

Canterbury

District Health Board

Te Poari Hauora o Waitaha

Submission on Our Climate Your Say: Consultation on the Zero Carbon Bill

To: Ministry for the Environment

Submitter: Canterbury District Health Board

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Proposal: The Ministry for the Environment is consulting on a discussion document which will be used to draft the Zero Carbon Bill. The Bill will aim to put a target in legislation that gives certainty around long-term emissions goals. It will also aim to put plans in place needed to respond to the growing impact of climate change.

SUBMISSION ON OUR CLIMATE YOUR SAY: CONSULTATION ON THE ZERO CARBON BILL

Details of submitter

1. Canterbury District Health Board (CDHB).
2. The submitter is responsible for promoting the reduction of adverse environmental effects on the health of people and communities and to improve, promote and protect their health pursuant to the New Zealand Public Health and Disability Act 2000 and the Health Act 1956.
3. The Ministry of Health requires the submitter to reduce potential health risks by such means as submissions to ensure the public health significance of potential adverse effects are adequately considered during policy development.

General Comments

4. We welcome the opportunity to comment on Our Climate Your Say: Consultation on the Zero Carbon Bill. The future health of our populations is not just reliant on hospitals, but on a responsive environment where all sectors work collaboratively.
5. Climate change is an example of how health and overall wellbeing is influenced by a wide range of factors which lie beyond the health sector (see figure 1). These are often referred to as the 'social determinants of health'¹. Factors such as transport mobility and affordability, warm dry housing, air quality, access to local job markets and financial security are all linked to both climate change and health outcomes. Efforts to mitigate the effects of climate change can include reductions in heart disease, cancer, obesity, type 2 diabetes, respiratory disease, motor vehicle injuries and improvements in mental health².

¹ Public Health Advisory Committee. 2004. *The Health of People and Communities. A Way Forward: Public Policy and the Economic Determinants of Health*. Public Health Advisory Committee: Wellington.

² Climate Change and Health in New Zealand. Climate Change Policy Statement. New Zealand College of Public Health Medicine. 2013

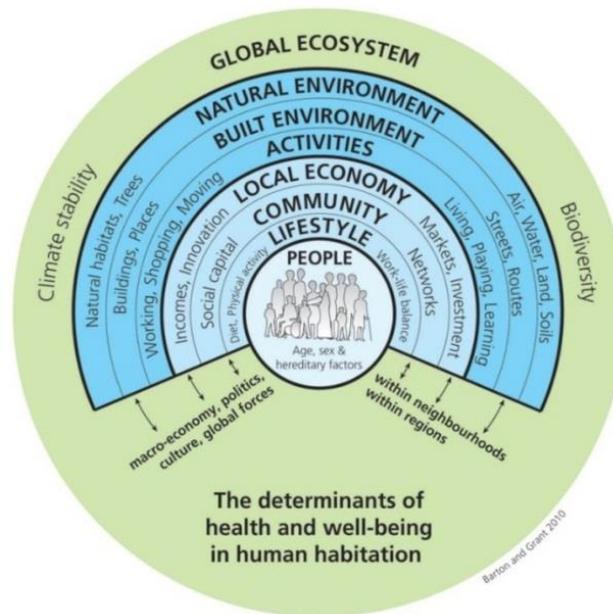


Figure 1. Barton and Grant's Health Map

6. Climate change and health equity are also inseparably linked³. The impacts of climate change will not be distributed evenly across the population, but will be influenced by geographical location and socio-economic status. The negative effects will be most felt by the most disadvantaged in New Zealand⁴. Additionally, Māori may feel the impacts of climate change more acutely than non-Māori because of indigenous relationship to the environment, customary practices such as collection of kai moana which may increase the risk of food-borne diseases⁵. Bill development needs to carefully consider both the positive and negative implications for such communities and mitigate appropriately.

Specific comments

Targets

7. The CDHB would like a national target set which reinforces clear goals for all sectors and industries to work towards. The goal of net zero emissions is preferable compared to a specific carbon dioxide target. Reducing carbon dioxide alone does not address the other major sources of New Zealand emissions, such as methane and nitrous oxide produced by agriculture. The aim should be for net zero long-lived gases, and reduced short-lived gases to the point where negative carbon emissions

³ Climate Change and Health in New Zealand. 2013. Climate Change Policy Statement. New Zealand College of Public Health Medicine.

⁴ Climate Change and the Right to Health for Maori in Aotearoa / New Zealand. Rhys Jones, Hayley Bennett, Gay Keating. Alison Blaiklock. Health and Human Rights Journal. Number 1 Vol 16. June 2014.

⁵ Climate Change and Health in New Zealand. Climate Change Policy Statement. New Zealand College of Public Health Medicine. 2013

may in fact off-set these. This differs from *the “net zero long-lived gases and established short-lived gases”* option provided in the consultation document as the end result via this approach would still be net zero emissions. There are also co-benefits for population health should nitrates be targeted, such as improved drinking water quality as a result of improved farming practices which would be required to reduce emissions.

8. The CDHB agrees that targets should be reviewed and altered according to recommendations made by the Climate Change Commission. Targets and budgets should, however, not be allowed to be altered for economic reasons, which would undermine the intent of this Bill, and only via clear evidence-based recommendations from the Climate Change Commission.
9. Meeting targets requires a cross-sector, collaborative approach led by central government. Targets should be met by domestic emissions reductions in favour of international carbon credits as buying credits does not work to address the cause of New Zealand’s emissions. The CDHB is pleased that the Ministry of Health has recently signalled the need to lead sector wide activities to mitigate against climate change. The health sector has a complicated relationship with climate change given as a sector it also contributes to emissions.
10. The CDHB recommends central government invests in activities which support the move to a low emissions economy as identified in table 3 of the consultation document, particularly those that have a health co-benefit. For example although the Warm Up New Zealand programme has modest emissions reduction benefits, the health co-benefits and ability to reduce inequities around access to healthy, energy efficient homes provides a significant investment return for central government. Savings through similar programmes have been shown in reduced hospital admissions and costs to the health system, a reduction in work and school absences, and improvement in mental wellbeing⁶.
11. There are specific industries, such as farming, which will require assistance to move to low emissions practices. Without such assistance, there is a risk that farmers and their families will experience disproportionate financial burden as a result of this Bill, which will lead to health and other inequities. For this Bill to be successful, it will

⁶ Shone.C. Hamilton, G. & Johns, K. 2016. Healthy Homes Programme, Quantitative Analysis. CDHB, CEA.
Page 4 of 6

require support from these industries and sectors who will be required to make significant changes.

Adapting to climate change

12. The CDHB recommends that the Bill also cover adapting to climate change. The proposed name, the “Zero Carbon Bill”, is perhaps in itself misleading; perhaps placing a larger emphasis on adapting to climate change in the title would be of use. Climate change poses a number of public health implications such as risk to water quality, housing, communicable diseases and mental health and wellbeing⁷. For example, Christchurch is already experiencing the impact of climate change through flooding events which can pose a risk to public health. Flood waters may become contaminated with human and or animal effluent which may render food or drinking water unsafe to consume. Contaminated flood waters may also damage homes to an extent that they are unhealthy to inhabit. The psychological damage caused to those living in affected properties can be widespread and long lasting and can have devastating impacts on mental wellbeing. The Bill should be about ensuring there is an adequate framework to address the need for all sectors to proactively adapt to climate change rather than purely focusing on emissions.

Climate Change Commission

13. Setting up a permanent Climate Change Commission, which would ensure central government and sectors are meeting obligations under the bill and international commitments such as the Paris agreement, is crucial to ensuring that the approach to climate change remains consistent over various government terms.

14. Expertise required within the Commission to make recommendations in this space is likely to change over time as the evidence base grows and changes. The Commission should therefore be required to consult with experts in the field when making recommendations and, in particular, tangata whenua and mana whenua to ensure that obligations under te Tiriti o Waitangi are upheld, and there is recognition of the impact climate change has on Māori.

15. The CDHB recommends that the membership of the Climate Change Commission includes public health expertise. An important function of the Commission will be to

⁷ Royal Society Te Apārangi. 2017. Human Impacts of Climate Change for New Zealand: Evidence Update. Retrieved from: <https://royalsociety.org.nz/assets/documents/Report-Human-Health-Impacts-of-Climate-Change-for-New-Zealand-Oct-2017.pdf>

consider the health co-benefits of any recommendations, impacts for disadvantaged populations and mitigate public health risk as a result of climate change. Such considerations will be necessary at all times, therefore such expertise should be present on the committee.

16. The CDHB supports the Commission holding an advisory role, however, recommends that the Bill includes a requirement that Government publically provide rationale for any recommendations not upheld within a specified timeframe to mitigate the risk of an ineffective Commission.

Conclusion

17. The CDHB appreciates the opportunity to contribute to this conversation prior to the Zero Carbon Bill being drafted.

Person making the submission



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Date: 19/07/2018

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Contact details

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