The Effects of Reentry Programs on Healthcare Accessibility and Resulting Emergency Department Strain by Ex-Inmates: An Integrative Literature Review

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Convicted inmates are a population at high risk for infectious diseases such as tuberculosis, as well as more chronic conditions including cancer, diabetes, and hypertension. Despite medical care expansion, it is estimated that only 10% of inmates actually apply for assistance which may find themselves in the emergency department as a last resort, driving up the cost of public health care and putting added strain on emergency department resources. A 2007 study found that the adjusted risk of death among former inmates was 5.5 times that among other age-sex groups aged 25-64. Of those first two weeks of release, the leading causes of death among former inmates included drug overdose, chronic condition mismanagement, and mental health emergencies.

**Background**

**Research Design**

An integrative literature review was conducted to determine the knowledge surrounding reentry programs and the effects of community-based reentry programs on health and social outcomes for ex-inmates. The study focused on populations that consist of adult offenders over the age of eighteen. Articles must also focus on the direct effects of these reentry programs and must reference multiple types of reentry settings such as correctional settings, community, and/or emergency department by using a combination of the following keywords: reentry, program, effectiveness, community-based, and outcomes.

**Literature Search Limitations and Inclusion/Exclusion Criteria**

1. For inclusion criteria, sources reviewed were limited to peer-reviewed articles within the last ten years, articles that were related to health care or reentry and/or the discrepancy in care provided to current incarcerated individuals and ex-inmates.
2. For exclusion criteria, sources that focused on other populations (e.g., gender, age) and/ or were not written in English were excluded.

**Purpose**

The purpose of this literature review was to use current research to examine the relationship between reentry programs across the US and healthcare accessibility, as well as the resulting strains of emergency room misuse by ex-inmates.

**Research Questions**

1. What are the effects of reentry programs that focus on mental health, substance abuse, and reentry success?
2. What are the additional determinants of success that define these reentry programs?
3. How do these reentry programs compare and contrast according to these factors and further evaluate based on their generalizability and feasibility for success in other areas of the US, the strength of the studies in regards to statistical significance and population size, and any additional determinants of success for the reentry programs?

**Methods**

For reentry programs that focus primarily on mental health, the most effective model of treatment is under debate, and is sometimes deemed successful or not successful based on the engagement of the ex-inmate and their ability to be re-integrated into the community. A history of incarceration is significantly associated with emergency department use, compared with their non-ex-incarcerated peers. While there are no true reentry programs that focus on chronic conditions, the prevention of chronic conditions is a key focus of both secondary and tertiary prevention in healthcare. Proper management of chronic conditions is a key focus of both secondary and tertiary prevention in healthcare. Inmates who were HIV positive “had a 6.6-times greater odds of identifying a regular source of care compared with inmates with other chronic medical conditions, and a 5-times greater odds of having a regular source of care compared with inmates with other chronic medical conditions, and a 5-times greater odds of having a regular source of care compared with inmates with other chronic medical conditions.”

**Data Synthesis & Analysis**

The data collected from the aforementioned literature review resulted in a table using the following headings: author(s) and year; state/region of the study; type of reentry services; outcomes measured; methods of analysis; and findings. The data were synthesized and categorized into a table based on their generalizability and feasibility for success in other areas of the US, the strength of the studies in regards to statistical significance and population size, and any additional determinants of success for the reentry programs.

- Additional determinants of success were defined as any self-reported factors or characteristics of each program that ensured positive continuity of care from incarceration to community-based services.
- The data collected from the aforementioned literature search results, as selected by the exclusion and inclusion criteria, was categorized into a table using the following headings: author(s) and year; state/region of the study; type of reentry services; outcomes measured; methods of analysis; and findings.

**Results**

Reentry Programs Focusing on Mental Health

Statistics that support the importance of reentry programs

- Young adults with a history of illicit drug activity, along with substance abuse, may contribute to an increase in long term risky behaviors, criminal justice involvement, and an exacerbation of any underlying mental health conditions. Strong associations exist between patients who are young, male, described as drug-dependent (rather than alcohol-dependent), and the rate of re-arrest after only one year post discharge treatment.
- With the focus on the continuity of care from incarceration to community, one study reported that “76% of [ex-inmates] in the study, taking medication as prescribed, found that the continuity and consistency of pharmacological treatment in this setting remains uncertain and very few individuals reported positive or meaningful therapeutic interactions.”
- The literature review found that “almost 60% of the study population has inadequate health literacy” and that “inadequate health literacy was associated with decreased confidence in health care providers, higher levels of overall stress, and lower quality of life.”

**Methods**

**Research Question**

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- The data collected from the aforementioned literature search results, as selected by the exclusion and inclusion criteria, was categorized into a table based on their generalizability and feasibility for success in other areas of the US, the strength of the studies in regards to statistical significance and population size, and any additional determinants of success for the reentry programs.

**Discussion**

- Comprehensive addressing the total healthcare needs of ex-inmates can appear as an insurmountable task, simply due to the unique and complex barriers associated with these individuals as well as the resulting strains on emergency room misuse by ex-inmates.
- However, success can be found if a multifaceted treatment approach is utilized which focuses on not just a medical diagnosis or single need upon reentry, but instead focuses on a multitude of interventions including areas like medical treatment, social support, housing, transportation, and employment.
- If reentry programs and their organizing bodies view the success of their efforts solely through the lens of recidivism, the evidence is currently mixed and inconclusive. A multitude of both adult and perceived barriers to healthcare access and management are a constant challenge for these reentry programs, and by focusing only on recidivism, progress for both the ex-inmates and their communities is easily overlooked.
- Treating an ex-inmate as a whole of many parts rather than by a single diagnosis or focus of intervention upon reentry may be the key factor in not only improving the health and successful reintegration of the ex-inmate, but also an overall improvement on community health by increasing legitimacy department flows, and with it, the quality of timely care for the patients who need it most.

**Nursing Implications**

- As described by Soda Pender’s Health Promotion Model, which was used as a conceptual framework for this literature review, the path to chronicity and behavior is multi-faceted and guided by both actual and perceived barriers.
- The path to successful community reentry by ex-inmates may seem straightforward, however the determinants of actual success in this context is multifaceted and ultimately determined by an individual’s barriers, both actual and perceived.
- The use of reentry programs as they apply to healthcare accessibility in the community and/or emergency department misuse by ex-inmates.
- As nurses, rather than viewing the patient as a straightforward disease process, nurses must not just this patient who is a client, but rather the individual as a whole of many parts, including the ex-inmate’s history and environmental factors that increase the likelihood of re-incarceration.
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