



National Housing and Homelessness Plan Bill 2024 (No. 2)

Senate Standing Committees on Economics

Asthma Australia Submission, August 2024

ABOUT ASTHMA AUSTRALIA

Asthma is a respiratory condition that affects nearly 2.8 million Australians, with children being the most impacted. Asthma is responsible for at least one Australian death every day, making it a serious health concern. More than 30,000 people are hospitalised each year due to asthma, yet at least 80% of these hospitalisations are considered potentially avoidable.

Despite the prevalence of asthma, it is often misunderstood, causing fear and anxiety for those living with the condition. Asthma Australia has been the leading charity for people with asthma and their communities for over 60 years.

The challenges of climate change, unhealthy air, and health inequity make it more important than ever for people with asthma to have a voice. We search for new and progressive approaches to challenge the status quo. Our work is grounded in evidence and centred on the experiences of people affected by asthma. We believe by listening to those living with asthma, designing solutions with them, and influencing change, people with asthma can live freely, unrestricted by their asthma.

INTRODUCTION

Asthma Australia welcomes the opportunity to comment on the National Housing and Homelessness Plan Bill 2024 (No.2) (the Bill). We contributed to the consultation on the development of the National Housing and Homelessness Plan (the Plan) and strongly welcome the Australian Government's intention to implement a strategic and coordinated approach to housing policy. The Bill seeks to ensure that the Plan is embedded in legislation setting out requirements for its development using a human rights based approach. The Bill will help to ensure an ongoing nationally coordinated focus on housing policy that recognises the importance of housing for every resident of Australia and we support its aims.

As a social determinant of health, housing is a priority issue for Asthma Australia. Poor housing conditions and unhealthy heating and cooking energy sources in homes can have serious health impacts on asthma control and its development. In this submission, we set out these impacts and our research on homes, health and asthma to evidence the health risks that many Australians encounter in their homes. We then identify specific ways in which the Bill should be improved to ensure that health is appropriately recognised as an essential element of the Plan and of all subsequent work undertaken by states and territories on housing, and to lock in critical consumer input into the Plan's development from population groups most affected by unhealthy housing.

ASTHMA AND HOUSING

Housing is an important determinant of health. More than 90% of our time is spent indoors, mostly inside homes.¹ Homes should provide residents with safe and secure spaces that support their health and wellbeing by providing shelter, sufficient space, healthy indoor air quality, thermal comfort and affordable, efficient and healthy energy sources.

Certain housing conditions can increase the risk of developing asthma and, in people with the condition, trigger symptoms and exacerbations. For example, hot and cold temperatures can trigger asthma, while indoor airborne hazards such as gas cooktop emissions and mould can contribute to the development of asthma and trigger symptoms. Cooking with gas is estimated to be responsible for up to 12% of the childhood asthma burden in Australia.² Housing conditions associated with asthma can also cause other health problems. For example, cold homes contribute to increased sickness and death from cardiovascular illnesses in winter. This means a healthy home environment is not only important for asthma prevention and management, but also supports broader health and wellbeing.

Housing is a key determinant of health and wellbeing for First Nations people, and housing-related health outcomes intersect with a range of cultural determinants of health.³ The proportion of First Nations people living in poor quality housing is unacceptably high, particularly in remote areas,⁴ contributing to health inequities that include higher asthma prevalence and mortality.⁵

The importance of housing conditions is also increasing as climate change causes hazards that require people to shelter in their homes. Currently, conditions within homes across the nation can too often become unhealthy from bushfire smoke entering leaky homes, extreme heat or mould caused by heavy rainfall and flooding. Improving housing conditions, and access to affordable, healthy, secure housing, is a critical priority for climate adaptation in Australia, particularly for people with asthma and others who are highly vulnerable to climate change impacts.

Asthma Australia supports holistic approaches to improving housing conditions. As set out in our [Housing and Asthma Position Statement](#), the housing features that can reduce asthma risk and support broader health and wellbeing include adequate and appropriate ventilation, draught sealing, insulation, internal and external window shading and cooling and heating. Collectively, these measures are likely to improve air quality and support thermal comfort.

OUR RESEARCH: HOMES, HEALTH AND ASTHMA

In 2022, Asthma Australia undertook a nationally representative survey of 5,041 people to understand how healthy Australian homes are for people with asthma or allergies, and those at risk of developing asthma.² The key findings from this research include (access the full [Homes, Health and Asthma Report](#)):

- **Homes are not healthy places for all Australians**, particularly people with asthma or allergies. Among respondents with asthma and allergies, three in ten reported that their symptoms were worse after spending time in the home.
- **Many people were exposed to asthma triggers** in their home in the previous 12 months:
 - 70% of respondents had pests (e.g. cockroaches, dust mites and mice),
 - 50% of respondents had mould or dampness,
 - 48% of respondents used a gas cooktop,
 - 13% of respondents used wood heaters, and
 - 7% of respondents used unflued gas heating.
- **Some population groups were also more likely to report greater exposure to triggers** in their homes than other respondents, including people with asthma and allergies, people with children, people living in social housing and Aboriginal and Torres Strait Islander people.
- **Many respondents reported the following barriers to reducing triggers within the home:**
 - Lack of autonomy over property. Half of respondents who rent or live in social housing said they were unable to protect themselves from cooking emissions, mould and pests because they do not own their home. They were frustrated with their landlord's lack of action and feared rent increases/eviction if they requested action.
 - Cost. One quarter of respondents said it is too expensive to purchase or use equipment, like air purifiers, to help reduce triggers while cooking or to tackle mould and pests.
 - Lack of concern or knowledge. 38% of respondents stated that they were not concerned about taking action to address a trigger/s and 18% reported that they do not know what to do to protect themselves against a trigger/s. This highlights the need for a public health approach to healthy housing, including improved regulations.

OUR RESPONSE TO THE BILL

In this section under clauses of the Bill, we set out how the Bill should be improved to ensure that health is legislated as a priority area in the Bill and, therefore, in all subsequent housing policy and work undertaken across the nation.

CONTENT OF NATIONAL HOUSING AND HOMELESS PLAN (PART 2, DIVISION 2, CLAUSE 8)

The Bill intends to give effect to the right to adequate housing affirmed in the International Covenant on Economic, Social and Cultural Rights 1966, in which Article 11 recognises ‘the right of everyone to an adequate standard of living for himself and his [sic] family, including adequate food, clothing and housing, and to the continuous improvement of living conditions’.⁶ While Asthma Australia welcomes a rights-based approach, the Bill should define ‘adequate housing’. We suggest this definition should reference the contribution of housing to health, and to this end state that ‘adequate housing supports good health and wellbeing by providing a healthy indoor environment and protection against climate change impacts’.

Additionally, clause 8 should comprise an additional bullet point (k) under paragraph (1) so that the direction of the National Housing and Homelessness Plan includes ‘improving health outcomes that are associated with housing conditions’. Alternatively, wording from Article 25 of the United Nations Universal Declaration of Human Rights 1948 could be used in relation to this new bullet point, further emphasising the rights-based approach of this Bill, so that it reads ‘ensuring a standard of living adequate for the health and well-being¹ of individuals and families’.⁷ This phrase could also be used in relation to the definition of adequate housing.

Finally, a new bullet point ‘l’ is also required in clause 8 under paragraph (1) that relates to ‘improving access to healthy, renewable energy sources’ to ensure that the Plan, and all related policy on housing undertaken across the nation, seeks to reduce residential greenhouse gas emissions and to remove energy sources that are harmful to human health from Australian homes.

PROCESS OF PREPARING NATIONAL HOUSING AND HOMELESSNESS PLAN (PART 2, DIVISION 2, CLAUSE 9)

We welcome the Bill’s intention to embed co-design into the development of the Plan. The list of groups detailed in paragraph (1) with whom the Minister must prepare the Plan should specify the civil society organisations and include ‘public health organisations’, amongst others. This would help ensure that the Plan appropriately considers and responds to the many health risks that arise from poor housing conditions.

IMPLEMENTATION OF NATIONAL HOUSING AND HOMELESSNESS PLAN (PART 2, DIVISION 2, CLAUSE 10)

The list of groups detailed in paragraph (1) with whom the Minister must include and engage with in the implementation of the Plan should specify the civil society organisations and include ‘public

¹ Article 25, paragraph (1) reads ‘Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.’

health organisations’, amongst others. Again, this would help ensure that the Plan appropriately considers and responds to the many health risks that arise from poor housing conditions.

NATIONAL HOUSING CONSUMER COUNCIL (PART 3, DIVISION 2, CLAUSE 17)

Asthma Australia would like to see added to the list of issues that the Consumer Council advise the Minister on under paragraph (1), bullet point (a) ‘persons with lived experience of chronic health conditions’, inserted before the final existing bullet point (x). This would help ensure that issues relating to home health, and how homes can both support good health and contribute to poor health, are appropriately understood and reflected in the work of the Consumer Council from the perspective of someone with lived experience.

In addition, we would like to see ‘the impacts of climate change’ added to this list to become new bullet point (xii). As previously mentioned, climate change can compound and exacerbate poor housing conditions. Hence, the detrimental effects of climate change on housing stock and the need to adapt housing to be climate resilient should be considered by the Consumer Council.

NATIONAL HOUSING CONSUMER COUNCIL (PART 3, DIVISION 3, CLAUSE 20)

Asthma Australia would like to see membership requirements of the National Housing Consumer Council as set out in paragraph (2) include new bullet point (e) ‘a person with a chronic health condition’. Again, this would help ensure that issues relating to home health, and how homes can both support good health and contribute to poor health, are appropriately understood and reflected in the work of the Consumer Council from the perspective of someone with lived experience.

REFERENCES

¹ Institute of Medicine (2011). Climate Change, the Indoor Environment, and Health.

<https://nap.nationalacademies.org/catalog/13115/climate-change-the-indoor-environment-and-health>

² Knibbs, W., Marks, C. (2018). Damp housing, gas stoves and the burden of childhood asthma in Australia. MJA.208(7):299–302.

³ Mayi Kuwayu. National Study of Aboriginal and Torres Strait Islander Wellbeing. Available from: <https://mkstudy.com.au>

⁴ Australian Bureau of Statistics (2017). National Aboriginal and Torres Strait Islander Social Survey, 2014-15. Available from: <https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4714.0~2014-15~Main%20Features~Housing~9>

⁵ Australian Institute of Health and Welfare (2023). Chronic respiratory conditions. Available from: <https://www.aihw.gov.au/reports/chronic-respiratory-conditions/chronic-respiratory-conditions/contents/asthma>

⁶ United Nations (1966). International Covenant on Economic, Social and Cultural Rights. Available from: [International Covenant on Economic, Social and Cultural Rights | OHCHR](https://www.unhcr.org/refugees/article/43e47826-international-covenant-on-economic-social-and-cultural-rights-ohchr)

⁷ United Nations (1948). Universal Declaration of Human Rights. Available from: [Universal Declaration of Human Rights | United Nations](https://www.unhcr.org/refugees/article/3b671786-universal-declaration-of-human-rights-united-nations)