

HOW ARE NEW ORLEANS AREA RESIDENTS OBTAINING HEALTH CARE?

Many New Orleans area residents faced challenges obtaining needed care before Katrina's waters inundated the region. The devastation of the health care infrastructure, both in terms of destroyed facilities and the exodus of health professionals, coupled with the storm's impact on residents' physical and mental health status, created new health access challenges for those Katrina survivors still living and working in the region.

Katrina's levee breaches washed away much of a health care system that worked for some but left many low-income residents uninsured and reliant on the Charity Hospital system. Prior to the storms of 2005, more than one in five New Orleans area residents lacked health insurance coverage.¹¹ Nearly 90% of the healthcare delivered to the area's uninsured was provided by the state-run public hospital, the Medical Center of Louisiana at New Orleans (MCLNO), which consisted of two hospitals on the MCLNO campus – Charity and University Hospitals.¹² The region was not lacking in healthcare capacity for the insured, however; the 16 major acute care hospitals in the area provided an inpatient capacity of four beds per 1000 people, which exceeded the national average by 1.2 beds per 1000 (Appendix A).¹³

When Hurricane Katrina and the resulting flood hit the New Orleans area, all healthcare facilities in New Orleans were closed, and many were damaged beyond repair. At the time of the survey, six of the 16 major hospitals in the region were still closed, and many of those that were open were operating at reduced capacity. Charity Hospital, the region's principal provider of mental health services for the low-income uninsured, was among the facilities deemed irreparably damaged. Both Charity and University Hospitals remained closed at the time of this survey in fall 2006, although University Hospital reopened for trauma care and limited inpatient services on November 20, 2006. At the time of the survey, a trauma center in Jefferson Parish and limited urgent care services in a converted department store in downtown New Orleans, where the wait for patients with non-emergent conditions sometimes exceeded 10 hours, were the primary health resources available to replace Charity.¹⁴

As state and local policymakers and planners reconstruct and reshape the New Orleans area health care system to meet the needs of the region's post-Katrina population, their efforts have been hampered by a lack of information about the current health coverage and utilization patterns among the region's inhabitants. The findings that follow help fill this gap by providing a portrait of health coverage, access, and utilization for area residents one year after Katrina, with a particular focus on Orleans Parish and the populations most likely to experience difficulties obtaining care.

¹¹ Louisiana Department of Health and Hospitals (2005) *Louisiana's Uninsured Population: A Report from the 2005 Louisiana Health Insurance Survey*. Accessed July 6, 2007: <http://www.dhh.louisiana.gov/offices/publications/pubs-311/Louisianas%20Uninsured%20population%20survey%20report%202005.pdf>

¹² Rudowitz, R; Rowland, D; Shartzter, A. "Health Care in New Orleans Before and After Hurricane Katrina" *Health Affairs* 25 (2006): w393-w406.

¹³ Kaiser Family Foundation, "Louisiana: Hospital Beds per 1,000 Population, 2004," <http://www.statehealthfacts.org/cgi-bin/healthfacts.cgi?action=profile&area=Louisiana&category=Providers+%26+Service+Use&subcategory=Hospitals&topic=Beds> (accessed 18 June 2007)

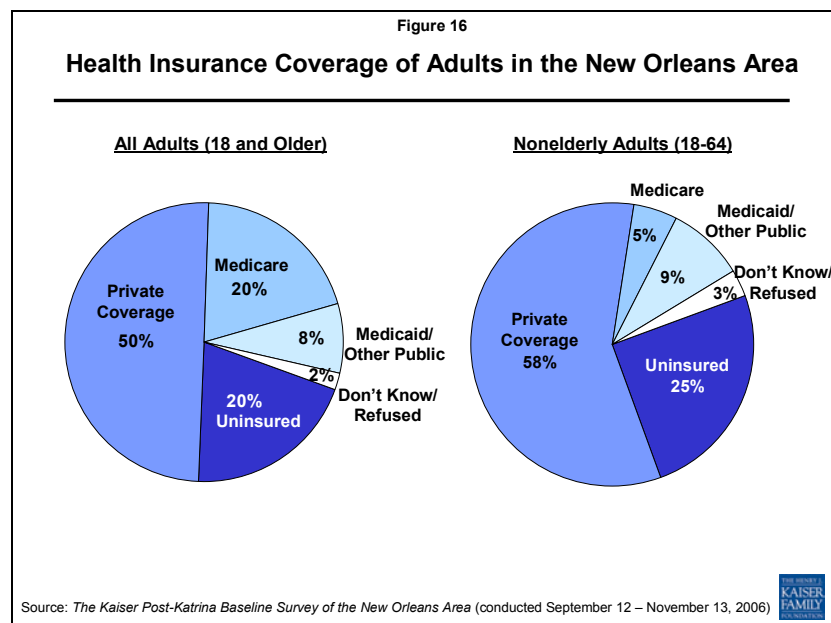
¹⁴ Oberman, Mira. "Landmark New Orleans Hospital Operates in Department Store." *Terra Daily*. August 23, 2006. Accessed on June 21, 2007: http://www.terradaily.com/reports/Landmark_New_Orleans_Hospital_Operates_In_Department_Store_999.html

HEALTH INSURANCE COVERAGE

Having health care coverage helps to promote access to health care services. The uninsured use fewer services, are more likely to delay or do without care, and suffer poorer health outcomes than those with insurance. While most elderly Americans have coverage through Medicare, non-elderly adults rely on a mix of employer-sponsored coverage and Medicaid for poor parents and people with disabilities. As a result of gaps in coverage, adults under age 65 comprise the bulk of both the nation's and Louisiana's uninsured population.

Post-Katrina New Orleans still has a large uninsured population

In the fall of 2006 roughly half of adults in the New Orleans area reported that they received their health coverage through the private market, with the majority of those receiving coverage through their employer (40%) and the balance buying coverage on their own (10%). One in five respondents reported coverage through Medicare, and roughly 8% reported primary coverage through Medicaid or other public programs. However, 20% of adult residents reported no source of insurance coverage whatsoever – a rate significantly above the 15% of adults who are uninsured nationally.¹⁵



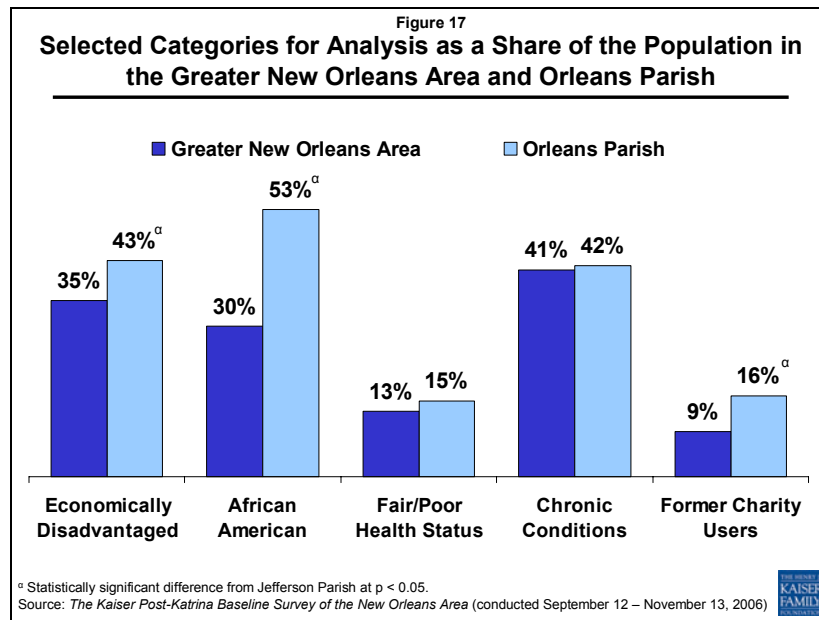
Among non-elderly adults between age 18 and 65, 25% reported no source of insurance coverage, substantially higher than the national average of 17% for this group.¹⁶ Although high rates of uninsurance were a problem in the New Orleans area prior to the storm, these data indicate that the population in the region after Katrina still faces substantial difficulties obtaining health coverage and overall uninsurance rates remain high.

¹⁵ Source for national statistics: Kaiser Commission on Medicaid and the Uninsured and Urban Institute analysis of the March 2006 Current Population Survey, available at www.statehealthfacts.org/r/coverage.cfm, last accessed July 17, 2007.

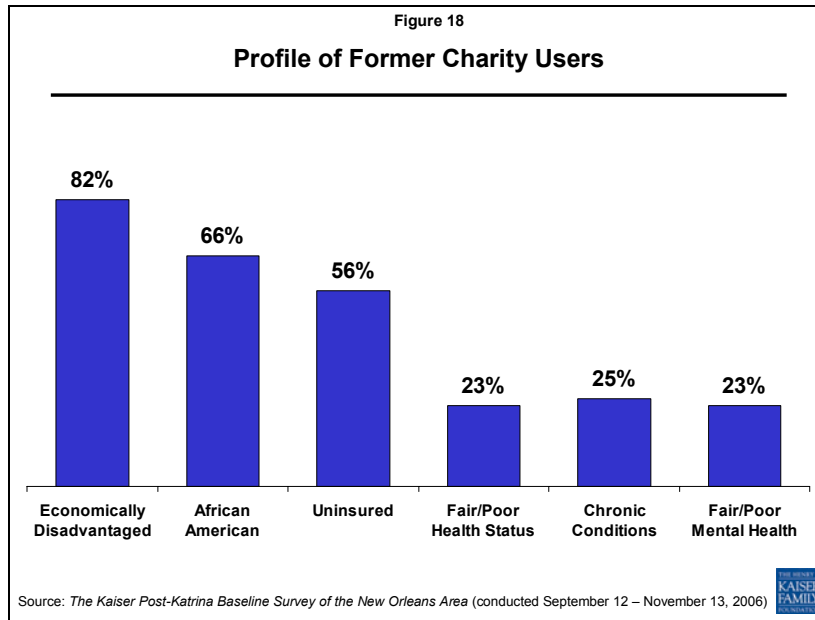
¹⁶ Ibid.

Uninsurance rates higher among certain vulnerable populations

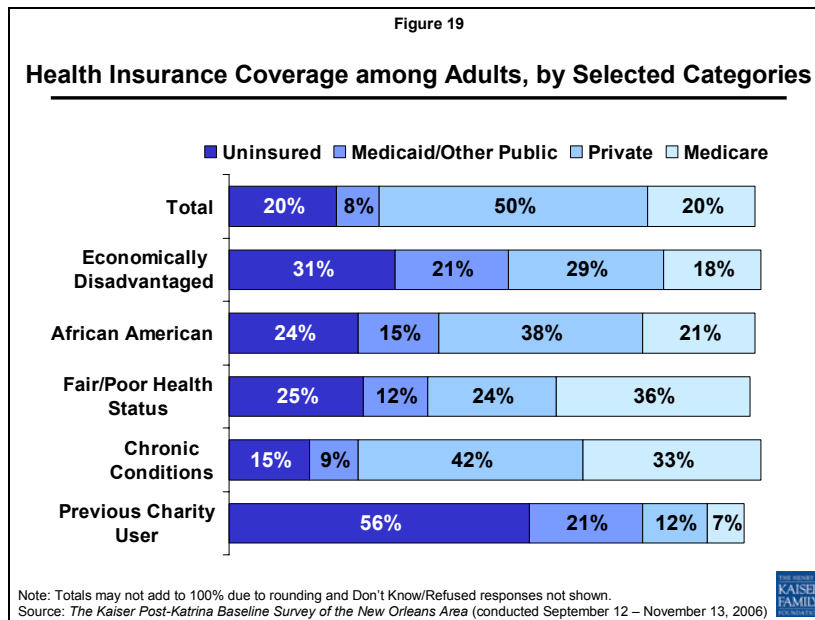
Because the burden of uninsurance and difficulties accessing needed care fall unequally across a community, we focus in this report on certain populations that may have experienced the greatest difficulties obtaining coverage and accessing care in Post-Katrina New Orleans. More than third (35%) of residents in the New Orleans area can be defined as economically disadvantaged, 30% were African American (a group in New Orleans with a long history of disparities in health coverage and access), significant numbers reported chronic conditions (41%) or poor health status (13%) that require ongoing medical care, and nearly one in ten (9%) area residents (many of whom were also included in these other groups) previously relied on the now defunct Charity Hospital for their care. These former Charity users were more prevalent in Orleans Parish than throughout the entire region.



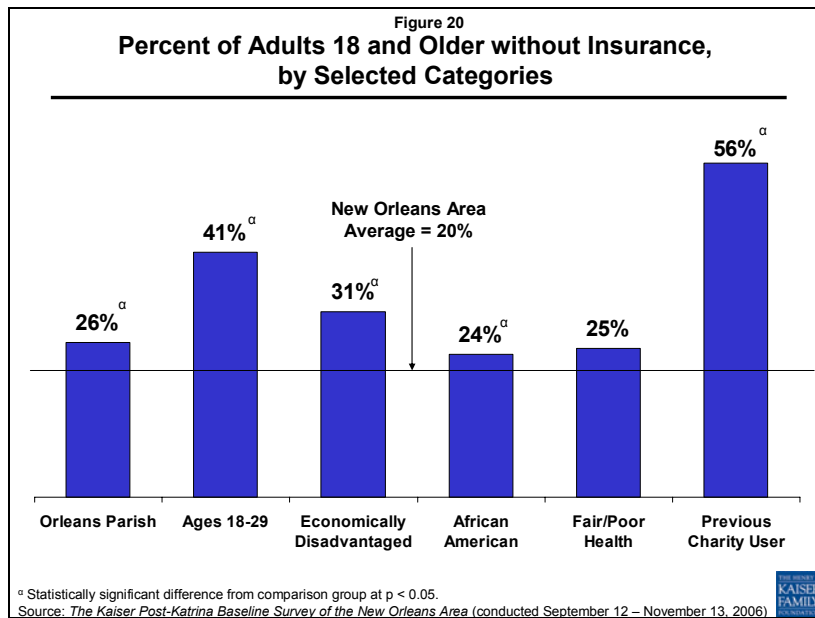
A profile of the population who formerly relied on Charity Hospital shows that the majority of this group was economically disadvantaged, pointing to the role the hospital system played in delivering care to those with limited resources. Two-thirds of former Charity users were African American. About a quarter of those who previously relied on Charity Hospital for care reported fair or poor health status and a similar share had a chronic condition. Following the closure of Charity Hospital, this is a group that can be expected to face particular challenges accessing health services post-Katrina.



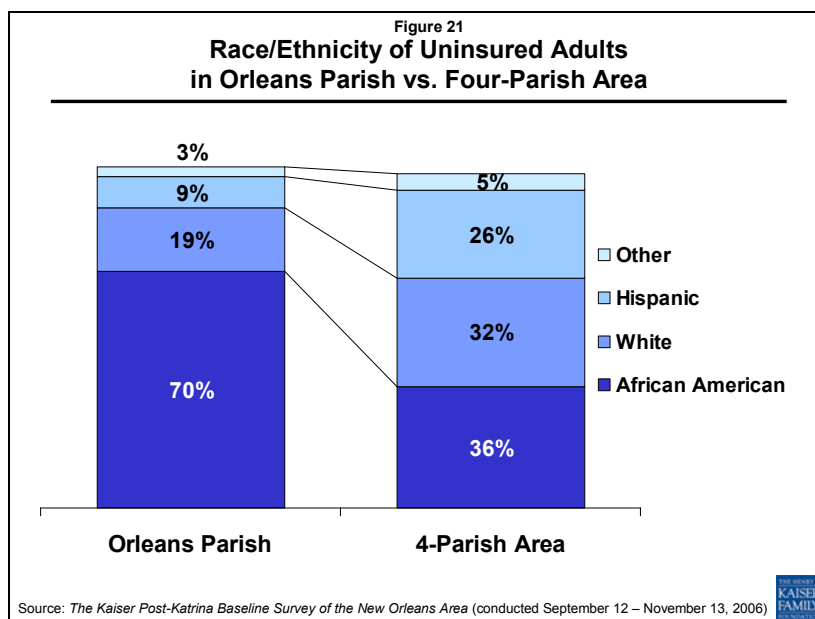
Assessing the likelihood of being uninsured in post-Katrina New Orleans, adults who were previous Charity users were the most likely to be uninsured (56%). Nearly one in four (24%) African Americans lacked coverage and nearly one in three (31%) in the group defined as economically disadvantaged were uninsured. Those with chronic conditions, the prevalence of which generally increases with age, were slightly less likely to be uninsured since one in three were covered by Medicare. Still, 15% of those with chronic conditions reported no source of health insurance coverage in the fall of 2006.



Uninsurance rates were also higher among those residing in Orleans Parish (26%) and young adults age 18-29 (41%). It is noteworthy that more than half (56%) of those whose primary source of care before the storm was the Charity Hospital system reported no source of insurance coverage and that 21% of former Charity users depended on Medicaid for their coverage.

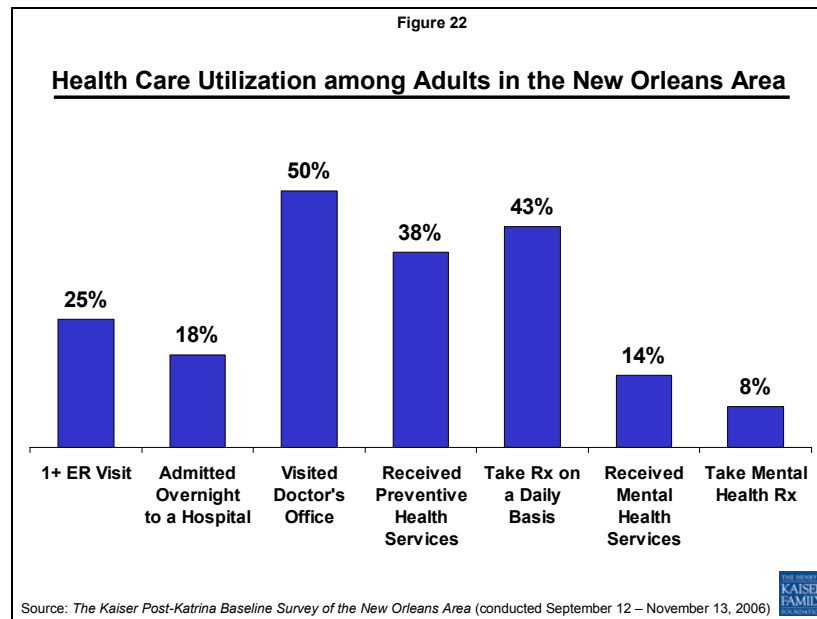


Racial and ethnic disparities in coverage are especially pronounced in Orleans Parish, which has a higher proportion of African American residents than the surrounding parishes. The uninsured in Orleans Parish are predominantly African American (70%), whereas they comprise only 36% of the uninsured in the entire Greater New Orleans, four-parish area. This finding is driven both by African Americans comprising a greater proportion of the total population in Orleans Parish (53%) than in Jefferson Parish (19%) and by higher rates of uninsurance among those African Americans in Orleans Parish (33%) than in Jefferson Parish (15%).



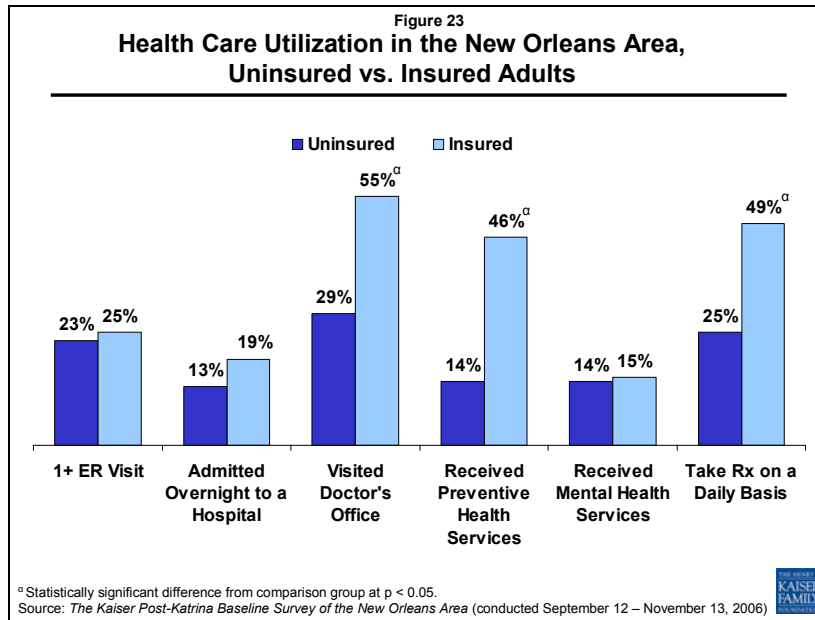
USE OF HEALTH CARE SERVICES

Despite challenges in accessing and affording care in post-Katrina New Orleans, the need for services is evident in the roughly half of all area residents who reported visiting a doctor's office in the previous six months and the 43% who reported taking at least one prescription medication each day. One in four reported a trip to the emergency room in the past six months and nearly one in five (18%) reported having been admitted to a hospital overnight.



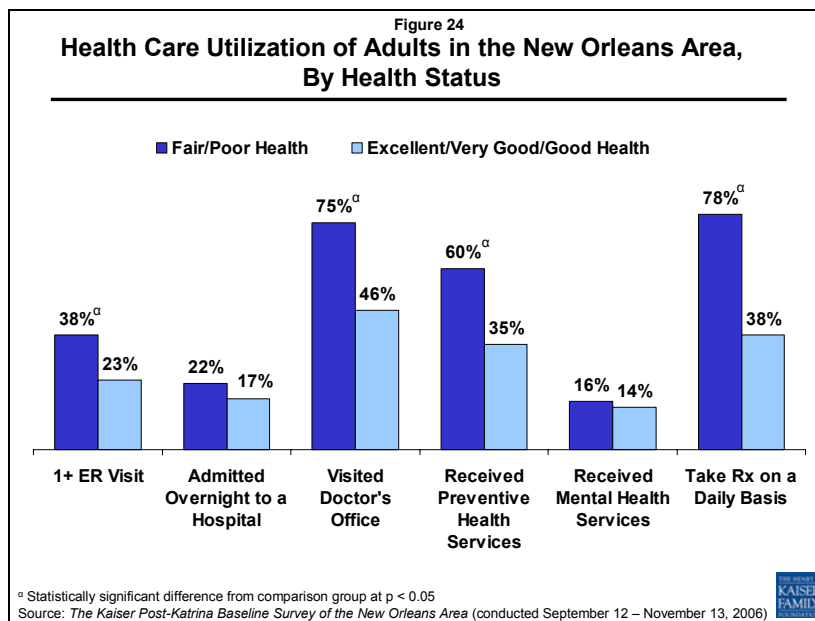
Utilization lower among uninsured

These overall utilization patterns mask important differences between those residents who have insurance and those who do not. Uninsured residents had significantly lower utilization rates across three of the measures asked about in the survey, with only 29% reporting a visit to a physician's office over the last six months compared to 55% of their insured counterparts. Some portion of these differences could be due to the uninsured being younger than the insured population; however, as discussed earlier, the uninsured did report worse physical and mental health than the insured, which should lead to greater utilization. Given their lower self-reported physical and mental health status, lower utilization rates among the uninsured suggest that they may face particular barriers in obtaining needed care in post-Katrina New Orleans.

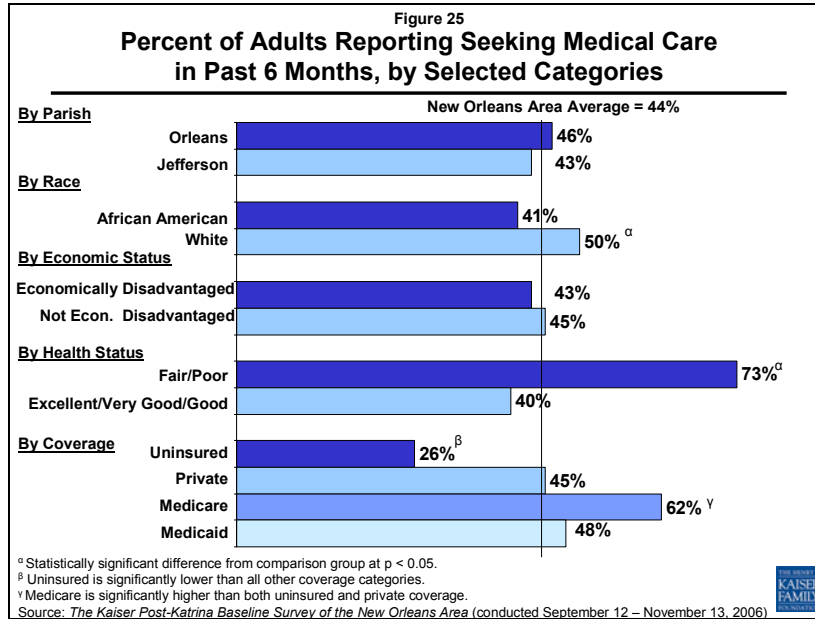


Utilization higher for those in fair or poor health

Indeed, when looking at the entire population, those with the greatest need for health care services were more likely to utilize services. Those reporting fair or poor health status were much more likely than those in better health to have been to an emergency room, seen a doctor, received preventive services, or to be taking prescription medication on a daily basis. Nearly one in four (38%) of those in fair or poor health used an ER and three out of four visited a doctor in the last six months and have prescription medications.



Overall, the fraction of the population who sought medical care in the last six months varied significantly across several important subgroups. About three quarters (73%) of those reporting fair or poor health status sought medical care. Those with health coverage were more likely to report seeking medical care than the uninsured. Individuals with chronic health conditions such as hypertension, diabetes, or asthma require consistent access to needed medical care and prescription drugs to maintain their health, and disruptions in access and utilization of care of the type experienced in the aftermath of Katrina can lead to significant declines in health status. Reflective of their greater health needs, care-seeking rates were higher for those with Medicare coverage than for younger adults with private or Medicaid coverage.

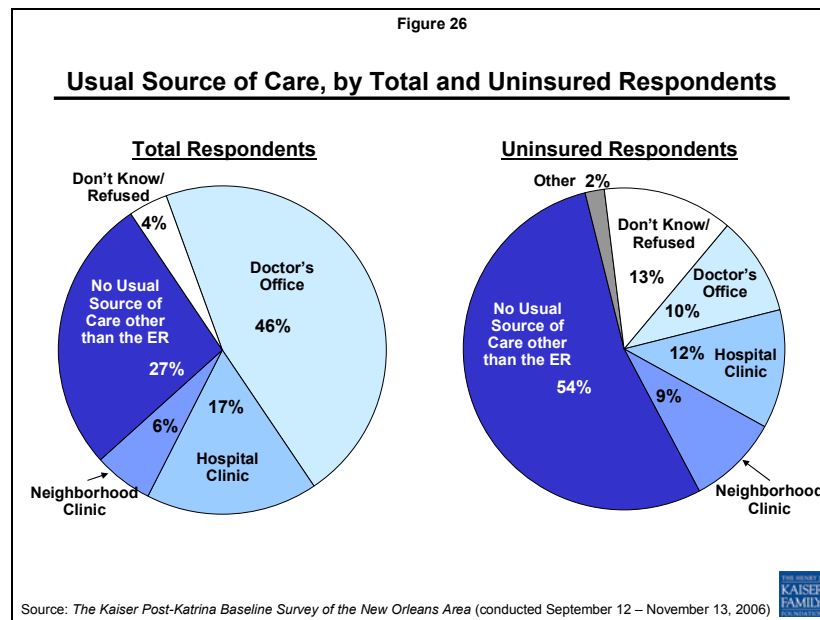


ACCESS TO HEALTH CARE

Because Katrina caused such profound disruption to nearly all aspects of life in the New Orleans region, individuals faced a range of challenges in accessing needed care post-Katrina. Individuals relocated within the region to areas where they did not know the doctors or hospitals; hospitals themselves were shuttered or offered greatly reduced services (Appendix A); and physicians and their medical staff left the area in significant numbers. A July 2006 report by Blue Cross Blue Shield of Louisiana found a 51% reduction in the number of physicians filing claims in the state post-Katrina, with 96% of this reduction occurring in Orleans Parish.¹⁷ Taken together, these factors made it difficult for many New Orleans area residents to maintain their connections to their usual hospital, clinic, and physicians. One in four adults (27%) in the area post-Katrina reported they have no usual source of care or rely on an ER for their care.

Post-Katrina New Orleans area residents less likely to have a usual source of care

Individuals who report having a doctor or clinic that they consider their “usual source of care” are far more likely to be able to access needed care in an appropriate and timely fashion. Research has demonstrated that those with a usual source of care are less likely to experience unnecessary hospitalizations or visits to the emergency room for conditions that could more appropriately be treated in a clinic or doctor’s office.¹⁸ Post-Katrina, 73% of adult residents in the New Orleans area reported a usual source of care compared to 84% nationally.¹⁹ With many physicians leaving the area or relocating their practice in the aftermath of Katrina, many residents are now without a doctor or clinic they can turn to for their primary care needs. Indeed, 46% of respondents identified a doctor’s office as their primary usual source of care, a smaller share than the two-thirds (66%) who do so nationally.²⁰



¹⁷ Louisiana Health Care Redesign Collaborative, “Region 1 Health Care Profile: A Review of Health Care Workforce and Services in Orleans, Jefferson, Plaquemines and St. Bernard Parishes Post-Hurricane Katrina.” Presented for the Louisiana Health Care Redesign Collaborative 11/21/2006.

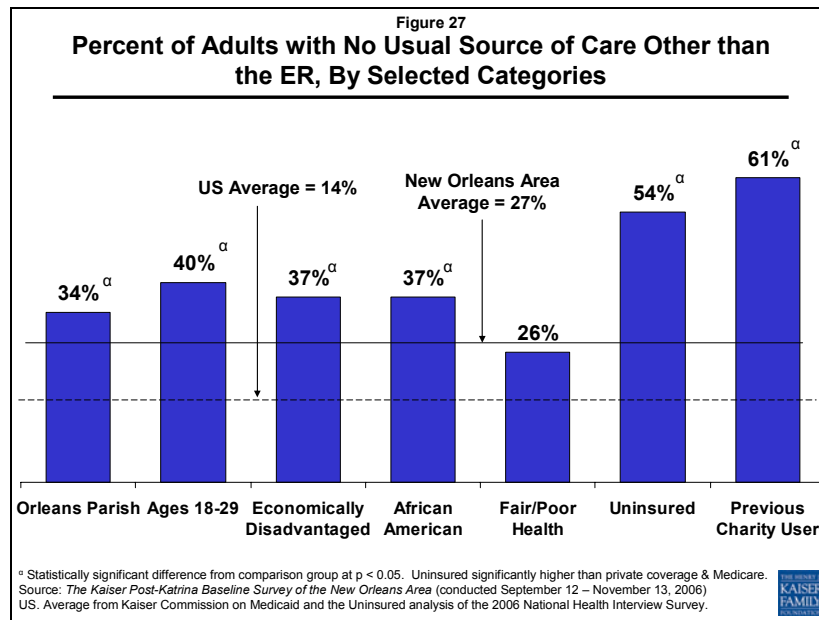
¹⁸ Petersen, et al. 1998. “Nonurgent Emergency Department Visits: The Effect of Having a Regular Doctor”, *Medical Care*, 36(8):1249-1255; Bindman et al. 1996. “Primary Care and Receipt of Preventive Services,” *Journal of General Internal Medicine*, 11(5):269-276; Sarver, J et al. 2002. “Usual Source of Care and Nonurgent Emergency Department Use,” *Academic Emergency Medicine*, 9(9): 916-923.

¹⁹ Source for national statistics: Kaiser Commission on Medicaid and the Uninsured analysis of the 2006 National Health Interview Survey.

²⁰ Ibid.

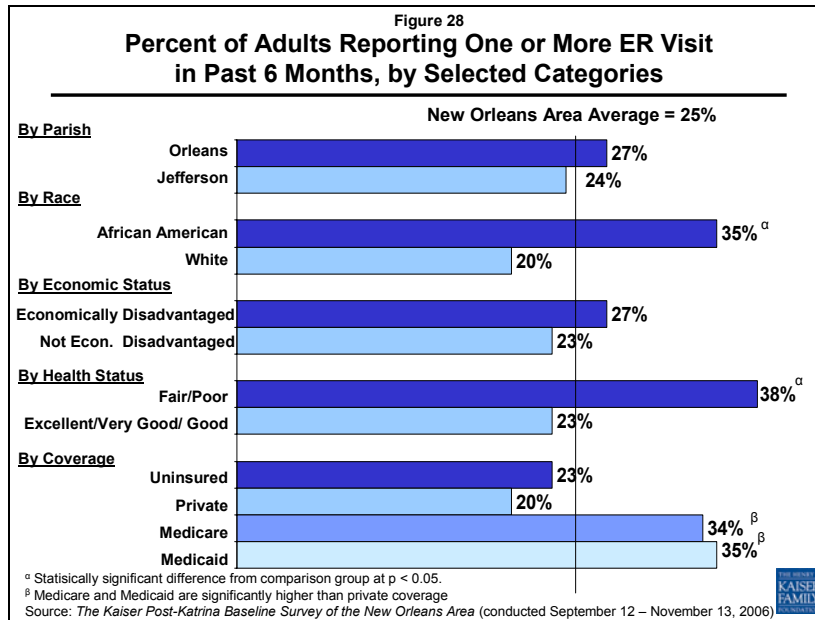
Over a third (34%) of Orleans Parish residents reported no usual source of care other than the ER in the fall of 2006. Access to a usual source of care is even more problematic for the uninsured. More than half of uninsured area residents (54%) reported no usual source of care other than the ER (roughly the same as the proportion nationally), and only 10% reported a physician's office as their usual source of care (compared to 27% of the uninsured nationally).²¹ Given the loss of provider capacity in post-Katrina New Orleans and the widespread disruption to the health care system, this lower rate of identifying a physician's office as the usual source of care is not surprising.

Other groups reporting percentages with no usual source of care other than the ER above the national and New Orleans area average included African Americans (37%) and the economically disadvantaged (37%). Not surprising given the closure of the Charity Hospital system after Katrina, 61% of previous users of the Charity Hospital system reported they had no usual source of care besides an ER.



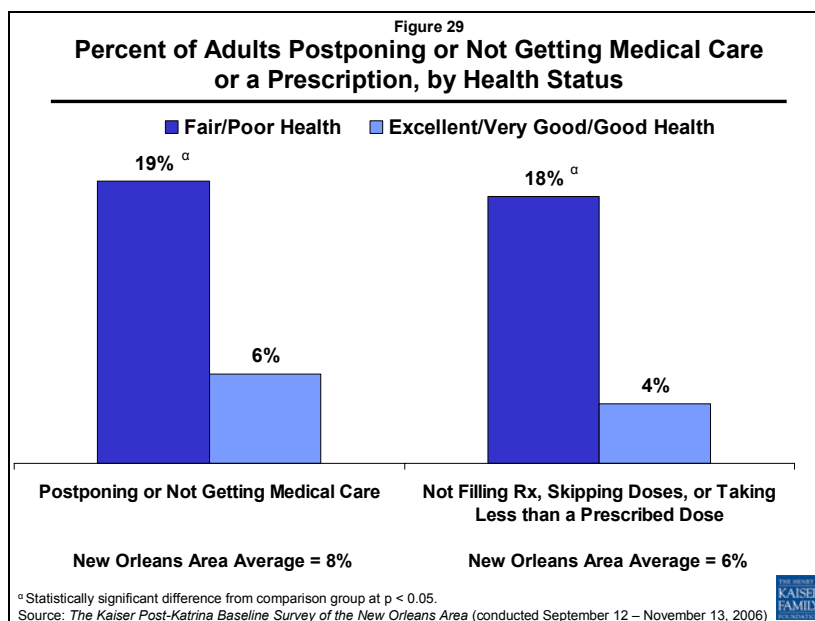
Although older and sicker populations can be expected to report higher rates of emergency room utilization due to their greater likelihood of experiencing emergent health conditions (as they do), higher rates among other groups more likely reflect inadequate access to primary care in post-Katrina New Orleans. When affordable access to outpatient services is not readily available, emergency rooms often serve as the ultimate safety net for those needing health care. The massive disruption to the entire New Orleans area health care system appears to have made it more difficult for some populations to connect with their pre-Katrina doctor or clinic, forcing higher proportions to seek care through emergency departments. Notably, 35% of African Americans reported an ER visit in the past six months compared to 20% of whites and one in three with Medicaid or Medicare reported utilizing ER services in the past six months.

²¹ Ibid.



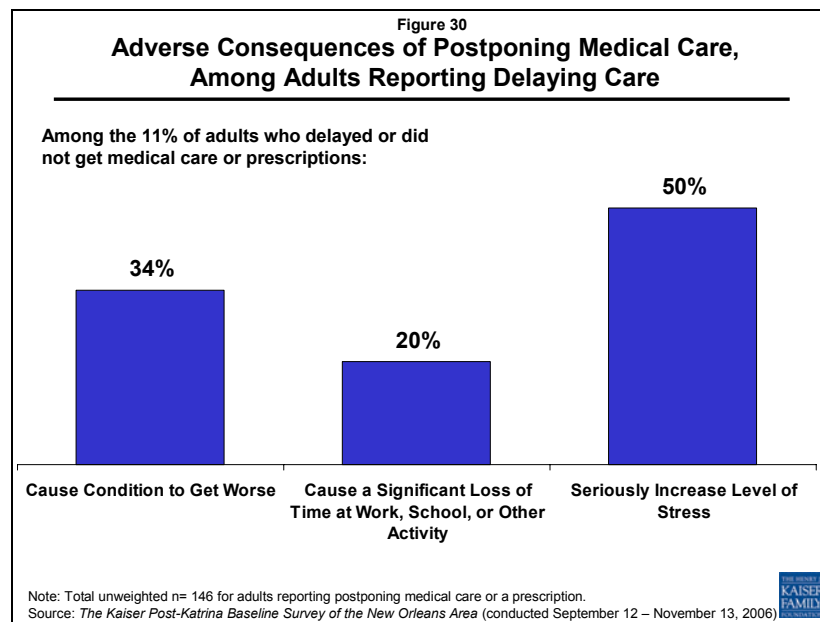
Unmet need evident across all populations in post-Katrina New Orleans

Another important measure of access to quality medical care is whether individuals report postponing or not getting medical care when they needed it. This measure of unmet need is frequently used to identify gaps in care and to examine factors contributing to difficulties accessing needed care. Not surprisingly, the percent of adults reporting postponing or not getting medical care was slightly higher in Orleans Parish than in Jefferson (where disruption to the health care system was far less) and was significantly higher among those reporting fair or poor health status. The percent reporting postponing or not getting medical care was roughly the same among the uninsured and the insured (8%). The disruption to the health care system post-Katrina appears to have created barriers that affected everyone, regardless of insurance coverage or economic situation.

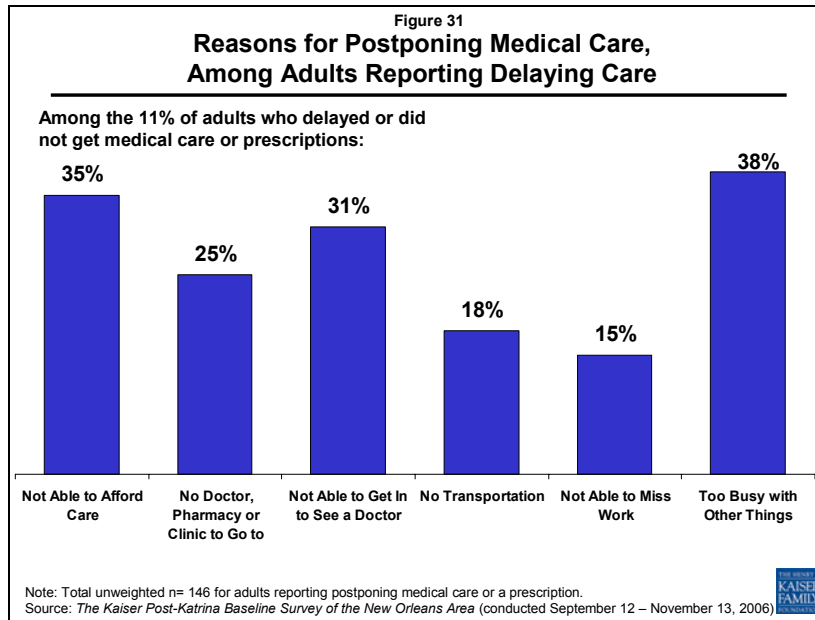


Many adults rely on prescription medications to maintain their health and quality of life. Indeed for those suffering from chronic conditions such as diabetes or hypertension, going without medication can lead to serious deteriorations in physical health. Katrina disrupted access to prescription drugs in a variety of ways, including closing pharmacies and doctors' offices needed to obtain refills. Overall, 6% of area residents reported not being able to fill a prescription, skipping doses or taking less than a prescribed dose during the previous six months, with those in fair or poor physical health exhibiting a higher rate.

When asked about the consequences of going without needed care or medication, 34% of those who skipped or postponed care reported that forgoing needed care led to the condition getting worse, 20% reported a significant loss of time at work, school or other activity, and fully half of all respondents who reported delaying or not getting needed care said that it led to a serious increase in their level of stress.

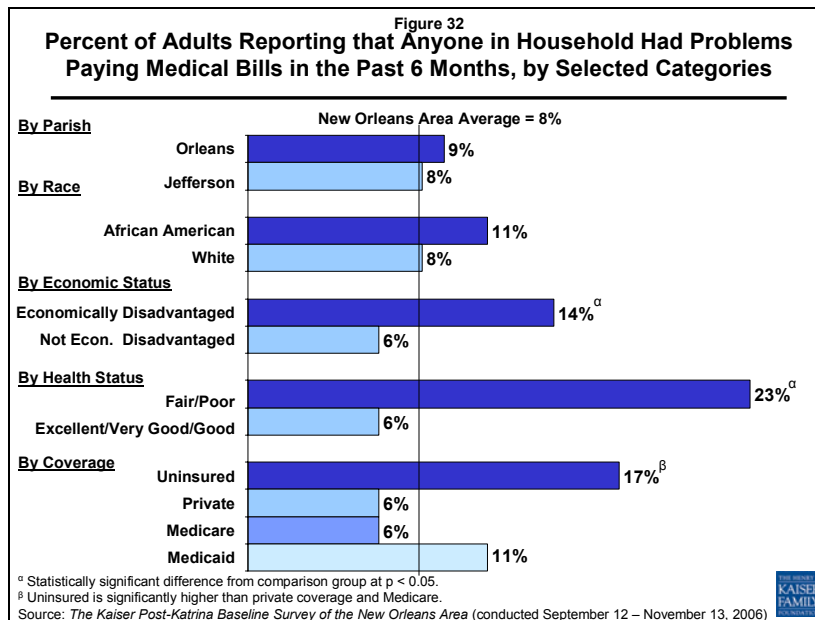


Reasons cited for not getting needed care or prescription drugs range from cost (35% of those who put off care said this was a reason) to not being able to get time off from work to see a doctor (15%). About four in ten (38%) of those who postponed getting medical care or a prescription did so because they were overwhelmed taking care of other issues. Nevertheless, more than one in three postponed needed medical care due to an inability to afford the cost of care and one in four reported that they had no doctor, clinic, or pharmacy to turn to for needed care.



Financial barriers to accessing needed care

Financial barriers to care often create access problems for those not able to afford care. However many of those who are able to obtain health care services often have difficulty paying the bill after the fact. Overall, 8% of New Orleans area residents reported that they or another member of their household had problems paying medical bills during the previous six months. These rates were significantly higher among the uninsured (17%), those with chronic conditions (14%), and the economically disadvantaged (14%), and highest for those in fair or poor health who are more likely to need care.



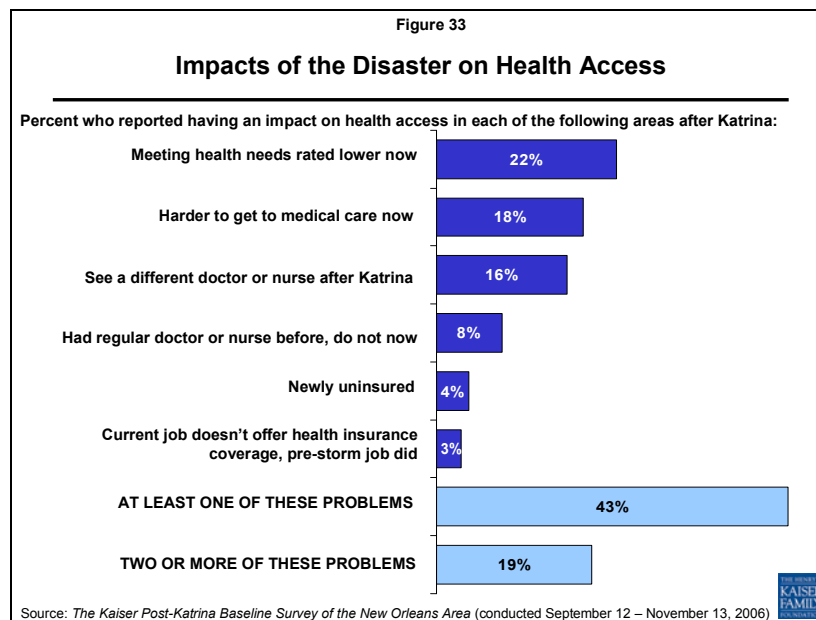
IMPACT OF HURRICANE KATRINA ON HEALTH COVERAGE AND ACCESS

The devastation and disruption caused by Katrina and the levee breaches exacerbated many health care issues that existed in the New Orleans area long before the storm made landfall. The discussion above has highlighted the current state of coverage, access, and utilization in the New Orleans area and the health challenges the area faces in the recovery. However, for many area residents the aftermath of Katrina has had an adverse impact on their health coverage and access, creating or worsening health access problems and further complicating their efforts to return to life as it was in New Orleans before the storm.

Four in ten area residents report some impact on health access

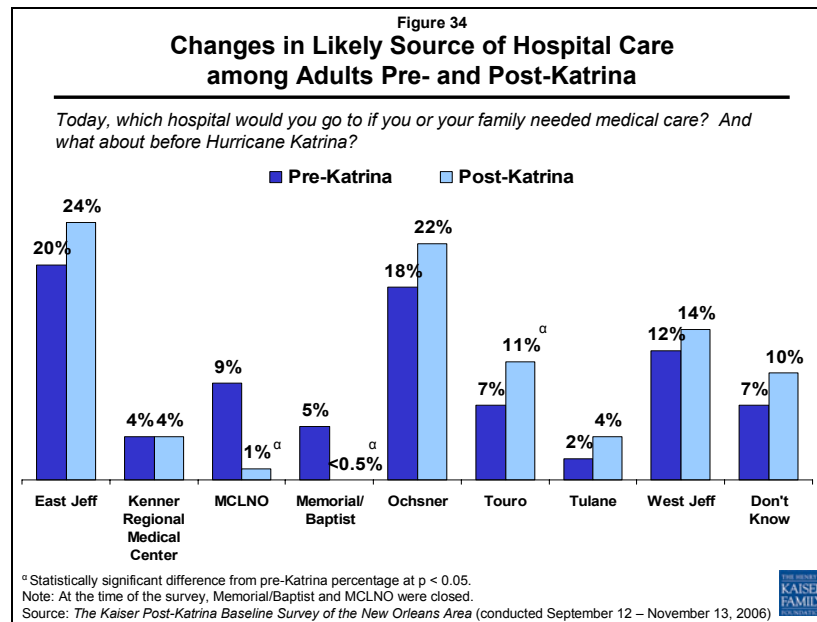
Four in ten (43%) area residents report at least one significant impact on their health access and coverage after Katrina. Four percent of adults in the region (6% among those who previously had health insurance) were newly uninsured post-Katrina. Three percent of area residents (8% among those employed pre- and post-Katrina whose pre-storm job offered coverage) reported that they had access to health insurance through the workplace before the storm, but no longer did so at the time of the survey. Twenty-two percent reported declines in their ability to meet their health care needs, and 18% reported that transportation to medical care had become more difficult.

With the significant decline in the number of physicians practicing in the region (see Appendix A), three in ten of those with a regular provider pre- and post-Katrina (29%, or 16% of all adults) reported that they saw a different doctor or nurse after Katrina, and 13% of those who had a regular provider pre-Katrina – or 8% of adults – reported no longer having a regular doctor or nurse. Those who lost their regular health provider or who see a different doctor or nurse after Katrina faced disruptions in their care that can be particularly difficult for those with chronic conditions or other serious health needs. Many were also coping with the loss of their medical records and established patterns of treatment.



Shifting patterns in likely hospital use

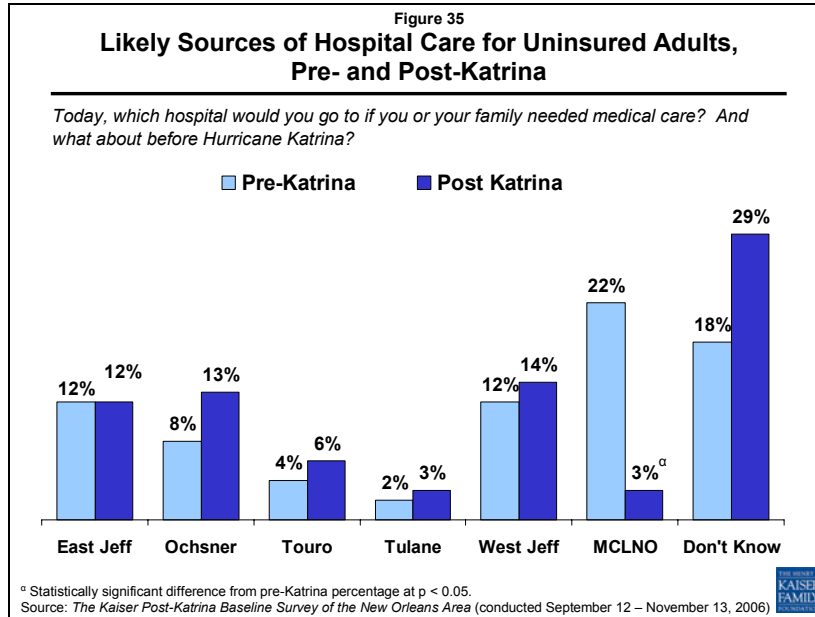
Because Katrina's waters caused hospital closures and widespread population migration within the New Orleans area, many residents also reported a change in the facility they considered "their hospital," i.e. where they would likely turn should they need hospital-based care. As detailed in Appendix A, at the time of this survey, only three of the nine acute care hospitals that operated in Orleans Parish pre-Katrina had re-opened, and due in part to difficulty finding workers to staff beds, only 48% of the pre-Katrina hospital beds in the region were staffed as of November 2006. For the residents living in the Greater New Orleans area when the survey was conducted, nearly 2 in 5 identified either East Jefferson (20%) or Ochsner Hospitals (18%) as their likely source of hospital-based care prior to Katrina; post-Katrina, both hospitals continue to be identified as the likely source of care for nearly half of the residents.



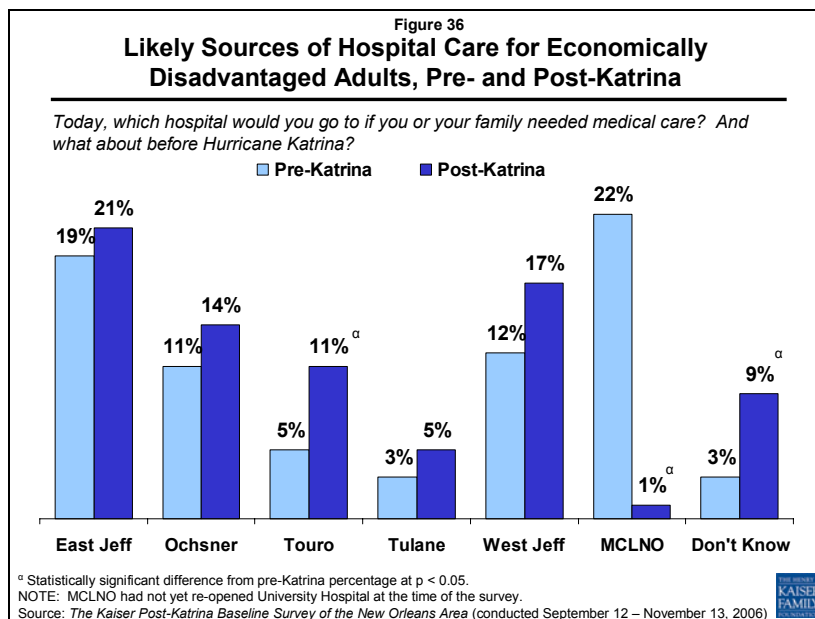
While 9% of area residents previously considered the Medical Center of Louisiana at New Orleans (MCLNO, of which Charity Hospital was main facility) their hospital, only 1% considered MCLNO their hospital in the fall of 2006. At that time MCLNO had reopened only limited outpatient and trauma services, and had not yet reestablished inpatient capacity at the University Hospital facility, which was reopened on November 20, 2006.

Uninsured and economically disadvantaged face most disruption in care

Looking at these patterns among the uninsured, prior to Katrina 22% of those now uninsured reported MCLNO as their likely source of hospital care. After the storm, 3% of uninsured adults still considered MCLNO as their hospital, even though the hospital itself was closed. However, it is very likely that this percentage rose significantly after the reopening of University Hospital as part of the MCLNO complex.



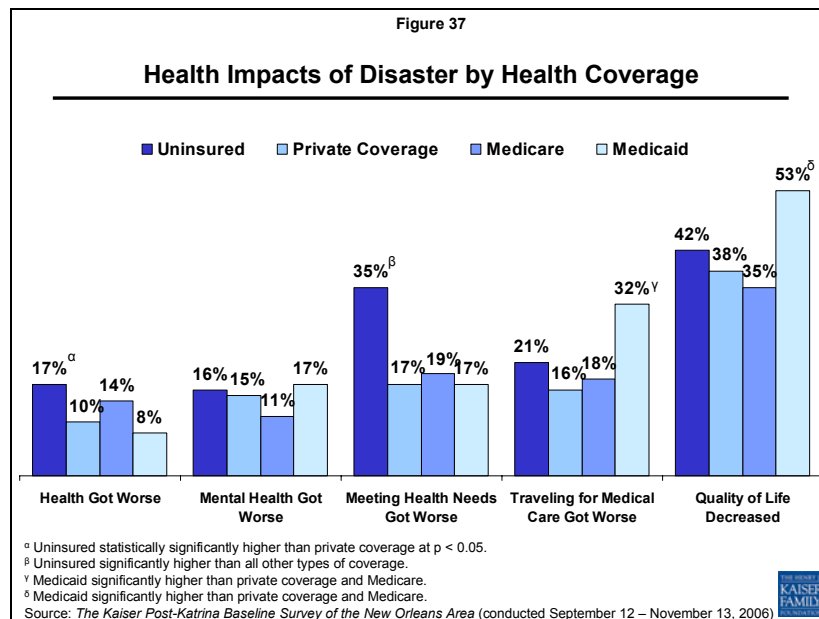
Patterns of likely hospital use among the economically disadvantaged also shifted following Katrina. There was a significant increase in the proportion of the economically disadvantaged who reported Touro Hospital was the hospital they would be likely to use; 5% of this group viewed Touro as their primary hospital pre-Katrina, doubling to 11% after the storm. Touro was the first inpatient facility to re-open in Orleans Parish after Katrina, reopening its emergency department on September 28, 2005.



Similar to the uninsured (most of whom (54%) were also in this group), the economically disadvantaged population relied heavily on the Charity Hospital system prior to Katrina. More than one in five (22%) identified MCLNO as their likely source of hospital care before the storm, with 1% identifying MCLNO as their hospital at the time of the survey even though this facility was still largely shuttered at the time.²² This large decrease in the proportion identifying MCLNO as their primary hospital was offset by increases among other the hospitals across the region, although nearly one in ten (9%) of the economically disadvantaged report not knowing where they would turn in post-Katrina New Orleans should they need hospital care, up from 3% before the storm.

Uninsured and Medicaid enrollees report significant health impacts

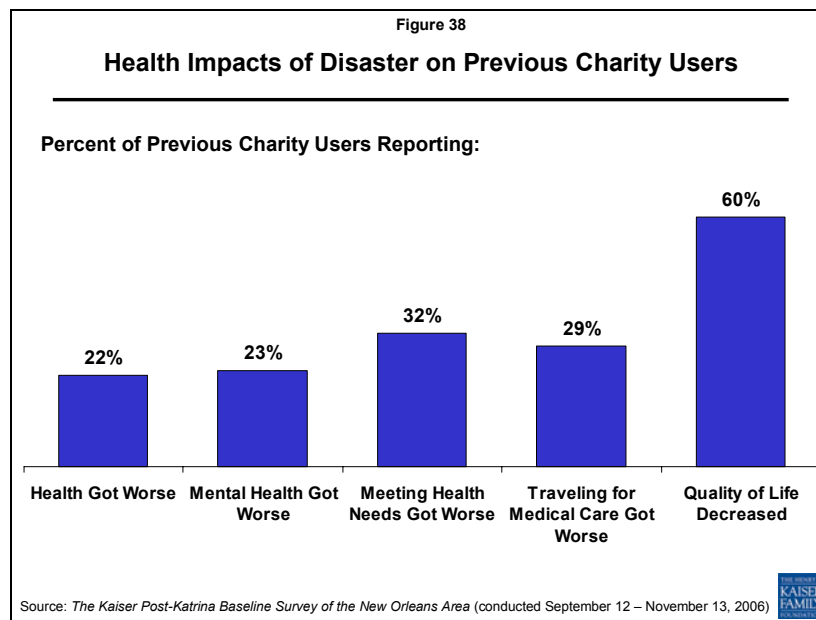
Beyond this differential effect on hospital care-seeking behavior, the experience of New Orleans area residents in terms of Katrina's broader health impacts varied in important ways according to health insurance status. The uninsured were the most likely to report that their physical health got worse, that their job benefits were worse post-Katrina (data not shown), and that meeting their health needs after the storm had become more difficult. Those with Medicaid coverage, who were among the sickest and poorest respondents in the region, were the most likely to report that traveling for medical care became more difficult and that their overall quality of life had decreased since Katrina. Among those who reported a decrease in their quality of life, 24% reported that their mental health got worse at a time when behavioral health services have become difficult to find.



²² MCLNO has since re-established emergency and several inpatient services at University Hospital

Former Charity Users report access difficulties post-Katrina

Finally, area residents who relied on the Charity Hospital System as their usual source of care prior to Katrina reported substantial health care challenges in post-Katrina New Orleans. Nearly a quarter reported a decline in their physical (22%) or mental (23%) health, and 32% reported that meeting their health needs became more difficult after the storm. Six in ten (60%) of the adults who were former Charity users reported a decline in their overall quality of life.



Summary of Health Coverage, Utilization, and Access Findings

Even before August 29, 2005, many New Orleans area residents – particularly the uninsured and economically disadvantaged – faced significant challenges in accessing needed health care services. Findings from this survey indicate that uninsurance remains high among the population currently in the region and that many face barriers when attempting to obtain needed care. With a devastated health care safety net and a reduced supply of medical professionals, post-Katrina New Orleans in the fall of 2006 offered even fewer places to turn for those with health needs and limited resources. While overall coverage and access patterns reflect challenges faced by all New Orleans area residents in accessing care post-Katrina, several segments of the population – such as the economically disadvantaged, those with chronic conditions, and in particular former users of the Charity Hospital system – face significant coverage and access problems at a time when they are struggling to cope with the range of disruptions caused by the storms of 2005.

African Americans, the economically disadvantaged, those in fair or poor health, and former users of the Charity Hospital system were all more likely to report being uninsured. In Orleans Parish, 70% of the uninsured were African American. Fifty-four percent of uninsured adults in post-Katrina New Orleans reported having no usual source of care other than the emergency room.

More than a quarter (28%) of adults in fair or poor health in the New Orleans area reported postponing or not getting needed care, including prescription drugs. Among the 11% overall who reported postponing or not getting care, one in three (34%) said their condition got worse; one in five (20%) reported a significant loss of time at work, school or other activity; and half of all those surveyed who postponed needed care said it led to seriously increased levels of stress in their already stressful lives.

Reasons cited for delaying needed care included not being able to get in to see a doctor (31% of those who postponed or did not get care), no transportation (18%), and not being able to afford the cost of care (35%). Indeed, health care costs were a major issue for many in the region but were a particular concern for the uninsured and the economically disadvantaged. Even when cost did not prevent respondents from obtaining needed care, many reported problems paying medical bills afterward. Overall, 8% reported that they or someone in their family had difficulties paying medical bills during the previous six months, with the economically disadvantaged (14%), those with chronic conditions (14%), and the uninsured (17%) all more likely to report these problems.

Although this survey does not allow for direct measurement of changes in coverage, utilization, and access pre- and post-Katrina, self-reported measures of the storm's impact among survivors living in the New Orleans area provides some indication of Katrina's profound effect. Among those working both before and after Katrina, 5% reported that they lost the ability to obtain health coverage through their job. Three in ten area residents who reported a usual source of care pre- and post-Katrina (29%) now see a different health care provider. Five percent reported no longer having any usual source of care, and more than one in five (22%) reported that their ability to meet their health care needs has deteriorated since the storm.

Findings from this survey document that previous users of the Charity Hospital system, together with the broader uninsured and Medicaid populations, were disproportionately affected by Katrina's devastation. But they were not alone. Hospital closures and the loss of medical professionals have affected nearly everyone who lives in post-Katrina New Orleans. Indeed, the storms of 2005 had a leveling effect across some health access and utilization measures, creating new access to care barriers for many still living in the region. Efforts to reconstruct and hopefully improve the region's health care system should be informed by consideration of the current health coverage, utilization, and access to care issues facing survivors as they continue their ongoing struggle to rebuild their city and their lives.