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Attitudes of Women Offenders towards Medicaid Enrollment and Coverage under the Affordable Care Act

Morrisa B. Rice, PhD

Abstract

This phenomenological study explored the attitudes of women offenders in jail about Medicaid enrollment and coverage under the Affordable Care Act (ACA). This understanding provided insight for jail leadership and other stakeholders to address barriers and incorporate facilitators identified to make it simpler for women offenders to enroll before released from jail.

Problem

Women offenders:

- represent 7% of incarcerated individuals with higher rates of HIV and sexually transmitted infections (Maruschak, Berzosky, & Unangst, 2015),
- are more likely to report chronic condition and infectious disease (Malave, 2014; Springer, 2010),
- are often times uninsured and unmet health care needs ((Fitzgerald, Cohen, Hyams, Sullivan, & Johnson, 2014), and
- lack adequate treatment and often times cycle in and out of jail.

However, the Second Chance Act and the ACA offers the opportunities for Medicaid enrollment while in jail and women offenders can have coverage when released if they qualify.

Little is known regarding:

- what jails are doing related to Medicaid enrollment and coverage (Malave, 2014; Marks & Turner, 2014),
- the specific health care reentry needs of women offenders (Regenstein & Rosenbaum, 2014),
- women offenders' experience with Medicaid enrollment, and
- their unmet health care needs (Cuellar & Cheema, 2012).

Purpose

To understand the lived experiences of women offenders with Medicaid enrollment and coverage under the Affordable Care Act (ACA) to inform future policy decisions and practices.

Relevant Literature

Conceptual Framework

The Andersen behavioral model of health services use (Babitsch, Gohl, & von Lengerke, 2012) has been used to examine both the individual and contextual determinants of health service usage. The model has three major components:

- predisposing factors,
- enabling factors, and
- need factors (Babitsch, Gohl, & von Lengerke, 2012).

This study focused on the enabling factors, including the conditions that foster service utilization, such as health insurance, and the influence of health policies on access to health care.

Background

- Studies have shown a lack of coordination among the United States' correctional system and community health organizations in providing comprehensive health for offenders (Marks & Turner, 2014).
- There are gender-responsive factors that impact women in correctional facilities, and staff could be trained to provide better services for women (Wright, Van Voorhis, Salisbury, and Bauman, 2012).
- Reentry programming staff could help with Medicaid outreach and enrollment (Cuellar & Cheema, 2012).

Research Questions

1. What are the attitudes of women offenders in jail settings toward Medicaid coverage under the ACA?
2. What are the experiences of women offenders in jail settings with Medicaid enrollment under the ACA?
3. What are the implications for women offenders in jail settings of Medicaid coverage under the ACA?

Procedure

Design

- Phenomenology study

Sample

- 11 women offenders randomly recruited:
 - spoke English
 - minimum of a 6th grade education
 - not on restriction according to jail policy

Collection

- In-depth and semi-structured interviews with 10 open-ended questions
- Audio-recorded Interviews

Data Analysis

Qualitative data software, Nvivo for Mac was used to code and develop primary and secondary themes.

Findings

Medicaid Coverage: Demonstrated knowledge and understanding of the purpose of Medicaid and the ACA

Medicaid Enrollment Opportunities: Favorable attitudes toward Medicaid enrollment opportunities

Barriers and Facilitators to Medicaid enrollment:

Barriers: low health literacy, inadequate language proficiency, being denied coverage, and the lack of proper identification

Facilitators: assistance with enrollment and the forms, providing a translator, and being treated with respect as a person to address stigma

Health Concerns: Women's health, mental health, and drug addition issues

Community Linkages: Lacked confidence in access to health care and felt there would be unmet health care needs unless Medicaid enrollment assistance was provided as a reentry service

Limitations

Only the perceptions of a small subset of women offenders were examined without collection of demographic data.

Questions about the impact to health care were not asked.

May not generalized to states that did not implement the ACA and Medicaid expansion.

Conclusions

The SCA is instrumental in developing reentry programs and the ACA is important for Medicaid enrollment and coverage for jail-involved individuals.

Identified the knowledge and perceptions of women offenders in the study related to Medicaid, the barriers and facilitators that exist to Medicaid enrollment, and their priority health care issues.

Examining the level of care received while in jail is needed including linkages and collaborations between correctional facilities and community health organizations to enhance continuity of care.

Social Change Implications

Policymakers have the opportunity to address barriers and facilitators of Medicaid enrollment and coverage.

Correctional Facility Leadership (Jails) have the opportunity to identify best practices and change processes.

Community Health Organizations have a greater understanding of the health care needs of women offenders upon release from incarceration and into their communities.

Committee Chair: Dr. **Michael Furukawa**: Committee Member: Dr. **Magdeline Aagard**