



The Royal New Zealand
College of General Practitioners
Te Whare Tohu Rata o Aotearoa

150
years

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Inquiry into climate adaptation
Environment Committee Staff
Environment Committee
Parliament Buildings
Wellington

Via email: en@parliament.govt.nz

Tēnā koutou Environment Select Committee members

Submission to the Inquiry into Climate Adaptation

Thank you for the opportunity to make a submission to the Climate Change Adaptation Inquiry.

The Royal New Zealand College of General Practitioners (the College) is the largest medical college in New Zealand. Our membership of over 5,700 general practitioners and rural hospital doctors comprises 40 percent of New Zealand's specialist medical workforce. Patients report high levels of trust in GPs and satisfaction with the care they provide.

The Medical Council of New Zealand accredits the College to deliver vocational training to the specialist General Practitioner and Rural Hospital Doctor workforce. Our kaupapa aspires to improve equity by upholding Te Tiriti o Waitangi principles and supporting members to be culturally safe and competent through the achievement of education and quality standards in the General Practice Education Programme.

Our members work in general practice teams and rural hospitals delivering continuity of care to patients in community-based settings. The College's Practice Quality Programme, comprised of the Foundation Standard and Cornerstone Modules, establishes safety, quality assurance and improvement benchmarks for over 1,000 general practice teams delivering safe and effective care for all patients.

Our submission

Submission based on experience

This submission builds on submissions on the National Adaptation Plan and the Emergency Management Bill, which was based on input from members and other primary care professionals with emergency management experience from the Christchurch earthquakes and the 2023 Te Tairāwhiti floods. The College has a significant number of members who are actively involved in emergency management networks.

Climate change and health

The World Health Organisation has stated that climate change is the most significant global health issue and has the potential to undermine every aspect of health at the global, regional, national and local levels. Furthermore, it brings the greatest threat to those least responsible for it. In addition to exacerbating existing socio-economic and ethnic health inequalities, climate change can also threaten progression towards health equity.^{1,2} This is a particular concern for Aotearoa New Zealand in addressing the current negative health outcomes of Māori, Pasifika and other vulnerable groups.

The expected health impacts of climate change in New Zealand include: ³

- **Food security and nutrition:** Increased global food prices, affecting many locally produced and imported food staples in New Zealand, are likely to reduce the ability of some groups to afford a variety of nutritious foods, further compromising nutritional outcomes for those groups.
- **Mental health and suicide:** Increased stress and mental health issues (for example, farmers with drought, victims of extreme weather). Young people may suffer anxieties about catastrophic climate change not unlike those experienced by children growing up with the fear of nuclear war.
- **Housing and health:** Healthiness of some housing will be affected by extreme weather, for example, indoor moisture (with heavy rainfall, flooding), high indoor temperatures (during heatwaves in poorly insulated houses). It is also likely that people will arrive in New Zealand from climate change-affected areas. This may put further pressure on availability of low-income larger family homes, potentially impacting household overcrowding and the incidence of some infectious diseases.
- **Injury and illness from extreme weather events (for example, flooding, storms, landslides, storm surges, drought):** Immediate trauma, and indirect health impacts in weeks to months after extreme events (for example, mental health problems, exacerbation of pre-existing medical conditions).
- **Heat-related deaths and illness:** Increases in heat-related deaths and illness, particularly for those with chronic illness and those aged over 65 years. Heat stress for outdoor workers. Winter deaths may decline, but this is uncertain as winter deaths may be influenced by seasonal factors that are unrelated to climate.
- **Vector-borne and zoonotic (animal to human) disease:** Increased likelihood that mosquito vectors could establish in New Zealand, which could lead to local transmission of mosquito-borne diseases (for example, dengue, Ross River virus). Also possible impacts on other vector-borne diseases (for example, tick-borne) and zoonotic diseases.
- **Food- and water-borne disease:** Heavy rainfall can lead to contamination of drinking and recreational water/shellfish with faecal pathogens from animals and humans. Both high and low rainfall and higher temperatures may impact on bacterial and parasitic diseases causing gastroenteritis (for example, giardiasis, salmonellosis). Dry conditions could affect continuity of household water supplies, impacting diseases influenced by hygiene.
- **Ultraviolet (UV) radiation:** Climate change may delay recovery of stratospheric ozone. Warmer temperatures could promote increased or decreased outdoor time, affecting exposure to solar ultraviolet (UV) radiation – with possible impacts on rates of skin cancer, eye disease, and vitamin D levels.
- **Physical activity:** Warmer temperatures and either increases or decreases in outdoor time may impact on levels of recreational physical activity – an important determinant of health.
- **Cardiorespiratory disease from air pollution:** High temperatures can exacerbate photochemical air pollution with impacts on respiratory disease. Hot, dry conditions increase potential for bush/forest fires, and where smoke impacts on people with cardiorespiratory disease.
- **Allergic diseases, including asthma:** Possible impacts on allergic conditions with changes in plant distribution, flowering and pollen production.
- **Indoor environment:** Climate change may affect the healthiness of indoor environments (for example, overheating of buildings, changes in indoor air pollutants, flood damage and indoor moisture).

Lessons learned from severe weather events and natural disasters

A key lesson is that holistic policy responses are needed to enable community-led retreat and climate adaptation. Such an approach should consider the immediate and long-run social, economic, cultural and environmental costs, and consequences of such events. For example, the long-run cost of mental health issues in Christchurch as a result of the earthquakes and subsequent response (e.g. because of insurance issues) has been extremely large and is ongoing more than a decade later. The College believes it is better to avoid such costs by pro-actively adapting to climate change (e.g. by community-led retreat) than to adapt as part of a recovery response to a disaster.

It is extremely important that health and health equity considerations are an integral part of policy responses for community-led retreat and climate adaptation. This includes ensuring continuity of health services during the process of retreat. Continuity of health services is required by those who have not retreated as well as those who have.

The policy should take into account that, under normal conditions, 90% of health issues are dealt with by general practice and primary care providers.⁴ Experience shows that under emergency conditions, healthcare is mostly provided by general practice, urgent care and community pharmacy providers rather than hospitals. This may mean that general practice and primary care providers may need priority when staging retreats to ensure continuity of healthcare.

Funding climate (mitigation and) adaptation

At a time when the huge costs of addressing climate change are dominating the discourse, there is an opportunity for a much more positive story. By developing measures that reduce the risk of emergencies and disasters, including through retreat, in ways that also mitigate or adapt to climate change and address the social determinants/causes of ill-health, the costs of these interventions can be largely (or even completely) off-set by healthcare savings and productivity gains associated with healthier populations.^{1,2} Seen in these terms, New Zealand's climate response is an opportunity to improve health and health equity, strengthen community resilience and well-being, and enhance development. For example, too many houses in New Zealand are cold, damp and unhealthy. A retreat is therefore an opportunity to upgrade housing and this would protect people from many of the climate change health impacts listed above.^{5,6}

Alignment and integration with existing legislation and regulatory frameworks

The holistic policy response advocated above, one that also realises health, community, economic and other co-benefits, requires that the retreat/adaptation system is aligned and integrated with the health, planning, economic development, and emergency management systems. General practice and primary care would need to be represented in the governance of such an approach.

Effective mechanisms for community-led decision making

Effective and participatory mechanisms for community-led decision making will be important for managed retreat to ensure that those being relocated have a sense of control, agency, and ownership. Effective community-led decision making can reduce conflict and resistance and help contain costs. It is also a way of achieving benefits should as improved social cohesion.⁷

A case study that may be instructive is the Wellington City Council's social housing upgrade project that began in 2008. To facilitate the upgrade of its social housing stock, 100s of tenants had to be relocated. Community-led decision making was an important part of managing this award-winning upgrade process, that ended up realising co-benefit across multiple domains for some of New Zealand's most vulnerable people.^{8,9}

Targets or indicators for assessing progress

If a co-benefits approach is taken to community-led retreat and climate adaptation, multiple indicators should be used to assess progress. Such indicators could include asthma rates and the incidence of mental health problems.

Recommendations

In summary, the College recommends that the Environment Committee should:

- **Note** the seriousness of climate change on health and health equity, and the likely health impacts of climate change in Aotearoa New Zealand.
- **Note** the importance of health, health equity and continuity of healthcare to policy responses for community-led retreat and climate adaptation and the importance of general practice and primary care for these outcomes.
- **Strongly consider** a co-benefit framing for community retreat and climate adaptation that reduces the risk of emergencies and disasters, including through retreat, in ways that also mitigate or adapt to climate change and address the social determinants/causes of ill-health. Under this framing, the costs of interventions can be

largely (or even completely) off-set by healthcare savings and productivity gains associated with healthier populations.

- **Ensure** that the retreat/adaptation system is aligned and integrated with the health, planning, economic development and emergency management systems, and that general practice and primary care should be represented in system governance.
- **Consider** the case of the Wellington City Council's social housing upgrade project for effective community-led decision-making mechanisms.
- **Consider** using multiple indicators to assess progress if a co-benefits approach is used.

The College welcomes the opportunity to speak to its submission.

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Nāku noa, nā



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