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*The Recovery Divide:
Poverty and the Widening Gap Among
Mississippi Children and Families
Affected by Hurricane Katrina*

EXECUTIVE SUMMARY

A report of the Mississippi Child & Family Health Study, based on an August 2006 household survey of displaced and impacted families living in Mississippi

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Mississippi Child & Family Health Study

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This study was approved by the Columbia University Medical Center Institutional Review Board.

We are particularly grateful to all the people in Mississippi who shared their time and their experiences with us. We take their trust in us seriously, and hope that our project serves to amplify the voice of the displaced populations throughout the Gulf Coast, and speed their recovery.

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Six months after Hurricane Katrina hit the Gulf Coast, a Columbia-led research team conducted a random household survey of people who had been displaced by the disaster in Louisiana. Mental health disability and psychological strain were rampant, people's lives were chaotic, and their futures were uncertain. The children who had been displaced were often socially and medically adrift – many of them were disengaged from schools, without adequate primary medical care, and living among very fragile families¹. One year after the hurricane, we replicated the study among residents of Mississippi's Gulf Coast who had been heavily impacted or displaced by the hurricane. Based on interviews with a random sample of displaced and impacted residents, it appears that for a number of households the situation remains dire or is worsening. Furthermore, there is evidence of an economic determinism at work, in that those who had been struggling to maintain their financial footing at the time of the hurricane – the working class and the working poor – have been forced back down the socioeconomic ladder towards impoverished and dependent states. Recovery has become a test of resilience – who will bounce back, both in terms of people and in terms of geography? The premise of much recovery policy is to invest in geographically-based recovery – the bricks and mortar of critical infrastructure, housing, and markets – with the notion that once a place has recovered, the population's recovery will follow as well. Findings from the Mississippi Child & Family Health (M-CAFH) study suggest that the population recovery – particularly among the most economically and socially vulnerable – may be lagging significantly behind that of other infrastructure recovery.

During the period of August 6 through August 26, 2006, the Columbia-led Mississippi Child & Family Health Study, working in partnership with the Mississippi State University Social Science Research Center, conducted an assessment among Mississippi residents displaced or heavily impacted by Hurricane Katrina. Following a multi-stage sampling strategy based on lists of trailer parks provided by FEMA as well as FEMA damage assessment maps, 576 randomly-selected households were recruited in to the study, establishing a cohort representative of over 14,000 displaced and impacted households (covering approximately 37,000 adults and children). Among the central findings of the randomized household study in Mississippi are the following:

- **The Poverty Penalty:** Households that had been among the working class and the working poor at the time of Katrina were most vulnerable to the economic impact – 53% of households with an annual income below \$10,000 lost all salaried jobs in the household after the hurricane, compared to 15% of households with annual income above \$20,000. Reinforcing this notion of the economic tenuousness of their lives, among those living in FEMA trailer parks only half had access to a bank account and only 16% had a credit card whereas among those living in the impacted community areas 87% had access to a bank account and 49% had a credit card.

¹ See DM Abramson and R Garfield (2006), "On the Edge: Children and Families Displaced by Hurricanes Katrina and Rita Face a Looming Medical and Mental Health Crisis." National Center for Disaster Preparedness, Columbia Univ. <http://www.ncdp.malman.columbia.edu/files/LCAFH.pdf>

- **Persistent Emotional Stress Among Children:** Over half the parents and caregivers interviewed reported that at least one child in the household had experienced emotional or behavioral issues since the hurricane, an even higher rate than reported among displaced Louisiana residents six months after the hurricane. Furthermore, there was a near fourfold increase in the clinical diagnosis of depression or anxiety in children after the hurricane. Similarly, the prevalence of behavioral or conduct problems doubled.
- **Parents' Mental Health Strain and Disability:** Parents and caregivers themselves reported exceedingly high rates of mental health distress and disability; well above the norm even for populations suffering from a debilitating chronic disease and even higher than Louisiana caregivers surveyed in February 2006. Sixty-two percent of Mississippi caregivers scored low on a standardized mental health score, suggestive of high levels of clinical anxiety, depression, and post-traumatic stress disorder, and 13% of caregivers reported that they were not coping well with the daily demands of parenting, a rate more than eight times higher than that reported by parents in pre-Katrina surveys conducted in Mississippi in 2003. Rates of diagnosed hypertension among all adults increased by 35% since the hurricane.
- **High Rates of Children's Uninsurance:** Although rates of uninsurance are similarly high among Louisiana (44%) and Mississippi parents and caregivers (41%), rates of uninsurance among children were twice as high in Mississippi (23%) as they were in Louisiana (10%), and significantly higher than pre-Katrina uninsurance rates of 8% among Mississippi respondents in the National Survey of Child Health. One out of six children who needed medical care for an illness or injury since the hurricane did not seek care.
- **Disengagement with School:** As with Louisiana school-age children, the measures of school disengagement among Mississippi school-age child children were excessively high. Among elementary school children six to eleven years old, 29% had missed ten or more days of school in a given month during the last quarter of the spring semester, and 41% of teenagers missed at least ten days of school in a given month during the same period.

One year out from the hurricane, two pictures emerge among the Mississippi populations most severely impacted by the hurricane – one is of social stratification, with those with greater resources having some success at slowly rebuilding their homes and maintaining their household income, whereas those with the least (including those with poverty or near-poverty level incomes) are increasingly jobless and isolated in dismal trailer parks. The second picture, though, is the commonality of certain negative health and health-related outcomes, such as high uninsured rates, high rates of depression, anxiety, and emotional issues among both parents and children, and high rates of children who have lost their “medical home” since the hurricane, regardless of their economic and housing situation.

Conclusions & Policy Recommendations

One year after the hurricane the recovery is far from complete for a number of Mississippi residents heavily impacted by Katrina. Among the disturbing findings are the persistence of mental health disability and strain so long after the precipitating event, the continued instability and inherent chaos among the lives of families and children, and the daily impact of persistent poverty – particularly among households that had been struggling to maintain subsistence wages prior to the hurricane. The data suggest a **“Recovery Divide,”** in which those with access to resources are the likeliest to rebuild their homes and their lives, and those without are left to languish.

The Mississippi study reinforced findings from the earlier Louisiana study, and are easily confirmed by even casual visitors to the congregate trailer parks or heavily impacted areas in either state, that little progress has been made in the process of creating a normal environment for families wishing to return to their homes and communities or permanently resettle elsewhere. The current study offers evidence that conditions for those most harshly impacted by the catastrophic storm – particularly children and their families – remain dangerously sub-optimal, much as did the previous Louisiana analysis. High rates of behavioral and emotional difficulties in children, missed school to the point of jeopardizing academic progress, depression among caretakers, and lack of medical insurance among children provide stark clarity about some of the challenges faced by displaced families. Moreover, finding secure employment and reliable transportation adds additional stresses to an already beleaguered population.

This study and the prior study in Louisiana highlight the pressing need to accelerate recovery efforts. The task is clearly momentous. As of January 2007, the US Congress had allocated over \$110 billion in response, recovery, and mitigation funding in response to Hurricanes Katrina and Rita². By comparison, a US Senate Bipartisan Task Force in 1995 calculated that the federal expenditures for all disasters occurring between 1977 to 1993 (including Hurricane Andrew and California’s Loma Prieta earthquake) totaled \$170 billion (in current dollars)³. Notwithstanding the large amounts committed to the Gulf states, the most vulnerable populations are often at the end of the recovery and rebuilding funding pipeline. Furthermore, as recent Senate hearings illustrated, the funding pipeline itself is beset by problems of fraud, bureaucratic barriers, and political stalemates⁴. To illustrate, although Louisiana was allocated approximately \$12 billion through the Department of Housing and Urban Development’s Community Development Block Grant program (CDBG) to assist homeowners in rebuilding, and over 100,000 Louisiana homeowners had applied, only

² Testimony of Donald E. Powell, Office of the Federal Coordinator for Gulf Coast Rebuilding, Department of Homeland Security, before US Senate Committee on Homeland Security, Jan 29, 2007.

³ See US Senate Bipartisan Task Force on Funding Disaster Relief (1995). *Federal Disaster Assistance*. Wash DC: US Government Printing Office. CPI inflation calculation of 1993 dollars based on <http://oregonstate.edu/cia/polisci/faculty/sahr/sahr.htm>.

⁴ US Senate Committee on Homeland Security and Governmental Affairs hearing, “Hurricanes Katrina and Rita: Outstanding Need, Slow Progress,” Jan 29, 2007. Accessed at <http://hsgac.senate.gov/>

359 people had received a grant. Similar stories were reported for other types of recovery monies, whether it was for public sector or critical infrastructure construction projects, or for Small Business Administration loans. For many, the funding pipeline was often viewed as having slowed to a trickle.

For the poorest and most vulnerable populations, though, there is no pipeline in sight. They are the least likely to be homeowners, and the individual assistance they did receive – such as temporary housing or rental vouchers – may soon be coming to an end. These individuals, children, and families are most dependent upon enhanced social services and community-based institutions, in addition to the rebuilding of their local social institutions, to support their well-being and educational and economic opportunities. For these groups, recovery policy should be viewed from a development perspective, rather than the more conventional compensation model in which people are paid for their losses. At a minimum, several areas that could be considered include:

- Instituting economic development programs that incorporate significant job-retraining and skill-building, as well as home-ownership development programs;
- Establishing community-based or school-based case managers to assist people in managing transitions to new schools and new communities;
- Creating a mechanism for community engagement, such as the “sweat equity” community development groups that proliferated in the 1980s and 1990s in successful urban reclamation projects, in which community residents could actively participate in rebuilding their homes and social institutions;
- Maximizing Medicaid and S-CHIP enrollment among eligible families and children, so as to cover a greater proportion of the uninsured children;
- Assuring ongoing mental health supports for children and caregivers.

The scope of Katrina’s impact is difficult to measure. Estimates of the storm’s financial costs may soar in to the hundreds of billions of dollars, yet they still fail to account for the personal and social consequences of such a massive disaster – the hundreds of thousands of lives disrupted, many of which remain unsettled today. Extrapolating from this study of Mississippi residents, in which over 1 in 3 children are either suffering from behavioral or emotional problems since the hurricane or are disengaged from schools, there may be as many as 30,000 children across the Gulf and displaced to other states who are suffering similar problems. And however much that is a present problem, it represents a future problem of unknown magnitude. Every day in which a child remains without a stable home, community, or school may correlate with some future educational, economic, or social deficit. The price to pay to remedy the situation may present itself today, but the cost of delaying that payment may stretch before us for years to come.

The media spotlight is long gone from the Gulf, but this study – and others – clearly show that the crisis in the Gulf remains serious, auguring grim consequences for people – especially children – who need relief and responsible societal responses right now.