



**Tackling poor health in older people  
resulting from cold homes:  
A rapid review of effective interventions**

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# **Tackling poor health in older people resulting from cold homes: A rapid review of effective interventions**

## **Briefing Summary**

September 2023

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This report presents independent research funded by the National Institute for Health Research Policy Research Unit in Older People and Frailty. The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care.

Policy Research Unit Programme Reference Number PR-PRU-1217-21502

## Key Messages

- Cold homes are linked to an increased risk of adverse health outcomes for older people. To mitigate this risk, homes need to be heated to an appropriate temperature.
- This rapid review synthesised evidence from 18 studies about the effectiveness of interventions to improve home temperatures for health benefits.
- Interventions to ensure homes are sufficiently heated for older people include **structural** changes to homes and heating systems (e.g. insulation), **financial** schemes to increase the affordability of heating (e.g. national fiscal or local funding schemes), and **behavioural** changes related to heating homes (e.g. using energy more efficiently).
- A majority of the evidence related to interventions that made structural changes to homes, such as insulation, improvements to heating systems, and installation of double-glazed windows.
- Structural interventions are linked to improvements in mental health, quality of life, social interactions and satisfaction with the temperature at home, and a reduction in financial difficulties and some types of health service utilisation.
- The impact of structural interventions on physical health was less clear, with inconsistent evidence of improvements. There was conflicting evidence about the impact of structural interventions on mortality.
- Cost savings were reported for the structural interventions that were able to reduce some types of health service use and mortality.
- Some evidence suggested that people with respiratory or cardiovascular conditions experience improved health outcomes from structural interventions, but this was not consistent across all relevant studies.
- A small body of evidence evaluated behavioural approaches to improving home temperatures. This did not offer a consistent picture of the benefits for health. We found no evidence that assessed the impact of behavioural approaches on mortality and costs.
- We found no studies of financial interventions to improve home temperatures (where individuals/households receive a financial offer).
- The overall quality of evidence was weak, with half of studies rated poor in quality. Heterogeneity in study designs and interventions, and a lack of long-term follow up further limit the conclusions of this review.
- Further high-quality evidence is needed to clarify which populations are most likely to see an improvement in physical health after structural upgrades to their homes.
- Clarity about the impact of structural (and other) interventions on mortality is also imperative.

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