



# Housing, Heating and Health Study: results

Professor Philippa Howden-Chapman  
Housing, Heating and Health Group,  
*He Kainga Oranga*

Housing and Health Research Programme  
University of Otago, Wellington



## Collaboration between

Researchers at universities of Otago,  
Massey Maori Studies & Building Science,  
Victoria, Auckland School of Population  
Health, BRANZ Ltd

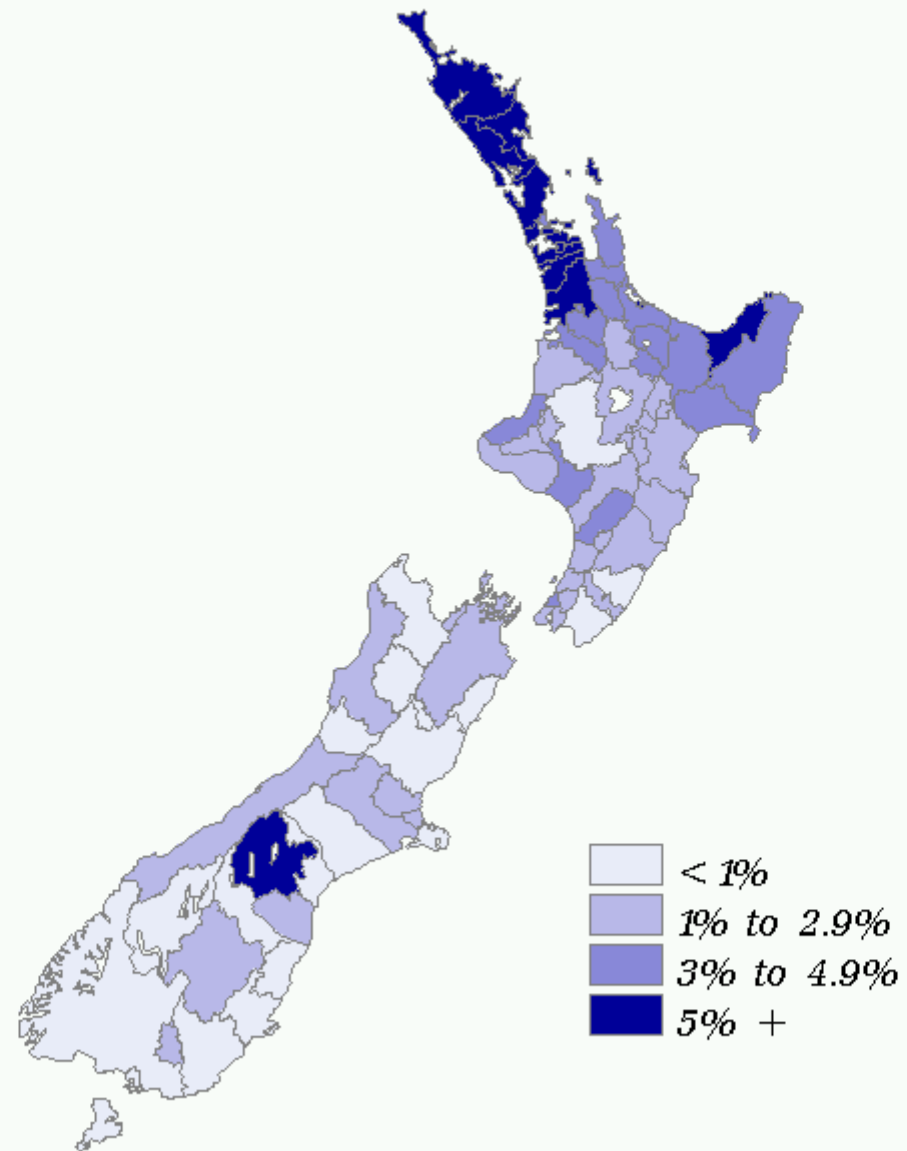
Recent funders: HRC, Contact, MfE, DHBs  
(Hutt and Capital & Coast)...

Community groups, PHOs, Schools...

# Housing

- NZ houses are cold and damp, with inadequate heating
- Average winter temperature is 16°C (WHO recommends 18°C – 21°C)
- 1600 excess winter deaths from respiratory and circulatory problems compared to 900 deaths attributable annual to traffic pollution
- 1,000x rule

*Use of No heating*  
*Single parent with dependant children, 2001*



# Problem of asthma

- Asthma and allergies are the most prevalent childhood chronic diseases
- In NZ, a quarter of the population have asthma ~ 200,000 children
- Asthma rates are higher in Maori children (31.7%) than in European (25.9%) or Pacific children (21.25%)

# LPG heaters

- Third of NZ households have UFGHs
- Exposure to  $\text{NO}_2$  can reduce immunity to lung infections and increase the severity and duration of a flu episode
- $\text{NO}_2$  inflames the lining of the lungs, which can cause problems such as wheezing, coughing, colds, flu and bronchitis.
- $\text{NO}_2$  also increases the health risks from particulates
- As well as gases released during combustion, water vapour is produced at a rate of 1.6 kg per LPG kg consumed, dependent on the proportion of butane and propane in the bottle.

# Housing & Heating Study

- Community-based, random control trial
- 2005, 409 households enrolled
  - Child, 6-12, with doctor-diagnosed asthma
  - Inefficient heaters
- 2005, houses insulated and baseline measures taken
- Intervention, household's choice of more effective heating installed
- 2006, follow-up measures taken
- 2007, control group heaters installed

# Study Aim

- This study aimed to see whether non-polluting, more effective, home heating reduced children's asthma symptoms over winter.



UNIVERSITY OF OTAGO  
WELLINGTON



SCHOOL OF MEDICINE





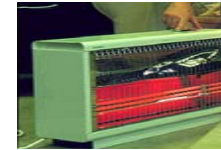
## Intervention

### Previous:

- X electric heaters (2kW)
- X unflued gas heaters (4kW)

### Replaced with:

- ✓ 320 heat pumps (4-7kW)
- ✓ 55 wood pellet burners (10kW)
- ✓ 11 flued gas heaters



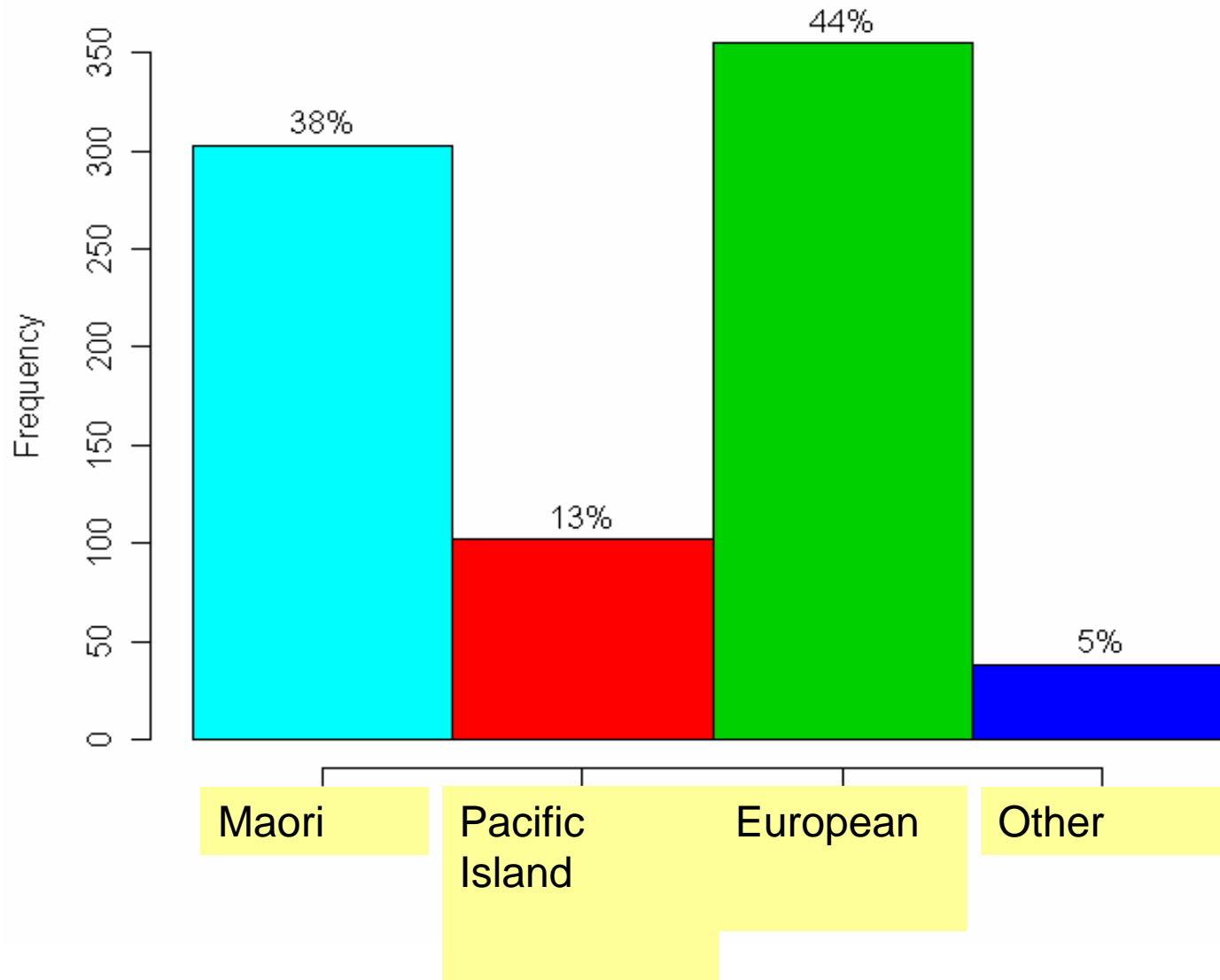


## Outcome measures

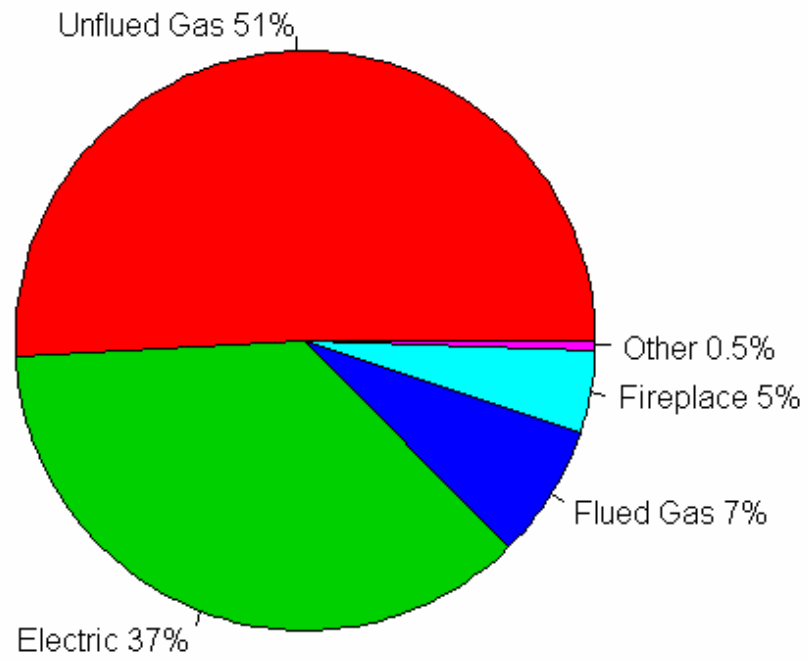
- Peak Flow Diaries – for the child with asthma (PEV and FEV)
- Symptom diaries for whole family
- Indoor environment measured (temperature, relative humidity,  $\text{NO}_2$ )
- Intensive monitoring in 69 homes (temperature, RH, HCHO, CO,  $\text{CO}_2$ ,  $\text{NO}_2$ , fungi (air and dust) heater use)
- School + GP + fuel/energy records
- Hospital records

# Baseline

## Ethnicity of Children in the Study

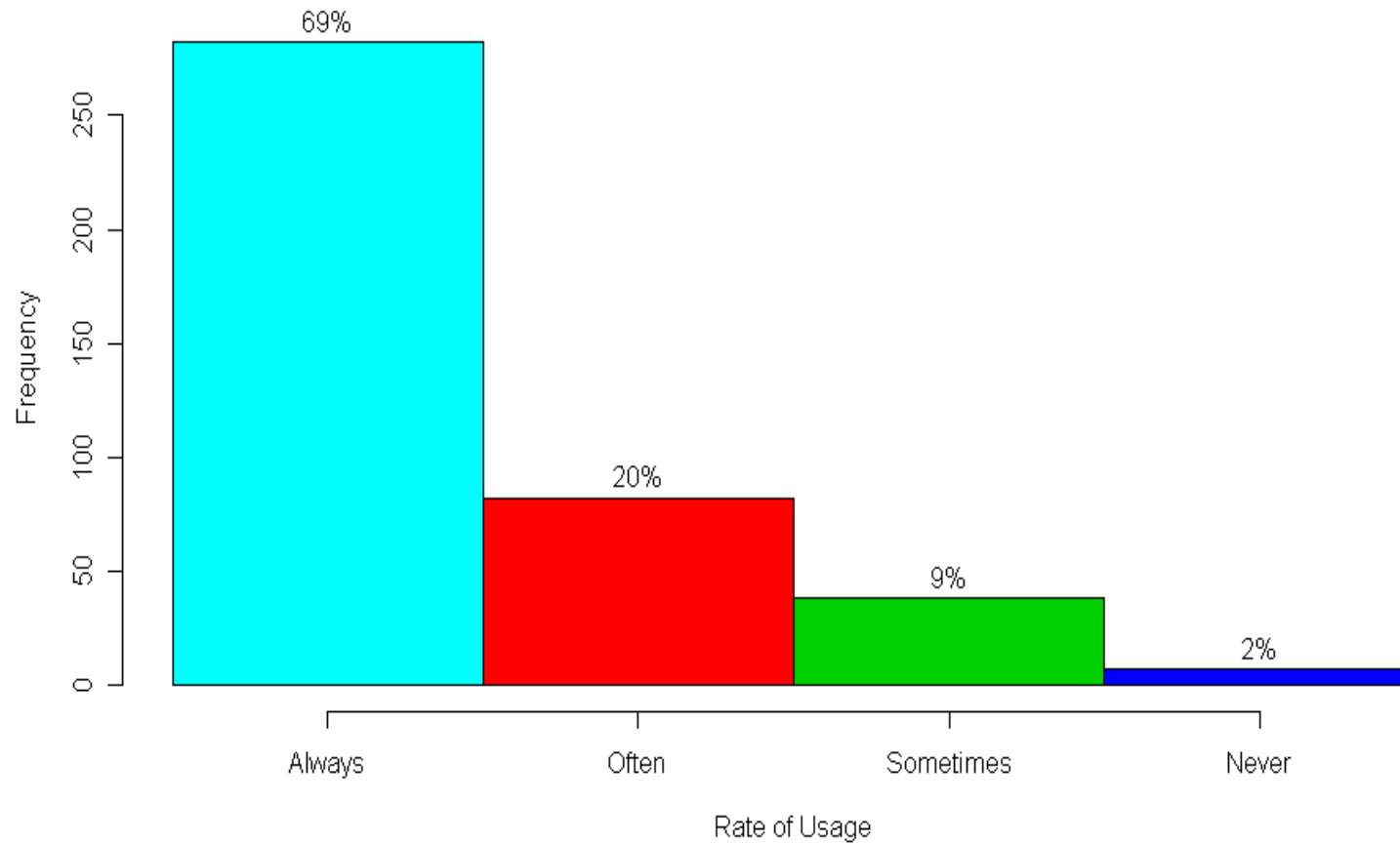


## Baseline form of heating



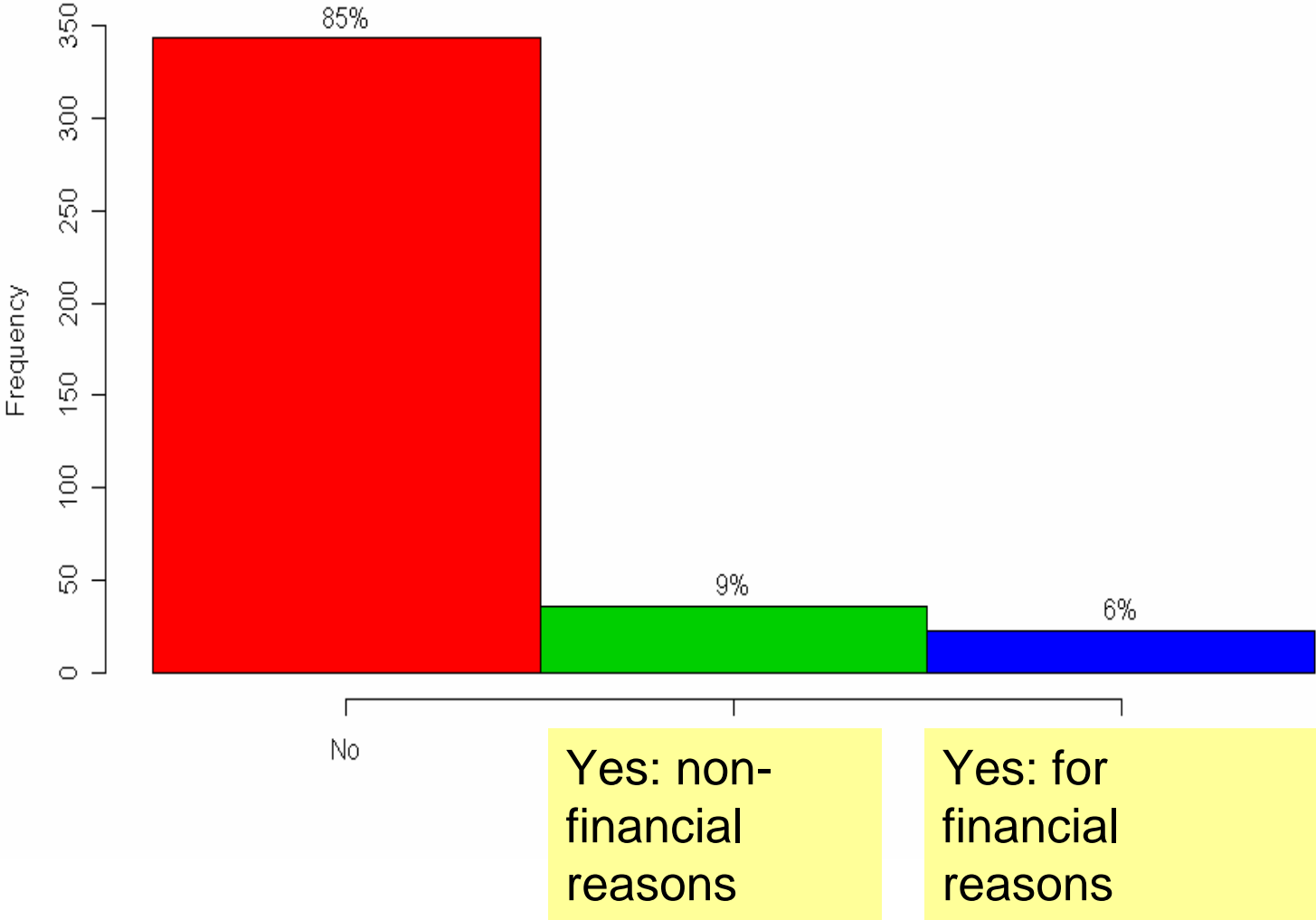
# Baseline

## How often was heating used?



# Baseline

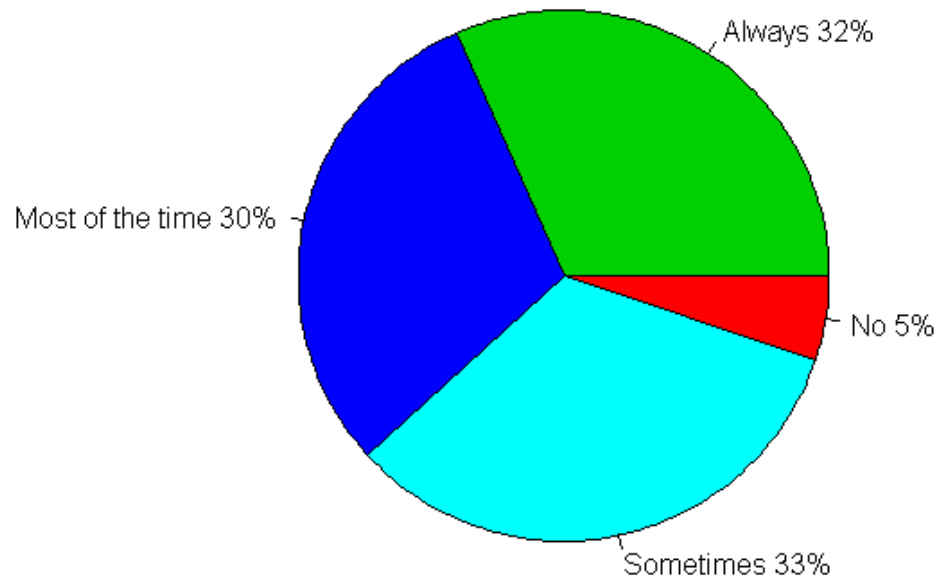
Has your power been cut off in the last year?





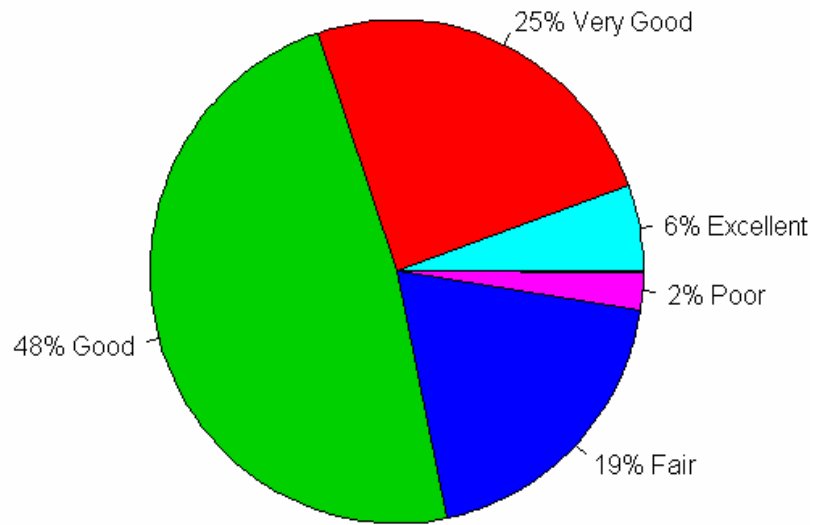
# Baseline

**Do you feel your house has been cold this winter?**

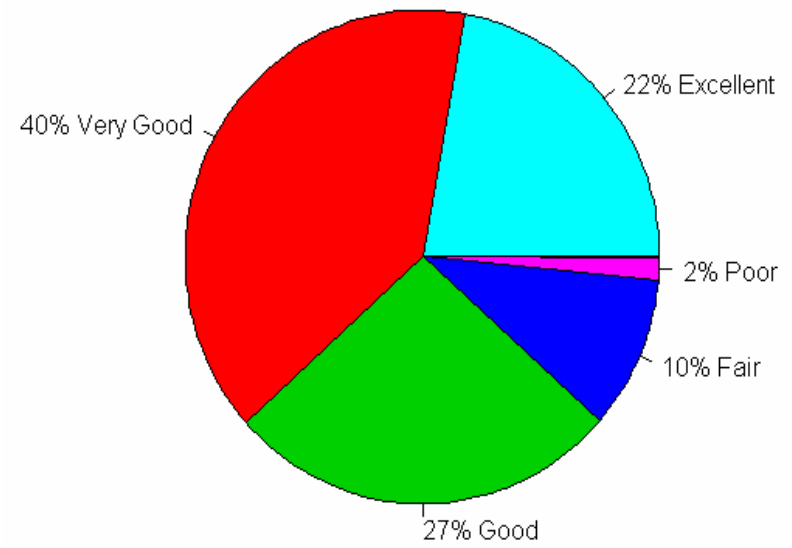


# Baseline

**Index child's health is:**



**Non-Index child's health is:**



# Results (1)

Household retention rate was 85% (349/409).

In **intervention** compared to the control group

Average living room temperatures were 1.1°C warmer than the control houses\* (t=5.63; CI: 16.82-17.32, p=0.000)

Mean difference of 0.53°C in the index's child's bedroom temperature\* (t=2.87; CI: 14.60-15.08, p=0.002).

Exposure to hours per day weighted for degrees less than 10°C, 50% less in both the living room (t=2.75; CI: 0.88-1.37, p=0.000) and the child's bedroom\* (t=4.94; CI: 1.65-2.40, p=0.000).

\* statistically significant

# Results (2)

In **intervention** compared to the control group

People felt warmer\*

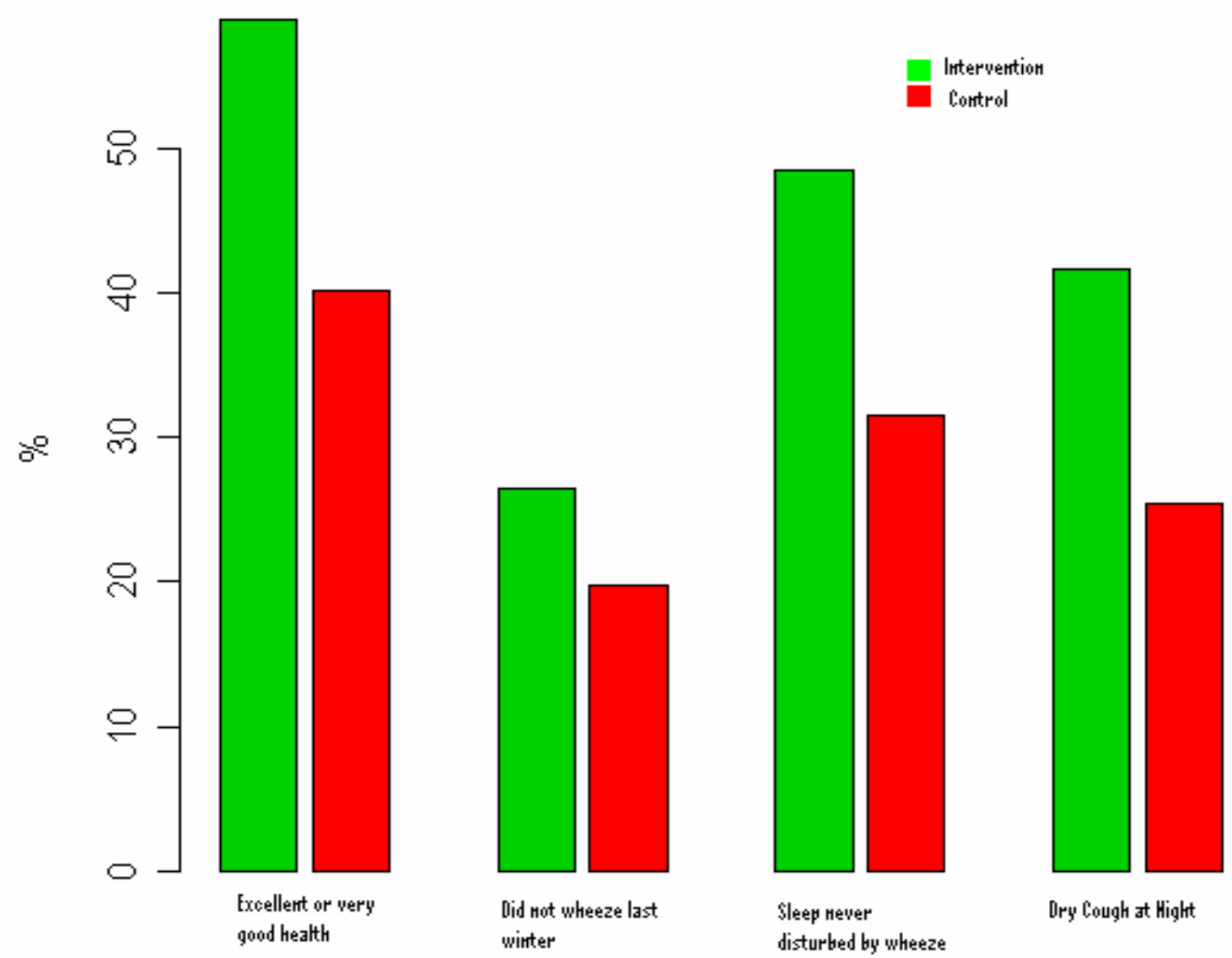
Condensation reduced\*

Less mould and mouldy smells reported\*

Levels of nitrogen dioxide halved in the children's bedrooms  $4.2^*$  (1.18-17.41)  $\mu\text{g}/\text{m}^3$  vs  $9.08$  (0.87-64.27)  $\mu\text{g}/\text{m}^3$ .

\* statistically significant

## % of children in good health



# Results (3)

## In **intervention** group

Less poor health (aO.R. 0.45; CI 0.27-0.73, p=0.00) \*

Children with asthma had less coughing during the night and on waking (aO.R. 0.51; CI 0.31-0.84, p=0.01)\*

Less wheezing (aO.R. 0.51; CI 0.32-0.81, p=0.00) \*

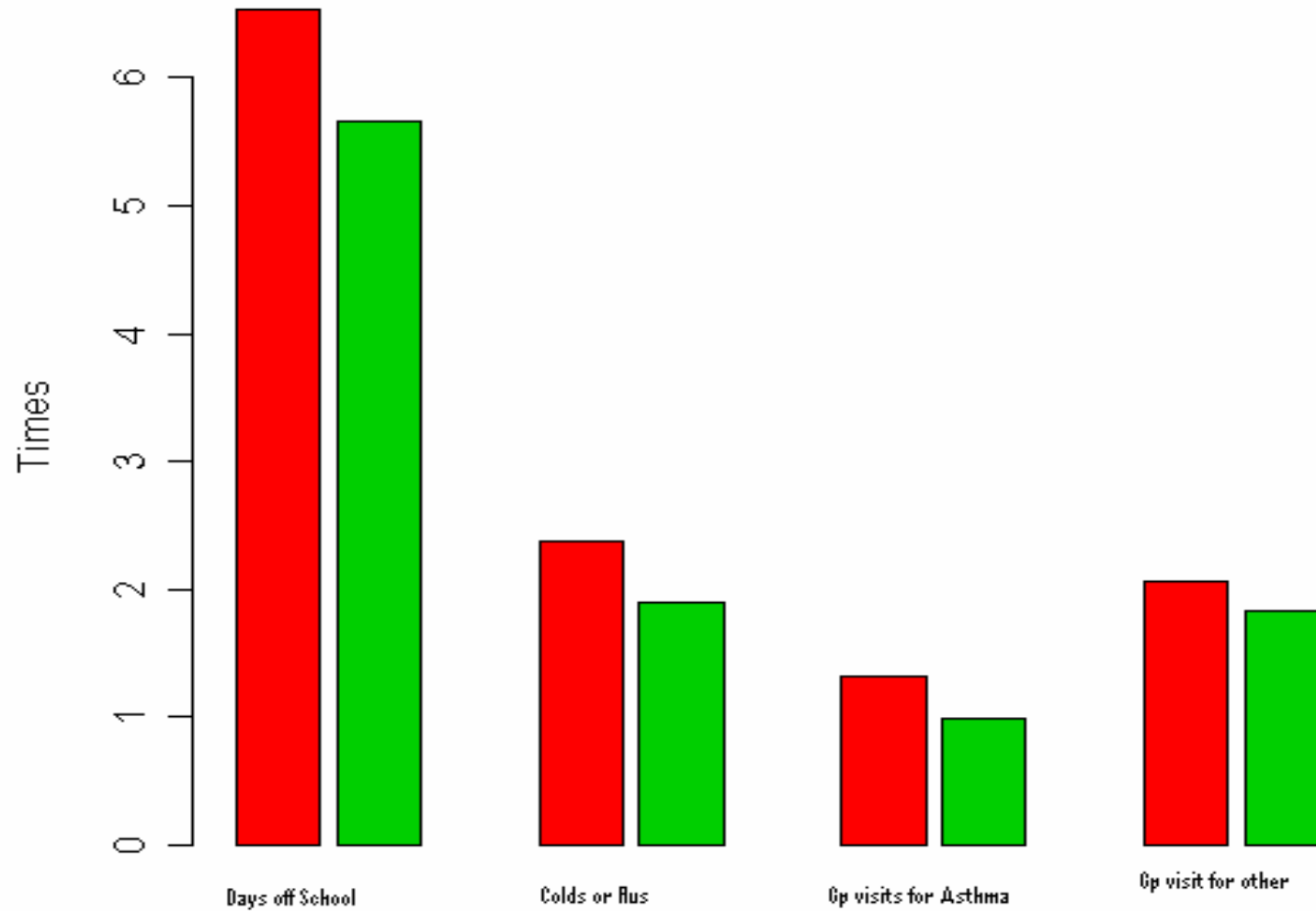
Children had fewer episodes of cold and flu.\*

Children had 2.3 days less off school (aR.R.0.88; CI 0.8-0.98; p=0.02) \*

Children had fewer visits to the GP (aR.R.0.66, CI 0.52-0.83, p=0.00) \*

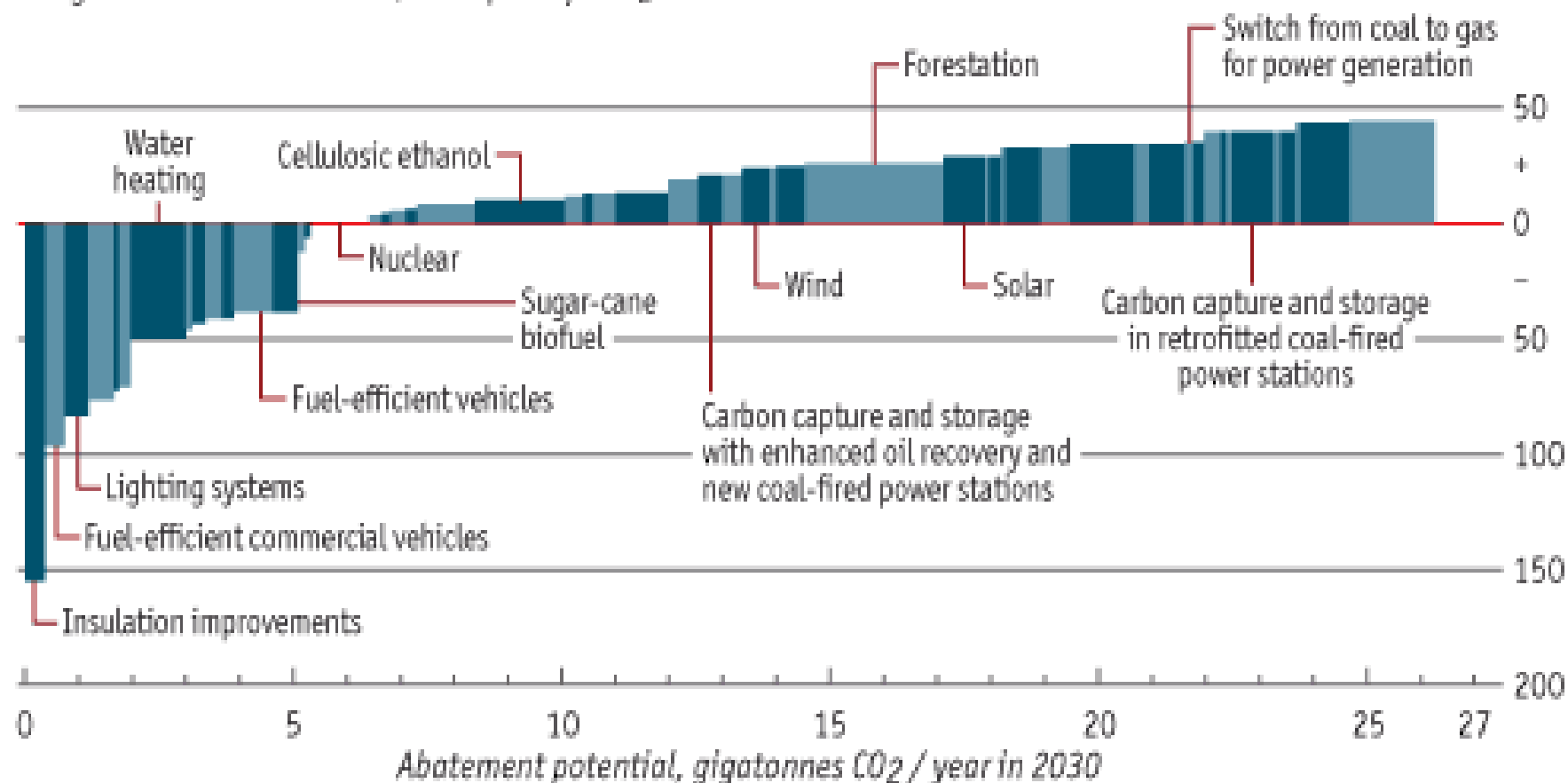
\* statistically significant

## Effect of intervention on children with asthma



## The cost of cutting carbon in different ways

Marginal cost of abatement, examples €/t CO<sub>2</sub>



Source: Vattenfall

[http://www.economist.com/surveys/displaystory.cfm?story\\_id=9217972](http://www.economist.com/surveys/displaystory.cfm?story_id=9217972)





## Summary of results

- More effective heaters increased the indoor temperature
- Improved the symptoms of children with asthma
- Led to fewer days off school and fewer visits to GPs.

# Conclusions

- Reframe health problems to focus on solutions
- Learn from policy changes
- Reduce inequalities in causes of ill-health
- Inter-sectoral approaches are very time consuming, but potentially great benefits
- Process is as important as outcome
- More effective to prevent people getting ill
- Academics can be catalysts for public health action



**See [www:wnmeds.ac.nz/healthyhousing.html](http://www.wnmeds.ac.nz/healthyhousing.html)**