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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 HIV. Despite Medical Marijuana expansion, it is estimated that only 10% of inmates actually apply for assistance while many may find themselves in the emergency department as a last resort, driving up the cost of public health care and placing 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 residents of the same age and 2.2 times that within their first two weeks of release, with the leading causes of death among former inmates including drug overdose, chronic condition mismanagement, and mental health emergencies.

**Purpose Statement**

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 strain of emergency room misuse by ex-inmates.

**Research Questions**

- What are the effects of reentry programs that focus on mental health, substance abuse, or chronic disease management?
- What are the additional determinants of success that define these reentry programs?

**Method**

An integrative literature review was conducted to determine the knowledge surrounding reentry programs and the effects of community-based reentry programs on reducing emergency department misuse by ex-inmates.

Because there is a significant lack of research describing the cascading negative impact of inadequate numbers of reentry programs in areas with a high amount of ex-inmates entering the general population, this type of comprehensive review could be presented to educate healthcare-oriented legislators on the importance of funding reentry programs.

**Data Synthesis & Analysis**

The data collected from the integrative literature search review, 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.

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 determinants of success were used to identify the areas of improvement and sustainability of these programs.