

# LONG TERM PLANNING FOR RECOVERY AFTER DISASTERS: ENSURING HEALTH IN ALL POLICIES (HiAP)

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## INFORMATION SHEET 10

### Sustainability: mitigating future disasters

#### **What is the aim of this series of documents?**

This document aims to show what can be learnt from previous disasters about the impact of decisions and actions taken that have affected people's wellbeing during the recovery period.

The document is written from a public health perspective but draws from the **literature of many disciplines**.

The key challenge and aim is to gain a place in the recovery planning effort and ensure that health and wellbeing is recognised as a key factor to be considered in all decisions and actions, rather taking a narrow view of "health" as being limited to health protection and disease control functions, vital though they are.

It aims to show that recovery takes place in several phases, from immediate response to long term rebuilding, with transitional phases in between. These phases overlap and the stages of recovery may be of longer or shorter duration for particular groups of people within the affected area.

It highlights that there is always tension between acting speedily and taking time to plan well. Pre-disaster planning is the best means of avoiding short term decisions that create or exacerbate long term problems.

#### **Why is the HIAP approach so relevant?**

Health in All Policies (HiAP) is an approach which emphasises the fact that health and wellbeing are largely influenced by measures that are managed by government sectors other than health. HiAP seeks to highlight the connections and interactions between health and other sectors. The health sector's role is to support other sectors to achieve their goals in a way which also improves health and wellbeing.

#### **Sustainability**

Many of the studies on disaster recovery emphasise the dual benefit that can be derived from incorporating sustainability principles into planning for disaster mitigation. The topic has been approached from other viewpoints, such as climate change, environmental management, and poverty reduction (Keim 2008; Thomalla 2006; American Planning Association 2005; Springgate 2009; Pearce 2003).

Although these are diverse fields, they share much common ground with each other and with population wellbeing. A theoretical paper from a group of environmental scientists (Thomalla et al 2006) draws together ideas from all these fields to show how "...underlying social, economic, and environmental factors operating on different spatial and temporal scales give rise to vulnerability" and it is the interaction between exposure, sensitivity, and resilience in relation to these factors that make people and communities more or less vulnerable. (p. 43).

It is these underlying processes and dynamics that make people vulnerable to disasters and which need to be addressed to achieve true mitigation of future disasters, rather than focusing on "single stressor responses" such as designing more resistant buildings or erecting stop-banks (p.42). Public health writing also reflects the need to address underlying social determinants in disaster planning and mitigation

An assessment of health care after Hurricane Katrina found that there was a wish to use the recovery process to transform the "historically low-quality" health system with a "new vision and new voices" so that diverse, urgent needs could be addressed (Springgate 2009, p.S241).

Similarly, a study of the role of public health in climate change called for reducing the burden of disease, building social capital, and strengthening resilience so as to lessen human vulnerability (Keim 2008).

Even disciplines which do not directly refer to health appear to have grasped the concepts of wider wellbeing. A case report of hazard mitigation by a Californian community situated over the San Andreas fault (Pearce 2003) written primarily from a geological hazards perspective notes the gains to be made through a combination of expert geological advice and public participation.

The planning proved to meet community needs as well as taking steps to mitigate future disasters by restricting new development to stable areas, leaving open spaces on areas assessed as hazardous, preserving the natural environment and character of the town.

Likewise, the American Planning Association (2005) recommendations, which primarily focus on economics, advise that communities should improve rather than simply rebuild, by integrating principles of sustainable development and energy efficiency, diversifying the economic base, and mobilising public opinion behind a new vision for comprehensive overall planning for the area.

A case study given as an example in their guidance outlines a flood prevention plan in a North Carolina community with “100% voluntary participation of owners to sell their properties” in the flood prone area, and which offered those owners low interest loans and priority for repurchasing in a new area.

A residential care facility was relocated to a safer area and the existing structure reoccupied for daytime use only. Infrastructure such as water and sewerage was extended into the safer area to allow for the relocations, and a wetland was created in the flood plain where the houses had been removed (p. 73).

### **HIAP messages:**

- “Health begins where we live, learn, work, and play”
- Health starts – “long before illness – in our homes, schools and jobs”

- Health in All Policies (HiAP) is an approach that acknowledges the causes of health and wellbeing lie outside the health sector and are socially and economically formed.
- HiAP highlights the connections and interactions between health and other sectors and how they contribute to better health outcomes.
- Health Impact Assessment (HIA) is a tool to meet HiAP goals.

#### **Other Information Sheets in this series**

**Information Sheet 1:** Background and key areas of health

**Information Sheet 2:** Introduction, Recovery phase and Lessons from Napier Earthquake of 1931

**Information Sheet 3:** Immediate response phase

**Information Sheet 4:** Equity issues

**Information Sheet 5:** Housing issues

**Information Sheet 6:** Mental Health issues

**Information Sheet 7:** Social cohesion and resilience

**Information Sheet 8:** Community participation issues

**Information Sheet 9:** Economic recovery

**Information Sheet 10:** Sustainability: mitigating future disasters

**Information Sheet 11:** Heritage buildings

**Information Sheet 12:** Reflections on literature for Christchurch recovery

**Information Sheet 13:** Limitations to consider

### **References**

- Pearce, L. (2003). Disaster management and community planning, and public participation: how to achieve sustainable hazard mitigation. *Natural Hazards* 28(2-3), 211-228.
- Springgate, B.F., Allen, C., Jones, C., Lovera, S., Meyers, D., Campbell, L., Palinkas, L.A., & Wells, K.B. (2009). Rapid community participatory assessment of health care in post-storm New Orleans. *American Journal of Preventive Medicine* 37(6 Suppl 1), S237-S243.
- Thomalla, F., Downing, T., Spanger-Siegfried, E., Han, G., Rockstrom, J. (2006). Reducing hazard vulnerability: towards a common approach between disaster risk reduction and climate adaptation. *Disasters* 30(1), 39-48.

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