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

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INFORMATION SHEET 13
Limitations to consider

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.

Limitations of the evidence base

Epidemiological data in the studies located for this overview was largely limited to health care utilisation, particularly psychiatric services, and demographic data referring to the movement of populations. Because of the difficulty in collecting and recording data at the time of an emergency (Foxman 2006), statistical information may not always show the true picture of effects. It is worth noting that aggregated data may conceal poor recovery in more disadvantaged groups because of the averaging effect when the data is amalgamated.

There are difficulties in quantifying levels of resilience, social cohesion, or the impact of community participation, and the information available is largely based on expert commentary, theoretical writing, case studies, or self-reported reactions and experiences.

The available literature heavily weighted towards US disasters, especially Hurricane Katrina. This is inevitable as the US provides funding for research and publication to an extent that is not available elsewhere.

The appears to be little New Zealand literature apart from the thesis by Hollis (2007). Nothing has been located that relates specifically to Maori, though it is well established that all minority groups are more vulnerable to the impact of disasters. It is hoped that the peer review process will allow the identification and incorporation of more New Zealand material.

In spite of the differences between the US and New Zealand, the lessons learned are consistent, and certainly of value for the current situation in Christchurch.

Limitations of this review

This review has been carried out in a short time frame and has accessed only readily available literature. It is not, and does not claim to be comprehensive or systematic. Every section could do with an in-depth literature review of its own but this has not been realistic in the time frame.

This review has been carried out from the perspective of the wider health impact of disasters. It has incorporated research from other fields and may need peer reviewing by subject experts in these disciplines.

New Zealand literature, apart from the thesis by Hollis (2007) has not been included. Although there appears to be little available, it is likely that there is grey literature in existence and it is hoped that the peer review process will locate more. Nothing relating to Maori has been located.

No review has been done of literature on acute health care needs post-disasters.

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

References

Foxman, B. (2006). Looking back at hurricane Katrina: lessons for 2006 and beyond. Annals of Epidemiology16(8), 652-653.

Hollis, M. (2007). Formulating disaster recovery plans for New Zealand: using a case study of the 1931 Napier earthquake. Christchurch, University of Canterbury. [M.Sc thesis]

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