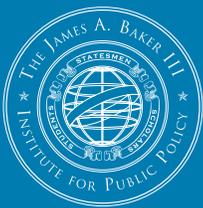


The study “Physical and Mental Health Status of Hurricane Katrina Evacuees in Houston in 2005 and 2006” appeared in the May 2009 issue of the *Journal of Health Care for the Poor and Underserved*. The authors, Karoline Mortensen, Ph.D., and Rick K. Wilson, Ph.D., are both in the department of Political Science at Rice University; Vivian Ho, Ph.D., is at the James A. Baker III Institute for Public Policy and the Department of Economics at Rice University, and the Department of Medicine at the Baylor College of Medicine.



HEALTH POLICY research

James A. Baker III Institute for Public Policy-Baylor College of Medicine
Joint Program in Health Policy Research

Do the low-income evacuees who fled to Houston after Hurricane Katrina represent a significant long-term burden to the city's health care system?

Yes, say Karoline Mortensen, Ph.D., Rick K. Wilson, Ph.D., and Vivian Ho, Ph.D. In a 2005–2006 survey, the investigators found that Katrina evacuees displaced by the storm experienced loss of full-time employment, income and deteriorating health, as well as struggles accessing necessary physical and mental health care. What's more, the majority of evacuees surveyed planned to stay in Houston — putting further stress on a limited and already-overwhelmed local health care system.

Hurricane Katrina struck the U.S. Gulf Coast on Aug. 29, 2005, causing one of the largest natural disasters in the nation's history. An estimated 200,000 evacuees were evacuated to the Houston area; more than 150,000 remained in the city nearly one year later.

Investigators from Rice University interviewed a total of 2,055 evacuees immediately following the hurricane, two months afterward and one year later. The evacuees' race, education, marital status, access to health insurance, health status and presence of seven chronic health conditions — including high blood pressure, arthritis, diabetes, heart disease and asthma — were then analyzed and compared to the general U.S. population and the southern poor.¹

The survey showed that the storm had a marked impact on the employment and income of the evacuees, who were predominantly black and economically disadvantaged. A year after the storm, 68.2% said they were unemployed, although 58.2% held jobs before Katrina. Approximately 41% reported household incomes of less than \$15,000 before Katrina; one year later, 71% reported incomes of less than \$15,000.

¹ The southern poor were defined as residents of the South with household incomes of less than 125 percent of the federal poverty level; this cutoff most closely resembled the incomes reported by the evacuees. The national comparison data for the general U.S. population and the southern poor came from the 2004 Medical Expenditure Panel Survey, which is designed to represent the U.S. civilian noninstitutionalized population.

Access to health care was another major issue for the evacuees. Thirty percent said they were uninsured before Katrina, higher than the national proportion (22.5%) but lower than the southern poor (56%). Although 44% were covered by Medicare or Medicaid before the storm, evacuees reported significant difficulties accessing medical care in the two-month period following Katrina. One-third indicated they or someone in their family could not see a doctor when they felt it was necessary. One year after the hurricane, 27.6% felt their health was worse than it was before Katrina.

Separation from family and relocation increase the risk for mental health problems after a disaster and, indeed, the mental health of evacuees deteriorated over time. Two months after Katrina, almost 19% of evacuees surveyed said they felt anxious or depressed; nearly a year later, 25.8% reported these conditions. Almost 60% of evacuees reported feelings such as fear, tension, suicide, depression, anxiety and spells of terror or panic at least a few times a week, but were not discussing their feelings with trained medical professionals.

Despite the difficulties of relocating to a new city, a year after Katrina, 68.2% said they would likely remain in Houston — there was little for them to return to in devastated New Orleans. Unfortunately, Houston's limited health care system is ill-equipped to handle their needs. It currently meets less than one-third of the demand for its services and the area's mental health facilities are at capacity.

In the short run, the evacuees should have better access to health care; in the long run, their employment needs should be addressed. Public health professionals must take a leadership role so that the aftereffects of Katrina do not lead to greater social disparities, particularly in health care.

For further information about the program, please contact:

Vivian Ho, Ph.D.

James A. Baker III Institute Chair in Health Economics
James A. Baker III Institute for Public Policy

Rice University MS-40

P.O. Box 1892

Houston, Texas 77251-1892

phone: 713.348.2195

e-mail: who@rice.edu

Laura Petersen, M.D., M.P.H.

Chief, Section of Health Services Research

Department of Medicine

Baylor College of Medicine

Michael E. DeBakey VA Medical Center (152)

2002 Holcombe Boulevard

Houston, Texas 77030

phone: 713.794.8623

e-mail: laurap@bcm.edu

HEALTH POLICY research presents a summary of findings on current health policy issues. It is provided by the James A. Baker III Institute for Public Policy's Health Economics Program in collaboration with the Baylor College of Medicine's Section of Health Services Research in the Department of Medicine.

This publication is provided to make research results accessible to regional and national health policymakers. The views expressed herein are those of the study authors and do not necessarily represent those of the Baker Institute or of the Baylor College of Medicine.

The Baker Institute and the Baylor College of Medicine's Section of Health Services Research work with scholars from across Rice University and the Baylor College of Medicine to address issues of health care — access, financing, organization, delivery and outcomes. Special emphasis is given to issues of health care quality and cost.

Rice University
James A. Baker III Institute for Public Policy MS-40
Program in Health Economics
P.O. Box 1892
Houston, Texas 77251-1892

ACCESS FINANCING ORGANIZATION DELIVERY OUTCOMES

HEALTH POLICY research

James A. Baker III Institute for Public Policy-Baylor College of Medicine
Joint Program in Health Policy Research

Visit our website at:
<http://healthpolicy.rice.edu>

Volume 4, Issue 3, September 2009

BCM
Baylor College of Medicine

