Submission to the Ministry of Housing and Urban Development:

Healthy Homes Standards

The New Zealand College of Public Health Medicine (NZCPHM) thanks the Ministry of Housing and Urban Development for the opportunity to make a submission on the Healthy Homes Standards.

NZCPHM is the professional body representing the medical specialty of public health medicine in New Zealand. We have 236 members, all of whom are medical doctors, including 183 fully qualified Public Health Medicine Specialists with the majority of the remainder being registrars training in the specialty of public health medicine.

Public Health Medicine is the branch of medicine concerned with the assessment of population health and health care needs, the development of policy and strategy, health promotion, the control and prevention of disease, and the organisation of services. The NZCPHM strives to achieve health gain and equity for our population, reducing inequalities across socioeconomic and cultural groups, and promoting environments in which everyone can be healthy.

Background

The NZCPHM recognises housing as a key determinant of health. The NZCPHM is concerned that many New Zealanders do not have access to the adequate, safe, warm, dry houses which are essential for health and wellbeing. New Zealand has too few houses, many poor-quality houses and issues with housing affordability. A disproportionate number of people on low incomes live in older housing stock. Māori and Pacific peoples are over-represented in low-income households in areas with poorer quality housing. Rental housing is in worse condition than owner-occupied housing.\(^1\)

Evidence shows that the proportion of households renting is increasing, and that people are remaining in rental accommodation for longer.\(^2\) This includes those most vulnerable: those on low incomes, families with small children, sick or disabled people and those most likely to already be bearing the brunt of the avoidable disease. The proportion of Māori and Pacific people living in private rentals has increased to 88% since 1986 and is likely to continue increasing.\(^3\) This is of concern given existing health inequities for Māori.\(^4\) In addition, forecasts suggest that the number and proportion of retired people renting will increase significantly over the next decade: the quality of the available rental stock will impact also on this group.\(^5\)

NZCPHM recognises housing is a key determinant of health and an important mediating factor in health inequalities and poverty. Research undertaken in New Zealand has found that housing interventions such as retrofitting insulation and providing improved heat sources can result in improved health outcomes, including fewer exacerbations of respiratory illness, fewer general
practitioner visits, less time off work/school, improved self-rated health and a trend towards reduced hospitalisations for respiratory and coronary conditions achieved through. 6-8

There is evidence linking: 9-18

- Temperature extremes and air pollution with respiratory and coronary events.
- Damp and mould with respiratory illness (such as exacerbations of asthma).
- Unflued gas heaters with respiratory illness (such as exacerbations of asthma).
- Exposure to fuel-burning smoke and hazardous indoor gases with cancer.
- Stressors related to cold, damp and unaffordable housing with mental health.
- Housing type with the quality of interactions within neighbourhoods, social cohesion, trust and a sense of community.
- Overcrowding with communicable diseases such as meningococcal disease, acute rheumatic fever and tuberculosis.
- Home hazards and lack of safety devices with falls and injuries in both children and adults.

Housing improvement intervention programmes such as the Healthy Housing Programme (a collaboration between Housing New Zealand Corporation and District Health Boards) have also demonstrated that housing interventions can reduce potentially avoidable hospital admissions. 19

The New Zealand Business Council for Sustainable Development has estimated that if New Zealand homes had the average thermal efficiency standard of those in other OECD countries, there would be 50 fewer hospital stays each day due to respiratory problems, saving $54 million per year. 20 A cost benefit analysis of the Warm Up New Zealand Programme showed that subsidised retrofitted insulation and heating had a cost benefit ratio of 3.9. 21

New Zealand houses are considerably colder than World Health Organization recommendations 22,23 and there is evidence that more than a third of New Zealanders live in houses with visible mould. 24 Substandard housing and overcrowding further contribute towards an unhealthy environment. 25-27

The NZCPHM is concerned that unaffordable fuel and unsafe heating are also significant issues for many families. The cost of heating poor quality housing falls unequally on low-income households, contributing to the increasingly recognised issues of fuel poverty and housing affordability. 28 Fuel poverty arises from a combination of three factors: household income, fuel or energy costs and the energy efficiency of the house. This means that many people are unable to heat their house, or only able to heat a small portion of it. 29

The NZPHHM supports policies designed to improve the quality of housing and living environments and recognises these as cost-effective measures to improve population health and reduce avoidable hospital admissions.

We strongly support the establishment of standards covering heating, ventilation, drainage, draught-stopping, and insulation to ensure New Zealand rental housing is healthy and safe for the occupants.
Responses to the consultation questions:

1. Heating

1.1 Where in the home should landlords be required to provide heating?

The NZCPHM supports Option 2: in the living room and bedrooms. This would provide greater assurance that all habitable areas of the house are maintained at the desired minimum temperature, ensure maximum health benefits, and provide the highest value for investment. This option is also most likely to ensure adequate heating for those that spend a large amount of time in the bedroom: the elderly, sick or disabled people and children.

1.3 What achievable indoor temperature should heating devices be sized for?

The NZCPHM supports Option 2: 20 degrees, since this will better protect vulnerable populations. We note that the World Health Organisation recommends a minimum indoor temperature of 18° but recommends a temperature of 20° if babies, elderly people or sick and disabled people live in the house. New Zealand houses are typically heated below this level. We further note:

- there is a high proportion of young families with children in rental properties in New Zealand.
- the number of people aged over 65 and living in private rented accommodation in New Zealand is expected to grow by 240% to around 270,000 people by 2030.
- People with disabilities or ill health and the unemployed are more likely to spend considerable time in the home and are therefore more susceptible to the health effects of cold houses.

1.4 Should landlords only be required to provide heating devices where portable electric heaters are insufficient to achieve the required indoor temperature.

The NZCPHM believes that landlords should be required to provide adequate heating throughout the house, but that, provided the device used is capable of generating the appropriate temperature and is safe, efficient and sustainable, no specific requirements should be set regarding whether the heating source should be fixed or portable. We therefore support Option 2 - landlords should provide both fixed and portable heating devices.

1.5 Should we accept some heating devices and not others?

The NZCPHM agrees that a class of acceptable heating devices should be created and that the criteria for inclusion should include health impacts, safety, fuel efficiency and sustainability, taking into account environmental impact, as well as financial concerns.

We note that:

- Unflued gas heaters add moisture and by-products of combustion such as nitrogen dioxide and carbon monoxide to the indoor environment which can affect health. Yet currently, 34% of households use unflued gas heaters, and 5% use them as the sole heating source.
- Open fires are unsafe and contribute to air pollution, which can affect health.
- Electric heaters may, if inefficient, be expensive to run, and may therefore not be used by those who cannot afford the electricity costs. We are particularly concerned that rental houses must be capable of being heated to a minimum temperature without undue costs to tenants. For those on low income, there is a risk that devices which are
expensive to run will not be used. In addition, inefficient heating will contribute to carbon emissions, and is not environmentally sustainable.

We agree that unflued gas heaters, open fires, electric heaters with a heating capacity greater than 2.4 kilowatts and the use of multiple electric heaters in one room should not be acceptable for the heating standard.

2. Insulation

2.1 What minimum level of insulation should be required in rental homes?

The NZCPHM supports Option 3. Good insulation retains heats and is important to ensure thermal efficiency and to keep the costs of heating low. Insulation has been shown to have a high cost-benefit ratio. Retrospective insulation and heating installation have been shown to have a positive impact on hospitalisation rates for children. Retrospective insulation has also been shown to be associated with reduced mortality rates for those previously hospitalised with circulatory conditions.

The NZCPH supports the requirement introduced in 2016 for new installations to have an R-value of at least 2.9 if the home is located in zones 1 or 2, and 3.3 if the home is located in zone 3. We agree that a distinction between the requirements for different climate zones is sensible. We support option 3 since this option will ensure that a higher number of homes will benefit, in the shortest possible time. This will ensure better health and wellbeing to more of the population and achieve the greatest net total benefit to the system.

2.2 How should the degradation of insulation under ‘reasonable condition’ be assessed?

The NZCPHM supports Option 2. Good insulation is fundamental to the creation and maintenance of a warm home. The extent of insulation settling allowed in option 2 (10%) will better meet the objective of ensuring warm and dry houses and a greater number of tenants will benefit in terms of health and cost savings.

2.3 How can landlords show compliance with the insulation standard?

The NZCPHM agrees that records should be maintained. We believe that a suitably qualified and experienced assessor should certify compliance with the insulation standard.

3. Ventilation

3.1 What level of ventilation is required in rental homes?

The NZCPHM supports Option 3: rental houses should be required to have openable windows and extract fans in rooms with a bath, shower or indoor cooktop. This is important since damp houses are harder to heat and lead to the development of mould, which poses risks to health, particularly form respiratory disease. New Zealand rental homes are particularly at risk from mould, and many do not currently have adequate ventilation.

We agree with the exemptions suggested in the discussion document, provided that if an exemption is to be granted with regard to an openable window, adequate mechanical ventilation is in place. No rooms should be without any form of ventilation.

4. Moisture ingress and drainage

4.1 How should landlords protect rental homes against moisture entering the home and inadequate drainage?

The NZCPHM supports Option 2. It is important to prevent moisture from entering the house. The Housing Improvement Regulations, whilst important, do not currently have sufficient
provisions regarding a ground moisture barrier. We would support the Standards requiring landlords to install a ground moisture barrier if vents are not adequate. We agree with the exemptions suggested in the discussion document. The costs of compliance would be higher if a ground moisture barrier were required in areas where there is sufficient ventilation or open-air space, without comparable benefits.

5. Draught stopping
5.1 What is the appropriate level of draught stopping to create warm and dry rental homes?
Drafts reduce indoor temperatures and add to the cost of heating, which in turn may have an impact on the use of heaters in low income groups. The NZCPHM supports measures which ensure the best possible and health outcomes. Option 2 is more likely to achieve this.

6. Date to comply with the standards
6.1 When and how should the healthy homes standards be implemented?
The NZCPHM believes that the need to implement the new housing standards is urgent, and therefore supports Option 2: that all standards must be met by July 2022. This provides a single date for compliance and will ensure that long term tenants would not be disadvantaged by a 2024 deadline. An earlier implementation date is preferable since it will ensure the maximum health benefit to the greatest proportion of the population. If implementation is to be staggered, sub-option A is preferable. Setting staggered implementation dates for each of the standards will allow for prioritisation of implementation, and those standards which will bring the greatest benefits could be achieved at the earlier dates.

7. Implementation
7.1 When and how should the healthy homes standards be enforced?
The NZCPHM would support a ‘warrant of fitness’ approach to regulation of the housing rental sector. We believe that there should be a record for each component of the standard. Whilst information regarding compliance with Standards may be required to be included on tenancy agreements, we do not believe that this should be the primary means of enforcement for the Health Homes Standards. We are concerned that the onus should not be on tenants to report problems with housing, or to engage with landlords regarding enforcement of the standards. There are disincentives to tenants reporting their landlords for non-compliance. Self-regulation by landlords is likely to lead to high levels of non-compliance. An independent oversight body is necessary to enforce compliance.

The NZCPHM is happy to provide further clarification on any matter covered in this submission.

Yours faithfully,

Dr Felicity Dumble,
President


