

REFRESH NEIGHBORHOOD DATA PROJECT

ACCESS TO HEALTHCARE

From summer 2017 to winter 2018, Broad Community Connections (BCC) led a community-based participatory research study to collect information on the health, wellbeing, wants and needs of residents living near the ReFresh Project. The below information is a synthesis of data regarding peoples' access to and usage of healthcare collected from 200 door-to-door surveys with adult residents, all living within one-square mile of the ReFresh Project at 300 N Broad Street in New Orleans. The survey area covered parts of the Tremé-Lafitte, Lower Mid-City, Mid-City, and Bayou St. John neighborhoods. BCC also conducted focus groups with key resident demographic groups to augment survey findings.



ReFresh
PROJECT

The ReFresh Project is a community health hub and collaborative of cross-sector partners working to achieve health equity in New Orleans neighborhoods along North Broad Street. Through health education programming, community engagement, data collection, information sharing, and systems-change advocacy, we work to ensure that all local residents have the tools, education and supports needed to be healthy and happy.

A CHANGING LANDSCAPE OF HEALTH

The healthcare landscape of New Orleans has changed drastically since Hurricane Katrina. Within five years after the storm, Charity Hospital – the city's main public hospital and the go-to place for indigent care – closed its doors, the New Orleans Health Department shifted focus from running health clinics to focusing on public health, a plethora of Federally Qualified Health Centers and community health centers opened their doors across the city, and the Patient Protection and Affordable Care Act passed under the Obama Administration. Additionally, over the past few years, University Medical Center New Orleans – the new iteration of Charity Hospital located in Mid-City – opened its doors, Medicaid Expansion reached Louisiana, and dozens of non-profit organizations focused on health education and healthy living either opened their doors or continued to offer free programming to individuals and families.

Despite the recent increase in people with health insurance and locally available options for healthcare across the city, many New Orleanians of color continue to suffer from poor physical and mental health at much higher rates than white New Orleanians. While healthcare utilization is not the sole determinant of whether or not a person is healthy, it is very important that everyone has access to quality healthcare that meets their needs, is affordable to them, makes sense for their lifestyle, and with which they feel respected and comfortable.

With the ReFresh Neighborhood Data Project, we sought to better understand who currently lives in the neighborhoods surrounding the ReFresh Project, whether or not they have health insurance, what their insurance covers, if they know where to seek care, how often and why they seek medical attention, and what barriers get in the way of receiving care that meets their own personal standards of affordability and quality.

Future data briefs will include information on the current physical and mental health status of neighborhood residents, barriers to quality health resources, and respondents' eating, physical activity, and emotional self-care habits.



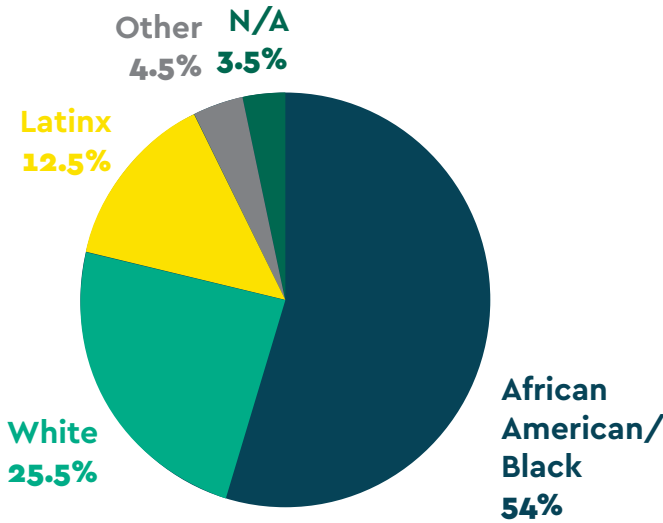
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GENERAL DEMOGRAPHICS

ReFresh neighborhoods are generally home to a diverse mix of older Black or African American* adults with deep roots in the neighborhood, young and childless white adults new to the neighborhood, and young Latinx** immigrant families.

RACE + ETHNICITY

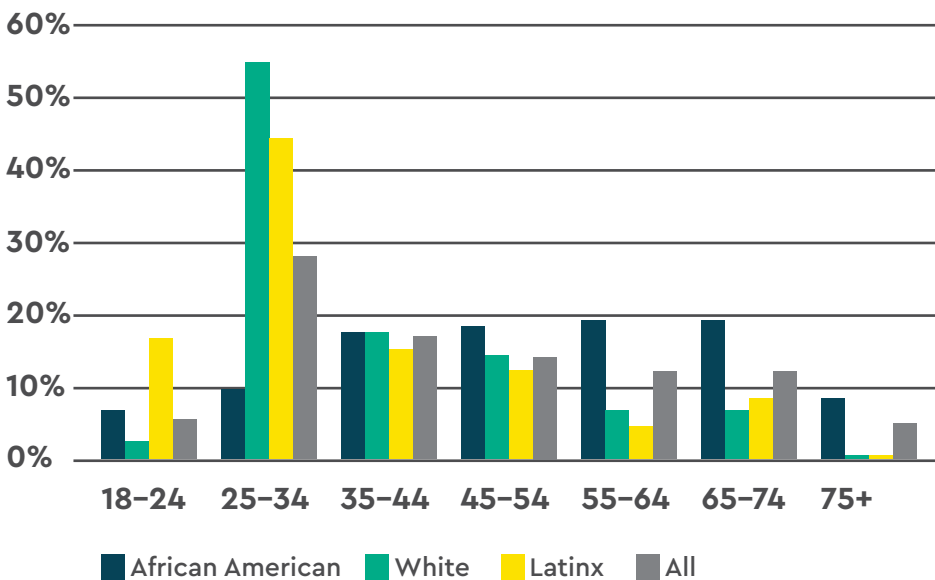


The majority of survey respondents identified as Black (54%), followed by white (25.5%) and Latinx (12.5%), respectively. Approximately 4.5% of survey respondents identified as Native American, Asian, or multi-racial, shown here as "Other". A separate 3.5% of participant responses (seven people total) did not identify as a discernable race or ethnicity. In an effort to make our graphs readable, we do not show outcomes for "Other" or for respondents who did not identify as any race or ethnicity in the remainder of this brief. If interested in this data, please contact ReFresh.

*The survey asked residents to identify their race from a list of options taken from the U.S. Census Bureau. One option was "Black or African American." For the sake of brevity and the desire to be inclusive of people of African descent from countries other than the United States, the term "Black" is used for the remainder of this brief when referencing residents who chose this option.

** "Latinx" is a gender-neutral term sometimes used in lieu of "Latino" or "Latina". For the purposes of this brief, "Latinx" is used to describe the residents who responded "Yes" to the survey question "Do you consider yourself Latino?".

AGE BY RACE + ETHNICITY



The majority of Black respondents were aged 45 or older (66%), while three quarters of Latinx (76%) and white respondents (75%) were under age 45.

Fifty-five percent of white respondents were between ages 25-34, making this the most concentrated age bracket for any race or ethnic group in the area.



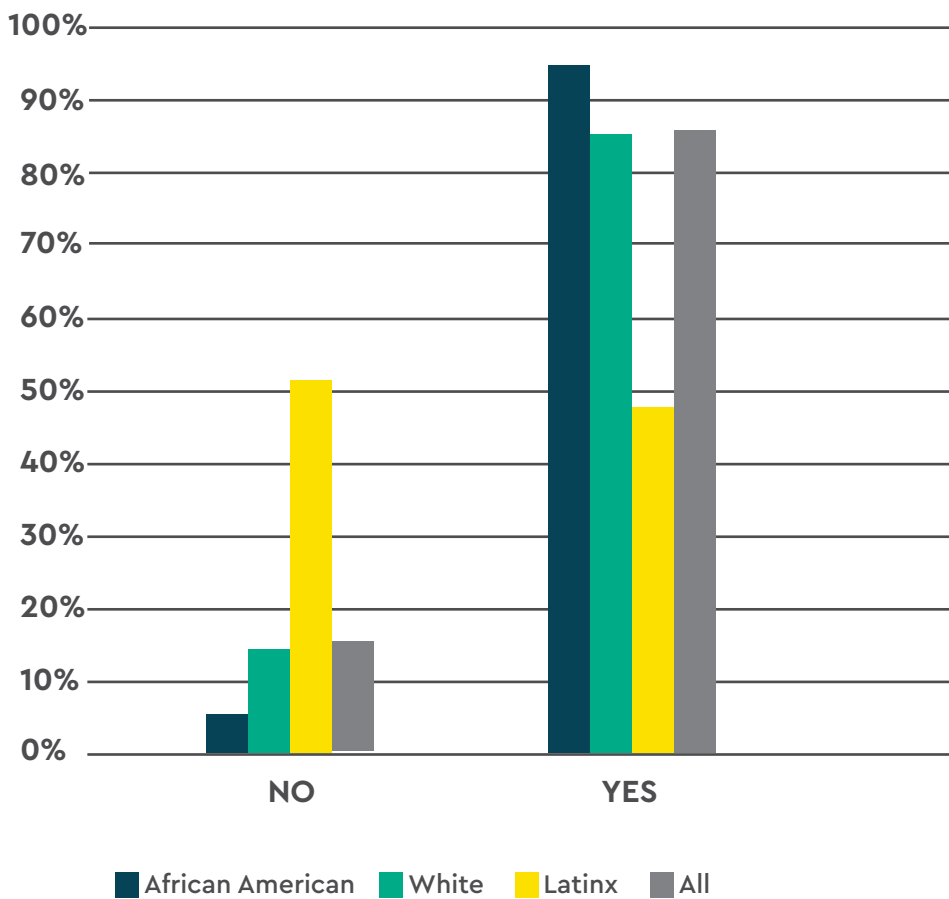
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HEALTH INSURANCE AND SEEKING CARE

The vast majority of Black and white survey respondents had health insurance and knew where to receive affordable healthcare for themselves and the children living with them. Black focus group respondents, however, demonstrated deep distrust in and frustrations with the medical system. It is clear that many members of the local Latinx community lack health insurance coverage (children and adults alike), generally do not know where to receive affordable primary and specialty care, and confront language barriers when seeking care. All populations cited a dearth of dental health coverage, and this need is particularly evident among local Latinx respondents.

DO YOU HAVE HEALTH INSURANCE?



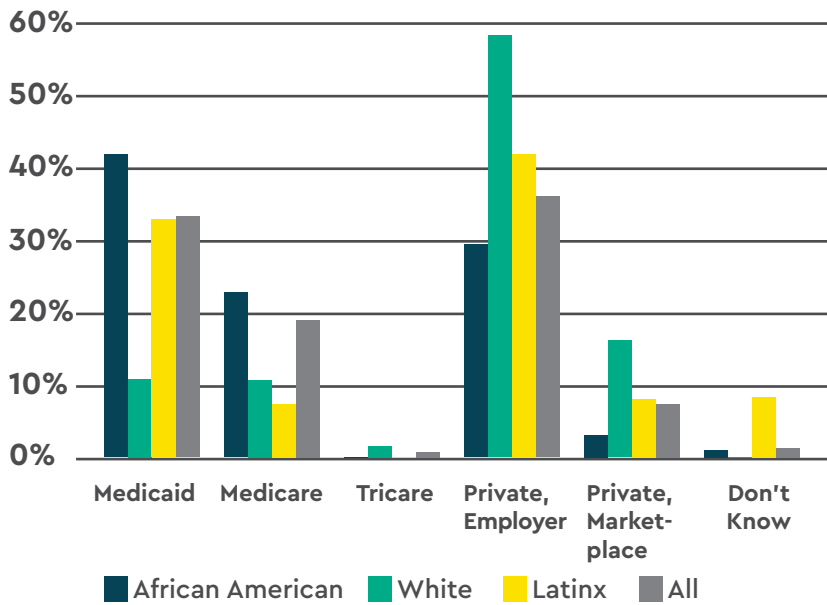
A majority of participants reported having health coverage (85%). Black respondents reported the highest levels of coverage at 94%, while 84% of white participants reported having health insurance. Only 48% of Latinx respondents, however, had health insurance – a drastic difference from other groups. This large disparity in health care coverage may be in part due to the fact that, in order to qualify for health insurance coverage as an adult in the United States, a person must be a citizen or lawful permanent resident.



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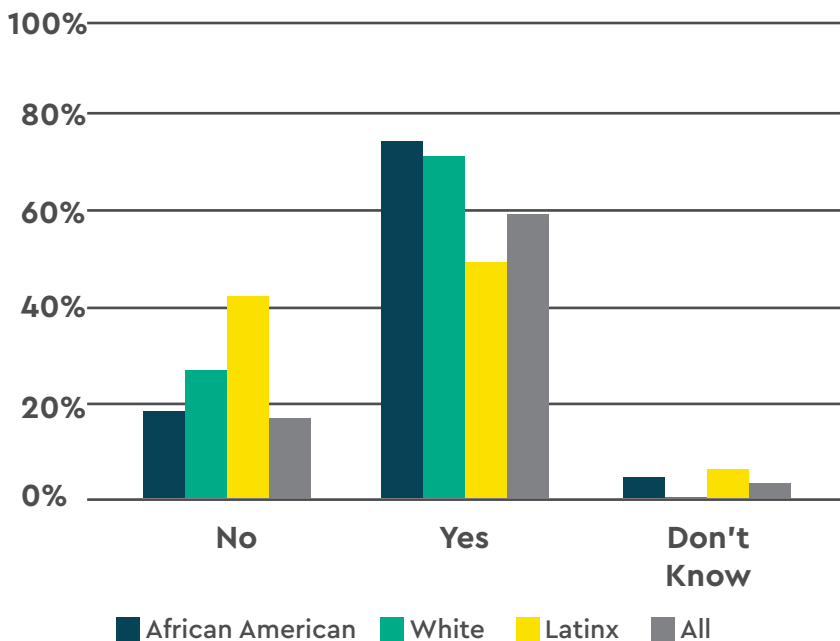
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WHAT KIND OF INSURANCE DO YOU HAVE?



For Black respondents with insurance, Medicaid was the most common insurer (42%), followed by private insurance through an employer (29%). Twenty-three percent of Black respondents with insurance were covered through Medicare, the highest rate of any race or ethnic group surveyed. The majority of white respondents with insurance received private insurance through their employer (58%), and only 12% were covered by Medicaid. Private insurance through an employer was also the most popular response among Latinx respondents with insurance (42%), followed by Medicaid (33%).

DOES YOUR INSURANCE COVER DENTAL?



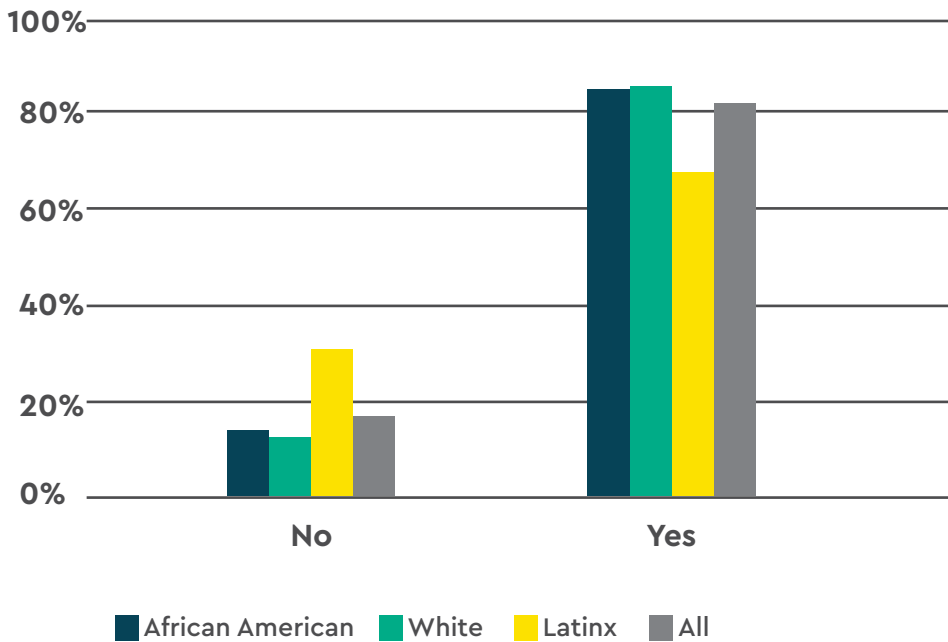
About three quarters of Black (75%) and white (72%) respondents with insurance reported that their health insurance included dental care. In contrast, only half (50%) of Latinx respondents with insurance reported that their health insurance included dental care. A 2014 report from the New Orleans Health Department and non-profit partners entitled "I Don't Know Where to Go: Latino Community Health Issues in New Orleans" showed that of 279 Latinx adults surveyed in New Orleans, the number one health priority was the need for dental care, cited by 43% of respondents.



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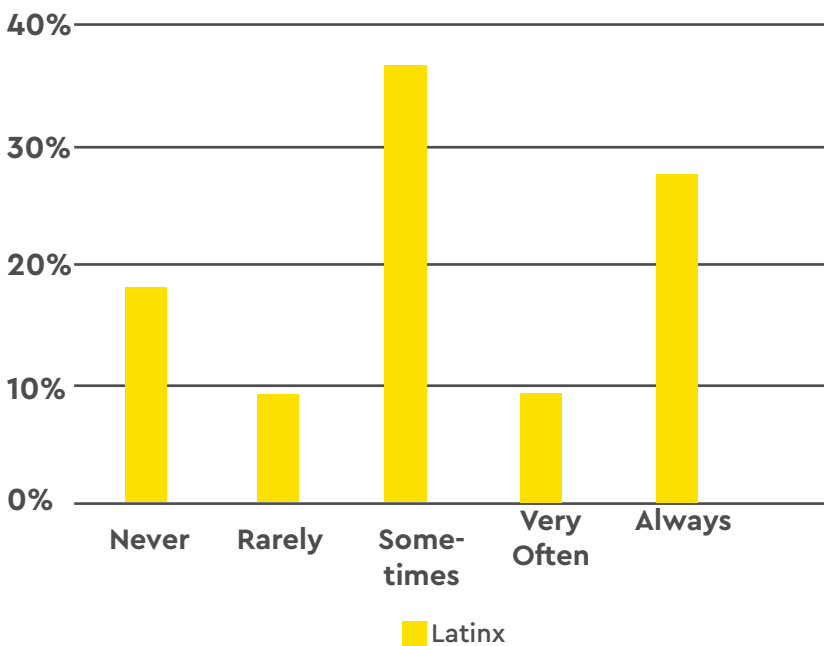
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DO YOU KNOW WHERE YOU CAN SEE A DOCTOR YOU CAN AFFORD IN NEW ORLEANS?



Eighty-six percent of white respondents and 85% of Black respondents knew where to find a doctor they can afford, while only 68% of Latinxs knew where to find affordable care for themselves.

DO YOU CONSIDER LANGUAGE A BARRIER TO RECEIVING GOOD MEDICAL ATTENTION?



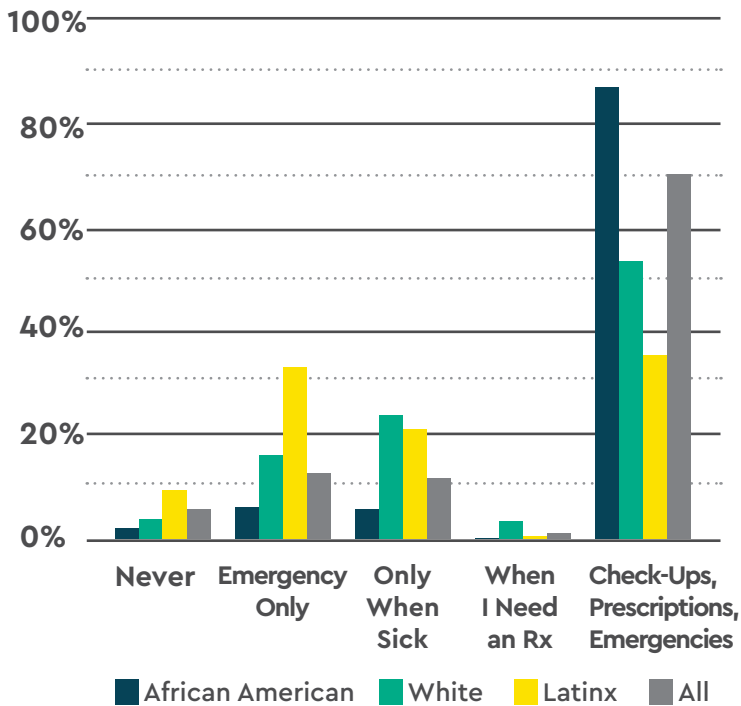
Nearly three-quarters (73%) of Latinx respondents reported language as a barrier to care "sometimes", "very often" or "always", with nearly 30% reporting it as "always" a barrier.



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WHEN DO YOU GO TO THE DOCTOR?



Going to the doctor “for check ups, when I’m sick, for prescriptions, and for emergencies” was the most popular answer for all racial and ethnic groups. There were, however, stark differences across these groups. Eighty-six percent of Black respondents chose this answer, while only 53% of Whites and 38% of Latinxs chose this answer. The second most popular answer for Latinxs was “only for emergencies” at 33%, whereas “only when I’m sick” was the second most popular answer for whites respondents. In focus groups, a number of Latinx community members reported difficulty in finding a healthcare provider who can speak Spanish, difficulty finding a provider with reliable interpretation for patient visits, and trouble navigating the health system. In focus groups, Black residents stated they felt like they had too frequent of visits to their doctors, as they saw a variety of specialists. Many in this group also expressed being dissatisfied with the quality of care they received and felt that providers do not listen to their concerns or ideas about their own ailments. Several respondents felt they received second-class care due to their Medicaid insurance status.

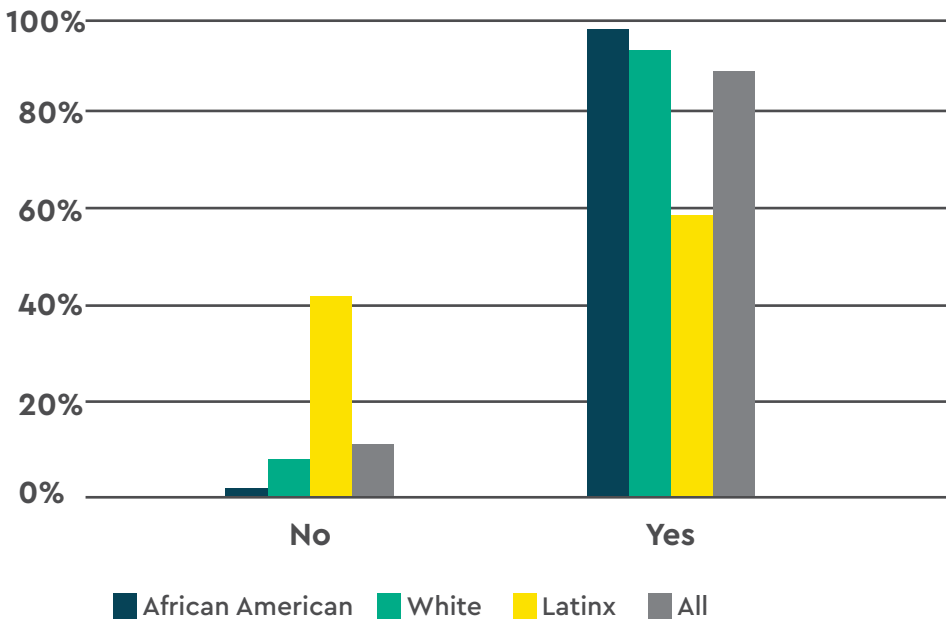


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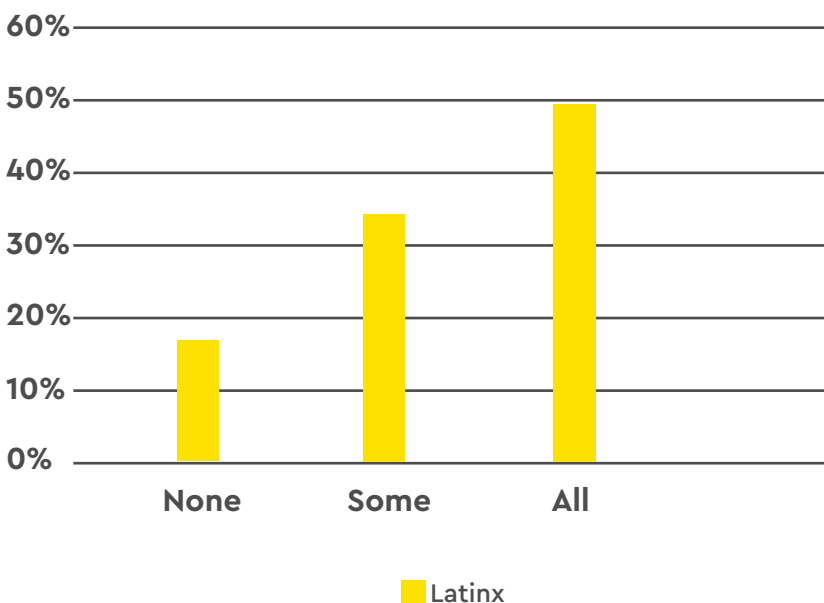
CHILDREN AND HEALTHCARE

DO YOU KNOW WHERE TO GO SEE A DOCTOR FOR THE CHILD(REN) YOU TAKE CARE OF THAT YOU CAN AFFORD IN NEW ORLEANS?



The vast majority of African American (98%) and white respondents (92%) who had children living with them at the time of the survey knew where to find affordable medical care for these children. In contrast, only 59% of Latinx respondents who had children living with them knew of an affordable provider for these children.

OF LATINX HOUSEHOLDS, HOW MANY KIDS IN THIS HOME HAVE HEALTH INSURANCE?



Only half of Latinx homes surveyed with children under age 18 reported that all children in the household had health insurance. One-third reported that some children were covered, and 17% reported that no children in the household were covered. In Louisiana, if a child is not a citizen or legal permanent resident of the United States, they do not qualify for health insurance, including the Louisiana Children's Health Insurance Program (Medicaid for children up to age 19). It is likely that this barrier is reflected in these numbers. Surveyors did not inquire about the legal status of children or adults in the home.



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References

Puentes New Orleans, Committee for a Better New Orleans, New Orleans Health Department. "I Don't Know Where To Go: Latino Community Health Issues in New Orleans." New Orleans: Louisiana; 2014.



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