



Introduction to *Total Worker Health Mentoring Toolkit* *for the Corrections Workforce*

Overview of Health Mentoring Toolkit

Mentoring in corrections has a long history. *Health mentoring* in corrections is new and is aimed at making a difference in new officers' health and well-being during their first year on the job.

This program utilized a Total Worker Health (TWH) approach that focuses on the health, safety, and well-being of correctional workers. Mentors can play a crucial role in helping their Mentees adapt to the challenges of being a correctional officer, and assist them in developing personal, career, and health goals. They support their Mentees to reach these goals by providing encouragement, being positive role models, offering guidance, and sometimes agreeing to work together on similar goals.

TWH is a holistic approach to worker well-being. It acknowledges risk factors related to work that contribute to health problems previously considered as separate from the workplace. This is why TWH programs focus on making working conditions conducive to health, which can lead to health benefits on and off the job.

Key Components of a Successful Total Worker Health Mentoring Program

- **Leadership Support** to appoint two program managers, create time and opportunities for Mentors and Mentees to meet
- **Multi-Disciplinary Approach** includes key personnel such as union representatives, health and safety committee, volunteers, and all levels of supervisors
- **Training** for Mentors and Mentees on job skills and the impact of correctional life on their health and well-being
- **Monitoring** of program effectiveness, update procedures as necessary such as how and when to reassign a Mentor and Mentee



Background:

The health of Correctional custody staff is in steady decline^{1,9,10}. Corrections Officers (COs) have some of the highest rates of high blood pressure, depression, and early death seen in American workers^{1-6,11}. Furthermore, these health risks became established in the first 2 to 3 years of employment^{9,10}.

Nationally, COs live 16 years less than other occupational groups. In Connecticut, a CO's life expectancy is 13 years less than other State employees⁷. CPH-NEW Research found that within 3 years of beginning employment, Connecticut COs' health rapidly deteriorated to the level of a much more senior officer^{9,10}.

To prevent this early decline in health, researchers from the University of Connecticut partnered with the Connecticut Department of Corrections (DOC) to introduce interventions that improve the health and working conditions of corrections personnel. This partnership produced a Peer Health Mentoring Program (PHMP) Toolkit, with the goal of protecting physical and mental health, reduce work and family stress, improve working conditions, and address the challenges of adjustment to corrections work.



This Total Worker Health Mentoring Program builds on the foundations created with the PHMP Toolkit. It utilized surveys, interviews, meetings, and focus groups with correctional staff to gain valuable information to help make the program successful and viable in a corrections environment. Discussions included the qualities of a Mentor, Mentor selection, the role of the union and supervisors, length of mentoring, nature of the mentoring relationship, inclusion of health topics in mentoring, practical and logistical matters, and many other issues.



Benefits of Adopting the Total Worker Health Mentoring Program

Through implementation of this program, an agency can gain:

- Shared responsibility for work-life balance
- Better quality of work-life
- Improved job retention
- Multi-level employee engagement
- Greater awareness of the health and well-being risk factors
- Trained leaders at multi-levels of the organization
- Improved comradery and morale
- Shared understanding of the relationship between home life and the work life that impacts overall health

The Correctional TWH Mentoring Program aims to implement procedures that build a culture of safety and health. We believe that successful implementation will help mitigate the current health disparities of correctional employees. The toolkit was created through collaboration with correctional personnel in the Connecticut Department of Corrections. While tailored to a correctional setting, this program could easily be modified for other work environments.

References

1. Morse, Tim PhD; Dussetschleger, Jeffrey DDS, MPH; Warren, Nicholas ScD, MAT; Cherniack, Martin MD, MPH Talking About Health: Correction Employees' Assessments of Obstacles to Healthy Living, Journal of Occupational and Environmental Medicine: September 2011 - Volume 53 - Issue 9 - p 1037-1045 doi: 10.1097/JOM.0b013e3182260e2c
2. Cheek FE MM. The experience of stress for correction officers: A double-bind theory of correctional stress. J Crim Justice 1983;11:105-120.
3. Cheek F. Stress management for correctional officers and their families. 1984 [Google Scholar]
4. Parker JR. Florida mortality study: Florida law enforcement and corrections officers compared to Florida general population. 2011 [Google Scholar]
5. Finney C, Stergiopoulos E, Hensel J, Bonato S, Dewa CS. Organizational stressors associated with job stress and burnout in correctional officers: A systematic review. BMC Public Health. 2013;13:82-2458-13-82. [PMC free article] [PubMed] [Google Scholar]
6. Brower J. OJP Diagnostic Center. Correctional officer wellness and safety literature review. Correctional Officer Health and Safety Literature Review9. . 2013 [Google Scholar]
7. Buden JC, Dugan AG, Namazi S, Huedo-Medina TB, Cherniack MG, Faghri PD. Work Characteristics as Predictors of Correctional Supervisors' Health Outcomes. J Occup Environ Med. 2016;58(9):e325-e334. doi:10.1097/JOM.0000000000000843
8. Lambert EG, Paoline EAJ, II. The influence of individual, job, and organizational characteristics on correctional staff job stress, job satisfaction, and organizational commitment. Crim Justice Rev 2008 12;33(4):541-564.
9. Warren N, Dussetschleger J, Punnett L, Cherniack MG. Musculoskeletal disorder symptoms in correction officers: Why do they increase rapidly with job tenure? Hum Factors 2015 03;57(2):262-275.
10. Cherniack M, Dussetschleger J, Dugan A, Farr D, Namazi S, El Ghaziri M, et al. Participatory action research in corrections: The HITEC 2 program. Appl Ergon 2016 03;53:169-180
11. Woodruff, L. (1993) Occupational stress for correctional personnel: Part one. American Jails, 7(4), 15-20.

Acknowledgements

The Total Worker Health Mentoring Toolkit for the Corrections Workforce was created by the Center for the Promotion of Health in the New England Workplace (CPH-NEW) at the University of Connecticut and the University of Massachusetts Lowell

Total Worker Health Mentoring Toolkit Personnel:

Writers: Serena Rice, MS
Matthew Brennan, MPH
Theresa Parker, BS

Scientific Advisors: Sara Namazi, PhD
Robert Henning, PhD
Suzanne Nobrega, MS
Martin Cherniack, MD, MPH

Consultants: Stan Sudduth and the 391 Ambassador Design Team, and
Eric Tokarzewski and the Manson Youth Institution Design Team
from the Connecticut Department of Corrections

Photos in the toolkit were provided
by Andrius Banevicius from the CT Department of Corrections

The Peer Health Mentoring Program Toolkit, first edition (2013) was a product of the Health Improvement Through Employee Control (HITEC) project at UConn Health.

Peer Health Mentoring Toolkit creators: Dana Farr, PhD
Sara Namazi, PhD

Advisor: Robert Henning, PhD

Research Assistant: Diana Tubbs, PhD