THE PAEDIATRIC SOCIETY OF NEW ZEALAND

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Submission on the Healthy Homes Guarantee Bill (No 2)

To the Government Administration Committee

This submission is from the Paediatric Society of NZ:

The Paediatric Society of NZ has a national membership of over 500 New Zealand child health professionals. The membership is multi-disciplinary including nursing, allied health, and medical child health professionals. The membership has been consulted in the development of this submission. We request the opportunity to present as an oral submission to the committee.

General position:

The PSNZ supports policy that leads to improvement in housing quality particularly where the evidence demonstrates direct benefit to child health outcomes. In this overall context we strongly support the goal to make sure every rental home in NZ meets minimal standards of heating and insulation, and that this should be ensured through legislation as rapidly as is achievable. We agree that these minimum standards should be determined by the Ministry of Business, Innovation and Employment with consideration of evidence for health outcomes, and that landlords be required to meet the standards. Effective monitoring and enforcement needs clarification to ensure minimum standards.

Reasons:

1. As paediatricians, paediatric nurses and community allied health professionals working throughout New Zealand, every day we see children admitted to our hospitals from damp and cold houses with preventable and

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serious illnesses. The inadequate (cold, damp, mouldy) condition of these rental properties in which many of these children are living is repeatedly witnessed by our community home visiting nurses and social workers.

2. Hospitalisation conditions most commonly associated with cold and damp housing include infectious respiratory illness (e.g. bronchiolitis, pneumonia), asthma exacerbations and an excess rate of serious chronic lung infection causing irreversible respiratory damage (bronchiectasis). There is evidence that housing insulation and heating improvements make a measurable improvement in child health outcomes (Howden-Chapman, Crane et al.).
3. Ambient moisture and exposure to moulds in home are associated with increased rate of asthma episodes (Mendell, Mirer et al. 2011). Remediation to reduce dampness has been demonstrated to reduce asthma morbidity (Kercsmar, Dearborn et al. 2006). Crowding is a key factor for the spread and recurrence of infectious disease within households (e.g. Group A Streptococcus causing Rheumatic Fever (Jaine, Baker et al.), Meningococcal infection causing meningitis and sepsis (Baker, McNicholas et al. 2000)). Houses that are damp and cold are difficult to heat, and so families in response crowd into one warmed room particularly when their ability to pay for heating is constrained and house insulation is poor (i.e. functional crowding).
4. The health of children is affected in particular by their housing conditions for the following age-related developmental reasons (Bearer 1995):
    a. Children spend more time than adults inside their home, and even more so during the winter months when days are colder and shorter, corresponding with the seasonal escalation of hospitalisations for respiratory and other infections.
    b. The lungs and respiratory system of children are continuing to develop up to the age of six. Therefore, there is a critical developmental period during which the effects of infection and adverse environmental conditions have a more detrimental effect on health.

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c. Young children physiologically have a higher ratio surface area to body mass and so are more affected by ambient temperature variations
d. Young children have a higher metabolic rate and breathe higher air volume per body weight. This also contributes to the powerful influence of ambient conditions, cold, damp, mould, on their health.

5. Families need to care for sick children at home because of their dependence. Therefore, there is significant social impact of childhood illness in terms of family caregivers' capacity to participate in work, as well as direct impacts as noted above. This further supports the social significance of childhood illness through healthier homes for all.
6. Children in poverty[1] are more likely to live in rental housing. Perry (2010) observed that 53% poor children lived with families in private rental, and 19% in Housing NZ homes. In a review of several thousand houses applying the Healthy Housing Index, He Kainga Oranga found quality of housing was more often poor in private rental, compared with state rental; owner occupied housing was more often of better quality than these two categories (Howden-Chapman, Baker et al. 2013).
7. The highest rates of admission for preventable respiratory infections in particular are observed in infants. Therefore, time is of the essence and we would promote policy approaches that accelerate the improvement of housing stock particularly for rental housing in which young children are living. Every year that passes is, for the cohort of infants who live in unhealthy housing, an opportunity missed.

[1] Poverty defined, below 60% median household income, after housing costs

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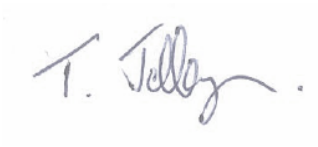
Conclusion:

We support the aim of this policy through focus on achieving best outcomes for children, by ensuring housing environments that promote the optimal current and long-term health. We support the intention to establish, monitor and enforce appropriate minimum standards as soon as possible for all children, including for those families in tenanted situations with currently inadequate housing.

Dr. David Newman,
President,
The Paediatric Society of New Zealand



Dr. Tim Jelleyman
President Elect

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