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Understanding the Health-related Challenges Experienced by Former State Prisoners Living with HIV: A Qualitative Study

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UNDERSTANDING THE HEALTH-RELATED
CHALLENGES EXPERIENCED BY FORMER STATE
PRISONERS LIVING WITH HIV: A QUALITATIVE STUDY

by
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B.S.
Georgia Institute of Technology

A Thesis Submitted to the Graduate Faculty of Georgia State University
in Partial Fulfillment of the Requirements for the Degree

MASTER OF PUBLIC HEALTH

ATLANTA, GEORGIA
2014

UNDERSTANDING THE HEALTH-RELATED
CHALLENGES EXPERIENCED BY FORMER STATE
PRISONERS LIVING WITH HIV: A QUALITATIVE STUDY

by
Rene' O. Meadors

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Committee Chair

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Date

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- Collaborate with attorneys, licensees, and federal sponsors to maintain patent annuities and maintenance fee payments
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- Participated in an evaluation project which looked at the effectiveness of the Child Passenger Safety Education Program currently offered through local health agencies in the state of Georgia
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Boys & Girls Club of Metro Atlanta

Public Health Investigator (Fall 2013 semester)

- Collaborated with fellow classmates to create and implement a comprehensive needs assessment to better understand staff attitudes towards youth bullying in the context of after school programs
- Used the PRECEDE-PROCEED model as a tool to determine which factors from our needs assessment were most important and most changeable, and used these findings to design a staff intervention

Zoo Atlanta

Research Assistant/Independent Researcher (January 2012-August 2012)

- Designed and conducted an experiment which involved observing feeding and coiling patterns in a small clutch of red-tailed boas to explore whether snakes exhibit side dominance, analogous to humans exhibiting handedness.
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ABSTRACT

Background: Human Immunodeficiency Virus (HIV) disproportionately affects certain populations, specifically those passing through correctional facilities. It is estimated that about 1.4% of the approximately two million people residing in correctional facilities are living with HIV. Although the health services offered in correctional facilities are limited, health status may improve substantially for individuals during their placement. Often this progress is lost once a person is released back into the community. Lack of access to care and/or financial assistance inhibits the ability to make health a priority, especially when individuals are faced with the struggle to obtain basic needs such as food, shelter, housing, and employment. This population also bears an unequal burden of non-HIV health conditions. Of those individuals currently incarcerated in the state of Georgia, 1.6% are HIV positive, 26% suffer from chronic illness, 52% have mental health issues, and 25% have reported using drugs or alcohol. In an effort to provide support for this population, Georgia State University partnered with Georgia Department of Corrections Pre-Release Planning Program (PRPP) to establish the Community Connections (CC) Program in 2009. CC program was designed to connect participants with resources that assist with successful reintegration into the community. Exit interviews were conducted with individuals after their participation, and were used to gather information about post-release challenges and outcomes associated with the CC Program. This qualitative study used these interviews to analyze the specific health-related challenges experienced by CC participants. The results from this analysis were used to provide recommendations for further improvements that address the needs of former inmates living with HIV at the policy level.

Methods: This study analyzed a set of 16 in-depth, semi-structured interviews with individuals that participated in the post-release CC program during 2010 to 2012. These participants were recruited via convenience sampling, and informed consent was obtained prior to each interview. Interview questions were focused around topics pertaining to housing, employment, risk behaviors, sexual activity, social interactions, HIV care, mental health, substance abuse, and access to medication or treatment. A modified grounded theory approach was used in the analysis. Interviews were openly coded for words and phrases that pertained to health status. The results were used to determine the most pressing health-related challenges associated with this population, and to provide recommendations at the policy level for addressing such issues.

Results: Commonly reported co-occurring conditions from this study were as follows: high blood pressure, epilepsy, high cholesterol, anemia, insomnia, arrhythmia, migraines, kidney disease, neuropathy, blood clots, and diabetes. Depression was the most frequently reported mental illness, followed by bipolar disorder and schizophrenia. Over half of participants reported using drugs or alcohol before, during, or following incarceration. Additional barriers to maintaining positive health outcomes included lack of medical insurance or financial assistance, the need for oral health care, and frequent hospitalization.

Conclusions: Findings illustrate the need for policy-level changes that specifically address post-release challenges for former inmates, and aim to improve health-related outcomes for this population. Linking this population to services that provide basic needs such as housing and employment would enable them to focus on maintaining their health status. Further, linking this population to insurance or other forms of financial assistance *immediately* following release is crucial to avoiding gaps in healthcare and treatment relapse. In the state of Georgia, expanding Medicaid to make former inmates eligible would provide a major source of relief for some of these issues. Policy-level changes will not only benefit the individual, but the community as a whole by improving overall health outcomes, reducing the spread of diseases, preventing the occurrence of relapse, and reducing the likelihood of recidivism attributable to illness.

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Acknowledgements

I am very thankful for the people that made my thesis project possible: the 16 study participants, the principal investigator, project director and thesis co-chair Donna Smith, research interviewer Kelvin Parker, and thesis chair Dr. Monica Swahn.

1. Introduction

1.1 Background

Human Immunodeficiency Virus (HIV) disproportionately affects individuals that pass through correctional facilities. This population is at a higher risk for HIV than the general population due to a variety of reasons such as low socioeconomic status, untreated mental illness, increased exposure to injection drug use, and risky sexual behavior (CDC, 2014). Individuals that identify as African American or black are at an even higher risk than other races and ethnicities (CDC, 2014). Due to these issues, and the continually rising incarceration rate over the past quarter century, more attention is being given to correctional facilities in order to address the current health disparities associated with HIV infection. (Vigne and Mammalian, 2004).

It is mandated by federal law under the Eighth Amendment that correctional officers are required to provide adequate health care to incarcerated individuals during their time at correctional facilities (American Civil Liberties Union [ACLU], 2013). This includes medical, dental, and psychological treatment for any issues that are either apparent or communicated to correctional officers by the individual (ACLU, 2014). For many, particularly those coming from impoverished or minority backgrounds where access to medical care and treatment is limited, correctional facilities may serve as the first encounter with health services (CDC, 2014). Correctional facilities may also be the first place an individual receives diagnosis or treatment for HIV infection (CDC, 2014). Although medical services are limited in correctional facilities, for those individuals that may not have received any treatment in the past, health status may improve substantially during their placement (Springer et al., 2011). Unfortunately, much of this progress is lost once a person is released back into the community (Springer et al., 2011). This is often due to lack of access to care, lack of medical insurance, or the inability to make health a priority

because of competing needs for food, shelter, housing, employment, or childcare (Springer et al., 2011).

Challenges to obtaining care for individuals released from correctional facilities are not specific to HIV. Many individuals are faced with an array of health issues in addition to their HIV infection. This can include the presence of co-occurring chronic or infectious conditions such as diabetes, hypertension, myocardial infarction, asthma, kidney problems, cirrhosis, and hepatitis (Wilper et al., 2009). Likewise, this population disproportionately suffers from mental health issues including, but not limited to: depression, bipolar disorder, schizophrenia, PTSD, anxiety, panic disorder and personality disorder (Wilper et al., 2009). Alcohol and drug use is also very prevalent among these individuals, and leads to challenges both independently, and in conjunction with those previously mentioned (Springer et al., 2011). Since there is a growing number of people ages 50 and older living in the United States, there is also a large population of older individuals living with HIV (CDC, 2013). The aging process can pose additional risks to this population by accelerating the onset of chronic illnesses that are typically associated with older individuals (CDC, 2013). Overall, failure to maintain proper linkage to care and adequate treatment following prisoner discharge presents several risks to the individual and the community, and remains a forefront issue in the field of public health.

1.2 Community Connections Program

For the purpose of providing support to individuals recently released from prison that are HIV-positive, Georgia State University partnered with the Georgia Department of Corrections Pre-Release Planning Program (PRPP) to establish the Community Connections (CC) Program in 2009. The PRPP is a Ryan White funded program working within Georgia Department of Corrections to do needs assessments and pre-release counseling and planning. This program was

established in 2004, and reaches approximately one-fourth of the HIV-positive incarcerated population in the state of Georgia. The overall goal of the CC program was to connect participants with the resources necessary to successfully reintegrate into the community and remain healthy and prosperous. The CC Program offered services to participant that included linkage to a Peer Guide and other helpful resources in the Atlanta area. For this particular intervention, participants were also provided with Marta transportation passes and a cell phone with unlimited usage. The peer guides linked with the participants provided social support, and many had experienced incarceration themselves. They interacted and followed up with participants on a weekly basis, and also served as a point of contact throughout the program. Exit interviews were conducted with willing individuals after their participation in the CC Program. These exit interviews served as the primary source of data for this study.

1.3 Purpose of Study

The purpose of this study was to analyze a set of 16 in-depth interviews with individuals that participated in the post-release CC program during 2010 to 2012. These interviews were originally conducted for evaluation purposes in order to investigate the effectiveness of the CC program. The interviews contained questions that pertained to several topics such as housing, employment, risk behaviors, sexual activity, social interactions, and health status. The present study used these interviews to determine what post-release health-related challenges are experienced by this population, separate from those associated with their HIV status. The study looked at several aspects of health including co-morbidity, mental illness, substance abuse, and lack of access to treatment and/or care. The results from this analysis were used to further illustrate the unmet needs of those persons living with HIV in Georgia once they are released from correctional facilities. The findings were also used to inform and provide recommendations

for improvements and policy changes that are essential for this population to reintegrate successfully back into the community.

1.4 Research Questions

This study was conducted to answer the following research questions:

- Aside from those challenges associated with HIV status, what other health-related challenges do participants of the CC program experience once they are discharged from correctional facilities?
- What co-occurring conditions, mental health illnesses, and substance abuse issues are most prevalent among participants of the CC program?
- How can the unmet needs of formerly incarcerated individuals living with HIV be improved?
- What are the recommendations and/or policy changes that could potentially be put in place to help this population obtain proper linkage to care and successful reintegration into the community after they are discharged from correctional facilities?

2. Literature Review

2.1 Methodology for Lit Review

The primary databases used to carry out the literature review for this study were Web of Science, PubMed, and NCBI. The following keywords were used when searching for relevant articles: HIV, incarceration, former prisoners, comorbidity, chronic conditions, substance abuse, mental illness, reentry, disability, and insurance. Articles were chosen if they contained information pertaining to health-related challenges and barriers, or if they had information specific to co-morbidity, mental health, or substance abuse. In addition to the articles obtained

through database searches, information was gathered from various governmental agency websites such as Centers for Disease Control and Prevention (CDC) and Georgia Department of Corrections (GDOC). Information obtained through this method was retained if it contributed to knowledge associated with HIV pathology, HIV prevalence in Georgia, or statistics related to co-occurring conditions, mental health, and substance abuse among the population of interest.

2.2 Overview of HIV

Human Immunodeficiency Virus (HIV) is an incurable virus that lives in the body and is responsible for causing acquired immunodeficiency syndrome, or AIDS (CDC, 2014). HIV can be spread through a variety of transmission modes, with the most common being sexual contact and sharing of needles for drug injection purposes (CDC, 2014). The CDC estimates that there are currently more than 1.1 million people living with HIV infection in the United States, and about 50,000 additional individuals become infected each year (CDC, 2014). Approximately 15% of individuals are unaware of their infection (CDC, 2014). According to the CDC HIV Surveillance Report (2011), African American and black individuals bear the majority of the HIV burden. Of this population, young, gay and bisexual men that have sex with men (MSM) are most seriously affected (CDC HIV Surveillance Report, 2011). Other disproportionately affected populations include sex workers, the economically disadvantaged, and those that reside in correctional settings (CDC, 2014). HIV prevalence remains a persistent issue in the United States and in other countries across the globe, making it an important public health topic for further research.

2.3 Study Population

As stated above, incarcerated individuals are at an increased risk for both acquiring and transmitting HIV (CDC, 2014). This is often due to incarcerated individuals having more HIV

risk factors when compared to individuals of the general population (CDC, 2014). These include injection drug use, commercial sex work, lower socioeconomic status, and untreated mental illness (CDC, 2014). The CDC (2014) estimates that more than 2 million people are currently incarcerated in the United States. Of those individuals, about 1.4% are living with HIV (CDC, 2014). As of December 2013, there are currently 57,200 incarcerated individuals throughout various institutions such as state prison facilities, county jails, transitional centers, private prisons, or probation detention centers in the state of Georgia (Georgia Department of Corrections [GDOC], 2013). Of these individuals, 1.6% of them are HIV positive, 26% have reported having a chronic illness, and 52% have reported receiving mental health treatment while incarcerated (GDOC, 2013). Twenty-five percent of individuals have been reported as having substance abuse issues related to the following: 13.6% drugs only, 2.8% alcohol only, 8.4% drugs and alcohol (GDOC, 2013). In addition, incarcerated individuals have reported having a variety of other infectious diseases such as TB infection (18%), syphilis (1.4%), and Hepatitis-C (31%) (GDOC, 2013). Approximately 17,000 incarcerated individuals are released from correctional facilities in Georgia each year, and allowed to reenter the community (GDOC, 2013). Of those released in the past, the majority is comprised of black males with an average age of 37 (GDOC, 2013). Due to the rising rates of released individuals each year, it is crucial to address these issues and provide support for this population (Vigne and Mamalian, 2004).

2.4 Post-Release Challenges

Individuals released from correctional facilities face a wide range of post-release challenges. For example, prisoners can serve relatively short sentences and return to their communities in the middle of treatment (Feaster et al., 2013). Research has shown that many of them do not continue to seek treatment after they are released, and return to their previous

lifestyle of risky sexual behavior and needle sharing, making them more at risk for HIV transmission (Feaster et al., 2013). Although improved HIV care has provided reduced mortality in prison, released prisoners continue to experience higher rates of HIV-related mortality and worsened treatment outcomes once they are discharged from correctional facilities (Springer et al., 2011). For example, Baillargeon and colleagues. (2009) showed that close to 70% of HIV-positive former prisoners had not refilled their HIV treatment prescriptions within two months of their release date. The HIV factors that contribute to negative health outcomes for this population are further exacerbated when an individual also suffers from co-occurring illnesses, mental health disorders, or substance abuse issues (Springer et al., 2011). In a 2002 report to Congress given by the National Commission on Correctional Health care regarding the physical and mental health status of released prisoners, it was found that tens of thousands of individuals are released to communities each year with an array of chronic and communicable diseases that are left largely untreated (Vigne and Mamalian, 2004).

2.5 Co-occurring Conditions

Formerly incarcerated individuals suffer from a variety of non-HIV conditions, both chronic and infectious. In a study which looked specifically at the prevalence of chronic illnesses in federal, state, and local prisons across the United States between 2002-2004, 38.5%, 42.8%, and 38.7% of individuals, respectively, suffered from one or more of the following chronic medical conditions: diabetes, hypertension, myocardial infarction, asthma, kidney problems, cirrhosis, and hepatitis (Wilper et al., 2009). These rates were much higher than those of the general population (Wilper et al., 2009). Of the approximately 800,000 that reported having one or more chronic illness, over 20,000 reported also having HIV (Wilper et al., 2009). In a much smaller study, Rosen et al. (2008) compared the mortality of ex-prisoners and other state

residents in North Carolina in order to identify the most pressing unmet health care needs of former prisoner populations. In addition to those illnesses previous identified by Wilper et al. (2009), researchers from Rosen's and colleagues (2008) study found that deaths among former state prisoners were also due to cancer, cardiovascular disease, liver disease, and respiratory disease.

2.6 Mental Health

Mental health is another issue affecting former inmates, in addition to their HIV status. GDOC (2013) reports that the percentage of prisoners with mental illness disorders increases at a steady rate of one percent each year. Over 50% of inmates currently suffer from diagnosable mental illness conditions (Hatcher et al., 2009). Lifetime prevalence rates for mental illnesses such as bipolar disorder, schizophrenia, post-traumatic stress disorder (PTSD), and psychosis are between one and four times higher for state prisons populations than the general population (Marlow et al., 2010). Mental illness conditions can be directly harmful, and can also exacerbate the effects of other comorbidities of chronic illness or substance abuse (Rosen et al., 2008). The presence of a mental illness disorder can lead to diminished access and utilization of routine medical care among this vulnerable population (Rosen et al., 2008). Studies have shown that the majority of formerly incarcerated individuals receive mental illness treatment inside correctional facilities, but discontinue care almost immediately upon their release (Vigne and Mamalian, 2004). In the previously mentioned study by Wilper et al. (2009), researchers assessed the prevalence of mental illnesses among U.S. inmates from 2002 to 2004. The study focused on commonly reported conditions such as depression, bipolar disorder, schizophrenia, PTSD, anxiety, panic disorder and personality disorder (Wilper et al., 2009). Inmates reported taking medication for any mental illness in the past, one year prior to admission, time of arrest, and time

since incarceration (Wilper et al., 2009). They also reported on whether they had received mental health counseling (Wilper et al., 2009). Results from this analysis showed that in federal, state, and local prisons across the United States between 2002 to 2004, 25.5%, 29.6%, and 38.5% of individuals, respectively, suffered from one or more diagnosed mental illness (Wilper et al., 2009). Among those inmates that suffered from schizophrenia or bipolar disorder, approximately one in three received treatment at the time of arrest, and nearly two in three received treatment during their incarceration period (Wilper et al., 2009).

2.7 Substance Abuse

In addition to co-occurring conditions and mental health issues, incarcerated individuals with HIV also exhibit very high rates of alcohol and drug use (CDC, 2013). Alcohol and drug use can influence a user's inhibitions, making them more likely to engage in additional risky behaviors related to substance use and sexual encounters (CDC, 2013). This effect can be increased when combined with mental illness, causing even greater risk-taking and sensation-seeking behaviors (CDC, 2013). Substance abuse and addiction pose several public health concerns by increasing the risk of HIV transmission, and making individuals more susceptible to becoming infected (CDC, 2013). For individuals that are already infected with HIV, substance abuse can increase disease progression and have negative effects on treatment adherence (CDC, 2013). The most common mode of substance abuse is injection drug use; however, drinking, smoking, and inhalation are also associated with increased HIV risk (CDC, 2013). According to the 2010 Nation's Health Report, of the 2.3 million U.S. inmates, 1.5 million suffer from substance abuse addiction. Aside from those individuals, an additional 458,000 either had histories of substance abuse, were under the influence at the time of their crime, committed their crime for the purpose of obtaining drugs or alcohol, or were incarcerated from an illegal drug or

alcohol violation (Nation's Health Report, 2010). When these two groups were combined, they accounted for over 85% of the U.S. inmate population (Nation's Health Report, 2010). Alcohol and drugs are significant factors in all crimes, and account for 83% of property crimes, 77% of public order, and 78% of crimes related to violence (Nation's Health Report, 2010).

Consequently, when compared to inmates that do not suffer from substance abuse issues, those inmates that have substance abuse problems are more likely to commit crimes at an earlier age and be incarcerated more than once (Nation's Health Report, 2010). Unfortunately, only eleven percent of inmates with drug and alcohol addiction reported being treated during their time in correctional facilities (Nation's Health Report, 2010). Despite the public health efforts to bring these issues to the forefront of correctional standards, there has been no progress made in reducing the number of inmates in prison and jails with substance abuse issues (Nation's Health Report, 2010).

2.8 Additional Challenges

Aside from being faced with an unequal health burden, incarcerated individuals endure a variety of other challenges when released from correctional facilities. These individuals frequently have limited employment skills, little or no education, and lack of support from family and social networks (Roberts et al., 2004). They also experience much uncertainty about how they will obtain basic needs such as food, income, clothing, and housing upon reentry (Roberts et al., 2004). It is often not until these needs are met that individuals will address their medical, mental health, or substance abuse needs (Roberts et al., 2004). These needs in themselves present a variety of other obstacles such as obtaining medical insurance or financial assistance for adequate treatment (Conly, 2005). Without such medical benefits to facilitate access to treatment and care, formerly incarcerated individuals are placed at an increased risk for treatment lapse,

hospitalization, or return to the correctional system (Conly, 2005). There are currently five Federal programs available that provide medical assistance to this population: Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), Medicaid, Medicare, and Veteran compensation or pension funds (Conly, 2005). The challenge lies, however, in the ability to make the benefits immediately available following release from correctional facilities (Conly, 2005). Obtaining enrollment in these programs can take months or even years (Conly, 2005). Federal standards may rule individuals as being ineligible for receiving medical benefits if they are employed, if they re-enter correctional facilities during their application process, or if the sole diagnosis of their condition is attributed to drugs or alcohol (Conly, 2005). These examples further illustrate the multitude of barriers these individuals must overcome while trying to reenter society following their release.

2.9 Literature Review Summary

There is a growing concern to provide support for former prisoners living with HIV. Despite the efforts to provide adequate health care in correctional facilities, released prisoners continue to experience higher rates of HIV-related mortality and worsened treatment outcomes once they are discharged. Existing literature addressing these outcomes presents a wide array of challenges associated with this population. Previous findings have demonstrated that in addition to those challenges associated with HIV status, this population is also disproportionately burdened with a variety of other health-related issues such as co-occurring conditions, mental illness, and substance abuse. To further the issue, this population also faces challenges obtaining financial assistance or insurance for medical treatment and/or care. Failure to obtain proper treatment and financial assistance can lead to treatment lapse, hospitalization, or return to the correctional system. The findings from this literature review show the need to provide this

population with the necessary support to maintain a positive health status, and reintegrate back into the community successfully.

3. Methodology

This study used a qualitative approach to analyze a set of interview with participants of the CC Program to determine what their health-related challenges were following their incarceration period. Interviews were transcribed and openly coded using the modified grounded theory approach. Results from the analysis were used to draw conclusions based on the research questions, and provide recommendations at the policy level for improving the health-related outcomes of this population.

3.1 Qualitative Methods

Semi structured, in-depth interviews were conducted with a population of HIV-positive, formerly incarcerated individuals residing in the state of Georgia. The interviews used for the study were designed to evaluate the effectiveness of the CC Program, and gather information related to post-release experiences and the various challenges associated with reentry into the community. Interviews were conducted at the Georgia State University Community Research Center, and lasted approximately one hour. Following the interviews, participants were compensated for their time by receiving an incentive of \$50.

The 16 individuals that participated in the study were chosen through convenience sampling. Each participant was asked to take part in the exit interview following their participation in the CC Program. Of the 16 individuals, 12 completed the CC Program in its entirety, and four did not. The sample of participants contained 15 males and one female, and ranged in age from 31 years of age to 52 years of age. All participants provided informed consent

to researchers before beginning their interview, and the evaluation received prior approval from Georgia State University Institutional Review Boards.

The purpose of the interviews was to gather information related to the participants post-release experience and their involvement in the CC Program. Interviews were conducted by either the program director or project staff of the CC Program, or Graduate Research Assistants trained in qualitative interviewing skills. In all cases, the interviewer was knowledgeable about HIV and the Georgia state prison system. This was essential for establishing strong rapport between the researchers and the participants. Interview questions were developed by the project coordinator in collaboration with other project staff, with the goal of exploring the participant's overall experience. The interview guide started with open-ended questions, and the questions following them were about specific domains that the research team knew were critical to their reentry experience. The questions were focused around topics pertaining to housing, employment, risk behaviors, sexual activity, social interactions, HIV care, mental health, substance abuse, access to medication and treatment, and overall health status. The interviews closed with questions specific to the CC Program such as their experience with program staff, peer guides, and meetings. These questions were used to draw conclusions based on experiences in the program and any recommendations for future program improvements.

3.2 Qualitative Analysis

Interviews for this study were recorded and later transcribed for analytical purposes using the software program NVivo 8, of QSI International, Inc. This was done by a team of researchers that included the project director, trained interviewers, and Graduate Research Assistants. Transcribed data was coded openly in accordance with a modified grounded theory approach for purposes of identifying major themes, words, and/or phrases that pertained to the research

question. More specifically, the interviews were coded for information related to current health status, co-occurring conditions, substance abuse, mental health, and any other apparent health-related challenges. Since this study looked at health-related challenges separate from those associated with HIV status, HIV information that was coded was not used in the analysis.

4 Results

4.1 Co-occurring Conditions

Many participants from the study suffered from a variety of chronic conditions in addition to their HIV status. Some of the most common were high blood pressure, epilepsy, high cholesterol, anemia, and skeletal issues such as scoliosis and joint pain. Participant 1 described his difficulty dealing with frequent seizures:

I mean, the way that my seizures were from 2006 all the way up to 2010 when I had my last seizure, my heart has stopped numerous times. When I was working at Wendy's, I worked there for two years, from 2004 to 2006. Three occasions, I had a seizure while on the clock. And, in front of my customers. And then was rushed to the hospital from my job.

-African American male, 31 years old

Less common chronic conditions described by participants were insomnia, arrhythmia, migraines, kidney disease, neuropathy, blood clots, and diabetes. Commonly mentioned infectious diseases included Hepatitis C and Human Papillomavirus, or HPV. Participant 2 had a combination of illnesses that included both Hepatitis C and HPV. He described his situation as follows:

First, HIV, which has turned to full blown AIDS. Hepatitis C. I don't know exactly if I will grow out of seizures, but I was having seizures from the age of 14 up until 2006. I stopped taking the medicine. I have HPV, which is the Human Papilloma Virus which creates genital warts. They say I have Arrhythmia, but I don't know whether that's true. I was reading about the medicine and it said it causes [my] liver to enlarge and my doctor felt my liver and she said that your liver is a little swollen.

-African American male, 46 years old

Participants also reported having short-term illnesses since their discharge from prison.

Participant 3 described his experience contracting a bad Staph infection from a shelter facility and suffering from a severe allergic reaction to blood pressure medicine that was incorrectly prescribed to him:

The staph infection came about when I was at Jefferson's Place most likely because you go behind all different guys showering—they don't take time to clean those showers out when, I mean, they rush us in there like cows, wash, you know, and get out, and by me being where I was, and ... being positive, I'm [susceptible] to catch some kind of infection. They said it was a bad Staph infection, but it also had to do [with the] allergic reaction I had to the blood pressure medicine that they been giving me.

-African American male, 52 years old

4.2 Mental Health

Several participants from the study reported having mental illness disorders, some in addition to having co-occurring conditions. The most commonly noted mental illness among this study population was depression. This illness was reported in nine out of 16 of the exit interviews. Participant 4 described in detail his experience dealing with depression:

Now I've always been kind of depressed, because the last three years I was locked up ... I'm in the cell with two other guys ... and they both got life sentences, I'm doing a little three year bid, so that kind of had me depressed for being locked up anyway. ... You just got to really try not to lose your mind when you behind them bars, because when you behind bars, you lose everything if you not strong ... so you got to have some type of sanity left dealing with the mental aspect of your life, instead of losing your mind and you [don't] just be on a whole bunch of pills and don't even know where you at. So you got to stay focused and maintain and use your mind and do the things you have to do, you know, because stress can be a bad thing for a person on the mental side you know, you can crack up and lose your mind, depress you.

-African American male, 48 years old

Other commonly reported mental illnesses were schizophrenia and bipolar disorder. Participant 5 described her experience being diagnosed and living with schizophrenia:

I was diagnosed with schizo—I had been going to psychiatrist when I was sixteen, seventeen years old. My grandmom she had to take me because my uncle had

molested me when I was young. She said [I was] being very mean, aggressive. I would, sometimes, I would ask her, “Did you hear that?” And she’d be like, “Girl, I ain’t heard nothing.” And you know, I’m like, “I know, I’m telling y’all, I’m telling y’all,” I said, “somebody here, it’s somebody.” She was like, “No,” she said, “you need to, you need to go to the doctor. You need to go back to the doctor.” So, that’s when I went back to the doctor and, yeah. Cause I had been having dreams and stuff like that, but I wasn’t thinking nothing about it, I’d just go on with my everyday life and stuff. You know, I see stuff ... but I had made up in my mind ain’t nobody going to believe [me], so I need to keep it to myself. Yeah, I was just like, “Man, I’m fixing to go get me help before I wind up hurting me somebody,” and stuff. So, I went ahead and got me some help.

-African American female, 37 years old

The same participant also struggled with adhering to her medication on a regular basis:

Then, after he [the doctor] got everything situated and stuff for a minute, I stopped taking the medicine because I started going through a lot of things myself, personally. So, I had to stop taking the medicine and then I start back taking it. But when I stopped taking that medicine, I just on the edge, it was just really hard for me. It was, I don’t know, I just had too many emotions and stuff going on. Cause I was mad. I was just upset ... I felt like I wasn’t doing what I was needed to be doing. So, that’s why, I’m just being honest, that’s why I stopped taking it.

-African American female, 37 years old

Other reported mental illnesses by participants were anxiety, panic attacks, and posttraumatic stress disorder (PTSD).

4.3 Substance Abuse

Ten participants from this study revealed using drugs and/or alcohol before, during, or following incarceration. Commonly mentioned drugs were marijuana, crack, cocaine, and pills.

Participant 2 described what it was like to be addicted to drugs and alcohol, and attributed it to his addictive personality:

I allowed myself to tell myself that I could do some of this over here and not pick up this, you know what I’m saying. I can’t do nothing mood or mind altering because it going [to] lead to drugs. I thought I could smoke me a joint or two and drink me a little beer, but I got addictive personality. I can’t drink one nothing or

smoke one nothing. You know what I'm saying. I got an addictive character in me. You know what I'm saying that just don't let me do one.

-African American male, 46 years old

Four participants from the study did not complete the CC Program in its entirety, as did the other twelve participants. It was important to consider these individuals as a separate cohort for analytical purposes. Results from this portion of the analysis showed higher reported rates of post-release drug and alcohol use among those participants that did not complete the CC Program. Participant 2 mentioned above was one of the four participants that did not complete the program. He described his struggle obtaining stable housing after being released, and how this affected his substance abuse behavior:

After, well without housing, I felt like the only thing was left for me to do was get high. ... I was giving up on the fact that I didn't have nowhere to stay and I would go out and use, so that was like all through my life, you know what I'm saying, not having my own place and stuff like that when I always trigger me to go get high, you know what I'm saying, and so that I wouldn't have to face that reality, you know, not having nowhere to stay.

-African American male, 46 years old

4.4 Additional Health-related Challenges

Throughout the interviews, additional health-related challenges were mentioned by participants that were not associated with those presented above. Many of them talked about their inability to obtain treatment for certain conditions because of their lack of medical insurance or external financial support. One-fourth of participants described this as being their biggest challenge since being released. In fact, only three of the participants were actually receiving disability. Participant 6 mentioned that it took a full six months to receive the first disability check following prison release. The remaining participants either had pending applications, or had been denied, in some instances more than once. That was the case for

Participant 7. This participant suffered from mental illness, substance abuse issues, and had frequent blood clots that required hospitalization:

For the past year, I was getting my income. They gave it to me for 6 months and they turned it around and somebody in the social security office feel like I wasn't disabled, so they stopped it. They said they were going to give it to me for 6 months and then they were going to cut it off. So they cut it off, my lawyer Miss Flynn Kathleen Flynn, she put appeal in. Went on and they turned around they denied me a again. They ended up denying me 3 times, so this should be the final draw right here.

-African American male, 46 years old

Five Participants from the study had been hospitalized at least once since their discharge.

Participant 7, introduced above, was hospitalized on four different occasions, three times for blood clots and once for pneumonia:

Basically, I broke this leg playing football and the last time, I had a blood clot, in my calf area and then they turn around and got that out. Four, five months later, turn around and caught another blood clot and they put me in the hospital. Each time I was in the hospital, I stayed in there the first time two weeks, the second time two weeks, the third time, I done been in there three times with blood clots and past one year since I been with Community Connections, a total four times but one time with pneumonia and the other three times with blood clots. So that's been a challenge too.

-African American male, 47 years old

It must also be noted that a few participants expressed their need for oral health care services or access to false teeth. One participant described oral healthcare as his biggest challenge regarding health status since he had been released from prison.

5 Discussion

The purpose of this study was to analyze a set of 16 in-depth interviews with individuals that participated in the post-release CC program from 2010 to 2012 to determine what post-release health-related challenges are experienced by this population. The results were also used to provide recommendations for improvements and policy changes that are essential for this

population to reintegrate successfully back into the community. As previously stated, this study was conducted to answer the following research questions:

- Aside from those challenges associated with HIV status, what other health-related challenges do participants of the CC program experience once they are discharged from correctional facilities?
- What co-occurring conditions, mental health illnesses, and substance abuse issues are most prevalent among participants of the CC program?
- How can the unmet needs of formerly incarcerated individuals living with HIV be improved?
- What are the recommendations and/or policy changes that could potentially be put in place to help this population obtain proper linkage to care and successful reintegration into the community after they are discharged from correctional facilities?

5.1 Summary of Qualitative Findings

The results of this study help illustrate the wide array of post-release challenges faced by individuals recently discharged from correctional facilities, specifically those living with HIV. The presence of co-occurring conditions, mental health issues, and substance abuse make it very difficult for this population to maintain adequate health care, and a positive health status. Some of the most commonly reported co-occurring conditions found from this study were as follows: high blood pressure, epilepsy, high cholesterol, anemia, insomnia, arrhythmia, migraines, kidney disease, neuropathy, blood clots, and diabetes. Although depression was by far the highest reported mental illness among the study sample, bipolar disorder and schizophrenia were also reported among one-fourth of participants. As previously mentioned, over half of participants

reported using drugs or alcohol at some point, and some were currently using while participating in the CC Program. This was more heavily reported among the cohort of participants that did not complete the CC Program. Aside from those challenges presented above, additional barriers to maintaining positive health outcomes were mentioned during the interviews. These included factors such as frequent hospitalization, lack of medical insurance or financial assistance, and lack of access to oral health care. Overall, the results from this study show that lack of financial assistance and improper linkage to health care services are primary obstacles affecting the post-release health outcomes for these individuals. Access to care for HIV alone is simply not enough for these individuals to maintain a positive health status, especially those suffering from multiple illnesses. There is a need for recommendations and/or policy changes that specifically address these post-release challenges, and aim to improve the health-related outcomes experienced by this underserved population.

5.2 Limitations

There were limitations to this study. For example, since the interviews were conducted primarily for evaluation purposes and under their own set of research questions, the interview guide was not specific to health status and health-related outcomes. Another limitation of the study concerns the incentives provided to the individuals for their participation in the exit interviews. The \$50 incentive may have influenced participants to speak more favorably of the CC Program and their own personal experience. Lastly, the small sample size and the presence of selection bias limited the findings of this study. With only one female and one Caucasian individual in the sample, the findings were lacking a broader representation of alternative demographics. In regards to selection bias, all chosen participants were part of the CC Program. This means that individuals were already seeking support, or may have been at an increased risk

for post-release health-related challenges. When considering all these limitations, it is important to remember that the findings of this study are preliminary, and would need further investigation to be applicable on a larger scale.

5.3 Policy Implications

The findings from this preliminary study have several implications, specifically at the policy level in light of the recent implementation of the Patient Protection and Affordable Care Act (ACA) in the United States. The ACA includes a provision that expands Medicaid eligibility to all persons under the age 65 who have incomes up to 133% of the federal poverty level (FPL), not just those that have children or are disabled (Medicaid Expansion, 2014). This provision allows for a large majority of former inmates to become eligible for Medicaid coverage once they are discharged from correctional facilities. This expanded coverage will create a healthier population of current and former offenders, and improve the continuity of care for individuals that tend to cycle in and out of the correctional system (Teitelbaum and Hoffman, 2013). One limitation of the ACA is that the Medicaid expansion is not mandated at the federal level; therefore, it is up to the discretion of each state whether or not they choose to enforce its provisions (Teitelbaum and Hoffman, 2013). Despite the profound implications for former inmates and many other populations in need, Georgia is one of the states currently choosing not to enforce the Medicaid expansion. Another limitation of this policy is that it does not address the “inmate exception” rule. This rule is enforced at the state level and involves terminating an inmate’s eligibility for Medicaid during incarceration, and forcing them to reapply for Medicaid once they are released (Teitelbaum and Hoffman, 2013). This rule is enforced even when incarceration periods are relatively short (Teitelbaum and Hoffman, 2013). It can take weeks or even months to re-gain coverage following discharge, and this almost always leads to

unnecessary breaks in access to health care services and medication (Teitelbaum and Hoffman, 2013).

Former inmates face additional challenges obtaining benefits from other Federal programs such as Supplemental Security Income (SSI), and Social Security Disability Insurance (SSDI) (Conly, 2005). To be eligible for SSI or SSDI, an individual must have a physical or mental impairment that has lasted, or is expected to last for at least a year, or will result in death (Conly, 2005). Individuals eligible for SSDI must have paid a certain amount into the Social Security System at some point during employment (Conly, 2005). Unlike SSDI, SSI is a means-based program that is available to blind, aged, or disabled individual with limited income and assets (Conly, 2005). Individuals do not qualify for SSDI or SSI if the sole diagnosis of their disability is attributed to drugs or alcohol (Conly, 2005). The review process for a disability claim can take from 90 to 120 days and even longer if appeals are filed (Conly, 2005). Even those inmates that immediately qualify for benefits find it challenging to avoid relapse or recidivism during their waiting period without the availability of sources of support (Conly, 2005). For Participant 6 of this study, it took a full six months for benefits to become effective. Furthermore, evidence shows that the majority of individuals have to file their disability claims at least two times, if not more (Conly, 2005). Each time, there is no guarantee that their claims will be approved (Conly, 2005). As previously stated, of the 16 participants interviewed for this study, only three actually had benefits which allowed for access to medical care, while twelve participants either had pending applications, or had been denied altogether. Helping former offenders obtain Federal disability benefits as soon as possible can reduce the likelihood of these negative outcomes, and also reduce the financial burden on State and local governments that fund these health care services for the indigent (Conly 2005).

5.4 Recommendations

The findings from this study and the information presented above point to the following policy changes and recommendations for addressing the health-related outcomes of formerly incarcerated individuals living with HIV in the state of Georgia:

- Development and funding of services made immediately available to former inmates that assist with access to basic needs (housing, food, employment) and adequate health care treatment covering medical conditions, mental health illnesses, and substance abuse issues; linkage to such services should be consistent and similar across all correctional facilities in Georgia
- Implementation of the Medicaid expansion in Georgia and elimination of the inmate exception rule
- Enforcement of discharge planning through the establishment of dedicated staff that can provide expertise to inmates, and assist them in filing all of the necessary paperwork for Federal benefits before they are released
- Tracking of outcomes of such policies to help centralize operations and improve procedures for the purposes of reducing processing delays and improving efficiency

5.5 Conclusion

This study helps demonstrate the importance of addressing health related outcomes of former inmates living with HIV in the state of Georgia. Helping these individuals find ways to pay for medical, mental health, and substance abuse services is crucial to ensuring their successful reentry into the community following facility discharge. Continuing their care and treatment offers a variety of benefits such as improved health outcomes, reduced spread of diseases, the prevention of relapse, and reduced likelihood of recidivism related to illness.

Immediate linkage to care also insures the health and safety of whole communities, and minimizes health care costs to prison and jail facilities. This study provided several recommendations for future improvements that can help benefit this population. These included the development and funding of services that assist with access to basic needs and adequate health care, implementation of the Medicaid expansion in Georgia, elimination of the inmate exception rule, and dedication of staff in correctional facilities to provide such services. It is evident from the literature review and findings of this study that changes at the policy level will be essential to providing successful reentry to the community and improving the health-related outcomes of former inmates living with HIV.

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