

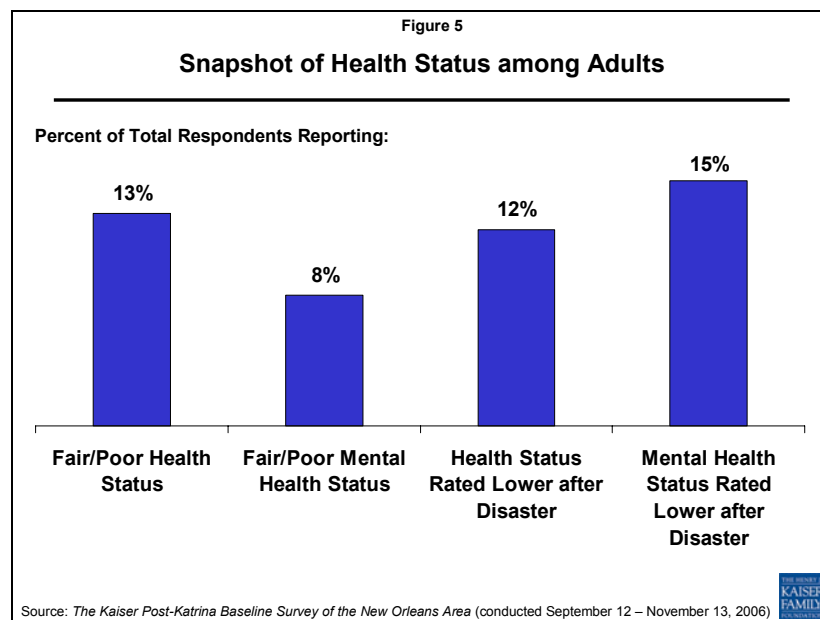
WHAT IS THE HEALTH STATUS OF PEOPLE IN THE GREATER NEW ORLEANS AREA?

Prior to Katrina, Louisiana had some of the poorest health statistics in the country, with high rates of infant mortality, chronic diseases such as asthma and diabetes, and AIDS cases. Further, there were large disparities in health status for minorities; the African American population had higher mortality rates from heart disease, cancer, stroke, and diabetes than whites.⁶

As policymakers and planners look to restore the health care system in the Greater New Orleans area, an understanding of the health status of the population that has returned is a critical component for planning and rebuilding health services. These survey findings provide a measure of both the physical and mental health needs of adults more than one year after the storm, and provide some insight into which populations are at the most risk for health problems.

Snapshot of Health Status

One of the best measures of overall health status has proven to be respondents' self-assessment of their health in relation to their peers. Overall, 13% of adults in New Orleans said that they were in fair or poor health, which is about the same as the national average of 12%.⁷ About one in twelve (8%) said that their mental health was fair or poor.

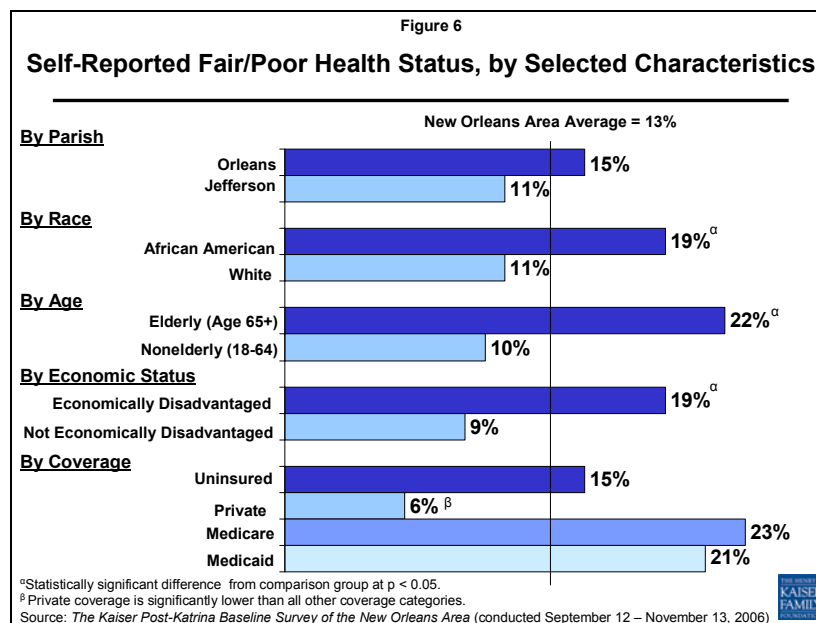


⁶ United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Compressed Mortality File (CMF) compiled from 1999-2003, Series 20, No. 21 2006 on CDC WONDER On-line Database, queried October 2006. Data available at www.statehealthfacts.org, last accessed July 17, 2007.

⁷ "Summary Health Statistics for U.S. Adults: National Health Interview Survey, 2005," United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Series 10, No. 232, p. 59.

While health statistics tell us that individuals living in New Orleans before the floods had health problems and poor health status, the impact of the Katrina experience appears to have further compromised the health of the population. A year later, one in ten (12%) adults rated their physical health lower, and 15% indicated that their mental health status was worse after the storm. However, the composition of the population living in New Orleans today is likely to be healthier than the pre-Katrina population as former residents who were frail and in poor health are less likely to have returned to the city given the limited health resources and the difficulty associated with living in the area, especially for those from severely flooded areas.

Nearly a quarter (22%) of the elderly (those over the age of 65) reported being in fair or poor health. The elderly were about twice as likely as their younger counterparts to report being in fair or poor health, reflecting widely recognized trends in increased health complications as people grow older. However, with nearly one in five residents of Greater New Orleans age 65 or older and a quarter of them in fair or poor health, reestablishing health care services for the frail and elderly clearly needs to be addressed in the rebuilding efforts.

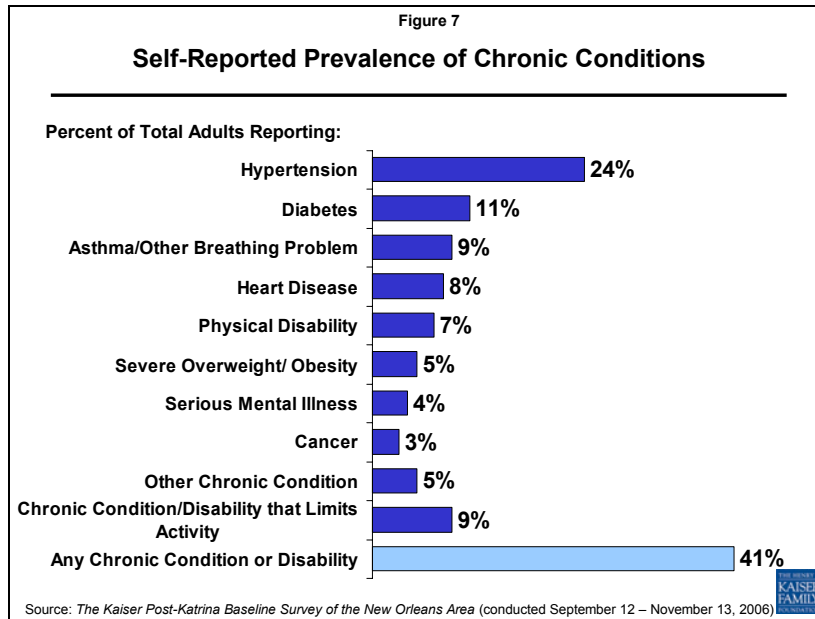


African Americans and the economically disadvantaged were more likely to report being in fair or poor health than the white population and those who were better off economically. Almost one in five African Americans versus one in ten whites (19% vs. 11%) reported being in fair or poor health. A similar discrepancy existed between adults in economically disadvantaged households and those in higher-income households (19% vs. 9%), and this finding helps up in race-specific analysis. To illustrate, nearly a quarter (24%) of economically disadvantaged African Americans and 16% of economically disadvantaged whites rated their health as fair or poor compared with 10% and 9% respectively for their non-economically disadvantaged counterparts.

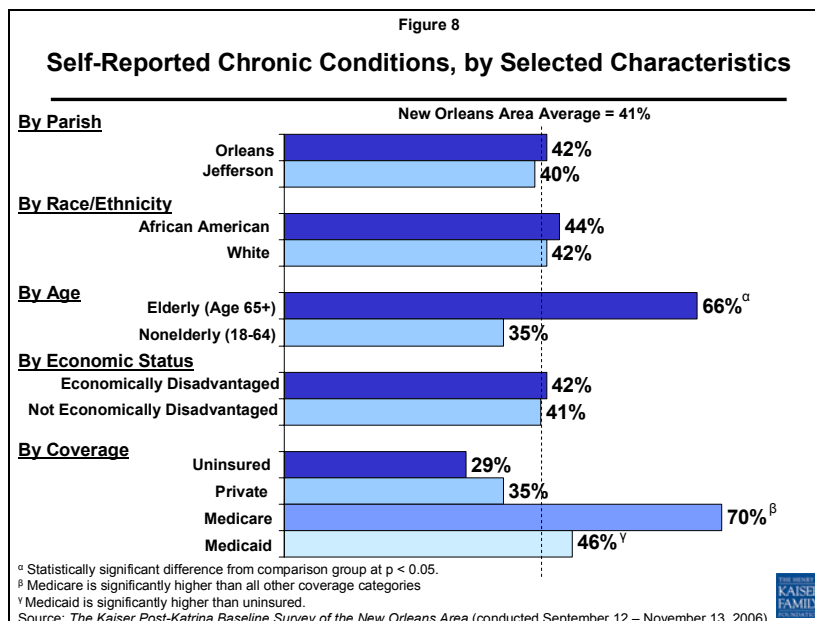
The uninsured rated their health lower than those with private coverage (15% vs. 6% in fair or poor health). However, the poor with Medicaid and the elderly and disabled with Medicare were the most likely to report their health as fair or poor. Close to one in five (21%) adult Medicaid beneficiaries reported being in fair or poor health, more than three times the percentage among those covered by private insurance. Given Louisiana's low income levels for Medicaid eligibility for parents, many adults qualify for Medicaid on the basis of a disability, which helps to explain why so large a proportion of adult Medicaid beneficiaries were in fair or poor health.

Chronic illness in the New Orleans area

Individuals living with chronic illnesses are an important constituency in the health care system. Their conditions generally cause them to use health care more frequently, with more prescription medications, an increased need for specialty care, and more doctor visits. Four in ten (41%) adults in the Greater New Orleans area said they had been told by a doctor that they have a chronic condition or reported that they have a chronic condition or disability that limits their daily activity. The most prevalent chronic conditions were hypertension or high blood pressure (24%), diabetes or high blood sugar (11%), and asthma or other breathing problems (9%). The low reported rate of obesity may reflect lack of discussion of obesity by physicians with their patients.



There was a significant difference in the burden of chronic disease for the elderly, with two-thirds of those over 65 years of age and 70% of Medicare beneficiaries (which includes some non-elderly who have long-term disabilities) reporting a chronic condition.

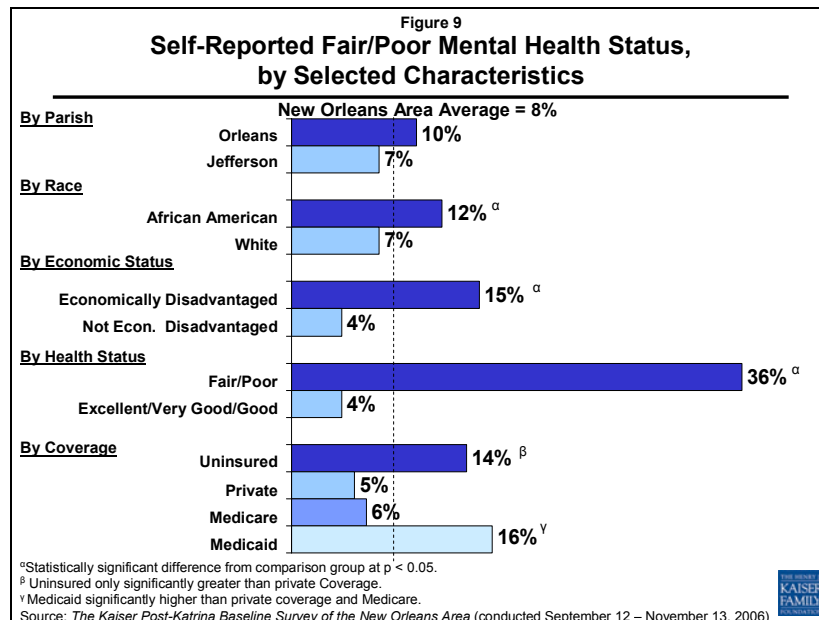


Mental health status

Mental health is an important but often overlooked aspect of overall health status. Given the magnitude of the devastation post-Katrina and the trauma of the evacuation and aftermath of the storm, it is not surprising that people in the New Orleans area had mental health challenges in addition to their physical health needs. Prior to the disaster, Louisiana generally ranked well nationally for the mental well-being of the population—in 2004, Louisiana had the lowest percentage of poor mental status of any state (not including Hawaii, which did not report data).⁸

Hurricane Katrina and the subsequent levee breaches radically changed the context of people's lives in the New Orleans area. For some, the cumulative burdens of rebuilding a home, losing a job, caring for family, and other trials of post-Katrina life have taken their toll. Others may be living with mental health issues such as clinical depression that existed before the storm, though their conditions now must be addressed in a dramatically changed environment. Regardless of when their conditions developed, the statistics below represent those now suffering from poor mental health status, for whom appropriate counseling and treatment may help in coping with stresses in life and in becoming or remaining healthy, engaged members of the community.

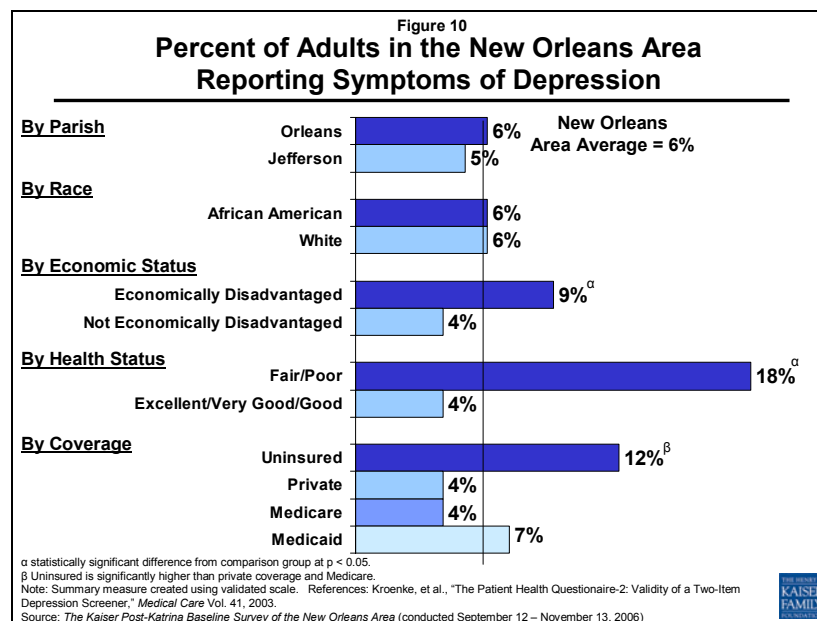
About one in twelve residents (8%) of the Greater New Orleans area rated their mental health as fair or poor and among those who reported their overall health status as fair or poor, more than one-third (36%) reported their mental health status to be fair or poor. African Americans (12%) and the economically disadvantaged (15%) also reported relatively higher rates of fair or poor mental health. Uninsured individuals (14%) and Medicaid enrollees (16%) were more than twice as likely as those with private insurance (5%) or Medicare (6%) to report fair or poor mental health.



⁸ Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data (BRFSS), 2004, unpublished data. Statistics last accessed at www.statehealthfacts.org on July 16, 2007.

Depression and Post-Traumatic Stress Disorder

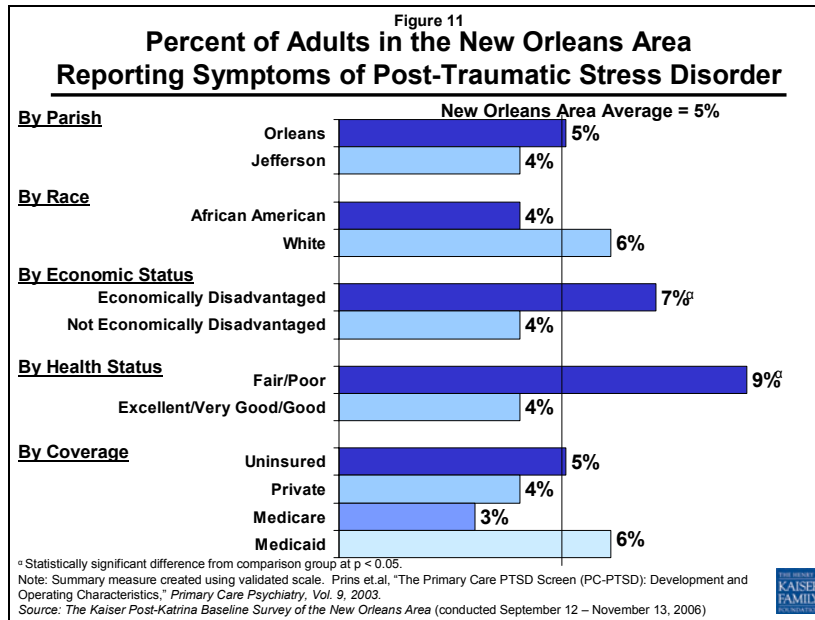
The survey screened for two specific mental health conditions—depression and Post Traumatic Stress Disorder (PTSD)—that might affect a population after a disaster. In response to questions probing whether respondents recently felt hopeless or bad about themselves, had little interest in doing things, had trouble falling asleep or experienced changes in their eating habits, 6% of the adult population in the area scored as depressed.⁹ About the same percentage (5%) scored as having PTSD. The validated scale used to assess PTSD asked whether a traumatic experience had caused the respondent to have nightmares, avoid situations that reminded them of the experience, be constantly on guard, or feel numb and detached from their surroundings.¹⁰



Overall, 6% of area residents scored as depressed, but the economically disadvantaged and those in fair or poor health were significantly more likely to score as depressed than their counterparts. Depression was also more prevalent among the uninsured respondents than those with health coverage. Twelve percent of the uninsured, which is twice the area average, scored as depressed.

⁹ Summary measure created using validated scale. References: Kroenke, et al., "The Patient Health Questionnaire-2: Validity of a Two-Item Depression Screener," *Medical Care* Vol. 41, 2003.

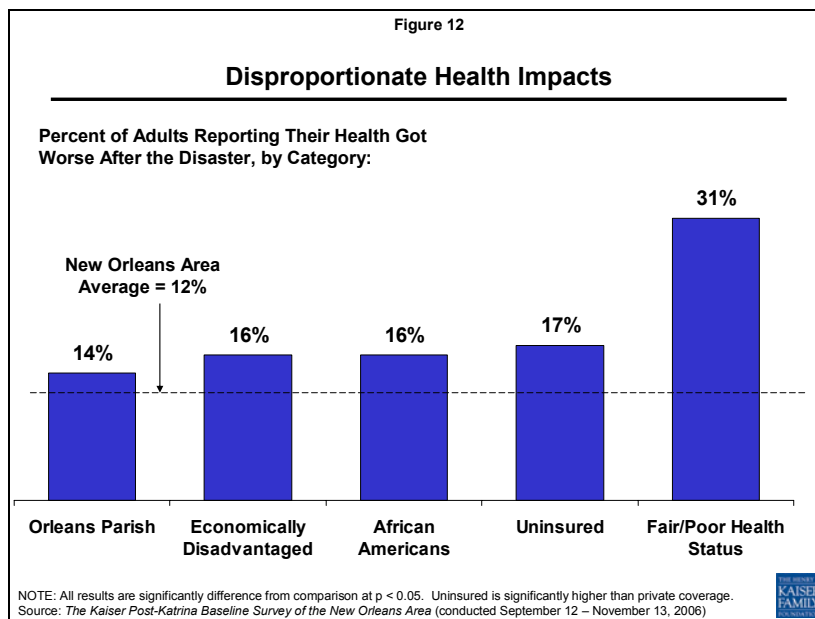
¹⁰ Summary measure created using validated scale. Prins et al., "The Primary Care PTSD Screen (PC-PTSD): Development and Operating Characteristics," *Primary Care Psychiatry*, Vol. 9, 2003.



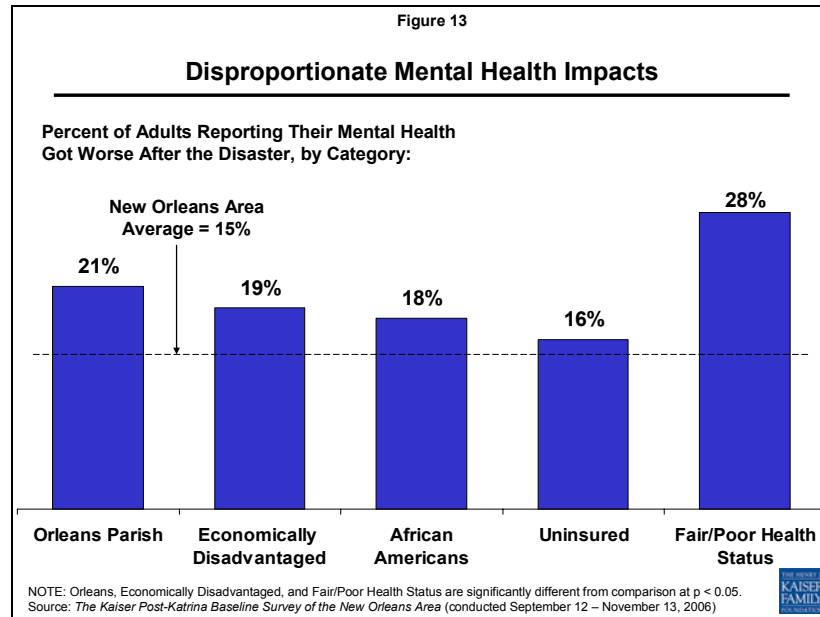
Health status declines after Katrina

Respondents were asked to assess changes in their health status after Katrina. Over one in ten people residing in the Greater New Orleans area one year after Katrina said they had experienced a decline in their physical health following the storm. Some (12%) reported that their health got worse and 11% reported a new or worse health condition.

While the economically disadvantaged, African Americans, and uninsured were significantly more likely to report a decline in health status than their more financially secure, white, and insured counterparts, the likelihood of declines in health status was dramatically higher among those reporting fair or poor health status. Nearly a third (31%) of those in fair or poor health gave a more favorable rating to their health status before Hurricane Katrina.



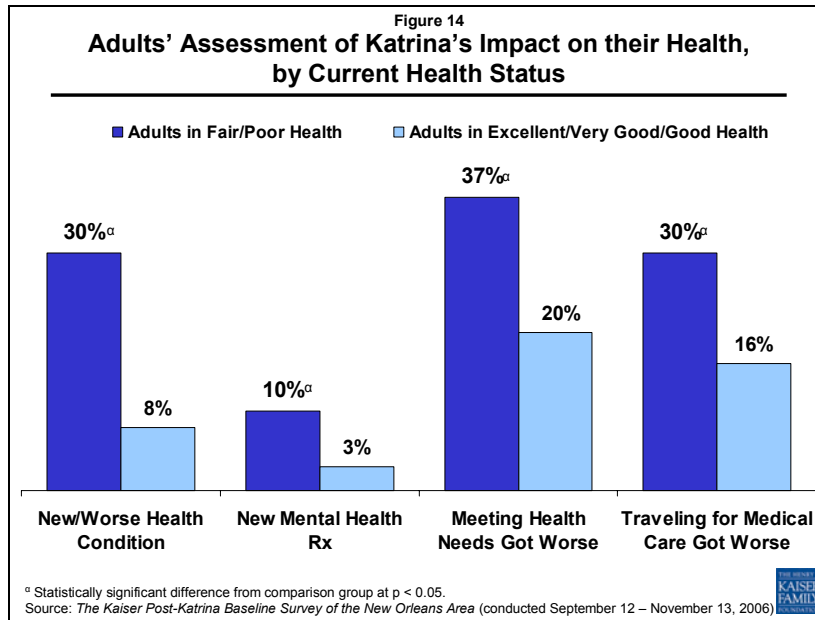
Mental health status was obviously affected by the impact Katrina and subsequent flooding had on people's lives and their families. A significant portion of the population experienced some decline in mental health status following Katrina compared to their mental health status before the disaster. More than one in five people (21%) in Orleans Parish rated their mental health more favorably before Hurricane Katrina, compared to 12% in Jefferson Parish where the flood damage and disruption was less extensive.



Over a quarter of those reporting fair or poor overall health expressed a decline in their mental health. Though causality cannot be determined from this survey, it does suggest that there may be a link between living with physical health challenges after the storm and additional mental and emotional stresses. Another measure of the trauma of the storm is the 14% of adults who reported that a family member or close friend died as a result of Katrina. A third of those experiencing such loss reported their mental health got worse and 53% said their quality of life had declined.

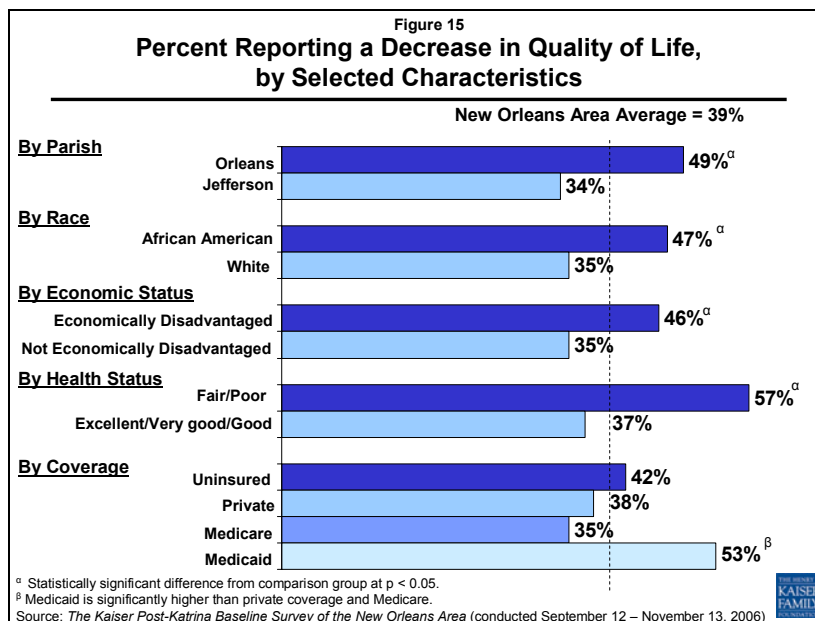
New challenges for those reporting fair or poor health

Looking specifically at those reporting fair or poor health, we see in more detail the impact of the storm on their health. Adults in fair or poor health were three times as likely to say they had a new or worse health condition or were taking a new mental health prescription after the storm compared to adults in better health. In addition, they were twice as likely to report that meeting their health needs was more difficult after the storm. Closed bus routes and relocated providers could make accessing care more difficult, but it could also be related to the deterioration of their previous social networks. These social networks provide emotional support and companionship but also provide critical support—particularly for those in poor health or with chronic conditions and disabilities—such as assisting with transportation to medical care.



Decreases in life satisfaction

Perhaps the most telling sign of the Katrina's impact on the residents of the area is their assessment of their quality of life. The survey asked respondents whether they were very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied with their overall quality of life both before and after Hurricane Katrina. Two-thirds of adults (65%) reported being very satisfied with their quality of life before the storm, but only 34% reported being very satisfied after Katrina. A significant portion (39%) of adults in the area said they experienced a decline in their quality of life after the storm. Though this measure does not directly address mental health, it captures the mind frame in which people in the New Orleans area were living: things were better then than they are now. The economically disadvantaged, African Americans, and those with Medicaid were more likely to express a decline in quality of life than other groups, but a third to half of every subpopulation examined reported a decline in life satisfaction. The impact of Katrina hit some groups harder but overall leveled a serious blow to the residents of the entire region.



Summary of Health Status Findings

Prior to Katrina, the New Orleans area had a population with significant health care needs and large racial disparities in health, but these health challenges were not washed away by the floods. Even though some of the most frail and vulnerable have not been able to return home, the population remaining in the Greater New Orleans area still faces major physical and mental health concerns. More than one in ten adults rated their physical health as fair or poor, and over four in ten adults in the area reported having a chronic condition or disability. One in twelve rated their mental health as fair or poor, with symptoms of depression and PTSD present in the population. Access to health care and treatment will be important to meet the needs of the people of New Orleans, but this may prove difficult in the post-Katrina health system.

Though health problems are widespread across the population, some groups are facing even greater health challenges than their neighbors. Health disparities for African Americans persist in the New Orleans area. The elderly in the area have high rates of health problems—two thirds of this group is living with a chronic condition or disability. The economically disadvantaged and the uninsured have relatively higher rates of physical and mental health problems than others yet face the added difficulty of seeking the care they need with more limited personal resources.

The people in the New Orleans area are struggling with a wide range of challenges as they try to rebuild their lives and their city in the aftermath of Hurricane Katrina and the subsequent flooding. With four in ten adults (39%) reporting a decline in quality of life since Katrina, it is clear that health care is one of a myriad of challenges confronting the New Orleans population.