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Re-discovery of Health Self-care Among Homeless Men and Women After an Incarceration Experience

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Approximately 10 % of all homeless men and women in the United States have a history of incarceration. Men and women who are homeless and have a history of incarceration are burdened with chronic health conditions that include infectious disease, chronic medical conditions, mental health disorders and a history of drug/substance use or addiction. Personal health self – care is a challenge as many are without health insurance, healthcare access, and without financial resources.

Interviews were conducted with twenty-six homeless men and women released from a county detention center to explore health self-care among this population. Approval to conduct research of Human Subjects was obtained (CUA IRB 00000082). Health self-care found among released men and women confirmed support for the developing *Rediscovery of Self-care (RSC): nursing care of a person with an incarceration experience* model.

Abstract

Approximately ten percent of men and women who have an in incarceration experience are homeless in the United States. These men and women are burdened with chronic health conditions that include infectious disease, chronic medical conditions, mental health disorders and a history of drug/substance use or addiction.

A secondary analysis of interview data using a qualitative exploratory approach explores health self-care among twenty-six homeless men and women who had a recent incarceration experience. Aims for this study included: 1) to explore factors affecting health self-care described by homeless men and women after an incarceration experience; and, 2) describe aspects of health self-care reported by homeless men and women after an incarceration experience; and, 3) describe the relevance of health self-care behavior to the developing *Rediscovery of Self-care (RSC): A Model for Persons with Incarceration Experience* (Shelton, Barta & Andersen, this issue 2016).

Findings indicate a renewed interest in promotion and maintenance of health self-care among homeless men and women who have a recent incarceration experience; and, support was demonstrated for the developing *Rediscovery of Self-care (RSC): A Model for Persons with Incarceration Experience*.

In spite of the United States being among the wealthiest countries on earth, 18 of 10,000 men and women do not have stable housing, and instead, live every day in tents, on street corners and under building gutters in cities nationwide. In 2014, more than 575,000 men and women in the United States were homeless, living in in emergency shelters, transitional housing or on the street (National Alliance to End Homelessness, 2015).

Every year more than 12 million men and women pass through federal, state, and county jails and prisons (Pew Center on the States, 2008; Stojkovic, 2007). As these men and women are released, twenty-five to fifty percent are homeless, a number seven to ten times greater in this population when compared to the general population (National Healthcare for the Homeless Council, 2013).

Background

Released men and women have lived in a correctional environment where the focus centers on maintaining safety and where self-choice has been limited regarding leisure time, meals, sleep time, telephone time, and opportunity to participate in health activities. Following an incarceration experience, these men and women are faced with caring for their own health and at the same time, may be homeless, unemployed and without financial resources. Many of these men and women who have chronic mental and medical needs and homeless are presented with greater

health risks when compared to those in stable living conditions found in the general population (Kushel, Hahn, Evans, Bangsberg & Moss, 2005).

Many men and women returning to communities after an incarceration experience have health histories of infectious and chronic diseases, substance abuse, and mental health problems (Binswanger, Krueger, & Steiner, 2009) When compared to the general population, prevalence of infectious disease, chronic medical conditions that include hypertension, asthma, diabetes, is increased among men and women in federal or state prisons and local jails (Binswanger, Krueger & Steiner, 2009; Wilper, et al. 2009). More than 50% of these men and women have diagnosed mental health disorders; of these, more than 65% have a substance use disorder (Freudenberg and Heller, 2016).

As these men and women return to communities, individual health self-care is required to promote, maintain or restore health. For this paper, self-care is the 'practice of activities that individuals initiate and perform on their own behalf in maintaining life, health and wellness' (p. 35 Orem, 1980). A focus on health self-care includes behavior directed toward everyday preventive health behavior, i.e. good nutrition, exercise, stress reduction and periodic health screening for early detection of health problems, or individual focus on early detection and the reduction of continuing morbidity or complications associated with chronic disease, e.g. diabetes, heart disease, asthma, infectious and other diseases.

For men and women who have an incarceration experience, homelessness can be a condition lasting for a longer time particularly among those who have a history of mental health disorders as compared to those without an incarceration history (Caton, et al., 2005; Copeland, et al., 2009). Qualitative studies have provided insight regarding the personal concerns of men and women reentering the community after incarceration (Alemagno, 2001; Arditti & Few, 2006; Sered & Norton-Hawk, 2008). Concerns include the need for mental health, drug treatment, and drug treatment follow-up, housing, financial support and parenting support.

The aims of this study are to 1) explore health self-care and factors affecting health self-care described by homeless men and women after release from a county correctional facility; and, 2) describe the application of this information to the developing model, *Rediscovery of Self-care (RSC): A Model for Persons with Incarceration Experience* (Shelton, Barta & Andersen, 2016). Research questions for the study are: 1) what factors affect health self-care as described by homeless men and women released from a county correctional facility after a minimum five day length of stay; and, 2) what health self-care behavior is described by released homeless men and women; and, 3) how is health self-care behavior described during initial re-entry and reintegration as related to the developing *Rediscovery of Self-care Model (RSC)*?

Theoretical Framework.

Shelton, Barta & Andersen (2016) hypothesize in RSC Model the personal

requirements for the 'rediscovery' of self-care by men and women who have an incarceration experience. As a person reenters the community after an incarceration experience, individual direction and environmental support in self-care is required to successfully promote, maintain or restore health, both during an 'initial reentry period' or 'reintegration' time frames.

Self-care 'rediscovery' during 'initial re-entry' include acquisition of 'personal situational awareness, goal setting, problem solving, emotional control ability and other environmental factors' (Shelton, et. al., 2016); successful "reintegration' is hypothesized to include independence in self-care, goal orientation, engagement and success in personal re-skilling in personal tasks, work-related skills, or lifestyle.

Methods

Original study. An original study was conducted that included thirty five men and women who were recruited at a day shelter homeless program or were receiving services at a community agency that provided vocational, housing and other services in particular for men and women after incarceration. Inclusion criteria included the person having the ability to understand and speak English, - as indicated by self-report, be over the age of 18. As interviews were completed, each participant received a twenty dollar gift card or metro access card.

Original data collected included both men and women who were homeless (n = 26) and not homeless (n = 9). Aims of the original research included exploring how

health is described; what were the personal experiences with health; what personal strategies promote, maintain or restore health; what personal, social or community factors influence health promotion (i.e. primary, secondary and tertiary prevention); and, what barriers or facilitators influence health promotion (i.e. primary, secondary and tertiary prevention) as described by men and women recently released from an adult county detention center? (Kapetanovic, 2014).

Interviews were conducted using a semi-structured interview and demographic data survey and included questions "what helps you take care of your health", "how do you maintain your health", "are there activities that help you promote, maintain or restore your health", "are there circumstances that stand in the way of being healthy", "how do you think you can affect your health", "are there family and / or friends that help you take care of your health," "how important is your health", "does anyone have an influence on your health"? Additional probe questions were included to explore or clarify participant information provided. Demographic information collected included participant age, educational level, annual income and number of times incarcerated. In addition, selected items from the *Behavioral Health Risk Surveillance System (BHRSS)* instrument were also included regarding individual healthcare status, healthcare access, tobacco use and alcohol consumption (Centers for Disease Control and Prevention, 2014).

The overall theme emerging from the original study of men and a woman coming

back to the community after release is *Health Promotion and A Time of Change.*

Current study. Subsequent to the original study, a secondary analysis that included review of descriptive data and transcribed interviews of 26 homeless men and women was conducted. Selection criteria was determined by coding of original recorded interview text which yielded themes describing personal and environmental factors affecting health self-care and individual tasks of 'rediscovery' of health self-care associated with the initial re-entry and reintegration period as hypothesized in the RSC model.

Findings

The mean age of participants was 41 years old. Most were Caucasian, and not married. Fifty percent of participants had at least a high school education and/or attended some college. The majority of men and women were unemployed and had an income less than $10,000.00. Seventy five percent of participants had an incarceration experience more than four times in their lifetime. The average time from correctional release among men and women was 154.54 days or about five months (SD = 162.918). (See Table 1).

Table 1. Frequency and Mean of Demographic Characteristics of Homeless Men and Women with a Recent History of Incarceration

Variables	**N**	**%**
Gender		
Male	20	77%
Female	6	23%
Race		
White	20	77%
Black or African American	5	19 %
Mixed Race	1	4 %
Marital Status		
Married	7	27%
Divorced	6	23%
Widowed	1	4%
Separated	3	11 %
Never Married	9	35%
Educational Level		
Elementary school	3	11%
Some high school	10	38%
High school graduate	7	27%
Some college or technical school	6	23%
Employment status		
Employed for wages	1	4%
Self-employed	1	4%
Out of work more than one year	8	31%
Out of work for less than one year	6	23%
Unable to work	10	38%
Annual Income		
Less than $10,000	23	88 %
Less than $15,000	2	8%
Between $20,000-$ 50,000	1	4%
Number of times incarcerated		
1 time only	1	4%
2 – 3 times	5	19%
4 – 6 times	6	23%
More than 6 times	14	54%

Only 35% of men and women described their health status upon release as excellent or very good. Eighty-five percent of men and women described the presence of a health condition– either physical or a mental health condition. Health conditions described included asthma, hepatitis C, persistent pain or mental health condition that included depression substance/ drug use history and alcohol excess (See Table 2).

Table 2: Type and Frequency of Reported Physical and Mental Health Problems after Release

Category	N	%
Health problems		
Yes	22	85 %
No	4	15%
Physical Health Problems		
Diabetes	1	4%
Asthma, bronchitis or COPD	9	34%
Hepatitis		
Hepatitis A	1	4%
Hepatitis B	3	11%
Hepatitis C	9	35%
Hepatitis D	1	4%
Hepatitis E	1	4%
Cardiovascular and heart disease		
History of heart attacks	1	4%
Heart disease	1	4%
Chest pain	2	8%
High blood pressure	1	4%
Circulatory problems	2	8%
History of stroke	3	11%
Pain, persistent / chronic	11	42%
Hyperthyroid	2	8%
Neuropathy	1	4%
Gastrointestinal problems	2	8%
Mental health status		
Anxiety	1	4%
Bipolar Disorder	3	11%
Depression	15	58%
Explosive Personality	2	8%
Insomnia	2	8%
Panic attack	1	4%
PTSD	2	8%
Substance/ drug use history	18	69%
Alcohol excess	8	31%

More than 65% of men and women sought healthcare services within one year of the study, and two out of three men and women reported no relationship with a physician or other health care provider. Visits to the Emergency Room were the most frequent source of health care. Only 50% of men and women described having a

'routine checkup' within the last year; most health physicals were conducted at time of arrest or while incarcerated. Most men and women had not seen a dentist for five or more years (See Table 3).

Table 3: Healthcare need and resource utilization by men and women within last year

Healthcare need and utilization	**N**	**%**
Healthcare need within last year	18	69%
Type of health resource utilization		
Physician office visit	11	42%
Community clinic	4	15%
Emergency Room visit	14	53%
Hospital visit	6	23%
Last routine check-up		
Less than 12 months ago	13	50%
1 year and less than 2 years	2	8%
2 years but less than 5 years	5	19%
5 or more years	5	19%
Never	1	4%
Last dental check – up		
Less than 12 months ago	7	27%
1 year and less than 2 years	2	8%
2 years but less than 5 years	4	15%
5 or more years	12	46%
Don't know/not sure	1	4%

Qualitative data. Themes that emerged from secondary analysis include environmental or personal factors that can act as barriers or facilitators in health self-care among homeless men and women after incarceration (See Table 4).

The Environment. As men and women return to communities after incarceration, environmental factors can act as either a facilitator or a barrier to 'rediscovery' of self-care and, is necessary for personal health promotion and maintenance. Homelessness

was described frequently as a negative factor affecting personal ability in maintaining health self-care. A 24-year-old homeless man released two months prior from a county correctional facility describes,

"It is like I am starting over. I have no money, I have no insurance, no place to stay, and it is just hard to get started again. "I guess I am a lot more depressed and have a lot more anxiety now, 'cause I just got out of jail with nothing. (P25).

Table 4. Environmental and personal factors affecting health self-care among released men and women

	Barriers	**Facilitators**
Personal Factors	• Unemployment • Lack of motivation for self-care • Presence of Mental disorders or diminished mental health status • Personal limitations • Dysfunctional family relationships • Disability status • No interest	• Health self-care knowledge • Self-reliance • Positive mental status • Positive self-motivation • Help from family or friends • Desired quality of life • Personal decision-making • Perceived importance of health • Spirituality
Environmental Factors	• Homelessness and the environment • Limited income • Limited or no healthcare access • Lack of healthy food availability • Lack of access to primary care physician • Red tape and paperwork • Waiting on entitlement decisions	• Local Community resources • Access to physician or health care services • Court-ordered services, e.g. counseling • Homeless shelter Medical clinic resource • Military benefits • State entitlement program, e.g. Medicaid, Disability, Social

Men and women described the impact of homelessness to include the need for taking their belongings where ever they go, e.g. carry their medication with them as they continue to, live in outdoor tents or under gutters or ventilation on the streets.

"It is hard to keep up with medication, when you are homeless,
because you don't have a place to rest… or the proper diet or exercise."

(P08)

> *"Being in a shelter situation, it is very difficult to maintain good health. You just are breathing in everyone else's ill health, I think the shelter situation and its activities all contribute to an ill health situation, (P30)*

Community resources were not always available to assist in job placement or housing.

> *"Unfortunately in my situation, I mean, I really haven't gotten much help, at least the help I want. I guess there is only so much they can do [homeless shelter] I am thankful for what I get. The smallest thing I would want is somewhere I can sleep. The main thing I would want is help finding a job." (P27)*

> *"There's a place up here, a housing authority…it's a community place, where they try to get you some kind of housing. But the county, for homeless people, there is really nothing, so basically trying to get what you can get done on your own." (P16)*

Men and women described their need for access to healthcare services or primary care; personal stories included difficulty of healthcare access because of cost, as many were uninsured or underinsured. Additionally men and women talked about their experience in receiving care and the burden of paperwork requirements,

> *"I just now, got a primary care physician, and come to find out; my primary care doesn't do none of that. He refers you out somewhere else, and the places he was trying to refer me to, does not accept my insurance. So I have to switch primary care doctors again, and find one that does. I have a pinched nerve in my back, I need pain management for that and they don't do pain management either. So I have to find a health clinic that is going to accept my insurance and take care of everything right there." (P34)*

> *"Better insurance means better doctors, better care. Right now, we got to basically take what you can get. A lot of the services that I am seeing that I have been referred to, you go to a doctor for a physical,*

> *and all he does is look in your ear, look down your throat, and then sign some papers, and that's it, that's your physical. What can you get from that?"(P34)*

> *"All the political red tape in Social services just trying to get insurance, that the President or whatever says that I have, how I have to file paperwork through paperwork just to get a form for my name, you know (P13)*

Homelessness affected personal ability for daily physical exercise, and walking was a primary mode of exercise. Healthy eating in a shelter situation was sometimes difficult as foods are high in calorie and carbohydrates and lacking in fruits and vegetables.

> *"I would like to eat better, but the problem is I get food stamps, two hundred dollars a month. You basically have to eat the cheapest food you can get, because if you don't, your money runs out in a week or two. It's gone, and then you don't get to eat. (P34)*

For some men and women positive support in health self-care included the availability of local community resources, court-ordered services, e.g. counseling, and a medical clinic located at the homeless shelter, that for many was a primary source of healthcare.

> *"I know I have reinjured my back since then. Now that I have insurance, that is one of my goals to go get it checked out [old back injury], get an MRI to find out what is going on." (P22)*

> *"I want to try to get back in this area, because in this area, I will be able to improve my health. The services through this organization, and Social Services being in the area, the library not being too far, being in a more metropolitan area where I can get around and eat, and see a doctor, and things of that nature, that will help me out.(P13)*

> *"Right now, the [homeless shelter] right here, they been paying for it [medication]. In fact, I have just turned in a prescription for pain medicine, and I am supposed to take it four times a day." (P15)*

Several men and women were waiting on State entitlement program (e.g. Medicaid, Disability and Social Security) decisions concerning medical and financial aid.

> *"I have applied for SSDI already, two or three months ago, and I think they have two or three months to give me a decision. Also, I intend on applying for the state temporary disability, which will give me something in the meantime. I have food stamps, which help out a little bit, as far as buying food." (P22)*

> *"I am trying to get disability, so I can apply for that, and then I can go to Social Services and get you know, temporary cash assistance. I mean it is not much, but it will help out." (P25)*

> *"I am 34 years old and I am just now getting my disability. I have a broken back, since I was 14, so I been in and out of the system." (P13)*

> *"When I flipped my jeep, I messed my L5 up. I can't really lift anything anymore. Between that and my mental health issues I am waiting for disability." (P16)*

> *"No, right now I currently have filed for disability, cause of my mental problem, I haven't worked since 2005. So I can't keep a job, because of my mental… (P20)*

Personal Factors. Although homeless, men and women described improved ability in health self-care as they now had increasing self-awareness regarding their healthcare needs after an incarceration experience.

> *"There are a lot of personal issues that I have experienced that give*

me my PTSD, the death of my daughter, being one of the major contributing factors. Like I said, the medicines have helped, but they still haven't helped to the point where I still don't struggle with it. (P22)

There are certain mental aspects, that I am now learning about myself, which I know lead a long life of unhealthy habits, which I am now addressing with certain doctors [mental health, and certain medications help me address these issues, which now is starting to turn my life around and live a healthier life. " (P23)

"Right, there are things I dream about that I want to follow through with, but I have to be realistic with what I can follow through with. Before, I would have things that I would like to do, but they were not really realistic, so I have been trying to focus on realistic goals, things to kind of work on, to keep my mind busy instead of idle, because I have found when I am idle is when I back slide." (P22)

"My addictions is good, I changed my whole lifestyle as to the people I was around to make sure I don't relapse again. I recognize my triggers and I try to surround myself with nothing but positive people and it is definitely worked for me, as far as spiritually, mentally, physically and everything…but it is still a struggle every day." (P10)

Men and women described a sense of self-reliance. When asked, 'are there people that help you take care of your health?', several men and women answered:

"No basically, myself. Me and my wife are together, basically, we look after each other." (P16)

I keep myself healthy. Anything that is wrong with me, or that I need do, to maintain my health, I do that, because this is my body, this is me! (P11)

"No, for the past two years, I have been by myself. I spoke to my dad twice while I was in jail. I had no contact with anybody, and now that I am out, I don't really have any contact. I have no support group.

(P13)

Family members and friendships were described as a positive influence on personal health- related self-care.

> *"My mother plays an important role in my health. She is always encouraging me to do one thing and giving me advice. I have very few [friends], and out of those very few, all of them are still getting high right now, so I don't associate with anyone really, I pretty much live a solitary life right now." (P22)*

> *"My ex-girlfriend…she is what you call, a fitness instructor. Her brother is also like a holistic. It is kind of confluence of shared values I guess you might say. I don't know everything, she complements my knowledge and habits for that matter, and encourages. It helps to have people around you that share your value. "(P24)*

To the contrary, men and women also described personal limitations that can be a barrier in maintaining their ability in health self-care. Personal limitations included mental health problems, lack of motivation, dysfunctional family relationships, disability, or bluntly, having no interest.

> *"It's like the older I get, the worse my mind gets, I don't know. I can't remember a lot of things; I miss a lot of my doctors' appointments. I just missed one yesterday…It is hard to remember a lot." (P20)*

> *"So, there are some things that I have slacked off on trying to accomplish, because it seems like it is too much, and I know there are certain places I will have to go to take care of these things, and it will immediately click in my head, 'ok, that location, I am going to have a problem with because people are going to talk about me'. I just know it is catastrophizing." (P22)*

> *"After just being released, family issues, family members with mental health issues, of their own, which is really stressful…stuff of that nature." (P08)*

Although 'health' was important for many, some were not ready to engage in positive health self-care.

> *"Well, I could be better, I could be better, using things and resources and all that to be better. I could be, I could be a little less heavy. I could stop smoking. I can try to eat a little better, given my homeless situation… just try when the opportunity arises to try and strive. " (P30)*

> *[What helps you take care of your health?] "Nothing don't help me. If someone would help me, I would do it, but….but if I want to do something else, cause I drink every day, I drink every day, every morning. That's like coffee to me." (P11)*

A 41-year-old man who had spent much of his life, in and out of county corrections because of heroin and cocaine addiction, and is now homeless describes,

> *"For me, it is putting my Lord first and family and just trying to stay focused on the tasks I have to do to try to maintain a normal stable life, instead of an insane addicting life." (P10)*

Health self-care. Individual knowledge regarding their own self-care was described by examples of what participants viewed as positive health-related self-care (See Table 5).

Use of prescribed medication was a frequently described,

> *"There are certain mental aspects,… which I know lead a long life of unhealthy habits, …and certain medications help me address these issues, which now is starting to turn my life around and live a healthier life. " (P23)*

> *"I do need to get on my Lithium, because it has something in the medication that my brain does not produce enough of. I really do need*

it I would really like to get back on medication as soon as possible. " (P31)

"Yes, I am taking anti- anxiety medication. With all the stuff going on, my mind, I can't sleep cause all these thoughts keep racing in my head of how I can fix it and do things, it is kind of crazy, and it is kind of slows me down, get me where I can focus." (P10)

Table 5 Summary of health self-care behavior described by men and women

	Perceived Self-care Behavior
Health self-care	• Prescribed medication use – Psychiatric and Medical • treatment-seeking behavior • Knowledge seeking behavior • Resourcefulness • Health related decision –making • Walking and exercise • Healthy diet • Maintenance of daily routines and activities • Leisure activity • Counseling services – Addiction and /or recovery • Smoking cessation or reduction • Emergency room services • Desire to 'stay clean' of drugs and alcohol

Health self-care included individual descriptions of self-directed planning to seek medical attention for continuing health problems.

"Whatever is going on with my ankle down there, I am going to get it fixed. I am going to find out what I can do to get it fixed. " (P11)

Now that I have insurance, that is one of my goals to go get it checked out [old back injury], get an MRI to find out what is going on." (P22)

Men and women described their own resourcefulness in obtaining needed healthcare or scheduling of health activities.

> *"I am finding more and more important now, learning and being educated, because now I have to do so much more physical stuff now…. but I think I am taking again, an educated view of it, just taking my time, one foot in front of the other, trying to build strength and stamina as opposed to hurry up and get where I am going." (P30)*

> *"There is plenty of information out there to help you do that, of course a lot of it is specific to different problems; but on a general level, just maintain the way you feel, if that is the way you want to feel, then keep doing what you are doing. If you don't want to feel this way, try something else, so it is knowing what your body is, and what it is doing. So it is a cognizance of yourself, is what you need to do, you have to recognize that." (P30)*

> *"I am fairly intelligent. I know who to ask for help, and I know who not to [ask]." (P13)*

> *"I do need to have prostate screenings and colonoscopy, I need stuff like that. I am trying to go to a program right now …. My mother … out of four brothers and all her brothers died of prostate cancer; and my dad had six brothers, right, and like four of them, including him, died of prostate cancer. I need to be on top of that, maybe a little more than I am." (P19)*

Most men and women viewed health as 'important' or 'very important' and many provided descriptions as to how health behavior could be incorporated into a healthier daily lifestyle.

> *"Basically, I am eating right, and doing what I need to do, you know. I want to live as long as possible, you know, be around. I take it serious." Seeing my grandkids and stuff, you know". (P16)*

> *"Right, I try to do the best I can. … The dietary thing is going to be my biggest thing [looking forward to getting an apartment]. I don't cook. I am basically still going to eat out, but I will try to eat out a little more healthy." (P19)*

> *"If I don't keep my health up, I am not going to keep the health of a family up." (P13)*

> *"Hopefully, doing the right thing, I get back on a program, I start the gym. When I am doing the right thing, I am always big on my health, big on my appearance and working out, and staying in shape; I have always been like that." (P28)*

More than 50% of men and women described trying to quit smoking in the last year.

> *"I used to be a heavy smoker, than I went from heavy to a moderate smoking. I can smoke a pack a day, maybe a pack and a half. I smoked twenty, twenty- five years, I smoked. I have come a long way, plus I was a heavy drug user. "(P12)*

> *I am going to cut down on smoking and quit hopefully. It gives me more incentive to quit when I am working out." (P16)*

> *"I try to stay clean. I am smoking now, but I am trying to quit. I don't want to really smoke anymore, and using drugs and alcohol, I been off of that for a while. I just basically, I am just trying to keep myself clean, you know" (P16)*

Participation in leisure activity and keeping busy in routine daily activities was also described as a health self-care behavior.

> *"Being around other people, volunteer work, chores, just staying active and occupied – movies". (P08)*

> *"Well, basically, on Facebook to help ease my mind… and listening to music, that's it. I guess it keeps me sane, or whatever, in the right state of mind" if I am not doing anything, or something, I am liable to probably go off for no apparent reason. I can easily get agitated." (P21)*

Among men and women who described histories of depression, substance /drug use, or excessive alcohol intake, only 43% of participants described their participation

in mental health services that included attendance at Methadone treatment clinics, seeing a psychiatrist, or attending group therapy. Additionally, use of prescribed medication for treatment of chronic mental health conditions of depression, and other psychiatric disorders was described.

> *"Yeah, I am in counseling right now. I go Tues and Thurs. I have been going for a year now. I have three more years to go." (P35)*

> *"Yes, and I am also in a therapy group with my probation officer office… The groups there are from 5:30 to 7:00 o'clock every Monday night." (P08)*

When asked, "What can you describe as things that you do to stay healthy?" men and women described personal dietary-related strategies they tried to incorporate in their daily lives.

> *"Vegetables, I try to eat fresh foods, vegetables. Lean meats, a lot of whole grain cereals, a lot of water, I try to drink a lot of milk. I try to eliminate any processed food. Every now and then I want to snack, but I try to limit that because I want to have a perfect body." (P10)*

Men and women who are homeless tended to walk every day, frequently 'every day, all day" and 'from the time I get up to the time I go to bed, I am walking 'an average two or three miles a day". In addition, walking was a main mode of transportation.

> *"Eating right, exercise, daily routine. I walk a lot, so that might be a good thing, keep my breathing controlled, not breathe too much or too little". Yes, vegetables. I normally make myself like a broth. . "I walk, haven't been to the gym like I am supposed to. But I want to start that back up." (P03)*

"Maybe I can do a little more exercise, I try to do 2 hours for every hour I have in class. That limits your time, exercising. I try to go places and walk a lot. (P08)

"I have a very intense body building /cardio/stretching, stomach; I kind of do it all. It's all one routine, it only takes me about 25 minutes and it is very intense. You see, about a week and a half ago," (P10)

" I have been walking to and from destinations, so my cardio fitness and my general weight and appearance has increased for the better [after jail]. I have lost some inches around my waist, trimmed belly fat because I am walking back and forth." (P18)

Discussion

Individual needs among men and women post incarceration include finding housing, employment, financial support and substance abuse treatment and medical care when released (Freudenberg, et al, 2007). Greater than 50% of men and women in this study had been incarcerated four or more times in their lifetime, a finding that was confirmed by Weiser et al (2009) who found that homeless men and women with a recent incarceration (within a 12 month period) had patterns of jail recidivism.

Physical health. Similar to other studies, men and women described presence of continuing chronic medical or mental health conditions after release that included hepatitis, asthma, depression, substance use or alcohol excess history (Binswanger, et. al, 2009; Wilper et al, 2009). In this study, the presence of continuing and persistent chronic pain, continuing disability and /or the inability to work was reported by men

and women. Presence of musculoskeletal disorders among men and women returning from incarceration were reported by Conklin et al, (2000) as well, however studies related to presence of continuing pain and disabling conditions among the correctional population, and what impact this might have upon employment, continuing low socioeconomic status, and recidivism has not been explored.

Schnittker & John (2007) discussed the effects of incarceration on health and suggested that spending time in jail or prison may have a negative effect on individual health post-release, both short and long term. Functional and physical limitations were reported twice as frequently among those spending more time in jail compared to men and women who spent less time in jail.

Mental health. More than 50% of men and women in this study had a history of substance use. Findings of other studies have found that chances for repeat incarceration (recidivism) are doubled among this population when compared to those without a substance use history (National Re-entry Resource Center, 2012). Among men and women who described histories of depression, substance /drug use, or excessive alcohol intake, only 43% of men and women report involvement in mental health therapies. The lack of access to mental health services by men and women who have histories of substance use and mental health disorders has been reported as an influencing factor in homelessness and repeated incarceration (Kushel, et. al., 2005; McNeil, Binder & Robinson, 2005).

The National Coalition for the Homeless (2009) reports 20-25% of the homeless population in the United States in particular suffers from some form of severe mental health disability. Studies have indicated that with no treatment, men and women continue the use of drugs after incarceration and are likely to reoffend. Further, if treatment is not completed, the likelihood of continued drug use is higher than in persons who have completed treatment or have started treatment and continue with follow-up in the community after release (National Institute on Drug Abuse, 2011).

Access to healthcare. Similar to other studies, men and women sought healthcare services primarily through use of the Emergency Room; most reporting no relationship with a physician or other health care provider. Frank, Andrews, Green et al (2013) note that the increased likelihood of Emergency Room visits among releasees is consistent with other health disparate individuals, e.g. minority, low income level, and insurance status, characteristics over-represented in the population. However, recent release from prison appears to be independently related to likelihood of Emergency Room visits and more directly related to mental health disorders, substance use disorders and ambulatory care sensitive conditions (Hiller, Webster, Garrity et al, 2005). Additional study regarding diagnoses and frequency in use of health services may be helpful in understanding the public health needs of this population.

Similar to other studies (Green, 2016; Malik- Kane & Visher, 2008; Wang,

et. al., 2010), men and women in this study reported not having a primary care provider after release. Cost was described as a barrier, e.g. co-payments and prescription cost, by men and women in this study and affected whether they saw a physician or followed up on needed services. Men and women described health care provider access to needed services was constrained by 'not having the right insurance' or 'waiting on an appointment' for needed services.

Men and women not having health insurance in this study, as similar to other studies, described barriers to health care access that included administrative paperwork of filling out forms, and waiting on decisions of state programs, e.g. disability status and Medical Assistance (Marlow, White & Chesla, 2010; Sered & Norton-Hawk, 2008). This finding suggests that earlier intervention in needed prior to release, in providing assistance to ensure healthcare access after release. For those persons with chronic physical or mental health disorders, resource provisions, e.g. Enrollment Specialists or Case Managers, working with the individual prior to release can be helpful to facilitate early access to healthcare services.

Health self-care. Health behavior pertinent to this population has predominately been described in relation to risk behavior or behavior that may cause harm to self or others (Daniels, Crum, Ramaswamy, & Freudenberg, 2011; Martin, O'Connell, Inciardi, Surratt, & Maiden, 2009; Pena-Orellana, Hernandez-Viver,

Caraballo-Correa, & Albizu-Garcia, 2011). Freudenberg and Heller (2016) describe the need to expand studies of health among criminal justice-involved men and women that includes focus on primary, secondary and tertiary prevention. As health has narrowly been studied among men and women when incarcerated or after release, a limited amount of evidence exists regarding wellness strategies that promote health on all levels of prevention. Much opportunity exists for health research within the criminal justice system in order to better understand the person, and develop relevant programs that support individual health self-care.

In this study, an interest in health self-care was evident among released men and women who are homeless. Most men and women were unemployed longer than one year, as continuing mental health concerns or physical disability affected their ability to work. Men and women described the importance of promoting and maintaining their health after release. Individual health self-care efforts included taking prescribed medication, seeking healthcare for existing health conditions (both medical and mental health), healthy eating when possible, walking and exercise. Men and women described their interest in health goals, such as weight loss and good nutrition and exercise, as they knew each contributed to a higher level of health. Health goals included daily walking and exercise, abstinence from drugs and /or alcohol, and smoking cessation.

Most men and women participating in this study revealed that they were current

cigarette smokers. Some had tried to quit smoking sometime in their lifetime; the intent to quit to smoking was described by men and women as an important health self-care behavior. These findings are similar to other studies; 70-80% of men and women in jail or prison smoke tobacco – a percentage four times the national average of non-institutionalized men and women (Thibodeau, Jorenby, Seal, Su-Young, & Sosman, 2010).

Assistance and support provided by family or friends was helpful in promoting health self-care, although not everyone had family or friends they stayed in contact with. As many described their belief that personal health was important, not everyone described their ability to promote and maintain health self-care. Personal factors negatively affecting health self-care included the lack of income, unemployment, and at times the lack of motivation and interest to participate in positive self-care activities. The importance of family and social support during re-entry had been noted in several studies (Alemago, 2001; Arditti & Few, 2006; Hoyt, 2006). In describing their family relationships, instability was noted among families, both among themselves and/or their children. Not all men and women had a relationship with their families after release, and a few men and women described friends or others as having a negative influence on health because of continuing mental health problems or unchanged lifestyles.

When asked the question 'what helps you take care of yourself?' or 'are there

things that stand in your way from being healthy?' men and women responded that they themselves were the deciding factor in staying healthy. As several persons described, "If I stop doing what I do- I am the one that will help me with my health" and "the only person that can make it better is me."

Loeb, Steffensmeier, & Lawrence (2008) conducted a pilot study with a convenience sample of 51 older male inmates, age 50 or older, at a state correctional facility, to survey how incarcerated older men described their health status, self-efficacy beliefs, and health-promoting behaviors. The presence of chronic conditions ranged from two to 13 among the study participants. A slightly higher percentage (62.7%) reported feeling very confident in their ability to manage their health on release from prison when compared to percent of inmates very confident in their ability to manage their health in prison (60%).

The Re-discovery of Self-Care model. During the two physical transitional periods after incarceration e.g. initial re-entry and reintegration (Shelton, et al., 2016), the process of personal 'rediscovery' of self-care includes having situational awareness after release, participation in goal setting and problem solving, and demonstrating emotional control ability. As men and women progress in these tasks, hypotheses include increasing capacity for self-care, goal orientation, engagement and success in personal re-skilling.

Men and women who participated in this study were released at least five

days and no more than eighteen months from a county correctional facility. They are in an 'initial re-entry period' or 'reintegration' period after recent release. As reflected by the model, the 'initial re-entry' after the incarceration period is characterized by personal tasks and challenges such as re-establish housing, employment, and reconnection with family and friends. It is a time where self-direction is important and individual adaptation to re-entry may be influenced by 'personal situational awareness, goal setting, problem solving, emotional control ability and other environmental factor' (Shelton et al, 2016).

In this study, men and women described their awareness of their circumstances post release. Descriptions included knowledge of their physical and mental health conditions, an awareness of how their former life styles that included the use of illicit drugs as unhealthy; they described how homelessness, the lack of income and unemployment affected their health. Men and women described wanting a higher level of health than before they were incarcerated.

Goals for their own health included access to healthcare, for treatment of current conditions that affected the quality of their life, e.g. pain control, hepatitis C, musculoskeletal conditions; health self-care was described to be important by most men and women. In addition, men and women described efforts to promote and maintain their health that included a desire for healthy eating, exercise, weight loss, obtaining financial support through state assistance programs that would enable

assistance with housing and healthcare.

Problem-solving to support health self-care included using the Emergency Room Medical clinic at the homeless shelter for prescriptions and attendance in a Methadone program. Both personal and environmental factors affected individual ability to problem-solve. Personal factors included unemployment, limited income, history of mental health problems, and continuing disabling conditions that resulted in continuing pain affected problem-solving ability.

Homelessness was a major environmental factor that affected individual health self-care. In living in a tent or on the street and coming to a day shelter, men and women needed to carry their medication with them, ate foods provided which generally were high in carbohydrates and limited in fruits and vegetable. In addition, healthcare access was primarily through use of the Emergency Room at local hospitals for needed services.

Implications

The Rediscovery of Self-Care model offers a beginning framework in the understanding of adaptation and self-care along a continuum of time among men and women with an incarceration experience. Both personal and environmental factors affect an individual's ability to achieve health self-care after an incarceration experience.

Nursing strategies can provide assistance in personal growth in self-care during

these periods. For instance, strategies directed toward increased stress tolerance, motivation to re-integrate and to practice self-care could promote positive adaptation. Successful outcomes of incorporated strategies would be demonstrated by an "internalization of problem-solving and goal-oriented behavior, recognition of the discrepancy between prisoned behavior and behaviors that are adaptive in the community" (Shelton, et. al, 2016). Planned nursing intervention can assist in promoting positive adaptation in health self-care, beginning during incarceration and continuing in the community when released.

Assistance is needed to facilitate environmental supports that can effect an individual's self-care after an incarceration experience, e.g. reestablishing entitlements, housing, financial independence, and interpersonal relationships. Personal and environmental support should begin before a person is released. A focus on increasing self-care among men and women preparing for release to communities include efforts in health education and discharge planning, with continued case management can help facilitate effective self-care. Continuing case management can to ensure an effective transition into the community, that include health related and other concerns, e.g. housing, entitlement support, and assisting with resource identification, obtaining needed support and services, and continued coordination once services are enacted (Sun, 2012).

Discharge planning to meet the health needs of offenders prior to community

release is not well documented. Research describing the use of case management models for care, treatment and coordination of those persons with mental illness, for instance, is described with mixed results as related to decreasing recidivism, stabilization on medication, improvement in social functioning, less relapse to substance abuse, and improved quality of life (Essock et al., 2006; Kleinpeter, Deschenes, Blanks, Lepage, & Knox, 2006; Loveland & Boyle, 2007;).

The Patient Protection and Affordable Care Act (ACA) as of 2014 provide a provision for Medicaid expansion in states, allowing more men and women in need of healthcare coverage to become eligible for a state program and participation in state-based health exchanges. In various states, eligibility to participate in such a program has been limited to men and women without a felony conviction or criminal history. Beginning in 2014, Medicaid expansion programs have become available for many men and women released from correctional facilities (Phillips, 2012).

Nurse case management is one strategy incorporated to assist men and women with chronic illness to manage their health care needs. A nurse case management program provides individual assistance in referral and/or access to a network of provider referrals and services, care and costs are monitored. Patient-centered medical homes are becoming centers of client care to include preventive services, and coordination of care for men and women with chronic illness. As incarceration may be a revolving door for some, there is a window of opportunity for nursing intervention

aimed at providing health education and facilitation of information regarding needed services when released. Pertinent topics include those that support individual efforts to promote and maintain positive mental and physical health, e.g. the effects of drug and alcohol, effective coping, anger management; as well, health awareness of physical care pertinent to body systems, i.e. colds and flu, hypertension, and healthy eating, as examples.

Discharge planning that includes immediate access to entitlement programs, the coordination in the transfer of pertinent medical information, and having resources available to assist with self-care upon release is important. Resources to assist in promoting self-care include needs for housing, mental health counseling, education, job training, medical care, family support, and parenting assistance when released.

Although men and women are provided insurance coverage, personal health self-care can be influenced by personal capacity and motivation to positively adapt. Such factors may include degree of self-reliance and/or capacity for self-efficacy, motivation, or other psychosocial or personal histories that care affect health self-care ability. A paucity of studies have suggested released men and women who are homeless are less likely to engage in healthcare, or have insurance coverage that influences treatment adherence to prescribed medical plan of care; however more research is needed to understand the correctional population who are homeless after an incarceration experience. (Chen, et al. 2013). As increasing coordination of services

is occurring, research describes mixed results in the use of case management models for care, treatment and coordination of persons with mental illness, or outcomes of care concerning recidivism, stabilization on medication, improvement in social functioning, less relapse to substance abuse, and improved quality of life (Essock et al., 2006; Kleinpeter, Deschenes, Blanks, Lepage, & Knox, 2006; Loveland & Boyle, 2007).

Limitations

Limitations of the study include: 1) instrument administration took place at one point in time for individuals volunteering to participate in this study; 2) a second interview did not occur to validate the interpretation of the results; 3) findings are limited to men and women who are receiving services or require assistance in returning to the community after incarceration. To receive services, men and women need to meet eligibility criteria for financial need according to federal poverty guidelines**.** Transferability of results is limited to men and women with reduced or limited income, who have reentered the community from county detention and are homeless.

Conclusions

In this study, the homeless men and women post incarceration are wanting of health self-care. Health awareness is present among these men and women as knowledge regarding their own health conditions, awareness of their health history,

and general knowledge of what is needed to stay healthy. At the time the interviews took place, participants were released between five days to eighteen months; during the re-entry and reintegration phases noted by the RSC Model. Twenty-six of the thirty-five (74%) men and women in the original study described an interest in health self-care. As discussed, varying levels of supports are needed as individuals are more confident in their self-care.

As men and women exit from correctional facilities, individual planning for release needs to include health supports allow a person to integrate back into the community and care for themselves. These supports include provision of shelter, having ready availability of a minimal income, access to health entitlement programs, and integration into established healthcare networks for receipt of needed healthcare services. Healthcare services provided should focus on disease prevention, diagnosis and treatment, and continuing care of existing chronic conditions.

Additional research is needed to explore the association between personal, social and community factors that can influence personal health-related self-care. The RSC Model is useful as a guide to support exploration of efficacious interventions that can most effectively assist men and women after an incarceration experience.

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