


HIA of the Victorian Drought Social Recovery Strategy *Serendipitous or Strategic?*

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Background to the presentation

- This presentation will focus on
 - the significance of strategic versus serendipitous factors in seeking to institutionalise HIA
 - the challenges of completing an HIA on the Drought Social Recovery Strategy
 - the lessons learnt and the difference that the HIA made to future strategies

Tell God your plans, then watch him laugh!



“It was agreed that we need to be strategic in our approach to HIA. It is important not to frighten people off the idea of looking at the impacts of policy on health at this stage... we need to ask the crucial question - what is a win and who are we trying to influence?”

(Health Impact Assessment: a tool for policy development in Australia, 2002, p.142)

Strategic

- Low risk
- High profile
- Perfectly timed
- Non-threatening
- Able to demonstrate added value
- Successful
- Surprising

Serendipity

The faculty of making happy discoveries by accident!

Drought Social Recovery Strategy

- A component of the Victorian Government's response to drought
- A non-health sector strategy established and managed by the Dept of Human Services Emergency Recovery Unit
- Introduced in 2003 as a short term response
- Initially rolled out to 12 municipalities experiencing medium or high levels of drought
- Subsequently increased to 16 municipalities
- Extended 3 times, each of 8 months duration i.e. 4 iterations

Components

- Employment of Community Development Officers
- Establishment of Community Recovery Committees
- Extension of local counselling services for farming families
- Funding to deliver community activities
- Able to be interpreted to suit local need i.e. each local council developed its **own approach** for its community

Intentions and components

- DSRS was based on the notion of recovery which was defined as:
 - *“an enabling and supportive process which allows individuals, families and communities to attain a proper level of functioning through the provision of information, specialist services and resources”* (DOJ, 1997- 2005)

So who thought of the idea of an HIA?

.... we blame Grace!

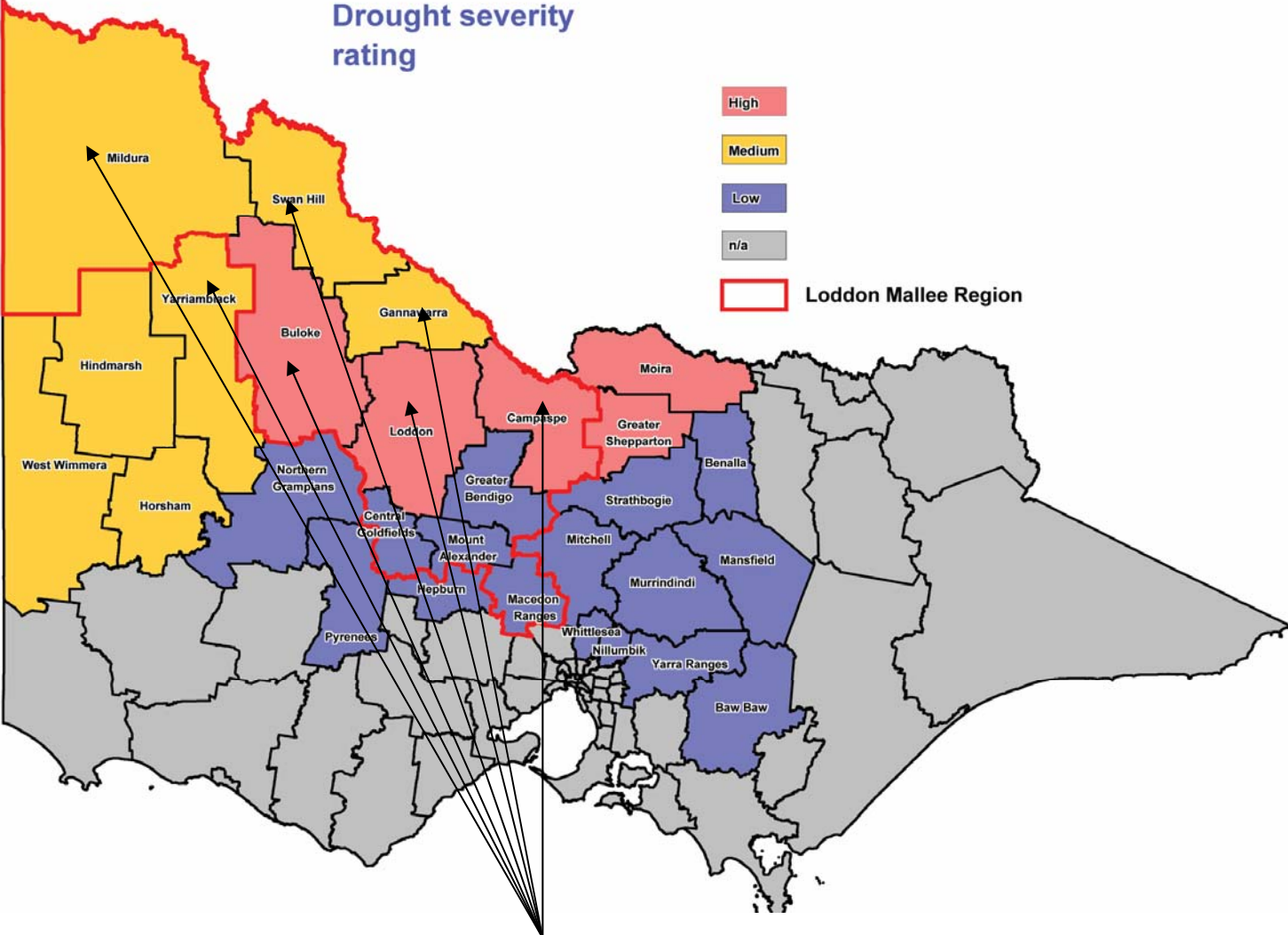
The ingredients

- Article in a newsletter on the role of HIA in local government
- One disgruntled DHS worker
- A local council that was keen to make a political point
- An innovative Drought Coordinator
- Frustration that no-one was noticing the community's plight
- No plans to evaluate any of the phases of the strategy
- and a bunch of bored academics!

Aims of the retrospective HIA

- To determine whether the Drought Social Recovery Strategy and the components within it successfully reduced the negative impacts of drought on health in the Loddon-Mallee region
- To look back in order to inform future decision making about such strategies and thus strengthen health and equity considerations in strategy development in Victoria

Victoria, Australia



Loddon Mallee DHS Region

What was the underlying concern about health?

- The health status of rural Victorians is worse than urban counterparts without the effects of drought
- Poorer health status is compounded by lack of access to services – 30% of the population are serviced by 15% of practitioners with little bulk billing, long waiting times and long travel times to access to specialists
- Injury rates are higher

HIA: Work commenced November 2005 in Campaspe Shire then expanded to whole region

■ Processes:

- DHS Loddon Mallee DSRS Coordinating Committee; 2 Reference groups (Campaspe and Loddon Shires); Advisory Group; Independent HIA Advisor.

■ Methods:

- Policy analysis; review of literature; health and demographic profile data; community and stakeholder interviews; reporting back to the community, report release, manual of strategies published

Screening and scoping steps



■ Screening:

- report completed in-house to establish the link between drought, the strategy and health – circulated to all CDOs in the region; focused on determinants of health and links to mental health; it lead to the expansion to the whole region.

■ Scoping:

- 82 interviews; in-depth analysis of dairy farming (Campaspe Shire) and mixed agriculture (Loddon Shire); review of the 4 other LGAs - Swan Hill, Gannawarra, Buloke and Mildura.

Impact identification and assessment

- Identifying the health impacts of drought
 - Collection and synthesis of evidence from interviews and the literature on impacts of drought and the links to health outcomes
- Identifying the health impacts of the DSRS
 - Collection and synthesis of evidence from interviews on the impacts of DSRS on health then linking this to the literature on effective health intervention
- Mapping both sets of data

Drought affects communities differently and health impacts will vary

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- Characteristics of:
 - natural and built environment
 - social environment
 - economic environment
- Community recovery phases:
 - Heroic phase
 - Honeymoon phase
 - Disillusionment phase
 - Reconstruction phase
 - NRHA, 2004

How does drought affect health?

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- **Directly**

- Through changes to physical and mental health

Chronic stress = higher rates of infection, slower rates of recovery, increased risk of diabetes, high blood pressure, heart attack, stroke, depression and aggression.

- **Indirectly**

- Through changes to the factors that determine health

e.g. Reduced income → less capacity to purchase an adequate food supply → changes to the diet → health status or reduced income → less up take of preventive health services = poorer health status.

Impacts of drought on personal and lifestyle

- Men and women vary in their reactions and coping mechanisms
- Reduced uptake of health services
- Culture of stoicism and perseverance
- Suicide and depression hidden within the community
- High levels of chronic sleep problems
- Increased workloads
- Increased farm injury rates
- Increased use of television for leisure
- Pressure on children
- Few if any holidays or breaks
- Changing relationships
- Increase cynicism
- Increasing levels of debt

IMPACTS of DROUGHT on FARMERS (MALE)

PROXIMAL IMPACTS

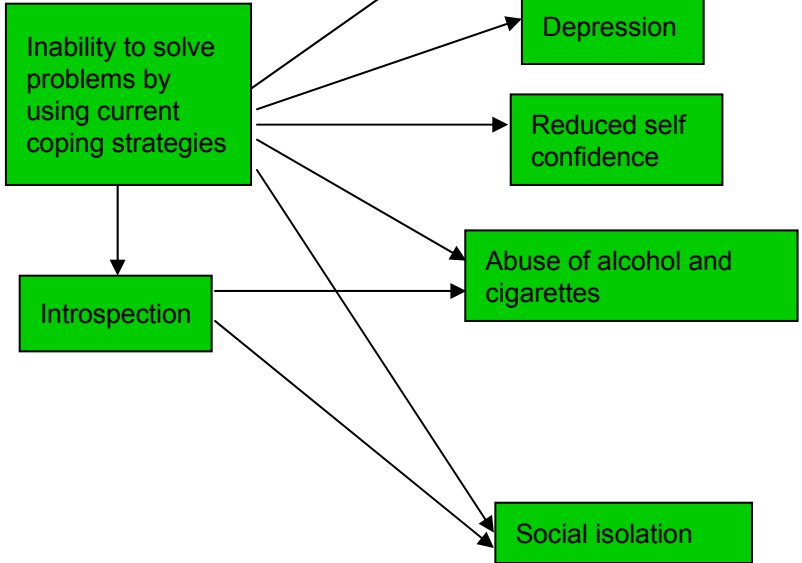
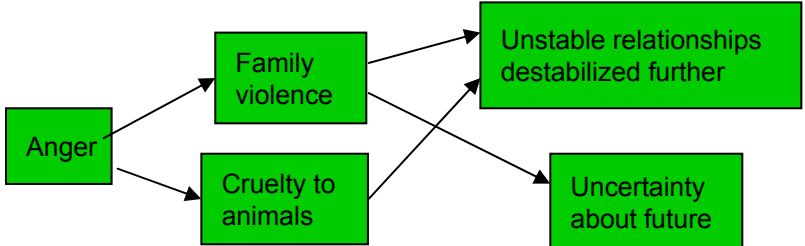
Characteristics of Farmers

INTERMEDIATE OUTCOMES

IMPACTS ON HEALTH DETERMINANTS

Challenge to current ways of thinking about needs and meeting these needs

- Refusal to ask for or accept advice or assistance
- Inability to acknowledge mental health problems
- Perceived stigma associated with accessing mental health services
- Perceived shame of potential loss of family farm after many generations
- Assuming personal responsibility for impacts that this unprecedented drought has had on farm and family
- Minimal personal resilience and coping strategies (particularly dairy farmers)
- Stoicism
- Isolation of farming occupation



IMPACTS of DROUGHT on WIVES in FARMING FAMILIES

PROXIMAL IMPACTS

INTERMEDIATE OUTCOMES

IMPACTS ON HEALTH DETERMINANTS

Wives forced to assume responsibility for meeting basic day to day needs of family

Long working hours

Physical exhaustion

Frustration

Stress

Anger

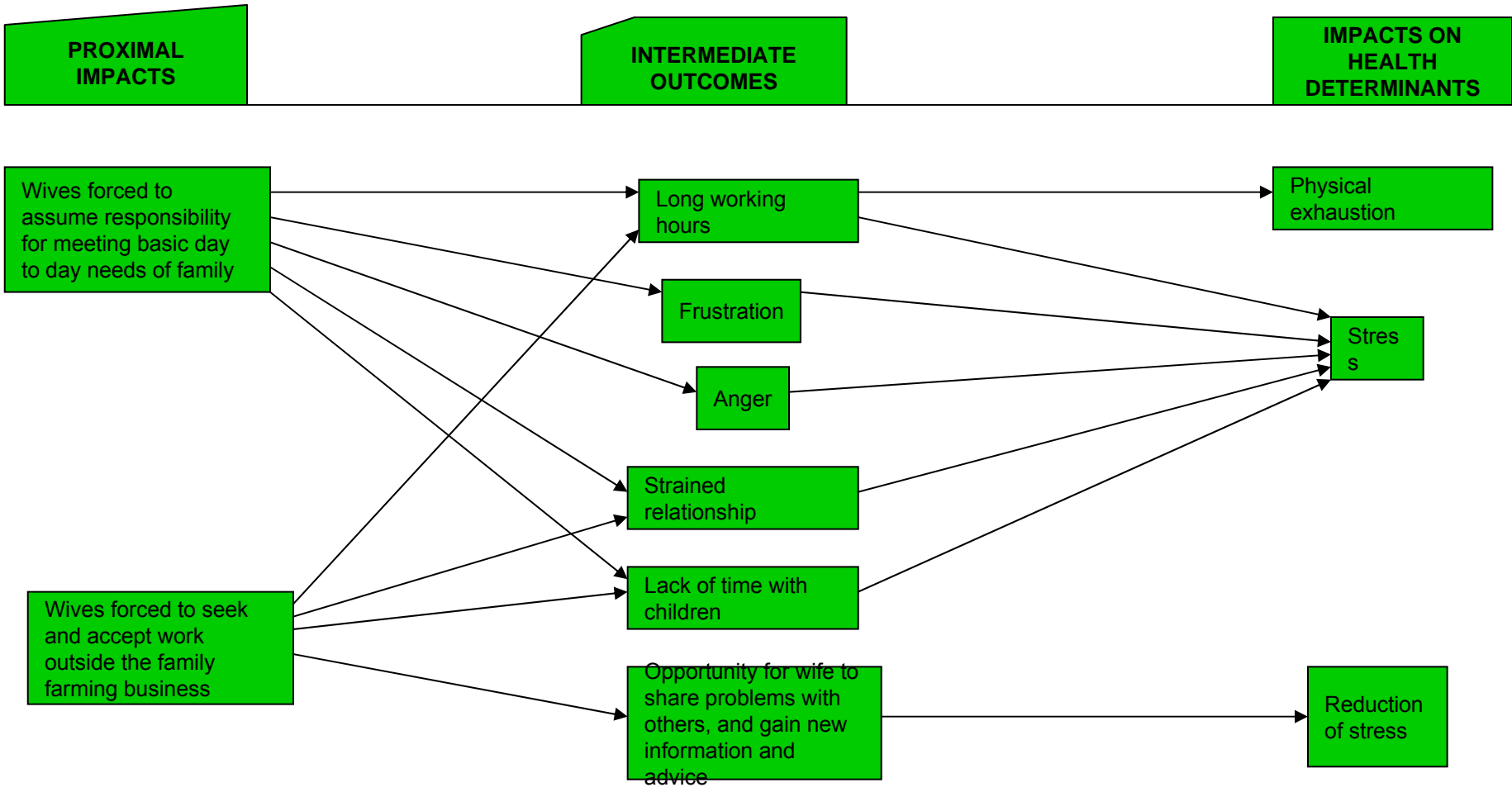
Strained relationship

Wives forced to seek and accept work outside the family farming business

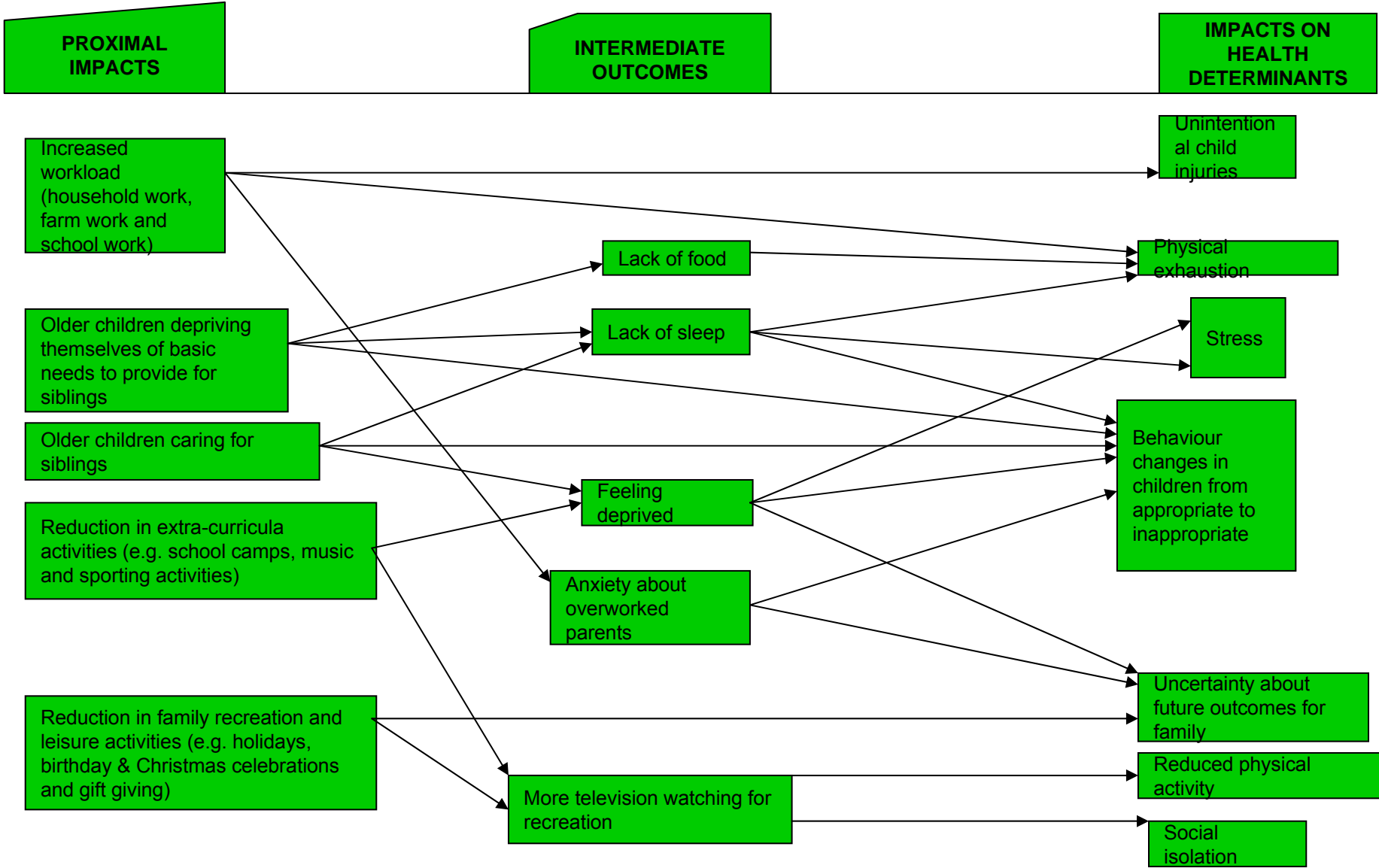
Lack of time with children

Opportunity for wife to share problems with others, and gain new information and advice

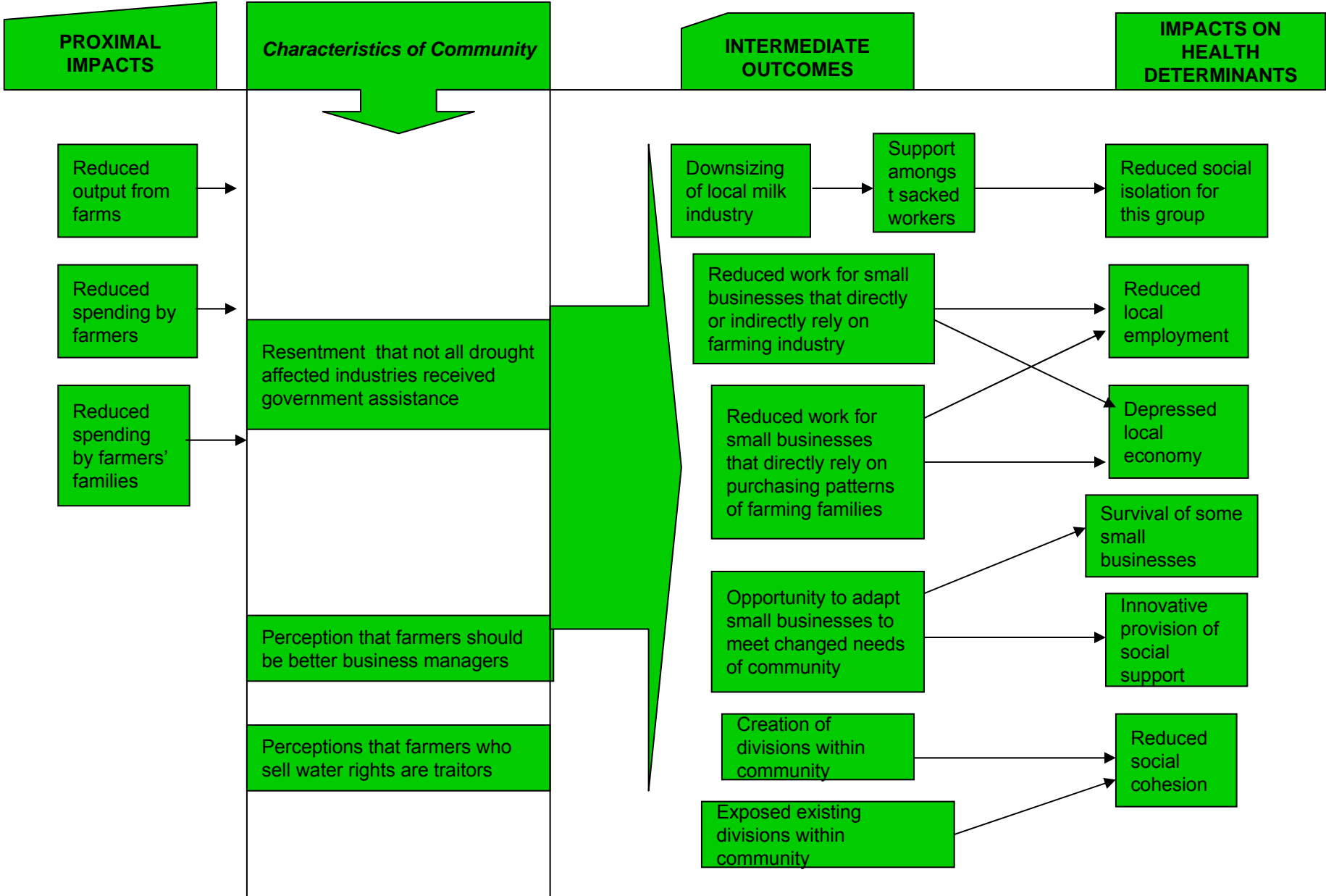
Reduction of stress



IMPACTS of DROUGHT on CHILDREN in FARMING FAMILIES



IMPACTS of DROUGHT on RURAL COMMUNITY



Results - Impacts of the Strategy



- **BROKE THE LINKS**

from drought to reduced health and wellbeing

- **CHANGED THE DETERMINANTS**

of health and wellbeing

Results - Impacts of the Strategy



More counselling services

- Supported people and families in crisis

Community activities

- Increased social interaction
- Strengthened social connectedness

Community training

- Increased community support for people in crisis

Results - Impacts of the Strategy



Access to information

- Reduced feelings of powerlessness

Community Recovery Committees

- Increased community decision-making
- Reduced feelings of loss of control
- Created a positive sense of future

Community Development Officers

- Someone understood & could be trusted
- Advocate for community needs

Results - Impacts of the Strategy



Unintentional **NEGATIVE** impacts

- Increased frustration
 - Varied and uncoordinated approaches
 - Three levels of government
 - Regional and local agencies
 - Small business owners not supported
 - Extra counselling services inaccessible and inappropriate

Results - Impacts of the Strategy

Increased confusion

- Purpose of the Strategy – relief or recovery?
- Role of Community Recovery Committee

Increased fear and uncertainty

- More awareness of impacts of drought

Increased anger

- Opportunities for more conversations about government responses

What Makes a Difference

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- Employing a Community Development Officer
 - The 'right' person
- Forming a Community Recovery Committee
 - The 'right' mix of people / skills
- Establishing a Community Grants Program
- Organizing appropriate community activities
 - Articulating their purpose

What Makes a Difference

- Noticing who is NOT attending
 - Balancing privacy issues with assistance
- Combining local efforts
 - Working with other sectors
- Caring for the 'carers'
 - Professional
 - Non-professional

What was recommended

■ Strategy development

- Identify and articulate health promotion goals of components of a strategy such as this
- Clarify terms (recovery, relief)
- Articulate assumptions (e.g.drought, community)
- Explore potential unintended impacts on health
 - Apply HIA!!
- Develop flexible, sustainable model for relief and recovery for any crisis

What was recommended

- Dealing with health impacts of (drought)
 - Develop coordinated local approach to social recovery, which addresses both social and physical health needs
 - Articulate links between providing emergency relief and planning for a community's future
 - Assess health needs of affected communities, particularly need for mental health care services

What was recommended



■ 'Messages' to the community

- Appointment of Community Development Officer in each municipality for a minimum of two years
- Development of specific guidance which explains critical role of local Drought Social Recovery Committee in achieving social health outcomes
- Increase ownership in strategy from health promotion perspective

Critical lessons for us

- The importance of clever techniques for showing the difference between the effects of the issue and the effects of the strategy
- The critical role that HIA can play in conveying a message from community to decision makers – *“the report gave us a credible voice in a world where no-one is listening to us”*
- Using simple methods to show the decision maker what the bottom line is
- It is hard work but often it is the unexpected that is can be most beneficial

Project details

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Contact details

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