Submission

To the Ministry of Health and Long-Term Care

Feedback on *Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario*

February, 25
2016

CENTRE OF RESEARCH, POLICY & PROGRAM DEVELOPMENT

John Howard SOCIETY OF ONTARIO

About Us & Our Feedback

The John Howard Society of Ontario (JHSO) is dedicated to creating genuinely safer communities by helping to foster a truly effective criminal justice system. We help achieve this goal in a variety of ways and with a suite of programs and services that we offer through our 19 local offices across Ontario. We provide over 80 different programs and services that help over 100,000 individuals across Ontario annually. Services range from prevention programs for high risk youth through to housing and reintegration services for those who have been released from prison back into our communities. Founded in 2003, the Centre of Research, Policy & Program Development (the Centre) is the research and policy arm of JHSO, and is the only organization of its kind in Ontario. It facilitates interdisciplinary innovation by combining partnerships with front-line service providers and creative and academically qualified researchers and analysts. This results in research that helps people. The Centre is a leader in non-partisan research, evidence based programming, and policy development in the justice sector.

We are thankful for the opportunity to provide feedback on *Patients First: A Proposal to Strengthen Patient-Centred Health care in Ontario.* We believe this forum will open the discussion across sectors and support the realization of an equitable, integrated, and sustainable health care system in Ontario. It is in this spirit of meaningful dialogue and transformative change that we would like to bring Ontario's prisons into this discussion. The current model for health care delivery in provincial prisons represents a sizable fracture in our health care system; one with significant impacts to both the larger health care system and local communities across Ontario. At the same time, addressing this disconnect between the services a patient receives in prison and those delivered in the community is a unique opportunity to strengthen public health and to protect the public health care system. Integrating provincial prisons into the service planning and delivery of Ontario's health care system would allow the Ministry of Health and Long-Term Care (MOHLTC) to push forward on all four goals (Access, Connect, Inform, and Protect) of the *Patients First: Action Plan for Health Care*.

JHSO is preparing to release a paper entitled *Fractured Care: Public Health Opportunities in Ontario Prisons.* We will be pleased to share a copy of the published paper with you to further inform this discussion. However, with respect to the timelines associated with this consultation, we would like to take this opportunity to briefly highlight three key issues described in the paper, and how addressing each of these issues directly aligns with MOHLTC's objectives in *Patients First: Action Plan for Health Care*. We would welcome the opportunity to discuss these issues and our recommendations with you further.

Centre of Research, Policy & Program Development
John Howard Society of Ontario
342 Queen St East
Toronto, ON M5A 1S8
416.408.4282
www.johnhoward.on.ca
@ReducingCrime

Introduction

We are facing a growing health crisis in Ontario's prisons, and this crisis reaches far beyond the prison walls. The health of prison populations is an intrinsic component of the health of communities; the vast majority of people in our jails today will soon be returning to our neighbourhoods. This makes the current state of health care in provincial prisons a matter of vested interest for all Ontarians and for the Ontario health care system as a whole. We believe that the work done by MOHLTC to expand the authority and accountability of the Local Health Integration Networks (LHINs) must include their local correctional facilities to enable a truly integrated and responsive heath care system.

There are three key issues underlying the current state of health in Ontario prisons:

1. Prison populations have a higher prevalence of acute and chronic physical and mental health needs and conditions compared to the general population;
2. Currently, health care services in provincial correctional facilities are delivered by a parallel but unequal health system;
3. There is an alarming cyclical movement among individuals continuously entering and exiting correctional facilities with serious implications for public health.

In several jurisdictions around the world, including two in Canada, these issues have been addressed through the integration of prison health care services with their respective ministries of health.[1] We will briefly present these key issues and how integrating services will improve access, connection, information, and protection of Ontario's health care system.

The Ontario Prison Health Care System

People incarcerated in provincial prisons are either serving sentences of less than two years, or are being held on remand (awaiting sentencing); virtually all return to their communities, a vast majority after a short stay.[2] Under the *Canada Health Act* (CHA) there is no distinction between those who are detained or incarcerated in provincial prisons and individuals living in communities.[3] However, as a result of policy and administrative practice in Ontario, health care services in provincial prisons are outside the jurisdiction of the MOHLTC and fall instead under the Ministry of Community Safety and Correctional Services (MCSCS). This has created a parallel and unequal health care system in Ontario. Repairing the fragmented and artificial separation between health system components is integral to the *Patient's First: Proposal to strengthen patient-centred health care in Ontario*. It is through these cracks that patients are falling and the following three key issues in the provision of healthcare in Ontario have gone largely unaddressed.

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[1] Hayton P, Boyington J. (2006). Prisons and health reforms in England and Wales. Am J Public Health 2006;96:1730-1733.

[2] 75.5% of people sentenced to provincial custody in Ontario are sentenced to 3 months or less of custody. Source: Ministry of Community Safety and Correctional Services' 2014-2015 Adult Profile.

[3] Provision of health services in federal correctional institutions falls under the *Corrections and Conditional Release Act* (S.C. 1992, c. 20) and is the responsibility of the Correctional Service of Canada.

1. Higher prevalence of acute and chronic health needs

Though there is little health data and research specific to correctional facilities in Ontario,[4] what is available is consistent with jurisdictions around the world. Findings show incarcerated populations have significantly higher rates of acute and chronic physical conditions, and mental health conditions compared to the general population.[5] Factors such as economic and social disadvantage, unstable housing, addiction, and mental health conditions not only make people more likely to come in contact with police and the criminal justice system,[6] but also have a direct impact on health outcomes and access to health services.[7] Prison populations reflect a disturbing overrepresentation of people with mental health issues,[8,9] and individuals with addiction and substance use issues.[10,11] In addition to a relatively greater need for service, many individuals in prisons are likely to experience barriers to accessing health services in their community; they are more likely to have an undiagnosed or unmanaged chronic health condition and to have relied on Emergency Departments as their source of primary care prior to incarceration.[12]

2. A Parallel and Unequal Health System

One of the greatest challenges faced by health services in Ontario's prisons is the lack of adequate human health resources.[13] These shortages have reduced access to health services for patients, and they have also been prohibitive to providing essential services. For example, a lack of human resources was cited as a reason individuals newly-admitted to prisons were being denied access to their prescribed medications for weeks as they waited to be assessed by a

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[4] Kouyoumdjian FG, Schuler A, Hwang SW, et al. Research on the health of people who experience detention or incarceration in Canada: a scoping review. BMC public health 2015; 15:419.

[5] Fazel S, Baillargeon J. The health of prisoners. Lancet. 2011; 377(9769):956–65. doi: 10.1016/S0140-6736(10)61053-7

[6] The John Howard Society of Ontario. (2015). Unlocking Change: Decriminalizing Mental Health issues in Ontario. Retrieved from: http://www.johnhoward.on.ca/wp-content/uploads/2015/07/Unlocking-Change-Final-August-2015.pdf

[7] Mikkonen, J., & Raphael, D. (2010). *Social Determinants of Health: The Canadian Facts.* Toronto, Canada: York University School of Health Policy and Management.

[8]Hartford, K., Heslop L., Stitt L., and J. S. Hoch. (2005). Design of an algorithm to identify persons with mental illness in a police administrative database. International Journal of Law and Psychiatry, 28, 1–11.

[9] Chaimowitz, G. (2012). The Criminalization of People With Mental Illness: A Canadian Psychiatric Association Position Paper. Retrieved from: http://publications.cpa-apc.org/media.php?mid=1268

[10] Sapers, H. (2014). Annual report of the Office of the Correctional Investigator 2013–2014. Ottawa, Ontario: The Correctional Investigator of Canada. Retrieved from: http://www.oci-bec.gc.ca/cnt/rpt/pdf/annrpt/annrpt20132014-eng.pdf

[11] The National Centre on Addiction and Substance Abuse at Columbia University (2010). Behind Bars II: Substance Abuse and Prison Population. Retrieved from: http://www.casacolumbia.org/addiction-research/reports/substance-abuse-prison-system-2010

[12] Robert B. Griefinger. *Thirty Years Since Estelle vs. Gamble (Chapter 1).* Public Health Behind Bars From Prisons to Communities. 2007

[13] In 2013 the Federal Correctional Investigator reported a vacancy rate for all health care positions to be just over 8.5%. In Ontario 29% of psychologist positions were reported to be vacant or 'under-filled'

prison physician.[14,15] A second limitation of this separated system is the underutilization of the vital health service technologies that have been made a priority by MOHLTC. MCSCS has not implemented electronic health record keeping in their provision of services.[16] This is a great barrier to monitoring and surveying healthcare trends, as well as sharing information between providers for transitioning care when an individual returns to their community.

3. Transient and transitory populations: Implications for public health

Each year thousands of Ontarians spend time in prison and then return to their communities carrying with them the health impacts of their time inside. In some instances, such as the transmission of communicable conditions, the risk for public health is clear and direct. In other cases, the impacts of prison health care on communities are complex and systemic, making them more challenging to identify, but no less vital to address. For example, early intervention in acute and chronic conditions is critical to mitigate the burden of treatment of a condition allowed to persist, complicate, or worsen. In failing to adequately address conditions in prisons and provide early intervention, this increased burden of treatment falls to the public health care system and often the emergency departments of communities once individuals return from jail.

A WAY FORWARD: Integrating prison health care with the Ontario health care system

In 2003 the World Health Organization's Moscow Declaration stated that prison health must be considered an integral component of a country's public health system, and recommended integration between ministries of health and of correctional services.[17] In jurisdictions around the world including Norway, France, New South Wales, England, Scotland, and Wales, as well as Nova Scotia and Alberta in Canada this has been addressed by transferring the responsibility for health care services in correctional facilities to their respective ministries of health.[18,19] Breaking down the barriers between correctional facilities and public health care systems has produced

[14] Andre Marin. Annual Report 2014-2015 of the Ontario Ombudsman http://www.ombudsman.on.ca/Files/sitemedia/Documents/AR14-15-EN.pdf

[15] White, P. (2015) New inmates denied medicine due to drug-plan flaw: prison ombudsman. The Globe and Mail. Published Thursday, Apr. 30, 2015. http://www.theglobeandmail.com/news/national/processing-delays-leave-new-inmates-without-prescriptions-for-weeks/article24177961/

[16] Response to email enquiry to the Ministry received 24/07/2015.

[17] World Health Organization. Moscow Declaration October 24, 2003

[18] Hayton P, Boyington J. (2006). Prisons and health reforms in England and Wales. Am J Public Health 2006;96:1730-1733.

[19] Paul Christopher Webster. Integrating prison health care into public health care: the global view. CMAJ 2013. DOI:10.1503/cmaj.109-4435

positive effects for patients,[20] health care providers,[21] health system costs, continuity of care,[22] and public health.[23]

The separation of prison health care from the regional health care system is a relic of administrative policy that has not served Ontario well. There is an opportunity not only to improve the quality and value of health services in prison, but to leverage prisons as an environment in which to push forward and achieve tangible results for the MOHLTC's four key goals:

Access

- An opportunity to bring hard-to-reach populations who are temporarily housed in correctional institutions into the health care system.
- Ensure patients receive the *right care, at the right time, in the right place*[24] through coordinated and comprehensive health system planning that includes the health needs of Ontarians experiencing time in prison.
- Improve health and reduce system costs by fostering access to primary care services.

Connect

- Help LHINs maintain and monitor the health and journey of individuals from vulnerable backgrounds who often fall through the cracks.
- Deliver better coordinated and integrated care for vulnerable populations who often have more complex needs than the general population.
- Ensure seamless transitions from prison health services to appropriate community care.

Inform

- Provide information and education for individuals in prison to make the right decisions about their health. Not only with regards to prevention but also where they can obtain physical and mental health support in their community upon their release.

Protect

- Promote sustainability in the health care system by fostering equitable access to health care and increase the utilization of primary health care in place of acute episodic intervention.
- Protect public health through prevention, screening, and effective intervention for communicable conditions.

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[20] Robert Strang MD, FRCPC, Brenda van den Bergh, MSc, MPH, Alex Gatherer, MD. Future directions for the health of incarcerated women in BC. BCMJ, Vol. 54, No. 10, December, 2012, page(s) 514-517

[21] Hayton, P., & Boyington, J. (2006). Prisons and Health Reforms in England and Wales. *American Journal of Public Health*, *96*(10), 1730–1733. http://doi.org/10.2105/AJPH.2004.056127

[22] International Centre for Prison Studies (2004). Prison health and public health: the integration of prison health services. Report from a conference. (http://www.prisonstudies.org/info/downloads/health_service_ integration.pdf, accessed 15 May 2013).

[23] Department of Health. (2012) Prison Health Performance and Quality Indicators Annual Report 2011. Accessed at: https://www.gov.uk/government/publications/prison-health-performance-and-quality-indicator-report-and-guidance

[24] 2012 Ontario's Action Plan for Health Care. (Ministry of Health and Long-Term Care). Accessed at: http://www.health.gov.on.ca/en/ms/ecfa/healthy_change/docs/rep_healthychange.pdf

The *Patient's First proposal* asked: What other local organizations can be engaged to ensure patients are receiving the care they need when they need it? We answer: The Ministry of Community Safety and Correctional Services and the province's prisons. Without engagement from these organizations a truly equitable and seamless health care system in which all Ontarians have access to the care they need cannot be materialized. A patient does not shed their health care needs due to a temporary change in legal status; those who have acquired a condition or infection, had one worsen or deteriorate in prison do not leave this behind when they return home. MOHLTC's drive towards transformative change to protect our health and our health care system has created an invaluable opportunity for all of us to reflect on why barriers exist in our health care system, and how Ontarians might be best served by a system that transcends administrative boundaries.