

Assessing New Orleans women's physical and psychosocial response to the devastation caused by hurricane Katrina: A qualitative case study

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Why focus on women?

- ◆ Prior to Katrina, women were 54% of the population of New Orleans
- ◆ They made up about 80% of the people left behind to fend for themselves during and after the storm

◆ Butter Baugh, 2005; Seager, 2005

Effects of disasters

- ◆ People who are affected by natural disasters can develop psychological disorders such as depression, chronic anxiety, and Posttraumatic Stress Disorder (PTSD)

Agency of Toxic Substances and Disease Registry (ATSDR), 2005

Effects of disasters continued

- ◆ Anxiety disorders include, but are not limited to, PTSD, acute stress disorder, and generalized anxiety disorder.
- ◆ Gender is a critical determinant of mental health.
- ◆ Women outnumber men in most anxiety disorder categories, especially PTSD

Agency of Toxic Substances and Disease Registry (ATSDR), 2005

Identity crisis

- ◆ Refugees?
- ◆ Evacuees?
- ◆ Internally displaced?
- ◆ Victims?
- ◆ “Displacement impacts the physical and mental health of the affected people”

W. Courtland Robinson, PhD, Bloomberg School's [Center for Refugee and Disaster Response](#).

Goal

- ◆ To understand the healthcare need of a sample of women in New Orleans affected by Hurricane Katrina
 - By assessing the women's self-identified stressors and how they respond to them

Objectives

- ◆ To facilitate an open discussion about post-Katrina stress and stressors and their relationship to New Orleans women's healthcare needs
- ◆ To explore New Orleans women's perception of stress
- ◆ To identify at least five stressors that influence New Orleans women's health
- ◆ To identify post-Katrina social support systems of New Orleans women

The Study

- ◆ Recruitment
 - Flyers
 - Word of mouth
 - ◆ Snowball effect
- ◆ The participants
 - 2 groups of 6 women each
 - Age 18 and older
 - Lived in New Orleans prior to Hurricane Katrina

Methods

- ◆ At each focus group, there was a facilitator, a note taker and/or an observer
- ◆ All research assistants were required to take the Tulane IRB online course on research with human subjects
- ◆ They were also trained on how to conduct focus groups and key informant interviews

Methods

- ◆ A focus group protocol was developed and piloted by staff and students of the center
- ◆ 10 women participated in the focus groups
- ◆ The participants ranged in age between 20 and 70 years old
- ◆ Consent forms were read and signed

The protocol

- ◆ Protocol consists of open ended questions that explored the following
 - Why people returned
 - The evacuation experience
 - Pre and post-Katrina accommodation
 - Individual and family health
 - Relationships
 - Stressors
 - Coping mechanisms

Data collection

- ◆ The focus group discussions were all audio taped.
- ◆ The tapes were then transcribed into word documents using Express Scribe software
- ◆ Notes and observations were also typed and used as supporting documents
- ◆ The data was then uploaded onto Atlas ti qualitative data analysis software

NCH swift sound (www.nch.com.au/scribe)
Atlas ti 5.2 (www.atlasti.com)

Findings

- ◆ Stress was a major issue and there were several stressors in the women's lives happening at the same time
 - Joblessness
 - Homelessness
 - Financial strain
 - Dealing with insurance and FEMA
 - Trying to rebuild home



Stress themes.

- ◆ Uncertainty
- ◆ Dealing with situations and institutions that were beyond individual's control
 - “Rent went up three times and everyone went back to business as usual”
 - “Finances are a joke, paying more in rent than was for a house”
 - “Need medical benefits”
 - “Everything seems to work against me; I feel like I'm being punished.”

Stress continued

- ◆ Remaining in New Orleans during the storm
 - Reliving the events over and over again
- ◆ Seeing the devastation of homes and neighborhoods
- ◆ Not knowing where family and friends are or were

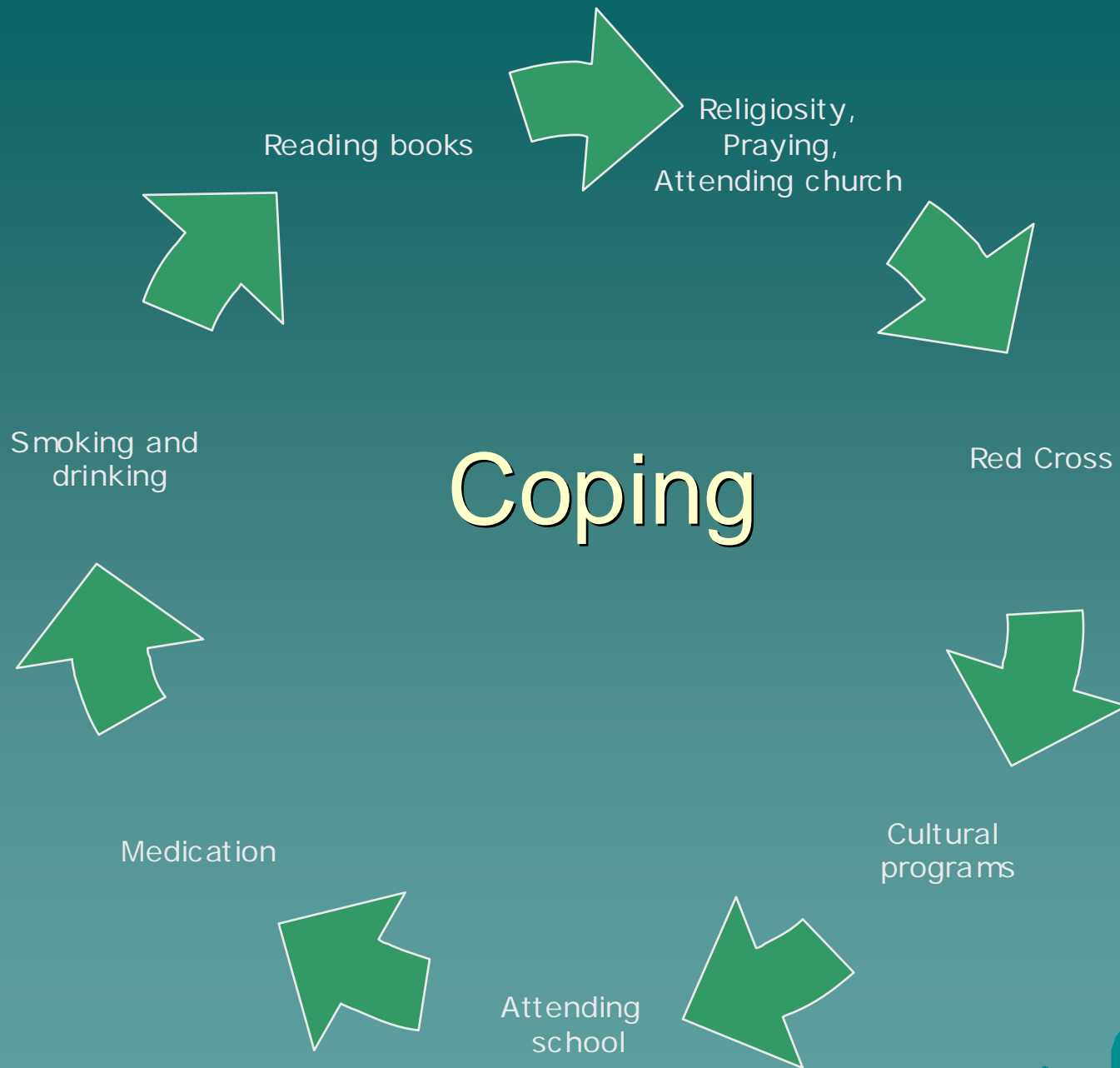
Stress continued

- ◆ Trouble sleeping
- ◆ Headaches
- ◆ Burning eyes
- ◆ Over/under eating
 - ◆ Weight gain
 - ◆ Weight loss

Stress continued

- ◆ Lack of resources to prevent and/or treat stress related disorders
 - “There is no place to go to get help”
 - “I have no health insurance”.

Coping



Coping themes

- ◆ Positive coping strategies
 - Religion, praying, going to church
 - Civic organizations/programs
 - Having/sharing group level activities
 - Keeping busy (helping self and others)
- ◆ Negative coping strategies
 - Self-medication
 - ◆ Alcohol
 - ◆ Drugs
 - ◆ Smoking
 - Keeping busy (trying to avoid dealing with stressors)

The need

- ◆ Affordable Housing
- ◆ Better living conditions
- ◆ Employment
- ◆ Schools
- ◆ Medical Insurance (Mental and Physical Health)

Why rebuild?

- ◆ “Well, I've lived here all my life and I've known nothing else but New Orleans and I've visited other places but I've felt most comfortable when I was here”
- ◆ “It'd be easy to just run away and forget this mess, and I said, no, I'm gonna face reality, take care of my business. This is my house, and I'm gonna do the best I can.”

Conclusion

- ◆ Post Katrina stress is multi- dimensional
- ◆ Most stressors tend to be at the community, institutional and/or policy levels
- ◆ New Orleans women plan to re-build, no matter what!
- ◆ Religion and group level activities tend to provide the most needed support for coping.

Recommendation

- ◆ Health services, education and support programs should
 - Emphasize the variation of responses to stress
 - Partner with religious organizations to better meet the needs of the community women
 - Build in group level support processes
 - Incorporate New Orleans culture; food music, community!

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