

The Gulf Coast Child and Family Health Study (G-CAFH)

What is G-CAFH?

Six months following Hurricane Katrina, Columbia University's National Center for Disaster Preparedness (NCDP) and the Children's Health Fund's Operation Assist conducted a random household survey of the health and well-being of 555 Louisiana households that had been displaced or severely impacted by the disaster. This study focused on identifying health and social service needs among this displaced and heavily-impacted population. Shortly thereafter the study was replicated in 524 households along Mississippi's Gulf Coast.

The study has followed 1,079 households to assess post-disaster recovery via indicators such as infrastructure rehabilitation and stability, community redevelopment and housing stability, economic recovery, social re-engagement, and personal resilience and recovery. Since 2006,

Sampling and Subject Enrollment

A stratified cluster sampling strategy was used to enroll subjects in to the study in two phases: the first in Louisiana in February 2006, the second in Mississippi in August 2006. Using lists of congregate housing sites obtained from FEMA we stratified the lists by type of site (FEMA group sites, commercial trailer sites, and hotels) and by size (1-25, 26-50, 51-100, 101+ residential units). Using FEMA damage assessment maps and databases of the state's three coastal counties hardest hit by the hurricane, the team randomly selected 150 of 650 census blocks (primary sampling unit clusters) which had been characterized by FEMA as having sustained moderate, extensive or catastrophic damage. This sampling strategy yields a cohort representative of the approximately 50,000 individuals who had been displaced to congregate settings in Louisiana and Mississippi (i.e., trailer parks and hotels) as well as approximately 26,000 people who were living in the most extensively-damaged areas of the Mississippi Gulf Coast, post-Katrina. An eligible adult respondent was sought at each sampled household who (a) lived at that site, and (b) was the "primary caregiver," someone who could knowledgeably report upon the health issues of all the individuals in the household.

Data collection

At baseline, selected data were collected on all household members (e.g., age, gender, relationship to respondent, school attendance, chronic health conditions). In addition, a Kish sampling strategy was used to randomly select one child in the household for more detailed questions. Domains of interest included pediatric and adult health status; the prevalence of chronic medical conditions among sampled households; access to health care and services, including health insurance coverage; primary medical, specialty, and dental care needs among sampled children; the prevalence of behavioral conditions and learning disabilities among children; household characteristics such as social and economic resources; social service needs; a brief history of the residents' displacement after the hurricanes; and the demographics of the displaced population.



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Follow-up Surveys

The first follow-up survey, **G-CAFH Wave 2**, was conducted as a telephone interview between 20 – 23 months after Hurricane Katrina. The survey instrument repeated baseline measures and added measures of social support networks, self-efficacy and locus of control, community engagement (pre- and post-Katrina), and attitudes towards police and criminal justice systems. A second follow-up survey, **G-CAFH Wave 3**, was conducted as an in-person survey between June – August 2008, and was suspended when Hurricane Gustav was imminent. New survey included validated measures of a “sense of community,” self-efficacy, and post-traumatic growth. Twenty-four community-based interviewers in Louisiana and Mississippi were recruited and trained, and a field office was established at the Louisiana State University School of Public Health to coordinate the field work. A third follow-up survey, **G-CAFH Wave 4**, began November 2009 and ended April 2010. Surveys were conducted in-person by local field staff. New measures included family functioning, life recovery, alcohol and tobacco use, formal housing assistance and a systematic objective neighborhood assessment of the respondents’ current neighborhood blocks.

Publications and Reports:

- Abramson, D., & Garfield, R. (2006). *On the Edge: Children and Families Displaced by Hurricanes Katrina and Rita Face a Looming Medical and Mental Health Crisis*. New York City: National Center for Disaster Preparedness.
- Abramson, D., Garfield, R., & Redlener, I. (2007). *The Recovery Divide: Poverty and the Widening Gap Among Mississippi Children and Families Affected by Hurricane Katrina*. New York City: National Center for Disaster Preparedness.
- Abramson, D., Redlener, I., Stehling-Ariza, T., & Fuller, E. (2007). *The Legacy of Katrina's Children: Estimating the Numbers of At-Risk Children in the Gulf Coast States of Louisiana and Mississippi*. (12). Retrieved from http://www.ncdp.mailman.columbia.edu/files/legacy_katrina_children.pdf
- Abramson, D., Stehling-Ariza, T., Garfield, R., & Redlener, I. (2008). Prevalence and predictors of mental health distress post-Katrina: findings from the Gulf Coast Child and Family Health Study. *Disaster Med Public Health Prep*, 2(2), 77-86.
- Abramson, D. M., Park, Y. S., Stehling-Ariza, T., & Redlener, I. (2010). Children as Bellwethers of Recovery: Dysfunctional Systems and the Effects of Parents, Households, and Neighborhoods on Serious Emotional Disturbance in Children After Hurricane Katrina. *Disaster Med Public Health Prep*, 4(Supplement_1), S17-27. doi: 10.1001/dmp.2010.7
- Abramson, D. M., Stehling-Ariza, T., Park, Y. S., Walsh, L., & Culp, D. (2010). Measuring Individual Disaster Recovery: A Socio-ecological Framework. *Disaster Med Public Health Prep*, 4(Supplement_1), S46-54. doi: 10.1001/dmp.2010.14

The National Center for Disaster Preparedness (NCDP) is an academically-based research center dedicated to the study, analysis and enhancement of the nation's ability to prepare for, respond to, and recover from major disasters, including terrorism. The NCDP has a wide-ranging research, training and education, agenda with a special interest in megadisasters. NCDP senior staff and faculty staff have testified at Congressional hearings, conducted briefings for senior government officials, and have presented at numerous scientific conferences and meetings.

Founded in 2003 by Irwin Redlener, MD, the NCDP engages the public health workforce and communities in preparing for catastrophic events, while helping to integrate preparedness efforts into the nation’s existing infrastructure. The Center’s particular areas of focus include system readiness, recovery and resiliency, community engagement, and vulnerable populations. The NCDP encompasses the CDC-funded Columbia Regional Learning Center (formerly the Center for Public Health Preparedness), which has trained over 15,000 responders in public health preparedness, incident management, and recognition and response to incidents involving weapons of mass destruction using table-top drills, exercises, and distance learning technologies.

Among the Center’s sentinel research projects are the Gulf Coast Child and Family Health Study (GCAFH), a longitudinal cohort study of 1,000+ households in Louisiana and Mississippi post-Katrina; The American Preparedness Project, a national survey of US attitudes and practices regarding preparedness; and the Community Long-Term Recovery Project, a formative study exploring pre-disaster long-term recovery planning in mid-size US cities.

Visit us on the Web: www.ncdp.mailman.columbia.edu/

To visit our Columbia Regional Learning Center: www.ncdp.mailman.columbia.edu/training

For more information about the Gulf Coast Child and Family Health Study: www.gcafh.org

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