



Fuel poverty and health - *prioritising health and social well-being in fuel poverty policies*

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Institute of Public Health in Ireland

All-Ireland organisation

Provide public health information and surveillance, advise on policy, and build capacity to strengthen the voice of public health

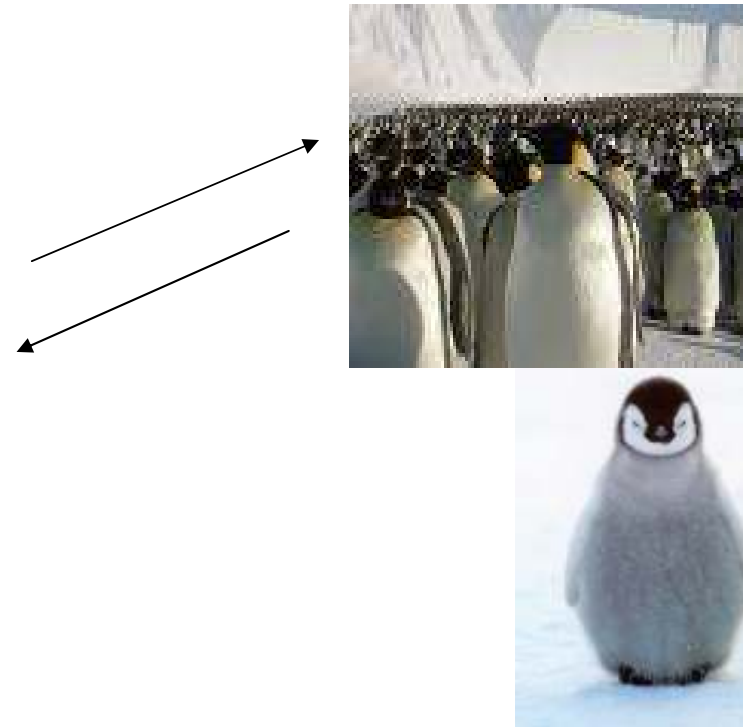
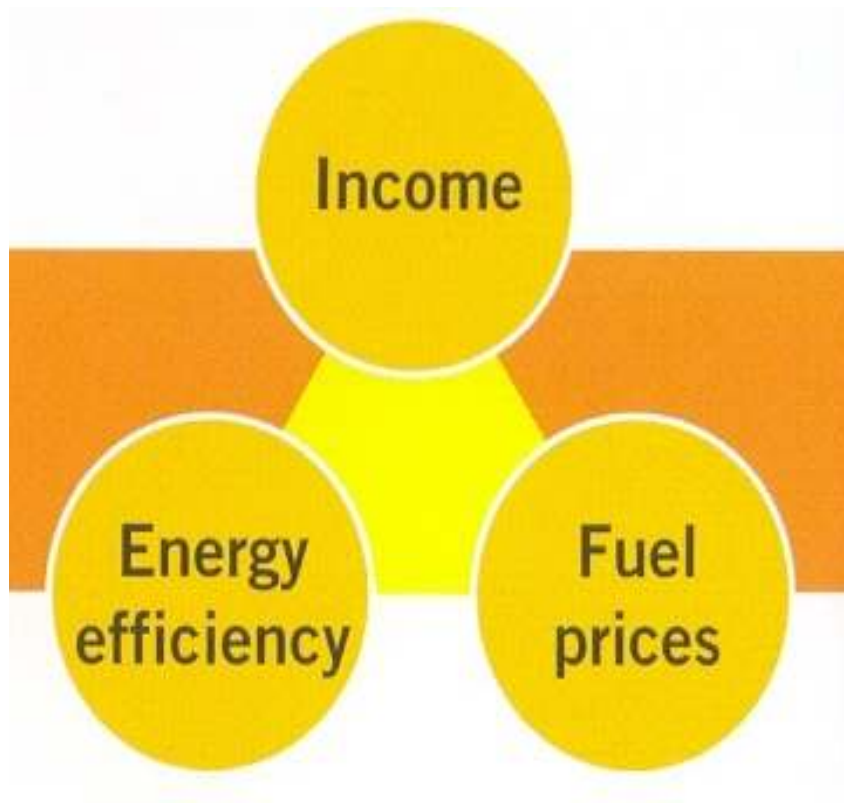
Focus on health inequalities - the development of resources to protect, maintain and promote the health of vulnerable groups



IPH and fuel poverty

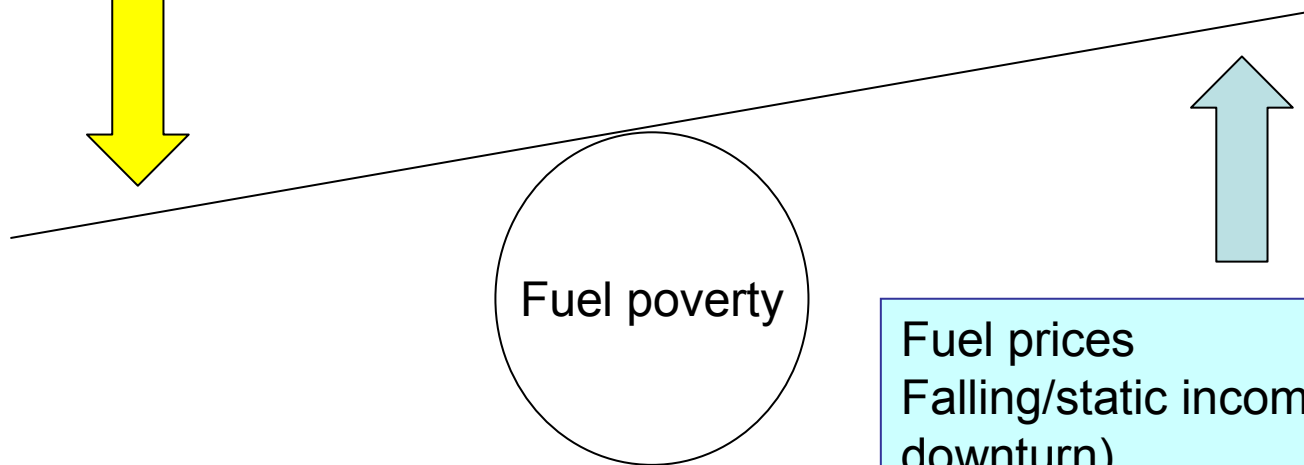
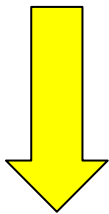
- Engaging Communities- An evaluation of a community development model for tackling rural fuel poverty (2004)
- Life doesn't revolve around lighting a fire anymore: An evaluation of the Warming Up project and recommendations for the future (2005)
- All-Ireland policy paper on fuel poverty and health (2007)
- Annual Update on Fuel Poverty and Health (2008)

A population health perspective



Fuel poverty – tipping the balance

Improved housing condition
Improved thermal efficiency
Improved income (economic upturn)
Higher fuel allowance
Other social welfare
Climate change



Fuel poverty



Fuel prices
Falling/static income (economic downturn)
Rising single occupancy housing
Demographic change – ageing, single parent family units.



Including health in the definition

- A household is living in fuel poverty if
 - (a) the house has to be heated to attain WHO recommended temperatures
 - and
 - (b) if the cost of this heating would be 10% or more of household income



Effects on human health

Direct effects

cold stress

damp & moulds

mental health

Indirect effects

heat or eat

debt, disconnection

spatial shrink

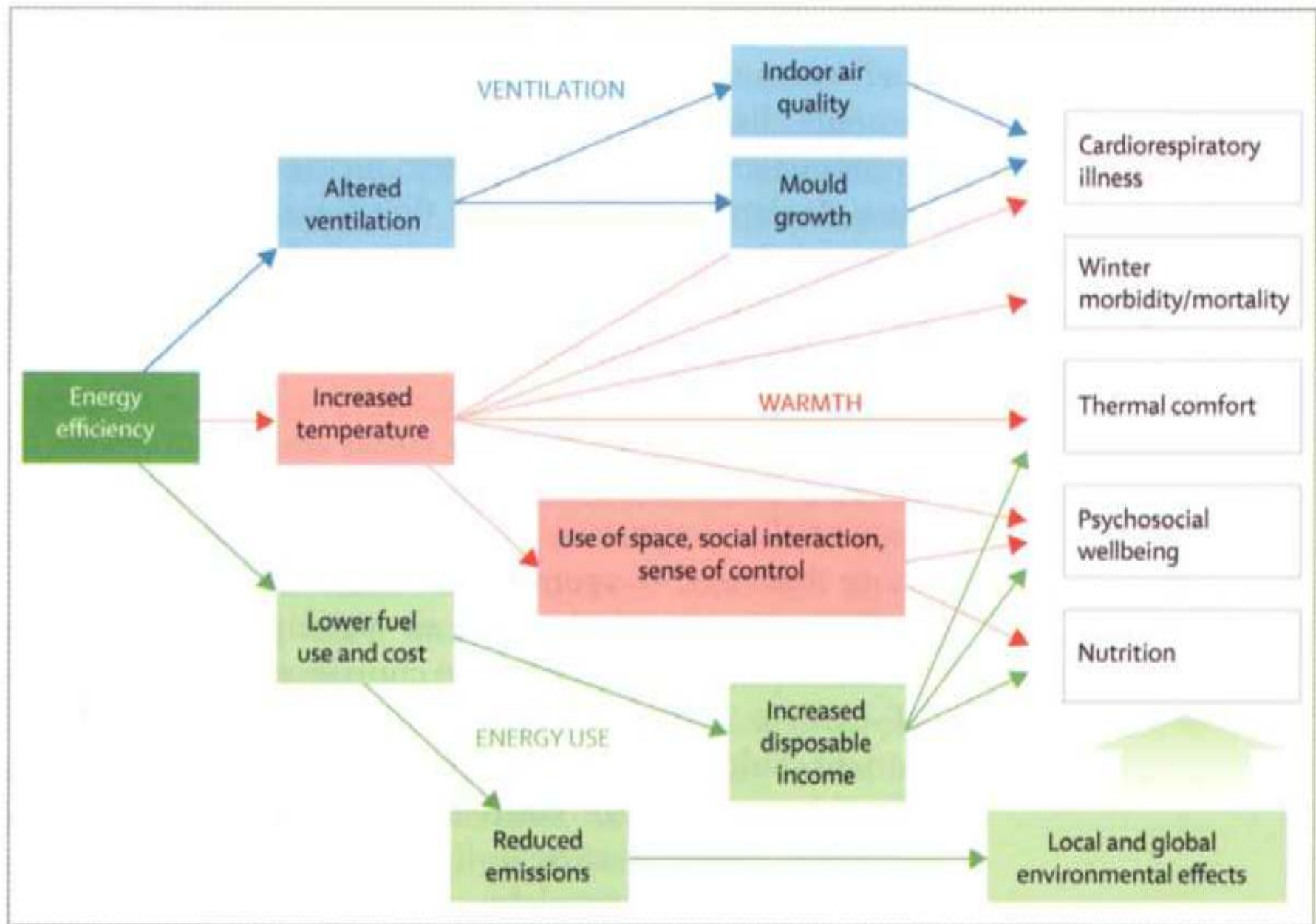


Figure 4: Connections between household energy efficiency and health

Note that energy reduction with improved efficiency depends on householder choice, and in practice many householders choose to use much of the benefit of increased efficiency as warmer homes in winter.

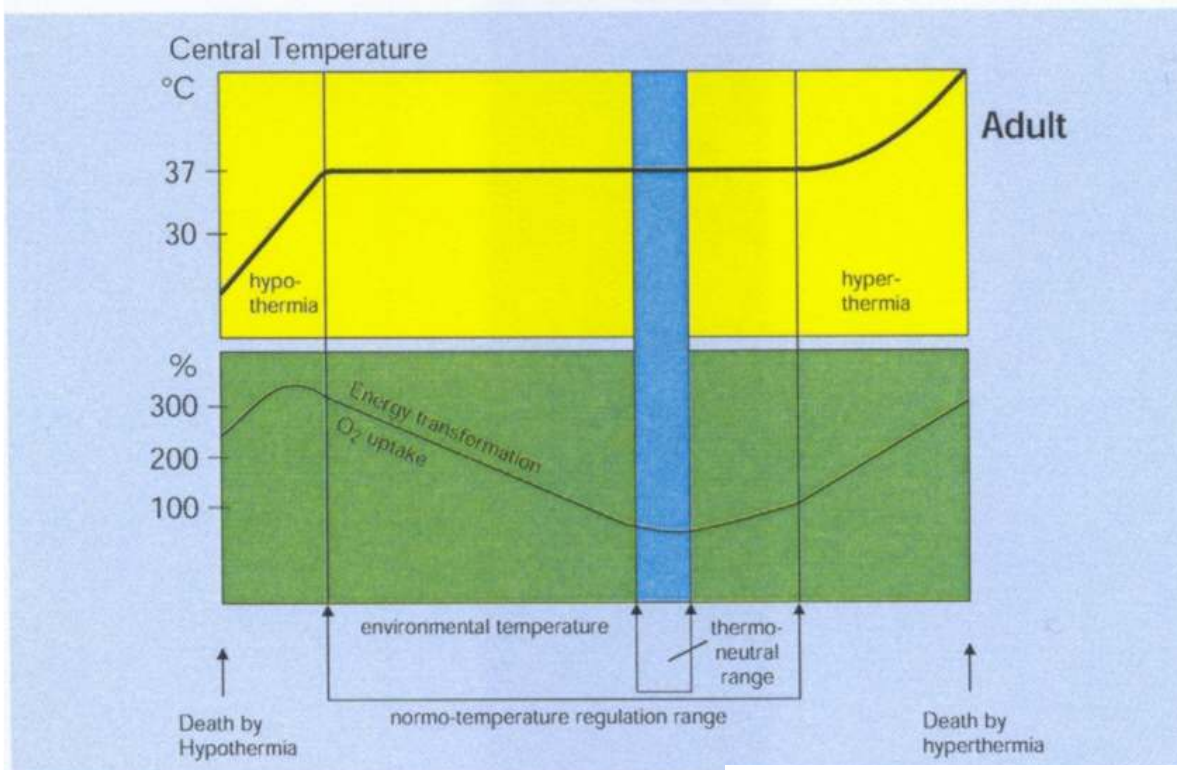


Figure 12. Thermo-neutral range of an adult.

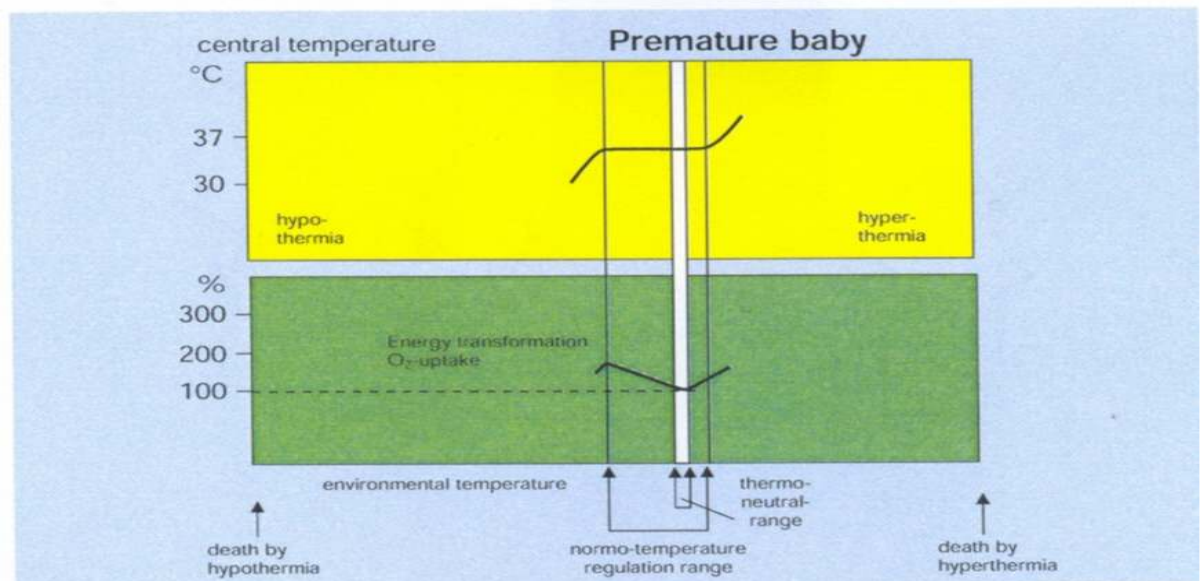


Figure 13. »Thermal-neutral« range of a premature baby

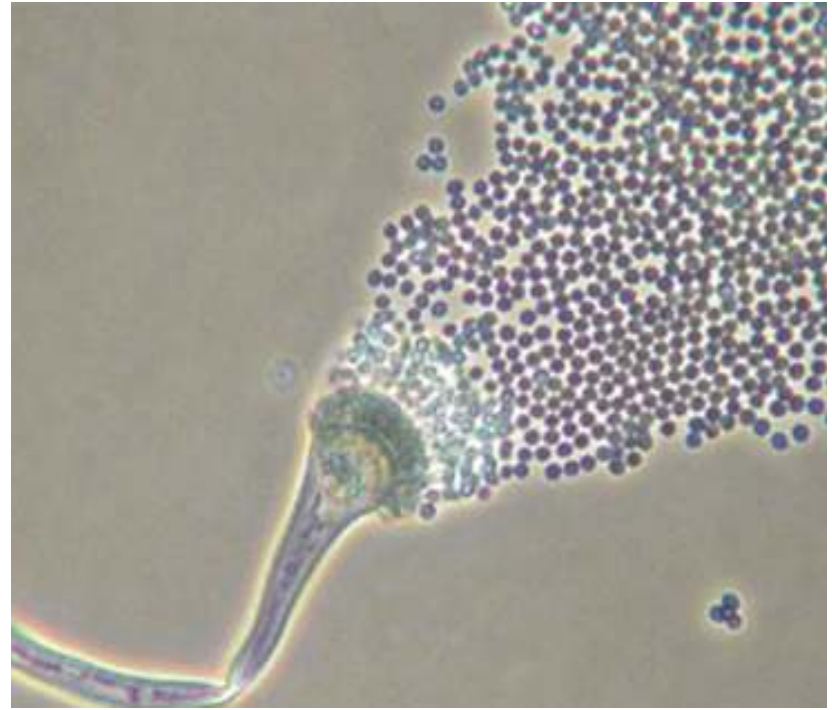


Table 16

Ability to Heat the Home Adequately and Presence of Damp

	N	Some difficulties (%) households)	Usually not (%) households)	Never (%) households)	Total % fuel-poor (%) households)
Household damp	154	35.7	7.8	4.5	48.1
No household damp	1,331	10.0	1.9	2.0	13.8
Damp living Room	24	16.7	8.3	12.5	37.5
Damp kitchen	59	30.5	6.8	8.5	45.2
Damp master bedroom	48	47.9	14.6	4.2	66.7
Damp 2 nd bedroom	52	48.1	11.5	5.8	65.4
Damp 3 rd bedroom	36	36.1	11.1	8.3	55.6
Damp bathroom	54	33.3	11.1	7.4	51.9

Consequences

Health



Death – CVD, stroke, resp.
Illness
Disability
Depression
Poor infant growth

Social



Poverty
Social exclusion
Housing deterioration

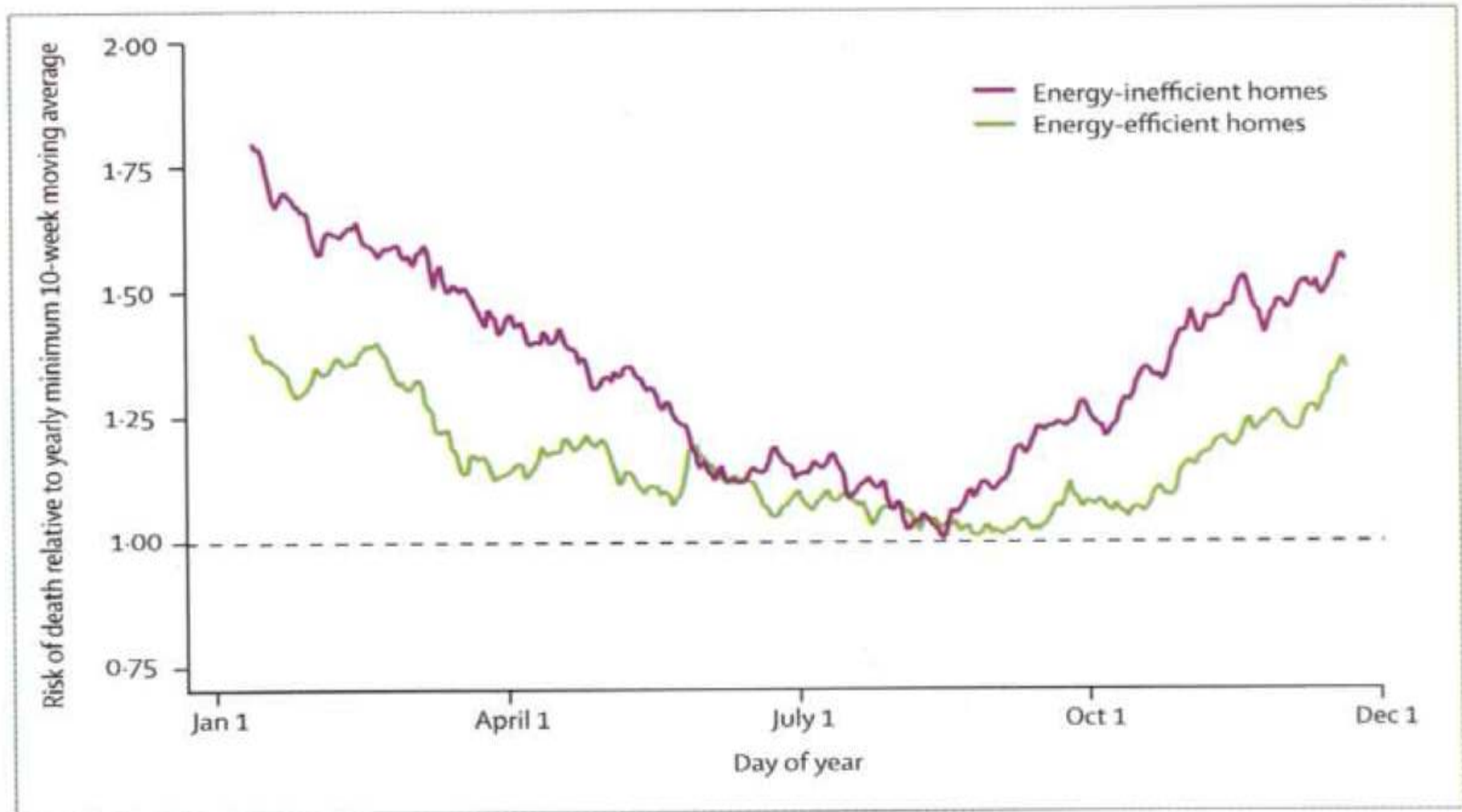
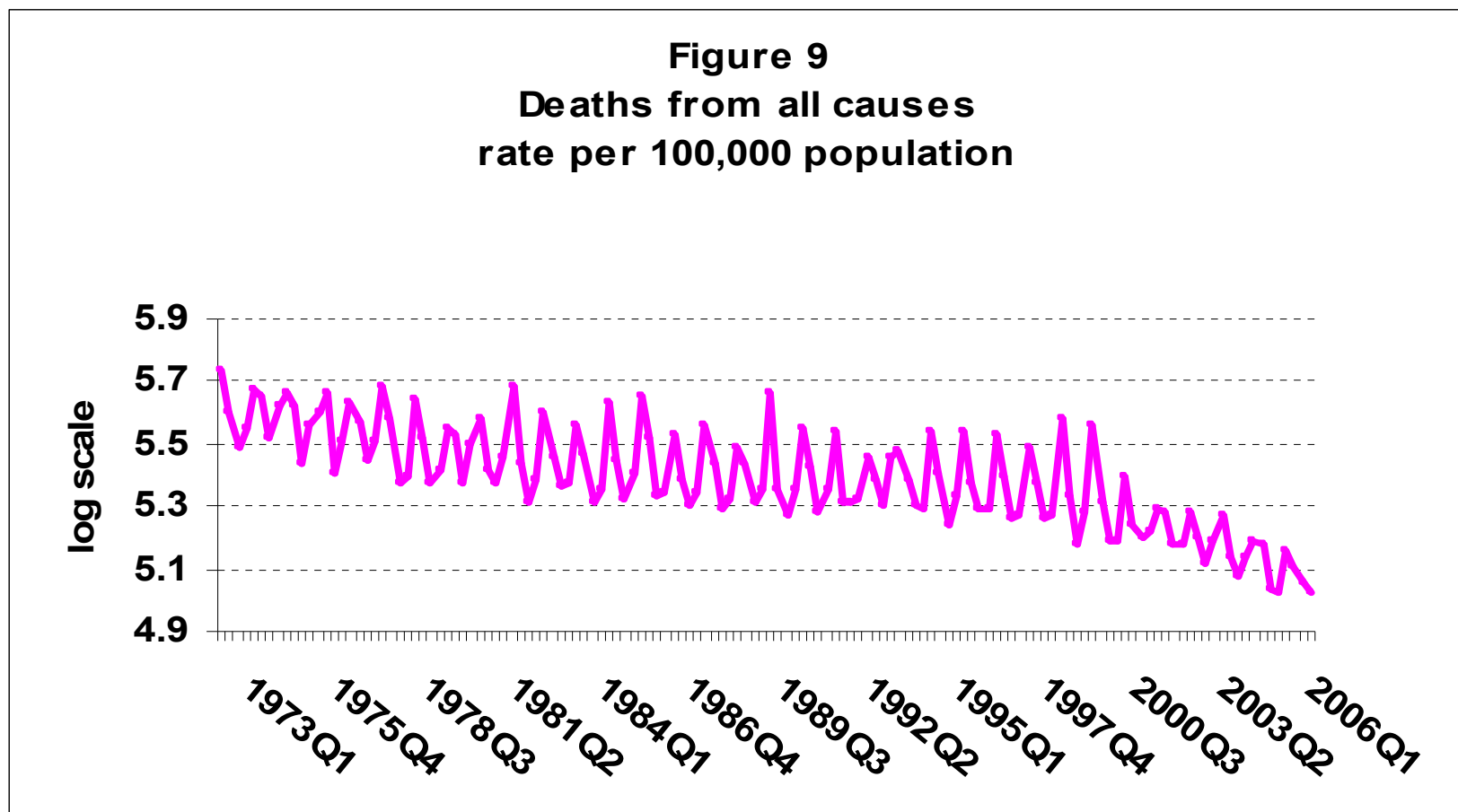


Figure 3: Seasonal average variation in mortality in relation to energy efficiency of English homes

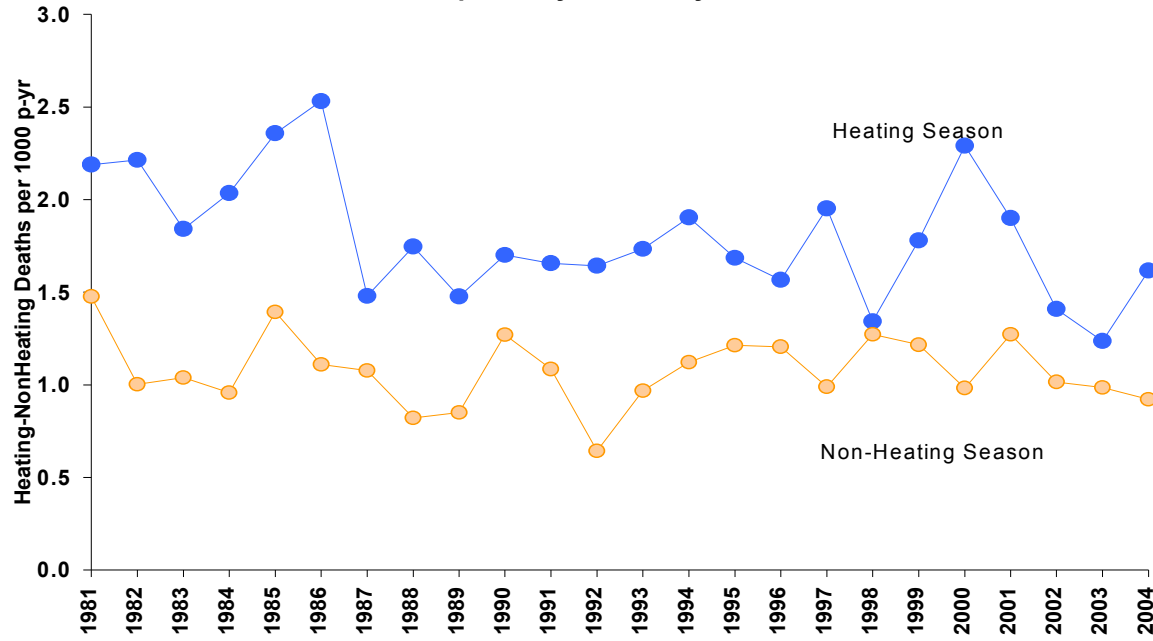
Figure adapted from reference 37. Energy-inefficient homes are in the lowest quartile of standardised heating costs and energy-efficient homes are in the highest quartile.

Seasonal mortality – trends

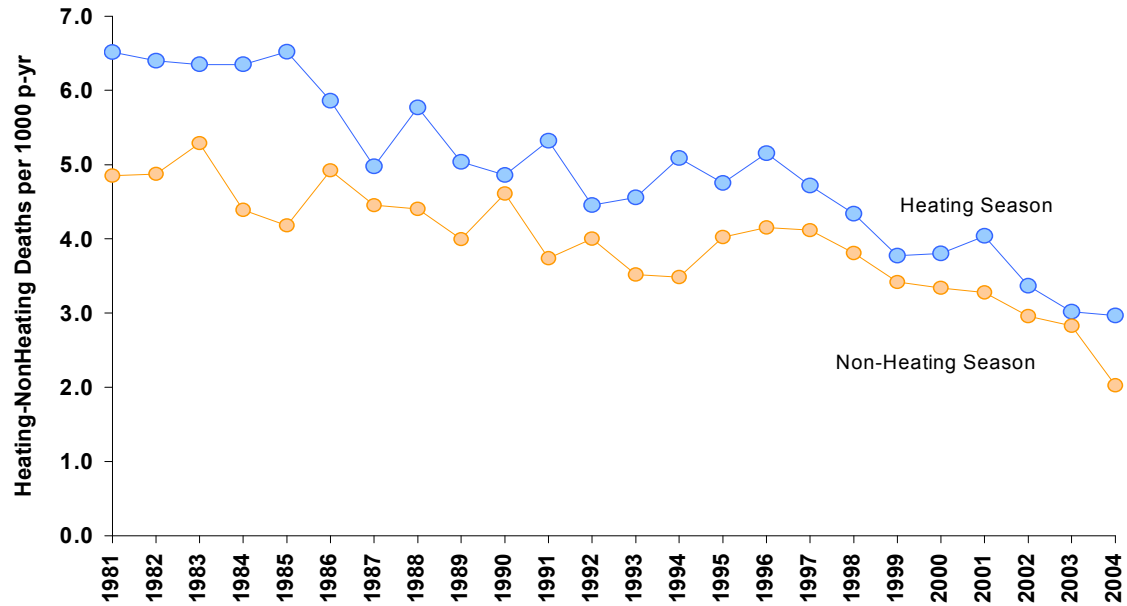
(Source: Brendan Walsh, UCD)



Cork Respiratory Mortality 1981-2004



Cork Cardiovascular Mortality 1981-2004

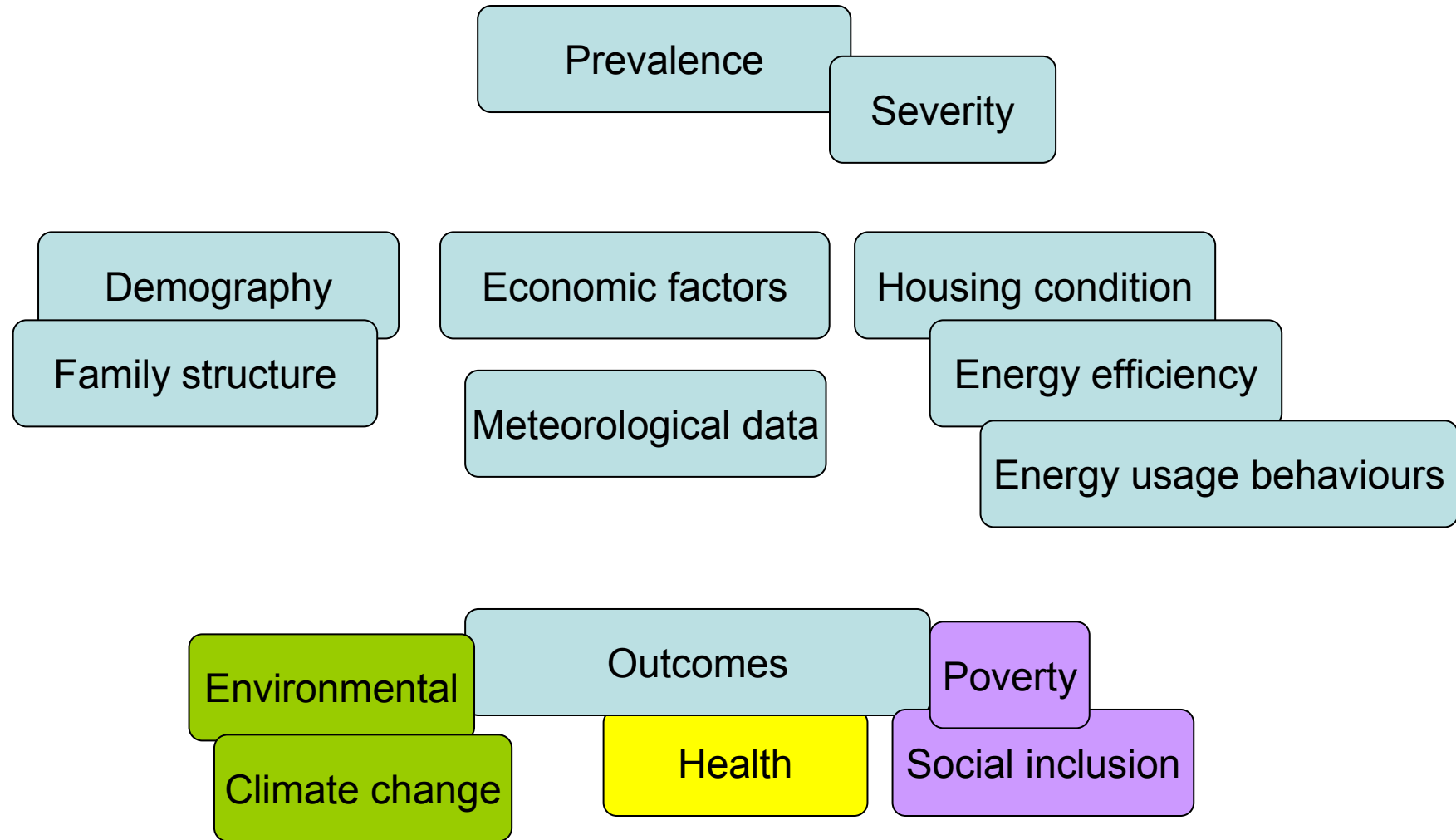


Fuel poverty and children

- For infants -hospital admission and being underweight
- For older children - respiratory disease, sick days off school



Fuel poverty indicators





Policy asks

- Health and well-being at the centre of legislation and policy related to fuel poverty/ affordable energy
- Leadership and co-ordination driven by a strategic interdepartmental approach
- Meaningful set of fuel poverty indicators – monitored and reported – clarity on definitions



Policy asks

- Priority - divert resources towards capital investment in improving housing condition and energy efficiency of dwellings (monitor health effects)
- Recognition and prioritisation of needs of vulnerable groups by all sectors
- Research portfolio relating to fuel poverty/ energy affordability including a health component