

Kia ora koto katoa

Ko Monica Theriault Toku Ingoa

My name is Monica Theriault and I am a Health Promotion Advisor (HPA) at Te Whatu Ora's National Public Health Service (NPHS) based in Queenstown.

1. Te Whatu Ora has the responsibility to improve, promote, and protect the health of the people and communities of Aotearoa New Zealand. The Pae Ora Act 2022 (1) strives to achieve equity in health outcomes among New Zealand Population groups, including by striving to eliminate health disparities, particularly for Māori, and build towards a healthy future for all New Zealanders.
2. These goals are aligned with the purpose of local government which has the responsibility to improve, promote, and protect public health within its district. The Local Government (Community Well-being) Amendment Act of 2019 empowers local authorities to promote the social, economic, environmental, and cultural well-being of their communities (2).
3. It is our opinion that by enabling a plan change to include provisions for affordable housing in the district, QLDC is actively promoting the social, economic, and cultural wellbeing of their community. I am appearing today to speak to our submission in support of the retention of Chapter 3 and provisions regarding inclusionary housing, and the addition of a new District-wide chapter for inclusionary housing.
4. While healthcare services provided by Te Whatu Ora are an important determinant of health and wellbeing, they are only responsible for approximately 15% to 20% of health outcomes (3). Most health outcomes are created by a wide range of factors beyond the health sector. These factors can be described as the conditions in which people are born, grow, live, work, and age, and are impacted by environmental, social, and behavioural factors. They are referred to as the 'social determinants of health'(4)(5) and they are responsible for 80% of a population's health outcomes (6).
5. As such, it is important to remember that the future health of our population is not solely reliant on Te Whatu Ora's hospitals and medical clinics, but on a responsive dynamic environment where different sectors can come together and work collaboratively, to ensure effective preventive and protective provisions for the health of the population in the district. (4)(7)(8).
6. Access to safe and healthy accommodation is one of the most basic human needs. Where warm, dry, housing is unavailable or unaffordable, people are more likely to experience poor health. Ever-rising housing costs limit equitable access to quality housing in neighbourhoods that enable access to health services, education, and good amenity that support good health outcomes. The National Public Health Service supports policies that have the objective of creating affordable housing since health and housing are solidly interconnected. Where a person lives, and the condition of their housing is a major factor in how healthy or sick that person will be. The hospitalisation of 28 000 children and 54 000 adults annually is due to housing-related diseases in New Zealand(9). Housing health impacts via social and structural

inequalities that can be detrimental to wellbeing. (10). Housing is a key determinant of health (11)(12)

Affordable Housing

7. There are three main elements to housing: affordability, availability, and quality. Housing is considered affordable when a household spends 30% or less of its disposable income on housing costs. Housing costs include rent or mortgage payments, rates, repairs, maintenance, utilities, and transport from and to the house (13).
8. Some measure of housing affordability uses the median multiple which is the median house price divided by the gross median household. A median multiple of 3 and under is considered affordable. In New Zealand this measure is at 10.8, which is considered severely unaffordable. According to this measurement, the New Zealand housing market has not been unaffordable since the 1990s (14).
9. Another measurement used is the housing affordability index which is the ratio of the average current house value to average household income. A high ratio shows that housing affordability is low. As of 2020, the Queenstown-Lakes ratio was at 42.4% which is higher than Auckland (38.6%) and New Zealand (33.1%) as a whole (15).
10. Affordability and availability are closely linked. Where housing supply is low and demand for houses is high, market prices increase. People with limited income may find it more difficult to obtain suitable housing, and changes in relative levels of affordability can also affect the demand for different types of housing (16).
11. Unaffordable housing affects the expenditure for food, fuel, energy bills, medical visits, and medication. This limits the capacity of the household to access necessities for a healthy life. Consequently, when housing is affordable, the household has more disposable income to spend on nutritious foods, health care or medicine, transportation, and other utilities that affect health positively (13) (17). Affordable housing diminishes the chances of overcrowding and transmission of infectious diseases (11) (18) and is associated with better quality of life and adjusted stress levels. The stability that affordable housing provides has been associated with greater educational attainment, stronger vocabulary skills, and greater educational outcomes in children (19).
12. Unaffordable housing can affect housing security and suitability because it increases the chances of evictions, overcrowding, and failures to renovate and support suitable dwelling conditions (13). The quality of housing is strongly associated with tenure and older, colder, damper, and mouldier homes.
13. A report in 2023 also found an interesting link between affordable housing and gains to the GDP via several mechanisms. One of those mechanisms was through the health and wellbeing of employees (20). Housing creates shelter, comfort, and spaces to learn and work. Neighborhoods shape access to public and private services, social interactions, and social

capital. Access from housing to locations where households work, study, shop, and relax has major significance for household costs and opportunities. Compromising on housing, like compromising on health or education, means our population is not able to engage in society or be as productive in our economy as possible. Furthermore, the wellbeing, educational performance, and human capital development of children – which has inter-generational economic implications – can be adversely affected by unaffordability, poor physical quality of homes, and insecure living arrangements disrupting educational and social development (21).

14. Several aspects of affordability can impact health and well-being. First, I will talk about Housing Cost Burden, followed by housing insecurity before talking about informal housing and fuel poverty.

Housing Cost Burden

15. A shortage of affordable homes corresponds to an increase in the number of cost-burdened households. With salaries not growing as fast as the cost of housing and utilities, many countries have been experiencing increasing housing burden issues for many years. Housing cost burden and avoidable mortality in wealthy countries were recorded for 17 years. The results showed that the housing cost-to-income ratio was significantly associated with preventable deaths, treatable mortality, and suicide during the post-global financial crisis. The study concluded that premature deaths could be avoided through effective social spending and housing policy measures (22).
16. Housing affordability stress is experienced within the lowest 40% of an income distribution that spends more than 30% of their disposable income on housing costs (23). Housing affordability stress affects physical and mental health, partially through deprivation, suggesting that housing policies targeting deprived individuals may help reduce health inequality in addition to targeting the housing affordability problems (6).

Housing Insecurity

17. Unaffordability can lead to housing insecurity. A wide variety of related terms and definitions are available to assess 'unstable' or 'insecure' housing. There is currently no standard definition or validated instrument (24).
18. Therefore, housing insecurity can be defined as "*having difficulties acquiring housing, being uncertain about tenure, or living in housing that does not meet basic household needs*" (25). It can also be defined as *those experiencing and at risk of multiple moves that are not through choice and related to poverty* (10). Housing insecurity is associated with adverse mental health effects such as depression, anxiety, psychological distress, and suicide. The frequency and intensity of the adverse mental health outcomes of home insecurity are not distributed equally in the population, the most disadvantaged groups are hit more frequently and with higher intensity (26).
19. Researchers were able to conclude that people affected by housing insecurity have alarming levels of poor mental health and face other struggles in life such as food insecurity (26). Another study showed that 'moving three or more times before age 7 was associated with

36% greater likelihood of lifetime major depression and more than twice the likelihood of developing depression before age 14 compared with those who moved less (10).

20. The resultant housing insecurity can have multiple and often simultaneous impacts, including school-related, psychological, financial, and family well-being impacts, having to travel long distances to attend school and see friends, having to live in a property that was unsuitable or in a poor state of repair, overcrowded and often noisy (10).
21. Policy recommendations to alleviate housing insecurity include providing affordable and secure housing options and mitigating the financial impact of housing insecurity on families (10). For these reasons, we support the proposed plan change by QLDC to enable more affordable housing in the community.

Informal Housing

22. With housing affordability pressures mounting across cities, 'informality' in housing has gained popularity in wealthy countries, including New Zealand. Informal housing is a type of accommodation that does not fully respect "formal" regulations such as planning and zoning controls or building code for example. Bypassing formal regulations results in lower costs of construction and therefore lower rent compared to the formal market. This definition captures secondary units, room rentals, and unpermitted dwellings. This affects high-income earners unable to afford home ownership and lower-income groups no longer able to access the scarce social rental housing stock (27).
23. Informal housing lacks the absence of secure tenure and can lack basic amenities such as access to running water, and appropriate heating, and cooking utilities. As seen in local newspapers around Queenstown, many people are living in cars, tents, vans and other informal housing arrangements. People living in informal housing are exposed to social stigma, privacy, and security concerns as well as serious health and safety risks (27). Occupants being exposed to severe temperatures and weather, increased danger in case of fire and higher risk of accident and injury from substandard electrical or construction work are some of the main health and safety risks of informal housing.

Fuel Poverty

24. The inability to secure housing temperatures between 18°C and 24°C is called fuel poverty. It has been traditionally accepted that energy costs exceeding 10% of a household disposable income are considered "fuel-poor". Fuel poverty is associated with several disorders such as cardiovascular and respiratory effects, increased stress, and reduced emotional well-being (28). People who are socio-economically depleted and vulnerable to housing insecurity will most likely live in older, poorly built houses, lacking insulation (12).
25. Cold housing increases respiratory conditions such as asthma attacks or symptoms, worsening chronic obstructive disease, and infection. Cold also has vasoconstrictive properties, which can lead to cardiovascular effects, including ischaemic heart disease and high blood pressure. Poor mental health outcome is also associated with cold indoor temperatures. Excessive

winter deaths and poor health will especially affect the elderly, children, Māori, Pasifika, and other vulnerable groups (12).

Housing Security

26. To reside in a home without fear of forced eviction, harassment, and other threats is called housing security and is often linked with tenure. Secure housing is also affordable housing as excessive costs of housing are undesirable and can force households to move out (13).
27. Homeownership is typically considered the most secure tenure as it provides residents with a prominent level of protection from forced movement (28). The 2018 census recorded the lowest homeownership rate in 70 years. Māori and Pacific people's access to homeownership has decreased at a much faster pace than the rest of the population (29)
28. The second most secure tenure is the one offered by the state or country, also known as public housing or social housing. New Zealand has the second highest rate of investment in housing as a percentage of total national investment in the OECD just after Canada. However, this high level of housing investment is not enough supply to bring the price of houses down and match them to household incomes (30).
29. Rental tenures have lower levels of security with varying lease lengths, rights, and eviction protection. When there is a chronic shortage of affordable housing and a high demand for housing, this gives the power to landlords to increase rents while failing to improve the conditions of the dwelling. Housing as a commodity has presented a fundamental threat to public health and health equity (19). It is well-documented that health is better within owner-occupiers than in renters. Part of this can be explained by greater residential stability (19,26,28) and the wealth accumulation homeownership can provide (19). Another explanation is that owner-occupiers usually have better-quality physical housing than renters. For example, the BRANZ report (31) shows that good, fixed heating sources are more present in owner-occupied houses and mould and dampness are twice as present in rented houses; both factors contribute to negative health outcomes in the renter's population (31). The housing cost-to-income ratio is also higher for renters compared to owner-occupiers. As high as 30% of renters spend over 40% of their disposable income on housing (33). Eviction leads to overcrowding, homelessness, and housing instability. People most vulnerable to eviction are also more likely to suffer from poor health conditions (32).

Housing quality

30. As noted earlier, good quality housing is warm and dry and provides sufficient space and amenities for the occupants. It also protects the occupants from noise, air pollution (such as second-hand tobacco smoke, emissions from open fires and un-flued gas heaters), and other environmental exposures (such as vibration from heavy transport movements). Good quality housing can reduce the risk of poor physical and mental health, reduce the number of trips and falls, reduce the number of school days lost to illness, contribute to improved educational attainment, and reduce visits to the GP and other health and social care services.

31. Although inclusionary zoning policies primarily impact affordability and security, rather than addressing the physical structure of housing, taking a broad view, the quality of housing also includes features of the surrounding area such as access to education, employment, retail outlets, access to transport routes and interchanges, proximity to green spaces and other community amenities, and population density. Therefore, we support the inclusionary zoning elements in Chapter 3 to ensure affordable housing is incorporated into newer housing settlements and redevelopments.

Conclusion

32. To conclude, unaffordable housing creates many problems in our society and our district is no exception. Unaffordable housing can lead to housing cost burden, housing insecurity, housing affordability stress, informal housing, and fuel poverty to name a few. Research supports the critical link between stable, decent, and affordable housing and positive outcomes. Unaffordable housing can lead to negative health and wellbeing impacts including premature deaths, depression, anxiety, psychological distress, stress, reduced emotional well-being, suicide, respiratory effects such as asthma attacks or symptoms, worsening chronic obstructive disease, higher rates of infectious disease transmission, cardiovascular effects, including ischaemic heart disease and high blood pressure are some of the effects related with unaffordable housing.
33. Inclusionary zoning provides a systematic way of providing more affordable housing in the region. As I've outlined, affordable housing can have a positive impact on health by:
- Providing individuals and families with greater residential stability
 - Freeing up family resources for nutritious food and other essentials
 - Reduce stress and related mental health conditions
 - Reduce health problems related to poor-quality housing by increasing access to newer, well-constructed homes.
 - Increasing access to amenities
34. Affordable housing not only has positive direct effects on the economy but also benefits from associated increases in productivity and the benefits of a healthier population. All of society bears the costs of unaffordable housing and the health sector bears some of the costs directly. Inclusionary zoning is one tool in the toolbox that improves access to affordable housing. The National Public Health Service - Te Waipounamu commends QLDC for its course of action taken to enable affordable housing in the district.

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