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Policy Platform Background Paper

Housing is Essential
to Health & Wellbeing

Housing and Health are Inextricably Linked

People living on low incomes have fewer choices when it comes to where they live due to housing affordability, quality, amenity and security of tenure. The supply of social housing in Australia does not meet the high level of need for people living on low incomes who are forced into an unaffordable, highly competitive and insecure private rental market. Public policies, including housing policies, fail to adequately recognise and act upon the links between housing and health, ignoring the resulting burden of disease on the health system. This policy failure impacts more heavily on people living on low incomes and from minority cultures.

The Australian Human Rights Commission and various international covenants and conventions recognise that 'every person has the right to an adequate standard of living which includes the right to adequate housing'. [1] The right to housing is more than simply a right to shelter, it is a right to have somewhere to live that is adequate, which depends on a range of factors including:

- Legal security of tenure
- Availability of services, materials, facilities and infrastructure
- Affordability
- Accessibility
- Habitability
- Location
- Cultural adequacy

The World Health Organisation (WHO) articulates the interaction between health and housing, identifying housing as one of the social determinants of health defined as the "causes of the causes", that is, the causes of certain health outcomes as follows:
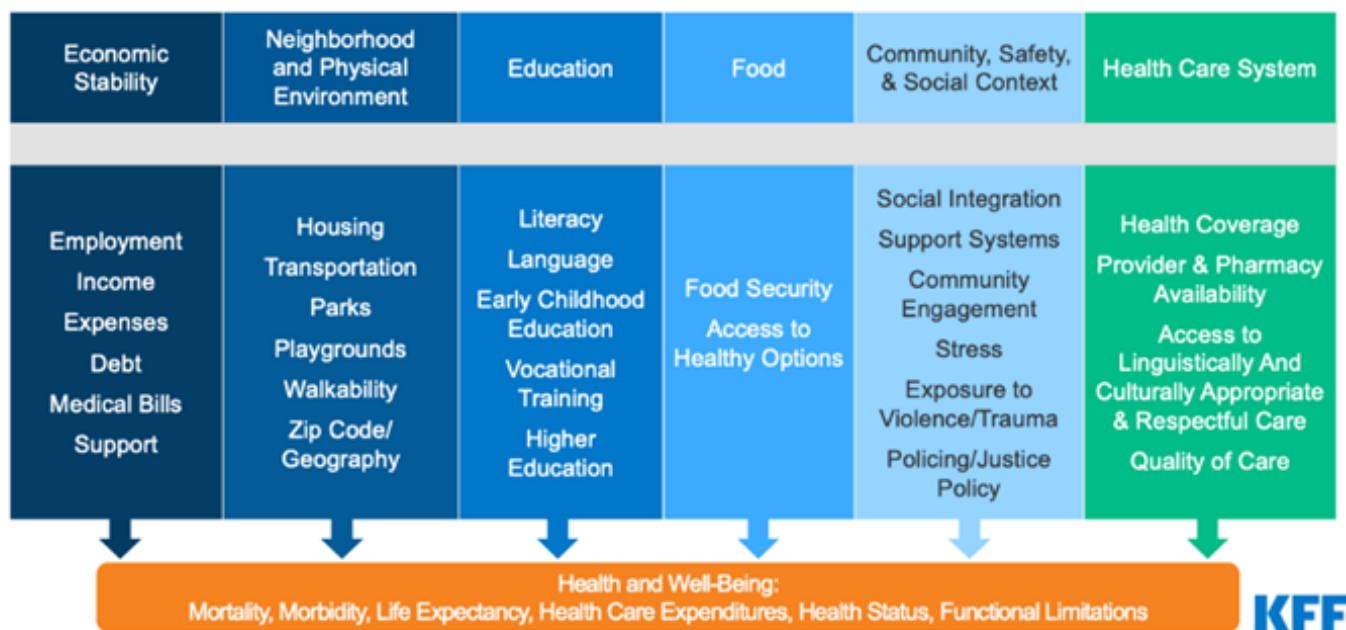
The social determinants of health are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems.

The social determinants of health have an important influence on health inequities - the unfair and avoidable differences in health status seen within and between countries. In countries at all levels of income, health and illness follow a social gradient: the lower the socioeconomic position, the worse the health.

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1 https://humanrights.gov.au/our-work/rights-and-freedoms/projects/housing-homelessness-and-human-rights

national
shelter

The following list provides examples of the social determinants of health, which can influence health equity in positive and negative ways:

- Income and social protection
- Education
- Unemployment and job insecurity
- Working life conditions
- Food insecurity
- Housing, basic amenities and the environment
- Early childhood development
- Social inclusion and non-discrimination
- Structural conflict
- Access to affordable health services of decent quality

Research shows that the social determinants of health can be more important than health care or lifestyle choices in influencing health. For example, numerous studies suggest that the social determinants of health account for between 30-55% of health outcomes. In addition, estimates show that the contribution of sectors outside health to population health outcomes exceeds the contribution from the health sector.

Addressing the social determinants of health appropriately is fundamental for improving health and reducing longstanding inequities in health, which requires action by all sectors and civil society. [2]

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2 https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1

Maslow's Hierarchy of Needs reflects the critical role of housing as the fundamental platform upon which people can reach their human potential.[3] There is no shortage of evidence that if we are to improve health outcomes, housing must be affordable, secure, accessible and habitable.

Policy Context

The political system in Australia divides areas of public policy into portfolios that are aligned with legislation with responsibilities delegated to ministers and departments. This arrangement produces a silo effect when it comes to national and state strategies, policies and related funding. Within the Federal Government's draft National Preventative Health Strategy (the Health Strategy), it is acknowledged that housing is a social determinant of health.[4] The Health Strategy lists aspects of housing that prevent poor health as follows:

- Strong structural integrity
- Homeownership
- Quality infrastructure provides shelter, safety, security and privacy
- Appropriate for the family unit

The adverse health effects of poor housing are listed as follows:

- Overcrowding
- Insecure housing
- Unaffordable housing
- Homelessness
- Inadequate supply and poor conditions of social housing

The Health Strategy does not list the poor quality of private rental housing as an adverse effect. Nor are there any targets in the Health Strategy that address the preventative components of housing to improve health outcomes or cross-portfolio responsibilities and directions. The Health Strategy has a focus on targets that aim to increase screening for certain diseases, reducing smoking and improving healthy eating.

In 2021, there is no national housing strategy in Australia. If there was a new approach to developing public policies that included working across-portfolios, it would currently be impossible to link the Health Strategy to housing. This situation means that the burden of poor health, created by poor housing, remains unaddressed. Various State/Territory health policies may or may not refer to housing and other social determinants of health, but if they do it is in a superficial way that acknowledges the importance of affordable, safe, secure and appropriate housing but is ineffectual in demanding change. The health and housing portfolios remain separated and therefore cannot aspire to achieve improved population health outcomes through adequate, affordable housing.

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3 https://www.ahuri.edu.au/__data/assets/pdf_file/0017/2807/AHURI_Positioning_Paper_No110_Reconceptualising-housing-need-in-the-context-of-21st-century-Australian-housing-policy.pdf

4 https://consultations.health.gov.au/national-preventive-health-taskforce/draft-national-preventive-health-strategy/supporting_documents/Draft%20NPHS%20March%202021.pdf

On a State and Territory level, the policy approach is similar. For example, despite an optimistic "health in all policies" approach in South Australia[5] in 2010, today, in the South Australian Health and Wellbeing Policy 2021-24, there is no reference to housing. The New South Wales Health Plan 2021[6] does not mention housing. In the Victorian Public Health and Wellbeing Plan 2019-23[7] housing is mentioned several times and it is recognised as a social determinant of health, aiming for the below outcomes across service systems, however, there are no targets or actions for the housing portfolio:

- Increased capability in all service systems including mental health, housing, child protection and family violence to assist people with alcohol and other drug-related issues.
- Better outcomes for those who access treatment, reducing harm (such as overdose, drug-related illness) and improving social outcomes (such as employment, stable housing and family reunification).

The newly established Healthy Housing Centre for Research Excellence is funded by the National Health and Medical Research Centre recognising the link between housing and health and policy failure in this area.[8] The Centre provides the following information:

A quarter of Australia's disease burden is comprised of cardiovascular disease, chronic obstructive pulmonary disease, anxiety, depression, asthma, falls and injury. All such health issues have been at least partly attributed to housing. While other high-income countries have actively and successfully used housing to reduce their burden of disease, Australian policy and research has failed to bridge disciplinary silos.

Furthermore, housing interventions in Australia have only inadvertently improved health, missing the opportunity for evidenced-based housing improvement for efficient health gain. Across the disciplinary boundaries, this innovative Centre of Research Excellence brings together the leaders capable of addressing these issues. It will be the first and only health-focussed Centre internationally to span healthy housing for Indigenous Australians, people in need and the growing population of rental housing tenants.

Through the collaboration and connections encapsulated in the Centre, this 5-year project will deliver new knowledge through three interconnected research streams that focus on housing over the life course, quantifying the health gains of housing focussed interventions and measuring and responding to the complexity of exposure to housing.

5 https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/
   about+sa+health/health+in+all+policies/the+south+australian+model+of+health+in+all+policies
6 https://www.health.nsw.gov.au/statehealthplan/Pages/NSW-state-health-plan-towards-2021.aspx
7 https://www2.health.vic.gov.au/about/health-strategies/public-health-wellbeing-plan
8 https://www.healthyhousing-cre.org/about

The Centre for Research Excellence will leave a legacy of creating the right conditions to answer emerging questions in a timely way - demonstrating the benefits of interdisciplinary applied research that is necessary for successful integrated knowledge translation (e.g. understanding the health benefits of improving public housing) whilst fostering the creation of the next generation of healthy housing researchers equipped with knowledge and partnerships to take the Centre's research impact forward.

Homelessness & Health

The Australian Institute of Health and Welfare [9] provides the following information about poor health and life expectancy for people experiencing homelessness:

While the causes of homelessness vary, there is a growing amount of research on the impact of insecure housing on health, and the associated costs to the health system (Davies & Wood 2018; Zaretzky & Flatau 2013). There are various forms of homelessness, including rough sleeping (the most visible form of homelessness), couch surfing, short-term or temporary accommodation, and severe overcrowding.

Meeting basic physical needs such as food, water and a place to sleep can be the most important day-to-day priority for people experiencing homelessness, especially those rough sleeping, and subsequently health needs are often not considered until an emergency arises (Wise & Phillips 2013). While rough sleeping is the least common form of homelessness in Australia (ABS 2018), the longer-term impacts of rough sleeping on health are typically more profound due to issues such as poor nutrition, living in harsh environments and high rates of injury (Fazel et al. 2014).

Severe overcrowding is a less obvious, but most common, form of homelessness in Australia, and is associated with different health impacts. For example, severe overcrowding places stress on the infrastructure of the dwelling, such as food preparation areas, bathrooms, laundry facilities and sewerage systems. It may lead to more rapid transmission of infectious disease and induce psychological stress (AIHW 2014).

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9 https://www.aihw.gov.au/reports/australias-health/health-of-people-experiencing-homelessness

First People's Housing & Health

Attesting to housing as a central component of addressing health, wealth and wellbeing for our First Peoples, the "Reimagining Indigenous Housing, Health and Wealth" report [10] released in 2021, contains the following proposal:

An ecological approach to realising Aboriginal and Torres Strait Islander Australians' aspirations for a high standard of health and housing, and of personal and collective wealth. In doing so, it not only recognises that improvements in these areas – health, housing and wealth – can be powerful agents of population-level betterment, but that they are inextricably part of a larger ecology. As such, the report proposes that simultaneous improvements in all three areas must be the goal of those seeking sustainable change for the better.

National Shelter Policy Platform

The need for a national housing strategy is critical if we are to properly address public health, as is cross-portfolio references to the social determinants of health. The National Shelter policy platform includes the following recommendations:

Develop minimum housing standards for all rental housing funded through an increase in Commonwealth funds provided through the National Housing and Homelessness Agreement and matched by State and Territory contributions; and

Minimum accessibility standards for all new residential construction achieved through the Australian Building Code.

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10 https://www.karabenaconsulting.com/resources/reimagining-indigenous-housing-health-and-wealth#:~:text=Reimagining%20Indigenous%20Housing%2C%20Health%20and%20Wealth%3A%20The%20Necessary%20Ecological%20Response,and%20of%20personal%20and%20collective