

ADVISORY COUNCIL PUBLIC HEALTH COMMITTEE

AGENDA

COMMITTEE MEMBERS

JEFFREY BRAMLETT, CHAIRPERSON CASSANDRA ADAMS JANICE KIM, M.D. STEVEN T. KMUCHA, M.D.
KAREN LICAVOLI-FARNKOPF, MPH
LINDA WEINER
BRIAN ZAMORA

WEDNESDAY OCTOBER 10, 2007 1:30 P.M.

7TH FLOOR BOARD ROOM

- 1. Call to Order Roll Call
- 2. Public Comment Period

Public Comment on Non-Agenda Items, Pursuant to Government Code Section 54954.3. The public has the opportunity to speak on any agenda item. All agendas for Committee meetings are posted at the District, 939 Ellis Street, San Francisco, at least 72 hours before a meeting. At the beginning of the meeting, an opportunity is also provided for the public to speak on any subject within the Committee's purview. Speakers are limited to five minutes each.

- 3. Approval of Minutes of June 13, 2007
- 4. Discussion on Indoor Air Quality and Asthma

The Committee will discuss proposed draft recommendation on Indoor Air Quality and Asthma.

5. Presentation on Health Effects of Traffic Exposure

Janice Kim, M.D., M.P.H., Air Toxicology and Epidemiology Branch Office of Environmental Health Hazard Assessment will give a presentation to the Committee on Health Effects of Traffic Exposure.

6. Committee Member Comments/Other Business

Committee members, or staff, on their own initiative, or in response to questions posed by the public, may ask a question for clarification, make a brief announcement or report on his or her own activities,

provide a reference to staff regarding factual information, request staff to report back at a subsequent meeting on any matter or take action to direct staff to place a matter of business on a future agenda.

- **7. Time and Place of Next Meeting.** 1:30 p.m., Wednesday, December 12, 2007, 939 Ellis Street, San Francisco, CA 94109.
- 8. Adjournment

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CONTACT CLERK OF THE BOARDS - 939 ELLIS STREET SF, CA 94109

(415) 749-4965 FAX: (415) 928-8560 BAAQMD homepage: www.baaqmd.gov

- To submit written comments on an agenda item in advance of the meeting.
- To request, in advance of the meeting, to be placed on the list to testify on an agenda item.
- To request special accommodations for those persons with disabilities notification to the Clerk's Office should be given in a timely manner, so that arrangements can be made accordingly.

BAY AREA AIR QUALITY MANAGEMENT DISTRICT 939 Ellis Street, San Francisco, California 94109 (415) 771-6000

EXECUTIVE OFFICE:MONTHLY CALENDAR OF DISTRICT MEETINGS

OCTOBER 2007

TYPE OF MEETING	DAY	DATE	TIME	<u>ROOM</u>			
Board of Directors Regular Meeting (Meets 1 st & 3 rd Wednesday of each Month)	Wednesday	3	9:45 a.m.	Board Room			
Advisory Council Air Quality Planning Committee (Meets 2 nd Wednesday of each even Month)	Wednesday	10	9:30 a.m.	Board Room			
Advisory Council Public Health Committee (Meets 2 nd Wednesday of each even Month)	Wednesday	10	1:30 p.m.	Board Room			
Board of Directors Regular Meeting (Meets 1 st & 3 rd Wednesday of each Month)	Wednesday	17	9:45 a.m.	Board Room			
Board of Directors Legislative Committee (Meets 4 th Monday of every Month)	Monday	22	9:30 a.m.	4 th Floor Conf. Room			
Board of Directors Budget & Finance Committee (Meets 4th Wednesday of each Month)	Wednesday	24	9:30 a.m.	4 th Floor Conf. Room			
Board of Directors Mobile Source Committee – (Meets 4 th Thursday of each Month)	Thursday	25	9:30 a.m.	4 th Floor Conf. Room			
Board of Directors Stationary Source Committee – (Meets 3 rd Monday quarterly)	Monday	29	9:30 a.m.	4 th Floor Conf. Room			
NOVEMBER 2007							
TYPE OF MEETING	<u>DAY</u>	DATE	<u>TIME</u>	ROOM			
Board of Directors Public Outreach Committee (Meets 1 st Thursday every other Month	Thursday	1	9:30 a.m.	4 th Floor Conf. Room			
Board of Directors Regular Meeting (Meets 1 st & 3 rd Wednesday of each Month)	Wednesday	7	9:45 a.m.	Board Room			
Advisory Council Executive Committee	Wednesday	14	9:00 a.m.	Room 716			
Advisory Council Regular Meeting	Wednesday	14	10:00 a.m.	Board Room			
Board of Directors Climate Protection Committee (Meets 3 rd Thursday every other Month)	Thursday	15	9:30 a.m.	4 th Floor Conf. Room			
Joint Policy Committee	Friday	16	10:00 a.m. – 12:00 p.m.	MTC 101 - 8 th Street Oakland, CA 94607			

NOVEMBER 2007

TYPE OF MEETING	<u>DAY</u>	DATE	<u>TIME</u>	ROOM
Board of Directors Regular Meeting (Meets 1 st & 3 rd Wednesday of each Month)	Wednesday	21	9:45 a.m.	Board Room
Board of Directors Legislative Committee (Meets 4 th Monday of every Month)	Monday	26	9:30 a.m.	4 th Floor Conf. Room
Board of Directors Budget & Finance Committee (Meets 4 th Wednesday of each month)	Wednesday	28	9:30 a.m.	4 th Floor Conf. Room
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TYPE OF MEETING	<u>DAY</u>	DATE	TIME	ROOM
Board of Directors Regular Meeting (Meets 1 st & 3 rd Wednesday of each Month)	Wednesday	5	9:45 a.m.	Board Room
Advisory Council Technical Committee (Meets 2 nd Monday of each even Month)	Monday	10	9:00 a.m.	Board Room
Advisory Council Air Quality Planning Committee (Meets 2 nd Wednesday of each even Month)	Wednesday	12	9:30 a.m.	Board Room
Advisory Council Public Health Committee (Meets 2 nd Wednesday of each even Month)	Wednesday	12	1:30 p.m.	Board Room
Board of Directors Stationary Source Committee – (Meets 3 rd Monday quarterly)	Monday	17	9:30 a.m.	4 th Floor Conf. Room
Board of Directors Regular Meeting (Meets I st & 3 rd Wednesday of each Month)	Wednesday	19	9:45 a.m.	Board Room
Board of Directors Legislative Committee (Meets 4 th Monday of every Month)	Monday	24	9:30 a.m.	4 th Floor Conf. Room
Board of Directors Budget & Finance Committee (Meets 4th Wednesday of each Month)	Wednesday	26	9:30 a.m.	4 th Floor Conf. Room
Board of Directors Mobile Source Committee – (Meets 4th Thursday of each Month)	Thursday	27	9:30 a.m.	4 th Floor Conf. Room
hl 10/1/07 (10:35 a.m.)				

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AGENDA: 3

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

DRAFT MINUTES

Advisory Council Public Health Committee 1:30 p.m., Wednesday, June 13, 2007

- Call to Order Roll Call. Chairperson Bramlett called the meeting to order at 1:35 p.m. Present: Chairperson Jeffery Bramlett, Janice Kim, Ph.D., Steven Kmucha, MD., Ms. Linda Weiner, and Mr. Brian Zamora. Absent: Ms. Cassandra Adams, and Ms. Licavoli-Farnkkoph.
- 2. Public Comment Period: Correspondence was sent to the members of the Public Health Committee from Ms. Gross of Hayward regarding two power plants in Hayward. Chairperson Bramlett will find out more information regarding the content of the letter and follow up with a response on behalf of the Public Health Committee.
- **3. Approval of Minutes of February 14, 2007:** Dr. Kmucha moved approval of the minutes, seconded by Mr. Zamora, carried unanimously.
- **4.** Continued Discussion on Indoor Air Quality (IAQ) and Asthma: Chairperson Bramlett indicated doing two things at the meeting which included: 1) Report from Mr. Zamora on contact with the Association of Bay Area Health Officers; 2) Summary of discussions to begin preparation of a report to Chairperson Glueck and the Council.

Mr. Zamora reported that members of the Association of Bay Area Health Officers expressed interest in Indoor Air Pollution and Asthma; however, they would like to focus their limited resources and attention on Particulate Matter. The Association offered the services of Dr. Tony Iton, Health Officer in Alameda County as a delegate to the Committee. Mr. Bramlett requested staff coordinate with Dr. Tony Iton for a presentation at its next meeting.

Ms. Weiner reported that the list of all Bay Area Asthma coalitions and current information she collected was given to Mr. Peter Hess, Deputy Air Pollution Control Officer. Mr. Bramlett requested staff provide the committee members with a copy.

Dr. Kmucha stated that coordinating with the County Medical Associations of Sonoma, Santa Clara, San Mateo, Alameda, and Contra Costa would be ideal. Many of the Associations have Environmental or Public Health Committees and have shown informal interest in working with the Air District's Public Health Committee. Dr. Kmucha also noted that the new Chairperson of the Environmental and Public Health Committee for the San Mateo County Medical Association, Michelle Caughey, with her Committee have identified six potential topics out of numerous lists with asthma as a priority. Dr. Kmucha is on the Committee and will act as a liaison. He also stated that San Mateo County Supervisors have set up a panel to

decide what to do with the uninsured and under-insured. The panel will deliver their recommendation on extending coverage by about 400% in poverty and work on preventive care and the treatment of chronic illnesses.

Mr. Bramlett suggested that before the next meeting, a list of county medical associations with contact information and addresses be created and attached to the recommendations that will be submitted to Chairperson Glueck. Dr. Kmucha will draft a list and bring to the next meeting.

Dr. Kim echoed that she spoke recently at the Santa Clara County Medical Association, which has a very active environmental health group. She commented that one of the priorities of the medical association is to address indoor air quality. Dr. Kim also noted that with regards to the state, there are potential resources for funding opportunities because there are various agencies in the state system that are very involved in environmental issues related to asthma. Dr. Kim stated that there are websites that have fact sheets in different languages that talk about asthma.

Mr. Bramlett reminded those present that request to the Committee on Indoor Air Quality and Asthma was refined in a February 14, 2007 meeting. The changes include the Air District's request for recommendations regarding its role on interfacing with the public, county health officers, and non governmental agencies on asthma as it relates to air quality (indoor and outdoor). Mr. Bramlett also stated that the next step will be to come up with a written draft to guide the project.

Dr. Kmucha questioned if the Committee had met the request of Air District staff with regards to indoor air quality and the role that the Air District will play in controlling indoor air quality.

Mr. Bramlett responded that the concern expressed by the Air District was that of the public calling for assistance from the Air District. Also, staff would like both short and long term advice in order to respond to this issue accordingly. Mr. Bramlett requested staff be present at the next meeting to confirm this request or to clarify for the Committee what is wanted.

Dr. Kim suggested that some long term plans the Air District may consider would be acknowledging tobacco smoke as a problem in our communities. The state is planning to put emission standards on some products that are sold in California.

Ms. Weiner added that the comprehensive list of regional resources and internal audits of toxicity and emissions within the Air District is a good project. She also commented that the state level is coming up with lots of regulations on emissions that will fall upon local agencies.

Mr. Bramlett then reviewed past discussions of the committee as they related to the standard report format (i.e. importance and or implications, key issues, recommendations). With respect to importance and or implications, particular attention was given to asthma triggers and review of those most related to the Air District's area of influence – environmental irritants. General environmental exposures such as allergens, animals, plants, protein, irritants, weather changes, viral

sinus infections, exercise, reflux disease, medication, food and anxiety have been linked to the exacerbation of asthma.

Irritants, triggers most related to the Air District's area of influence, discussed included air pollutants like tobacco smoke, wood smoke, chemicals, ozone, occupational exposures to dust, gasses, fumes, strong odors like perfumes, household cleaners, cooking fumes, particulates from frying, paints and furniture, coal, chalk, talcum powder, and changing weather conditions. Some of these issues, the Air District is working on and some are beyond its boundary.

Mr. Bramlett also reviewed possible corrective actions the committee has discussed previously. This included the following items for consideration:

- 1. Continue current efforts in controlling chemicals in the air including industrial/occupational vapors, dust, gases and fumes. This also includes existing efforts to address ozone, industrial and restaurant cooking fumes, paints and vanishes, and many other types of airborne particulates.
- 2. Continue work to reduce the impacts of wood smoke on the general population and for the benefit of asthma sufferers.
- 3. Develop and distribute a pamphlet for the Air District's own use that supports existing agency and non-governmental organization's work in this area. One way this might be done is by preparing information similar to that of the California Air Resources Board.
- 4. Encourage callers to work with a health care provider to obtain an accurate diagnosis, identify triggers, remove or control triggers.
- 5. Train Air District staff on the background science, relative to the relationship between indoor and outdoor air quality and asthma.
- 6. Increase the coordination with County Health Officers and organizations that results in:
 - a. More collaborative effort in which air quality facts (i.e., sample results) may aid health officer/agency work to reduce asthma triggers and cases.
 - b. More efficient response to callers by referring them more accurately to the correct resource at the caller's local (county) level.
 - c. Work with schools, and through public health nurses where available, to disseminate the Air District's information.
 - d. Provide callers with a list of references that are sensitive to people of different language preferences and who may not have internet access (physical or ability).
 - e. Include in appropriate media releases, in addition to the other information, a consistent educational message that when the air quality is poor, a person can have an exacerbation of respiratory and cardiac problems. Also, that there are many triggers that exacerbate asthma and, that on any day when a person has an exacerbation, it is due to days or even weeks of accumulating effects that result in the episode.
- 7. Develop program measures to track volume of calls, type of referral made, number of inspections made, classification of inspection conclusion as to if the trigger is thought to be primarily due to an indoor our outdoor source.
- 8. Keep the Advisory Council informed as the program reaches significant milestones in its development and implementation.

Dr. Kim commented on the relationship between indoor and outdoor air quality. She stated that ozone is a reactive molecule and ambient levels can react with certain cleaning products and furnishings in the house. The outdoor air pollution get indoors especially with living close to freeways.

5. Committee Member Comments/Other Business:

- Ms. Weiner suggested that the Committee meet in the smaller room if there are no public speakers or presentations.
- Mr. Bramlett related that Mr. Hess is retiring and members are welcome to make donations for a gift to Mr. Hess.
- Dr. Kmucha made a suggestion to the Committee of inviting someone to talk on the health effect of traffic exposure on people sitting for a long period of time with regards to outdoor pollutants and indoor due to lack of availability of fresh air.
- Dr. Kim stated that she would be happy to make a presentation on the "health impact of residential proximity to busy roads"; there are epidemiologic studies and the mechanics involved with it.
- The Committee agreed on Dr. Kim making a presentation regarding "residential proximity and indoor exposure to pollutants." This presentation is tentative and Chairperson Bramlett will inform other subcommittees to see if they are interested in the presentation.
- Dr. Kim also mentioned work she and her colleagues are doing on the health impacts of climate change and suggested this may be of interest. The Committee agreed and Mr. Bramlett will look into inviting members of the other committees.
- Mr. Bramlett surveyed members present to determine if a quorum exists for the August meeting. As quorum did not exist; the August meeting was canceled.
- **6. Time and place of next meeting:** Wednesday, October 10, 2007, 939 Ellis Street, San Francisco, CA 94109.
- **7. Adjournment:** The meeting adjourned at 2:35 p.m.

Chioma Dimude Acting Executive Secretary

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

October 3, 2007

To: Advisory Council

From: Public Health Committee

Subject: Strategy for Asthma as it Relates to Indoor and Outdoor Air Quality

Topic

Recommendations to the Bay Area Air Quality Management District (Air District) regarding its role and how it can interface with the public, county health officers and non-governmental organizations on asthma as it relates to indoor and outdoor air quality.¹

Importance/Implications

Asthma is a chronic inflammatory disease of the airways that affects more than 17 million Americans.² (California and Bay Area Prevalence?) Over the past decade, the prevalence of asthma in both children and adults has increased in the United States. Environmental exposures such as allergens (animal and plant proteins) and irritants, weather changes, viral or sinus infections, exercise, reflux disease, medications, foods, and anxiety have been linked to exacerbations of asthma.^{3,4}

(Better transition) Currently more than 120 million Americans live in areas that fail to meet the 1997 National Ambient Air Quality Standards for at least one of the criteria pollutants. Ozone and particulate matter are of special concern. Levels of these air pollutants are high enough in many parts of the United States to present respiratory hazards to children with asthma.⁵

Staff report that they receive calls from people who are concerned about odors and air pollution as sources causing asthma attacks. Currently, staff responds to these inquiries by recommending the caller seek medical evaluation and contacts their county health organization. The frequency of these calls has reached a level that staff has

¹ Public Health Committee Meeting Minutes of February 14, 2007

² Tips to Remember: Asthma triggers and management, American Academy of Allergy Asthma and Immunology, 2006.

³ Agency for Toxic Substances and Disease Registry (ATSDR), Case Studies in Environmental Medicine, Environmental Triggers of Asthma, ATSDR Publication No.: ATSDR-HE-CS-2002-0001.

⁴ Ibid. 2.

⁵ Pediatric Environmental Health, American Academy of Pediatrics, 2nd Edition, p. 531

requested guidance on their role in this area and how to enhance current response efforts.

Key Issues

Outdoor agents related to asthma: Outdoor agents that can trigger asthma in some people include pollens, molds, ozone, particulate matter, sulfur dioxide. For some of these agents – pollens and molds – the Air District is not perceived to have a significant role historically or in the near future. Ozone, particulate matter and sulfur dioxide are asthma triggers for which the Air District has been historically involved and plays a significant role.

Indoor agents related to asthma: Environmental exposures such as allergens (animal and plant proteins) and irritants, weather changes, viral or sinus infections, exercise, reflux disease, medications, foods, and anxiety have been linked to exacerbations of asthma. The significance with respect to the Air District's role is that the majority of the triggers and controls are typically dominated by their personal environment (home, auto, work surroundings). Irritants are the one area that bears directly on the Air District's role.

Inflamed asthmatic airways are hyper-sensitive to environmental irritants. Irritants that can trigger and aggravate asthma include:

- Air pollutants such as tobacco smoke, wood smoke, chemicals in the air and ozone.
- Household cleaners have been shown through ordinary use could lead to exposure levels could exceed guideline values under exceptional yet plausible conditions, such as cleaning a large surface area in a small room⁶.
- Occupational exposure to vapors, dust, gasses or fumes
- Strong odors or sprays such as perfumes, household cleaners, hairspray, cooking fumes (particularly from frying), paints or varnishes
- Other airborne particles such as coal dust, chalk dust or talcum powder
- Changing weather conditions, such as changes in temperature and humidity, barometric pressure or strong winds.

Relative Contributions: (indoor sources versus outdoor sources, allergens versus other sources).

Confirming asthma is a concern: People, with increasing frequency, have been contacting the district because they believe they have asthma. People are aware that the incidence of asthma has increased over the last few years and that certain geographic region and locations are more prone to asthma. Committee members believe that some callers may not have been diagnosed with asthma and may not be working with a health care provider. (Data to support this or even to make a stronger statement?)

1563-001 Recommendation draft

⁶ California Air Resources Board, Indoor Air Chemistry, Cleaning Agents, Ozone and Toxic Air Contaminants, W. W. Nazaroff, UC Berkeley, April 2006

The Nature of the Air District's Role: The Air District's role is not perceived as a new one or complex, rather one of facilitating the provision of existing information to aid concerned callers.

Recommendations

- Develop a program on Indoor Air Quality and Asthma focusing on facilitating the
 provision of consistent information of existing programs, including the Air District's
 and other agencies, to callers through the Air District's various communication
 resources (staff responding to calls, printed pamphlets, electronic and other media
 as appropriate).
- 2. Elements of this program might include:
 - a. A discussion of outdoor agents related to asthma and the Air District's role. Although this should limit discussion to existing programs, it may require development of language relating what the Air District is already doing like CARE and those that have been or are under development on ozone, particulate matter and sulfur dioxide that benefit the fight for better indoor air quality and the reduction in asthma prevalence and episodes for sufferers.
 - i. Examples include: impacts and controls for dirty diesel, wood smoke, spare the air, spare the air tonight, industrial and restaurant cooking fumes, paints and vanishes and how they relate to asthma.
 - ii. Utilize this as an opportunity to facilitate dissemination of information on existing programs and how callers can support them (i.e., ozone, particulate matter, and wood smoke controls).
 - b. A discussion of indoor agents related to asthma and the Air District's role. After ruling out the unlikely scenario that the concern may be caused by an outdoor agent, the role should be to focus callers on resources available from other agencies and health professionals.
 - i. Development of a list of external resources for staff to use as an aid in referring callers.
 - ii. Consider development or directing callers to a set of guides or best practices callers can use. Some items to consider include:
 - 1. Combustion Products furnaces, gas water heaters, gas clothes dryers, fireplaces, and woodstoves
 - a. Convert gas appliances to electric where reasonable
 - b. Where gas appliances remain ensure they are
 - i. Properly vented
 - ii. Periodically and professionally inspected and maintained
 - 2. Volatile Organic Compounds
 - a. Increase ventilation and avoiding storage of opened containers of unused paints and similar materials
 - b. If formaldehyde is thought to be the cause,
 - i. identify and remove the source
 - ii. measuring the levels is not necessary
 - iii. if removal is not possible, increase ventilation and or seal with non-toxic polyurethane

- iv. Formaldehyde concentrations decrease rapidly over the first year after a product is manufactured
- c. Increase support and advocacy that callers work with a health professionals to obtain an accurate diagnosis, identify triggers, remove or control triggers.
- d. Increase support and advocacy that callers work with a health care provider.
 - Increase support and advocacy that callers work with a health care provider to obtain an accurate diagnosis, identify triggers, remove or control triggers.
 - ii. Increase the coordination with County Health Officers and organizations to result in:
 - A more collaborative effort in which air quality facts (i.e., sample results) may aid health officer/agency work to reduce asthma triggers and cases.
 - 2. So that Air District staff can aid callers in more efficiently addressing their concerns by referring callers more accurately to the correct resource at the callers local (county) level.
 - 3. Work with the schools, through those that have public health nurses, to disseminate the Air District's information.
 - 4. Provide callers with a list of references that are sensitive to people of different language preferences and who may not have internet access (physical or ability).
 - 5. Include in appropriate media releases, in addition to the other information, an educational message that when the air quality is poor, a person can have an exacerbation of respiratory and cardiac problems. Also that there are many triggers that exacerbate asthma and, that on any day when a person has an exacerbation, it is due to days or even weeks of accumulating effects that result in the episode.
- e. Development of printed materials (e.g., a pamphlet) for the Air District's own use reflecting the aspects noted in the recommendations above that supports existing agency and NGO work in this area. One way this might be done is by preparing information similar to that of the California Air Resources Board (Attachment 1).
 - i. Consider highlighting examples of asthma friendly programs that are already in place (i.e., Tools for Schools).
- 3. Train Air District staff on the background, science, relative to the relationship between indoor and outdoor air quality and asthma and the procedures established to implement the recommendations above.
- 4. Develop program measures to track volume of calls, type of referral made, number of inspections made, classification of inspection conclusion as to if trigger is thought to be primarily due to an indoor our outdoor source.

Information Considered

Members considered reports to the Committee from: Jack Colbourn, Director, Outreach and Incentives Division, BAAQMD Peter Hess, BAAQMD, Janet Glasgow, Air Quality Program Manager, Compliance and Enforcement Division, BAAQMD Jami Aggers, Compliance Manager, Compliance Division, San Joaquin Valley Unified Air Pollution Control District

Jim Nolan, Director of Compliance, Puget Sound Clean Air Agency Kathy Hayes, Government Affairs Director, North Bay Association of Realtors John Crouch, Director of Affairs, Hearth, Patio and Barbecue Association (HPBA) Judy Goldblatt, Public Information Officer, Outreach and Incentives Division, BAAQMD Jenny Bard, Communications Director, American Lung Association of California

Deliberative Process

The Public Health Committee was asked to consider this topic by the Council as part of its work starting in 2006. The Committee met on February 14, April 11, May 10, July 18 and September 6, 2006, to receive and discuss presentations on the issues. The Committee unanimously arrived at its recommendation for forwarding to and consideration by the full Advisory Council. A chronology of the Committee's deliberations, and the presentations received on this matter, is available upon request.

