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PART 2: CONTEXTUAL ANALYSIS

East Baton Rouge Mental Health Resource Mapping

2024

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Cover Image: Flooding and devastation in Baton Rouge, Louisiana, on Aug. 15, 2016. Melissa Leake via Flickr

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TABLE OF CONTENTS

LIST OF FIGURES

Acronyms

ACS	American Community Survey
ADI	Area Deprivation Index
ATSDR	Agency for Toxic Substances and Disease Registry
BRMHRM	Baton Rouge Mental Health Resource Mapping study
CATS	Capital Area Transit System
CDC	Centers for Disease Control and Prevention
CHIP	Community Health Implementation Plan
CHNA	Community Health Needs Assessment
EBR	East Baton Rouge
EBRP	East Baton Rouge Parish
EPA	Environmental Protection Agency
FEMA	Federal Emergency Management Agency
HPSA	Health Professional Shortage Areas
HRSA	Health Services and Resources Administration
ICF	Inner City Fund
LDH	Louisiana Department of Health
LGE	Local Governing Entity
NCDP	National Center for Disaster Preparedness, Columbia Climate School, Columbia University
NHI	Natural Hazards Index (NCDP)
NRI	National Risk Index (FEMA)
PTSD	Post-Traumatic Stress Disorder
SVI	Social Vulnerability Index

Historical Profile

Early History of Baton Rouge

Today, Baton Rouge is the second largest city in Louisiana. Prior to its discovery by French explorers in 1699, its occupants were Native American tribes who may have been living in the region since 8000 B.C. (City of Baton Rouge, n.d.; Foundation for Historical Louisiana [FHL], n.d.). After the colonization of the area by the French, the city has been under the authority of seven different governing bodies, including France, England, Spain, Louisiana, the Florida Republic, the Confederate States, and the United States (FHL, n.d.).

The Treaty of Paris, signed by France, England, Portugal, and Spain in 1763, signaled an end to the Seven Years' War. The French North American Territory was subsequently divided between England and Spain. The English took authority over lands east of the Mississippi River, excluding New Orleans (East Baton Rouge Public Library [EBRPL], 2017). During this time, rural Louisiana saw an influx of French-speaking Canadians who had been expelled from Acadia. The community came to be known as Cajuns, and they created a culture that was a mix of the various heritages of the residents of the Baton Rouge area (EBRPL, 2017; FHL, n.d.). In 1777, King Charles III of Spain appointed Don Bernard de Galvez as governor of Louisiana. Galvez worked with the Americans to re-establish Spanish control. On September 21, 1777, his troops captured the fort at Baton Rouge with the assistance of the Cajuns, free Blacks, volunteers, and Native Americans, among others (EBRPL, 2017).

President Thomas Jefferson recognized the Mississippi River as essential to the control of large swaths of North America. As part of efforts to secure this corridor, he sent Robert Livingston to Paris in 1803 to negotiate the purchase of New Orleans from the French. This led to the Louisiana Purchase, where the Americans received territory extending from modern-day Louisiana as far north and west as most of modern-day Montana for $15 million. On April 30, 1812, Louisiana became the 18th state of the United States (EBRPL, 2017).

In 1817, The City of Baton Rouge was incorporated by the Legislature, and it became the state's capital in 1849. Due largely to transportation infrastructure advances such as the steamboat, Baton Rouge continued to grow during the 19th century. By the outbreak of the Civil War, the population was approximately 5,500 (FHL, n.d.). The first half of the 20th century saw continued development, with advances in transportation, the construction of universities, the arrival of the Standard Oil Company, and the construction of the State Capitol in 1932 (EBRPL, 2017). In 1949, the City-Parish government was formed, allowing for a single planning commission for the City of Baton Rouge and the parish of East Baton Rouge. This unification made planning for the entire urban area as a unit possible.

Slavery in Baton Rouge and Louisiana

The Slave Trade and the French

Before the US Civil War, enslaved Africans worked along the southern coast. Like elsewhere in North America, Louisiana slaves under the French, Spanish, English, and Americans faced a lifetime of coerced work, imprisonment, torture, death, and discrimination. Usner (1979), in his paper "From African Captivity to American Slavery: The Introduction of Black Laborers to Colonial Louisiana," details the dynamics as Africans were brought to work on area plantations. In order to bring prosperity to the lower Mississippi Valley, colonists turned into slaves for producing rice, tobacco, indigo, and silk as potential sources of commerce and wealth (Usner, 1979).

French stability in the Gulf of Mexico relied on enslaved laborers who turned the desolate gulf into the fertile Mississippi Valley. Governor Bienville chose New Orleans as the capital in 1718 due to its strategic location near the mouth of the Mississippi River (Campanella, 2011). Slaves built the levees and drainage that made New Orleans livable. They were also used in the planting and harvest of crops of beans, rice, and corn. The French even used their slaves in the war against the Spanish; some worked on fortifications, while others remained to defend the island. Colonialists were unable to sustain the two thousand slaves who arrived at Louisiana between June 1719 and October 1721: By November of 1721 all but 680 had died. In all, between 1718 and 1735, approximately seven thousand Africans were transported to Louisiana. By 1735, only 3,400 remained, victims of poor living conditions, malnutrition, and disease (Usner, 1979).

By the year 1726, most slaves arriving from the Senegal region came with agricultural experience, improving the success and increasing the wealth of the French settlers. With the increasing profitability and decreasing availability of non-slave labor, private and company slave owners began to provide some of their slaves with apprenticeships as joiners, masons, carpenters, sculptors, blacksmiths, locksmiths, and saddlers. Governor Périer even suggested that some be trained in Paris in different trades, writing at the end of 1728 that he was "placing negroes as apprentices with all the workmen who we think are good and honest men…we could at present do without several white men, although the workmen do not seek to perfect the negroes in their trades because they feel distinctly that that will harm them in the future" (Usner, 1979, p. 34). This growth of the skill trade among African slaves created a separate class of Black artisans.

The close proximity of slaves to White inhabitants led to what Usner (1979) describes as interracial mixture and emancipation. This created a growing class of mulattoes and free Blacks. When combined with the growth of Black artisans, this contributed to the cultural wealth and economic welfare of New Orleans. During Governor De la Chaise's tenure, Black sailors were also employed. (The unreliability of deserting white sailors and soldiers had been a challenge since the establishment of the French colony. In order to reduce naval expenses, soldiers were mostly Black, with only a few White men in leadership.) Black rowers along the Mississippi were also encouraged to meet ships and remove large amounts of timber that blocked their passage (Usner, 1979).

The social structures and economy of Louisiana continued to be influenced by slaves and the practice of slavery. The Code Noir, a framework for persons inexperienced with slaves, originated in France and reached Louisiana in 1724. It enumerated restrictions on free Blacks and slaves and placed responsibilities on slaveholders (Usner, 1979). The code prohibited slaves from working on Sundays. It also restricted gathering in groups, as well as involvement in trade without permission (Johnson, 1991). However, economic interests and frontier conditions limited the social order that the Code Noir tried to foster. In particular, it was difficult to promote sexual separation between the races, kind treatment, and religious instruction. The Code was not especially successful in New Orleans, where slaves were allowed to roam the streets freely and to work for non-slaveholders on weekends. Some also engaged in trade, selling items such as fruit. Some were able to use the money earned to buy French luxuries and even to purchase their freedom (Usner, 1979).

Even though the Code prohibited slaves from gathering, many did so regularly. On Sundays, they came together by the hundreds In New Orleans for "ceremony and conspiracy," according to Le Page Du Pratz (Usner, 1979, p. 40). Le Page, a French observer who spent time in the colony between 1718 and 1734, thought such gathering was an avenue for plotting rebellions (Johnson, 1991, p. 123). His writings documented the pervasive abuse of slaves by their owners through mutilation and overwork. Rape, denial of necessary provisions, and beatings also led to frequent abortions and lost pregnancies among enslaved women. Out of despair, many slaves either fled into the wilderness or sought refuge in Spanish territories. Le Page also documented cases of slaves drowning or otherwise

killing themselves. Free Blacks were employed to capture runaways. If returned to their owners, they faced a flogging of as many as 200 lashes (Usner, 1979).

Louisiana and the Civil War

Following the election of Abraham Lincoln in November 1860, Louisiana started the process of secession. Governor Thomas Overton Moore ordered the seizure of federal arsenals and barracks at key locations, including Baton Rouge, Forts Jackson, and St. Philip. In January 1861, Louisiana delegates voted overwhelmingly (113 to 14) at the secession convention to leave the Union. The state joined the Confederacy two months after the 50,000 to 60,000 Louisianans who joined the Confederate army, most served outside of the state. They were known for their ferocious fighting (Sacher, 2022).

In April 1862, the Union army and navy challenged the defenses at Forts Jackson and St. Philip. Confederate general Mansfield Lovell, with a small number of inexperienced and poorly armed troops, evacuated the city, leading to the capture of New Orleans by the Union. New Orleans was the Confederacy's most important and largest city. However, more than 5,000 White Louisianans fought in the Union army. Many were immigrants, who made up 38% of the White population and felt less loyalty to the Confederacy (Sacher, 2022).

A key strategy of the Union, known as the Anaconda Plan, was to divide the Confederacy by capturing the Mississippi River. The Union's navy moved up the Mississippi River and took control of the state capital, Baton Rouge, on May 9, 1862, without opposition. This led to the movement of the Confederate capital in Louisiana to Shreveport. That August, the Confederates attempted to regain Baton Rouge. With superior naval power in the Mississippi, the Union held on to the city. By July 9, 1863, the Union Army controlled the river's full length.

That same summer, Governor Moore called for the organization of local ranger organizations to combat the Union troops. After the Confederacy started enforcing stricter recruitment laws, these guerillas began operating independently (Sacher, 2022). Some of these groups, known as Jayhawkers, comprised as many as 1000 men and included deserters, outlaws, and draft dodgers; they fought both Confederate and Union soldiers while also robbing and preying on civilians (Sacher, 2022).

One of the first usages of Black troops in battle was at the Port Hudson campaign with the Union army. The Louisiana Native Guard was originally a Confederate unit made up of 800 free Black men hoping to maintain their free status. After the capture of New Orleans, some of the members of the Native Guard offered their service to the Union. This was the first step toward the use of African American troops, more than 24,000 of whom eventually fought for the Union in Louisiana (Sacher, 2022).

As the war ended in Union victory, so too ended legalized slavery. In 1860, Louisiana was home to an estimated 331,726 enslaved men, women, and children, an estimated 46.8% of the population. Emancipation was uneven. The Emancipation Proclamation from President Lincoln came on January 1, 1863. The enslaved population did not fall under this mandate in areas like New Orleans and many sugarcane parishes, however, until the Unionist Constitution of 1864 formally abolished slavery in Louisiana. A year later, the Thirteenth Amendment to the U.S. Constitution would end slavery in the United States. The Union army worked to transition slave labor to wage labor. The state saw a disruption of its cotton and sugar trade, lack of credit, widespread inflation, and the presence of an occupation army, as well as some Confederates (Sacher, 2022). Louisianans struggled to clothe, feed, and house themselves when armies either destroyed or seized their crops. Starvation was a major threat, leading to some planters moving to Texas and other states, often taking formerly enslaved persons with them.

Civil Rights and Desegregation

After slavery ended, the legacy of overt discrimination continued in Louisiana. Like many cities in the South, Baton Rouge in the 1950s had laws relating to racial segregation. Among these was a requirement that Black residents sit in designated seating in the back of public transportation. Over two-thirds of bus passengers were Black, leading to many Black passengers standing while empty seats were available at the front (Global Non-Violent Action Database, 2010). This led to the 1953 Baton Rouge Bus Boycott.

The boycott was prompted in part by the municipal bus company and Baton Rouge City Council's revoking of the licenses of almost 40 competing Black-owned transport companies. African Americans, therefore, had no choice but to use the segregated bus system operated by the city. A complaint was made to the city council by Reverend T.J. Jemison, a pastor of the largest Black church in Louisiana. The resulting Ordinance 222 gave permission to Blacks to sit in seats designated for White persons if the bus was not crowded and the seats at the front unoccupied; they could not, however, sit in front of Whites or next to them. Two White bus drivers did not obey Ordinance 222 and were suspended, leading to the White bus drivers' union strike on June 14, 1953. Four days after this strike, Ordinance 222 was overturned by then-Attorney General of Louisiana General Fred LeBlanc on the grounds that it violated state segregation laws. On that same day, B.J Stanley, the head of the local National Association for the Advancement of colored people (NAACP), local businessman Raymond Scott, the Rev. Jemison, and other black leaders formed the United Defense League (UDL). They called on African American riders to boycott the city buses and instead walk to work, take taxis, or drive. When city buses approached Black riders the next day, they turned their backs on the buses. Hundreds of Black automobile owners volunteered to transport boycott participants to work (Momodu, 2018).

UDL's nightly meetings drew support from thousands of people. On June 22, 7,000 Black residents supported the boycott by gathering at the city's municipal stadium. Faced with the possibility of financial ruin, the bus company and the city met with the president of the UDL and the Rev. Jemison on June 24, leading to Ordinance 251. Under this compromise, the company reduced the number of White-only seats; however, Black riders still had to sit behind White riders and would have to stand even if White seats were empty (Momodu, 2018). The Rev. Jemison claimed that this was the best possible compromise. Many residents felt that there were not substantial improvements for Black riders and that the Rev. Jemison had yielded too quickly. Despite this, the boycott inspired civil rights leaders in the South and made national headlines. The Rev. Martin Luther King Jr. consulted with the Rev. Jemison about strategies used in Baton Rouge and applied these when planning the bus boycott that defeated segregation in Montgomery, Alabama, and attracted major media attention to the injustices related to Jim Crow laws (Melton, 2016).

Desegregation of Schools

In 1954, the Supreme Court's decision in the *Brown v Board of Education* case determined that racial segregation of schools was unconstitutional, becoming a cornerstone of the civil rights movement (Louisiana Budget Project, 2019).

However, the history of the school system in Baton Rouge and Louisiana, more broadly, is deeply entwined with injustice and segregation. In 1896, the Supreme Court had previously ruled in *Plessy v Ferguson* that as long as facilities for White and Black children were equal, racial segregation in schools was legal. Louisiana's Black children did not even have access to public education until 1905. In 1879, the state constitution authorized the creation of Southern University, a Historically Black Public University. But it wasn't until 1914, when it moved from New Orleans to Baton Rouge, that it began to prosper. At the same time, despite the efforts of some African American students to enroll in nearby Louisiana State University (LSU), the University did not admit African Americans until the 1950s (LSU Libraries, 1999).

In the early 1950s, a series of school segregation cases were brought to the Supreme Court, including that of Linda Brown, who was denied entrance to Topeka, Kansas's all-white elementary school. On May 17, 1954, the court issued a unanimous verdict declaring racial segregation of schools unconstitutional. The impacts of the ruling began to affect Louisiana more directly in 1960 with the introduction of a Black student name Ruby Bridges at the all-white William J. Frantz Elementary School in New Orleans.

Public school integration was a slow process. In 1969, only 3,000 out of the state's 23,000 Black public school students went to school with any White children, while the rest remained in entirely segregated schools (Davis, 1999). It was only as recently as 2003 that a federal judge lifted the desegregation order. At that time, Baton Rouge's public schools were attended by 75% Black students. As of 2019, that number had climbed back up to 81%, with a total of 89% of minority students (Harris, 2019).

Today, Baton Rouge still has a long way to go to address the continuing legacy of segregation in schools. According to a database maintained by ProPublica, the East Baton Rouge Parish school system ranks "High" on its segregation index. The distribution of Black and White students is extremely uneven. For instance, White students are 5.8 times more likely than Hispanic students to be enrolled in at least one Advanced Placement class. Black students, meanwhile, are 4.2 times more likely to be suspended than White students and are also, on average, 2.7 academic grades behind White students in terms of achievement (ProPublica, 2016).

Further complicating the issue of segregation within the school system today is the growing secession movement of school districts within East Baton Rouge Parish. Several districts, including Zachary, Baker, and Central, have successfully withdrawn from East Baton Rouge Parish to incorporate their own city and independent school districts. Today, another region known as St. Georges is attempting to become the next independent school district, although it faces legal challenges. For additional information on the school secession movement, see Section 2.3 School District Secessions in Baton Rouge below.

Economic History

The Baton Rouge area economy was based on agriculture throughout the 1700s and 1800s. Its cotton and sugarcane plantations were heavily dependent on slavery. In the 1800s, the lumber industry began to grow. Industrial manufacturing emerged as a major growth industry in the 1900s and grew further during World War II (Britannica, 2022). The most significant modern driver of the state economy has been the oil and natural gas industry. This

includes both the extraction and refining of oil and gas.

Louisiana's location on the Gulf of Mexico, as well as its unique geology, make it an ideal location for the extraction and transportation of oil and gas. The first oil well appeared in 1901, and within 20 years, there were hundreds of companies involved in the industry. This affected nearly all aspects of business in the state and created a significant dependence on economic activity from this sector (Theriot, 2021). Critically to the larger United States economy, almost one-fifth of all U.S. oil reserves lie in the state. According to a report released in 2020 by Inner City Fund, the natural gas and oil industry accounted for 11% of employment in the state and 26% of its GDP.

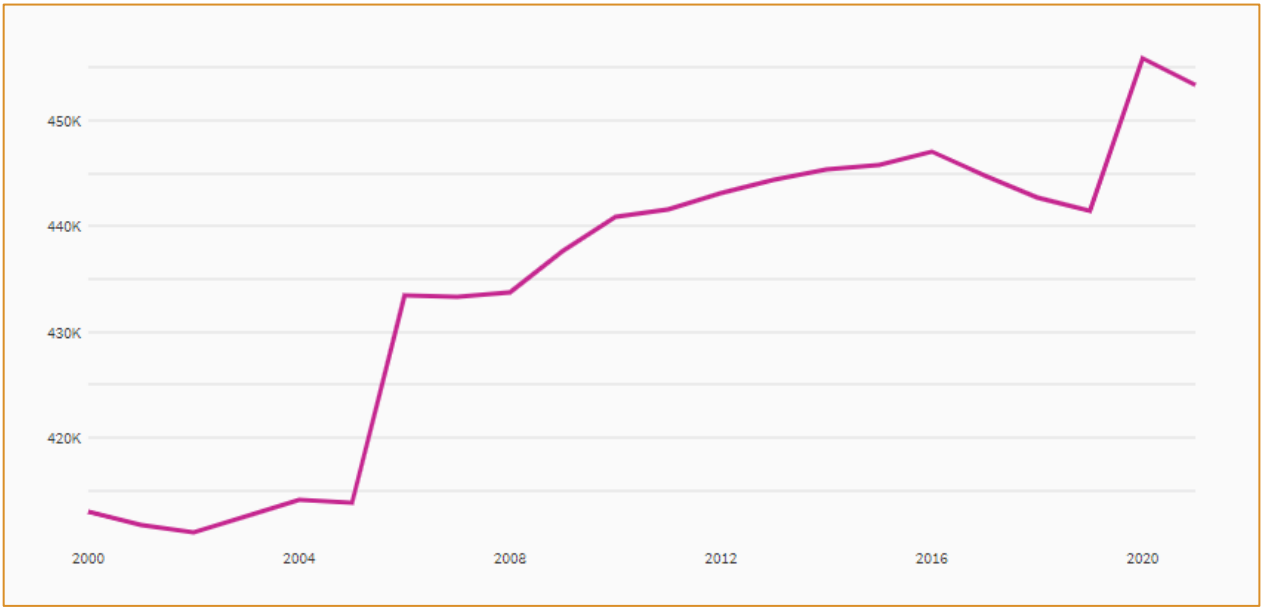
Baton Rouge's economy comprises a variety of industries, with an approximate total number of jobs around 262,992, a historic high for the parish. The primary industries in the Greater Baton Rouge Area include construction (which employs some 41,000 people), manufacturing (30,200), trade-transportation-utilities (70,100), financial activities (18,100), education and health services (59,100), leisure and hospitality (40,200), and government (74,000). According to the U.S. Bureau of Labor Statistics, in 2022, the Baton Rouge Area had a lower unemployment rate, 2.6%, in 2022 than the average for the entire U.S., 3.4% (Baton Rouge Area Economic Summary, 2023).

A major economic challenge for Baton Rouge is the migration of young people out of the parish. According to a survey conducted by the Baton Rouge Area Foundation in 2022, most parents (52%) in EBRP said they wanted their children to leave the parish when they became adults, a noticeable increase from 2019 when just 45% of parents responded the same way. This survey identified several significant hurdles to economic opportunities in the parish, which included caring for a family member, lack of skills or training, poor credit, and mental health issues. Three additional hurdles agreed upon were health care, caring for children, and transportation (*Baton Rouge 2022 City Stats*, 2022).

Changing Demographics

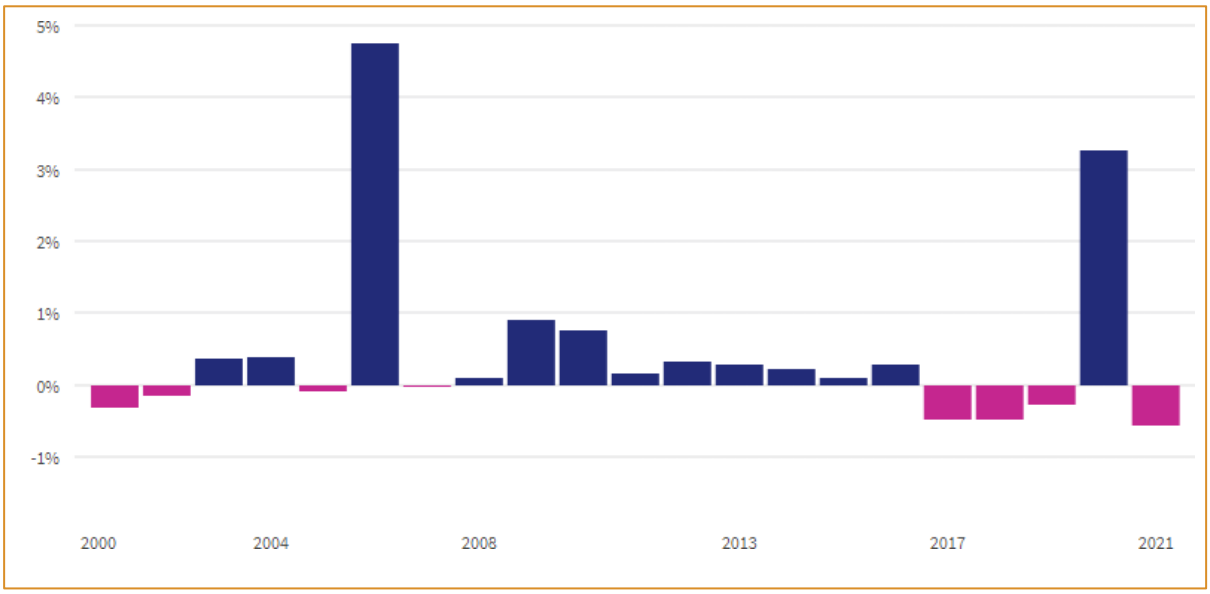
According to the latest census data, the population of East Baton Rouge Parish in 2021 was 453,301, 9.8% up from the 412,958 people who lived there in 2000 (Figure 1). The United States population grew by 17.6% and Louisiana's by 3.4% during that period (USA Facts, 2022).

Figure 1: Population in East Baton Rouge Parish (United States Census Bureau, 2021)



The population of East Baton Rouge Parish has been increasing fairly steadily since 2000, with 13 in the following 21 years seeing an increase in population. The largest annual population change was 4.8% between 2005 and 2006, in the wake of Hurricane Katrina. The parish's largest decline was between 2020 and 2021, when it dropped 0.6%. On average, between 2000 and 2021, the parish grew by 0.5% per year (USA Facts, 2022).

Figure 2: Annual Population Change in East Baton Rouge Parish (USA Facts, 2022)



The graph above (Figure 2) shows a slight decrease in population in 2005, followed by a large influx of population in 2006. The latter can be attributed to Hurricanes Katrina and Irma, which struck in August and September 2005. Between 2000 and 2010, the population of East Baton Rouge grew by 6.6% (United States Census Bureau, 2021).

In 2021, the largest racial or ethnic group in East Baton Rouge Parish was Black (non-Hispanic), with a population of 212,702. This group also showed the most growth, with an increase of 47,289 people from 165,413 in 2000. By 2021, East Baton Rouge Parish was also more diverse than in 2000. In 2021, White (non-Hispanic) residents made up 43.5% of the population, compared with 55.2% in 2000. Between 2000 and 2021, the Black (non-Hispanic) population grew the most, increasing 6.9 percentage points to 46.9%. The White (non-Hispanic) population had the largest decrease, dropping 11.7 percentage points to 43.5%. The Hispanic/Latino population also saw notable population growth, increasing from 1.8% in 2000 to 4.6% in 2021 (USA Facts, 2022).

Figure 3: Racial Makeup of East Baton Rouge Parish (USA Facts, 2022)

Looking closely at East Baton Rouge Parish's age groups — including 0 to 4 years old, 5 to 19, 20 to 34, 35 to 49, 50 to 64, and 65 and older — the 65+ group was the fastest-growing demographic group between 2000 and 2021, with its population increasing 69.3%. The 35 to 49 age group declined the most, dropping 10.6% between 2000 and 2021. The share of the population that is 0 to 4 years old decreased from 7% in 2000 to 6.2% in 2021. The share of the population that is 65 and older increased from 9.9% in 2000 to 15.3% in 2021 (USA Facts, 2022). Figure 5, below, further depicts the population by age and sex (female and male), highlighting the significant number of residents between the ages of 20 and 34, as well as the large percentage of younger residents (USA Facts, 2022).

Figure 4: Age Makeup of East Baton Rouge Parish (USA Facts, 2022)

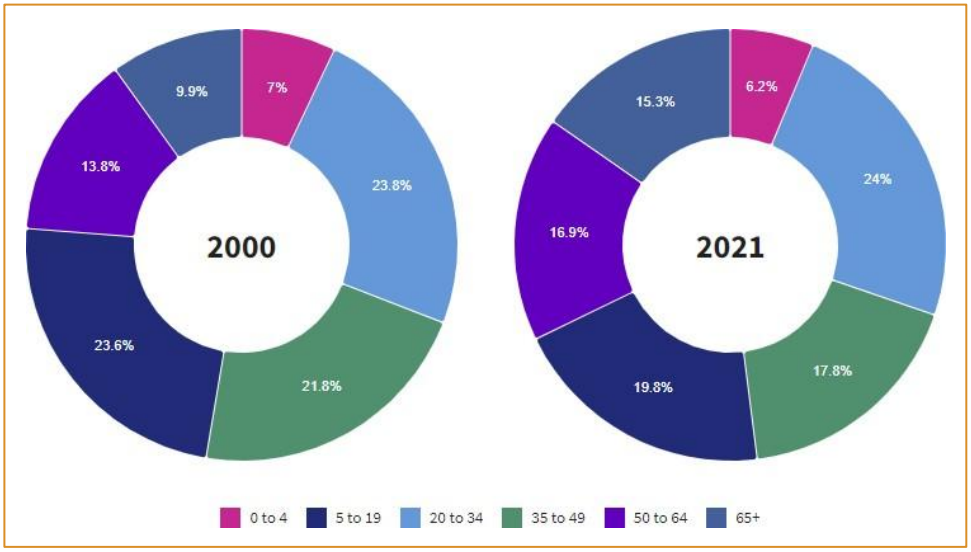
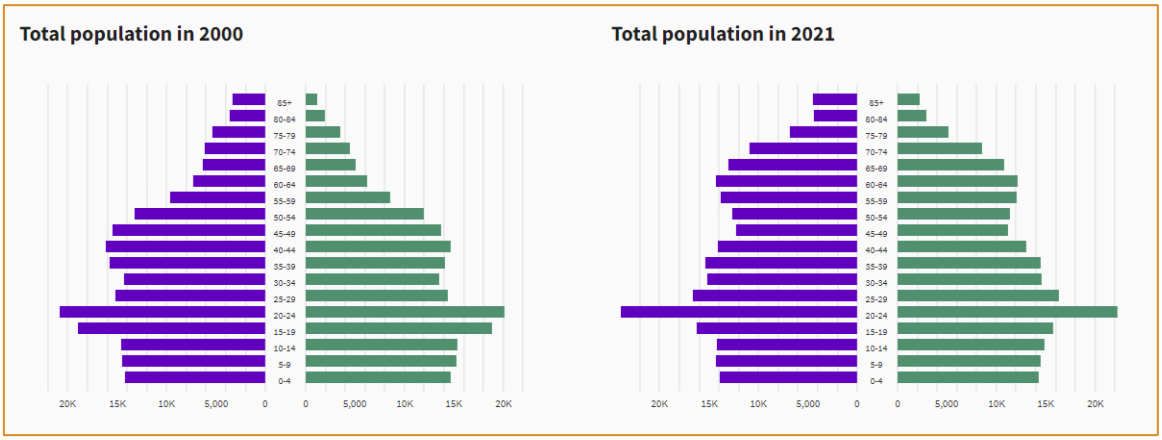


Figure 5: Age Pyramids for 2000 and 2021 EBRP Populations (USA Facts, 2022)



Politics and Governance

Louisiana's unique governance structure divides the state into 64 parishes, many of which operate under varying governance styles. Previously, in the early 1800s, the state had been divided into 12 counties, which proved to be too vast for effective administration. The resulting rearrangement into parishes devoted state power to smaller parishes with wide-ranging authority. By 1974, an amendment to Louisiana's constitution granted formal "broad home rule authority" to parishes and municipalities, further solidifying the system (Police Jury Association of Louisiana [PJAL], 2022).

East Baton Rouge Parish is one of 26 parishes that utilize a form of home rule charter, in which the parish has the authority to "exercise any power and performance of any function necessary, requisite or proper for the management of its affairs, not denied by general law of inconsistent with the constitution." This affords near-full authority over infrastructure projects such as road construction, maintenance, sewage, health units, and hospitals (PJAL, 2022).

With regard to leadership, Baton Rouge and East Baton Rouge Parish have operated as a merged city–parish government since 1947. The current Mayor-President is Sharon Weston Broome, a Democrat, who acts as chief executive for both Baton Rouge and East Baton Rouge Parish. She was first elected in 2016 by a 52%–48% margin, becoming the first African American woman to serve as Mayor-President. She was reelected in 2020 with 57% of the vote. Mayor Broome has supported programs and efforts to strengthen the health, well-being, and health equity of Baton Rouge residents. One signature initiative is HealthyBR, a collaborative approach that brings together hundreds of community health partners to tackle the city's most complex health challenges identified in its triennial Community Health Needs Assessment (HealthyBR, 2021).

In addition to the Mayor-President, much of the parish's political power resides with the Baton Rouge Metropolitan Council, the primary legislative body for the city-parish and creates the legislative priorities. The council comprises 12 members elected from 12 districts; each elected every four years to four-year terms. After being sworn into office, the 12 council members choose one of their number to be president pro tempore. The current president of the council is LaMont Cole, a Black Democrat and former president of the Baton Rouge NAACP. The president pro tempore can serve as a stand-in for the Mayor-President and moderates the bi-weekly council meetings. The current makeup of the council is seven Republicans and five Democrats (City of Baton Rouge-Parish of East Baton Rouge Government).

Outside of the traditional structures of political power, one entity that has significant influence in the parish is the Baton Rouge Area Foundation (BRAF). Founded in 1964, the organization serves two primary roles: connecting philanthropists with local nonprofits to meet the needs of the community and investing and managing crucial civic projects within the community. Since its founding, the group has amassed some $700 million in assets, making it the largest community foundation in all the Gulf region and a major actor in Louisiana state politics as well. In the wake of Hurricane Katrina, BRAF raised and granted $45 million to help the parish rebuild. Following the BP Deepwater Horizon oil spill of 2010, BRAF issued over $100 million in grants from the petroleum company, many of which went to projects BRAF was overseeing. In 2017, BRAF proposed a $335 million public safety tax plan that would ultimately establish a treatment facility for the mentally ill that came to be known as the Bridge Center for Hope (Allen & Gallo, 2015). See 4.2 Mental Health, Substance Abuse for more information about The Bridge Center for Hope.

Health Systems

Health services in East Baton Rouge Parish and Louisiana more broadly is a complex system of federal, state, local, and private health services and providers. At the state level, the most relevant institution is the Louisiana Department of Health (LDH), which is responsible for promoting health and access to health services for all citizens of Louisiana.

Situated within the Louisiana Governor's Office, the LDH is structured into 9 regions across the state. East Baton Rouge Parish, as well as several surrounding parish districts, sits within Region 2. In addition, there are 10 Human Service Districts and Authorities or Local Governing Entities (LGEs) that administer and deliver health and human services at the local level. Within the LDH is the Office of Behavioral Health (OBH), which provides behavioral health support and services for residents with mental illness and addictive disorders. In East Baton Rouge Parish, Capital Area Human Services District operates as the quasi-governmental LGE providing behavioral health services within the parish. Capital Area Human Services District is unique in that it reports to an independent board of directors, although it is also subject to oversight from the LDH (LDH, 2022).

Several other relevant departments within the LDH or state government play a role in the health of East Baton Rouge Parish. The Department of Children and Family Services (DCFS) oversees children and family health services at the state level, providing critical assistance such as SNAP benefits, child welfare support, and other emergency response efforts tied to COVID-19, hurricanes, winter weather, floods, and other severe weather events (DCFS, 2022).

In the event of disasters and emergencies, the Governor's Office of Homeland Security and Emergency Preparedness (GOHSEP) is responsible for coordinating the state-level response and recovery, preparedness, prevention, and mitigation plans. GOHSEP therefore acts as the essential conduit for nearly all grants and technical assistance, which are passed through it to other state agencies, local authorities, and non-profit organizations. This broad authority means that GOHSEP has a significant impact on the health and well-being of persons affected by a disaster in East Baton Rouge Parish. However, several other critical emergency entities play an important role in the wake of disasters. At the state level, within the LDH is the ESF-8 and Emergency Response and Planning Network, which works in tandem with GOHSEP to provide rapid health information during emergencies. Immediate resources for mental health are also provided, including several crisis hotlines and emergency services as well as technical guidance for post-disaster physical and emotional recovery (LDH, 2022).

The Louisiana Spirit Crisis Counseling Program is a statewide service that becomes active in the wake of a presidentially declared disaster, providing community-based outreach and short-term psycho-educational services to those affected by the disaster. While the program is funded by FEMA's Crisis Counseling Assistance and Training Program and administrated through the Substance Abuse and Mental Health Services Administration, it is overseen by the LDH's Office of Behavioral Health (LLDH, 2022).

At the parish level, the Mayor-President of East Baton Rouge Parish serves as the executive officer of both the city and the parish, overseeing the day-to-day government functions within the city. Within the Mayor's Office are several relevant departments that play an active role in the community's health and well-being. The previously mentioned HealthyBR is a wide-ranging mayoral initiative and department established in 2012 that aims to improve healthy lifestyles within the community. The Mayor's Office of Homeland Security and Emergency Preparedness (MOHSEP) serves as the coordinating body for all emergency and disaster activities within the parish. The Coroner's Office handles parish issues related to death, mental health, and sexual assault investigations and can also issue an Order of Protective Custody for any individuals who exhibit behaviors due to mental illness that may cause harm to themselves or others (BRLA.gov; East Baton Rouge Coroner, 2021).

The Bridge Center for Hope opened in 2021 after voters in EBRP approved a 10-year tax of $1.5 million to establish an adult crisis receiving center. The center provides critical short-term crisis stabilization for individuals over 18 years old who are experiencing behavioral health crises. In the first year alone, it received and treated nearly 2,000 individuals in EBRP (HealthyBR, 2021). This is a unique model of a multi-sectoral approach to short-term crisis stabilization for individuals to reduce the pipeline of those with mental illness into the criminal justice system.

The abundance of agencies engaged in health and mental well-being across East Baton Rouge Parish can be complex and difficult to navigate for both providers and patients. Understanding the layers of authority and bureaucracy can further challenge the issue of access and awareness of behavioral health programs and services that are available in the parish.

Jindal Administration Budget Cuts & Mental Health

During Louisiana Governor Bobby Jindal's administration (2008–2016), a series of budgetary cuts and policy choices had a noteworthy impact on the mental health and well-being of the Baton Rouge community. In an effort to balance the Louisiana budget, then-Governor Jindal emphasized the government's need to find "efficiencies that make the government do more with less," ultimately leading to the slashing of mental health programs at the expense of Baton Rouge's most vulnerable (Office of the Governor, 2010).

The passage of President Obama's Affordable Care Act (ACA) in 2010 presented an opportunity to expand Medicaid coverage by providing additional federal funding to states that adopted its expansion. However, then-Governor Jindal opted not to participate in the Medicaid expansion, arguing that the Louisiana government should aim instead to be "reducing the number of people on public assistance" (Jindal, 2013).

Other budgetary reductions led to the loss of funding for several key social services and hospital facilities, including the Earl K. Long Medical Center and emergency rooms at the Baton Rouge General Medical Center–Mid City. The latter closure meant that inner-city residents would now need to travel an additional 30 minutes to the nearest emergency room (Hiltzik, 2015). In an earlier study on the closure of mental health facilities in Florida, researcher Fred Becker found that when administrations are considering closing state hospitals, political and administrative barriers ranging from the availability of community alternatives to the amount of Medicaid funding available can cause policy gridlock. Becker contends that hospital advocates often struggle in attaining improvements due to the "transitory nature of the mandate," while advocates of hospital closure do not or "cannot transfer hospital programs to the community" (Becker, 1993). Much like the case in East Baton Rouge Parish, the resulting outcome ultimately fails to serve the interests of people with mental illness.

In addition, Governor Jindal shuttered other state-wide mental health programs, including the Early Childhood Supports and Services program, which provided assessments, counseling, and case management to children in low-income families (Millhollon, 2013). He also moved to privatize several state-funded charity hospitals. All of these official actions left Baton Rouge communities with increased costs and additional challenges associated with access to critical health resources. The consequences are still apparent today, with a competitive marketplace that has reduced access for low-income populations across the region.

School District Secessions in Baton Rouge

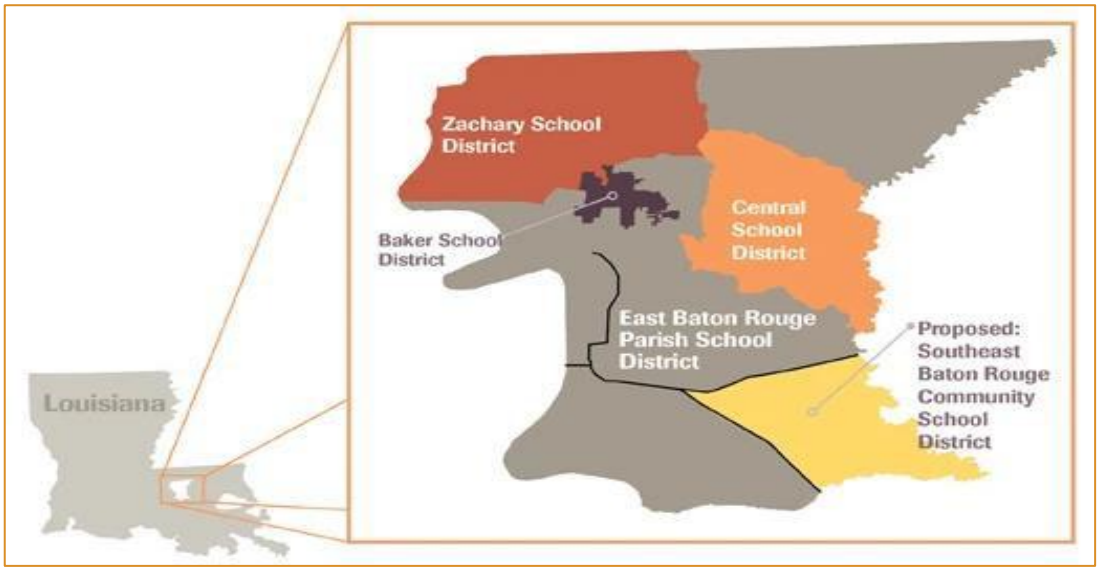
In 2005, a community known as Central gained legislative approval to create its own school district after incorporating as a new city, despite being located within East Baton Rouge Parish. The locally driven movement was aimed at establishing a new school system that was separate from that of the parish, whose racially diverse school system has been desegregated since the 1960s but also has a history of low academic performance within the state (Harris, 2019).

Since then, the practice of community withdrawals in East Baton Rouge Parish has grown. Several other municipalities have succeeded in establishing their own school district, including the districts of Zachary and Baker (see Figure 6 below). The most recent example is St. Georges, which received voter approval to establish its own city in 2019 but was overruled by a judge in May 2022 (Mock, 2022). Figure 6 highlights the proposed new district of St. Georges, which previously called itself the Southeast Baton Rouge Community School District.

The case of St. Georges, as well as school district withdrawals more broadly, has caused significant controversy in East Baton Rouge Parish, which has been a desegregated school district since the 1960s, and regionally. Scholars at Cornell University have contended that some wealthy, predominantly white municipalities in the South are threatening to roll back decades of progress under desegregation by establishing new school districts that are more white and affluent (Wilson, 2016). Other research analyzing dozens of such withdrawals across the country has found that secession districts, on average, have lower percentages of non-white and reduced-lunch-eligible students compared to the districts they left behind (Cooperstock, 2019).

Embedded within the secession crisis is the concern that it will revitalize and exacerbate the structural inequalities that residents in East Baton Rouge Parish have faced, among them discrimination, inequities in education and employment, and racial tension. Furthermore, the establishment of new cities within East Baton Rouge Parish reduces the population and tax base for the city government to fund critical services that include education but also medical care, and behavioral health services. Baton Rouge Mayor Broome has been a strong opponent of the withdrawals, stating that "we will have the highest level of success the more we stay united" (Rojas, 2019).

Figure 6: School District Secessions in East Baton Rouge Parish (Zubrzycki, 2013)



Legacy of Discrimination & Structural Violence

Homelessness

Nationally, in January 2020, there were 580,000 persons experiencing homelessness in shelters and on the streets. While people experiencing homelessness are diverse, there are inequalities among subgroups: Some populations are at greater risk. This risk is significantly related to ethnicity, race, and gender. At a rate of 22 of every 10,000 individuals experiencing homelessness, males are more at risk compared to females, whose rate is 13 out of every 10,000. Historically marginalized groups are at a higher disadvantage: Native Hawaiians and Pacific Islanders have the highest rate of homelessness (109 for every 10,000 persons), Black or African Americans (52) and Native Americans (45), in comparison to the national rate of 18 of every 10,000 persons overall (National Alliance to End Homelessness [NAEH], 2022).

In the state of Louisiana in 2020, there were 3,173 persons experiencing homelessness (6.8 homeless people per 10,000), a 42% decrease from 2007 but an 8% increase from 2019 (NAEH, 2022). For 2019, 353 persons were recorded as homeless within East Baton Rouge Parish. Mayor Broome and her administration established goals to address littering, panhandling, and trauma and to reduce the number of encampments in the city-parish for the year 2021 (Jones, 2020). The Mayor's Homelessness Prevention Coalition outlined goals related to homeless prevention: increasing outreach and case management, providing peer-to-peer mentoring, creating a panhandling task force, identifying transitional and permanent affordable housing, developing a database of available social services, and conducting community-focused educational campaigns around homelessness (Jones, 2020).

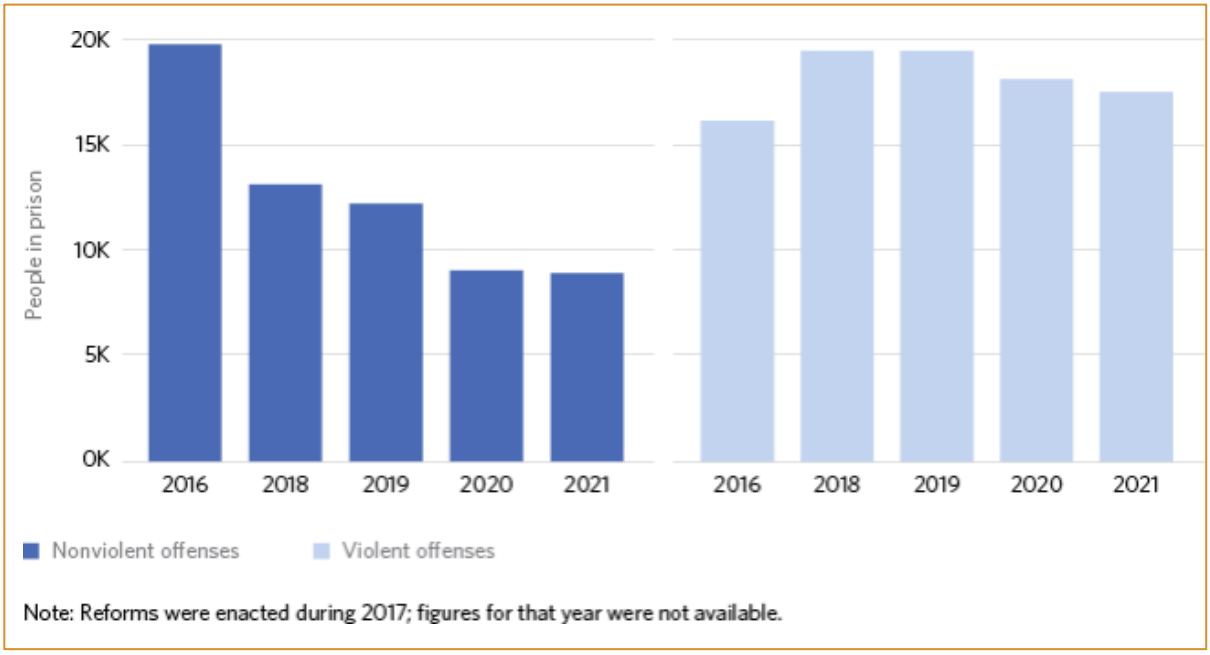
In August 2022, the Metro Council approved an ordinance banning homeless encampments on public land in East Baton Rouge. Violators face court-ordered community service or $250 fines. The ordinance is unlikely to cause the removal of homeless encampments across the parish. After adoption, it was amended with a requirement that police officers confirm bed availability at an emergency shelter in the parish before issuing a court summons. The difficulty in this is that during a count done in February 2022, there were 675 persons experiencing homelessness and either sleeping in one of the parish's 205 emergency shelter beds or on the street (Cobler, 2022).

Criminal Justice and Mass Incarceration

Louisiana's history of mass incarceration follows one of slavery and is deeply rooted in institutionalized racism. Upon the abolition of slavery, a different kind of labor force was utilized, with many plantations becoming prison labor camps. Further, the 1898 Louisiana constitution explicitly aimed to reinforce the "supremacy of the White race." Efforts to disenfranchise people of color came in the form of bureaucratic tools such as literacy tests and poll taxes. In 1974, Louisiana reinforced a law setting a threshold of only 10 of 12 jurors to reach a guilty verdict. Because juries tended to be disproportionately White, this had an effect of raising the conviction rate for people of color. Over the past five decades, prison sentences have grown longer, with fewer opportunities for parole and release. Today, Louisiana's largest prison is a former slave plantation known as Angola. It still forces people to work the fields for two cents per hour (Wennerstrom, Reilly, Sugarman, Henderson, & Niyogi, 2020).

In 2017, a reform to the state's criminal justice law shortened the duration of certain convictions and steered people convicted of less serious crimes away from prison. This landmark reform has steadily reduced the total population of inmates in the state of Louisiana. It also reinvests state funds saved in local programs to reduce reoffending and support crime victims. The number of people imprisoned by the state fell by nearly a quarter over five years, from 35,000 in 2017 to 27,000 in the summer of 2022, driven by the reduction in convictions for non-violent offenses. Figure 7, below, shows the dramatic decrease in the prison population over the years.

Figure 7: Inmates in Louisiana prisons by Year and Offense Type, 2016-2021(Louisiana Department of Public Safety and Corrections & Louisiana Commission on Law Enforcement, 2022)



As of the end of 2019, over one-third (11,135/35%) of Louisiana's adults in prison (31,609) were receiving some level of mental health care. (Atkinson, Phillippi, Nguyen, & Crosby Juneau, 2021). As a result, jails and prisons are now one of Louisiana's largest health systems for psychiatric care. In a Louisiana State University study, a sample of incarcerated individuals indicated that 80% of Louisiana inmates have a substance abuse disorder, as compared to 65% nationally. This study also found that nearly one-third of the sample (32%) had more than one concurrent mental illness requiring management (Atkinson et al., 2021).

The Impact of 2016 on Social Cohesion & Racial Tension

Baton Rouge has an unfortunate history of violence and police brutality. In the wake of Hurricane Katrina, police officers from out of state who came to Louisiana to assist in law enforcement reported concerns about racially motivated and physically abusive policing. Officers from New Mexico and Michigan accused Baton Rouge police officers of "using demeaning language, routinely harassing African Americans, physically abusing citizens," and seeking to "make life rough for New Orleans evacuees so they would leave town" (Thompson, 2010).

More recently, several major events in 2016 had an outsized impact on the Baton Rouge community and brought racial tensions to the fore. The first was the death of Alton Sterling, a Black man who was shot and killed by Baton Rouge police officers on July 5, 2016, while appearing to be immobile. The killing set off a series of protests in the Baton Rouge community, which soon grew into larger civil rights protests across the U.S. In East Baton Rouge Parish, Sterling's death not only highlighted racial tensions but also further strained the relationship between community members and the

police. Just weeks later, on July 17, a Black resident in Baton Rouge shot six Baton Rouge police officers in an ambush attack, killing three of them. The attack was widely considered retribution for the killing of Alton Sterling, underscoring the racial polarization and tension within the community, especially between Black residents and police.

Only weeks after these violent events, the Great Flood of 2016 devastated large parts of Baton Rouge. In East Baton Rouge Parish, more than 25% of homes were damaged, with similar widespread destruction in neighboring parishes (Meyer et al., 2020). Thousands of homes and businesses were left unusable, preventing more than 278,000 people—or nearly the entire population of Baton Rouge—from returning to work after the flood (Grover, 2020).

Researchers have termed the events of 2016 in Baton Rouge "Hell Summer" while describing the community as "the prototype for both the foundation of unrest and a cautionary tale of the socioeconomic consequences of racism." The combination of historical trauma (trauma that has been passed down through generations), along with the summer's violent events, created a toxic atmosphere that added to both the collective trauma of the community as well as individual trauma for many East Baton Rouge residents (Grover, 2020). The challenge of addressing that trauma and restoring social cohesion across the parish remains ongoing.

According to a study on community disaster trauma, many residents affected by community disasters should receive mental health assessments or services in a community setting due to the higher frequency of mental health impacts (Ju-Yeon Lee, 2020).

Environmental Justice

Environmental issues have gone hand in hand with Louisiana's rich oil and natural gas wealth. Louisiana residents have a long history of exposure to environmental hazards and toxins, particularly Black families in the southeast part of the state, which has become known as "Cancer Alley" for the significant harmful health effects of industries in the region. According to research from the Tulane University Environmental Law Clinic, nearly every census tract between Baton Rouge Parish and New Orleans has a higher cancer risk from air toxins than 95% of other tracts across the United States (Terrell & St Julien, 2022).

Researchers who looked closely at the zip code level at the sources of major environmental toxins in East Baton Rouge found that these areas were not only associated with significantly higher rates of childhood asthma but were also home to a higher percentage of minority and impoverished residents. The researchers make the case that such environmental and socio-economic determinants of health perpetuate a systemic disadvantage for children growing up in these areas (Legot, London, Rosofsky, & Shandra, 2012).

The Environmental Protection Agency (EPA) is currently investigating whether Louisiana's health and environmental agencies discriminated against Black residents in Baton Rouge and New Orleans by permitting air and water pollution from several existing and proposed facility locations. An EPA administrator visited the region in the fall of 2021 to engage with minority communities that had been disproportionately affected by environmental toxins, including known carcinogens chloroprene and ethylene oxide (AP News, 2022).

Experts from the United Nations have weighed in on the alleged environmental racism, writing that it "poses serious and disproportionate threats to the enjoyment of several human rights of its largely African American residents" (United Nations 2021). Researchers using GIS mapping techniques have also documented strong evidence of environmental injustices in the Mississippi industrial corridor of Louisiana (Perera, 2013). U.S. president Joe Biden cited the injustice of "Cancer Alley" while signing an Executive Order on the climate crisis and pollution, where he remarked that "environmental justice will be at the center of all we do when it comes to addressing the disproportionate health and environmental and economic impacts on communities of color" (Mitchell, 2021).

Accidents related to oil and gas production have had a significant impact on the surrounding communities and wildlife. The 2010 Deepwater Horizon event, for instance, was the largest marine oil spill in history and had enormous consequences for the Louisiana Delta ecosystem and communities that depend on fishing in the Gulf of Mexico. Contaminants from the spill, as well as from other abandoned oil rigs and wells, are expected to continue to remain in the environment and leach into nearby soils and groundwater for decades to come (Theriot, 2021).

In his paper entitled "Slow Violence and Toxic Geographies: 'Out of sight' to Whom?" Thom Davies (2022) explores toxic pollution as a form of what is described as "slow violence" within the area known as "Cancer Alley." The author uses Nixon's (2011) definition of slow violence to refer to a form of delayed destruction that is dispersed across space and time and a form of violence that is not typically seen as violence. Davies argues that communities exposed to slow violence are in the best position to witness gradual injuries related to polluted landscapes and toxic geographies. In examining environmental injustice and pollution related to the petrochemical industry, the author explores the structural violence of racism and inherent inequalities. Knowing that there are seven refineries and no fewer than 136 petrochemical plants within an 85-mile distance of the riverscape, the researcher carried out an ethnographic study between 2016 and 2018 in a Louisiana community known as Freetown. Freetown was once a part of a sugar plantation and was founded by former slaves in 1872. (Many former slave plantations were sold to petrochemical plants in the mid-20th century.) Davies interviewed people in a small rural town on the Western bank of the Mississippi River, in an area with the highest density of chemical facilities in the Western hemisphere, and found that many reported chemical smells, elevated cancer rates, respiratory ailments, and degradation of vegetation that once thrived. This exposed many residents to harmful pollution with life-limiting effects (Davies, 2022).

Mental Health in Baton Rouge

Intergenerational Trauma

Intergenerational trauma refers to adverse trauma effects passed down to generations that had no exposure to the original events (Isobel, McCloughen, Goodyear, & Foster, 2021). Events with traumatic effects can be relational (people to other people), environmental (accidents or natural disasters), or cultural (war, genocide, displacement, etc.) (Kleber, 2019). Their impacts can range from neurological changes in the brain to increased vulnerability to further harm and interpersonal and intrapersonal difficulties (Isobel et al., 2021). Intergenerational trauma is one of many social determinants of health that contributes to long-term health consequences from generation to generation.

W.D. Postell, in his 1953 paper "Mental Health among the Slave Population on Southern Plantations," explored the status of the mental health of slaves during the antebellum period. Enslaved people at the time were subjected to greater emotional and physical hazards compared to freemen. The 1840 census listed 391 out of a total of 31,170 slaves as having some form of mental or nervous disorder. This was, however, an inaccurate report of the situation due to the overseers' lack of knowledge as to whom to classify as insane and to failure to report cases of insanity for financial reasons. In order to continue to make profits, plantation owners taught slaves suffering from mental or nervous disorders simple routines in order for them to continue to work. Inventory and appraisal records at that time gave an estimate of 1 in every 85.8 slaves suffering from some form of mental illness or nervous disorder. This figure would have been a more accurate representation of the status of mental health among the slave population (Postell, 1953).

The marginalized status of Black residents in the 1800s continues to create disparities and disproportionately affect the community's mental health outcomes today. Social, political, and economic factors and structural barriers continue to underpin service and policy practices that mimic their predecessors and, therefore, disproportionately shape mental health outcomes in African American communities in the U.S. (Lowe, 2006).

Mental Health, Substance Abuse, and Mass Incarceration

The August 2016 flood in Baton Rouge brought not only physical damage but also high rates of symptoms of depression, anxiety, substance use, and post-traumatic stress disorder (PTSD). The Greater Baton Rouge area (including Ascension, East Baton Rouge, East Feliciana, and Livingston Parishes) had already been limited in its capacity to provide behavioral health services due to the 2013 closure of the local public hospital, which had delivered care to patients without health insurance.

In January 2017, Resilient Baton Rouge (RBR) was created to relieve disparities in mental and behavioral health access and outcomes. The Louisiana State University School of Public Health, alongside the RBR initiative, examined de-identified Medicaid utilization data, which contained information about access to behavioral services (mental health and substance abuse treatment). The dataset included over 22,000 adult Medicaid patients in the Greater Baton Rouge area who received treatments from 2015 up to the August 2016 flood and from September 2016 through June 2017. From 2015 to 2016, there were 76,597 behavioral health claims, while all four parishes had an increase in average visit rates from 2016 through 2017, with 196,636 total claims (Phillippi et al., 2019).

East Baton Rouge Parish has the most Medicaid-insured adults of all four parishes and reported the most patients documented in this study (73%). Over the two time periods, patients received a range of different diagnoses. However, the highest number of visits were documented as "addressing depression-related issues (23.8%), as well as substance-use-related issues (23.8%). Male visits were higher for substance-use-related disorders (33.6%), and female visits were higher for depressive-related visits (30.0%)" (Phillippi et al., 2019).

The average monthly visits for diagnosed behavioral health conditions increased after the 2016 flood, with increases in substance-related and addictive-related (+70%), trauma and stress-related (+66%), anxiety (+49%), and depressive disorders (+48%). Substance-use- and addictive-related and depressive disorders showed the most demand in terms of total number of visits (Phillippi et al., 2019). The findings of this study argue the need for an extension of behavioral health services following a disaster, considering gender differences, and targeted toward substance use and depression.

Mental health issues are also closely tied to the criminal justice system in East Baton Rouge Parish and throughout the U.S. more broadly. Across the nation, there is a significant reliance on incarceration for nonviolent offenders, many of whom have some degree of mental illness or substance abuse disorder. According to a report prepared for the Baton Rouge Area Foundation, approximately 74% of state inmates meet the criteria for a mental health disorder, while more than 40% have both mental health and substance abuse disorders. Louisiana has the highest incarceration rate per capita in the nation, which can have significant harmful effects on the stability of individuals with untreated mental illnesses (Batia, 2016).

A Reuters analysis found that between 2012 and 2016, five inmates in East Baton Rouge Parish who were diagnosed with a serious mental illness took their own lives while incarcerated. One warden told the investigators, “The prison is equipped to deal with disciplinary behavior, not mental health patients. It doesn’t have the things that it really needs in order to function for those who have a mental health problem.” The report also cites the closure of Earl K. Long charity hospital in 2013, along with the privatization of other publicly funded charity hospitals, as a key turning point in exacerbating the mental health crisis in prisons. (Fares, 2018).

Mayor Sharon Weston Broome has sought to address the crisis, announcing a Request for Proposals and establishing a task force to improve access to mental health treatment and other primary healthcare services in parish prisons ("Mayor Broome," 2021). Since then, the Bridge Center for Hope has begun operating as a crisis stabilization center, with the explicit vision of decriminalizing mental health and providing an alternative solution “to create a safety net to catch people in crisis, keeping them out of emergency rooms and offering treatment” ("Mission of the Bridge Center," 2023). The center also maintains a close working relationship with local police officers, who utilize a back-door drop-off approach for adults experiencing mental health crises. The partnership has allowed individuals with mental health illness an alternative to seeking treatment in emergency rooms or parish prisons, helping to alleviate the overburdened prison and health system in the parish.

Adverse Childhood Experiences

Adverse childhood experiences (ACEs) studies have established a strong association between childhood traumatic events (CTE) and adverse health outcomes in adults (Su, 2011). These experiences may include violence, abuse, neglect, witnessing violence in the home or community, or growing up with a family member with substance use or mental health problems. ACEs are linked to chronic health problems, mental illness, and substance use problems in adolescence and adulthood. They can have long-lasting negative impacts and are associated with living in under-resourced or racially segregated areas, frequently moving, food insecurity, and other social determinants of health. These all cause toxic stress, which can negatively affect a child’s brain development and immunity responses (CDC, 2022). ACEs can contribute to generational trauma in addition to their link to overall health.

Disaster Exposure and Implications

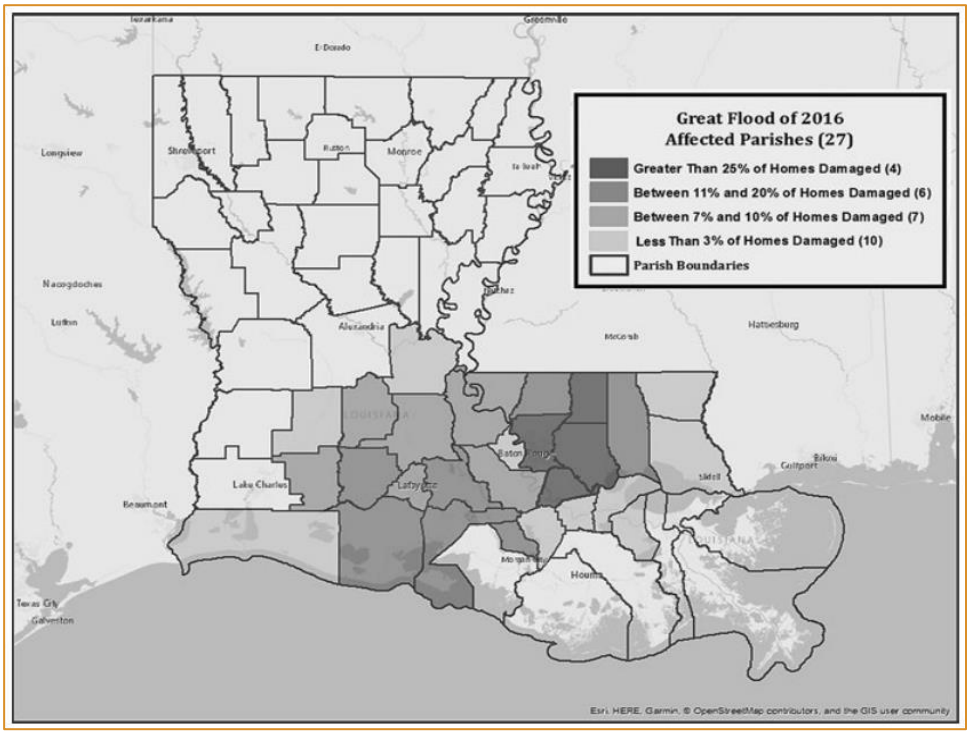
As discussed in the Community Profile, Baton Rouge faces high levels of exposure to natural hazards, which historically have had significant impacts on the community. The Great Flood of 2016, for instance, was the worst disaster to affect the U.S. since Hurricane Sandy in 2012. Yet perhaps the most transformative disaster event occurred in 2003 with Hurricane Katrina. While the event affected much of the Gulf Coast, New Orleans was particularly affected, with the failure of its levee system, resulting in devastation from flooding. Roughly 1 million New Orleans residents relocated to Baton Rouge and surrounding areas. The influx of evacuee families and individuals overloaded health and social service systems within the parish that were, in many cases, already overtaxed (Petterson, 2006).

The displacement resulting from Hurricane Katrina led to a major demographic shift in East Baton Rouge Parish, with an estimated 74,257 migrants arriving in the area between 2005 and 2006. Researchers who arrived at the estimated number cautioned, however, that "the hurricanes of 2005 had a much greater impact on individual parishes than indicated by the net migration figures," alluding to the significant impacts on the local health care systems, schools, and other public service providers (Hori, 2009).

The Floods of 2016

The Great Louisiana Flood took place in August of 2016, with a record amount of rain (an estimated 7 trillion gallons) over 36 hours that contributed to the massive flooding of four rivers. The impact on the community was significant, with more than $20 billion in property damage and approximately one-third of homes in the area damaged or destroyed (equivalent to over 90,000 homes across the state). The storm hit North Baton Rouge neighborhoods the hardest.

Figure 8: Map of Louisiana Showing Percentage of Homes Damaged by 2016 Flood (Meyer, Mitchell, Van Zandt, & Nolan, 2020)



Mental Health after Hurricanes Katrina and Rita

On August 29, 2005, Hurricane Katrina struck the Louisiana Gulf Coast, followed by Hurricane Rita on September 24. Katrina was the deadliest storm since 1928 and the costliest natural disaster in United States history (Centers for Disease Control and Prevention, 2006). As a result of storm damage and significant flooding from the levee breaches, over 400,000 people evacuated. Less than a month later, Hurricane Rita made landfall near the Texas and Louisiana border. This was the first reported instance of two storms of Category 5 magnitude in the Gulf of Mexico during the same hurricane season (National Climate Data Center, 2005).

Paula Madrid and other researchers (2008) published a study surveying Louisiana school-based health centers (SBHCs) that responded to increases in mental health needs. This need was particularly prominent for students who had been displaced and were coping with trauma and uncertainty. They found that services were utilized most at schools that had higher numbers of displaced students, many of whom had ongoing anxiety and issues adjusting in the aftermath of the storm(s). As of April 2006, many reports of symptoms remained above pre-hurricane levels, but were seen to be declining. Many critical needs continued to affect families, including access to food, shelter, and income, which had cascading psychosocial impacts. School psychologists and other staff members needed additional training to meet these needs.

Another study, published in 2010, provides an assessment of women's mental health and intimate partner violence following natural disasters, with a particular focus on the aftermath of Hurricane Katrina. The researchers found that women experienced significantly higher rates of post-disaster mental illness than did men (a well-documented finding across disaster contexts). Women who were minorities, poor, elderly, or the primary caregivers for their children were disproportionately at risk for post-disaster adverse mental health issues. Other key findings from this study included that, among pregnant and postpartum women, nontangible loss of resources was a significant predictor of depression, with African American women, women in their mid-twenties, and women without college degrees more likely to report high loss of resources (Rhodes et al., 2010).

Mental Health Post BP Oil Spill

Studies of several different oil spill disasters have shown that the people affected can suffer adverse mental health and behavioral effects. A study by Ariane Rung and other researchers explores how the Deepwater Horizon oil spill in 2010 specifically affected women's mental health and the likelihood of domestic conflict. In this study, which involved 2,842 women in 7 southern Louisiana coastal parishes, more than 25% of respondents reported depressive symptoms, with 13% reporting symptoms that indicated severe mental distress. Moreover, 16% said they had had more fights with their partners since the spill, while 11% said the intensity of their fights had increased. The author and coauthors note that they did not have data on the women's mental health status prior to the spill (Rung et al., 2016).

A longitudinal study called the "Gulf Coast Population Impact" and "Resilient Children, Youth and Communities" project examined the physical and mental health impacts of the BP oil spill on children and families in affected areas. Around one in every five people interviewed declared observing emotional or behavioral problems in their children two years after the oil spill (Abramson et al., 2013). Although the physical effects of the spill dissipated in time, the impacts of the loss of jobs and income persisted. This study found that the oil spill affected more low-income households and that the economic impacts of the disaster went hand in hand with a higher prevalence of physical exposure (Slack et al., 2021). The results highlight that the impacts on physical health and income loss prevail for many years after a spill, which indicates that communities need additional resources and support for longer than normally available after a disaster.

Impacts of COVID-19 on Mental Health

The COVID-19 pandemic of 2020 and 2021 had a significant impact on the well-being of the Baton Rouge community. Despite Louisiana's relatively high rates of the virus, Baton Rouge and Louisiana, more broadly, had significantly lower vaccination rates when compared to the rest of the United States. Just 57% of East Baton Rouge Parish residents are fully vaccinated today, according to the New York Times vaccine tracker, significantly less than the nationwide average of 68% (New York Times, 2023). For additional information on the health impact of COVID-19, see Section 4.1.1 in the Community Profile.

In addition to the immediate health concerns, the pandemic played a substantial role in bringing mental health concerns to the forefront in Baton Rouge communities. While many communities experienced aspects of the pandemic differently, nearly all of them saw a shift toward telehealth and telemedicine that affected access to mental health services. Prior to the pandemic, there was a negative stigma associated with mental health treatment among many communities within Baton Rouge. This shift to telehealth services greatly increased access for many seeking mental health therapy or services while reducing the stigma associated with publicly seeking care. Furthermore, recognizing that COVID-19 affected the well-being of nearly everyone in some way, the very concept of mental health and well-being appears to be evolving, with mental health more openly discussed, particularly among younger generations.

Climate Change and Mental Health

As discussed in the Community Profile, East Baton Rouge Parish faces significant risks from natural hazards, many of which are closely linked to climate change. In particular, the risk of flooding (Figure 9) and extreme heat (Figure 10) are high within most areas of the parish and are widely expected to worsen due to climate change. In addition to the hazard itself and the potential for physical damage, climate-related disasters also can add significant stress and exacerbate mental health issues (Dodgen, 2016).

Researchers have noted that extreme weather events can create cascading effects on mental conditions such as PTSD, depression, general anxiety, grief, bereavement, substance abuse, and suicidal thoughts. Moreover, the risk of mental health consequences in the wake of a disaster is greater for specific groups of people, including children, the elderly, women, people with preexisting mental illness, and the economically disadvantaged. In particular, extreme heat has been shown to have an increased effect on people with physical and mental illnesses, especially elderly populations and those requiring medications that can impair the body's capacity to regulate temperature (Dodgen, 2016).

There should be considerable concern that future climate disasters will lead to greater displacement of populations within the region, as history has shown. Both Hurricane Katrina in 2005 and the 2016 Louisiana Flood demonstrated the potential impact of such events on the community in terms of physical damage and destruction as well as significant demographic shifts.

Figure 9: NCDP's Natural Hazard Index Flood Layer Based on FEMA National Flood Hazard Layer Data

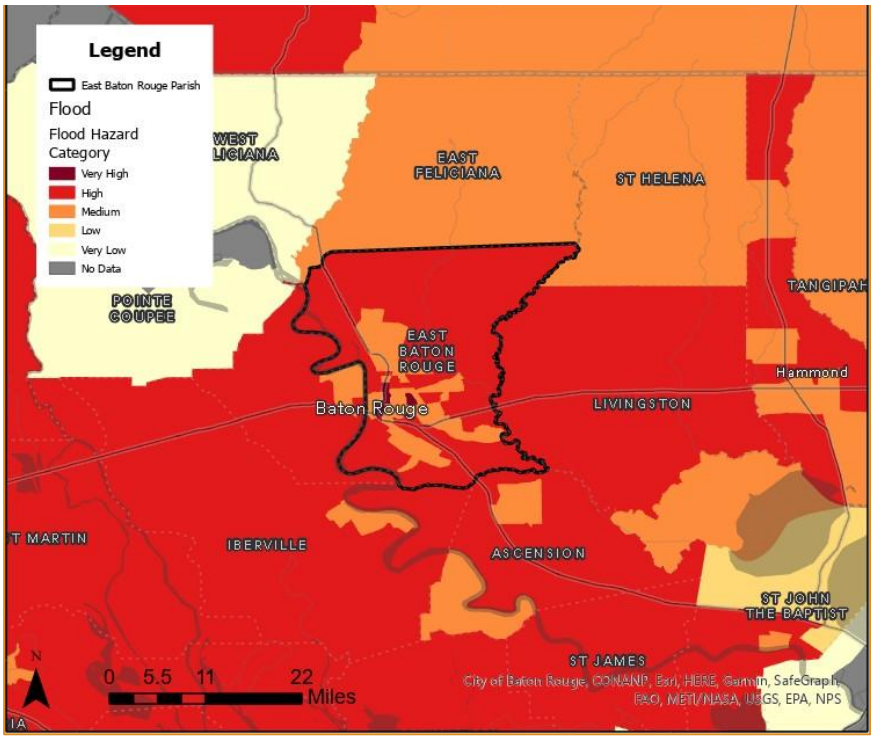
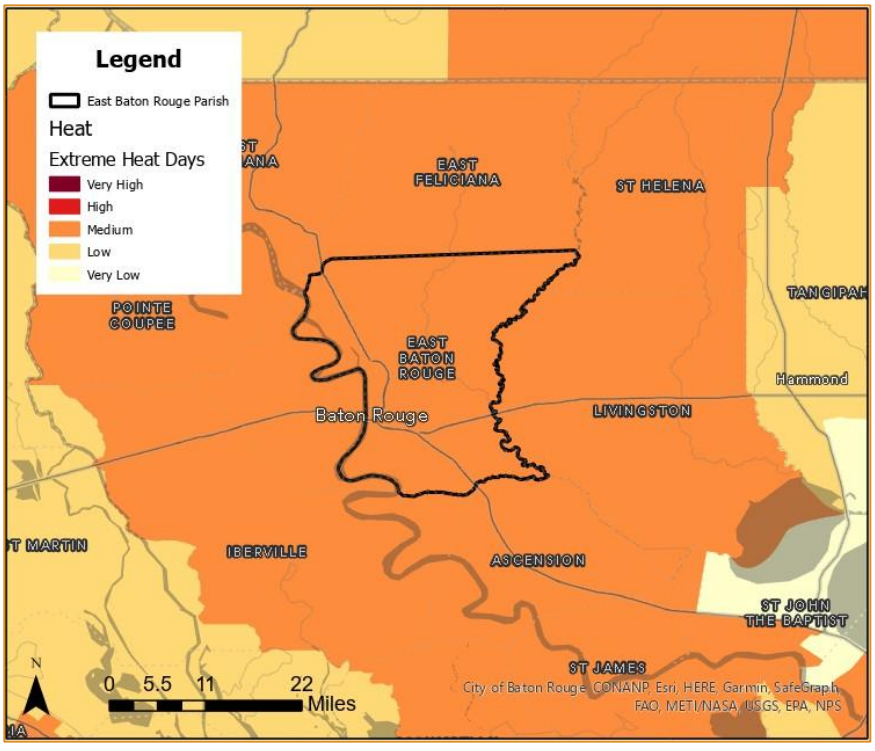


Figure 10: NCDP's Natural Hazard Index Score for East Baton Rouge Parish and Surrounding Area



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The content of this document, including all data and hyperlinks, is current up to March 2025. Hyperlinks will not be maintained after the publication date but are available in full length for the reader's reference.

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