

Bay Area Air Quality Management District
939 Ellis Street
San Francisco, California 94109

APPROVED MINUTES

Advisory Council Public Health Committee Meeting
10:00 a.m., Tuesday, October 10, 2006

- 1. Call to Order – Roll Call.** Chairperson Bramlett called the meeting to order at 10:07 a.m. Present: Jeffrey Bramlett, Chairperson, Cassandra Adams (10:10 a.m.), Steven Kmucha, M.D., Karen Licavoli-Farnkopf, MPH, Brian Zamora. Absent: Janice Kim, M.D., Linda Weiner.
- 2. Public Comment Period.** There were no public comments.
- 3. Approval of Minutes of September 6, 2006.** Ms. Licavoli-Farnkopf moved approval of the minutes; seconded by Mr. Zamora; carried unanimously.
- 4. Discussion of Draft Recommendations Regarding Wood Smoke Emissions:** *The Committee discussed the draft recommendations regarding Wood Smoke Emissions.*

Councilmember Cassandra Adams arrived at 10:10 a.m.

Chairperson Bramlett opened the discussion on the draft recommendations for the improvement of wood smoke emissions. Mr. Zamora stated that the final recommendation should be addressed to the full Advisory Council and that the subject line on the memo should read: Wood Burning Control Strategies.

Committee Action: Dr. Kmucha moved to approve the draft recommendations with the changes suggested by Mr. Zamora; seconded by Mr. Zamora.

Mr. Zamora indicated that this recommendation would be presented to the full Council at its November 8, 2006 meeting.

Chairperson Bramlett stated that he received an e-mail from Linda Weiner indicating she would like to see a recent citation included in the recommendations. The article was by Michael Jerrett, et al, November 2006 on the “Spatial Analysis of Air Pollution and Mortality in Los Angeles” from the *Journal of Epidemiology*. The article focuses on the results of chronic health effects associated within city exposures and that they may be even larger than previously reported.

Mr. Zamora stated that the recommendation before the Committee discussed the health issue at length and that adding more does not change the fact that this is a health issue. The citation could be added under “Information Considered.”

Ms. Licavoli-Farnkopf stated that PM exposure is more dangerous than originally thought, but it may not be necessary to include the information on this study to make the point. It would not change anything that is already in the recommendation. Dr. Kmucha expressed concern that this citation discusses a more general issue and that the recommendation from the Committee is on the wood smoke issue. It might be an article that the Committee would focus on at a future meeting.

Peter Hess, Deputy APCO, stated that there are many studies showing the same thing and if necessary, could be provided. Because of these health affects the PM standard was strengthened from 65 to a more stringent level. The Committee has established that wood burning creates particulates.

The motion then passed unanimously.

5. Summary of Recent Presentations Regarding Indoor Air Quality and Asthma: *The Committee discussed recent presentations regarding indoor air quality and asthma and determined what the next steps should be.*

Chairperson Bramlett reviewed the presentations on indoor air quality (IAQ) and asthma as follows:

- July 12th – Presentation at full Council meeting by Dr. Sawyer on certain aspects regarding diesel and heavy-duty diesel. Relevant to IAQ and asthma are the health affects associated with PM 2.5. Dr. Sawyer also discussed land use and planning and proximity of residential areas to freeways as being an important element.
- August 9th – An update on the Community Air Risk Evaluation (CARE) Program was given by Dr. Phil Martien. The objectives of the CARE Program are: 1) to evaluate community cancer and non-cancer health risk from ambient toxic air contaminants. 2) focus health risk mitigation measures on locations with higher risk levels in sensitive populations. Wood smoke and particulate matters were key elements in this presentation.
- May 10th – Presentation to the full Council by Cindy Tuck of the Environmental Protection Agency (EPA) on California goods movement and that action plan.
- May 10th – Presentation to Public Health Committee from John Crouch from the Hearth, Patio and Barbecue Association.
- In the original request to the Council, asthma and IAQ were number five. Last year the Advisory Council recommended that the District proceed with an IAQ program and made recommendations for the next steps. Numerous reports link asthma with poor indoor air quality. The Executive Officer/APCO requested that the Advisory Council review and suggest options where the District could best interface with county and city health officers relative to indoor air quality and asthma.

Chairperson Bramlett stated that providing the link between the District and county health officers will assist in determining how the organizations can assist each other. Ms. Adams inquired if the county health officers know what is it in indoor air that causes asthma or exacerbates it? Dr. Kmucha responded that there is a lot of literature available on changes in indoor air quality. There is good evidence that shows indoor air quality can be hundreds of times worse than outdoor air quality and that it might be seasonal in areas where there are more

seasonal changes than in the Bay Area. In the mid-west, indoor air quality is much worse in the winter than it is in the summer. In the Bay Area there is not much change throughout the course of the year. IAQ depends a lot on the type of cooking stove used, heating units used, how many people are in the home, pets, plants, and air flow, to name a few.

There is also data that suggests that there is certain regionalization of problems such as in the areas of Richmond or West Oakland. These areas might have an outdoor problem that contributes to the indoor air. There has been an increase over the last 20 years of incidents of asthma in the community and many organizations are focusing on this with regard to the health care aspect. Dealing with the public health officers is one aspect, but there are also some regional organizations that already serve as umbrellas across counties across the Bay Area. They too need to be brought in as well. San Mateo County has an asthma committee, Santa Clara County has one, the Kaiser system has its own asthma council.

Ms. Adams stated that, as an architect, there are also building code requirements that allow gas stoves and toxic construction materials to be used in homes. In addition, there is the issue of air tightness of buildings, which leads to the issue of the ventilation systems. Another issue that comes up is requiring landlords to change filters every so often in the ventilation and heating systems.

Ms. Licavoli-Farnkopf stated that there are some jurisdictional issues involved. One jurisdictional issue is dealing with the air quality in the school system. There are also a lot of problems in low-income housing due to poor maintenance, molds, and other sanitary issues that lead to poor air quality. The District could start with the health officers and then go to hospitals, school districts, school boards, and housing authorities.

Chairperson Bramlett then reviewed and summarized last year's request. Two years ago the request came from staff because a lot of calls on indoor air quality were being received. The question was should the District take a lead role in IAQ, or be a broker of existing information, or some other consideration.

The 2005 recommendations built on some of the recommendations from 2004. The 2004 recommendations included having a regional workshop on indoor air quality and that the District convenes or initiates a series of workshops to get the interested parties and players together to work out how to coordinate this effort. At that same time, Dr. Michael Lipset gave a presentation on IAQ to the Committee.

The Committee also suggested that a graduate student in this area could look at the issue more in-depth. There was also discussion on the coordination that would need to happen between the District, the Air Resources Board, the Department of Health Services, and any of the other working groups that were recommended at that time.

In 2005, the 2004 recommendations were reaffirmed, and additional recommendations were made to the District that they develop general information, build on the existing information, and focus on facilitating inquiries be directed to existing agencies with IAQ programs. It was suggested that the District develop educational materials based on research for various target audiences, such as "Tools for Schools." There was also a recommendation for more hands-on educational and teaching information. Finally, conduct additional research to develop an ability to refer questions received at the District to the proper person in other organizations/agencies. It

was noted that the District is working on some of these things and as a result is looking for better ways to link up with the city and county health officers.

Dr. Kmucha recommended summarizing the discussion in a letter and sending it to the appropriate agencies in the region.

Ms. Adams inquired as to the authority given to health department and their ability take enforcement action if there is a problem. Which, of all the different groups the Committee is discussing, would have the authority to implement and require changes to be made? How would the District interface with them and what the process would be to give them the tools to require changes to be made?

Ms. Licavoli-Farnkopf stated that whatever the Committee recommends, education and educational materials does not always lead to change. Printed materials may not get the agencies to develop and enforce a policy to mitigate the problems in the community. Ms. Licavoli-Farnkopf stated that the Committee needs to do something meaningful that will have an impact on IAQ and asthma in the Bay Area.

Peter Hess, Deputy APCO, stated that staff is looking at what type of coordination is needed, or how staff should be moving towards interfacing with the health community in the various areas. Items that staff is pursuing now include: 1) revising the air quality elements in general plans, 2) progress is being made on the diesel mitigation program, especially in the areas where hot spots have been identified, 3) looking at the hot spots to concentrate resources to change over the diesel emissions or put on diesel control equipment and should the District be working with the health officers in that area, 4) working on diesel and air quality mitigation programs outdoors where the District has jurisdiction. The resulting question is would the District's programs be more effective if the District worked with a larger community on these issues.

Ms. Adams stated that when talking about the hot spots and certain places where air quality is worse, the District should be working with zoning and planning commissions. Those are the agencies that set and say what gets built in what place. To have them change, for example, their zoning maps, so that housing does not get built in these hot spots, would be more affective than talking with the health officers.

Mr. Zamora stated that Dr. Kmucha's idea of sending a letter to the health officers is a start. If Dr. Kmucha would write the letter, Mr. Zamora could make sure it was addressed to the appropriate health officers. The health officers have information they can channel to the Air District. Mr. Zamora noted that the authority and the power of the local health officers is huge. If the health officers and District staff work together, it could define the agenda and move it forward.

Dr. Kmucha indicated he would draft the letter and commented that there is a disconnect between the public health department and the medical community. It is clear that these two groups of health care professionals could increase their work together to have a greater influence on this issue. Physicians may not have a lot of time to spend on the public health side.

The public health community is working on community issues and a lot of that information does not seem to filter down to the individual physicians seeing individual patients. Every county medical association in the Bay Area has a physician committee on environmental and public

health. Those Committees vary in their effectiveness, their activity level, and frequency of meetings from county to county. This would be another way to pull in the direct medical community. Because Kaiser has a large number of the physicians practicing in the Bay Area, there is a high amount of Kaiser representation that exists within the independent medical associations.

The issues of construction, planning, and zoning is expected to be a difficult problem because from, a business perspective, the cheapest property is close to the freeway. The Bay Area needs housing and it is going to be built close to transportation because that is the motivation. The issue is working with Planning Commissions.

Ms. Licavoli-Farnkopf added that what would be helpful to define what the Committee means when discussing IAQ. Is it when the outdoor and indoor intersect? Or, does it include molds and mildews in houses, or poor indoor air quality in schools because of bad ventilation, and other similar issues. If the Committee is talking about housing developments near freeways, or current development near freeways or ports; that is where one area of discussions with health officers comes into play. The Air District cannot do it alone; it is a larger community issue. It is a regulatory issue at the federal level if one talks about housing and similar things like that, or at the state level if one talks about needing more money for improving the schools. The District is getting calls about this and it needs to respond in ways that help people. If the Committee is clear that IAQ is when the outdoor and indoor air quality intersects, then that is clearly the domain of the Air District. A place to start to address the issue would be contacting the health officers.

Ms. Adams agreed that there are two different issues, but understands some of the questions the District receives have to do with indoor air quality issues like mold or other indoor generated pollutants. The Committee may want to narrow the focus at first to deal with specific issues.

Chairperson Bramlett stated that the prior 2004 and 2005 recommendations discussed referrals to other agencies that are able to answer questions. He suggested that at this point, the Committee can contribute to this question by focusing on the connection or link between outdoor contributions to indoor problems. This may give the Committee and those asked to speak or give presentations adequate focus.

Chairperson Bramlett stated that the next step would be for Dr. Kmucha to draft the letter to engage the city and county health officers.

Committee Action: Draft a letter to the city and county health officers.

7. **Committee Member Comments/Other Business.** There were none.
8. **Time and Place of Next Meeting.** 10:00 a.m., Tuesday, December 12, 2006, 939 Ellis Street, San Francisco, CA 94109. Chairperson Bramlett requested Dr. Kim be contacted to confirm her attendance at the next meeting; an alternate date would be December 21, 2006 if Dr. Kim is unable to attend the meeting on December 12th.

9. Adjournment. The meeting adjourned at 10:57 a.m.

/s/ Mary Romaidis

Mary Romaidis
Clerk of the Boards