



**Preventing Further Trauma for Children and Families
Relocated from FEMA Trailer Parks**

A Children's Health Fund White Paper

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Introduction

The Children's Health Fund and its coalition partners in the Gulf have identified a very real crisis for children in the region. **Somewhere between 46,000 and 64,000 children remain at risk for persistent health and mental health problems, as well as reduced school performance**, due to their protracted dislocation and the painfully slow recovery after Hurricanes Katrina and Rita. As a result, we are very concerned about these children, and about the possible long-term consequences to their health and well-being as a result of this crisis. This is a particularly precipitous moment in the lives of many of these children and families, as the last of the FEMA group sites are disbanded and many of these individuals find themselves facing an uncertain future and few places to turn for help.

The data supporting this sense of crisis and the need for a response derive from several sources. The first is a research brief prepared by the National Center for Disaster Preparedness in collaboration with the Children's Health Fund that describes the extent of the crisis still confronting children in the Gulf. As noted above, we found that between 40,000 and 60,000 children are still at risk for persistent health and mental health problems fully two years after the hurricanes. A second source is the ongoing Child and Family Health (CAFH) study by the National Center and sponsored by CHF. The CAFH is a longitudinal study of a stratified sample of 1,077 households displaced or greatly impacted by the hurricanes in MS and LA. The results from these surveys in 2006 and 2007 document the continuing impact of the displacement after Katrina and Rita. The survey work to be done this summer will contribute to a sense of how the recovery is going – both how populations in LA and MS have recovered and to what extent local health systems have recovered. The third source of information is comprised of clinical data and impressions from the CHF Children's Health Project sites in Louisiana: the New Orleans Children's Health Project and the Baton Rouge Children's Health Project. Both the population-based data and clinical experience raise serious concerns about what is happening to children in the Gulf and the long-term consequences of a lack of recovery.

The Crisis

The initial impact of the hurricanes – evacuation, displacement, economic and social losses – has been well documented.¹ For many children and families who lost their home and community in the hurricanes, shelter was provided by the Federal Emergency Management Agency (FEMA), often in trailers grouped together in isolated areas (“trailer parks” or “FEMA villages”). Now two years later, much of the early attention has faded yet conditions have not improved, recovery has not happened, and the situation for many remains dire. Mental health disability and psychological distress continue, displaced children are adrift medically and socially, and many families continue to live in severe uncertainty. It is against this backdrop that a crisis for this generation of children looms. These children suffer from an intertwining web of issues, including:

- **Persistent Emotional Stress and Mental Health Burdens**

Nearly two years after the hurricanes, over half the respondents in the CAFH study exhibited mental health distress and disability. Adults with children in their household were more likely to exhibit mental health stress than were similar adults without children – even controlling for their housing or economic circumstances. People who were socially isolated were most likely to exhibit mental health distress and disability.²

Parents and mothers in particular scored very low on a standardized mental health screening tool that is widely used to determine the extent to which mental health problems interfere

¹ In particular, see (1) Brodie M, E Weltzien, D Altman, RJ. Blendon, and JM. Benson (2006). “Experiences of Hurricane Katrina Evacuees in Houston Shelters: Implications for Future Planning.” *American Journal of Public Health*. 96(8): 1402-1408; (2) Kessler RC, S Galea, RT Jones, HA Parker et al (2006). “Mental illness and suicidality after Hurricane Katrina.” *Bulletin of the World Health Organization*, 84:930-939; (3) Keller RC et al (2006). “Overview of baseline survey results: Hurricane Katrina community advisory group.” Harvard Medical School; (4) Larrance R et al (2006). “Displaced in America: Health status among internally displaced persons in Louisiana and Mississippi travel trailer parks.” International Medical Corps; (5) “Hurricane Katrina Evacuees in Texas” (2006). Epidemiology Team, Strategic Decision Support. Texas Health and Human Services Commission; and (6) Townsend S and N Dajko (2006). “Rapid assessments of temporary housing camps for hurricane-displaced children and families.” Save the Children.

² Abramson D, T Stehling-Ariza, R Garfield, I Redlener (2008). “Prevalence and predictors of mental health distress post-Katrina: Findings from the Gulf Coast Child and Family Health Study,” *Disaster Medicine & Public Health Preparedness*, 2 (2):77-86.

with daily activities. Nearly half of female caregivers scored at levels consistent with psychiatric diagnoses including anxiety disorders and depression. Children whose parents scored low were twice as likely to have behavioral problems themselves.³

At the Baton Rouge Children's Health Project, which provided comprehensive health care to children in Louisiana's largest FEMA trailer park, 75% of clinical encounters in 2007 were for mental health and case management services. Parents frequently requested help for new onset emotional and behavioral problems in their children, particularly disruptive behavior disorders and academic under-achievement affecting school-age children. These symptoms were frequently related to underlying depression and anxiety disorders and posttraumatic stress disorder. Parents increasingly reported feeling overwhelmed, hopeless, anxious and depressed, with their ongoing loss of extended family and community exacerbating their depression and sense of isolation.

- **Low Access to Medical Care**

Two out of three children in New Orleans prior to the storm were attached to the Charity Hospital system. That system is now gone, leaving many children and families with few options for accessing health care.

The effect is clear: nearly half of Louisiana children who said they had a personal medical doctor prior to the storms said they did not have one after the hurricanes.

While access to care worsened, children's need for health care increased in part because of their shelter conditions. At the Baton Rouge CHP, an unusually high number of young children were seen for complaints of headache and stomachache, potentially attributable to exposure to formaldehyde in the FEMA trailers. Serious skin conditions were found, including methicillin-resistant staphylococcus aureus (MRSA), which were difficult to treat because of unhygienic conditions in the trailers. Poor nutrition was evident from the high proportion of children with anemia, failure to thrive, and obesity. The New Orleans CHP

³ DM Abramson, R Garfield, and I Redlener (2007), "The Recovery Divide: Poverty and the Widening Gap Among Mississippi Children and Families Affected by Hurricane Katrina," National Center for Disaster Preparedness, Columbia University. http://www.ncdp.mailman.columbia.edu/files/recovery_divide.pdf

consistently reported a high rate of upper respiratory conditions including asthma among pediatric patients. Many of the infants and young children treated were found to have elevated lead levels which may compromise their development and later school performance.

- **Notably High Rates of Chronic Illness**

Forty percent of children living in FEMA-subsidized housing had at least one chronic medical condition – a rate two-thirds higher than the general pediatric population. Overall, displaced children are more likely to suffer from asthma, behavior problems or developmental delay, physical impairment, and learning disabilities than their peers in urban Louisiana.

A large proportion of parents of children with asthma reported frequent hospitalizations or visits to emergency rooms for acute asthmatic episodes because they could not get access to their child’s asthma medications. Reasons included lack of insurance, loss of medical records, no access to pharmacies, and medical providers who would not prescribe because they did not know the child’s medical history.

- **Disengagement with School**

Our survey found excessively high rates of disconnection from school among Katrina’s children. More than one in four elementary-age school children missed ten days or more of school in a given month, and 41 percent of teens missed at least ten days of school in a given month.⁴

The New Orleans CHP, which delivers 65% of its clinical services in a school-linked model, routinely identifies children with previously undiagnosed psychiatric disorders and learning disability which compromise their opportunities for academic success.

- **The Loss of Stability and Security**

On average, households have moved 3.5 times since the hurricane.

⁴ Abramson, Garfield, and Redlener 2007.

Nearly two-thirds of households surveyed had at least one adult employed full or part-time prior to the hurricanes; only 45 percent had a salaried worker after the hurricane.

Nearly half of parents/caregivers believe that their children were never or only sometimes safe in their communities.

- **The Poverty Penalty**

Finally, working class and working poor families have suffered disproportionately from the economic impact of Katrina. More than half of households with incomes below \$10,000 lost all salaried jobs after the hurricanes, compared to 15% of households making greater than \$20,000. Among families living in FEMA trailer parks, only half had access to a bank account, and only 16% had a credit card – all of which contribute to the difficulty these families face in finding permanent housing.⁵

Respondents to the survey underscored the ongoing need for specific services, including assistance with financial matters, a need for household items or clothing, food and groceries, and assistance with heating and hot water.

The Prescription

- **Transparency and Complete Information**

The first, essential prescription is better and more complete information about displaced families in the Gulf. Federal and State agencies involved in the process of relocating families from temporary to permanent housing need to know, document, coordinate and share information regarding where the families are going and what is happening to them. All of our prescriptions are premised on a more transparent process and greater availability of information regarding children and families.

- **Case Management**

⁵ Abramson, Garfield, and Redlener 2007.

Children and families need a supportive relocation process, with comprehensive case management – not just recertification or relocation assistance – tied to specific protocols that ensures that every family:

- **moves to appropriate housing in safe neighborhoods**
- **has access to school**
- **access to a medical home which includes mental health services**
- **access to community-based sources of social support**

Effective case management for all families is the key to moving forward. Even as the trailer parks are emptied, there will still be thousands of children and families who require case management services in order to return their lives to a sense of normalcy and stability.

Our vision for policy consists in several interconnected steps to achieve case management for these children and families:

- Convince FEMA to release the guidance for case management funds that have been made available through March 2009
- Convince FEMA to make case management funds available to Louisiana children and families, perhaps through the Louisiana Recovery Authority (LRA)
- Use the database provided by FEMA to LRA to develop a registry of families and particularly children that have been relocated from the trailer parks. Use the database to track and monitor what is happening and where these children are going and to assign case management
- Begin an organized and targeted case management effort on behalf of these relocated children and families using the considerable resources of local community-based agencies. The information obtained from the FEMA registry can be used to provide comprehensive case management services to families that need them.

- Incorporate the components of our “prescription” into the case management process to ensure that every child ends up in a stable home in a good neighborhood, with good schools and access to health care and other services

Summary

The children and families who are being relocated from FEMA trailer parks where they have been sheltered following Hurricanes Katrina and Rita are at tremendous risk of health, mental health, academic and economic problems. Failure to provide them with stability in the midst of this crisis will likely have long-term consequences. Left untreated, mental health issues in both parents and children could have long-lasting effects. Continued lack of access to appropriate health care may not only compromise medical conditions and quality of life but, for children, lead to their continuing disconnection from school and compromised academic achievement. Families may suffer a greater economic burden as well. Continued interruption of education for these children will limit their subsequent economic opportunities, creating a cycle that needs to be stopped now. Comprehensive case management that provides a measure of stability and security as families move from the trailer parks, and that assures access to safe neighborhoods, good schools, and quality health care is a straightforward, necessary step to avoid this cycle of negative consequences in the future.