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Post-Katrina Recovery: Restoring Healthcare in the New Orleans Region

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Testimony

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I am Dr, Joia Crear-Perry, Director of Clinical Services of the City of New Orleans. I would like to thank the House Committee on Oversight and Government Reform for giving the City of New Orleans an opportunity to speak today, and for funding the ***Primary Care Access and Stabilization Grant***. This vital funding helped support the City to re-establish a health system of care infrastructure, along with providing critically needed medical and mental health services to the Greater New Orleans Area communities, post Hurricane Katrina.

It is well known, and research continues to substantiate, that Louisiana has historically had some of the poorest health and socio-economic statistics in the country. For the past 20-years, Louisiana has ranked 49th or 50th in the *United Health Foundation's* annual state rankings across most risk factors and outcomes. Economic and social circumstances consistently define significant barriers to achieving health care goals, health equity and the ability to provide access to services for Louisianans who on the average are poorer, less well educated, and unhealthier than the rest of the nation.

The causes for our historical social and health disparities as a state and more specifically in New Orleans are complex, far reaching, and not easily counteracted. When Katrina made landfall, 28% of New Orleans citizens lived in poverty, 25% had never finished high school, 50% lived in a single parent home, and 25% had no health insurance. Hurricane Katrina has only exasperated what was already a fragile health infrastructure and medical service delivery system. The current lack of access to both primary medical care and mental health services for such a larger portion of our parish citizens is perhaps the strongest correlate to our repeatedly poor health outcomes.

The goal of the New Orleans Health Department is to provide direct medical care and services – while helping to build a sustainable and long term infrastructure along with the opportunity for collaboration and coordination in creating an "equitable" and "accessible" health care system for all residents. Therefore, this testimony will focus on five critical areas:

1.) The lack of access to primary medical care services by our citizens most in need,
2.) Professional medical and mental health provider shortages
3.) A profound lack of mental health services
4.) Health disparities

5.) The need for continued support to finish rebuilding the city's health system infrastructure.

I. Primary Medical Care in New Orleans

Hurricane Katina severely impacted the New Orleans Health Department (NOHD), which provided critically needed primary health services before the storm and subsequent levee breach flooding. For the pre-Katrina population estimated at 470,000, the Health Department operated 20 health center sites 7 full-service primary medical care clinics, 3 specialty clinics for Tuberculosis, Sexually Transmitted Diseases and Immunizations, 4 dental clinic sites, 2 mobile van dental clinics, and 4 School Based Health Center (SBHC) sites (Table 1). NOHD was also a PHS Section 330 (h) Healthcare for the Homeless grantee, which received additional funding for Expanded Medical Capacity in 2004. Through these collective networked service sites dispersed to those communities most in need, NOHD provided more than 75,000 client visits annually.

Today with the population of New Orleans having reached an estimated 350,000 - close to 75% of its pre-Katrina numbers – the services offered by the NOHD are much less (Table 1). The city operates only 3 primary care clinics, 1 homeless clinic, 1 fixed dental clinic site and 2 mobile dental sites. The geographic coverage is limited. One of the primary care clinics is located on the *West Bank* of the city, across the Mississippi River one is located in the heart of New Orleans known as *Central City*, and the third is located in New Orleans East, across a large industrial canal bordering Lake Pontchatrain.

Louisiana has fewer Federally Qualified Health Center (FQHC) sites than any other state. In 2006, there were 49 sites across the state, and despite documented high rates of poverty, medical unmet needs and barriers, provider shortages, Orleans Parish only had two of these FQHC sites. According to BPMC, 63 of Louisiana's 64 parishes either completely or partially were classified as "medically underserved, and 57 were designated as primary care health professional shortage areas.

II. Health Provider Shortages

There has been a significant decrease in the number of medical, mental health and dental providers seeing patients in Orleans Parish. According to a 2007 Blue Cross/Blue Shield report, only 28% of their original medical professionals returned to practice in Orleans Parish. Last year, the Louisiana Department of Health and Hospitals reported less than 25% of their providers accepting Medicaid patients in Orleans Parish.

Table I:
New Orleans Health Department Service Sites

	2005	2009
Primary Medical Care Clinic	10	3
Dental Sites	6	1
School Based Health Centers	4	0
TOTAL	20	4

New Orleans had 2,258 hospital beds before Katrina. Two years later, it reported 625 staffed beds – still a 75% reduction from pre-Katrina levels. Of the 10 public and private hospitals available to residents within Orleans Parish only 4 have re-opened. Some hospitals were bought and sold, and others were never reopened, and those that are operating are primarily private, and impaired by the overwhelming volume of patients seeking care through emergency departments.

Since New Orleans public health care system was already fragile and inefficient before the storm – with more than 25% of all residents considering the Medical Center of Louisiana a.k.a "Big Charity" Emergency Room – as their primary medical provider, the reduction in neighborhood clinical services and the closure of the Charity hospital have left huge gaps in health care services for many residents, especially for indigent, low income and uninsured.

As of 2008, Louisiana had a total of 120 state Healthcare Professional Shortage Area (HPSA) sites, and ranked 15th nationally overall in provider shortages. In data recently released from the Kaiser State Health Facts (2008), Louisiana had the highest percentage (34%) of estimated underserved population living in primary care health shortage areas - literally 3 times the national average of 11% - a significant increase post hurricane Katrina.[i] Louisiana ranks 4th in unmet need for mental health professional providers at 48%, compared to the national average of 19%. Similarly, unmet need for dental services nationally is 10% compared to Louisiana where unmet need is 32% - ranking 1st nationally.

III. Mental Health Care

Two of the greatest legacies from Katrina are **depression** and **stress**. And most experts agree that even after four years – the general mental health of residents in the community – is only getting worse. Traditionally and still today, in the "medical world" mental health services are severely neglected. Post-Katrina, survivors with mental disorders receive far less attention and care than those with other acute medical conditions, despite the fact that the widespread experience of trauma triggered numerous new cases – while exasperating pre-existing mental disorders. Although federal money has addressed some mental health services in New Orleans, it has been disjointed and sporadic, focusing primarily on provider reimbursements, and dealing with mental health emergencies and crises - as opposed to prevention, intervention and treatments to stabilize, support and keep people in the community as productive and healthy citizens.

For the first two years after the storm, not one of the major hospitals had Psychiatric beds established in their facility, despite the fact that mental illnesses, depression, anxiety and Post Trauma Stress Disorders (PTSD) were both rampant and evident in the city. Today, only University Hospital (part of the Charity Hospital public care system) has set up a Mental Health Emergency Room extension in which 20 mental health patients can at least have a bed while the psychiatrist determines if they can be released or moved into a longer term hospital which often means transporting individuals to another facility, where there is an available bed, and most of these are several hours away from New Orleans. One out of every four of these transports involves a patient that has been seen repeatedly. It is not uncommon to pick up a suicidal patient and they still have their armband on from a recent discharge from a hospital. The three largest hospitals in Orleans Parish, Tulane, Touro and Ochsner Baptist, still do not provide any mental health beds in their facilities.

Psychiatric beds were expected to gradually increase in the city overtime, but as of the end of 2009, the actual capacity for inpatient psychiatric beds remains well below even pre-Katrina levels in the New Orleans metropolitan area more than four years later. The recent closing of 3 additional inpatient facilities in 2009, including the New Orleans Adolescent Hospital, has further decreased available beds.

As of today, New Orleans has fewer than 50 hospital beds for inpatient psychiatric services - 17% of pre Katrina capacity of 345 beds. Of the more than 200 psychiatrist who worked in New Orleans before the storm – just over 10% have returned to continue their practices.

Uninsured adults with mental illnesses, have been found to have the fewest resources available, and are at the greatest risk for developing mental health conditions. For too many individuals, basic physical, mental and emotional health conditions have never been addressed. The data shows the doubling of substance abuse and mental health needs and services post Katrina. Study after study has shown the rates of both mental health conditions and substance abuse – doubling. Today, most residents feel forgotten by the nation and its leaders, and cite health care as one of the three critical issues to rebuilding where they have seen little or no progress. New Orleanians are sicker today – both mentally and physically with more than half saying there are fewer resources available to help and treat people. And 90% - said their mental health is just as important as their physical health, but that the current health care systems give more attention and importance – to physical health issues only. One out of 4 said that general residents feel ashamed and embarrassed about mental health problems, and often avoid care and treatment. Perhaps one of the best studies looking at the impacts of Hurricane Katrina on substance use and mental health was conducted by SAMHSA through their National Survey on Drug Use and health (NSDUH). This study interviewed residents from the hurricane hit gulf south region, and found significant difference related to length of displacement. Interestingly, the NSDUH study done with New York City residents before and after the events on September 11, 2001, found virtually no differences in substance use and mental health conditions pre and post the disaster.

Comparatively, what was reported was the incredible spike in mental health and substance abuse problems in residents who had been displaced for 2 weeks or more post hurricane were 2-3x more likely to engage in substance abuse, and 2-3x more likely to report mental health issues and needs.[ii] Research shows that the number of persons diagnosed with a serious mental illness is estimated at 6% of the general population. Studies in 2009 reported that 11% of New Orleans residents have a serious mental illness and that mild-moderate mental illnesses have doubled from 10% to 20% in people heavily affected by Katrina areas. And some research suggests that half of this region's population has an anxiety or mood disorder, and 1 of every 3 residents – is dealing with post-traumatic stress today.

Put simply, there has never been an adequate mental health infrastructure in New Orleans, and today, the needs for care and treatment have only increased exponentially since Katrina made landfall. And during the past four years, the availability of psychiatric beds has been dramatically reduced, combined with the a large number of mental health providers never returning, which has left those citizens most in need – with the most obstacles in receiving needed care and treatment. And beyond not being able to meet the mental health needs of our citizens, it has created a cross-cutting effect on families, communities, work sites and the broader health care delivery systems – from the hospital emergency rooms, to the primary care physicians to the local jail facility which today houses the most psychiatric beds in the parish.

But perhaps the most compelling data is related to suicide trends post Katrina (Table 2). In the four years since the hurricane, three times more New Orleanians committed suicide in 2009 (N=53) than in 2006 (N=14). Historically, suicide rates in white men were 3x that of black men (22/100,000 vs. 7/100,000) and equally white women 3x that of black women (6/100,000 vs. 2/100,000). However, since Katrina, research has identified "serious psychological stress" in 31% of black – compared to 6% in their white counterparts.

Table 3: New Orleans Post-Katrina Suicides and Attempts		
	Attempts	Suicides
2006	179	14
2007	286	21
2008	277	42
2009	244	53

IV. Health Disparities

For centuries, New Orleans has faced racial, ethnic, social and health disparities, which have collectively contributed to the City ranking first nationally in adverse indicators like infant mortality, cancer and heart disease death rates. Inequalities have dominated much of American development; racial and socio-economic differences used to separate, divide and discriminate against population subsets, historically impacting and felt more in the South than other parts of the United States. And although the acceptance and merging of differences is the nation's greater assets and the foundation in being a powerhouse of opportunity throughout history, the result has created ever-increasing socio-demographic and economic gaps and divisions. Today's ethnic and health disparities are attributed to many different causes – but socio-demographic factors underscore the most powerful determinants of health. And although many sub-populations are impacted by limited access to health care-there are populations that are disproportionately affected.

As experienced by New Orleans – the poor are exposed to natural disasters two times more than the general population. Despite the billions of dollars donated and allocated towards this parish over the past four-years, the recovery has been disorganized, disjointed, inequitable, and painfully slow.[iii] [iv] Our collective goal, is to expand and improve the availability and accessibility of essential primary and preventive health care services and related support services for low income, medically underserved and vulnerable populations that have had limited access to affordable services and face the greatest barriers to care. Provide a comprehensive system of care reflective of the community's needs and available to all persons residing within the geographic service area, regardless of a person's ability to pay for services.

Just as behaviors and lifestyle choices are the causes of most chronic and infectious diseases – access to primary, preventative and treatment care is what improves health outcomes and decreases disparity gaps. What research has shown is that health disparities in Louisiana are often found in populations which are: Poor, minority, high school drop-outs, low-income, uninsured and lack transportation.[v] [vi]

Significant racial disparities are seen across many health indicators. For example, in 2005, the birth rate for black teenagers aged 15-19 (66) was nearly twice than that of white teenagers (36) as well as the infant mortality rate in black women (15) compared to white women (7).

Racial Comparisons in Disease Rates: Per 100,000

	Black Male	White Male	Black Female	White Female
Teenage Mother Rate			66	36
Infant Mortality Rate			15	7
Heart Disease Rate	335	297	223	191
Cancer Rate	329	240	186	159
Diabetes Rate	62	35	63	25
Homicide Rate	50	5	7	3
Suicide Rate	7	22	2	6
Accidents	101	87	41	42

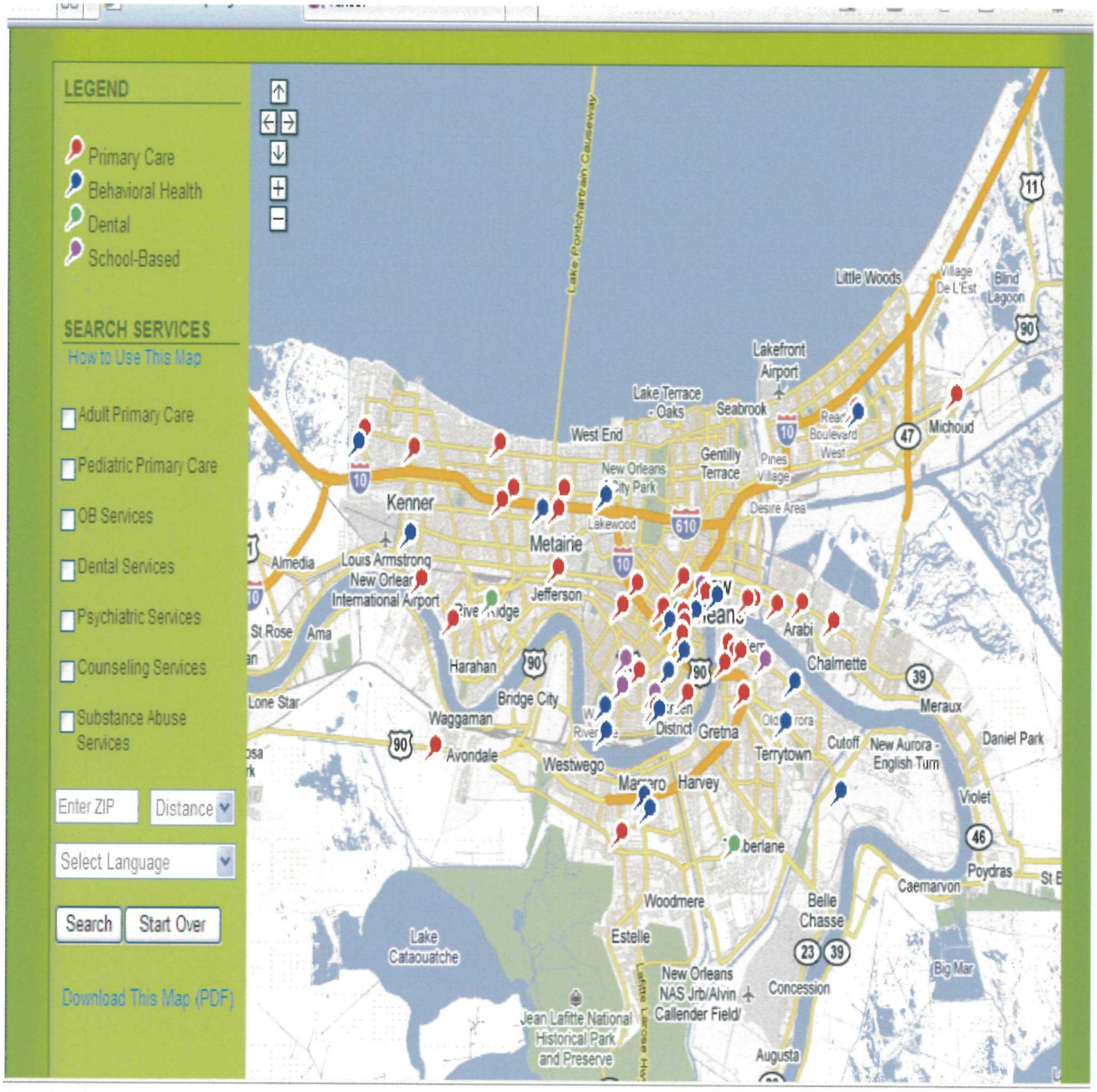
NOHD Highlight:

The New Orleans East Family Health Center and Mobile Dental Units

The New Orleans Health Department identified an extremely high need, underserved and understaffed site within Orleans Parish and responded by establishing a clinic site in the geographically remote area of the parish in New Orleans East, in 2008. As shown on the Orleans Parish map, New Orleans East represents approximately 35% of total parish land area, and over 15% of overall population. Yet, four years later there is still no hospital. Separated by a large industrial canal bridge, New Orleans East is considered a suburb of the city, and was the fastest growing part of the parish in terms of population, business and industry, with a strong and increasing middle-upper class Black population.

Like all of New Orleans, but particularly in New Orleans East, data has shown significant population shifts and demographic changes post-hurricane. Each month that the New Orleans East Clinic has been open, we have seen a 15% increase in patient volume. We currently offer Gynecological, Pediatric, Adult Primary Care services, WIC, and Healthy Start. We have collaborations with LSU and Tulane Schools of Medicine for specialty care, diagnostic procedures, and inpatient management.

There are 65% of our patients who are uninsured. Our typical patient is a working mother who comes in for WIC services, brings her children in for a pediatric visit, participates in Healthy Start parenting class with the father of the children, gets her pap smear and birth control and makes her brother come in to get his blood pressure checked. She can get all of this accomplished in her neighborhood because of the New Orleans East Clinic. For a growing population that is geographically isolated, the PCASG funding has allowed us to provide convenient compassionate services, because even four years later, there is no hospital within 20 miles, and very limited private medical care and services, and virtually no free or reduced fee primary medical care and services.



Since Katrina there has been a severe shortage of Dental Services. The PCASG funding has allowed up to help fill in that gap with staffing for two mobile dental units. One goes to the Senior Centers and the other goes to School Based Health. On these units we provide dental exams, prophy, deep scaling, amalgam fillings, bonding, removable partial dentures, complete dentures, crowns and bridges. We have an oral surgeon who we can bring in for more difficult cases. We have begun an oral health

education program with the schools as well. We are hopeful that the availability of services plus the student education will span out to beyond the Senior Centers and the Schools in the future. But, as for now it is filling a significant need.

V. Primary Care Access and Stabilization Grant

In 2007, Congress authorized funding for a Primary Care Access and Stabilization Grant. The goal was to expand and improve the availability and accessibility of essential primary and preventive health care services and related support services for low income, medically underserved and vulnerable populations that have had limited access to affordable services and face the greatest barriers to care. As a result of this funding, 25 public and private health agencies and community nonprofits have come together, for the first time in the City's history, to serve as a diverse group of both traditional and nontraditional leaders, to build collectively a system of care reflective of the community's needs and available to all persons residing within the geographic service area, regardless of a person's ability to pay for services. In addition to the extensive planning and organizing efforts this grant has afforded the City of New Orleans, it has also paid for the direct provision of health care services so desperately needed in this city.

These funds allow the city of New Orleans to provide direct medical care and services – while helping to build a sustainable and long term infrastructure along with the opportunity for collaboration and coordination in health care provision. Additionally, this will provide for increased data collection on high risk and hard to reach populations. It can continue to serve as best practice model nationwide to areas with similar demographics and hardships with access to quality wellness care. Below is a summary of the top 5 grant accomplishments, as well as the top 5 remaining challenges, for the New Orleans Health Department.

Table 1. New Orleans Primary Care Access and Stabilization Grant	
Funding Accomplishments	**Remaining Challenges**
Care to Geographically Isolated Communities	Access to Residents Most in Need of Services
Providing Accessible Dental Services and Care	Need for Dental, Medical and Mental Health Providers
Implementation of Electronic Data Collection Systems	Funding to Sustain and Expand these Systems
Tracking of Service Demographics and Disease Data	Data Sharing/Coordination Between Service Providers
New Collaborations Among Untraditional Partners	Lack of a Public Charity Hospital System
Expanded WIC and Other Children's Programs	Ending of PCASG Grant in September 2010
311 City Assisted Emergency Evacuation Program	Increase and Expand Emergency Planning/Services

Below are some recommendations from the City of New Orleans:

1) Mandate a Medicaid eligibility expansion to increase the number of individuals who qualify for coverage and are insured.

2) Flexibility in the use of Medicaid Disproportionate Share (DSH) dollars as outlined in LAs 1115 Medicaid waiver request so it can be used to support outpatient primary care

3) Expansion of the Federally Qualified Health Center program in the New Orleans Region and the State to bring it in line with levels of funding received by states/ regions with similar needs

4) Alleviate disparity in Mental health reimbursement

We again thank you for allowing us this opportunity to share our successes, suggestions and current needs.

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[i] Office of Shortage Designation, Bureau of Health Professions, Health Resources and Services Administration, Special Data Request, April 2009.

[ii] Sabstance Abuse and Mental Helath Services Administration, Office of Applied Studies. *The NISDUH Report: Impact of Hurricanes Katrina and Rita on Substance use and Mental Health,* Rockville, MD. January 31, 2008.

[iii] Louisiana Economic Development. Economic Impact of Hurricanes on Louisiana, September 18, 2008.

[iv] Dupre, Reggie. State of Louisiana Senate. Ad Hoc Subcommittee on disaster Recovery, Committee on Homeland Security and governmental Affairs, U.S. Senate. September 19, 2008.

[v] Morgan, K.O. and Morgan, S (Eds). 2006. *Health Care State Rankings 2006.*

[vi] Blanchard, Troy. Paterson, Karen. The Growing Hispanic Population in Louisiana: New Evidence from the July 1, 2008 Population Estimates by Race and Ethnicity, CAPER, Louisiana State University. Fact Sheet #11, May 2009.