

# CPH News and Views

*A semi-monthly column on emerging topics related to healthy workplaces*

## **Issue # 40: Correctional workforce health and wellness**

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### **I. Correctional work and occupational health risks**

The U.S. correctional workforce comprises about 500,000 correction officers (COs) nation-wide, with an anticipated 5% increase in the workforce by the year 2022 (BLS, 2014). In 2009, COs had the highest number of days away from work (DAFW) due to non-fatal injuries, almost 2.5 times the total rate for all other occupations, and the highest DAFW due to injuries among all state government employees (BLS, 2010).

COs work in an environment designed to maintain safety and order through physical controls and chain-of-command. These rigid job characteristics - highly demanding work with low job control - create both physical and psychosocial risks for the officers. COs are exposed to physical danger associated with inmate contact and workplace violence. Psychologically, the fear of legal liability and the perceived stigma of the work add to the stress, as do shift work and frequent overtime. These stressors - coupled with an occupational culture of hypervigilance and “machismo” (not showing weakness or asking for help) - place COs at high risk for suicide, depression, post-traumatic stress disorder (PTSD), obesity, hypertension and early death due to chronic disease during their career. Also, prolonged standing and walking on hard surfaces, such as concrete, can cause back and lower extremity problems for correctional staff. Musculoskeletal disorders, sleep disturbances, alcohol and substance abuse, work-family conflict and divorce are common in the profession (Brower, 2013; Warren, 2014). These issues are also prevalent in related occupations, such as police officers (Violanti, 2012).

The appearance of health risks early in a COs career was documented in the CPH-NEW study, Health Improvement Through Employee Control (HITEC). Study data showed that while new officers begin their careers physically fit, within their first 3 years on the job their rates of high blood pressure, obesity, and depression increase to levels similar to those in officers who have been on the force for 15 or more years.

### **II. Total Worker Health™ approaches to health and wellness™ in corrections**

Despite the health risks seen in CO's, limited research has been conducted to implement or evaluate available CO health and wellness programs (Brower, 2013). For almost a decade, the NIOSH Total Worker Health™ (TWH) program has advocated for an integrated programmatic approach combining workplace protection and prevention with health promotion. CPH-NEW and the Oregon Healthy Workforce Center are both NIOSH-funded TWH Centers of Excellence that are engaged in interventions to improve corrections worker health.

HITEC is a CPH-NEW participatory action research study that engages COs in the design of interventions targeting four risk areas: diet and nutrition; fitness and exercise; ergonomics; safety and injury prevention. In this study, correctional staff, together with facility management and university personnel, have successfully designed and implemented interventions to address several health issues: providing healthier meal options in vending machines, identifying healthier food options from restaurant take-out menus, sponsoring “Biggest Loser” weight loss contests, enhancing indoor air quality, and assessing resources to alleviate knee and back pain such as orthotics and anti-fatigue mats. These participatory activities provided an opportunity for officers to collaborate with management on identifying and addressing health concerns, which is not typical for this para-military, hierarchical organizational culture. The participatory, collaborative process creates potential for better intervention outcomes, as well as enhancing morale and trust between labor and management, thereby reducing stress.

### III. Challenges and opportunities for TWH in corrections

There are many barriers to initiating and evaluating preventive health programs, including those with a TWH approach. A major issue is when there is an adversarial relationship between management and union. The willingness of each group to work together on non-bargaining issues is key. In a unionized workplace, concern for maintaining benefits and collective bargaining issues can interfere with efforts to implement change. Open communication that flows from the “bottom up” as well as “top down” can be challenging in a hierarchical, chain-of-command culture; training is needed to establish and reinforce new ways of communicating. As with many state agencies, budget constraints and tight staffing can jeopardize the ability to implement and sustain employee-focused health initiatives. Further, the necessity for security within the facility often trumps those changes needed to improve the quality of work life.

This said, a unionized workplace can be instrumental in moving participatory approaches forward. Despite the para-military structure and organization in correctional institutions, union and management can work together to overcome the challenges if both groups realize that it is in their mutual best interest to have a dialogue and to create solutions. As for budget restrictions, the HITEC experience shows that programs need not be expensive.

Program facilitators and champions play an instrumental role in participatory program development, implementation, and evaluation. As is always the case for a successful program, it is essential that any researcher or practitioner understands the environment that s/he is working in and develop strong professional relationships with the key internal champions.

Corrections lags behind other shielded services (police and fire-fighting) in the introduction and evaluation of preventive health programs. The TWH concept of integrating health promotion and occupational health and safety fits well with correctional work, as the work strongly influences health in a negative way. The challenge for effective interventions is to break down the silos within the organization that interfere with open communication.

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