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# National Housing and Homelessness Agreement Review

## AMA submission to the Productivity Commission

### March 2022

Via submissions portal at [www.pc.gov.au](http://www.pc.gov.au)

The Australian Medical Association (AMA) recognises that housing and health are intricately connected and welcomes the chance to make a submission into the Productivity Commission-led review of the *National Housing and Homelessness Agreement* (NHHA) (the review).

The AMA supports the objective of the NHHA: “... to contribute to improving access to affordable, safe and sustainable housing across the housing spectrum, including to prevent and address homelessness, and to support social and economic participation” (p.3). In addition to the core principles of equity and affordability, the AMA emphasises that a stronger emphasis on the health considerations associated with housing would enhance the agreed outcomes and performance measures of the new NHHA. We also note that the agreement cannot exist in isolation from broader economic, social and health policy and fiscal settings and therefore these linkages should be observed in the agreement terms. For example, housing is cited as a social determinant of health in the *National Preventive Health Strategy 2021-2030*, providing opportunity for governments to set some measurable targets to improve housing with a health outcome focus.

The ongoing impacts of the Covid-19 pandemic, along with the devastating impacts of fires and floods in Australia over recent years have highlighted that housing is a fundamental pillar for public health. The AMA suggests that the clear linkages between housing and health should be strongly reflected in the new NHHA, with a view to improving housing for populations most in need such as lower socio-economic groups, Aboriginal and Torres Strait Islander peoples and communities living in higher-risk areas for natural disasters.

### Housing as a determinant of health

In the 2020 Position Statement; [Social Determinants of Health](#), the AMA observed that while there is strong evidence that health system spending contributes to better health outcomes,<sup>1</sup> it has also been recognised that almost half of an individual’s overall health and

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<sup>1</sup> Cylus, J., Permanand, G. & Smith, P. (2018). Policy Brief. Making the economic case for investing in health systems: What is the evidence that health systems advance economic and fiscal objectives? World Health Organization Regional Office for Europe. Accessed from: [http://www.euro.who.int/\\_data/assets/pdf\\_file/0010/380728/pb-tallinn-01-eng.pdf?ua=](http://www.euro.who.int/_data/assets/pdf_file/0010/380728/pb-tallinn-01-eng.pdf?ua=)

wellbeing can be attributed to socioeconomic factors.<sup>2</sup> Measuring the precise health impacts of investments outside the health domain can be difficult, but it is clear that some of the biggest improvements for people at risk of poor health outcomes derive from addressing the social determinants of health, including housing, social care, and isolation.

The AMA asserts that action on the social determinants of health is an appropriate way to address avoidable health inequalities and the NHHA presents an opportunity to link adequate housing standards with improved health outcomes for communities most in need. The World Health Organization's (WHO) Commission on Social Determinants of Health made recommendations about the importance of closing the gap in health outcomes by addressing the social determinants of health. The WHO recommends a 'whole of government' approach that recognises the impact of policies in a range of portfolio areas, and the subsequent impacts on health.

Recommendations include:

- Give every child the best start in life.
- Enable all children, young people and adults to maximise their capabilities and have control over their lives.
- Create fair employment and good work for all.
- Ensure a healthy standard of living for all.
- Create and develop healthy and sustainable places and communities.
- Strengthen the role and impact of ill-health prevention.

#### *Leading child health peaks calling for a focus on child health*

In February 2022, the AMA along with other leading child health peak organisations called on all political parties to [urgently prioritise child health](#). This call included access to good housing – a fundamental human right and essential to ensure that children are growing up in a healthy, stable<sup>3</sup> and safe environment in order to have the best possible opportunities to grow and thrive in these critical development years.

Our recommendation is that government form a Child Health Taskforce within six months of the 2022 Federal election to guide policy development and priorities in this area. The signatories to this statement are experts in child and developmental health, recognising that evidence-based strategies made during the early years of life will have a very powerful and positive impact on the rest of that person's life.

The AMA suggests that the NHHA terms could consider linking to broader policy frameworks focused child health and wellbeing and developing minimum standards and targets to ensure that all children in Australia have safe, stable and appropriate housing.

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<sup>2</sup> Hood, C., Gennuso, K., Swain, G. & Caitlin, C. (2016). Country Health Rankings: Relationship between determinant factors and health outcomes. *Am J Prev Med*; 50(2) pp 129-135. Accessed from: <https://www.ncbi.nlm.nih.gov/pubmed/26526164>

<sup>3</sup> The AMA is a member of the Raise the Age Campaign, calling on all governments to raise the age of criminal responsibility from 10 to a minimum of 14 years of age. Children do not belong in jail and deserve the best start in life to stay healthy, gain an education and be a part of their community. Current legislative settings disproportionately affect Aboriginal and Torres Strait Islander children, and the AMA regards this as a critical child health issue that must be addressed.

### *Aboriginal and Torres Strait Islander housing and health*

Australian Institute of Health and Welfare (AIHW) [data](#) indicate that in 2019-19, 1 in 5 (or 20%) of Aboriginal and Torres Strait Islander households were living in dwellings that did not meet an acceptable standard – which includes houses that have major structural problems or having a basic household facility that was unavailable. The AMA supports the AIHW suggestion that “addressing infrastructure, health promotion and the policy environment simultaneously”<sup>4</sup> works as a housing development strategy designed to improve Aboriginal and Torres Strait Islander health outcomes. We emphasise that this must be done in partnership with Aboriginal and Torres Strait Islander peak organisations and communities.

The [National Agreement on Close the Gap](#) forms the agreement between Australian governments and Aboriginal and Torres Strait Islander representatives on the actions that will be taken to meaningfully close the gap in health and life disparities between Indigenous and non-Indigenous Australians. Housing is prominent in this agreement, cited in the priority reforms and specific targets. The priority reforms are intended to transform the ways in which Australian government work with Aboriginal and Torres Strait Islander peoples, emphasising partnership, self-determination and power sharing.

Of particular relevance to the NHHA is Priority Reform 1 – Formal Partnerships and Shared Decision making. Housing is identified as a policy priority area, requiring governments and Aboriginal and Torres Strait Islander organisations to work together to identify pathways forward to improve housing outcomes. The AMA notes that the NHHA issues paper asks for further advice in the submissions process on how the NHHA should intersect with the National Agreement on Closing the Gap. We emphasise that Aboriginal and Torres Strait Islander communities and organisations are best-placed to advise how the NHHA can support their diverse housing needs, and that the NHHA should also recognise the linkages with housing and health in this particular context. For example – the impacts of overcrowding on communicable disease and the disproportionate prevalence of other illness such as Rheumatic Heart Disease and Otitis Media in Aboriginal and Torres Strait Islander communities.

The AMA recommends that the Productivity Commission actively seek Aboriginal and Torres Strait Islander expertise to inform the NHHA, and we support the recommendations in the NACCHO policy position paper; [Aboriginal Housing for Aboriginal Health](#) to guide this. The new agreement presents an opportunity to shape a well informed and responsive approach to Aboriginal and Torres Strait Islander housing needs that is guided by a commitment to deliver equity, far better health outcomes and significantly reduce the number of people who are living in over-crowded and unfit-for-purpose housing.

### **The impacts of Covid-19 on housing, health and homelessness**

The restrictions and isolation that arose from the Covid-19 response highlighted the immense value of stable housing as work and schooling moved to remote settings for much of the

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<sup>4</sup> Australian Institute of Health and Welfare and Australian Institute of Family Studies (2013), [Housing strategies that improve Indigenous health outcomes](#), (p.1)

population. However, these settings also highlighted the additional risks and hardships faced by people who were in insecure housing or overcrowded households such as:

- Inability to isolate safely from other people in the household infected with Covid-19.
- Inability to isolate or quarantine in accordance with public health orders.
- Increased risk of domestic violence.
- Prolonged exposure to unsafe environments for at-risk children.
- Reduced access to housing supports and other community services for people experiencing homelessness and rough sleepers.

The AMA suggests that the NHHA could also respond to broader social and community needs by considering how to enable governments to respond to additional pressures on social and community housing as was seen during the pandemic. This could include:

- Mobilising primary health care services to people most in need.
- Flexible, responsive and targeted community outreach services attached to housing providers.
- Prioritising vaccine access to populations in insecure or unstable housing.

### **A changing climate and increased pressure on housing supply and affordability**

Recent climate related events in Australia including the 2019-20 bushfires and the 2022 floods have caused widespread housing and property loss in those affected areas. People are facing multiple hardships to rebuild their lives and homes including navigating insurance processes, maintaining an income and job with nowhere to live, the trauma of rebuilding after a devastating event, and building and supply chains interrupted by the pandemic resulting in what can be a several-year process to rebuild - for those who can afford to.

The AMA suggests the NHHA has capacity to acknowledge the increased risks faced by communities in areas prone to extreme weather events. This could include some recommendations around disaster management plans, climate adaptation and resilience, aligned with the broader priority setting already underway at the Commonwealth and State and Territory levels. Further – we suggest there is scope for NHHA to focus on minimum standards for rental property to ensure that tenants have adequate insulation, heating and cooling throughout the year.

From a health perspective – maintaining public health becomes far more challenging when communities become displaced due to extreme weather events such as floods and fires. The AMA suggests that planning around temporary crisis housing and longer-term sustainable and climate-appropriate housing should also be informed by broader community health priorities such as ability to access primary health care and continuity of care for people in climate-affected areas.

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