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Returning Home Illinois Policy Brief

Health and Prisoner Reentry

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Returning Home: Understanding the Challenges of Prisoner Reentry is a longitudinal study of prisoner reentry in Maryland, Illinois, Ohio, and Texas. The study explores prisoner reentry across five domains: (1) the individual experience, as documented through interviews with prisoners before and after release from prison; (2) the family experience, as documented through interviews with family members of returning prisoners; (3) the peer group experience, as documented through prisoner interviews both before and after their release; (4) the community experience, as documented through interviews with key community stakeholders and focus groups with residents; and (5) the broader policy environment at the state level.
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This research brief presents information about the health of male prisoners returning to Chicago, Illinois, after having been incarcerated in state prison. Prisoners nationwide are considered to be at higher risk for a range of chronic, infectious, and mental illnesses. This brief discusses the health status of soon-to-be released prisoners, the services they received in prison, and the health challenges they faced following release. Furthermore, this research examines the ways in which health may influence the reintegration process and offers recommendations for improved policy.

HEALTH STATUS OF SOON-TO-BE RELEASED PRISONERS

Male prisoners returning to Chicago generally held positive views of their health. Most respondents (86 percent) rated their health as *excellent* or *good* while they were still in prison. Despite these positive self-assessments, roughly 3 out of 10 respondents reported having a chronic physical or mental health condition—most commonly asthma (13 percent), high blood pressure (9 percent), depression or other mental health conditions (4 percent), and diabetes (2 percent)—and about one in 10 respondents felt their health problems limited their activities or ability to work. Respondents with health problems tended to be older than those without.

The actual prevalence of these health conditions is likely to be higher than what respondents stated. The research on prisoner health has shown that incarcerated persons tend to suffer from chronic, infectious, and mental illnesses at higher rates than the general population due, in part, to higher levels of socioeconomic disadvantage and substance use compared with the average American.[1] National estimates of the prevalence of several diseases among incarcerated populations are presented in table 1.

These findings, coupled with the reality that many serious conditions can remain undiagnosed for a long time, are cause for concern about the health of returning prisoners. Table 1 compares the national estimates for prisoners with the responses given by *Returning Home: Illinois* respondents. With the exception of asthma, respondents' self-reported rates are much lower than the national estimates, suggesting that many of Illinois's returning prisoners may have health conditions of which they are unaware. This is also a problem in the general population; for example, public health experts estimate that nearly three out of ten diabetics nationwide are unaware of their condition.[2]

Table 1. Prevalence of selected chronic, infectious, and mental illnesses among returning prisoners

	National Estimates[3] (percent)	*Returning Home: Illinois* participant responses (percent)
Chronic		
Asthma	8.5	12.9
Diabetes	4.8	1.5
Hypertension (high blood pressure)	18.3	9.4
Infectious		
Hepatitis B	2.0	0.5
Hepatitis C	17.0–18.6	1.0
HIV/AIDS	2.3–2.98	1.0
Mental		
Depression	13.1–18.6	9.7
Post-traumatic stress disorder	6.2–11.7	4.4

Note: *Returning Home* estimates are based on participant self-reports four to eight months after release from prison. Data on Hepatitis B and C were collected sixteen months after release. Data on depression and PTSD were based on survey responses to diagnostic screening questions.

Mental health problems were similarly underreported by respondents. *Returning Home* respondents were asked directly about mental health problems but were also asked a series of diagnostic screening questions designed to detect depression[4] and post-traumatic stress disorder.[5] While 4 percent of respondents reported having depression or other mental illnesses, responses to the diagnostic screening questions indicated that 10 percent were likely to have depression and 4 percent had symptoms consistent with post-traumatic stress disorder. Overall, 12 percent of respondents were estimated to have at least one mental health illness, indicating that approximately eight percent may have a mental health problem of which they are unaware.

SERVICES RECEIVED IN PRISON

Although the *Returning Home* survey in Illinois was not specifically designed to assess prison health services,[6] respondents were asked about some health-related services they may have received in prison. While about 30 percent of respondents reported having a chronic medical condition, fewer than half (40 percent) reported having taken prescription medication on a regular basis for those conditions while they were in prison.

Most respondents (87 percent) reported participating in a prerelease planning program in prison and half (50 percent) reported that their prerelease program addressed the topic of accessing health care services in the community. However, only a small portion of respondents reported receiving referrals to care in the community: nine percent said they received a referral to health care services and eight percent said they received a referral to community mental health services. Further examination of the characteristics of those who reported receiving referrals suggests that prison health resources may not be targeted to those returning prisoners with the greatest need. Prisoners who assessed their health as *fair* or *poor* during prison and those who reported taking medications in prison were no more or less likely than others to have reported receiving a referral to health care in the community. This suggests a possible mismatch between prisoners' health needs and reentry planning, which merits further investigation.

POSTRELEASE EXPECTATIONS

Respondents generally had optimistic expectations for staying in good health after release, with 86 percent reporting it would be *very easy* or *pretty easy* to do so. Understandably, prisoners who felt their health was *fair* or *poor* were more cautious: only 54 percent thought staying in good health would be easy. Regardless of their expectations, most respondents acknowledged they would need help accessing health services after release, including getting health care (74 percent), counseling (47 percent) and mental health treatment (28 percent).

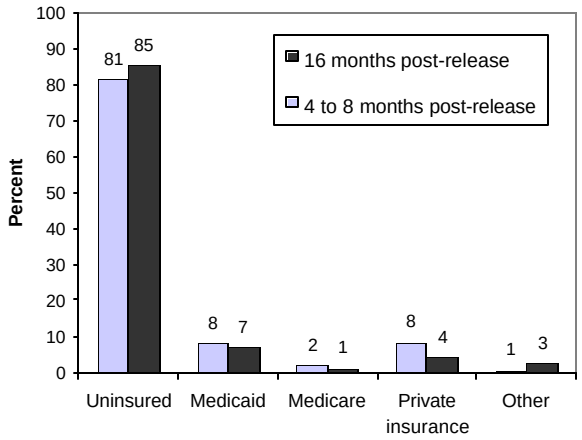
HEALTH CARE AFTER PRISON

Most respondents continued to feel they were in *excellent* or *good* health after prison. Eighty-seven percent felt this way four to eight months after their release and 86 percent felt this way 16 months after release. Similarly, most respondents were optimistic about staying in good health: nearly 9 out of 10 thought it would be *very easy* or *pretty easy* to do so. Even those who had felt their health was *fair* or *poor* during prison were optimistic, with 8 out of 10 expecting it to be *very easy* or *pretty easy* to stay in good health after prison.

Accessing health care, however, could present challenges. Four to eight months after prison, 81 percent were without any health insurance. The situation remained similar 16 months after release, with 85 percent of respondents being uninsured. Among the roughly 20 percent of respondents who were insured, half were covered by Medicaid or Medicare and about one-third were covered through private insurance (see figure 1).

As one might expect, full-time employment was an important factor in having insurance coverage, and less than one-third (30 percent) of respondents were employed four to eight months after release. Of those working full-time, close to one-third (29 percent) had some form of health insurance. Of those working part-time or not at all, only 16 percent were insured.

Figure 1. Insurance Coverage among Returning Prisoners



Many respondents expressed a desire to have health coverage, but even those with health problems considered it somewhat less important than other needs. Job training, financial support, and employment readiness programs were reported as the top three needs after prison. Health insurance came in fourth, with about one-third of respondents reporting that it would be useful to them “right now.”

Another potential barrier to care is that linkages between prison and community health services appeared to be rare, making continuity of care for those who received care in prison difficult, if not impossible. Nine percent of respondents reported receiving a referral to health care in the community and 8 percent reported receiving a referral to mental health services. Four to eight months after release, only half (48 percent) of the respondents who had been taking medications regularly in prison were still taking prescription medications.

Nevertheless, respondents did obtain health care services after their release from prison. Forty-four percent reported receiving some type of care during the year after their release and

12 percent reported taking prescription medications on a regular basis. Respondents reported visiting a doctor for general check-ups (24 percent) as well as for medical problems (21 percent). Twelve percent reported using the emergency room at least once in the month before their postrelease interview, and 5 percent reported being hospitalized in the month before their postrelease interview. Respondents with health problems were significantly more likely to have received health care: nearly three-quarters (73 percent) had visited a doctor, and one-quarter (27 percent) had been to the emergency room.

Although respondents with insurance were more likely to use health services, it goes without saying that many respondents received health care services despite being uninsured. Among those who received services, 8 out of 10 were uninsured. This has implications for both the returning prisoner and the community. Many returning prisoners (46 percent) reported having debts even before being released from prison and many (60 percent) expected it would be *very hard* or *pretty hard* to pay off those debts. Health care bills, particularly for emergency room services, would certainly add to their financial troubles. Moreover, caring for the uninsured is a significant expense for health care providers, and adds to the reentry burden of communities with high concentrations of returning prisoners.

HEALTH IN THE REENTRY PROCESS

Respondents were asked about the things that might help them to avoid a return to prison in the future. Before release, respondents typically expected that finding a job, having housing, and having money would be the most important factors; they also expected that avoiding certain people and abstaining from drug and alcohol use would be important. Perceptions seemed to shift somewhat after release, with respondents reporting that family support and housing had been the most important things to staying out of prison; avoiding certain people and abstaining from drug and alcohol use were still frequently cited, but the importance of employment declined. Health care was seen as relatively unimportant in relation to staying out of prison, both before and after release, even among those with health problems. Prior to release, 42 percent of respondents rated health care as an important factor in avoiding a return to prison. Four to eight months after release only 8 percent felt it was important to staying out of prison, and 16 months after release, that figure remained low at 11 percent.

Despite respondents' perceptions, health may influence the reentry process. Abstinence from substance use and employment are considered to be key factors in successful reentry.[7] Health problems can influence both. Anecdotal evidence suggests that persons with physical or mental health conditions sometimes "self-medicate" with alcohol or illegal drugs.[8] Moreover, health problems can limit one's ability to find or keep a job.

Sixteen months after release, 17 percent of *Returning Home* respondents reported having used illegal drugs and 40 percent were unemployed at the time of the final postrelease interview. On average, respondents had been employed for three to four months since their release. A sizable portion of respondents had also been convicted of a new crime: forty percent within 21 months of release. To what extent were respondents' health problems related to these outcomes?

Physical health was generally not related to these reentry outcomes. Those with physical health conditions were no more or less likely than others to report drug or alcohol use after release. They had been employed for roughly the same amount of time after release and also had similar rates of reconviction.

Mental health, however, did seem to have implications for some measures of postrelease success. Respondents with a mental health condition (e.g., depression, anxiety, etc.) were

significantly more likely to report drug use or alcohol intoxication after release than those without such a condition (41 percent compared with 18 percent). Those with mental health conditions had also worked for significantly less time after release, an average of two months compared with four months for others. Mental health conditions, however, did not seem to affect reconviction rates. Respondents with a mental health condition were no more or less likely to be convicted of a new crime than those without.

POLICY IMPLICATIONS

These findings suggest a number of areas for policy discussion and improved practice.

Roughly three out of ten *Returning Home: Illinois* respondents reported having a physical or mental health condition, but public health experts estimate that many more are affected. Undiagnosed illnesses are problematic for both the affected individual as well as society at large. Health conditions are generally easier and less expensive to treat when they are detected early on in the progression of the disease.[9] Diabetes, for example, can be managed through diet, medication, and blood sugar monitoring; hospitalization for diabetes-related complications is costly and generally considered preventable.[10] With infectious diseases like hepatitis and HIV/AIDS, one also risks the spread of disease to others in the community. Improved screening, diagnosis, and treatment would reduce both individual suffering and the public health impact of these diseases.

The self-reports of respondents in Illinois suggest further examination into the health services provided in prison. Under half of those with self-reported health conditions reported receiving medication on a regular basis while they were incarcerated. A review of respondents' reports and official health records would shed light on whether this level of care is medically appropriate.

Furthermore, *Returning Home* respondents in Illinois indicated a low level of referrals to care in the community. Analysis of these self-reported data showed that those with demonstrated health needs (e.g., those receiving medications in prison) were no more or less likely to receive a referral to health care in the community. Again, a further examination of official records would shed light on this issue.

Referrals from prison notwithstanding, 4 out of 10 respondents used health care services in the year after prison—including 12 percent who used a hospital emergency room—but just 2 out of 10 respondents had health insurance. Medical bills add to the personal debt already shouldered by many returning prisoners, and uncompensated care is a significant expense for community health care providers. Increasing Medicaid coverage among returning prisoners could alleviate this problem.

Physical health problems, however, did not seem to affect reentry in obvious ways. Respondents' rates of postprison substance use, employment, and reconviction were similar whether or not they had a physical health problem. While physical health problems would likely have a long-term personal effect, they did not seem to influence reentry outcomes in the first one to two years after release.

Mental health problems, on the other hand, were related to drug use and unemployment. Both of these factors are thought to affect recidivism, though our findings did not indicate any difference in reconviction rates between those with mental illness and those without. Nevertheless, it stands to reason that successful treatment of mental health conditions could reduce postprison substance use and improve employment outcomes. Our findings suggest that two-thirds of those with mental illnesses may be unaware of their condition. This calls for improved screening and diagnosis.

Methodology

The *Returning Home: Illinois* study involved a series of personal interviews with a representative sample of 400 soon-to-be released male prisoners who were planning to live in Chicago.[11] All of the prisoners who participated in the Illinois study were male. Most (83 percent) were black, 5 percent were white, and 12 percent were from other racial groups. Ten percent of the sample was Hispanic and the average age at the time of the prerelease interview was 34. Most respondents had extensive criminal histories, with 87 percent having been convicted more than once. Regarding the current prison term, almost half of the sample (46 percent) had been convicted of drug offenses, 30 percent were convicted for property crimes, and 23 percent had been convicted of violent offenses. The average prison stay was about 18 months, with approximately 60 percent of the respondents serving less than a year in prison.

Respondents were surveyed once in prison and three times following their release. The interview covered a range of topic areas that are hypothesized to affect reintegration success, including attitudes and beliefs, criminal history, employment, family support, health challenges, housing, and substance use. These self-reported data were combined with official records of criminal recidivism to further understand the factors that contribute to a successful (or unsuccessful) reentry.

The findings presented in this research brief are based on data collected at the prerelease interview (n = 400), four to eight months after release (n = 205), and sixteen months after release (n = 198). Bivariate comparisons of means were conducted to determine how respondents with health problems differed from others without health problems on a range of factors, including demographics, service utilization, substance use, employment, and reconviction. Differences were deemed statistically significant at $p < 0.10$. Multivariate modeling is planned for the future; those results may yield different findings from those reported in this brief.

END NOTES

[1] National Commission on Correctional Health Care. 2002. Chapter 3, "Prevalence of Communicable Disease, Chronic Disease, and Mental Illness" in *The Health Status of Soon-to-be-Released Inmates: A Report to Congress, Vol. 1 (2002)*.

[2] Centers for Disease Control and Prevention. "National Diabetes Fact Sheet." http://www.cdc.gov/diabetes/pubs/estimates.htm. (Accessed April 27, 2005).

[3] National Commission on Correctional Health Care. 2002. Chapter 3, "Prevalence of Communicable Disease, Chronic Disease, and Mental Illness" in *The Health Status of Soon-to-be-Released Inmates: A Report to Congress, Vol. 1 (2002)*.

[4] Depression was measured using the Center for Epidemiologic Studies depression scale as described in Lenore S. Radloff. 1991. "The Use of the Center for Epidemiologic Studies Depression Scale in Adolescents and Young Adults," *Journal of Youth and Adolescence* 20(2): 149–166. Scores of 16 and above were considered to indicate a high likelihood of depression.

[5] Survey questions were adapted from the 17-item PTSD Symptom Scale as described in Edna B. Foa, David S. Riggs, Constance V. Dancu, and Barbara O. Rothbaum. 1993. "Reliability and Validity of a Brief Instrument for Assessing Post-Traumatic Stress Disorder," Journal of Traumatic Stress 6(4): 459–473. Scale items correspond to the DSM-III-R diagnostic criteria for PTSD.

[6] For more information on the health needs of prisoners released in Ohio, see: Visher, Christy, Rebecca Naser, Demelza Baer, and Jesse Jannetta. 2005. "In Need of Help: Experiences of Seriously Ill Prisoners Returning to Cincinnati." Washington, DC: The Urban Institute.

[7] Travis, Jeremy, Amy L. Solomon, and Michelle Waul. 2001. "From Prison to Home: The Dimensions and Consequences of Prisoner Reentry." Washington, DC: The Urban Institute.

[8] Visher, Christy, Rebecca Naser, Demelza Baer, and Jesse Jannetta. 2005. "In Need of Help: Experiences of Seriously Ill Prisoners Returning to Cincinnati." Washington, DC: The Urban Institute.

[9] U.S. Public Health Service, Office of the Surgeon General and Office of the Assistant Secretary for Health. 1979. *Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention*.

[10] Agency for Healthcare Research and Quality. 2005. "Economic and Health Costs of Diabetes." AHRQ Pub. No. 05-0034. http://www.ahrq.gov/data/hcup/highlight1/high1.pdf. (Accessed May 5, 2005)

[11] For more information about the study methodology, see: La Vigne, Nancy G., Christy Visher, and Jennifer Castro. 2004. "Chicago Prisoners' Experiences Returning Home." Washington, DC: The Urban Institute.