

FOCUS ON HOUSEHOLDS WITH CHILDREN

Disasters can have a particularly strong impact on children. Children tend to thrive on a regular routine, and the disruption that follows a disaster can cause them to feel scared and angry and to manifest changes in behavior, such as increased violence or withdrawal from relationships. This survey asked respondents questions about children in their household to assess children's mental and emotional health as well as their physical health and their health care access to provide a window into how children in the New Orleans area are coping and developing in the wake of Katrina.

Households with Children in the New Orleans Area

As shown in Table 1, children in the New Orleans area live in households of all types. In total, a little over a third (31%) of all households in both Orleans and Jefferson Parish reported having a child in the home. However, nearly two-thirds (64%) of all households with children in the New Orleans area lived in Jefferson Parish, reflecting the concentration of the area's population in that parish. A very small percentage of the households with children in the area were located in St. Bernard and Plaquemines Parishes.

Table 1. Profile of Households with Children

	Distribution of Households with Children, by Category <i>(Percentages in Columns)</i>	Percentage of Category Reporting a Child in the Household <i>(Percentages in Rows)</i>
Total reporting a child under 19 in Household	Total Unweighted N = 494	31%
Parish		
Orleans	32%	31%
Jefferson	64%	31%
Plaquemines & St. Bernard	4%	†
Race/Ethnicity of Respondent		
White, non-Hispanic	49%	26%
African American, non-Hispanic	37%	38% ^a
Hispanic or Latino	9%	36%
Other	4%	†
Economic Status of Household		
Economically disadvantaged	50%	43%
Not economically disadvantaged	49%	27% ^b
Undetermined	2%	†
Education of Respondent		
High School degree or less	41%	30%
Some College ¹	28%	31%
College graduate or higher	29%	34%

¹ Some College includes respondents attending business, technical, or vocational school after high school

^a Statistically significant difference between white, non-Hispanic and African American, non-Hispanic at p <0.05.

^b Statistically significant difference between Economically Disadvantaged and Not Economically Disadvantaged at p <0.05.

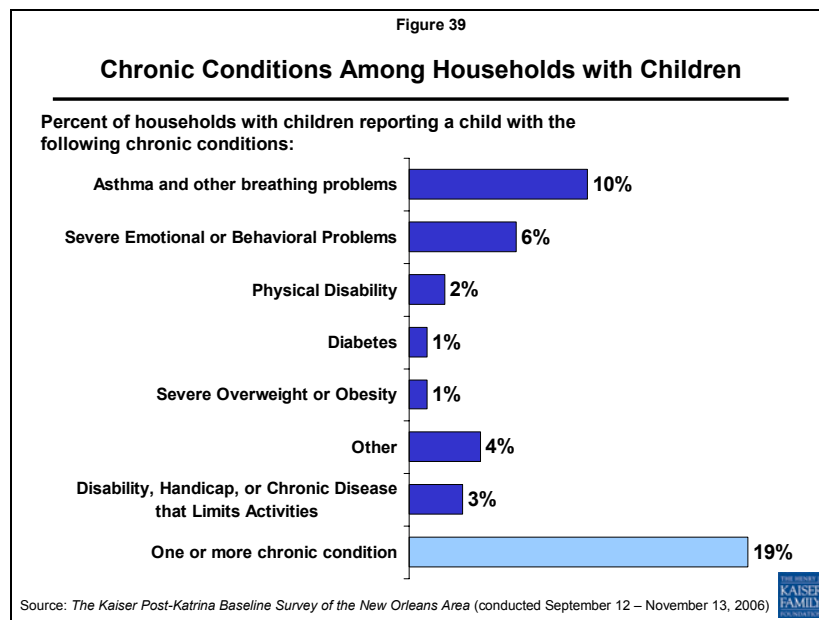
NOTE: † denotes that the number of interviews for this subgroup is too small to report results separately. Totals may not equal 100% due to rounding. Don't Know/Refused responses not shown.

In the Greater New Orleans area, half (49%) of households with children surveyed had a white respondent, but significant percentages were African American and Hispanic. Though reports tend to describe the Hispanic population living in the area after the storm as adult male workers, in fact many have families—36% of households with a Hispanic respondent said a child was living in the home.

Despite the challenges of living in the area and raising a family after the storm, families with limited resources continue to call New Orleans home. Half of the households with children in the Greater New Orleans area are economically disadvantaged. The likelihood of having a child in the home was higher at lower income levels. About a quarter of non-economically disadvantaged households had children but more than four in ten economically disadvantaged households had children living in them, putting further stress on limited family budgets.

Health needs of children

One in five households with children (19%) reported that a child in the home had a chronic disease or disability, which equates to 6% of all households in the Greater New Orleans area. Respondents most commonly identified asthma and other breathing problems as a chronic condition affecting a child in the household (10% of households with children reported at least one child with this type of problem).



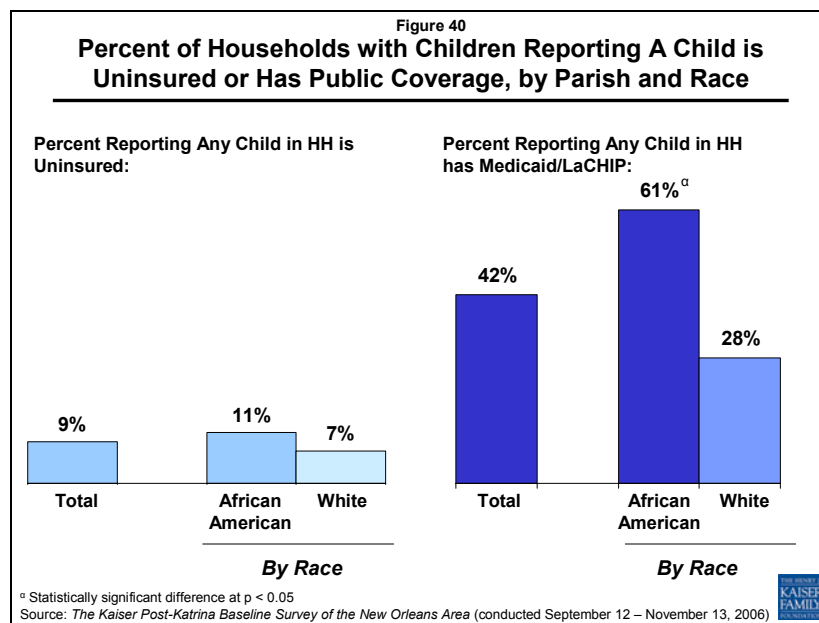
Along with concerns about children's physical health, particular alarm has been raised about children's emotional and mental health in the wake of Katrina. Several reports have focused on the mental well-being of children after the disaster, especially those living in large trailer parks for extended periods of time.²³ Our survey found that severe emotional or behavioral problems were the second most common chronic condition respondents identified affecting a child in their household, with 6% reporting that a child in the household had ever been diagnosed with such problems.

²³ D. Abramson et al., "The Recovery Divide: Poverty and the Widening Gap Among Mississippi Children and Families Affected by Hurricane Katrina," February 2007; and D. Abramson and R. Garfield, "On the Edge: Children and Families Displaced by Hurricanes Katrina and Rita Face a Looming Medical and Mental Health Crisis," April 2006, National Center for Disaster Preparedness and Columbia University, available at <http://www.childrenshealthfund.org/whatwedo/operation-assist/publications.php>

In addition, our survey found that a small but critical percentage of children were suffering from symptoms of emotional turmoil after the storm. Survey interviewers asked parents (a subset of respondents) to randomly select one child in the household and indicate whether he or she exhibited any of the emotional and behavioral health symptoms queried. In total, one in twelve households with children in the area reported a child with borderline (3%) or abnormal (5%) emotional behaviors, such as being nervous or clingy, downhearted, or easily scared.^{24,25} A slightly higher proportion of economically disadvantaged households with children reported that a child had borderline or abnormal emotional symptoms (11% compared to 6% of non-economically disadvantaged households). Children in these households are likely to be facing multiple stressors in their lives. At the same time, their families are less likely to have the resources to help their children cope with mental health issues.

Children's health coverage

Health coverage for children improves access to important preventive services and medical treatments for children, which in turn helps to keep them healthy and better able to participate fully in school and other activities. Uninsured children are more likely to have an unmet medical need, lack a usual source of care, and delay medical care due to cost.²⁶ In the four-parish area, 9% of households reported a child lacked health insurance and most notably, the percentage was comparable for both African American and white households with children.



Before the Katrina disaster, Louisiana had taken steps to reduce the number of uninsured children in the state by increasing eligibility for public coverage through Medicaid and LaCHIP and conducting broader outreach for the programs. As a result, the number of uninsured children in the state had decreased and enrollment in public programs had increased.

²⁴ Summary measure created using validated scale. Reference: R. Goodman., "Psychometric Properties of the Strengths and Difficulties Questionnaire," *J. Am. Acad. Child Adolesc. Psychiatry*, Vol. 40, 2001.

²⁵ Since these items were only asked when the survey respondent was the parent of a child in the household, this may be an underestimate of the total share of households in the area who have a child with this type of problem.

²⁶ *Summary of Health Statistics for U.S. Children: National Health Interview Survey, 2005*. National Center for Health Statistics, CDC.

After the storm, the percentage of children enrolled in public coverage highlights the important role Medicaid and LaCHIP play in providing coverage to children in the Greater New Orleans area. The survey found that nearly half (42%) of the households with children in the New Orleans area relied on Medicaid and LaCHIP for health coverage for a child in their home.

Though African American and white households with children reported an uninsured child in the home at comparable rates, almost twice as many African American households with children as white households have a child on Medicaid or LaCHIP (61% vs. 28%), emphasizing the importance of these programs in reducing health disparities and giving children a healthy start in life. Coverage for children through LaCHIP has clearly contributed to reducing some of the racial differences in coverage for children that were previously noted for adults.

Concerns about children's access to health care

Access to preventive and routine care is important to maintain the health of children. Overall, about two thirds (64%) of households with children reported that a child received a medical check-up, immunization, or other routine health care in the past six months.

Adults in 6% of the households with children in the area said the health needs of the children in their home were not being satisfied. This is especially concerning in the case of households with a chronically ill child, for whom consistent management of their conditions through medical care is particularly important to maintain quality of life and prevent further deterioration in health status.

The survey also asked whether any child in the household had postponed or did not receive medical care. Among all households with children, 10% said that a child had delayed or not gotten care when they needed it. This rate was slightly higher in Orleans Parish than Jefferson Parish (15% vs. 8%). This is most likely due to the greater availability of medical resources in Jefferson Parish than Orleans Parish after the storm.

Summary for Households with Children

Providing children with health coverage and access to care, especially preventive services, is an important component of the health care system. Although few problems were reported for most children, some children face the additional challenges presented by a chronic disease or disability. In the wake of the Katrina disaster, a concerning share of households in the area report children living there are suffering from symptoms of emotional and behavioral turmoil.

Medicaid and LaCHIP are a particularly significant source of health coverage for some of the area's most vulnerable children, with more than four in ten households with children reporting a child covered by Medicaid or LaCHIP. As children cope with their physical and mental health conditions after the disaster, access to medical care is important in promoting stability and health. Though the majority of households report that children have received routine health care, timely access to health services could be improved, particularly for vulnerable children most in need of medical care.