

# Monetising the health benefits of energy efficiency measures

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19 April 2013

Introduction

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Aim of presentation:

- 1. Explain how UK energy efficiency policy accounts for health impact,
- 2. Introduce the HIDEEM model and share provisional results
- 3. Highlight what barriers remain to fully utilising our analysis.

This presentation covers each of these points in order

Current account of health in energy efficiency policy

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- Primarily discussed in context of fuel poverty policy
- > Fuel poverty is distinct from income poverty due to its impact on health
- Vulnerable population are:
  - Elderly
  - Infants
  - Disabled
- Vulnerable population set the eligibility criteria for fuel poverty policies
  - Bill rebates
  - □ Subsidy for energy efficiency measures

#### Monetised impacts needed to systematically and comprehensively influence energy efficiency policies

Health Impacts of Domestic Energy Efficiency Measures (HIDEEM) Model



- Commissioned by DECC and developed by University College London and London School of Hygiene and Tropical Medicine
- Aim: to quantify the indoor environmental conditions and monetise the health impact associated with energy efficiency changes in houses in Great Britain
- Outcomes: Quality Adjusted Life Years (QALY) and Net Present Value NPV)
- Use in government
  - □ Analyse effectiveness of measures for impact on health
  - □ Impact Assessments

Results are provisional

### **Structure of model**

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- EHS: Dwelling characteristics:
  - □ Ventilation, heating and fabric thermal efficiency
  - □ Exposure to pollutants and cold temperatures
    - environmental tobacco smoke,
    - indoor PM2.5,
    - outdoor PM2.5,
    - radon gas and
    - mould growth
  - Risks to lung cancer, heart attack and causes of excess winter deaths e.g. respiratory and cardiovascular illnesses.
- > EHS: Household characteristics:
  - Define vulnerability to health risks based on age
- Introduction of measure:
  - □ Change in exposure of pollutants and cold
  - Change in health risk
  - □ Leads to QALY and NPV

#### **Schematic of model**

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## Results

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#### Key outcomes

- Insulation measures have larger impacts than heating measures
- This is primarily due to timeframe
- Only cheap insulation measures are justified on purely health grounds



Measure	QALY per thousand measures		NPV per household		Cost per measure	Lifetime of impact (years)
Cavity Wall Insulation		49	£	969	£50	0 47
Loft Insulation		45	£	885	£30	0 47
Sold Wall Insulation		36	£	742	£5,86	60 41
Central Heating		12	£	303	£2,42	2 17
Replacement Boiler		9	£	224	£2,04	.3 17



- Comparison to existing NPVs to show additional impacts
- Different target groups (housing tenure and income)



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- Underlying data
  - Exposure to pollutants
  - □ Health impacts from pollutant exposures
- Overcoming existing assumptions
  - Ventilation installation
  - Duration of benefits
- Integrating with other NPV (comfort taking)
  - What are people paying for when they increase temperature following the installation of a measure: comfort and/or health?
- Integrate findings into government IA methodology