



# **ENERGY POVERTY AND HEALTH NEXUS - RECOMMENDATIONS**



## Contents

Introduction	3
Health and Energy Poverty	4
1Involvement of frontline workers to act against energy poverty	4
2More research on the connection between energy poverty a health	
3. Recognising and acting on the mental health dimensions of energy poverty	4-5
<ol> <li>Better air quality in households</li> <li>Health workers' attention to energy poor households</li> </ol>	

### ABOUT THE PROJECT: <a href="https://www.empowermed.eu/">https://www.empowermed.eu/</a>



This project has received funding from the European Union's Horizon 2020 research and innovation program under grant agreement No 847052. The sole responsibility for the content of this document lies with the authors. It does not necessarily reflect the opinion of the European Union. Neither the EASME nor the European Commission are responsible for any use that may be made of the information contained therein



## INTRODUCTION



The main objective of the Empowering women to take action against energy poverty – EMPOWERMED project was to explore the gender perspective of energy poverty policies and empower those at greater risk of energy poverty to take action and emancipate themselves from energy poverty whenever possible.

Policy recommendations to address energy poverty were developed based on practical measures to tackle energy poverty, with a specific focus on gender, summertime energy poverty, and health.

More and more European citizens are unable to pay the high costs of energy and housing. The right to energy and the right to decent housing are basic rights for all citizens, and promoting the "energy efficiency first" principle under the Fit for 55 package could be one of the much-needed steps to tackle energy poverty. The new Energy Efficiency Directive (EED) not only proposes the GHG target of -55 %, but also requires member states to almost double their annual energy savings commitments and address energy poverty, as well as to take additional measures to achieve up to 13% more energy savings than foreseen in existing EU legislation.

The rapidly changing context of energy poverty, from the Covid-19 emergency to the current energy crisis, has contributed significantly to the problem of energy poverty at the member states and EU level. **Energy poverty is no longer just a challenge for low-income households**; the energy crisis, housing crisis, unemployment, and cost-ofliving increases are proving to be a challenge for middle-income households, who may soon find themselves at risk of energy poverty. Citizens at risk of energy poverty, citizens living in social housing, and lower-middleincome households should be prioritized, and national-level measures should be created to help them. These measures should also be included in the ongoing revisions of National Energy and Climate Plans. Apart from the new financial instruments created under the EU ETS system, NextGenerationEU, the Just Transition Fund, and Recovery and the Resilience Fund should already be used to fund the energy poverty alleviation measures.

In the 2021–2022 period, the EmpowerMed project implemented a series of practical activities to tackle energy poverty in the Mediterranean, with a **focus on health and women**. Based on the lessons learned and experience gained during implementation, but also on the field research results, the EmpowerMed partners propose the following set of policy recommendations. The recommendations are structured into four parts: general recommendations on energy poverty, recommendations on energy poverty and gender, recommendations on summertime energy poverty, and recommendations on energy poverty and health.

This document presents specifically EmpowerMed policy recommendations on Health and Energy Poverty.

# ENERGY POVERTY

Despite the relatively small body of evidence, it is becoming increasingly clear that energy poverty has adverse effects on people's health . Yet the human health dimension of energy use (not just energy poverty) is still largely absent from EU projects. According to data collected by the EmpowerMed project, citizens who are affected by energy poverty are more likely to report suffering from a long-term illness or health problem than people not affected by energy poverty (54% vs. 37%). The most common chronic health issue is high blood pressure, followed by migraine, depression, and feelings of anxiety. Available data indicate that there is a strong correlation between energy poverty and the assessment of health: people who are affected by energy poverty rate their health worse than people who are not affected by energy poverty.

#### 1. Involvement of frontline workers to act against energy poverty

An increasing number of stakeholders are involved in energy poverty mitigation strategies, but many lack the expertise and access to human, material, and financial resources to understand and address the phenomenon's complexity. To improve their capacities, more skills need to be built within the entities that potentially come into contact with people affected by energy poverty. For example, frontline staff of energy suppliers and health or social workers need a broader knowledge of the dimensions of energy poverty to move beyond the traditional silo approach.



They also need social and behavioural skills, i.e. how to deal with citizens in need and refer them to support measures or funding sources. In addition, they need immediate education on how to identify and provide support to vulnerable citizens.

#### 2. More research on the connection between energy poverty and health

Data on the relationship between energy poverty and health, specifically the influence of energy poverty on mental health, is still insufficient. Initiatives such as <u>https:// www.urban-health.eu</u> that seek to connect research data on the impacts of energy poverty and health are urgently needed.

Health aspects should also be included in the energy poverty criteria, considering that there is a strong correlation between people with disabilities and energy poverty, as people with disabilities use more energy for specialised medical equipment needed to maintain quality of life. In addition,

health workers should be included in climate projects, as there is a strong correlation between climate impacts and public health, and interdisciplinary research exploring these impacts is insufficient.

#### 3. Recognising and acting on the mental health dimensions of energy poverty

Depression and anxiety are among the most commonly reported health issues related to energy poverty. Insecurity caused by poor living conditions, fear of high energy costs, and generally low quality of life affect the development of various health issues. Mental health and its correlation to energy poverty should be destigmatized. The Mental Health Advocacy Platform released a statement in late 2021 addressing the challenges faced by mental health in the post-pandemic environment. In their statement, they call for the creation of an intersectional long-term Mental Health Strategy. The statement clearly identifies women and girls, children, ethnic minorities,

people with disabilities, the elderly, and citizens with difficult socioeconomic realities as groups disproportionately at risk of being impacted by mental health issues. Among other things, they promote the idea of a mental health campaign that addresses "the socioeconomic determinants of mental health, with particular attention to those who face multiple and intersecting forms of discrimination, including on the basis of ethnicity, religion, sexual orientation, and gender identity, migration status, age or disability."

#### 4. Better air quality in households

Old and energy-inefficient furnaces, stoves, and air conditioners cause poor air quality that adversely affects health in general. According to the data from the EmpowerMed project, 11% of interviewees in Albania and 15% of interviewees and Croatia reported suffering from chronic bronchitis, and 6% (Albania) and 9% (Croatia) reported suffering from asthma. Subsidies for new stoves and furnaces should be considered as possible solutions to poor air quality. Mandatory and free chimney sweep inspections and mandatory and free annual replacement of air conditioning filters should be available to households at risk of energy poverty.



#### 5. Health workers' attention to energy poor households

Health workers should be trained to understand the correlation between the living conditions and health of citizens living in energy poor households. Based on the understanding of energy poverty, physicians and health workers should be trained to know where people affected by energy poverty can find further support and help, with a recommendation from the physician to improve living conditions in the household from a health perspective, if necessary. The recommendations made by health workers could be included in the criteria for renovation schemes. For example, citizens with recommendations should receive additional points or priority for renovation.

## empowermed.eu

