

Tropical Cyclone Bibliography

Matthew Hughes

February 7, 2020

(Kinney et al. 2008)

Spatial Scale:

- “National Weather Service maps of storm tracks were used to identify the parishes that were hit by the centers of each storm, and thus were likely to have experienced the most intense effects of the storm” (Kinney et al. 2008)

Exposure:

- Severity of prenatal storm exposure assessed two ways: intensity of storm’s impact on parish, and how vulnerable residents would be if storm hit their parish. (Intensity and Vulnerability).
- Using data from NCHS, 40 week gestations were assumed to estimate the gestational age of babies during the storm.

Results/Outcomes:

- AD(Autistic Disorder) had significantly higher prevalence in those with higher prenatal storm exposure. AD Prevalence also depended on Prenatal Period of Storm Exposure (what gestational period the baby was in when the storm exposure occurred)

(Bayleyegn et al. 2006)

Spatial Scale:

- Escambia and Santa Rosa counties were identified as those most impacted by Hurricane Ivan by Florida Department of Health. Probability Proportional to Size Sampling (modified from the WHO), was used to obtain a sample of 30 clusters within these counties, which were put on maps given to interview teams.
- 7 households interviewed per cluster, for a total of 420 households interviewed.
- Interviews administered asking for demographic info, housing info, damage info, etc.

Temporal scale

- Survey instruments administered over 3 days, 6 days after Hurricane Ivan made landfall.

Results/Outcomes

- Most commonly reported “Greatest needs” were garbage pickup and restoration of electricity, after that it was access to medical care, medications, home repair, and ice. -Interviews and surveys were intended to look at what the health and safety impacts were after the hurricane, it turned out to be a wide variety of factors including poor environmental hygiene, living in damaged homes, sleep disturbance, respiratory problems, and the aforementioned “Greatest Needs.”

(Hagy, Lehrter, and Murrell 2006)

Temporal/Spatial Scale:

- Water quality surveys conducted monthly from 2000 to 2004 at up to 15 sites located on two transects within the Pensacola Bay system. Post Hurricane Ivan surveys were taken October 6 and November 5, or 20 and 50 days after the storm.
- Extent of inundated land and maximum height of tidal surge were estimated by directly observing locations and heights of high water marks around perimeter of Pensacola Bay. -Total Prism Model used to estimate the magnitude of exchange associated with storm surge.

Outcome/Results:

- Hurricane Ivan caused water to rise continuously for 31 hours.
- Storm surge inundated 165 km² of land, which increased the Bay's surface area by 50% and its volume by 230%.
- Based on Total Prism Model, storm surge flushed a maximum of 60% of the Bay's water out to sea as it retreated - this must have increased salinity of the Bay substantially.
- Using Navy's model estimate of offshore salinity in the Tidal Prism Model, Ivan's surge was computed to have increased the mean salinity of the Bay from 23.4 to as high as 30.0.
- Tidal surge replaced Bay waters with low-nutrient, well-oxygenated, oligotrophic Gulf waters
- Post-storm freshwater input stimulated an increase in phytoplankton biomass, which persisted for several weeks.
- Hypoxia was intensified relative to the seasonal norm.

(Lieberman-Cribbin et al. 2017)

Spatial Scale:

- Self reported flood data
- "Public macro-level flood data was obtained from the FEMA Modeling Task Force (MOTF) Hurricane Sandy Impact Analysis" (Lieberman-Cribbin et al. 2017)
- New York State 3 meter spatial resolution storm surge product downloaded and imported into licensed version of ArcGIS to provide water depth above ground in New York City and Long Island
- Street level geo-coding in SAS using datasets generated from U.S. Census Bureau TIGER/Line shapefiles. Process matches street, city, and zip-code from survey dataset with lookup dataset to produce a coordinate

Results/Outcomes:

- Mental health variables considered based on scores of a questionnaire were anxiety score, depression score, and PTSD score
- Self reported flood exposure and FEMA flood exposure data showed significant discrepancies in the associations between flooding and mental health outcomes.
- Self reported dichotomous flooding showed significant associations with all mental health outcomes, whereas dichotomous FEMA flooding only showed significant associations with PTSD.
- Macro-level flooding data is less expensive and faster, but potentially underestimates mental health outcomes.

(S. C. Grabich et al. 2016)

Spatial Scale:

- Births to (only) Florida residents linked to address to link to hurricane exposure
- Hurricane risk assessed at county level
- Florida Department of Health, Vital Statistics Department was the source of data on births from 2003 to 2005.
- Hurricane exposure classified as maximum wind speed in specific Florida county extracted from NOAA's Hurricane Research Division public database.
- Exposure defined as ≥ 39 mph and ≥ 74 mph

Temporal Scale:

- Risk period begins at 20 weeks of gestation
- Pregnancy divided into exposed time and unexposed time after 20 weeks
- Study population included births with estimated date of conception between October 24, 2003 and September 26, 2004.

Results/Outcomes

- Outcome of interest was to see if there was an association between hurricane exposure and the risk of a preterm birth.
- Two outcome standards: extremely preterm delivery < 32 weeks gestation, and overall preterm delivery < 37 weeks gestation.
- Overall positive association observed between exposure to Hurricane Harvey and hazard of extreme preterm delivery (not overall preterm delivery however)
-

(Scaramutti et al. 2019)

Spatial Scale:

- Major cities in Florida and Puerto Rico were coded as urban with 0, and all other areas were coded as rural/suburban with a 1.
- Word of mouth and outreach to community leaders and community centers in Central and South Florida and Puerto Rico
- Online surveys available through Qualtrics, respondents asked to refer 3 additional respondents
- Linear regression models used with site and urbanicity as predictors for depressive symptoms, anxiety symptoms, and PTSD symptoms
- Binary logistic regression analysis for clinical vs non-clinical anxiety, depression, and PTSD as criterion variables, and site or urbanicity as predictors

Temporal Scale:

- Assessing mental health of Puerto Ricans in Florida and Puerto Rico 6 months after Hurricane Maria.

Results/Outcomes:

- Mental health outcomes of interest were anxiety, depression, and PTSD

- Results showed significant associations between urbanicity and anxiety, approaching statistical significance for association between urbanicity and depressive symptoms, and significant association between urbanicity and PTSD intrusive reexperiencing and PTSD hypervigilance.
- Overall, rates of depression and PTSD were higher in Puerto Ricans who migrated to Florida after Hurricane Maria.
- Puerto Ricans outside major cities were more likely to meet criteria for depression and PTSD
- Puerto Ricans in Puerto Rico had significantly fewer clinical symptoms than those in Florida, but rates were high overall for both Florida and Puerto Rico.

(Bianchette et al. 2009)

Temporal/Spatial Scale:

- Study area was three coastal lakes known as the Shelby Lakes in Gulf State Park, Alabama.
- Hurricane Ivan brought 120 mph winds and a storm surge of 10-12 feet, which inundated all of the coastal plane around the Shelby Lakes.
- Post hurricane images of vegetation take 9.5 months after hurricane to ensure that vegetation damage observed was permanent.
- Remote sensing using Landsat 5 images coupled with ground surveys of tree mortality were used.

Results/Outcomes:

- Ecological impacts were the main concern of this study, primarily measured by tree mortality.
- Trees at lower elevation showed greater mortality than those at higher elevations.
- Results suggested that saltwater intrusion and storm surge flooding were the main reasons for tree mortality in forests around Shelby Lakes, rather than wind damage.

(S. Grabich et al. 2016)

Spatial/Temporal Scale:

- Hurricane disaster exposure 3 methods, FEMA Presidential disaster declarations, spatial data on specific storm trajectory (storm tracks with a symmetrical buffer around them), novel meteorological measure based on Saffir-Simpson hurricane intensity scale.
- Preterm birth and low birth weight rates collected from the county level of exposed areas

(Bevilacqua et al. 2020)

Spatial Scale

- ggmaps package in R was used to generate distribution of zip codes of the participants

Temporal Scale

(Lane et al. 2013)

Spatial Scale

- “Based on vulnerable subgroups identified in the literature, potential indicators of population vulnerability for which data are available were identified and mapped within the 42 NYC United Hospital Fund (UHF) neighborhoods located within any NYC hurricane evacuation zone. UHF neighborhoods are zip code-aggregated areas within all five boroughs. For each indicator, prevalences were categorized into quartiles by neighborhood.”

(Lane et al. 2013)

(Schwartz et al. 2018)

Spatial

- Convenience sampling from the Greater Houston area

Temporal

- Research team arrived in Houston less than 3 weeks after Hurricane Harvey made landfall

(Pugatch 2019)

- “I use windspeed data on tropical storms originating in the Atlantic and eastern North Pacific oceans (the regions relevant to Mexico), available from the National Oceanic and Atmospheric Administration (NOAA) Tropical Prediction Center, a U.S. government agency. NOAA analyzes data from reconnaissance aircraft, ships, and satellites to create “best tracks” of individual storms: positions (latitude and longitude) of storm centers at 6-hourly intervals, combined with intensity information (windspeed and barometric pressure; Jarvinen, Neumann, & Davis, 1993; Davis, Brown, & Preston, 1984; Chu, Sampson, Levine, & Fukada, 2002). Complete records for both ocean regions are available since 1949. Fig. 1 maps storm best tracks making landfall in Mexico” (Pugatch 2019)
- “I use data on tropical storm exposure and mortality in all 31 Mexican states, plus Mexico City, for each month during 1990– 2011 (I chose the starting period based on the availability of microdata on mortality). I create an index to measure storm severity by incorporating two elements, windspeed and population density” (???)

(Jaycox et al. 2010)

New Orleans schoolchildren were participated in a trial and assessment of an intervention after Hurricane Katrina. Group intervention at school and individual intervention at a clinic were the two options. Both treatments led to a reduction in symptoms of PTSD, but there were still elevated levels of PTSD even post treatment.

Spatial Scale

- Three schools in New Orleans participating in Project Fleur-de-Lis.

Temporal Scale

- Interventions began 15 months after Hurricane Katrina.
- "Students were assessed at baseline (December 2006–January 2007), at 5 months (April–May 2007) and at 10 months (September–October 2007). The CBITS groups ran March to May 2007 and TF-CBT was implemented February to September,

2007. This study only reports on the 10-month follow-up assessment results."(Jaycox et al. 2010)

Exposure

- Exposure measured via self report by students using the Disaster Experience Questionnaire.
- “For an overall exposure to hurricane experiences measure, we tallied experiences listed in the top panel of Table 2, for a total number of experiences per student.” (Jaycox et al. 2010)
- PTSD symptoms assessed using the Child PTSD Symptom Scale (a score greater than 11 is considered elevated symptoms).

Results/Outcomes

- More girls than boys were at risk for PTSD symptoms (63% for girls, and 37% for boys).
- PTSD scores at 10 months were generally improved from scores at baseline assessment in students who participated in the intervention.
- “More than 60% of students screened positive for elevated PTSD symptoms and were included in the intervention field trial.” (Jaycox et al. 2010)

(Bourque et al. 2006)

Temporal Scale

Spatial Scale

Exposure

Results/Outcomes

- NOAA’s Tropical Prediction Center estimates that between 1970 and 1999, 1% of deaths in hurricanes were caused by storm surges, 59% by freshwater (inland) flooding, and 12% by wind.

(Harville et al. 2010)

- Low birth rates and preterm births were studied in Louisiana at three spatial levels: Orleans Parish (New Orleans), Region 1 (this includes Orleans Parish, and several others), and Louisiana as a whole.

Temporal Scale

- Data used in analysis came from Louisiana birth records 2003-2007, in Medicaid-linked data.
- Birth outcomes among state residents were examined for the 2 years before and after Hurricane Katrina.

Spatial Scale

- The Regional Level is the scale that was used to study birth outcomes, and Louisiana is divided into 9 health regions.
- The Region of mother’s residence was used to study rather than the region that the mother gave birth in.
- Region 1 was the Louisiana region hit most strongly by Hurricane Katrina and consists of Orleans, Jefferson, Plaquemines, and St Bernard parishes. The study looked at Orleans parish (city of New Orleans), Region 1, and Louisiana all together.

Exposure

- Exposure defined as giving birth in the two years after Hurricane Katrina

Results/Outcome

- Outcomes of interest were Low Birth Weight, and Preterm Birth.
- In Louisiana as a whole, rates of LBW rose in the two years after Hurricane Katrina, but rates of Preterm births did not.
- Overall, Hurricane Katrina was not associated with an increase in the rates of LBW and preterm births, in some areas there was a reduction of these. This may be due to population changes though because the population at risk after the hurricane had a higher risk profile.

(Ferdinand 2005)

- Hurricane Katrina led to a large number of people with uncontrolled hypertension and cardiovascular disease. Higher rates of high blood pressure are seen in African Americans than in whites, and the rates of controlled blood pressure in disadvantaged communities in Louisiana is very low.

Spatial Scale

- 680 adults staying in Hurricane Katrina shelters in Houston Texas were given a survey
- 98% of these survey subjects were from New Orleans.
- Population in areas of flooding was 76% black, and 29% below the poverty line.

Temporal Scale

- Surveys were administered from September 10 - 12, 2005.

Exposure

- Exposure to flooding leads to evacuation and unexpected displacement, which increases the odds of losing medical records and information that include hypertensive patient's medication regimen, including frequency, dosage, and indications.

Results/Outcome

- Outcomes of concern in this paper are hypertension and cardiovascular disease.
- "There is a 1.8x greater rate of fatal stroke, 1.5x greater rate of coronary heart disease and mortality, and a 4.2x greater rate of end-stage renal disease in this population." (Ferdinand 2005)
- "Only 52% of evacuees had health insurance at the time of the hurricane, and chronic conditions such as heart disease, hypertension, diabetes, and asthma were reported by 41% of the adults surveyed. Furthermore, 29% of evacuees reported having problems in obtaining their necessary prescription drugs." (Ferdinand 2005)

(Christopher 2017)

Temporal Scale

- July 1, 2004 to August 31, 2006 for Hurricane Katrina.
- March 1, 2010 to April 31, 2012 for April 2011 Alabama tornado disaster.
- "The gestation period for mothers in the sample ranged from 18 to 47 weeks, with a mean gestation period of 37.97 weeks (SD = 2.84 weeks)"[christopher2017effects]

Spatial Scale

- "For Hurricane Katrina, the population was delimited to pregnant women residing in the counties of Hancock, Harrison, Jackson, and Jones, Mississippi, who experienced a live singleton birth which survived or was born and died between the periods of July 1, 2004 to August 31, 2006." (Christopher 2017)
- "For the April 2011 Alabama tornado disaster, the population was delimited to pregnant women residing in the counties of Calhoun, DeKalb, Franklin, Jefferson, Lawrence, Limestone, Madison, Marion, St. Clair, and Tuscaloosa, Alabama who were most likely affected by the April 2011 tornado disaster, and experienced a live singleton birth which survived or was born and died between the periods of March 1, 2010 to April 31, 2012." (Christopher 2017)

Exposure

- Maternal prenatal exposure to Hurricane Katrina in Mississippi
- Maternal prenatal exposure to April 2011 Tornado disaster in Alabama.
- “The data consisted of customized delimited county-level linked birth and infant death data drawn from Alabama and Mississippi Linked Infant Births and Deaths Record Files for the period 1997-2013.” (Christopher 2017)

Results/Outcome

- Response variables of interest included birth weight, preterm birth, infant mortality, and mode of delivery.
- Exposure to hurricanes increased odds of low birth weight and also increased risk for preterm birth, however it wasn't shown to have a significant association with increased infant mortality.

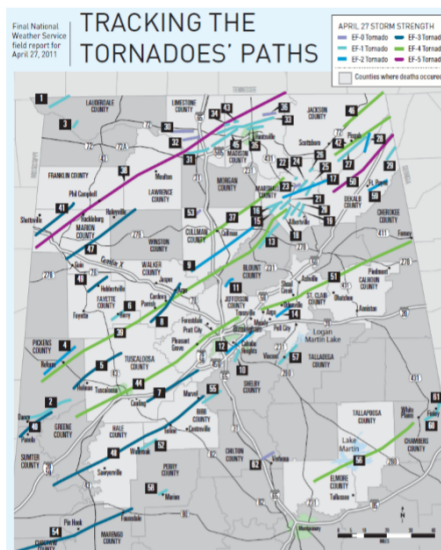


Figure 3. Illustration of the paths and types of tornadoes impacting Alabama on 27 April 2011. Adapted from "Cultivating a State of Readiness: Our Response to April 27, 2011," by Tornado Recovery Action Council of Alabama, 2012, p. 17. Retrieved from ema.alabama.gov/filelibrary/TRAC_Report.pdf

Figure 1: Example of how exposure to tornadoes was assessed in Christopher (2017) for counties.

(Zahran et al. 2011)

Temporal Scale

- “Mental health condition is measured as the reported count of poor mental health days experienced by a respondent in the previous 30 days. Data on mental health days are from the CDC’s BRFSS, 2005–2006.” (Zahran et al. 2011)

Spatial Scale

- Intensity of hurricane’s path measured using data on property damage and crop loss from the Spatial Hazard Losses and Events Database.
-

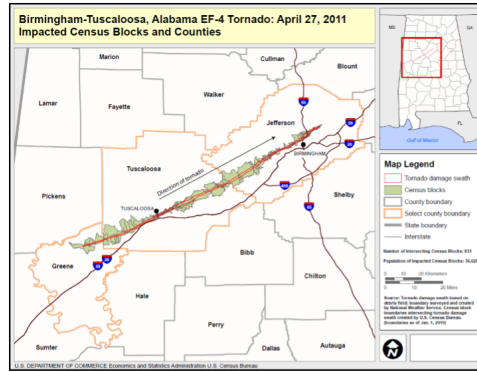


Figure 4. 2011 Alabama EF-4 Tornado track. From U.S. Department of Commerce, U.S. Census Bureau, Census Data & Emergency Preparedness, 2011 Tornadoes, Birmingham-Tuscaloosa Alabama EF-4 Tornado, 2014b. Retrieved from https://www.census.gov/newsroom/emergencies/2011_tornadoes.html

Figure 2: Second Figure.

Exposure

- “Individual exposure to Hurricane Katrina and/or Rita was determined by information on the temporal and spatial coordinates of each hurricane event, the date a respondent was interviewed by the CDC, and the respondent’s place of county residence, as reported in the CDC’s Behavioral Risk Factor Surveillance System (BRFSS) database” (Zahran et al. 2011)
- Number of poor mental health days expected to have spikes corresponding to hurricane events in affected but not unaffected areas with respect to hurricane exposure.

Results/Outcomes

- Outcome of interest was mental health resilience of Hurricane Katrina and Rita survivors, stratified by vulnerability status. Number of poor mental health days used as metric for this.
- Vulnerability status measured by poor physical health, social support, education level, income, and being a single mother.
- Single mothers were identified as a particular vulnerability category of interest
- “Resistance refers to the capacity to limit displacement from equilibrium following a traumatic event. Resilience, by contrast, points to the ability to return to an equilibrium state—the more rapid the return to preevent functioning, the greater the resilience.” (Zahran et al. 2011)
- Average number of poor mental health days in 30 was 3.37 for the population as a whole, and 5.95 for single mothers.
- Overall, hurricane exposed single mothers and exposed “others” all experienced an increased number of days of poor mental health.
- “We estimate that single mothers, as a group, suffered over \$130 million in productivity loss from added postdisaster stress and disability.” (Zahran et al. 2011)

References

Bayleyegn, Tesfaye, Amy Wolkin, Kathleen Oberst, Stacy Young, Carlos Sanchez, Annette Phelps, Joann Schulte, Carol Rubin, and Dahna Batts. 2006. “Rapid Assessment of the Needs and Health Status in Santa Rosa and Escambia Counties, Florida, After Hurricane Ivan, September 2004.” *Disaster Management & Response* 4 (1): 12–18.

Bevilacqua, Kristin, Rehana Rasul, Samantha Schneider, Maria Guzman, Vishnu Nepal, Deborah Banerjee, Joann Schulte, and Rebecca M Schwartz. 2020. “Understanding Associations Between Hurricane Harvey Exposure and Mental Health Symptoms Among Greater Houston-Area Residents.” *Disaster Medicine and*

Public Health Preparedness, 1–8.

Bianchette, TA, K-B Liu, NS-N Lam, and LM Kiage. 2009. “Ecological Impacts of Hurricane Ivan on the Gulf Coast of Alabama: A Remote Sensing Study.” *Journal of Coastal Research*, 1622–6.

Bourque, Linda B, Judith M Siegel, Megumi Kano, and Michele M Wood. 2006. “Weathering the Storm: The Impact of Hurricanes on Physical and Mental Health.” *The Annals of the American Academy of Political and Social Science* 604 (1): 129–51.

Christopher, Kenneth E. 2017. “The Effects of Hurricane and Tornado Disasters on Pregnancy Outcomes.” PhD thesis, Walden University.

Ferdinand, Keith C. 2005. “The Hurricane Katrina Disaster: Focus on the Hypertensive Patient.” *The Journal of Clinical Hypertension* 7 (11): 679–80.

Grabich, SC, J Horney, C Konrad, and DT Lobdell. 2016. “Measuring the Storm: Methods of Quantifying Hurricane Exposure with Pregnancy Outcomes.” *Natural Hazards Review* 17 (1): 06015002.

Grabich, Shannon C, Whitney R Robinson, Stephanie M Engel, Charles E Konrad, David B Richardson, and Jennifer A Horney. 2016. “Hurricane Charley Exposure and Hazard of Preterm Delivery, Florida 2004.” *Maternal and Child Health Journal* 20 (12): 2474–82.

Hagy, James D, John C Lehrter, and Michael C Murrell. 2006. “Effects of Hurricane Ivan on Water Quality in Pensacola Bay, Florida.” *Estuaries and Coasts* 29 (6): 919–25.

Harville, Emily W, Tri Tran, Xu Xiong, and Pierre Buekens. 2010. “Population Changes, Racial/Ethnic Disparities, and Birth Outcomes in Louisiana After Hurricane Katrina.” *Disaster Medicine and Public Health Preparedness* 4 (S1): S39–S45.

Jaycox, Lisa H, Judith A Cohen, Anthony P Mannarino, Douglas W Walker, Audra K Langley, Kate L Gegenheimer, Molly Scott, and Matthias Schonlau. 2010. “Children’s Mental Health Care Following Hurricane Katrina: A Field Trial of Trauma-Focused Psychotherapies.” *Journal of Traumatic Stress: Official Publication of the International Society for Traumatic Stress Studies* 23 (2): 223–31.

Kinney, Dennis K, Andrea M Miller, David J Crowley, Emerald Huang, and Erika Gerber. 2008. “Autism Prevalence Following Prenatal Exposure to Hurricanes and Tropical Storms in Louisiana.” *Journal of Autism and Developmental Disorders* 38 (3): 481–88.

Lane, Kathryn, Kizzy Charles-Guzman, Katherine Wheeler, Zaynah Abid, Nathan Graber, and Thomas Matte. 2013. “Health Effects of Coastal Storms and Flooding in Urban Areas: A Review and Vulnerability Assessment.” *Journal of Environmental and Public Health* 2013.

Lieberman-Cribbin, Wil, Bian Liu, Samantha Schneider, Rebecca Schwartz, and Emanuela Taioli. 2017. “Self-Reported and Fema Flood Exposure Assessment After Hurricane Sandy: Association with Mental Health Outcomes.” *PLoS One* 12 (1): e0170965.

Pugatch, Todd. 2019. “Tropical Storms and Mortality Under Climate Change.” *World Development* 117: 172–82.

Scaramutti, Carolina, Christopher P Salas-Wright, Saskia R Vos, and Seth J Schwartz. 2019. “The Mental Health Impact of Hurricane Maria on Puerto Ricans in Puerto Rico and Florida.” *Disaster Medicine and Public Health Preparedness* 13 (1): 24–27.

Schwartz, Rebecca M, Stephanie Tuminello, Samantha M Kerath, Janelle Rios, Wil Lieberman-Cribbin, and Emanuela Taioli. 2018. “Preliminary Assessment of Hurricane Harvey Exposures and Mental Health Impact.” *International Journal of Environmental Research and Public Health* 15 (5): 974.

Zahran, Sammy, Lori Peek, Jeffrey G Snodgrass, Stephan Weiler, and Lynn Hempel. 2011. “Economics of Disaster Risk, Social Vulnerability, and Mental Health Resilience.” *Risk Analysis: An International Journal* 31 (7): 1107–19.