

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

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INFORMATION SHEET 4

Equity issues

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.

What are some of the wider factors to consider?

Many of the wider factors that influence community health and wellbeing are reflected in the literature on to post-disaster recovery but appear to have been seldom recognised as such by city planners and construction engineers or even by those engaged in primary and secondary care.

The American Planning Association advice on planning for post disaster recovery, for example, incorporates relevant advice for creating a more sustainable society in commenting about the creative possibilities can be achieved for "...housing, transportation, environmental protection, parks and recreation, urban redevelopment and even health and sanitation" (p.74).

Is health and wellbeing a key factor in all decisions and actions?

Yes. The key challenge 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.

Research by the Robert Wood Johnson Foundation (2010) found that policy makers and non-academic audiences did not relate to academic language used to describe the wider determinants of health but the underlying concepts were important when phrased differently.

Using more colloquial language with contexts that people could relate to and focusing on the solution rather than the problem was much more successful.

Phrases such as "health begins where we live, learn, work and play" or "health starts – long

before illness – in our homes, schools and jobs” were among the most successful messages.

This same report has useful recommendations about the judicious use of facts and statistics in the battle to ensure that decision makers in all fields consider **equity, warm homes, clean environments, social capital, and access to services in their planning**.

Even though health is rarely mentioned in the recovery literature apart from its traditional role in acute personal health care, sanitation, disease outbreaks and vaccinations, there is a reasonable literature from other disciplines which is relevant to wider and longer term health impacts. Conclusions are reasonably consistent and provide some guidance about lessons learnt and pitfalls to avoid, although there are fewer examples of what works well.

What are the issues relating to Equity?

People are not equally at risk from disasters. Evidence from past disasters shows that those who have greater resources (financial, social, and intellectual) are better able to prepare and recover more quickly than those least well off (Morrow 1999). The very old and the very young, the disabled, and those who are poor or have limited literacy skills are likely to suffer the most.

The less well off, particularly the elderly, are also likely to have poorer health and less physical ability. In Hurricane Katrina, although only 16% of the population was over 60 years of age, 75% of those who died were in this older age group.

- **Vulnerable populations** - Elliott and Pais (2010) found that after a few years had passed following a disaster, overall population growth, housing and employment were likely to show little discernable impact compared to any other area, but that these “macro-level” studies **missed the effect on vulnerable populations** (p.1189). They suggest that rather than one aggregated recovery, there are many different recoveries in a disaster, and that they need to be investigated in more detail.

- **Better replacements** - Rebuilding after a disaster offers opportunities to use extra funding generated specifically for rebuilding and which would not otherwise have been

available, to create a better and more equitable replacement of what existed previously. However, without careful planning, this opportunity can be lost, and existing inequalities exacerbated.

- **Policy reforms** - Gotham and Greenberg (2008) in an examination of rebuilding in New York after 9/11 and New Orleans after Hurricane Katrina, found that market-centred approaches in both places pushed through far-reaching neoliberal policy reforms using the billions of dollars promised in aid money that became available.

- **Inequitable policies** - In New York, the Lower Manhattan Development Corporation sought and obtained a “waiver on all income requirements and public benefit standards, including a complete waiver of the stipulation that 70 percent of funds go to low income people” (p.1047). In addition, tax relief was made available to all developers regardless of the public benefit of their projects. The authors of the study found that the redevelopment created “new opportunities for elite actors and organised interests to champion controversial policy reforms that bolstered corporate profit making, enhanced place promotion, and depressed wages” (p. 1051).

- **Disadvantages of private enterprise** - The article concluded that the implementation of disaster relief through private enterprise disadvantages those who have low incomes, exacerbates inequalities, and has a history of removing public accountability. They recommend that recovery needs careful planning and oversight to ensure that it does not create “highly inequitable effects that impede comprehensive, long-term, and sustainable rebuilding.”

- **Population growth** - A more general examination of the variable impact of disasters on socioeconomic groups looked at areas where population growth occurred after hurricanes by combining GIS data from the major storms of the early 1990s in the United States with census tract information (Pais and Elliott 2008).

This paper found that regional factors (size and density of the population and the proportion of the people affected) influenced the patterns of recovery but have been largely

ignored in previous studies. Their findings showed that in densely settled urban areas, the rebuilding programme seemed to leverage private investment by those who could afford it and displaced by those who could not.

-In more sparsely populated areas, however, where there was less property, fewer people, and smaller pro-growth coalitions, there was an increase in socially vulnerable populations along the storm's path (p. 1200).

The study also found that there tended to be **substantial population growth after disasters**, which provided an optimistic view of the capacity for resilience after disaster in some respects.

However the growth was socially and spatially uneven, with people on low incomes and low rates of home ownership tending to characterise the growth areas, and set the scene for future disasters, and potentially “fan racial and ethnic tensions, especially in the context of immigrant influx.” (p. 1449)

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.

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Other Information Sheets in this series

Information Sheet 1: Background and key areas of health

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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

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