

STRESS

and Corrections:

Addressing the Safety and Well-Being of Correctional Officers

By Diane Elliot, Kerry Kuehl, Mazen El Ghaziri and Martin Cherniack

PubMed is an Internet search engine used to access millions of articles in biomedical and life science literature. Searching “police officers and health” on PubMed yields almost 5,000 articles, and searching “firefighters and health” results in more than 900 citations. However, only 23 articles are identified when searching “correctional officers (COs) and health.” This article is a snapshot of ongoing work and a growing national consortium of individuals interested in advancing the well-being of COs.

In 2006, the National Institute of Safety and Health (NIOSH) began combining its emphasis on worker safety with workplace health promotion for a strategy termed Total Worker Health™ (TWH).¹ Traditionally, safety and health each have received only individual attention. Corrections is a

profession with clear links among safety, job-related issues and health. Those connections and pressing needs for improvements in both health protection and promotion move COs into the spotlight for promoting TWH.

Hazards of Correctional Work

Correctional work conditions and practices differ by facility, region and jurisdiction. As a result, it is difficult to generalize from the small number of available studies to make conclusions about the health of the more than half a million COs in the U.S. However, the picture that emerges from the limited available information is concerning. The authors and others have found that COs have high rates of stress,² depression,³ suicide,⁴ obesity,⁵ cardiovascular disease risks and injury.⁶

Kerry Kuehl, M.D., Dr.P.H., was the lead investigator in the NIOSH-funded “Safety and Health Improvement: Enhancing Law Enforcement Departments” study,⁷ which established an evidence-based safety and health program for municipal and county law enforcement officers. It was natural to extend that work to COs. An initial step compared survey findings from COs at prisons of different security levels in an effort to characterize staff and use that information to match facilities in a prospective trial of a program to improve COs’ TWH. Despite similar years on the job across sites, stress levels, body weight, alcohol intake and sick days all increased as the security level intensified. However, even at the minimum-security sites, COs had higher body weights and more cardiovascular risk factors than the average police officer. Findings pointed to a gradient of increasing stress relating to greater health problems.

Tim Morse, Ph.D., and colleagues from the Center for Promoting Health in the New England Workplace (CPH-NEW) used surveys, focus groups and physical assessments to understand the health of COs from two prisons.⁸ Morse and his colleagues found COs had more obesity than the U.S. average. Only 15 percent of COs were in the normal weight range, about half what is found in the general adult population. The COs’ interview data was remarkable for findings of stress relating to poor dietary habits and barriers to regular exercise. Kuehl’s subsequent study among Oregon COs found only 8 percent of West Coast COs were at healthy body weights. In addition, the New England investigators uncovered high levels of depression among COs.⁹ In general, about 15 percent of average adults score in the depressed range, while for these COs, that number was more than 30 percent. The high stress and depression levels related to greater work/family conflicts. Like in other professions, correctional work issues tend to spill into life off the job. TWH is about being safe and healthy 24/7, and examining work’s impact — both on and off the job — is an important component for the work of the TWH Centers of Excellence.

Stress is Hazardous to Your Heart

There are clear links between stress and both mental and physical illnesses.¹⁰ In particular, high stress increases risks for “metabolic syndrome.” Metabolic syndrome is a collection of cardiovascular risk factors that include central obesity, insulin resistance and elevated blood sugar, hypertension, and abnormal lipid levels with higher triglycerides and lowered HDL (good) cholesterol levels.¹¹ When experienced individually, each of these factors increase the risk for heart disease, and when they

cluster together, the risks are multiplied. This greatly accelerates the risk for atherosclerosis, so much so that the combination was termed a metabolic syndrome.

In 2013, the U.S. Department of Justice published a review of stress among COs.¹² The document highlighted the many sources of stress for COs, such as hypervigilance, constant threats of violence, media scrutiny, a closed work environment, understaffing, organizational issues and work/family conflicts. An additional finding from the West Coast prison COs was that their rates of metabolic syndrome were almost twice of that observed among police officers. Precisely how stress leads to metabolic syndrome is not understood. However, it is clear that the best management relates to weight loss, regular exercise, adequate sleep and a healthy diet.

Figure 1: Ways to Improve Well-Being

- Maintain a healthy body weight;
- Exercise for at least 30 minutes every day;
- Eat at least five servings of fruits and vegetables each day;
- Obtain at least seven hours of sleep each day;
- Promote a culture of wellness and peer support; and
- Visit your physician for an annual check up.

First National Symposium on the Safety and Well-Being of COs

In July 2014, researchers from the Pacific Northwest and New England were joined by practitioner and research stakeholders, representatives from national health and correctional institutes, union officials and correctional administrators in holding the 2014 National Symposium on Corrections Worker Health. More than 60 individuals attended the day-long meeting, which was webcast to other national participants. The symposium was a first step in what is anticipated to be a growing movement to place the health of COs on the national research agenda.

The symposium was opened by Oregon Department of Corrections (DOC) Deputy Director Mitch Morrow. Morrow was a CO for 26 years and rose through the ranks to his current position. He spoke about the recent epidemic of CO suicides and their worker compensation claims being the highest among all state workers. He passionately called for effective strategies to reduce these risks and the need to increase research funding to understand and address COs’ health risks. Keynote speakers included

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Margaret Kitt, M.P.H., M.D., deputy director at NIOSH, and Marie Garcia, Ph.D., a social science analyst in the Justice Systems Research Division at the National Institute of Justice.

John Violanti, Ph.D., presented information about the increased risk of suicide among COs.¹³ Violanti served 23 years as a New York state trooper and spent the next 25 years studying the health of police officers. He is best known for the Buffalo Cardio-metabolic Occupational Police Stress (BCOPS) study, a longitudinal study of police officers' health.¹⁴ BCOPS identified the connections among police work, shift schedules, sleep disorders, obesity, cardiovascular risk factors and cancer. More recently, Violanti has turned his attention to the problems of COs. He has documented elevated suicide risks among COs and identified that suicide is part of a much larger problem of stress and emotional strain.¹⁵

Oliver Wirth, Ph.D., a research psychologist at NIOSH, and Jean Meade, M.D., D.V.M., Ph.D., M.P.H., a program council government member at NIOSH, shared their early wellness work with COs. Meade facilitated development of a post-traumatic stress disorder service dog training program in a unique veterans-only prison housing unit. An unanticipated positive outcome of the training was that the COs also felt better when the service dogs were present. That observation resulted in plans to study the benefits of human-animal interactions on COs, as well as their inmate trainers. All of the morning symposium presentations are available as free online videos.¹⁶

The afternoon sessions provided a series of interactive discussions, where participants rotated among content experts to share information. The topics included fatigue management, work/family balance, juvenile corrections, ergonomics, organizational culture, stress and CO safety. Meeting organizers were gratified by the meetings' outcomes. Martin Cherniack, M.D., M.P.H., executive director of CPH-NEW at the University of Connecticut, remarked, "I was really struck by the enthusiasm and collaboration among researchers, union leaders, [COs] and federal officials. Now it's time for solutions."

Kuehl, who coordinated the meeting held in Portland, Ore., noted, "With our findings indicating the high health risks of COs, this is a critical time

to work with labor and management, and state and federal agencies to make this public safety workforce a high priority for funded research." Mazen El Ghaziri, Ph.D., M.P.H., R.N., coordinates the consortium's ongoing work and is preparing a conference summary paper, including the roundtable reports. It will join the presentation materials that are currently available online.¹⁷ El Ghaziri indicated that the summary paper will lay the groundwork to apply for future grants and advance policies that protect and promote health in this high-risk workforce.

Conclusion

The review of CO stressors concluded that, while there are local efforts and recommended best practices, there are no proven effective safety and health programs for COs, and more studies are needed.¹⁸ Investigators from both TWH centers are actively working to fill that gap and enhance the safety and well-being of COs. At the Oregon Healthy Workforce Center, Kuehl is analyzing findings from the Oregon DOC study, a randomized trial of a team-centered, peer-led scripted safety and health program among four Oregon facilities. The University of Connecticut's DOC study builds on its work that early employment years may be a particularly vulnerable time for COs. In addition, its prior studies indicate participatory approaches that involve all stakeholders in identifying issues and solutions appear to be more effective.¹⁹ The University of Connecticut's current work includes educational and mentoring activities for new hires, as well as programs for established COs addressing nutrition, fitness, ergonomics and on-the-job injuries. These New England studies are planned to run through 2016.

Impacting the safety and well-being of COs presents challenges. Working behind prison walls, without ongoing interactions with the public, makes COs less visible than other public safety professions, such as emergency medical services, firefighting and law enforcement. In addition, as Violanti emphasized when talking about suicide among police detectives, the "blue line" of law enforcement culture can be difficult to traverse when getting individuals to admit vulnerability, seek out assistance and alter current practices and culture. For COs, the blue line is a

barbed wire fence of security and challenging work structures that require time to build trust, ensure confidentiality and involve all stakeholders to effectively impact both systemwide and individual CO issues.

The objectives of the collaboration among CO investigators, led by El Ghaziri, are placing corrections on the agendas of national institutes that control research funds for that work; facilitating the sharing of information among those involved in promoting the health and safety of COs; and assisting in the design and conduct of multicenter prospective trials of comprehensive TWH programs for COs. However, findings from a national study are years away, and the well-being of COs cannot wait. In the meantime, the items in Figure 1 are ways COs can apply the same diligence used to protect individuals in the community to protecting the health of COs and correctional facility staff.

ENDNOTES

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