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Using linked data to improve the health of people who experience incarceration

Investing in the health of people released from prison can simultaneously improve their wellbeing and avoid a return to jail, research suggests.

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A recent [study](#) found that people who presented to emergency departments frequently after their release from prison were more likely than those who did not attend an ED to return to jail.

Professor Stuart Kinner, who heads the Justice Health Unit at The University of Melbourne, says people who repeatedly visit emergency departments may be experiencing marked distress and chaos in their lives.

“And unfortunately, the emergency departments are to the health system, what prisons are to the criminal justice system,” he says.

“They’re the final stop on the road; the place you end up when everything else has failed.”

The emergency department finding is one of dozens from the [Health After Release from Prison \(HARP\)](#) study, which is led by Professor Kinner.

It’s the largest prospective cohort study of people released from prisons anywhere in the world, and involves rich longitudinal data for 2701 women and men released from prisons in Queensland and Western Australia.

The study combines rich baseline surveys with prison medical records, and retrospectively and prospectively linked state health and correctional records, and Commonwealth data including Medicare, PBS, and death records.

The research intentionally oversampled women, who comprise around 8% of people in prison but a larger proportion of those released from prison. The HARP cohort includes more than 500 female participants.

HARP is also the largest prospective study of Indigenous people released from prison ever undertaken, with 1000 Indigenous participants, including 250 Indigenous women.

For every two people released from prison in Australia, on average, one will be back in custody within two years.

Professor Kinner says that investing in healthcare for people released from custody can help prevent reincarceration.

“A lot of people return to prison, often because they’ve breached their (sometimes unreasonable) parole conditions, or because they relapse to poor mental health, risky substance use, or particularly to co-occurring substance use and mental health problems,” he says.

“Some people find themselves homeless, some find themselves in violent relationships. Access to integrated health and social care can help.”

Professor Kinner says that while people often churn through frequent GP visits after release from prison, many struggle to access adequate continuity of care.

That’s the sort of support that comes from a regular GP who can help people with complex medical histories, such as multiple diagnoses, including co-occurring substance use and mental health issues.

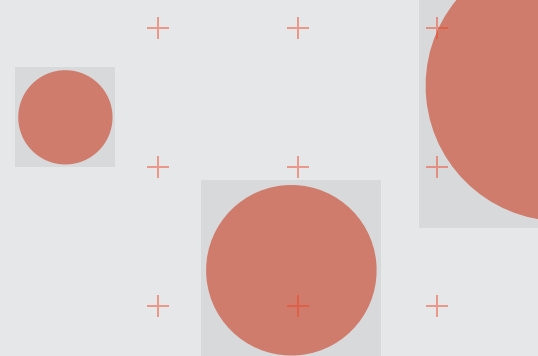
“We know that people in socio-economically disadvantaged areas are less likely to have that experience, and more likely to be turning up to a bulk billing medical centre and seeing a different GP every time,” Professor Kinner says.

“And there’s very good evidence that discontinuity in care is associated with worse outcomes.”

Other findings from the HARP study include remarkably low uptake of prescribed contraception among women released from prison, very low uptake of prescribed smoking cessation aids, and very poor engagement with community mental health services.

People released from prison also experience high rates of non-fatal overdose and injuries, notably including high rates of self-harm, and are more likely to be victims of violence.

“The HARP cohort has shone a light on what happens to people released from prison in a way that no other study ever really has,” Professor Kinner says.



Professor Kinner is also leading an NHMRC-funded study that linked youth justice records in Queensland, dating back as early as 1993, with the national death index and coronial data.

It found that young people who have had contact with the youth justice system are more than four times more likely than their peers in the community to die, with two-thirds of deaths due to suicide, overdose, transport accidents, or violence.

Professor Kinner is currently working to link national youth justice data with emergency department, hospital, Medicare, PBS and death records.

He believes Australia is only beginning to scratch the surface of what can be done with linked, multi-sectoral data.

“In the health sector, there’s a culture of evidence-based practice and a strong appetite for evidence,” Professor Kinner says.

“But there are other areas where we could do so much more, particularly in relation to reducing health inequalities and improving the health of socially-excluded populations.

“We could have a national homelessness strategy that’s based on strong evidence.

“What is the rate of mortality among the homeless in Australia?

“How do people experiencing homelessness engage with healthcare, and with the criminal justice system, and what system reforms could we invest in to improve their outcomes?

“These are answerable questions.”

Professor Kinner says we could use multi-sectoral data linkage to help us figure out how to interrupt the ‘school to prison’ pipeline.

“Young people in challenging circumstances too often disengage from school, and/or get involved with child protection services, then the youth justice system, and then the prison system, which right now costs Australian taxpayers more than \$5 billion each year,” he says.



“The reality of health inequalities in Australia is unfortunately well established.

“What we need to start doing now is stitching together all of the available data to understand what we can do to change these trajectories.”

Privacy and security

Privacy protection and data security lie at the heart of the Population Health Research Network. The collection, use and disclosure of personal information by government agencies and other agencies are bound by strict legislative and regulatory conditions. Researchers wishing to access linked data must also adhere to stringent conditions, including ethics approval, data custodian approval and the development of a detailed data security plan.

Researchers are typically given access to a linked data set put together to meet the specific needs of their project. This de-identified data includes only the minimum information required for the research, such as age rather than date of birth.

Government agencies handle personal information in highly-secure environments. Data is delivered to researchers through a secure remote access facility, ensuring no information is stored on the researcher’s personal computer or their institutional network. Researchers cannot export raw data from this system, only their analyses, and these are checked.

Researchers must only use the data for the approved purpose and are not allowed to link any other information. At the conclusion of the project, all data must be destroyed or returned.

Penalties for researchers and government employees can include criminal conviction, jail time or substantial fines. In the more than ten years since the network began, there has never been a breach.

