

CANTERBURY DISTRICT HEALTH BOARD POSITION STATEMENT

Home Heating and Air Quality

1. The Canterbury District Health Board (CDHB) acknowledges that a warm home is vital for comfort and good health whilst also recognizing that many New Zealand homes tend to be cold with temperatures regularly falling below the World Health Organization's recommendations.¹
2. The CDHB acknowledges that the direct effects of cold homes on health include excess mortality from cardiovascular and respiratory disease amongst the elderly, increased respiratory problems in children, increased illnesses such as colds, influenza and mental health problems, and the exacerbation of existing conditions such as arthritis.
3. The CDHB recognises that home heating (temperature, humidity and ventilation), energy costs and fuel poverty are key housing issues with implications for health outcomes.
4. The CDHB wishes to emphasize the importance of home heating and energy efficiency, as a health protection measure, due to the significant public health impacts that result when dwellings do not provide a healthy environment for occupants.
5. The CDHB considers the human right to housing to be much more than simply a right to shelter but also the right to have somewhere to live that supports good health outcomes. The CDHB therefore acknowledges the inextricable link between the right to housing and the need for warm and dry, affordable, culturally appropriate and accessible housing that is part of a wider community with easy access to essential services within a healthy environment.
6. The CDHB understands that retrofitting New Zealand homes with insulation and clean heat options has been shown to increase indoor temperatures, decrease relative humidity, reduce energy use and improve the self-reported health of occupants, and consequently encourages actions to retrofit insulation and clean heat options for households.

¹ The World Health Organization has recommended a minimum indoor temperature of 18°C and a 2-3°C warmer minimal temperature for the very young and the very old. World Health Organization. 1987. *Health impact of low indoor temperatures: Report on a WHO meeting, Copenhagen, 11-14 November 1985*. Copenhagen: WHO.

7. The CDHB recognises that clean air is a requirement for health and wellbeing and that urban outdoor air pollution is the eighth most common risk factor for death in high income countries.²
8. The CDHB acknowledges the considerable international evidence that air pollution causes excess morbidity and mortality particularly through increases in the incidence of respiratory and cardiovascular illness.
9. The CDHB acknowledges that whilst air quality has improved in recent years the most recent best estimate (2005) indicates that air pollution in Christchurch results in 158 premature deaths annually in those aged 30 years and over. The proportion of these deaths associated with smoke, caused by woodburners, was calculated as 78% or 124 of these deaths.
10. The CDHB remains committed to its support of the Christchurch Air Plan, recognising the long term health benefits to Christchurch citizens, whilst acknowledging the ongoing challenge of improving air quality in order to meet the National Environmental Standards for Air Quality by 2016 and 2020.
11. The CDHB recognises the impact of the recent earthquakes on those who have lost their favoured primary heating source, due to the loss of their home, particularly when that appliance cannot be replaced under the Christchurch Air Plan.
12. The CDHB wishes to highlight the risks of unflued gas heaters to human health, due to the high levels of moisture and harmful combustion products which are produced by these appliances and the associated significant reduction in the quality of the indoor environment.
13. The CDHB acknowledges the risks that the affordability and fragility of our electricity system pose to the health of the most vulnerable community members and seeks to work with partner agencies to develop mitigation strategies.

² World Health Organization. 2009. *Global Health Risks: Mortality and burden of disease attributed to selected major risks*. Geneva: WHO.