Ministry of Civil Defence and Emergency Management's

Proposed National Disaster Resilience Strategy

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Submitter details

1. Nelson Marlborough Health (Nelson Marlborough District Health Board) (NMH) is a key organisation involved in the health and wellbeing of the people within Te Tau Ihu o Te Waka a Maui. NMH appreciates the opportunity to comment from a public health perspective on *Ministry of Civil Defence and Emergency Management's Proposed National Disaster Resilience Strategy*.

2. NMH makes this submission in recognition of its responsibilities to improve, promote and protect the health of people and communities under the New Zealand Public Health and Disability Act 2000 and the Health Act 1956.

General Comments

3. NMH congratulates the Ministry of Civil Defence and Emergency on its approach for this strategy to improve resilience to disasters by reducing disaster risk and limiting the impacts to be managed, building capability and capacity to manage emergencies and a deliberate effort to strengthen out wider societal resilience. The incorporation of the Living Standards Framework into the Strategy puts overall wellbeing at its core. Wellbeing is influenced by a wide range of environmental, social and behavioural factors. The most effective way to maximise people's wellbeing is to take these factors into account in decision making which this document has done well.

Specific Comments

4. *Question 1:* NMH agrees with the purpose, vision and goal of the proposed strategy. NMH supports the holistic approach the Strategy has taken and supports the focus on wellbeing. NMH agrees with the attributes of a safe and resilience community as listed on page 17. By focusing on social, cultural, economic, environmental and governmental resilience, communities in New Zealand will be more prepared to tackle future risks. It is pleasing to see that the Strategy also incorporates Maori concepts of resilience and whakaoranga[1] which can build on the wider resilience across New Zealand. NMH supports the focus on

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[1] *Whakaoranga – the rescue, recovery and restoration of sustainable wellbeing and may be applied to whānau, hapū, and iwi, tribal homelands as well as all communities and parts of New Zealand impacted by disasters as developed in the National Science Challenge.*

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developing strong ties between the government agencies because this will also build resilience.

As part of recovery from an emergency it is important to work with people to have a focus on being prepared again.

Resilience is important to build and facilitate in all our communities which will be very helpful should an emergency occur, however it will assist generally with all events and incidents that affect our communities. We need to ensure that recovery and support is understood to be an ongoing process across many years, eg 5 years onwards.

5. *Question 2:* NMH agrees with the priorities of the proposed strategy.

6. *Question 3:* NMH agrees with the objectives and success factors of the proposed strategy.

7. *Question 4:* NMH agrees that there should be a broad range of stakeholders that need to be involved in the governance of the strategy, however the document does not include a stakeholders list. Further clarification on this would be useful. It is important that people are supported primarily through primary and community networks. The secondary services and government agencies should support from behind to facilitate and meet the needs identified, led by the community themselves.

8. *Question 5 – Particular Strengths of the Strategy:* NMH was pleased to see that the Strategy has shifted focus from managing disasters to managing risk, which enable organisations and individuals to cope more effectively when disasters strike. It is also pleasing to see that there has been a broader "whole of society" approach to risk, that everyone has a role in reducing and managing risk. It is good to emphasise that this will then support communities to be resilient and support each other for all incidents and events.

9. *Question 6 – Gaps in the Strategy:*

10. The Strategy has given particular mention to supporting vulnerable groups and raising resilience of the overall population, however it does not acknowledge the impact disasters, specifically extreme weather events as a result of climate change, may have on an ageing population. Older people may be physically, financially and emotionally less resilient to deal with the effects of a changing climate than the rest of the population. The insecurity and heightened exposure to certain threats caused by a changing climate are compounded in old age by

reduced capacity for coping independently.[2] Vulnerability will be determined by exposure level, likelihood and magnitude of the threat and different coping capacities.

We support that all plans should have a targeted approach for all identified vulnerable population groups, including Pasifika, Maori, migrants and refugees, older people, people with disabilities, people with mental health concerns and children. Points of contact at community level must be identified and brought into response and recovery planning. We have found community navigator roles particularly useful to support vulnerable population groups.

11. Climate change may have an effect on the health of older people. The United States Environmental Protection Agency have outlined the key health concerns as follows[3]

   a. Increase in extreme heat events and higher temperatures can increase the risk of illness and death especially with people with congestive heart failure and diabetes. Higher temperatures have been linked to increased hospital admissions for people with heart and lung conditions. In Europe's 2003 heatwave, 70% of the 14,800 deaths were people aged over 75 years old.

   b. Extreme weather events such as flooding and storms are expected to increase. Older adults again are more likely to suffer storm and flood-related deaths. Over 50% of deaths in Hurricane Katrina and Hurricane Sandy were those aged over 65. If an extreme event requires evacuation, older adults have a high risk of both physical and mental health impacts. Health impacts could be exacerbated with power outages and interruptions to essential services.

   c. Changing weather patterns and increased fire risk may increase the amount of pollution, dust and smoke in the air which will worsen respiratory conditions common in older adults such as asthma, heart conditions and chronic obstructive pulmonary disorder (COPD).

   d. Increased temperatures could increase the number of vector borne diseases which pose a health risk to those with already weakened immune systems.

12. Social isolation and loneliness can affect between 33%-50% of the older population[4] and this can affect an individuals ability to respond to disasters. It is

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2 Haq, G., Whitelegg, J. and Kohler, M. (2008) Growing Old in a Changing Climate. Stockholm Environmental Institute
https://www.sei.org/mediamanager/documents/Publications/Climate/climate_change_growing_old.pdf
[3] United States Environmental Protection Agency (2016) Climate Change and the Health of Older Adults EPA 430-F-16-058 https://www.cmu.edu/steinbrenner/EPA%20Factsheets/older-adults-health-climate-change.pdf

vital that communities can build social connectedness in order to strengthen overall societal resilience to disasters.

Conclusion

13. NMH thanks the Ministry of Civil Defence and Emergency Management for the opportunity to comment on the *Proposed National Disaster Resilience Strategy*.

Yours sincerely

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[4] Landeiro, F., Burrows, P., Nuttall Musson, E., (2017) *Reducing social isolation and loneliness in older people: a systematic review protocol*, BMJ Open Volume 7, Issue 5 Retrieved from
https://bmjopen.bmj.com/content/7/5/e013778