

[COVID Information Commons \(CIC\) Research Lightning Talk](#)

[Transcript of a Presentation by Alka Sapat \(Florida Atlantic University\), May 19, 2021](#)



Title: Rapid: Health, Housing, and Hazards: Covid-19, Subjective Resilience, Intersectional Vulnerabilities, and Policy Evolution in Hurricane Prone Counties

[Alka Sapat CIC Database Profile](#)

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[YouTube Recording with Slides](#)

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Transcript

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Thank you all for coming. Just to introduce our project, it was a RAPID grant that we received, and it focuses on Health, Housing, and Hazards: COVID-10, Subjective Resilience, Intersectional Vulnerabilities, and Policy Evolution in Hurricane Prone Counties. Our grant team was myself, Diana Mitsova from Florida Atlantic University, Ann-Margaret Esnard from the Andrew Young School of Policy Studies at Georgia State University, Monica Escaleres from Economics at Florida Atlantic, and our two Ph.D. students, one from Public Administration and one from the Department of Urban and Regional Planning at FAU.

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Our focus in our study was basically looking at multiple hazards. We wanted to look at the impact of COVID-19 in hurricane-prone counties and basically how the COVID-19 pandemic impacted the subjective perceptions of resilience of individuals and households who are living in areas that are already still recovering from past hurricanes because prior to COVID, Florida suffered hurricanes Irma and Michael and is always vulnerable to more hurricanes as well, so that was one of our first research questions.

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Our second research question was trying to look at the extent of policies and the impact of the policies that were both evolving, fragmented, and ambiguous at the federal, state, and local

level to address COVID-19 and how that affected the coping and adaptive capacities of individuals and households, particularly those that were most vulnerable.

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Given these two research questions, we looked at the subjective resilience of individuals and households, in particular, their adaptive and coping capacities. Adaptive capacity is basically defined as the capacity to learn from an evolving crisis to adjust and modify behavior, while coping capacity deals with the ability of organizations, peoples, and systems to cope with available skills and resources and manage adverse conditions to deal and cope with these emergencies that contribute to the reduction of disaster.

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In looking at that, we focused on vulnerable populations because as we could see from even the start of the pandemic, minority populations, in particular African-Americans and Latinx populations, were disproportionately affected. They had higher age-adjusted rates for hospitalization and lived in many of the areas that were hardest hit by the pandemic. We were also interested in how potential eviction and housing issues affected COVID -19 recovery perceptions, and looked at, in particular, people who are living in overcrowded living environments, who were living in precarious housing situations, people who had to double-up, who were who were facing the threat of eviction, and how that would affect their ability to comply with pandemic mitigation strategies that basically ask them to shelter in place and engage in social distancing and self-quarantining. The other vulnerabilities that we looked at were households with elderly populations, with the young, with disabled populations, those with limited transportation access, crowded living arrangements, and those with less health care system resources. We also looked at essential workers and the barriers that they faced to social distancing and self-quarantining.

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In addition to that, we were looking at risk perceptions and looking at how direct personal experience with COVID -19, for instance, would affect levels of perceived risk as well as risk communications from those who they viewed as trusted sources. Research again has shown that the individual responses to messaging with respect to any disaster, and particularly with respect to COVID -19 and subsequent policies, vary depending upon the media sources that people rely on as well as the political persuasions of individuals.

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With that, our research design included repeated cross-sectional population surveys via the internet and landlines, and we had three waves. The first was in July 2020, the second November 2020, and the third was just completed in April 2021. The surveys were administered both in English and Spanish. Our test area was Florida, as noted earlier, and we combined the

sampling and the responses from the online and landline phones using propensity score matching. We also weighted our sample to reflect the population and be representative of the population.

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The initial findings that we have from both Survey One and Survey Two were basically in terms of, for instance, the response to the question of whether people had learned to adjust to the disruptions of everyday life caused by the pandemic. We found that, obviously by November, there had been some learning going on, and people had learned a lot to adjust to the disruptions that had been caused by the pandemic, but they still did not feel that comfortable. In fact, when it comes to the response, there were fewer in Survey Two in November who responded positively to that.

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With regard to our other initial findings, we also found that in terms of coping with financial difficulties, the stimulus checks were more helpful in July. Perhaps by November, we estimate that basically the effects of the stimulus checks were running out, and people were relying more on family members, on food banks, and on non-profit organizations, as well as a little bit on temporary jobs. To the extent that COVID influenced how socially connected people felt, definitely by this November, the percentage who felt less connected was much higher, so there was a difference between the first and second surveys with response to that.

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With regard to looking at the responses that we got, this is based on just the responses I'm sharing of the first survey right now. In response to the question of whether people felt they had recovered or perceptions of recovery (when they felt they would recover from the pandemic), the expectations of the length of recovery were positively associated with several factors, such as the adaptive capacities of those who were better able to adapt who thought recovery would be much faster. Those, however, who had found that there were much greater risks or more stressed out about the pandemic, who are not prepared, or who are worried about the hurricanes, felt recovery would take much longer. Any people with healthcare issues and health insurance issues also felt recovery would take much longer. Perceptions of recovery expected to be much longer, but in terms of the factors that did help, there were social connections. For those who were very connected, we found that was significant in our research, that they felt recovery would be much shorter. Those who received assistance from food banks and temporary jobs were also, and those that thought that policies were effective in their areas also thought that recovery would be much faster. With respect to race and ethnicity, we found interestingly that Hispanic and Latinx populations, even though they were the most badly affected by the pandemic in a lot of these areas, they were more positive about recovery. We attribute that to the Latinx paradox where past researchers also found that Latinx populations tend to be more optimistic about recovery and disasters. We found that trust also matters with

respect to news media organizations and family doctors. For instance, people who trusted the sources of information and the family doctor had different perceptions of recovery from those who did not.

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These are some of our key contributions and applications to this. We hope this helps advance knowledge and perceptions of the resilience of individuals and households, particularly when they're faced with multiple hazards, such as health risks from the pandemic, precarious housing conditions, and exposure to hazards, such as hurricanes. We hope that this can help improve policies and practices to improve pandemic preparedness and management, particularly for socially vulnerable populations with respect to housing, sheltering, and evacuation and hazard prone areas. One of some of the key points is that we find that basically the voice of practitioners and policy makers will be critical, and there's a need for obviously more coherent policy responses with consistent messaging that aligns with clearer scientific guidelines. When we have that, that could lead to better collective cognitions of risk and a more socially cohesive response.

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With that, I just like to thank you as well as thank the National Science Foundation for the funding that they provided for this research.