t stay here forever and we’ll see them again on the outside.”

Actions - Wellness

64% have Body Mass Index > 30 (obese category). Average BMI = 32.8.

Barriers to Exercise

1. Work schedule (54%)
2. Lack of motivation (48%)
3. No free time available (40%)
4. Pain or injury (37%)
5. Fatigue (38%)

“We have to do that on our own. They don’t provide that for us as far as I am concerned.”

- BeFit wellness programs.
- New fitness equipment & dedicated workout space.
- Open gym time for employees.

Actions – Food Access

“You eat fast or you eat junk.”

% who eat ____ at least 5 days per week.

5 servings of fruit or vegetables	14%
Whole grain breads or cereals	21%
3 servings of milk, yogurt or cheese	21%

New vending areas with healthier food options.



Actions – Training

“Working with other officers – that’s how I got my training.”

Motivational, leadership.
Stress and signs of burnout
Control tactics –
SRT Train the Trainer

Percent of COs who agree or strongly agree..

Jail training program has helped me to work effectively with inmates

35%

Receives the kind of training that I need to perform my job well

30%



Actions - Ongoing

Workplace culture issues, problem solve:

Appreciation & Respect

“They need to teach supervisors how to respect, honor, and appreciate their officers in order to motivate them.”

“The disrespect from the inmates is ridiculous.”

Supervisors

“If they would stop treating us as if we are children – this place would run much smoother.”

Consequences

“My favorite word or phrase they always say is, ‘I’ll write you up.’”

“Anything you say to them is insubordinate.”

Consistency

“There’s a lack of communication and it’s not consistent.”



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Actions – Reentry Philosophy

% of COs who agree or strongly agree...	
Treatment programs for inmates are a good idea	63%
Inmates at this jail should receive treatment	56%
Supports extending current offender rehabilitation programs in jail	49%

Align role of CO with the facility mission:

‘...provide opportunities for the inmates to become a more productive citizen upon their reentry...’

Actions – Reentry Philosophy

- Involve officers in planning meetings
- Allow day visits, phone calls
- Dynamic: Conflict resolution, anger management, positive interactions
- Allow for more service providers, community partners

“Every day of accepting reentry philosophy, has the potential to reduce the job difficulty of officer.”



Actions – Reentry Philosophy

2017 Reentry Fair

- 50 Community Service Providers
- 600 residents attended

Took full staff participation, engagement, many volunteered...indicates culture shift / change..



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Actions – Reentry Philosophy

- Daily reentry programming and events
- Transport through the facility
- Inspiring others
- Meaningful work activities
- COs recognized by program participants



Conclusion

- Participatory approach
- Philosophy for culture change
- Engage individuals in meaningful occupations
- Continue to learn and refine interventions with evidence

Social Ecological Model Levels
Policy (city/county)
Community / Society (general public/ neighborhood)
Institutional (jail)
Interpersonal (supervisor, workgroup)
Intrapersonal (CO)



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- Robin Edwards, Correctional Program Manager, City of St. Louis Division of Corrections. edwardsro@stlouis-mo.gov



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HEALTHIER WORKFORCE
CENTER of the MIDWEST

CORRECTIONS WORKER STRESS, TRAUMA AND SUICIDE

CATERINA SPINARIS, PHD, LPC



Occupational Sources of CO Suicide Risk

- Multiple and interacting factors increase corrections officers' suicide risk and rate.
- Long-term vulnerability to suicide increased by:
 - Occupational exposure to violence, injury and death
 - PTSD, Depression, Moral Injury, SUD

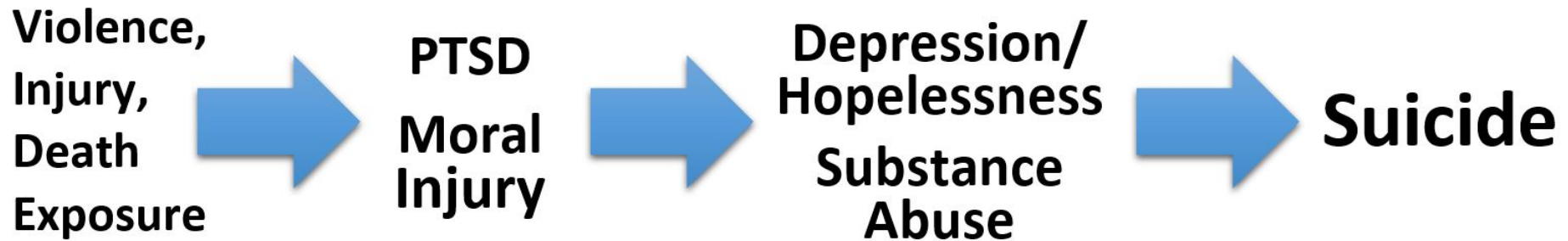
Occupational Sources of CO Suicide Risk

- Culture of “toughness”
- “False resilience”—based on avoidance and denial
- Relative lack effective coping skills
- Relative lack or low use of resources
- Access to firearms



Corrections Staff

Causal Sequence Model of Suicide



Acute Stressor-Activated Cognitions:

- Worthlessness/Unlovability
- Situation-specific helplessness
- Situation-specific hopelessness
- Perceived burdensomeness
- Perceived inability to tolerate distress

(Rudd, 2006)



**Acute
Stressor(s)**



Data-Supported Protective Factors

1. Effective **self-care skills**
2. Effective **emotional regulation skills**
3. Effective **cognitive skills**
4. Effective use of **social support**

Data-Supported Protective Factors

5. Physical fitness

6. Sense of **mastery, self-efficacy, personal control, competence**

7. Use of resources



In Conclusion

- Suicide risk of corrections staff **CAN** be reduced.
- Strategies for reducing suicide risk include:
 - Skills-based education on factors reducing suicide risk
 - Corrections-informed mental health services, esp. targeting suicide-related cognitions
 - Systemic provision of social support by staff, leadership, and through data-supported peer intervention

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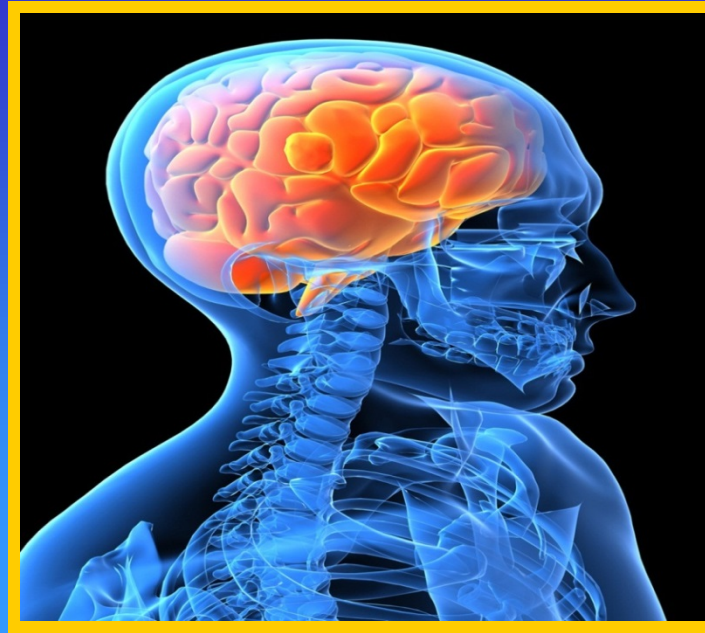
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Skill Power vs Will Power
Neuroscience-Based Skills for Amplifying
Resilience
And Building Hope and Dignity

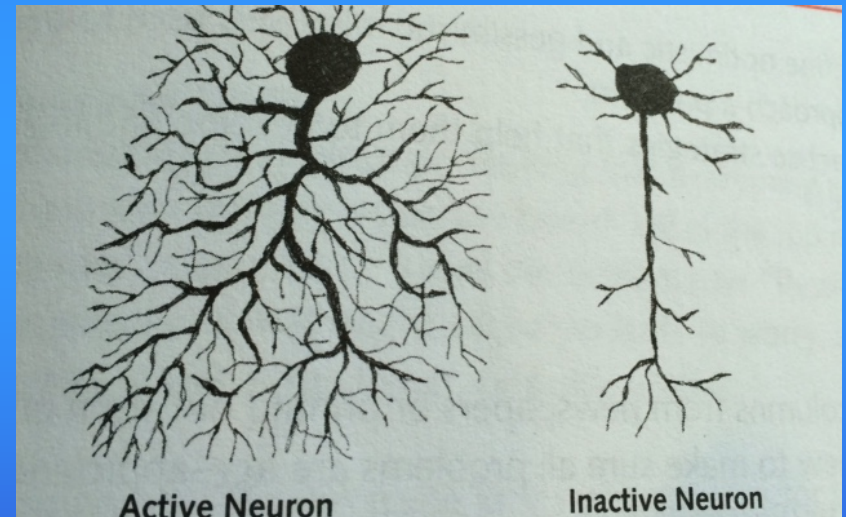
Laurie Leitch, PhD
Director, Threshold GlobalWorks

Threshold GlobalWorks (c) 2017

Our Hidden Asset: Neuroplasticity

- Any new experience wires the brain: **Attention** is the mechanism
- Neurons that fire together wire together
- **Neurogenesis (the growth of new neurons) takes place via: ATTENTION**
- Neurological pruning (the deletion of neurons that aren't frequently used) also takes place in the brain via lack of attention.
- The adult brain is not "hard-wired" with fixed neuronal circuits.

"Where your attention goes, energy flows, and that's what grows" Sports Physiologist



Natural Balance:

Individuals are wired with the potential for resilience

SRM's Rzone skills work to restore the natural resilience of the nervous system so we can function inside the Resilient Zone



Neurobiological Foundation of Social Resilience:

Focus is on re-wiring the mind-body balance to promote
Pro-social behaviors and optimal functioning

Stressful Event or

“Triggers”:
Impact on the individual

Bumped out of Resilient
Zone

Stuck on “High”
(hyper-arousal)

Hyperactivity
Hypervigilance
Mania
Anxiety & Panic
Anger, Rage
pain

Depression
Disconnection
Exhaustion/Fatigue
Numbness

Bumped out of Resilient Zone

Stuck on “Low”
(hypo-arousal)

Resilient Zone

Rzone Skills Deepen the Resilient Zone

- Can be used independently, peer-to-peer, or clinically to:
 - Decrease reactivity
 - Reduce toxic stress chemicals
 - Generate healthier thoughts & feelings
 - Foster healthy relationships



Correctional Officer Suicide And Officer Wellbeing

Natasha A. Frost, PhD

Principal Investigator, Northeastern University

Carlos E. Monteiro, PhD

Co-Principal Investigator, Suffolk University

Background

Project Title: *Measuring the Effects of Correctional Officer Stress on the Well-Being of the Officer and the Prison Workplace and Developing a Practical Index of Officer Stress for Use by Correctional Agencies*

Funding Agency:
U.S. Department of Justice, National Institute of Justice (NIJ)

NIJ Award #:
2014-IJ-CX-0026

Research Partners:
Arizona State University (Hepburn and Griffin);
Northeastern University (Frost and Monteiro);
Sam Houston State University (Tasca)

CO Stress Preliminary Conclusions

Controlling for other factors **administrative support, education, rank, tenure, security level, social support, job satisfaction, and promotion stress** all predict either **generalized stress and anxiety (GSA)** AND/OR **work-related stress (WRS)**

- **Generalized Stress and Anxiety (GSA)** is a significant predictor of emotional and psychological wellbeing and of organizational behavior

- **Work-related stress (WRS)** predicts **emotional exhaustion** but not other emotional and psychological outcomes nor organizational behavior

Background

Project Title: *The Impact of Correctional Officer Suicide on the Institutional Environment and on the Wellbeing of Correctional Employees*

Funding Agency:
U.S. Department of Justice, National Institute of Justice (NIJ)

NIJ Award #:
2016-MU-MU-0010

Research Partners:
Northeastern University
(Frost and Monteiro)

Massachusetts
Department of Correction

Riverside Community Care

Correctional Officer Suicide

Between 2010 and 2015, **at least 16** current or former correctional officers employed by the Massachusetts Department of Correction (MA DOC) died by suicide.

Suicides among MA state correctional employees have occurred across all ranks, early in the career and post-retirement, and across varied correctional settings.

Although the MA DOC runs 17 state correctional facilities, the correctional officer suicides have occurred among officers working at seven different facilities, and have concentrated at three (MCI-CJ, SBCC, and BSH).

Study Objectives

1. To develop a nuanced understanding of the context within which CO suicide occurs.
2. To understand the many impacts of correctional officer suicide, including impacts on families, friends, and colleagues.
3. To assess the effects of fatalities on the institutional environment and on the wellbeing of the correctional staff working in correctional facilities where suicides have concentrated.
4. To identify risk factors for anxiety, depression, and suicidal ideation.

Correctional Officer Suicide and Wellbeing: Two Phases

Phase One: 2017-2018

- **Goal:** to develop a rich understanding of the personal, occupational, and institutional factors that can lead to officer suicide and to identify risk factors for suicidal ideation
- **Method:** Rich qualitative case studies based on personnel file reviews and family, colleague and supervisor interviews

Phase Two: 2018-2019

- **Goal:** to assess the impact of the suicides on perceptions of the correctional environment and to assess the wellbeing of correctional officers
- **Method:** Intensive interviews with, and assessments of, up to 300 correctional personnel in Massachusetts across four facilities

2017 National Symposium on Corrections Worker Health

Second National Symposium for Correctional Worker Health

Background on National Corrections Collaborative

August 17, 2017

Martin Cherniack, M.D., M.P.H.



NCC Presumed Truths in 2014

1. The physical and mental health of workers in correction workers fall below national norms
2. 'Sedentary vigilance', shiftwork, extended hours, and short episodic reaction affect stress, sleep, chronic musculoskeletal injury, and social and family relations in idiosyncratic ways
3. Organizational culture is a challenge to change
4. The environment contradicts a 'culture of health' (prisons are non-Google)
5. Investigator driven research should incorporate interventions

NCC Updated Realities in 2017

- ✓ Multi-state comparisons are consistent in morbidity and mortality rates
- ✓ Documentation of adverse health effects from extended hours, and the prevalence of sleep deprivation
- ✓ Evidence for failure of top-down interventions
- ✓ Pilot programs in humanizing milieu in young offenders with CO motivational training
- ✓ Intervention incorporated into NORA agenda



NCC Presumed Truths in 2014

6. Correction culture is particularly amenable to Participatory Action Research (PAR)
7. Mental health problems and suicides haunt corrections and have generated some effective programs
8. Corrections lags police and fire on the national research agenda
9. Values of labor and management overlap in workforce health
10. There is already some very good work involving officers, administrators and academic investigators (we are well beyond square one)

NCC Updated Realities in 2017

- ✓ HITEC supervisors project as evidence for PAR effectiveness
- ✓ Evidence for long-term effects of violence and interventions in process
- ✓ NIOSH and NIJ recognizing but funds limited
- ✓ Successful examples of joint initiatives
- ✓ Funding and policy limits promising new initiatives



2014 Objectives *-programmatic*

Our Current Emphases

Integrating Health promotion and health protection in the correctional workforce

- Challenges/barriers for health and safety interventions in corrections
- Promote participatory action research in corrections
- Organizational culture as a challenge to change
- Mental health and suicide among COs: What programs exist and what works?
- Promote practices for health promotion/health protection in law enforcement and corrections
- Assess impact of shift work on stress, sleep, injury, health and disease
- Funding and collaboration for correctional workforce research

- **Adaptation of the *Total Worker Health*® approach to corrections**
- **Labor-management joint problem solving**
- **Programs designed for the long-term**
- **Interventions directed to critical incidents and post-traumatic stress, mental health, support CO family life and CO work-life balance**
- **Peer-to-peer CO support programs**
- **Assess using EAPs and other services for CO stress-related and other problems**
- **Interstate comparisons of correctional officer (CO) health**



NCC Representation in 2014 and 2017

	2014	2017
Correction Departments or Agencies	Oregon DOC, Washington DOC, Connecticut DOC	Kankakee County Sheriff Office, Oregon State Penitentiary, South Fork Forest Camp, St. Louis City Justice Center, City of St. Louis Safety, Idaho DOC, Connecticut DOC, Oregon DOC, Illinois DOC, Arkansas DOC, Mississippi DOC
Academic Institutions	UMASS-Lowell, University at Buffalo SUNY, Oregon Health Science University, Portland (OR) State University, University of Connecticut	UMASS-Lowell, University of Connecticut, St. Louis University, John Jay College of Criminal Justice, Northeastern University, Suffolk University
Unions and Organizations	Connecticut Correctional Supervisors Council CSEA, American Jail Association, American Correctional Association	Teamsters Local 417
Federal and other Agencies	NIOSH, National Institute of Justice	Department of Justice, National Institute of Justice, NIOSH, Threshold GlobalWorks, Prisoner Reentry Institute, Bennae Group, Equitas Foundation

Consensus Objectives for NCC

- Establish a meeting point for practitioners and academic professionals
- Encourage priority funding from federal agencies
- Conduct cross-regional studies
- Identify common problems in data acquisition across corrections agencies
- Translate evolving focus on health of personnel into intervention programs
- Pursue the link between workforce health and capacity and inmate outcomes



Thank You!

National Corrections Collaborative
Saint Louis University School of Law
St. Louis, MO | August 17, 2017

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HEALTH



JOHN JAY
COLLEGE OF CRIMINAL JUSTICE
PRI PRISONER REENTRY INSTITUTE



HEALTHIER WORKFORCE
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Learning with Purpose



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