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| Rural and Urban Jail Total Worker Health® Needs Assessment: Similar health, different workplaces | Concurrent Session 5.4  
Day 3 – Thursday  
May 10th, 2018  
2:40 – 3:55pm |

### Description of Presentation

**Problem:** There are over 3,280 jails in the U.S. where an estimated 11 million people process through each year. Jail workers face unique job stressors and are considered an underserved population with lower life expectancy and higher rates of suicide, depression, and obesity as compared to the general population. Rural and urban jails experience overcrowding, understaffing, and similar workplace stressors. The purpose of this project was threefold, 1. To implement a jail workplace health needs assessment, informed by Total Worker Health® (TWH); 2. Share needs assessment results and develop evidence-informed, tailored interventions with each jail; and 3. Facilitate implementation of workplace health interventions.

**Methods:** In 2015, we used a community-based participatory research process informed by the TWH strategy and an emergent mixed methods needs assessment to explore workplace health in three jails. One city (urban) and two county sheriffs’ department (rural) jails in the Midwest U.S. participated. Survey items included self-reported health measures (e.g. PROMIS Global Health for mental and physical health, CES-D Center for Epidemiologic Studies Depression Scale, body mass index, cardiopulmonary health, and musculoskeletal disorders). Focus groups were completed with 40 workers and transcribed reports were reviewed using content data analysis. Survey data was stratified by rural and urban workers and quantitative analyses provided descriptive statistics and t-tests to assess differences between groups.

**Results:** A total of 328 jail officers (n=280) and sheriff’s deputies (n=48) completed surveys with a 78% response rate. Jail deputies in rural locations were predominantly male (74%), white (98%), and married.

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(67%) whereas urban officers were more often female (57%), black (86%), and non-married (52%). Newer hires working two years or less in the jail were more predominant in rural (47%) than in urban (15%) settings. PROMIS mental and physical health scores indicated jail workers were less healthy than the general population (T scores < 50). Depressed range CES-D scores were found in 36% (n=100) of workers, 27% of rural and 32% of urban. More urban officers (68%) than rural (46%) experienced obese BMI (≥30) and their median BMIs were high (31.8, obese and 29.7, overweight, respectively). Contextual data from focus groups (n=40) identified workplace-specific issues (e.g. lack of appreciation, punitive nature, inconsistency of shift and supervision, limited food and fitness access, and gaps in training) and suggestions for changes. Completion of the needs assessment resulted in active changes at the urban jail using multi-level and top management support. Participatory meetings with interprofessional jail and city representatives continued after the formal needs assessment was completed. Rural jails were not able to continue active participation and did not appear to have the needed support and capacity to implement workplace health interventions. Conclusion: Jail worker health is poor and their workplaces need assistance with identifying and implementing health interventions. A TWH needs assessment initiated multi-level, evidence-informed interventions in an urban jail. Rural jails lacked workplace supports to utilize needs assessment data. Future study will evaluate the impact of workplace interventions on jail worker health and explore capacity building for rural jails.