

# TOWARDS REDUCING HEALTH INEQUITIES:

## A HEALTH SYSTEM APPROACH TO CHRONIC DISEASE PREVENTION

The Corrections Population<sup>1</sup> Working Group included representatives from a diverse range of organizations including:

- AIDS Society of Kamloops (ASK)
- BC Persons with AIDS Society
- Correctional Service Canada
- John Howard Society of the Lower Mainland
- Ministry of Healthy Living and Sport
- Ministry of Public Safety and Solicitor General, Corrections Branch
- PHSA - BC Centre for Disease Control
- PHSA - BC Mental Health and Addictions Services
- University of British Columbia
- Vancouver Coastal Health- Complex Mental Health and Addictions
- Vancouver Island Health Authority

<sup>1</sup> The 'Corrections Population' refers to individuals transitioning into or out of the corrections system.

---

### Corrections Population Working Group Recommendations

---

Care provided during incarceration is generally good. However, there are major challenges to maintaining continuity of care, particularly when individuals transition into and out of the corrections system. Continuity of care must be addressed to avoid gaps during transition points:

- in the community,
- entering custody,
- during custody,
- release from custody, and
- re-integrating within the community.

Based on five meetings, the Corrections Population Working Group identified five recommendation areas aimed at reducing fragmentation across the continuum of care.

---

#### Barrier

Vulnerabilities can lead to criminal activity.

---

#### Opportunities for Action

Implement primary prevention initiatives to address vulnerabilities that can lead to criminal activity. A population-based prevention focus integrated with a Primary Care Health Services model would enable people to access health and social services early and thereby reduce the risk of requiring correctional services as a result of unaddressed mental health and substance use issues. This prevention initiative would have two aspects:

- High level partnerships between sectors and jurisdictions, including the Ministry of Housing and Social Development.
- Educational programming for service providers and decision makers involved with under-served populations about successful prevention initiatives and alternatives to entering corrections.



---

### Barrier

---

### Opportunities for Action

---

Need for a culturally-responsive and person-centred approach.

Health services should integrate a culturally-responsive and person-centred approach.

- A culturally-responsive approach could help communities understand the basic needs of corrections populations.
- A person-centred approach could help communities recognize the need for integrated services to prevent care fragmentation e.g. integration of mental health and addiction services due to the frequency of these co-morbidities.

Inadequate access to health and social support services increases the risk of recidivism.

- Government ministries, health authorities, and provincial and federal corrections should work in partnership to improve continuity of care. Improved partnerships can ensure better access to health and social support services and reduce the risk of recidivism.
- Participation in health services accreditation processes by correctional facilities would help identify the organizational practices that could strengthen service delivery and transition planning to improve continuity of care.

Health information gaps present enormous obstacles to providing continuity of care and can lead to morbidity or death.

Information exchange processes should be developed to enable corrections and the health authorities to share relevant information. This includes:

- Clarifying and consistently applying information sharing policies and procedures.
- Implementing standardized information sharing procedures and processes wherever possible.

Insufficient transition planning for corrections populations.

Improve transition planning to enable corrections populations to bridge the gaps when individuals move within and/or between systems. This includes:

- Formalizing agreements between corrections and the relevant provider(s).
  - Implementing a quality monitoring process.
  - Implementing a participatory approach to transition planning that engages individuals who are in, or have been through the corrections system.
-