



4 August, 2011

New Zealand Productivity Commission
PO Box 8036
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Tēnā Koe

Housing Affordability Issues Paper

The New Zealand Nursing Organisation (NZNO) welcomes the opportunity to respond to the above issues paper.

As an affiliate of the New Zealand Council of Trade Unions (NZCTU) NZNO fully supports the NZCTU submission, particularly with respect to the limited value of considering housing affordability in isolation from the broader context of quality and availability. We urge adoption of the recommendations for housing put forward in the CTU's alternative economic framework which provides a comprehensive, coordinated strategy for ensuring the availability, quality and affordability of housing for all New Zealanders.

NZNO's primary focus is on the impact of housing on health, and in Aotearoa New Zealand it is a key factor in sustaining significant health inequalities. Affordability of housing is not something that can be considered in isolation or in the same sense as the affordability of any other commodity, because housing tenure and quality is inextricably linked to health. Health determines the capacity and timeframe of workforce participation, and is thus a fundamental factor of productivity as well as health and wellbeing.

Rented housing is associated with lower incomes and poorer health^{1, 2}, while poor quality housing is a key contributor to health inequalities³. There is abundant national and international evidence that linking poor quality housing with asthma and other respiratory

¹ Blane D, Mitchell R, Bartley M. The "inverse housing law" and respiratory health. *J Epidemiol Community Health* 2000; 54: 745-9.

² Mitchell R, Blane D, Bartley M. Elevated risk of high blood pressure: climate and the inverse housing law. *Int J Epidemiol* 2002; 31: 831-8

³ Howden-Chapman P, Matheson A, Crane J, et al. Effect of insulating existing houses on health inequality: cluster randomised study in the community. *BMJ* 2007;334: 460.

diseases⁴, serious communicable diseases such as meningitis⁵, and increased diastolic and systolic blood pressure⁶. Aotearoa New Zealand's unprecedented levels of rheumatic fever, particularly for Māori and Pacific peoples⁷, are just one indication of the overcrowded, cold and unsanitary conditions that many families are living in. This *easily preventable* third world disease which carries a lifetime sentence of impaired health, is a disease not of poverty but, in this country, of wilful neglect of fit and proper building and housing regulations and inspection. Substandard housing should not be acceptable at any level of income, for anyone.

High mobility amongst vulnerable populations is often linked to housing insecurity and that in turn increases the risk of untreated illness. Preventable hospital admissions were estimated at over 31% of all admissions costing \$97 million in 2003⁸ and the latest Ministry of health figures indicate that level has risen by 3.4%. Medicine and good health care can only do so much and, with respect to housing, the latter is the dominant factor in determining health status for many families.

The WHO Social Commission on Health Equity in the Report *Closing the Gap in a Generation* (2008)⁹ identified housing policy (affordable quality housing) as a key factor in creating the social conditions which will improve population health, equity and productivity. This is the holistic context in which we urge the Productivity Commission to consider housing, rather than the narrow focus on "affordability".

Nāku noa, nā



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⁴ Howden-Chapman P, Pierse N, Nicholls S, et al. Effects of improved home heating on asthma in community dwelling children: randomised controlled trial. *BMJ* 2008; 337: a1411

⁵ Baker M, McNicholas A, Garrett N, et al. Household crowding a major risk factor for epidemic meningococcal disease in Auckland children. *Pediatr Infect Dis J* 2000;19: 983-990.

⁶ Mitchell R, Blane D, Bartley M. Elevated risk of high blood pressure: climate and the inverse housing law. *Int J Epidemiol* 2002; 31: 831-8

⁷ Jaine R, Baker M, Venugopal K. Epidemiology of acute rheumatic fever in New Zealand 1996-2005. *Paediatrics and child health* 2008;44:564-71.

⁸ I Sheerin, G Allen, et al. "Avoidable hospitalisations: potential for primary and public health initiatives in Canterbury, New Zealand. *NZ Medical Journal*, No 119, Vol 1236, 23 June 2006.

⁹ World Health Organisation. *Primary health care: Now more than ever*. Geneva: World Health Organisation; Commission on Social Determinants of Health. 2008. *Closing the gap in a generation: Health equity through action on the social determinants of health. Final report of the Commission on Social Determinants of Health*. Geneva: World Health Organisation.

ABOUT NZNO

NZNO is the leading professional and industrial organisation for nurses in Aotearoa New Zealand, representing over 45 000 nurses, midwives, students, kaimahi hauora and health workers on a range of employment-related and professional issues. Te Runanga o Aotearoa comprises our Māori membership and is the arm through which our Te Tiriti o Waitangi partnership is articulated.

NZNO provides leadership, research and support for professional excellence in nursing, negotiates collective employment agreements on behalf of its members and collaborates with government and other agencies throughout the health sector. Nurses are the largest group of health professionals comprising half the health workforce.

The NZNO vision is “Freed to care, Proud to nurse”. Our members enhance the health and wellbeing of all people of Aotearoa New Zealand and are united in their professional and industrial aspirations to achieve a safe, sustainable and accessible system of public health care for all New Zealanders.