

School of Social and Political Sciences, University of Glasgow, Glasgow G12 8RS, UK

ade.kearns@glasgow.ac.uk Cite this as: *BMJ* 2020;371:m4775 http://dx.doi.org/10.1136/bmj.m4775 Published: 29 December 2020

Housing as a public health investment

Improving energy efficiency pays dividends in both human and planetary health

Ade Kearns professor of urban studies

In many developed countries, the time when housing was viewed by governments and citizens as an investment in, and protector of, public health seems past. Health experts and academics continue to explain the links between housing and health,¹² but these arguments do not penetrate the public or policy consciousness. Rather, housing is seen as the "wobbly pillar" of the welfare state subject to a residual role and minimal intervention,³ or a private asset, where investment is justified by financial return.⁴ When the state acts to improve conditions such as home energy efficiency, the outcomes are evaluated predominantly in financial terms, such as impacts on fuel poverty and the economy,⁵⁶ rather than in health terms. A new study of a national home insulation programme⁷ by Fyfe and colleagues (doi:10.1136/bmj.m4571) could help to change this perspective.

The New Zealand study used a quasi-experimental design to examine the impact of ceiling and floor insulation on hospital admissions for occupants of all ages in dwellings. The study overcomes many weaknesses of previous studies in this area, identified by a Cochrane review.⁸ It was large, including more than 100 000 dwellings and nearly half a million people, and of medium term duration, with baseline and follow-up periods of three years.

Fyfe and colleagues used data linkage as recommended for non-health interventions but rarely used in housing,⁹ and they focused on acute cold associated hospital admissions considered to be linked to housing conditions.¹⁰ Their analysis compared hospital admission rates before and after the insulation works and between the intervention group and a waiting list control group. The key findings were that hospital admission rates were significantly reduced in the intervention group compared with control group by 11%, with larger differences for respiratory conditions (15% lower admission rates), asthma (20% lower), and ischaemic heart disease in the those older than 65 years (25% lower). One of the few comparable studies, conducted in Wales, reported larger effects from wall insulations (not studied by Fyfe and colleagues) with reductions in hospital admissions of 25% in all ages and 20% in people older than 60 years.¹¹

These findings have implications for policy debates about health services, climate change, and housing. Health services and hospitals are under pressure in the UK and elsewhere: an analysis over 13 years to 2016 showed that hospital admissions in England were increasing at three times the predicted rate, outstripping real term increases in funding after 2010.¹² At the same time, numbers of hospital beds have been dropping for three decades, with the UK having fewer acute beds per population compared with similar countries. Occupancy rates have been above safe levels in recent years.¹³

A comparison of the UK with nine other Organisation for Economic Co-operation and Development countries concluded that "most health service outcomes were below average" and pointed to difficulties of structural capacity and sustainability of care.¹⁴ In this context, housing interventions that can lower hospital admissions, particularly for respiratory conditions, could contribute to the worldwide challenge of increasing health service capacity in the face of future pandemics like coronavirus disease 2019.¹⁵ Housing investment might partly pay for itself too. For example, the estimated cost per dwelling of improving the energy efficiency of social housing, at about £21 000 (\$28 100; €23 200)¹⁶ and the Climate Change Committee's estimated cost for the average home (semidetached) of about £20 000¹⁷ would be offset by cost savings of up to £400 for each emergency visit averted and £590 for a short hospital stay.¹⁸

Alongside health service capacity, climate change is the other major challenge facing governments where housing investment can assist. Currently, housing is one of 10 areas of action under the UK government's "green industrial revolution" to reach carbon neutrality by 2050.19 However, many are unconvinced by the government's plans and commitment. Environmental campaign groups argue that the national targets for domestic energy efficiency are not ambitious enough. Housing observers claim the government's decarbonisation fund will only cover a small proportion of the costs in the social housing sector and that many landlords have no targets.¹⁶ The Royal Institution of Chartered Surveyors considers that "the pace of retrofitting is lagging" and that housing energy efficiency should be made a national infrastructure priority to scale-up the efforts, including sustained funding, fiscal incentives to owners, and stronger regulation.²⁰

If housing is going to compete with energy, agriculture, manufacturing, and transport as a major area of transformation to tackle climate change, then more research such as that by Fyfe and colleagues is required. If realistic evaluation using linked data and mixed methods²¹ was integrated into future home energy efficiency programmes, along with a value for money study, this could restore the view of housing as an investment worthy of sustained public expenditure, for both health and climate reasons.

Competing interests: The BMJ has judged that there are no disqualifying financial ties to commercial companies. The author declares the following other interests: research grant funding from Glasgow Centre for Population Health, NHS Greater Glasgow and Clyde, NHS Health Scotland, Scottish government, and Glasgow Housing Association.

Provenance and peer review: Commissioned; not peer reviewed.

- 1 Shaw M. Housing and public health. *Annu Rev Public Health* 2004;25:397-418 doi: 10.1146/annurev.publhealth.25.101802.123036 pmid: 15015927
- 2 Krieger J, Higgins DL. Housing and health: time again for public health action. Am J Public Health 2002;92:758-68. doi: 10.2105/AJPH.92.5.758 pmid: 11988443
- ³ Malpass P. Housing and the new welfare state: wobbly pillar or cornerstone?*Housing Stud* 2008;23:1-19doi: 10.1080/02673030701731100.
- 4 Brennan M, Blumenthal P, Goodman L, Seidman E, Meixell B. *Housing as an Asset Class*. Urban Institute, 2017.
- 5 Grey CNB, Schmieder-Gaite T, Jiang S, Nascimento C, Poortinga W. Cold homes, fuel poverty and energy efficiency improvements: A longitudinal focus group approach. *Indoor Built Environ* 2017;26:902-13. doi: 10.1177/1420326X17703450 pmid: 28890663
- 6 Archard D, Washan P, Stenning J, Summerton P. Economic Impact of Improving the Energy Efficiency of Fuel Poor Households in Scotland. Verco and Cambridge Econometrics, Cambridge. https://www.cas.org.uk/system/files/publications/economic-impact-of-energy-efficiency-investment-in-scotland.pdf
- 7 Fyfe C, Telfar-Barnard L, Howden-Chapman P, Douwes J. Association between home insulation and hospital admission rates retrospective cohort study using linked data from a national intervention programme. *BMJ* 2020;371:m4571.
- 8 Thomson H, Thomas S, Sellstrom E, Petticrew M. Housing improvements for health and associated socio-economic outcomes. *Cochrane Database Syst Rev* 2013;(2):CD008657. doi: 10.1002/14651858.CD008657.pub2. pmid: 23450585
- ⁹ Lyons RA, Ford DV, Moore L, Rodgers SE. Use of data linkage to measure the population health effect of non-health-care interventions. *Lancet* 2014;383:1517-9. doi: 10.1016/S0140-6736(13)61750-X pmid: 24290768
- Jackson G, Thornley S, Woolston J, Papa D, Bernacchi A, Moore T. Reduced acute hospitalisation with the healthy housing programme. *J Epidemiol Community Health* 2011;65:588-93. doi: 10.1136/jech.2009.107441 pmid: 21282140
- Rodgers SE, Bailey R, Johnson R, etal. Emergency hospital admissions associated with a non-randomised housing intervention meeting national housing quality standards: a longitudinal data linkage study. *J Epidemiol Community Health* 2018;72:896-903. doi: 10.1136/jech-2017-210370 pmid: 29925668
- 12 Maguire D, Dunn P, McKenna H. How hospital activity in the NHS in England has changed over time. The Kings Fund, 2016.
- 13 Ewbank L, Thompson J, McKenna H, Anandaciva S. NHS hospital bed numbers: past, present and future. The Kings Fund, 2020.
- Papanicolas I, Mossialos E, Gundersen A, Woskie L, Jha AK. Performance of UK National Health Service compared with other high *income* countries: observational study. *BMJ* 2019;367:16326. doi: 10.1136/bmj.16326 pmid: 31776110
- ¹⁵ Narain JP, Dawa N, Bhatia R. Health system response to COVID-19 and future pandemics. J Health Manag 2020;22:138-45doi: 10.1177/0972063420935538.
- 16 Heath L. The cost of net-zero: social landlords' plans revealed. *Inside Housing*, 23 November 2020. www.insidehousing.co.uk/insight/ Accessed 3 December 2020.
- 17 Climate Change Committee. The Sixth Carbon Budget: Buildings. Climate Change Committee, London. 2020. https://www.theccc.org.uk/wp-content/uploads/2020/12/Sector-summary-Buildings.pdf
- 18 Kings Fund. Key Facts and Figures About the NHS 8th November 2019. https://www.kingsfund.org.uk/audio-video/key-facts-figures-nhs and National Schedule of NHS Costs 2018-19https://www.england.nhs.uk/national-cost-collection/ Accessed 4 December 2020.
- 19 UK Government. PM outlines his Ten Point Plan for a Green Industrial Revolution for 250,000 jobs. www.gov.uk/government/news/. 18 November 2020. Accessed 3 December 2020.
- 20 Royal Institute of Chartered Surveyors. *Retrofitting to decarbonise UK existing housing stock*. RICS, 2020.
- 21 Nurjono M, Shrestha P, Lee A, etal. Realist evaluation of a complex integrated care programme: protocol for a mixed methods study. *BMJ Open* 2018;8:e017111. doi: 10.1136/bmjopen-2017-017111 pmid: 29500199