

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

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## INFORMATION SHEET 11

### Heritage buildings

#### **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.

The question of heritage buildings and disaster mitigation appears to have been raised by a number of commentators but so far without any easy solutions.

The American Planning Association (2005) provides general advice on the need for each community to plan ahead and think through the conditions under which "non-complying" buildings should be allowed to remain, and under what conditions they should be demolished, or undergo seismic retrofitting (p.67-68).

Australian researchers Graham and Spenneman (2006), aware that there was anecdotal evidence about poor handling of heritage sites in the course of responding to disasters, conducted a study in New South Wales to obtain some empirical evidence about the relationship and barriers between the fields of emergency management and heritage interests.

Their study consisted of a self-administered postal survey of fire service personnel and local government heritage managers examining attitudes to and knowledge about each other's fields. They aimed use their findings, which showed limited knowledge and communication on both sides, as a starting point for improved understanding and communication to enhance the preservation of buildings and cultural heritage sites in the event of disasters.

Neither of these two discussions of heritage sites provide any specific advice on actions to be taken in the period after a disaster if forward planning and policies have not been drawn up.

One small study reported on a method of offsetting "emotionally wrenching situations" when buildings which had a lot of meaning to particular communities needed to be demolished (Denhart 2009, p.197).

This was the Mercy Corps deconstruction programme in New Orleans which obtained permission from authorities for churches and their communities to deconstruct their buildings carefully using local minority contractors.

The materials were able to be reused instead of going to landfill, but even more important than being able to sell or gift the materials, was the improvement in psychological wellbeing that resulted for the communities, through the showing of respect for their buildings and the sense of empowerment among the people when they, rather than authorities and outside contractors, were able to decide how to dispose of them.

### **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**

American Planning Association. (2005). Policies for guiding post-disaster recovery and reconstruction. Available from: [http://www.fema.gov/pdf/rebuild/ltrc/fema\\_apa\\_ch3.pdf](http://www.fema.gov/pdf/rebuild/ltrc/fema_apa_ch3.pdf) Accessed 27.3.11.

[Reprinted section from American Planning Association Report No. 483/484 December 1998. 346pp.]

Denhart, H. (2009). Deconstructing disaster: psychosocial impact of building deconstruction in post-Katrina New Orleans. *Cities* 26(4), 195-201.

Graham, K., Spennemann, D.H. (2006). Disaster management and cultural heritage: an investigation of knowledge and perceptions of New South Wales Rural Fire Service brigade captains. *Australasian Journal of Disaster and Trauma Studies* Issue 1, 1-23.

### **Authorship and acknowledgements**

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### **For more information**

<http://www.cph.co.nz/About-Us/Health-in-all-Policies/Default.asp>