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The Effects of Reentry Programs on Healthcare Accessibility and Resulting Emergency Department Strain by Ex-inmates

Department of Nursing | Master's Entry into Nursing Practice 2018 | DePaul University

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BACKGROUND

- Convicted inmates are a population at high risk for infectious diseases such as hepatitis, HIV and AIDS, MRSA, sexually transmitted diseases, and tuberculosis, as well as more chronic conditions including cancer, diabetes, and heart and lung conditions.
- Despite Medicaid/Medicare expansion, it is estimated that only 10% of inmates actually apply for assistance while others 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 3.5 times that among other state residents, and 12.7 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

Problem Statement

- Ex-inmates re-enter their communities with the added aforementioned risks of communicable diseases as well as high risk behaviors, a great need of mental health support, and an urgency to continue the plan of care they may have received during incarceration.
- Healthcare-focused reentry programs may be a viable option in preventing the progression from preventable disease to non-violent mortality of ex-inmates, and may be the key element in reducing emergency department misuse by ex-inmates.

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 condition management in reducing emergency room misuse?
- What are the additional determinants of success that define these reentry programs?

KEY CONCEPTS

Overboarding and Stress on Resources

- "The act of overboarding often results in a number of problems, including ambulance refusals, prolonged patient waiting times, and increased suffering for those who wait, lying on gurneys in emergency department corridors for hours, and even days, which affects not only their care and comfort but also the primary work of the emergency department staff taking care of emergency department patients."
- For nurses, overboarding and the resulting stress in the emergency department can lead to much faster burnout and compassion fatigue when compared to other units.

Health Disparities for Ex-Inmates

- Due to a combination of lifestyle-related risk factors and a health history that may precede incarceration or become worsened by incarceration, the use of emergency departments of this population is still pronounced when compared with their non-ex-incarcerated peers.
- A trend in healthcare disparity can be mostly seen in "individuals residing in states with a larger number of former prison inmates...who have both a greater than average need for care and higher than average levels of uninsurance."

Emergency Department Use by Ex-Inmates

- A history of incarceration is significantly associated with emergency department usage, as well as STIs, injection drug use, transmitted infections, survival sex trading, and homelessness.
- "Visits by ex-prisoners were significantly more likely due to three conditions (mental health disorders, substance abuse disorders, ambulatory care sensitive conditions) [which are] optimally managed in outpatient settings," hence the core focus of this integrative review.

METHODS

Research Design

- An integrative literature review was conducted to determine the knowledge surrounding reentry programs and the effects of community-based reentry programs on healthcare accessibility for ex-inmates as well as the resulting strain of 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.

Literature Search Limitations and Inclusion/Exclusion Criteria

- For inclusion criteria, sources reviewed were limited to peer-reviewed articles within the last 11 years, articles that were related to healthcare or be of the medicine discipline, and must focus on populations that consist of adult offenders over the age of eighteen. Articles must also focus on the direct effects of these reentry programs as they apply to healthcare accessibility in the community and/or emergency department misuse by ex-inmates.
- For exclusion criteria, sources that focused on ex-inmate statistics greater than ten years after release from a correctional facility were not considered, as were articles that focused on statistics or findings outside the U.S.

Data Synthesis & Analysis

- 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.
- The studies were compared and contrasted according to these categories and further evaluated based on their generalizability and plausibility for success in other areas of the U.S., 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.

RESULTS

Reentry Programs Focusing on Mental Health

- For reentry programs that focus primarily on mental health, the most effective model of treatment is under debate, and is sometimes deemed successful or unsuccessful based on their direct effects on recidivism.
- When Assertive Community Treatment (ACT), described as the "best set of services to intervene in a seemingly unstoppable cycle by providing housing, benefits, and psychiatric medication and then working in creative ways to help people maintain them" was utilized for ex-inmate populations with a special focus on mental health, researchers found a significant link between reentry aftercare and reducing hospital readmissions and days incarcerated but found no significant impact on reducing arrests.
- Multisystemic Therapy (MST), a community-based and family based intervention with documented success in reducing recidivism for emerging adults (ages 17-20) with serious mental health conditions, was found to have high client satisfaction, program retention rates, and a "significant reduction in clients' mental health symptoms, justice system involvement, and associations with antisocial peers."
- While focusing on the continuity of care from incarceration to community, one study reported that despite "70% of [ex-inmates] in the study...taking medication while in jail or prison, the consistency and adequacy of pharmacological treatment in this setting remain unclear and very few individuals reported having positive or meaningful therapeutic interactions."
- From the provider perspective, interactions with their ex-inmate clientele was found to be most difficult due to strained collaboration between prison personnel or parole officers and community-based resources and a feeling of personal prejudice or lack of experience or training in treating this population.

Reentry Programs Focusing on Substance Abuse

- Similar to research on mental health reentry programs, the parameters of efficacy for most research regarding substance abuse treatment of ex-inmates focuses mainly on recidivism.
- Young adults with a history of illicit 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 of treatment.
- Ex-inmates who reported returning to a metropolitan area (where a greater selection of reentry programs is available), indicated a more frequent utilization of these community-based resource, compared to those returning to a nonmetropolitan area. However, both groups of offenders who reported community treatment following release were less likely to be reincarcerated.
- Training protocols aimed at linking the sites and teaching staff how to complete discharge planning for ex-inmates and their medication-assisted treatment for substance abuse is available in order to facilitate success for ex-inmates during reentry. In a multi-site randomized trial testing the efficacy of this medication-assisted training (MAT) for staff in regards to connecting resources during discharge, "hierarchical linear models showed that the intervention resulted in significant improvements in perceptions of interagency coordination among treatment providers."

Reentry Programs Focusing on Chronic Condition Management

- Proper management of chronic conditions is a key focus of both secondary and tertiary prevention in healthcare. While there are no true reentry programs that focus only on general cardiovascular management, the efficacy of reentry programs for specific, chronic disease processes such as HIV can be evaluated in this category.
- A 2008 study from the San Francisco County Jail, which features a large number of inmates who are HIV positive that are offered disease management discharge planning, found that inmates who were HIV positive "had a 6-times greater odds of identifying a regular source of care compared with inmates with other chronic medical conditions, and a 10-times greater odds of having a regular source of care compared with inmates with neither HIV nor another chronic disease."
- As health literacy is a major component of chronic condition management and self-care, researchers investigating patients from the Transitions Clinic Network (TCN), a "network of community health clinics that serve as primary care medical homes for people with chronic medical conditions returning from incarceration," found that "almost 60% of the study population has inadequate health literacy" and that "inadequate health literacy was associated with decreased confidence in taking medications following release and an increased likelihood of visiting the emergency department prior to primary care."
- With the goal of improved health literacy in mind, "smoking, BMI, diet, and blood pressure could be significant factors to target for prevention of CVD among men with a history of incarceration in supervised community settings," thereby leading to a decrease in emergency department misuse by means of instead utilizing a community-based primary care provider for the management of their cardiovascular health.

DISCUSSION

- Comprehensively addressing the total healthcare needs of ex-inmates can appear as an insurmountable task, simply due to the unique and often overlapping barriers and risks this population faces upon reentry.
- However, success can be found if a multisystemic therapy 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 actual 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 emergency department flow, and with it, the quality of timely care for the patients who need it most.

NURSING IMPLICATIONS

- As described by Nola Pender's Health Promotion Model, which was used as a conceptual framework for this literature review, the path to changing one's behavior successfully 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 are multifaceted and complex and are ultimately determined by an individual's barriers, both actual and perceived.
- The self-perception or definition of success can also depend on the availability of reentry programs which are structured to address these barriers accordingly, hence why viewing program "success" as lessened recidivism is biased, as these programs also positively and successfully affect community health as a whole.
- As nurses, rather than viewing the patient as a straightforward disease process, we must remember that we are treating not just this ailment but rather the individual as a whole of many parts, including the environment and community resources that the individual accesses.
- "[A]ccess to social support, housing and employment; the interpersonal skills of case workers; personalized approaches to case management; and continuity of care throughout the pre-release and post-release period are the key social and structural factors in program success. These factors impact on other measures of program efficacy such as reduced substance use and protecting against re-incarceration. Where sustainable recovery is achieved, this can be transformative, resulting in reintegration into the community, long term desistance from substance use and crime and improved psychological health."
- By making an effort to understand our patients better and understand the effects of both perceived and actual barriers, a true and dynamic success can be achieved with not only the individual, but also the communities which we serve as nurses.

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