

Overcoming Obstacles: Understanding Healthcare Access for Recently Released Individuals

Background

Prior research suggests a link between recidivism and an individual's access to healthcare. By examining how the availability of healthcare resources influences recidivism rates, this research may provide insight into the relationship between re-offending and healthcare needs for recently released individuals.

Recidivism (n.): The act of someone who has committed a crime engaging in further criminal activity, whether it involves repeating the same offense or committing a different form of crime.

Purpose

This research seeks to evaluate the available resources in the community for individuals recently released from incarceration and to identify the challenges they face in accessing healthcare services post-release. Additionally, it aims to expand upon previous studies that investigate the correlation between recidivism and access to healthcare.



Research Question

What are the current challenges in accessing healthcare resources for people that have been recently incarcerated?

Methods

The methods employed in this study encompasses a comprehensive literature review, facilitated following consultation with professionals in the following roles:

- Nurse practitioners
- Parole officers
- Corrections personnel
- Social workers
- Mental health support workers
- Safer Supply volunteer

Findings

Challenges to Healthcare Access

1. Service Concerns:

- Limited availability of healthcare services tailored to the needs of recently released individuals.
- Some well-intentioned services face logistical or practical challenges for implementation within the context of the recently incarcerated population.

2. Release Barriers:

- Difficulty in coordinating voluntary supports due to uncertainty regarding release dates, particularly for individuals in remand.
- Hindrance in providing timely support for individuals seeking to participate in voluntary programs after transitioning out of incarceration.
- Requirements of parole, mandated for liability concerns, may not align with healthcare models accessible to other marginalized communities.

Limitations

- Specificity of literature necessitated reliance on consultation to contextualize research
- Consultations were region-specific, drawing on personal experiences of individuals working in the field

Next Steps

- Exploring barriers to service outside of Peterborough County.
- Examining the differences in available resources through comparative analyses, in-depth case studies, and engagement with community stakeholders to understand regional variations in healthcare provisions in different community sizes and identifying associated challenges within these communities.
- Encouraging the establishment of healthcare supports outside of halfway houses (which have limited space) and clinics (that cannot always prescribe medications provided inside of prisons) for recently incarcerated individuals.
- Identifying best practices for working with recently incarcerated individuals in healthcare settings.



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Course: FRSC 4890 (2023-2024)