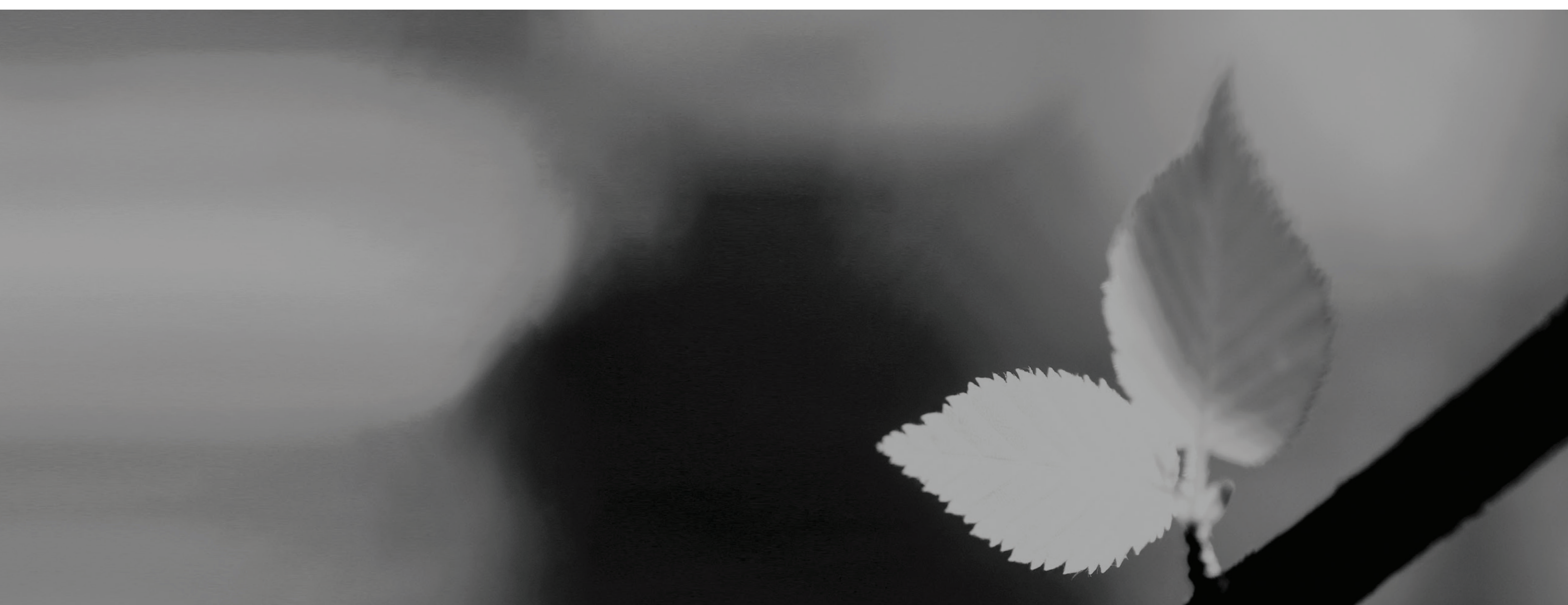
Health Beyond Bars: Towards Healthy Prisons in Canada

Conference Proceedings
September 2014



Proceedings Editors:
Debra Hanberg, Larry Howett, Ruth Elwood Martin

a place of mind
THE UNIVERSITY OF BRITISH COLUMBIA

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We are truly appreciative of the Health Beyond Bars Advisory Committee members who took the time out of their busy schedules to help plan the conference. We are grateful to the conference moderators and facilitators who skillfully guided the discussions: Ms. Lara-Lisa Condello, Ms. Marnie Scow, Ms. Wendy Sproule, Dr. Vivian R. Ramsden, Dr. Carl Leggo, and Dr. Ruth Elwood Martin. The conference staff must also be acknowledged for their hard work and organizational support to ensure the conference was a success: Debra Hanberg, Renee Turner, Larry Howett, Alex Nunn, Marnie Scow, Wendy Sproule, and Ben Fussell. Finally, a special thanks to the outstanding support provided by the conference volunteers: Kasia Giesbrecht, Amanda Juhasz, Kaylan Lee, Becky Turner, and Mia Turner.

We wish to express our gratitude to Elder Mary Charles and the Musqueam First Nation for warmly welcoming us into their traditional, ancestral, and unceded territory. The UBC First Nations Longhouse, Sty-Wet-Tan Hall, provided a nurturing and inspirational space for conference delegates to discuss ways to improve the health of people whose lives are impacted by incarceration. We also wish to thank Elders Betty and Philip Gladue for providing the closing prayer and ceremony that left conference delegates feeling united and energized.

Finally, we thank the distinguished guest speakers, health care providers, formerly incarcerated men and women, academic researchers, and community, health and correctional professionals who attended the conference and shared their valuable wisdom and insights.

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EXECUTIVE SUMMARY

The Collaborating Centre for Prison Health and Education (CCPHE) hosted the Health Beyond Bars: Towards Healthy Prisons in Canada conference and public forum on February 20 and 21, 2014. The two-day event brought together 132 health care providers, formerly incarcerated men and women, academic researchers, and community, health, and correctional professionals. The purpose of the conference was to provide a space for learning, sharing, and action. Delegates were encouraged to share information from the conference with their home organizations; build strong networks and collaborations; embrace learning from other delegates; engage in inspiring conversations; and, explore new and effective ways of improving health of men and women whose lives are impacted by incarceration. The Health Beyond Bars conference focused on prison health, with special attention to creating healthy prisons in Canada. These conference proceedings represent a summary of the guest speakers' presentations, panel discussions, personal narratives of formerly incarcerated men and women, and key recommendations generated from the round table discussions.

Day one of the conference began with the CCPHE team introducing two community-based preventive health projects and highlighting the participatory processes, tools, and activities that were used throughout the projects' entirety. The afternoon session featured a panel discussion on 'Peer Mentorship Programs for Individuals In and Out of Custody' which provided four perspectives on mentorship programs that work with individuals inside prison or transitioning back into the community. Panel members described the main achievements and challenges of their peer mentorship programs.

After a short networking social, the conference opened up to the general public to feature the premiere screening of Cancer Walks Free, a short documentary film about cancer screening and individuals with incarceration history. The screening was followed by a facilitated panel discussion. Audience members also shared their opinions regarding the barriers and facilitators to developing healthy relationships between health care providers and individuals with incarceration experience.

Day two of the conference included two guest speakers, Mr. Howard Sapers, the Correctional Investigator of Canada, who presented 'Chronic Disease and Premature Deaths in Canadian Correctional Facilities' and Dr. Michael Ross, Professor of Behavioural Sciences in the School of Public Health at the University of Texas, who presented 'Toward Healthy Prisons: The TECH Model.' Dr. Ruth Elwood Martin then provided a summary of the research findings from the CCPHE preventive health projects. Throughout both days of the conference, four formerly incarcerated project participants generously shared their stories about the health issues they faced both inside and outside of prison.

During the afternoon session, a multi-disciplinary panel shared their views about what elements would be needed to create a healthy prison in Canada. Delegates then moved to round table discussion groups to prioritize the issues, explore solutions, and generate recommendations which could lead to improvements in the health of people whose lives are impacted by incarceration.

The Health Beyond Bars conference objectives were as follows:

1. Include relevant stakeholders and sectors in a meeting that will discuss participatory approaches to preventive prison health;
2. Disseminate findings from the CCPHE participatory prison health projects;
3. Promote a national dialogue on the feasibility of uptake of similar preventive health initiatives for individuals with incarceration experience in the community and within correctional institutions;
4. Foster collaborative networking and dialogue opportunities between conference participants in order to improve the health of incarcerated individuals and those who are integrating back into the community.

KEY RECOMMENDATIONS FROM DISCUSSION GROUPS

Theme	Specific Recommendation
Reintegration	Implement through-care programs to prepare people for transition from prison to community; create a plan in advance of release so the person has housing and support services available.
Continuity of Care	Offer continuity of care between prison and community, and vice versa; encourage communication between correctional staff and community organizations.
Community Support	Provide more long-term community programs that include up to six months support to individuals leaving prison.
Aboriginal Culture and Knowledge	Mandatory inclusion of Indigenous peoples' knowledge and history inside prison; aboriginal culture and knowledge must play a role in healing.
Education	Educate others about prison health to change stereotypes and humanize people; provide educational opportunities for currently and formerly incarcerated men and women; offer mental health and preventive health education to correctional staff and probation officers.
Policy and Decision Makers	Include more policy and decision makers at next conference; elect open-minded, flexible officials and bring best practices and suggestions to them.
Health Care	Understand diversity of needs; acknowledge social determinants of health can negatively impact health; implement harm reduction programs inside prison.
Collaboration	Create more space for dialogue; build collaborative opportunities to develop trust between organizations and people.
Sustainability	Create a working group to build on momentum from conference.

HEALTH BEYOND BARS CONFERENCE: DAY 1

Welcome

The Health Beyond Bars conference began with a traditional First Nations welcome to the Musqueam Traditional Territory by Elder Mary Charles.

Dr. Ruth Elwood Martin, MD, Director of CCPHE, and Clinical Professor in the Faculty of Medicine at UBC, welcomed delegates to the conference. Dr. Martin expressed her appreciation to those who took the time to attend the conference and recognized the diverse expertise in the room. Dr. Martin said she hoped that the information shared and knowledge generated would lead to improvements in the health of people whose lives were impacted by incarceration.

Dr. Martin presented a brief overview of the Canadian correctional system, where she provided some background information, terminology, and statistics from both the federal and provincial correctional systems. She also shared her personal story of working as a prison physician for 16 years and some of the wisdom she learned from the incarcerated women during a participatory research project conducted inside prison. Dr. Martin said that as a physician, she used to focus primarily on physical health, but the incarcerated women highlighted the need to focus on a broader definition of health which included the mental, emotional, physical, and spiritual aspects of health.

CCPHE Preventive Health Projects

Dr. Ruth Elwood Martin described that during previous research projects, the CCPHE built strong working relationships with Women in2 Healing (Wi2H), and Long-term Inmates Now in the Community (L.I.N.C.). Both organizations have community-based networks of formerly incarcerated men and women and identified health care as a critical issue for the communal and individual well-being of this population. In partnership with Wi2H and L.I.N.C., the CCPHE applied for and received funding to conduct two preventive health projects:

- **A Participatory Approach to Developing Preventive Health Tools for BC Individuals with Lived Incarceration Experience** (2011 – 2014, funded by the Vancouver Foundation). A three-year project to collaboratively adapt, pilot, and evaluate the preventive health workshops, tools, and resources. The project focused on the community-identified preventive health topics such as cancer, HIV, hepatitis C, mental health, and addiction.

- **A Participatory Approach to Improving Cancer Screening and Early Detection among Individuals with Incarceration Experience** (2012 – 2014, funded by the Public Health Agency of Canada). A two-year project that focused on promoting participation in available cancer screening and early detection programs for breast, cervical, and colon cancer with formerly incarcerated men and women in Metro Vancouver and Nanaimo.

Participatory Planning Process

Dr. Martin described how both projects adopted elements of community-based, participatory research into all phases of the projects – from the design and development through to the implementation and evaluation. The participatory approaches helped to foster meaningful involvement of all participants throughout the project's duration. The project's community-based partnerships helped to ensure the issues being selected were relevant to the community's identified needs. Dr. Martin said that during the initial phase of the projects, it was important for the project team and Project Advisory Committee to articulate and to agree upon values and principles that would guide all aspects of the projects' activities.

Core Guiding Values

Partnership – Equal participation of all relevant stakeholders
Voice – Opportunity and encouragement for all to share opinions and ideas
Active Listening – Willingness to hear and acknowledge what others have to say
Respect – Acknowledgement and recognition that everyone has ideas and experiences of value to offer
Reciprocal Learning – Willingness to learn from one another
Cultural Respect – Indigenous and ethnic cultural awareness, sensitivity, and competence
Transparency – Honesty and accountability in all actions

As part of the participatory planning process, two preliminary focus groups were held with 18 formerly incarcerated men and women to identify the priority health areas that the preventive health projects would focus on. Similar to an iceberg, focus group participants pinpointed visible and/or measurable health challenges for individuals with incarceration experience as well as the deeper issues that underpin these health disparities such as mistrust, fear, stigma, and trauma. Based on feedback from the focus group participants, the project team designed and delivered one cancer feedback session and eight preventive health workshops: self-advocacy and peer support; navigating the health care system; hepatitis C; HIV; mental health; addiction; cancer prevention; and cancer screening. Participants also suggested ways to deliver health promotion programs to people with incarceration history such as sharing knowledge, supporting self-advocacy, and strengthening relationships. Dr. Martin explained how the project participants were involved in piloting and evaluating the preventive health workshops, tools, and resources. At the end of each workshop, participants provided feedback on the workshop content and delivery style, suggested ways to improve the workshops in the future, and described how useful they thought the workshops, resources, and tools would be within a prison setting.

Highlights of the CCPHE Preventive Health Workshops, Tools, and Activities

Ms. Wendy Sproule, CCPHE community-based project assistant, introduced a selection of activities and tools that were incorporated into the CCPHE preventive health workshops.

Cancer Feedback Session: Ms. Sproule described that during the Cancer Feedback Session participants were invited to work with the project team to establish which resources were relevant and/or suitable for people with incarceration history and how existing resources could be adapted to make them more relevant. Participant feedback influenced the design and content of subsequent workshops. It was important to hear from the participants to understand what would motivate them to get screened for cancer.

Cancer screening and prevention reminder cards: Based on feedback from the Cancer Feedback Session, the CCPHE project team customized three reminder cards for breast, cervical, and colon cancer with a message designed to speak to participants. The tag line "*So much is beyond our control. Take control of what you can. Get Screened*" was developed by the community-based project assistants with incarceration history. They explained that this motto spoke to the common experience of individuals feeling a lack of control inside prison, and their opportunity to take control once outside. The reminder cards also included practical cancer screening and prevention information. The project team worked closely with the Screening and Promotions Manager at the BC Cancer Agency to ensure the most up-to-date screening and prevention guidelines were included. Participants suggested that two bus tickets be included with the reminder cards as a way to reduce participant out-of-pocket expenses while traveling to and from a cancer screening appointments.

Cancer Awareness Poster: Two posters were created featuring eight project participants and Ms. Lora Kwandibens, the woman who was the inspiration for the cancer-focused project. Ms. Kwandibens died of metastatic breast cancer in February 2013. Surrounding the central photo were headshots of the participants, along with quotes about cancer and cancer screening. The quotes were pulled from short interviews with the participants about their experiences of cancer, personally, or among friends and family.

Marnie's Health Tips: Ms. Marnie Scow, CCPHE community-based project assistant, presented her 'health tips' to the conference delegates. Ms. Scow's original presentation was part of the CCPHE Cancer Prevention workshop series where she led a discussion on nutrition and physical activity. The presentation contained practical, simplified nutrition tips, such as using your thumb, palm, and fist to estimate appropriate portion sizes. She described the dramatic health improvements she had experienced since leaving prison by changing her eating habits, framing the nutrition tips as essential components of her personal success story. The presentation was well-received by conference delegates.

The Memo-to-Myself: Dr. Ruth Elwood Martin described that the Memo-to-Myself was used to support participants' intention to change and to encourage goal setting, promise-keeping, and reflective learning. At the end of each workshop, participants were asked to reflect on what they had just learned and to set two health goals that they could work towards over the next month. The participants wrote down in duplicate two health goals - one copy was placed in a self-addressed envelope, which was sent as a reminder two weeks after the workshop and the second copy was placed in an envelope anonymously. A summary of all anonymous responses was mailed two weeks after the first reminder. The two mailings served as prompts for participants to carry out their predetermined health goals and reminders that their peers were also working towards common goals. As a way to illustrate the activity, conference delegates were invited to complete a Memo-to-Myself, which was mailed back to them two weeks after the conference with an anonymous summary of other delegates' responses.

The Navigating the Health Care System Workshop: Ms. Wendy Sproule described that this workshop was developed because participants said they needed skills, information, and resources in order to successfully navigate the health care system. Participants said that not having a family doctor, stigma, mistrust, and unhealthy relationships were often barriers to achieving health. Relationships between health care providers and previously incarcerated individuals were not always simple or positive, so both health care providers and project participants were invited to attend this workshop.

Ms. Sproule explained that the workshop was divided into two parts. First, Dr. Ruth Elwood Martin discussed how to find a family doctor, the importance of developing a trusting relationship, and how to go about doing this. Second, Mr. David Diamond, co-founder and artistic director of Theatre for Living, facilitated an interactive theatre activity called Rainbow of Desire. Mr. Diamond explored prison health issues by promoting communication between the formerly incarcerated participants and health care providers in attendance. The activity explored the internal voices of actors (which were workshop attendees), by drawing out each character's fears and desires. Mr. Diamond invited audience members to provide additional fears or desires by coming on stage to embody them. The activity highlighted a "rainbow" of fears and desires held by health care providers and incarcerated individuals. Mr. Diamond's facilitated reflection illustrated the new perspectives which emerged, displaying empathy from health care providers and project participants for both 'sides.' Ms. Wendy Sproule, CCPHE community-based project assistant, Mr. Daniel Baufeld, CCPHE project participant, and Ms. Sandra Hosseini, UBC medical student and CCPHE summer practicum student, attended a one-week Theatre for Living training session with Mr. David Diamond. They did a short demonstration of the Rainbow of Desire technique.

Personal Narrative Mr. Larry Howett – Community-based Project Assistant

Mr. Larry Howett stated that "I have had a very, very strange life" and that "I never would have believed that I would be standing up here talking to folks like you." Mr. Howett, who spent over 35 years incarcerated in both federal and provincial correctional facilities, spoke about the importance of real and positive change in his life and how that happened. He described the difficulties of changing his life after a lengthy term of incarceration. He emphasized that even the simplest of things can become imposing such as using new technology or getting onto a bus where you are surrounded with people that you don't know. Mr. Howett said that in order to effect positive change "you have to ask for help." He emphasized the need to "seek it out" and noted that in order to do that "you have to take risks and involve yourself with other people." Those that succeed oftentimes are individuals willing to take the risk of asking for help and making a firm commitment to work hard to build a life in the community.

Returning to the community after decades in the 'prison community' has consequences. Mr. Howett said "it is not too difficult to take an individual out of prison, but it is extremely difficult to take the prison out of an individual." Prison attitudes, beliefs, and values are deeply ingrained and oftentimes people seem to be impervious to change. It is understandable why many individuals cannot make the transition to the community without great difficulty. However, working towards achieving physical, mental, and spiritual health is a good start. "To achieve that state of mind a willingness to work hard on changing prison attitudes, beliefs, and values, and replacing them with healthy goals and good community resources is necessary, and trust is essential to that process. Many people do change and succeed in staying out of prison," said Mr. Howett.

Mr. Howett talked about what former inmates face when they try to access the health care system after they are released. One of the largest problems is that they bring the suspicion, mistrust, and angst that they have for the prison health care system with them into the community. "Recently released inmates are overwhelmed by the labyrinth of paperwork, different health care forms, Fair PharmaCare protocol, and an endless number of questions and appointments."

Mr. Howett emphasized that good health care is one of the essentials to getting out of prison and staying out of prison. He continued by saying that mental health care and spiritual health care are also essential for success in reintegrating back into the community. Mr. Howett believes that a "healthy body, a healthy mind, and a healthy spirit are all equally important for a balanced lifestyle."

Personal Narrative Mr. Bryan Boyko - CCPHE Project Participant

Mr. Brian Boyko noted that he is now a senior citizen with a wealth of knowledge – and incarceration experience, having been sentenced to life in prison in 1973. Mr. Boyko gave a brief overview of his personal incarceration history noting that another person confessed to the crime for which he was sentenced to life in prison. He believed that this fact did affect his release back into the community on conditional release after spending decades inside.

Mr. Boyko spoke about what he termed "mental attitudes" being adversely affected by incarceration. "I went through hell inside and some of the adverse consequences were a loss of confidence, bitterness, frustration, confusion, and a lack of control over my own health care," Mr. Boyko said. He described how these mental attitudes oftentimes made him unwilling to deal with health care inside the institution and in the community once he was released. Mr. Boyko described some of the factors inside prison that can contribute to the mental anguish for individuals: lengthy delays in getting to see a doctor; people being labelled as "drug seekers"; or dealing with security staff or nurses in order to get to see other medical health care professionals.

Mr. Boyko attended all of the CCPHE preventive health workshops in Vancouver, and after he moved to Nanaimo, he continued to work closely with CCPHE project team. When the project expanded to include Nanaimo, the project team had few contacts that they could rely on to do the necessary preparation. Mr. Boyko volunteered to assist the project by inviting formerly incarcerated men and women to join the project. He helped invite and enrol over 60 participants into the project. Mr. Boyko credits the work that he has done with CCPHE as being instrumental in bringing about positive changes and breaking down many of the barriers that were a direct consequence of his incarceration.

Peer Mentorship Programs for Individuals In and Out of Custody Panel Discussion

Panel Members

- Ms. Susan Craigie, Prison Outreach Coordinator, Positive Living Society of BC
- Ms. Mo Korchinski, Project Administrator, Unlocking the Gates Peer Health Navigator Program
- Ms. Betty Gladue, Aboriginal Brotherhood and Sisterhood Program with Forensics Psychiatric Services Commission
- Mr. Philip Gladue, Aboriginal Brotherhood and Sisterhood Program with Forensics Psychiatric Services Commission
- Mr. Larry Howett, In-Reach Worker, Long Term Inmates Now in the Community (L.I.N.C.)

Facilitator

- Ms. Lara-Lisa Condello, Criminology Instructor, Nicola Valley Institute of Technology

Ms. Susan Craigie. Positive Living Society of BC

Ms. Susan Craigie described how Positive Living Society of BC visits 14 federal and provincial institutions in the Lower Mainland where they do one-to-one support, group support, release planning, post-release support, and education for inmates and Correctional Officers. Ms. Craigie noted that while Positive Living BC does not have an 'official' peer mentoring program, they do have peer navigators – HIV-positive people who help other HIV-positive people navigate the health care system.

Ms. Craigie spoke about the history of social movements and described how these movements spring from people in need of change. "It is about people advocating for themselves. Everybody is a peer." She described "coming of age" at a time when "people who were affected by violence created battered women's shelters. We made change for ourselves and for each other. Today, we want to have peers, we want to have people affected by whatever issue it is that they are working on, to be at the front lines and to be helping." Ms. Craigie added that this popularization of using peers, with street experience, has a number of potentially serious problems. Hiring part-time people living with HIV as mentors creates a two-tiered employee system within an organization predominantly made up of full-time people who are not living with HIV. Factors such as living with HIV, recovery from addiction, or time in prison make peers an effective choice to work with people to have complex needs. Peers new to or returning into the work force need support to maintain recovery, prevent relapse and develop self-care skills. This heightened level of peer support intended to create a successful work/life balance can contribute to the two-tiered system as this level of support is not usually provided for or wanted by full-time staff.

Ms. Craigie closed by saying that peer support is akin to all social movements that enable people to cope with matters of need by coming together to work towards finding solutions. She sees the immense value in having peers "with experience and who have previously been affected by whatever issue it is that they are working on to be at the front lines and to be helping."

Ms. Mo Korchinksi, Unlocking the Gates to Health Peer Mentoring

Ms. Mo Korchinski described that Unlocking the Gates to Health Peer Mentoring Program provides peer mentoring to female inmates released from Alouette Correctional Centre for Women. The women are supported for the first 72 hours post-release in order to build a bridge to community resources. Peer mentors meet the women at the Maple Ridge Bus Depot and can take them to the Greyhound station. Peer mentors are also available to meet the women in Prince George, Kelowna, Vancouver Island (Victoria), and the Lower Mainland.

Ms. Korchinski described that many women face "extreme fear and stress when they return to the community without a safe place to go. And, a past of violence, drug addiction, abuse, and incarceration can also fuel their fears." Women released from provincial institutions can be from many parts of the province, so if they take the Greyhound bus to their community, they have to go to East Vancouver to catch the bus. She described how many of the women "were scared because they knew they were going to use" if they went through East Vancouver. If the woman was going to a shelter, "it is not always a safe place either because there are many people who are still using drugs and alcohol in shelters and the environment is not always supportive, healing, or positive to successful reintegration," said Ms. Korchinski.

Ms. Korchinski described that peer mentors must be out of prison and not using drugs or alcohol for at least two years. She said they were strict on these two peer mentorship requirements because they "did not want to lose somebody, who was doing well in the community, back to addiction." To-date, the program has mentored 65 women for three days and 17 women for one day to ensure them safe travels back to their communities. Ms. Korchinski applauded the Warden at Alouette Correctional Centre for the support and cooperation they have received for the mentorship program.

In closing, Ms. Korchinski talked about two factors that can assist women when they are released from prison. The first is that the peer mentoring program has had a number of successes. "When women are released back into the community and they succeed in making a happy, healthy, productive life for themselves, it gives incentive for other women to succeed." The second is a closed Facebook group, with more than 300 members, is used as a continuing resource for the mentored women to stay connected.

Ms. Betty Gladue, Aboriginal Brotherhood and Sisterhood Program with Forensics Psychiatric Services Commission

Ms. Betty Gladue introduced herself to the audience in her language (Saulteu Cree), and said a welcome. She advised that her traditional name in Cree is Awasis which means "a little child." Her Christian name is Betty, which she received when she was adopted as a child. Through the Aboriginal Brotherhood and Sisterhood Program, Ms. Gladue has brought programs into institutions for more than 18 years.

Ms. Gladue talked about the importance of "identity." She said that identity means to "take the responsibility for your mistakes." Ms. Gladue said that she is not hard on the inmates. Instead, Ms. Gladue described how she and her husband, Mr. Philip Gladue, try to help the patients. Mr. Gladue teaches the medicine wheel, does smudges, and provides the inmate patients with traditional aboriginal medicines. He does this as a volunteer, said Ms. Gladue.

Ms. Gladue discussed the importance of the traditional medicines that they provide to the patients. She said that "medicine is the number one thing that they want." She described that "Buffalo Sage from the plains was one medicine that patients' value the most because it is most effective." Ms. Gladue also discussed the value of prayer and how she "gives them the responsibility to do the prayer." This fits with her belief that identity is paramount in the process of mentorship and healing. Ms. Gladue also described the importance of having

ceremonies – in particular the tobacco ceremony and teaching the four directions. However, she made it clear that they "do not preach to the people, the people take control of themselves." In closing, Ms. Gladue spoke confidently about post-release activities, resources, and mentorship that come with taking responsibility and control. "If you're going into the community and there is not going to be smudging, you know where to go to buy it, then you can look after yourself. They know how to smudge themselves." Finally, Ms. Gladue eloquently described peer mentorship in its purest state as "people helping each other." This is a tribute to her patience and sincerity and she deserves accolades and deepest respect for her dignity, wisdom, and perseverance.

Mr. Philip Gladue, Aboriginal Brotherhood and Sisterhood Program with Forensics Psychiatric Services Commission

Mr. Philip Gladue introduced himself to the audience as Cree and Métis. He then said a prayer in Cree. The prayer was recognition of the importance of the Health Beyond Bars Conference and discussion of peer mentoring. Mr. Gladue said he and Ms. Gladue have worked together to bring healing to inmate patients. They provide mentorship that helps "patients find their identity, and thereby take responsibility for their actions – past and present, good and bad." He also discussed the importance of traditional medicines, the medicine wheel and the four directions in the process of creating an identity for patients to take control of themselves. This is essential to healing. Mr. Gladue's message is positive and the methods that he and Ms. Gladue use provide a safe place for patients to work on finding their identity.

Mr. Gladue described how he "always tells the patients how happy he is to be there to work with them and to learn from each of them." He calls the men *his* teachers. "I don't go there to try to teach them anything, I can't do that. There is no such person in the world. But if we're given the opportunity to look at ourselves, express ourselves, our physical, emotional, and mental, you'll find the spiritual part that's very personal to each individual," said Mr. Gladue. This unique approach to mentoring is firmly grounded in aboriginal traditions and values. Mr. Gladue said "it's not a religion. It's coming from your own feelings. It comes from inside. It's in all us, every one of us. When you have a chance to explore those areas then we start to look after ourselves." To Mr. Gladue, embracing the three essential traditional elements, (physical, mental and emotional), means that the "spiritual will automatically be there."

Mr. Larry Howett – Long Term Inmates Now in the Community (L.I.N.C.)

Mr. Larry Howett said that "the single most significant challenge in peer mentoring or counseling has been to bridge that gap between the institution and the street, and to do that in a way that inspires trust in both sides." He said he used in his peer mentoring activities to help inspire the kind of trust necessary for success. "When you spend years inside you get these attitudes and beliefs that just don't work in the community. Your values get stripped away, bared, and changed. I've seen people die over insignificant things like a watch. I'm not talking a Rolex, I'm talking a $10.00 Mickey Timex. That is how crazy things can get inside when people's attitudes, beliefs, and values have been stripped of humanity. We are trying to give people back that sense of belonging."

Mr. Howett described that L.I.N.C. also worked on an identification project in federal institutions. Inmates were given the opportunity to get birth certificates, SIN cards, B.C. identification cards, and Aboriginal Status cards prior to release. The project also provided inmates who require post-release help with Social Assistance and Disability Pension applications prior to release. Mr. Howett praised Corrections for having the courage to fund this pilot I.D. program, but reported that the program was recently cut by the Federal Government.

"I'd like to get a program inside of the institutions to give people the opportunity to learn more about health and care, how to recognize some of their medical or mental health problems, then we can better prepare them for the community." In order to do this, we need to "literally build a bridge" by entering into a partnership with institutions. "Is that a tall challenge? Absolutely. But if we keep doing what we're doing, we're going to get there. One step at a time, it's just like addiction." Mr. Howett concluded by saying that he gages success in two ways: "people getting out and staying out and that they know they belong and feel they belong."

Audience Question

Should peer mentorship be rewarded monetarily?

Ms. Korchinski described how the women who are peer mentors with Unlocking the Gates are paid $100 for three eight-hour days. However, Ms. Korchinski admitted that they often spend much of that money buying clients shoes, coffee, or bus tickets. "They are doing the mentorship because they care, not because of the pay. It's a small community and we really care about each other."

Ms. Craigie described that there is a difference between volunteerism and peer employment. "If you are going to employ a peer, then you should pay them a living wage, which is not different from any other employee. Volunteerism is when one person is helping another person, and we all do that. I do work that I get paid for and work that I don't. I think that if you are doing work that is similar to a paid staff, then you should get paid the same amount."

Mr. Howett said that the people he knows that get involved in peer mentoring give a lot. He agrees that mentors should be paid for it. However, the pay is not the motivating force behind peer mentoring. "A couple of years ago when we lost a bunch of contracts, I worked for a year for free. I never took a penny. It's not about money – it's about caring and about sharing."

Health Beyond Bars Public Forum

The Health Beyond Bars conference opened up to the general public to feature the premiere screening of Cancer Walks Free, a short documentary film on cancer screening and individuals with incarceration history. Cancer Walks Free is available online to view: https://www.youtube.com/watch?v=vJKloTHFAko&feature=youtu.be

Panel Members

- Ms. Mo Korchinski, Director, Cancer Walks Free
- Dr. Keith Courtney, Facilities Medical Director of Correctional Health Services for Alberta Health Services
- Ms. Jessica Danforth, National Youth Coordinator for the Canadian Aboriginal AIDS Network – Note: Ms. Danforth has requested that her comments not be included in this written document.

Facilitator

- Dr. Vivian R. Ramsden, RN, PhD, University of Saskatchewan

Dr. Vivian Ramsden: How do you see the documentary being used in your institution and how might we get that done in a way that is meaningful?

Dr. Keith Courtney said that a lot of physicians are afraid to work in a correctional setting. "This film brings some insight into that fear and lack of understanding." Dr. Courtney said that "people often come to jail wounded. They have their histories that come with them. They've developed a lack of trust, not just of physicians, but with the system in general.

I think the film also has a very powerful message for people who are in the system."

Dr. Courtney suggested that Cancer Walks Free would be beneficial for government officials to see. "I'd like to see this film put together with some statistics for what it costs to do preventive care versus treating stage four colon cancer. If the person goes through stage four cancer treatment, there is the treatment along with the hospice care and palliative care. I think we'd see that preventive care costs are far less than the costs of cancer treatment."

Ms. Mo Korchinski said that the film is about changing the public's opinion about the people who are in prison. "I love humanizing the people who have spent time in prison."

Dr. Vivian Ramsden: How can we remove the barriers? How can we implement the supports?

Dr. Keith Courtney said that the health system is broken into sectors whereby mental health professionals deal with mental health, and social workers deal with social work. "We have an obligation to break down those barriers. The social work staff and the psychology staff need to know as much about preventive health care as our nursing staff does. Likewise, we need to educate our medical staff on how to recognize trauma and crisis situations. Peer education is also incredibly important. I often learn that someone is not doing well from other inmates. They come to see me and say, 'doc can you check on so and so because I don't think he or she is doing well.'"

Ms. Mo Korchinski noted that there were often less barriers inside prison because the doctor "already knows who we are." Living outside of prison is different, "I don't tell my health care provider that I have prison experience. I choose not to say anything because of the reaction that I might get. That's a huge barrier to my health care, especially having had cancer. My lifestyle would likely make a difference to my doctor, but I choose not to say anything because of the fear of judgement."

Dr. Courtney said that many programs delivered to people inside prison are not continued once they leave. He maintained that continuity of programming could remove barriers and provide support. "We have to stop pretending that there is a wall. There has to be some kind of continuity in what we do."

Audience Comments

Removing Barriers

Audience members made a number of comments about how to remove barriers and how to implement the supports. One audience member stated that peer-led projects, such as this documentary film, are the key to removing barriers for people with incarceration experience. "Mo had her own [prison] experience, so she was able to empathize with the people in the film. She captured their story in a way that someone who did not have [prison] experience would not have been able to do."

Another audience member recommended shifting some health care to allied health professionals rather than just physicians and psychiatrists. "A lot of the allied health professionals come from a front line perspective and then they move into health care roles. In the East Kootenays, we have a doctor shortage, so nurse practitioners have been helpful with treating the people with mental health and substance use concerns."

One audience member, who is studying a Master's of Social Work, suggested that the topic of prison health should be included in social work programs as a way to remove barriers.

Media Messaging

An audience member said that the way the media portrays illnesses, such as cancer or HIV, can be a barrier to care. The person mentioned a recent research study that questioned the effectiveness of using mammograms to detect breast cancer.

Dr. Ruth Elwood Martin responded by saying that this study illustrates that while screening tests exist, our knowledge about screening can evolve over time. "The PAP smear test for cervical cancer is a very old test, so now we're looking at human papillomavirus (HPV) testing as a more sensitive test. We may find that mammograms are not what we thought they were or maybe they should be done at a different age. No matter what the tests are, the message is to be aware of your own body and be aware of what is available in terms of screening," said Dr. Martin. There is a slide on the Cancer Walks Free documentary to go to the BC Cancer Agency website for the latest evidence and screening recommendations because both may change over time.

Dr. Vivian Ramsden: How can we facilitate better relationships between health care providers and individuals who have been incarcerated? How can we do better?

Dr. Keith Courtney said that facilitating better relationships between health care providers and individuals with incarceration history starts with the training of medical students and residents. "When a medical student or resident works with me inside prison, I ask that we go to the drop-in centres where we see the same people who were incarcerated a couple weeks earlier. We need to see them as people and not as inmates. I think that's critical. If the students are not willing to go to the drop-in centre with me, then they cannot come to jail. It's pretty basic."

Audience Comments

One physician said that UBC has implemented a program to encourage and provide opportunities for First Nations, Métis, and Inuit students to go to UBC medical school, noting that before this program there were very few students, and now they have many graduates. Also, PHSA (Provincial Health Services Authority in BC) has created an online Indigenous Cultural Competency training program. "It is an excellent course for someone without any knowledge of First Nations history to get a reasonable education."

Dr. Vivian Ramsden: I'd like to close with a question for Mo Korchinski, Director of Cancer Walks Free. Can you remind us why you wanted to make this documentary?

Ms. Mo Korchinski said she wanted to make the documentary as a way to humanize people who have been incarcerated. "Sometimes people don't look at the person they look at what has become of the person: the addiction, the crime, the prison. But, that doesn't make the person." She said that people often "look at it as the prison, but to me it is so much more. Many women don't want to leave prison – it's a community, it's a family, and it's safe." Ms. Korchinski hoped the documentary would begin to change the public's perception of people who spend time incarcerated.

Ms. Korchinski dedicated the documentary to Ms. Lora Kwandibens who died of metastatic breast cancer in February 2013. She spent many years inside correctional institutions and was diagnosed with breast cancer at the age of 41. Ms. Kwandibens encouraged the CCPHE to apply for funding to improve cancer education and screening for incarcerated people. Ms. Korchinski added that "if it wasn't for [Ms. Kwandibens], I don't know where I'd be with my cancer. I have two beautiful granddaughters and I want to be there to watch them grow up. I don't want anybody to not get tested because of the fear. Fear is not going to save your life." Ms. Korchinski concluded by saying that if the film "saves one person's life, if it changes one health care provider's perspective, then it was worth it."

HEALTH BEYOND BARS CONFERENCE: DAY 2

Welcome

Day two of the Health Beyond Bars conference began with a traditional First Nations welcome by Elder Mary Charles from the Musqueam First Nation. Michael Barnum, a student-host at the First Nations House of Learning, welcomed delegates to the Sty-Wet-Tan Great Hall, in the UBC First Nations Longhouse. He briefly described how the Great Hall reflects the architectural traditions of the Northwest Coast and introduced the four house posts and beams that were carved by noted Northwest Coast artists.

Dr. Ruth Elwood Martin repeated her introductory presentation about the Canadian correctional system for the delegates that were unable to attend day one of the conference. See description on page 6.

Guest Speaker: Mr. Howard Sapers, the Correctional Investigator of Canada Chronic Disease and Premature Deaths in Canadian Correctional Facilities

Mr. Howard Sapers opened his discussion by describing that the Office of the Correctional Investigator of Canada's mandate is to function as an ombudsman for federally sentenced offenders. In its mission statement, the Office "serves Canadians and contributes to safe, lawful, and humane corrections through independent oversight of the Correctional Service of Canada (CSC) by providing accessible, impartial and timely investigation of individual and systemic concerns." Mr. Sapers said that the Office views corrections from a human rights lens – they are an oversight body, and not an advocacy body. He went on to discuss the top ten areas of concern most frequently identified by offenders: health care was in the number-one spot and confinement conditions was in the number-two spot.

Mr. Sapers described the profile of the Canadian prison population using statistics from the Annual Report of the Office of the Correctional Investigator (2012/2013):

- 23% of the total inmate population is Aboriginal, despite comprising just 4% of the general Canadian population;
- 9% of inmates are Black Canadians, almost triple their representation rates in general society;
- In the last 5 years, the number of federally incarcerated women has increased by almost 40%;
- The average level of educational attainment upon admission to a federal penitentiary is Grade 8;
- Close to 70% of federally sentenced women report histories of sexual abuse and 86% have been physically abused at some point in their life;
- Before prison, most offenders are chronically underemployed;
- Addiction or substance abuse plagues 80% of offenders.

Mr. Sapers then outlined the Investigation of Mortality Review Process (MRP). The objective of the MRP is to review the health care provided and report on the circumstances, precipitating factors, and causes leading to death. The review focuses on the health care and institutional records for two years prior to the death, but can go as far back as considered necessary. Mr. Sapers described his concerns about how mortality reviews are conducted.

The Office has raised concerns about the quality, thoroughness, and adequacy of the MRP:

1. There is no requirement to include an external member in the composition of the Mortality Review Committee;
2. None of the mortality reviews have been independently or expertly reviewed or validated;
3. There is no requirement to interview staff or independently corroborate the clinical care and treatment provided;
4. Mortality files reviewed by my Office often lacked critical documentation, including Closure Memos, Coroner Reports, and Cause of Death Certificates;
5. While compliance issues are sometimes identified, corrective measures are rarely noted and recommendations of any national significance are hardly ever issued.

Mr. Sapers concluded his presentation with five key recommendations for CSC and the MRP, with the hopes of creating a platform for future improvement in Canadian correctional facilities in dealing with chronic disease and premature death:

1. Create an independent national advisory forum for preventing deaths in custody;
2. Establish a senior level position responsible for safe custody practices;
3. Provide for 24/7 health care coverage in all medium, maximum, and multi-level facilities;
4. "Sudden" or "unexpected" deaths should be subject to a National Board of Investigation;
5. All mortality reviews should be led by a physician.

The Annual Report of the Office of the Correctional Investigator (2012/2013) is available online at http://www.oci-bec.gc.ca/cnt/rpt/annrpt/annrpt20122013-eng.aspx

An Investigation of the Correctional Service of Canada's Mortality Review Process (2013) is available online at http://www.oci-bec.gc.ca/cnt/rpt/oth-aut/oth-aut20131218-eng.aspx?texthighlight=investigation+of+the+mortality+review+process

CCPHE Preventive Health Projects, Research Findings

Dr. Ruth Elwood Martin presented the research findings from two CCPHE preventive health projects:

- **'A Participatory Approach to Developing Preventive Health tools for BC Individuals with Lived Incarceration Experience'** aimed to promote preventive health practices for cancer, blood-borne diseases (HIV and hepatitis C), mental health, and addiction by sharing knowledge, supporting self-advocacy, and strengthening relationships. The project engaged 50 formerly incarcerated men and women in the Metro Vancouver area.

- **'A Participatory Approach to Improving Cancer Screening and Early Detection among Individuals with Incarceration Experience'** aimed to promote participation in cancer screening and awareness programs and to improve early detection of breast, cervical, and colon cancer. The project invited 130 formerly incarcerated men and women in Metro Vancouver (54) and Nanaimo (76) to help identify, develop, and pilot health tools and resources that were relevant and acceptable to their self-identified health needs.

Dr. Martin concluded by presenting some of the findings from the projects' focus group discussions. The formerly incarcerated project participants provided feedback on ways to deliver preventive health programs to individuals with incarceration experience, both in the community and inside prison. The following themes emerged from the analysis of the participants' feedback:

- **Support self-advocacy:** The information and strategies presented during the workshops highlighted ways that participants could begin to advocate for themselves. Many participants left the workshop feeling empowered to take control of their health and realized the need to make positive lifestyle changes to reduce their health risks.

- **Importance of peer education and mentorship:** Participants suggested that a combination of peer educators and experts would be the ideal structure for workshops in the community and in prisons. The majority of participants found the peer-led component of the workshop to be valuable because they could learn from their peers' lived experience.

- **Meaningful activities that strengthen relationships:** Participants recommended action-oriented workshops that incorporated homework, goal-setting activities, and opportunities to share information with others. They also confirmed that they learned best when there were a variety of activities, including time for discussion and sharing their own story.

- **Sharing knowledge:** The men and women who participated in this project were motivated to be engaged in cancer screening and awareness activities, but they were also keen to share the information they learned with their friends and families, and to contribute to the health and well-being of individuals who are still incarcerated.

Personal narrative Mr. Brent Easton – CCPHE project participant

Mr. Brent Easton said that he is 53 years of age and has spent approximately 30 years incarcerated in various correctional institutions as a consequence of drug addiction. He admitted that his crimes were to "get money for drugs." His lengthy periods of incarceration, coupled with having been infected with both HIV and hepatitis C, gives Mr. Easton a unique perspective to discuss prison health care issues.

Mr. Easton discussed one aspect of prison health care that can cause difficulties for newly incarcerated individuals. Many people come into prison with a family doctor or medical expert that has been treating them for years in the community. They have a long standing, trusting relationship with their health care professionals. Once incarcerated, relationships with their family doctor end because the institutional doctors replace them. Mr. Easton described that this had an impact on his diagnosis, treatment, prescriptions, and access to information. "The institutional doctors follow institutional policy which oftentimes restricts what kind of treatment and even medications available to inmates. This can cause a huge loss of trust in the prison health care system which inmates often shun even if they have significant health care problems," said Mr. Easton.

Mr. Easton discussed that "the lack of a needle exchange inside prisons has had terrible consequences." He described a typical scenario with as many as ten inmates lined up waiting their turn to share the only available syringe in the institution. "At best, inmates simply rinsed out the needle and then took their turn using it." Mr. Easton described how this scenario portrays how he became infected with HIV and hepatitis C.

Mr. Easton described several programs that had a positive impact on inmates' health care. The Palliative Care

Program trained inmates in how to provide palliative care to other inmates with serious health issues, such as cancer or HIV. Those inmates who volunteered to help their peers were provided with the required education and training by experts. The program provided "holistic care to palliative inmates." Inmates who were involved received certificates once they completed the education and training. Mr. Easton said he has "22 certificates that he uses on his resume to this day." He said that only one institution still has the Palliative Care Program. Mr. Easton also described the Safe Tattoo Program which was "brought into a number of prisons to deal with the problem of spreading infectious diseases by tattoo needles. The program not only provided inmates with safe, clean, and sterile tattoo equipment, but it also trained other inmates how to properly sterilize and use their equipment." The Safe Tattoo Program has been cancelled.

Mr. Easton participated in the CCPHE preventive health projects since they began in 2011. He co-presented with Ms. Susan Craigie and Mr. Paul Kerston, from Positive Living Society of BC, at the CCPHE HIV prevention workshop. Mr. Easton was always willing to share his thoughts and experiences about important issues with his peers. His unique experience and courage to trust and share with other people define Mr. Easton as a valuable contributor to the CCPHE projects.

Guest speaker: Dr. Michael Ross, Professor of Behavioural Sciences Toward Healthy Prisons: The TECH Model

Dr. Michael Ross has a special interest in health and health promotion in prisons. He presented a paper he wrote with Dr. Amy Jo Harzke at the University of Texas on developing healthy prisons and the TECH Model.[1] He opened with a brief discussion of the World Health Organization's Health in Prisons Project, which takes a "whole prison" approach to achieving health in prisons and involves the process of providing comprehensive health services and education in prisons. Dr. Ross presented some principles and assumptions of prison and health, and the idea of healthy prisons as a means of restorative justice. He then expanded on some of the common issues in prisons, including "fabric" issues (such as overcrowding, poor sanitation, and poor food/water quality), infection issues (including tattooing, use of syringes, and insect bites), and health issues for staff (stress, bringing health issues home to their families, the fact that they are a frequently forgotten occupational sector). At the core of the presentation was Dr. Ross' proposed "TECH Model" for healthy prisons: (T)esting and treating infectious diseases; (E)nvironmental modification to prevent disease transmission; (C)hronic disease identification and transmission; and, (H)ealth maintenance and education.

Dr. Ross provided several advantages and recommendations for implementation of the TECH model:

(T)esting and treating infectious diseases. Dr. Ross said that most infectious diseases will be picked up with screening when a person enters prison. However, there is still potential for transmission of infectious diseases in the prison, especially blood-borne infectious diseases. Dr. Ross noted that the transmission of blood-borne infections will not be solved without needle exchange and other effective programs. He recommended the implementation of a needle exchange program.

(E)nvironmental modification to prevent disease transmission. Dr. Ross suggested several environmental modifications to prevent disease transmission inside prison: removing insect vectors of disease as well as mice and/or rats; a safe tattooing program; and needle and syringe exchange programs. Diet modification and exercise are two other areas that Dr. Ross recommended. He said that issues such as obesity and diabetes could be addressed by modifying the food served in prison. Simple modifications such as leaving a bowl of fruit for inmates and staff could be a major health intervention – and, it does not cost a lot.

1 Ross, M.W., and Harzke, A.J. Toward healthy prisons: the TECH model and its applications. *International Journal of Prisoner Health*, 2012, 8, 16-26. DOI: 10.1108/17449201211268255

(E)nvironmental modification to prevent disease transmission cont'd. Another health intervention is to increase exercise by the bringing in exercise equipment, where security permits. Finally, he said good sanitation, such washing hands, can help to prevent the spread of infection.

(C)hronic disease identification and treatment. Dr. Ross said that obesity, diabetes, and hypertension are relatively easy to treat, but diet and exercise are the best treatment and prevention option. He recommended exercise equipment, if it is a low security prison. Dr. Ross noted that chronic diseases such as asthma, cardiovascular disease, and liver disease can also be treated at a fairly low cost. However, treatments for hepatitis B and hepatitis C present higher costs and unpleasant side effects. Dr. Ross also touched on the topic of psychiatric disorders and recommended not over treating with a high dose of psychotropic drugs. Substance use treatment should include programs for needle exchange or methadone maintenance. Dr. Ross said there is clear evidence that people who use a methadone maintenance treatment program are less likely to report drug use, engage in criminal behaviour, or become reincarcerated.

(H)ealth maintenance and education. Dr. Ross stated that Texas has had great success with peer educator programs. "Inmates are our best resource in prison," said Dr. Ross. Texas started with peer educator programs for HIV prevention; they found that there was an increase in HIV testing requests, a lowering of risk behaviour, and more importantly, the peer educators talked to other prisoners about HIV prevention. Dr. Ross noted that the peer educators said that they were getting as many questions from staff as they were from inmates. When the peer educators were released they continued to talk to their family and friends about HIV prevention.

Dr. Ross suggested that people who work in prisons often think of themselves as separate from the community. He recommended building relationships with the director of local community health care. Talk to them about extending some their programs, such as vaccinations, into the prison population. Prison is not separate from the community, "your allies are just outside the wall," said Dr. Ross.

Dr. Ross concluded by saying that the TECH model has tried to take what is known from the United Nations and other studies and put it into a simple model. It can be used by health, security, and administrative staff as well as inmates. It does not have to be expensive, but one needs to be sensitive to differing levels of prison security when implementing such a model.

What is a healthy prison? Panel Discussion and Responses

Panel Members

- Mr. Glenn Patterson, Native Spiritual Advisor, Correctional Service of Canada
- Ms. Wendy Sproule, Community-based Project Assistant, CCPHE
- Chief Constable Jim Cessford, Delta Police Department
- Dr. Keith Courtney, Facilities Medical Director of Correctional Health Services for Alberta Health Services

Facilitator

- Dr. Ruth Elwood Martin, MD, Director of CCPHE, Clinical Professor in the Faculty of Medicine UBC

Mr. Glenn Patterson, Native Spiritual Advisor, Correctional Service of Canada

Mr. Glenn Patterson works as a Native Spiritual Advisor at Matsqui Institution in Abbotsford, BC. During the last five years, he has worked with the men inside prison to rebuild an organization called the Native Brotherhood. Mr. Patterson said that men tend to organize themselves into groups in prison because they are seeking community – they are seeking brotherhood. He meets with 20-25 men on a regular basis to support them inside prison and during their transition back into the community. Mr. Patterson invited audience members to visit him and the men at Matsqui Institution because "the men inside prison are craving a connection to community."

The main focus of Mr. Patterson's work is to connect the men to "reality" through storytelling, native and colonial history, ceremony, counselling, and art. He encourages the men to see themselves as something other than inmates and see themselves as someone who is going to go back to the community. Through a variety of techniques, Mr. Patterson tries to bring about self-awareness to the individuals that he works with. He said that it is important for the men to understand that they are human beings and that they have the opportunity to make decisions for themselves. "Many of the men feel like they are victims, so he works to help the men change the victim-thinking so they can help themselves." He advocates for more education for the inmates, but also more education for the staff who work inside prisons. Mr. Patterson said that "the men should get out of prison in better shape than when they went into prison."

Before the conference, Mr. Patterson asked doctors and nurses working inside prison what they believe would make a healthy prison? "We need more counselling because we are not able to supply enough of these services. The men are asking for counselling," they responded. "This is my experience too," said Mr. Patterson. "Many of the men that I work with have been sexually abused, they have been physically abused, spiritually abused, mentally abused – they often come from poverty, so they have been deprived of many things. I can't emphasize enough how traumatized everybody is. Often the parole officers say that they don't have the education to deal with or assess these kinds of issues and judging their behaviour. When I asked inmates and staff about what would make a healthy prison, both groups said there needs to be consistency."

Ms. Wendy Sproule, Community-based Project Assistant, CCPHE

Ms. Wendy Sproule works at the CCPHE as a community-based project assistant and at RainCity Housing and Support Society, where she works with people who have been chronically homeless, often having addiction and mental health issues. Ms. Sproule added that most of the people that she works with have been criminalized by their addiction and often end up in prison.

Ms. Sproule maintained that a healthy prison would incorporate a strengths-based model. When people arrive in prison they would be encouraged to examine their individuality by learning to listen to their inside voices and strip those inherent beliefs that exposing vulnerability or expressing a need is a negative thing. "Most of us who have been to prison don't know how to ask for help. I could walk down any street in any city and find 15 agencies, but most of people don't know how to go into the agency and ask someone for help," said Ms. Sproule. She went on to say that when people are released from prison, the transition back into the community is difficult and it does not happen quickly. "People cannot be expected to transition in 30, 60, or 90 days. It just doesn't happen – there are stops and starts along the way. At any one of those points, people might be tempted to go back to what is comfortable and what they know."

Ms. Sproule supported the idea that prisons should collaborate with organizations in the community whereby a person would continue working with the same professionals inside and outside of prison. People would benefit because they are comfortable with a particular team. Ms. Sproule said that "going into prison is traumatic whether you're going in for a week or years, so the continuity of care could ease some of that trauma."

Ms. Sproule concluded by saying that in order to have healthy prisons, there needs to be a new outlook that incorporates sharing, collaboration, and communication on all levels. With this model, "there would be healthier people in prisons, healthier people employed in prisons, and healthier people transitioning out of prisons."

Chief Constable Jim Cessford, Delta Police Department

Chief Constable Cessford, has been with the Delta Police Department since 1995, and is Canada's longest serving Police Chief. He insisted that from a policing standpoint, people with concurrent disorders such as mental health and addiction issues should not be put into prison. Chief Constable Cessford presented to over 100 police chiefs about this topic and he said that they all agreed that they need to be the voice of change and do a better job of not putting people with mental health issues in prison.

Chief Constable Cessford expressed his appreciation for the suggestions made by a formerly incarcerated person who spoke earlier in the conference about how to make prisons a healthier place. Chief Constable Cessford maintains that high school and university education should be available inside prison. He suggested that he would like to see more funding for treatment, counselling, and education rather than building more prisons. He encouraged police chiefs to speak out on this issue. He would like to work with community, correctional, and health organizations to make needed changes in the system. "We need to work together to make the changes happen."

Chief Constable Cessford concluded by quoting from Dr. Michael Ross' paper – "a treatment plan should be comprehensive, individualized, and evidence-based. Prison-based therapeutic communities combined with after-care (post-release) have been consistently shown as effective in reducing relapse and recidivism."
This statement is true, said Chief Constable Cessford. From a policing perspective, "if people had a treatment plan when they were being released, it would make a lot of sense. I will use Dr. Ross' paper and recommendations in my future discussions."

Dr. Keith Courtney, Facilities Medical Director of Correctional Health Services for Alberta Health Services

Dr. Keith Courtney is a board certified psychiatrist who works as the Facilities Medical Director of Correctional Health Services for Alberta Health Services (AHS). Dr. Courtney described how AHS delivers health care in remand, correctional, and youth centres in Alberta, and that they are only one of two provinces in Canada with this system.

Dr. Courtney said that a healthy prison would incorporate opportunities for rehabilitation and wellness when people enter a facility. Dr. Courtney argued for a more holistic approach to health care inside prison. He recommended preventive health education, including spiritual and cultural programs, to be part of health delivery. Dr. Courtney believes that the spiritual and cultural programs not only heal, but they also inform.

Dr. Courtney agreed with Dr. Ross' recommendation that 'prisons have to lose the walls.' "We could invite public health agencies into prisons to do vaccinations. Prisons do not have the money to do everything themselves." Dr. Courtney suggested that "we need to start a dialogue to examine what we do and how we do it. However, we cannot do that without everybody being at the same table."

Dr. Courtney acknowledged the importance of peer education and peer support inside prison. He said that he frequently finds out that someone is doing well through their peer who comes to see him. "It is important to build relationships between health professionals and people inside prison because it breaks down barriers – and, it does not cost anything," said Dr. Courtney.

Dr. Courtney suggested that we should ask people who live and work in the prisons what they think works with health care. Education for correctional officers is also important. When Dr. Courtney worked in Las Vegas Nevada, he said they introduced Crisis International Training with correctional and police officers. The officers commit to 40 hours of training on how to deal with mental health issues. Dr. Courtney said that training the officers "opens the doors for all of us because they start to use their skills."

Audience Questions

What are your thoughts on holistic health practices such as meditation as a method of coping with daily life for inmates?

Dr. Keith Courtney: "When I was at a New Hampshire State prison and I started a mindfulness meditation group. At the beginning there were six inmates by the time it was done there were about 20 inmates that attended on a regular basis. We also had a several correction officers that were involved. It takes a huge amount of courage for a correction officer to participate in something like that. All of their training dictates against it. When people are in jail or a remand centre they have everything going through their mind – loss of their kids, where they are going to live when they get out, their health care, and/or their need for medication or street drugs. Mindfulness meditation works well because it keeps you centred in the moment. Eventually we turned it over to the inmates, to my knowledge it still continues."

Ms. Wendy Sproule: "Client-centred therapies are great. They provide a skill that is one of the beginning building blocks to teaching people to listen to themselves and begin to find their strengths. In part, it opens their minds to these possibilities. I like that the correction officers took it upon themselves to partake in this group. It is a critical piece in breaking down the 'us and them' dichotomy. And, it's good for their self-care as officers. Why not do that in the presence of the inmates, so they see each other as people rather than inmates and officers."

Community can play a role in mental health support. Based on your meeting with other police chiefs, where do you see this going?

Chief Constable Jim Cessford: "Most Delta police officers are connected to the community and are familiar with the agencies and facilities in our community. They also have mental health cars called the 'CHIP' car (Community Health Intervention Program). There are two full-time police officers and two mental health nurses that check on the people that they know have mental health issues in the community. They are monitoring 400-500 people in the community. They try to develop a relationship with the people – go to check on them, perhaps ask if they are taking their medication. Junior officers, who are not as familiar dealing with people with mental health issues, are given training. In my opinion, the police are the last resort; however, most agencies close at 5:00 p.m., so at 3:00 a.m. police officers need to deal with issues that arise. We do not get called when things are going well. We get calls when things are going bad. We try to do the best we can. I would like to see a crisis team – trained professionals that could come and work with us and attend to some of these calls and give us the support to deal with the people properly."

Correctional Service Canada often takes a cookie-cutter approach to correction, which is often a Eurocentric and colonial view. What do you think we should do for Indigenous individuals in the prison system?

Mr. Glenn Patterson: "We have to resist a type of 'Indianism' that has evolved over the years. Everybody is trying to understand who 'Indians' are and where they have come from. I'm working with men who are from all over BC and the United States. People often use concepts, such as the Medicine Wheel, as if all cultures believe in it. These concepts are not a part of all Indigenous cultures. What I try to do is to bring the men together and explain the impacts of colonialism. Often the men do not understand how and why they have been impacted by things such as government policy. I bring in as much education as I can. I find people from their own cultures and communities to invite them to talk. I try to get the men prepared for the parole board where I am often asked to write an Elder Progressive Report. I develop a relationship with that man and try to get him to tell his social history. Then I prepare a report for the parole board, so they have a better understanding of where this person has come from. I try to help that man get ready for the parole board, so he can tell his story. It's a start, but we still have a long way to go."

Personal Narrative Ms. Meena Toor – CCPHE Project Participant

Ms. Meena Toor was sentenced to six and a half years at Fraser Valley Institution (FVI), but served approximately 20 months before being returned to the community on conditional release. Ms. Toor said that she "always had a passion for health care" and was a medical laboratory assistant working at a New Westminster hospital prior to her incarceration. Ms. Toor spoke about the need for education – "as an inmate who was also a health care worker, I'd like to see more education on the simple things such as prostate cancer, breast cancer, and healthy living."

Ms. Toor described that she was required to attend counseling with a psychologist who was contracted by the Correctional Service of Canada. The psychologist would then prepare and submit reports to Correctional Services and the parole board. Ms. Toor said that "yes, it benefitted me because I was able to speak to someone in a safe and comfortable environment." However, she questioned "how safe that environment really was because whatever is written by the psychologist becomes part of the inmate's file." Ms. Toor described that "if she refused to do the interviews, then she can be labeled as non-compliant with her correctional plan."

Ms. Toor noted that trust was a big issue for many people inside prison. She described how much it meant when staff did things to show that they cared. "Showing that they took the extra 30 seconds out of their time to show me that they cared about me, that I really mattered, and that I was not just a file number or a piece of paper. This goes a long way."

Ms. Toor identified that there were lengthy delays to get appointments and long lines at health care to see the doctor. She tried to strike a philosophical compromise between the legitimate protocols of the institution and the need for responding to serious health care requirements in a timely fashion. "I know there needs to be a structured environment in institutions and you're not going to have medical staff the way we have it out here, but there was no nursing staff at FVI after 5:00 pm." That said, Ms. Toor noted that "I received good health care from one of the doctors at FVI and was surprised when I received a message from the FVI doctor advising me that my yearly check-up was due." Ms. Toor was released from prison one year earlier.

Personal Narrative Mr. Daniel Baufeld – CCPHE Project Participant

Mr. Daniel Baufeld said that he was incarcerated "later in life" at 26 years of age. He served time in several provinces in maximum, medium, and minimum security institutions and noted this gave him an opportunity to "study the justice system." Mr. Baufeld admitted that incarceration had a huge impact on his mental health because "by the time I went inside I had already gone from alcohol addiction to cocaine addiction." He stated that "cocaine was what my life was all about when I went inside the first time." Since his release in 2010, Mr. Baufeld has made a successful transition back into the community. Currently he works at a half-way house in downtown Vancouver assisting marginalized individuals to re-integrate. He has also contributed to the CCPHE preventive health projects and attended all of the workshops.

Mr. Baufeld succumbed to some of the beliefs that are part of the prison environment, including the prison value of "you don't hear anything, you don't see anything, and there are some pretty scary things you can see in there, but you don't say anything about them." Mr. Baufeld said that he discovered "that the most peaceful place in any institution is in the Chapel." He used this resource to help him cope with the prison attitudes and beliefs and make plans for his future.

Mr. Baufeld said he was diagnosed as positive for the hepatitis C virus during a regular check-up inside prison. He wanted to deal with the virus since his physical health was always a source of strength – it was "his armour." Like many other inmates, Mr. Baufeld did not want to take the available Interferon and Ribavirin treatment while incarcerated. He stated, "I would not put myself in that position of vulnerability inside, to be weak with flu like symptoms every day for six months to a year." Mr. Baufeld waited until he was released to do the hepatitis C treatment. He is now clear of the virus.

Mr. Baufeld spoke about how there were many programs to assist inmates to deal with problems such as addiction, family violence, and relationships. He discussed the extreme difficulty to get inmates to trust program facilitators, even those contracted to come into the institutions to provide services to inmates. He noted that inmates "believe that they cannot trust anyone that works for Correctional Services or parole. Anything they might say in honesty would be reported to Correctional Services or the parole authorities despite the sincerity of what was discussed." Mr. Baufeld described a lengthy program that he was involved in where the lack of trust was broken and the participants shared with the facilitator and each other. He advised "that he even managed to get some of the other inmates to take a chance on this fellow being trustworthy...and by the end of the 89 sessions all of the inmates could talk and share honestly."

Moving Forward – Key Recommendations from the Discussion Groups

Participants spent the late afternoon of day two in round table discussion groups. Each of the six tables had pre-assigned seating that included a multi-sectoral, interdisciplinary mix of people, such as health care providers, individuals with incarceration history, academic researchers, and community, health and correctional professionals. After spending an hour in discussion, the groups reconvened. Each group selected one person to summarize their recommendations to the larger group.

Conference delegates were asked to reflect on the following question:
Moving forward, what recommendations can we generate from this conference?

Summary of Recommendations

Reintegration

- Implement through-care programs to prepare people for the transition from prison to community;
- Create a plan with the person well in advance of release so they have housing and support services available;
- Acknowledge that mental health affects a person's ability to reintegrate.

Continuity of care

- Offer continuity of care for people between prison and the community (and vice versa);
- Encourage communication between correctional staff and community organizations;
- Invite all relevant stakeholders to discussions.

Community support

- Provide more long-term community programs that include up to six months of support to help individuals when they are released from prison. Some examples could include:
    - More safe, government-sponsored housing
    - Support with job seeking
    - Clothes to apply for a job
    - Food
- Implement more programs similar to the Cranbrook-based Street Angel program. The program assists people living on the street by providing a safe environment and services such as hot meals, computer access, medical and employment services, and warm clothing and bedding.

Aboriginal culture and knowledge

- Aboriginal culture and community must play a role in healing;
- Acknowledge culture is health;
- Mandatory inclusion of Indigenous peoples' knowledge and history inside prisons;
- Include people with practical knowledge of cultural practices that reflects the culture of the client.

Education

- Take opportunities to educate the public about prison health issues and the diversity of people in the prison system. The public forum [during day one of the conference] was one opportunity to start this discussion;
- Change stereotypes by providing information to the public. Humanize the people who have been to prison, and decrease the 'us versus them' dichotomy. The media delivers information to the public that can promote stereotypes that people adopt about people inside prison;
- Provide education to currently and formerly incarcerated men and women would allow them to help themselves and reconstruct their lives;
- Offer mental health and preventive health education for correctional staff and probation officers.

Transfer of information and recommendations to policy and decision makers

- Include more policy makers at this type of conference – inspiration was great;
- Elect open-minded, flexible policy makers and officials to govern and make policies;
- Provide opportunities for community professionals, people with incarceration history, and academics to talk about best practices and bring suggestions to policy makers;
- Make available a video of the conference so policy makers and non-attendees can listen to the discussions and recommendations.

Health care

- Provide continuity of health care services between the community and prison (and vice versa);
- Consider health in all policies and decision making inside prison and when people are released. For example, a change in lock-up times may impact the ability for a person to access health care. Nurses may not be available at the new time. In addition, ensure people are released from prison during the day when there are support and health resources available;
- Understand the diversity of needs of different inmates;
- Invite public health organizations into prisons to provide extra screening and vaccination services;
- Acknowledge how social determinants of health can negatively impact a person's health – such as income, education, housing, race, and gender;
- Implement harm reduction programs inside prison.

Collaboration

- Bring together Corrections and health/community organizations;
- Break down the barriers between formerly incarcerated individuals, correctional staff, and academic, health, and community professionals;
- Create more opportunities to bring people together for dialogue. Important to try to understand the other person's perspective to reduce the 'us versus them' binary;
- Plan to have different stakeholders come together and learn from each other;
- Provide collaborative opportunities to build trust between different organizations and people.

Moving Forward – Recommendations from the Discussion Groups cont'd

Sustainability beyond conference

- Conduct qualitative research for learning through personal narratives/informed expertise;
- Create a working group to take advantage of the momentum from this conference AND hold ourselves accountable.

Traditional Closing

The conference closed with Elders Betty and Philip Gladue inviting all conference delegates to gather in a circle for a closing prayer and a ceremony that left conference delegates united and energized.

Appendix 1
The Health Beyond Bars Advisory Committee

The committee met bi-monthly to ensure the content reflected the conference objectives. The CCPHE wishes to thank the following individuals for their contribution to this event.

Buchanan, Marla, Professor, UBC, Department of Educational and Counselling Psychology, and Special Education

Butt, Gail, Associate Director, Hepatitis Services, BC Centre for Disease Control

Buxton, Jane, Associate Professor, UBC, School of Population and Public Health

Condello, Lara-Lisa, Instructor (Criminology), Nicola Valley Institute of Technology

Fels, Lynn, Associate Professor, Simon Fraser University, Faculty of Education

Hanberg, Debra, Project Coordinator, CCPHE

Harry, Ritinder, Leader of Screening Promotions, BC Cancer Agency

Hooey, David, Director of Policy and Research, Office of the Correctional Investigator of Canada

Howett, Larry, Community-based Project Assistant, CCPHE, Member, Long-Term Inmates Now in the Community

Korchinski, Mo, Project Administrator, Unlocking the Gates Peer Health Navigator Program, CCPHE, Member, Women in2 Healing

Leggo, Carl, Professor, UBC, Department of Language and Literacy Education

Martin, Ruth Elwood (Chair), Director, CCPHE, Clinical Professor, UBC, Department of Family Practice

Nunn, Alex, Project Assistant, CCPHE

Ramsden, Vivian R., Research Director, Department of Academic Family Medicine, University of Saskatchewan

Scow, Marnie, Community-based Project Assistant, CCPHE

Sproule, Wendy, Community-based Project Assistant, CCPHE

Strange, Jeff, Regional Coordinator, Health Programs (Pacific), Correctional Service of Canada

Sturge, Jodi, Manager, Homelessness Initiatives, Elizabeth Fry Society

Turner, Renee, Project Coordinator, CCPHE

Young, Pam, Research Lead, Unlocking the Gates Peer Health Navigator Program, CCPHE, Member, Women in2 Healing

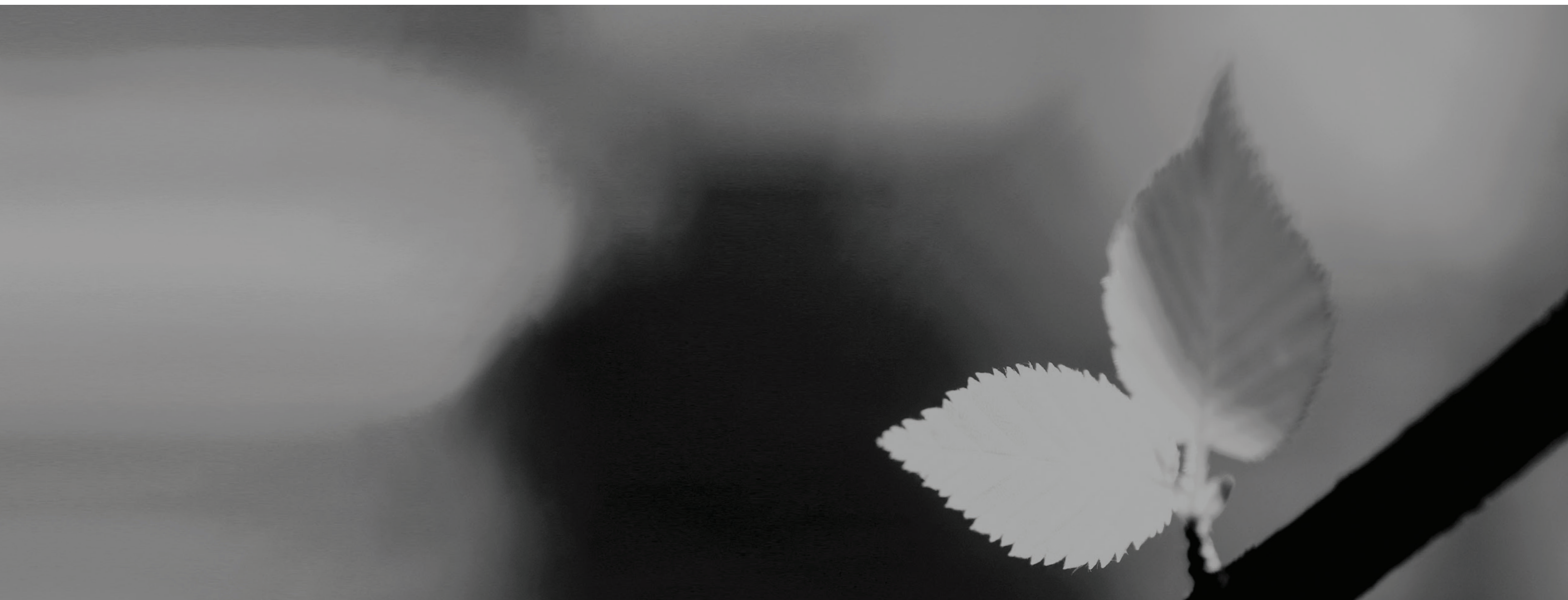
Appendix 2 - Health Beyond Bars Conference Program

Thursday, February 20, 2014 - Thea's Lounge, Graduate Student Centre

12:30 – 1:00	Registration
1:00 – 1:15	Traditional opening by Elder Mary Charles, Musqueam Nation
1:15 – 1:30	Welcome by Dr. Ruth Elwood Martin, Director, CCPHE
1:30 – 2:30	CCPHE Preventive health projects The CCPHE team will introduce two preventive health projects and highlight some of the participatory processes, tools, and activities. Question and answer session to follow.
2:30 – 2:45	Personal narrative, project participant
2:45 – 3:00	Health break
3:00 – 3:45	The CCPHE team will introduce the interactive theatre technique used in the Navigating the Health Care System workshop. The workshop's aim was to improve communication between formerly incarcerated individuals and health care providers.
3:45 – 4:00	Personal narrative, project participant
4:00 – 4:15	Health break
4:15 – 5:00	Panel discussion: Peer Mentorship Programs for Individuals In and Out of Custody Panel members describe main achievements and challenges of their program and answer, "What would your ideal peer mentorship program look like for individuals leaving prison?" Panel members **Susan Craigie**, Prison Outreach Coordinator, Positive Living Society of BC **Betty and Phillip Gladue**, Aboriginal Brotherhood and Sisterhood Program with Forensics Psychiatric Services Commission **Larry Howett**, In-Reach Worker, Long-Term Inmates Now in the Community **Mo Korchinski**, Project Administrator, Unlocking the Gates Peer Health Navigator Program, CCPHE **Lara-Lisa Condello**, Instructor, Nicola Valley Institute of Technology **(Facilitator)**
5:00 – 6:00	Networking social
6:00 – 8:00	Public forum The conference opens up to the general public, featuring the premiere screening of a short documentary film on cancer and incarceration entitled ***Cancer Walks Free***. Director: Mo Korchinski. Filmed by Tom Delamere, Pull Focus Film School. Panel members **Mo Korchinski**, Director, *Cancer Walks Free* **Dr. Keith Courtney**, Facilities Medical Director of Correctional Health Services for Alberta Health Services **Jessica Danforth**, National Youth Coordinator for the Canadian Aboriginal AIDS Network **Dr. Vivian R. Ramsden**, RN, PhD, University of Saskatchewan **(Facilitator)**

Friday, February 21, 2014 - Sty-Wet-Tan Hall, First Nations Longhouse

8:00 – 8:30	Registration and breakfast
8:30 – 9:00	Traditional opening by Elder Mary Charles, Musqueam Nation, and introduction to the Sty-Wet-Tan Hall, First Nations Longhouse
9:00 – 9:30	Dr. Ruth Elwood Martin, Director, CCPHE Welcome and overview of prison health
9:30 – 10:30	Guest speaker: **Mr. Howard Sapers**, the Correctional Investigator of Canada "Chronic Disease and Premature Deaths in Canadian Correctional Facilities"
10:30 – 10:45	Health break
10:45 – 11:30	CCPHE research findings, preventive health projects
11:30 – 11:45	Personal narrative, project participant
11:45 – 12:30	Guest speaker: **Dr. Michael Ross**, Professor of Behavioral Sciences, the University of Texas "Toward Healthy Prisons: The TECH Model"
12:30 – 1:30	Lunch and networking
1:30 – 2:15	Panel discussion: What is a healthy prison? A response to Dr. Ross' presentation Panel members **Chief Constable Jim Cessford**, Delta Police Department **Dr. Keith Courtney**, Facilities Medical Director of Correctional Health Services for Alberta Health Services **Glenn Patterson**, Native Spiritual Advisor, Correctional Service of Canada, **Wendy Sproule**, Community-based Project Assistant, CCPHE **Dr. Ruth Elwood Martin**, Director, CCPHE **(Facilitator)**
2:15 – 2:45	Questions for Dr. Ross and panel members
2:45 – 3:00	Personal narrative, project participant
3:00 – 3:30	Group discussion: How did the presentations and panels inform or change your perspective?
3:30 – 3:45	Health break
3:45 – 4:00	Personal narrative, project participant
4:00 – 4:45	Group discussion: Moving forward, what recommendations can we generate from this conference?
4:45 – 5:00	Closing circle, debrief
5:00 – 5:30	Traditional closing



The Collaborating Centre for Prison Health and Education (CCPHE)
The University of British Columbia
2206 East Mall,
Vancouver, BC V6T 1Z3

Tel: 604-827-4976, Toll free: 1-855-999-4976
www.ccphe.ubc.ca