

5. Housing and health hardware

It has long been recognised that the living conditions of Indigenous Australians are generally much poorer than that of other Australians.

Indigenous people generally have lower incomes and higher unemployment. Fewer own or are buying their own homes (32% compared with 67.5% for non-Indigenous households)¹. Those who don't own their homes rely heavily on renting public housing or community housing². Many Indigenous people, especially in remote areas, live in overcrowded conditions and in poor quality housing.

The National Health Strategy (1992) says that people with unmet housing needs tend to be socio-economically disadvantaged and

- have much higher death rates compared with people from more advantaged backgrounds,
- have the poorest health, and
- are more likely to have serious chronic illnesses.

The link between housing and health

Poor health is directly linked to poor housing and housing infrastructure. In areas where there is substandard housing, it is also likely that the drinking and washing water are contaminated, sanitation is poor and the houses are unsafe. All of these are major factors associated with preventable illness and high death rates³ (see box over page).

A landmark study of housing conditions and the health status of Aboriginal people in the Pitjantjatjara lands in South Australia⁴ found that improvements in essential health hardware (repairs, clean running water, waste drainage and removal) led directly to health improvements, especially for children. Diseases such as skin infections (which can ultimately lead to kidney disease and rheumatic fever), eye infections, diarrhoea, respiratory illness and hepatitis

were all significantly reduced. Intervening to prevent these infections in childhood will improve the lifelong health of that child.

The impact of poor housing and infrastructure on health is illustrated by the graph below, which shows the number of hospitalisations arising from environmental related diseases. The high number of hospitalisations in rural and remote areas reflects the poorer housing and community infrastructure in those regions.

How bad is the problem?

In 1999 and 2001, the Australian Bureau of Statistics conducted Community Housing and Infrastructure Needs Surveys (CHINS), collecting information in more than 1000 Indigenous communities:

- 17 communities had no water supply at all, and 121 communities had an unreliable water supply (1999);
- 133 communities had no electricity supply (1999);
- 31% of dwellings were in need of major repair or replacement (2001);

“Everyone has the right to a standard of living adequate for the health and well-being of himself and his family, including food, clothing, housing, and medical care and necessary social services ...”

Article 25 of the Universal Declaration of Human Rights

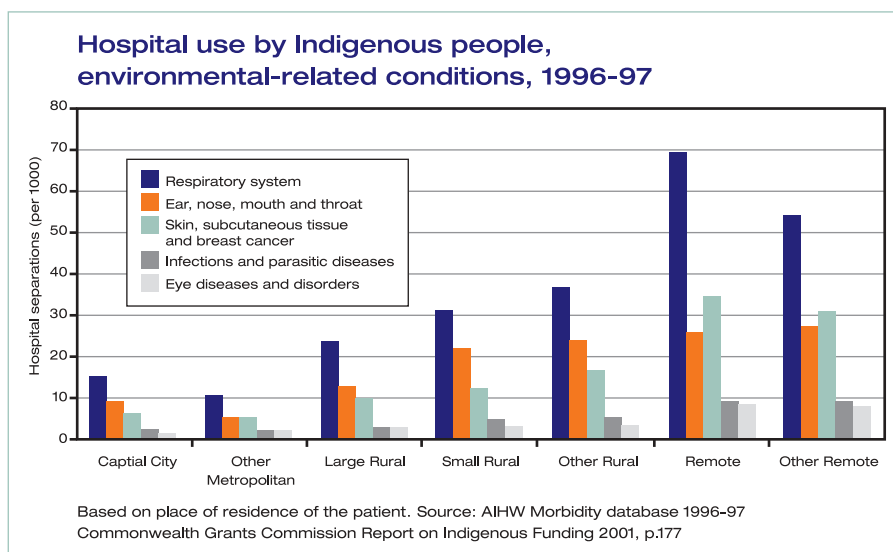
- 48% of communities with a population of 50 or more people had experienced sewerage overflow or leakage in the previous 12 months (2001).

Of 4000 Indigenous homes surveyed during 1998-99 in the Northern Territory, **only 13%** had functioning water, waste, cooking and cleaning facilities.

Who is responsible for Indigenous housing?

Governments recognise a responsibility to ensure that adequate housing is provided for *all* Australians, including low cost public housing for people on low incomes.

Responsibility for providing housing and infrastructure to Indigenous Australians – whether through public or community housing – rests primarily with the Commonwealth, state, territory and local governments.



Under the 2003-2008 Commonwealth State Housing Agreement, the Commonwealth will grant more than \$4.75 billion to states and territories for housing assistance (such as public and community housing, Indigenous housing, crisis accommodation, home purchase assistance and private rental assistance), matched by state contributions of approximately \$2.3 billion⁵.

In May 2001, the Commonwealth, State and Territory Housing Ministers adopted a new 10 year policy commitment to "safe, healthy and sustainable housing for Indigenous Australians" and promised a full review of progress in 2005⁶.

However, government projections indicate that there will be significant unmet need for many years as population growth and ageing housing stock tip the balance against the supply of new houses and repair and maintenance of existing houses⁷.

The cost of bringing health hardware (housing, water, sewerage) to an acceptable *minimum* standard in Indigenous communities has been estimated at \$3.5 billion. At current funding levels, it would take 20 years to clear the existing backlog of unmet housing need⁸. At present only small amounts of mainstream funding are allocated to remote regions where Indigenous people have the highest housing needs⁹.

"As a result of history, poverty and isolation, Indigenous Australians have experienced some of the worst housing and associated living conditions of any group within the Australian community."

Indigenous Housing Fact Sheet, OATSIA, 2003

Doesn't ATSI pay for Indigenous housing?

ATSI does *not* have sole responsibility for Indigenous housing, yet it often has to step in to provide services that should be provided by state or local governments. Through its Community Housing and Infrastructure Program (CHIP), ATSI has put a lot of money into housing and essential infrastructure, such as sewerage and water supply¹⁰. ATSI also has a successful program that helps Indigenous people to buy their own homes, and a Housing for Health program. With an annual budget of about \$200 million for CHIP¹¹, ATSI does *not* have the funds to fix the housing backlog.

What needs to be done?

"As the new century begins, Aboriginal and Torres Strait Islander people still typically endure much lower standards of housing than other Australians. Redressing this unacceptable situation will be one of the important challenges for public policy over the next decade. It will require a sustained and concerted effort by governments in close partnership with Indigenous people."

Building a Better Future: Indigenous Housing to 2010, Housing Ministers Conference, May 2001

Current housing and infrastructure programs can be expected to contribute to improvements in health for the people that they reach. Although Commonwealth and state governments have made a commitment to improve Indigenous housing, the funding available is clearly not enough to make a significant difference within the 10 year time frame that has been set. More funding, and clear, achievable goals that must be met by governments are needed to bring Indigenous housing up to the standard enjoyed by the majority of Australians.

References

1. HREOC A statistical overview of Aboriginal and Torres Strait Islander peoples in Australia at http://www.hreoc.gov.au/social_justice/statistics/index.html See also: Commonwealth Grants Commission, *Report on Indigenous Funding 2001*, pp 146-147
2. About 23% rent public housing, a small proportion rent privately and a large proportion rent Indigenous community housing
3. ATSI Issues: *Disadvantage*, "Housing", <http://www.atsic.gov.au/issues/disadvantage/housing/Default.asp> See also Currie BJ and Carapetis JR, "Skin infections and infestations in Aboriginal communities in northern Australia", *Australasian Journal of Dermatology* 41 (3), 139-143.
4. Paul Pholeros, Stephan Rainow and Paul Torzillo, *Housing for Health: Towards a healthy living environment for Aboriginal Australia*, Health Habitat, 1993
5. Under the 2003 Commonwealth State Housing Agreement, the state contribution is 48.9% of its grant from the Commonwealth. Commonwealth Dept of Family and Community Services Website <http://www.facs.gov.au/internet/facsinternet.nsf/AboutFaCS/programs/house-csha.htm>
6. *Building a Better Future: Indigenous Housing to 2010*, http://www.facs.gov.au/internet/facsinternet.nsf/aboutacs/programs/community-indig_housing_2010.htm
7. *Strategic Plan - 1996*. Darwin: Indigenous Housing Authority of the Northern Territory, 1996
8. ATSI website, *Social and Cultural programs - Community Housing and Infrastructure program* at http://www.atsic.gov.au/programs/Social_and_Cultural/Community_Housing_and_Infrastructure/Default.asp
9. Commonwealth Grants Commission, *Report on Indigenous Funding*, 2001, p.173
10. ATSI spent a total of \$1.049 billion between 1993-1999, and \$240 million in 2001-02 through its Community Housing and Infrastructure Program. This is the second largest program run by ATSI.
11. In 2002-03 \$202,358 was spent on CHIP, *ATSI Annual Report 2002-03*, p.155

20 years later, nothing much has changed

"With increasing living standards, Australia has a very low overall incidence of streptococcal infection, but, in contrast, our Indigenous communities have one of the highest incidences in the world, and corresponding high incidences of post-streptococcal glomerulonephritis (PSGN) [a risk factor for chronic renal disease in later life] and rheumatic heart disease ...

... As concluded by White and colleagues, prevention of streptococcal infection through improved economic and living conditions, and particularly control of skin infections, is possible and should reduce the incidence of renal involvement.

However, the real tragedy highlighted by this study is that, despite the passage of up to 20 years since these children were infected with streptococci, nothing much has changed to lower the rates of infection among Aboriginal children. Indeed, a very recent report demonstrated that skin infections still occur in up to 70% of Aboriginal children, with the major pathogens being group A streptococci.

It is imperative that such important results are heeded. Not until fundamental changes take place in the social, economic and living conditions of our Indigenous communities will this streptococcal disease be eliminated, as it has been in all other areas of Australia."

Robert C Atkins, Professor of Medicine and Director of Nephrology
Monash Medical Centre, extract from "How bright is their future?" *MJA*, 2001 174: 489-490.

