



24 November 2020

Submission to Statistics New Zealand Tauranga Aotearoa

The New Zealand College of Public Health Medicine would like to thank Statistics New Zealand Tauranga Aotearoa for the opportunity to make a submission on the [Preliminary view of 2023 Census content](#).

The New Zealand College of Public Health Medicine (the College) is the professional body representing the medical specialty of public health medicine in New Zealand. We have 205 current members, all of whom are medical doctors, including 185 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 College partners to achieve health gain and equity for our population, eliminating inequities across socioeconomic and ethnic groups, and promoting environments in which everyone can be healthy.

Background

The College wishes to comment specifically on the addition of new housing quality variables into the 2023 Census dataset. We recognise housing as a key determinant of health¹ and endorse the inclusion of data on *floor area* and *age of dwelling*, as administrative-only variables (not collected on the census dwelling form) into the dataset.

General points

Use of Census data to measure crowding in New Zealand

Exposure to household crowding is an important risk factor for infectious diseases such as meningococcal disease, acute rheumatic fever and tuberculosis.¹ Risk factors for household crowding include living in rental housing, multi-family households, low equivalised income, being unemployed and lack of educational qualifications.² Data from the 2018 Census showed that for some sociodemographic groups levels of exposure to crowding is high, particularly Pacific People (four in ten households), Māori (around a quarter of households in Northland regions and the east coast of the North Island) and children (around a quarter of tamariki and rangatahi were living in a crowded home).³ These populations have been also shown to experience the highest rates of hospitalisation for infectious diseases, with rates for Māori and Pacific peoples typically more than two times higher than those experienced by Europeans/Others.² Children living in crowded homes are at greater risk of developing infectious diseases than older household members.⁴

Census data has been used by public health researchers to analyse crowding, including a recent estimate of the [distribution of household crowding in New Zealand](#). These researchers identified

that the use of Census added strength to data analysis as it used total New Zealand population data rather than a sample, such as Housing New Zealand Corporation data. Census data, combined with other evidence, supported the need to identify interventions to reduce exposure to household crowding for Pacific and Māori households in New Zealand, particularly those with children.²

Collection of data on floor area in the Census to measure crowding

The College supports the collection of data on floor area in the Census as it would allow researchers to obtain an additional measure of crowding in the New Zealand context, 'people per floor area', potentially allowing more in-depth and accurate analyses. This approach would be in line with the World Health Organisation's recommendation of a 'people per floor area' crowding index.⁴ We note that Statistics New Zealand currently uses the Canadian National Occupancy Standard which provides a measure of bedroom occupancy in a dwelling which can be related to personal and household characteristics as a measure of crowding. This measure calculates the number of bedrooms needed – based on the demographic composition of the household. It presumes there should be no more than two people to a bedroom but that couples and children of certain ages can share a bedroom.⁵ We support the 'people per floor area' index as an additional measure as it seems more neutral, but acknowledge that it assumes that children and adults have similar space requirements, which could be regarded as culturally inaccurate.⁴ The College also recognises that the Census can only record some dimensions of household crowding and data on 'people per floor area' may not reflect instances of 'functional crowding' where household members sleep, live and eat together in a single room to cut down on heating costs.²

Use of data on age of dwelling to analyse occupancy of older housing stock

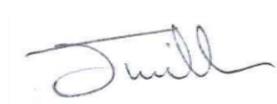
Many people on low incomes in New Zealand live in older housing stock, which is often cold, damp⁶ and lacking insulation, conditions which are linked to increased illnesses and infections, especially in young children.² Research shows that each year, respiratory hospital admissions are 74% higher during winter, and excess winter mortality is 20% higher than other seasons.⁷ The College supports collection and analysis of data on age of dwelling as it would provide more in-depth information about who is living in older houses and enable links to be made between other personal and household characteristics, as detailed in the Census.

Feasibility of collecting data on floor area and age of dwelling

The College notes there are several practical benefits in collecting both floor area and age of dwelling data. It is easy to find this information using the QV New Zealand websites and District Valuation Roles (direct from councils). Also, floor area and age of dwelling are direct measures of housing characteristics, not affected by individual perceptions. These measures do not involve people in disclosing details about their living arrangements in an official capacity.

Thank you for the opportunity for the NZCPHM to submit on the [Preliminary view of 2023 Census content](#). We hope our feedback is helpful and are happy to provide further clarification on matters covered in this submission.

Sincerely,



Dr Jim Miller, President, NZCPHM

References:

¹ New Zealand College of Public Health Medicine. NZCPHM Policy Statement on Housing. Wellington: NZCPHM, 2013.

https://www.nzcpmh.org.nz/media/64535/2013_08_02_nzcphm_housing_policy_statement.pdf

² Baker MG, McDonald A, Zhang J, Howden-Chapman P. Infectious diseases attributable to household crowding in New Zealand: A systematic review and burden of disease estimate. Wellington: He Kainga Oranga/ Housing and Health Research Programme, University of Otago, 2013

<http://www.healthyhousing.org.nz/wp-content/uploads/2010/01/HH-Crowding-ID-Burden-25-May-2013.pdf>

³ Statistics New Zealand, Tauranga Aotearoa. Almost 1 in 9 people live in a crowded house. Wellington: Statistics NZ, 2020.

<https://www.stats.govt.nz/news/almost-1-in-9-people-live-in-a-crowded-house>

⁴ Goodyear RK, Fabian A, Hay J. Finding the crowding index that works best for New Zealand. Applying different crowding indexes to Census of Population and Dwellings data for 1986–2006. Statistics New Zealand Working Paper No 11–04, 2011.

<http://infoshare.stats.govt.nz/methods/research-papers/working-papers-original/finding-crowding-index-11-04.aspx#gsc.tab=0>

⁵ Statistics New Zealand, Tauranga Aotearoa. Living in a crowded house. Exploring the ethnicity and wellbeing of people in crowded households. Wellington: Statistics NZ, 2018.

<https://www.stats.govt.nz/assets/Uploads/Reports/Living-in-a-crowded-house-exploring-the-ethnicity-and-well-being-of-people-in-crowded-households/living-in-a-crowded-house-exploring-the-ethnicity-and-well-being-of-people-in-crowded-households.pdf>

⁶ Child Poverty Action Group (CPAG). Our children, our choice: Priorities for policy. Auckland: CPAG, 2014.

<https://www.cpag.org.nz/assets/Publications/1410063-0%20Our%20Children%20Our%20Choice%202014.pdf>

⁷ Science Media Centre. Cold houses and impact on health. Wellington: Science Media Centre, 2008.

<https://www.sciencemediacentre.co.nz/2008/06/18/cold-houses-and-impact-on-health/>