

Sedalia

Air Quality Monitoring Study



C A S E

Campus-Community Alliances for Smoke-Free Environments

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Executive Summary

Secondhand smoke (SHS) was classified in 1992 by the U.S. Environmental Protection Agency (EPA) as a cause of cancer in humans. It contains more than 4,800 chemicals of which more than 250 are known to be toxic. For such a substance, there is no minimum safe level of exposure. The 2006 U.S. Surgeon General's Report, reviewing thousands of research studies, finds SHS is a cause for stroke, emphysema, bronchitis, asthma, respiratory infections, Sudden Infant Death Syndrome and other illnesses. SHS is responsible for almost 50,000 deaths per year from heart disease and lung cancer in nonsmokers. The 2006 Surgeon General's Report concluded that policies for smokefree environments are the most effective method of reducing SHS exposure in public places and workplaces.

The purpose of this study was to sample the air quality in public places that have smokefree policies and those that permit smoking, and compare results to the EPA Air Quality Index. Indoor air quality for fine particulate matter pollution (PM_{2.5} particles) was sampled for nine Sedalia restaurants, bars and public entertainment venues on April 23, 2010. Six of those places allowed smoking indoors while three had smokefree policies.

Key findings of this study include:

- Particulate matter air pollution for the six public places that allowed smoking averaged 73 $\mu\text{g}/\text{m}^3$ (EPA rating of "unhealthy") even though an average of only 1½ cigarettes were being smoked at any given time. The three public places that did not allow smoking averaged 25 $\mu\text{g}/\text{m}^3$ (EPA rating of "moderate"). The level of particulate matter air pollution was 3 times higher in places that allowed smoking compared to those that were smokefree.
- Due solely to their occupational exposure, a full-time employee in one of these public places that allowed smoking would exceed the EPA's average annual limit for particulate matter air pollution by 111%.
- On average, less than 3% of people were actively smoking in the public places where smoking was permitted. This is less than one-tenth the 27.2% adult smoking prevalence for Pettis County, and refutes the commonly held misperception that a high percent of employees or customers in restaurants, bars or public recreational venues smoke.
- Less than two burning cigarettes can create levels of pollution to the degree to be classified as "Unhealthy" by the EPA.

The findings of this study are consistent with those of similar previous studies that found the large majority of fine particle air pollution could be attributed to SHS.

Introduction

Secondhand smoke (SHS) contains more than 4,800 chemicals, of which more than 250 are known to be toxic or carcinogenic, and by itself was classified in 1992 by the U.S. Environmental Protection Agency as a human carcinogen. Exposure to SHS is responsible for an estimated 35,000 deaths per year from heart disease and lung cancer in nonsmokers.¹ The U.S. Surgeon General issued reports in 1984 and 2006 concluding SHS was also a cause for stroke, emphysema, bronchitis, asthma, respiratory infections, Sudden Infant Death Syndrome and other illnesses. The Surgeon General also concluded there is no safe level of exposure to SHS.^{2,3}

Current Missouri law allows for smoking in most indoor workplaces. Policies prohibiting smoking are the most effective method for eliminating SHS exposure in public places and workplace environments. While many businesses voluntarily establish smokefree policies, the hospitality industry (bars, restaurants, bowling alleys, etc.), representing approximately 10-14% of workplaces, has been slow to enact smokefree policies. Consequently, workers and patrons are exposed to SHS. An increase in state- and city-wide smokefree ordinances across the United States has resulted in declining SHS exposure among the overall U.S. population,⁴ but a majority of Missouri municipalities remain without comprehensive smokefree laws.

To protect public health, the U.S. Environmental Protection Agency (EPA) issued National Ambient Air Quality Standards which include fine particulate matter as one of the criteria pollutants. The EPA first issued standards for daily exposure to pollution consisting of particulate matter of 2.5 microns in size (PM_{2.5}) in 1971 with periodic revisions, the latest in 2006 and currently in a public comment period. Current EPA standards based on review of thousands of peer-reviewed scientific studies recommend exposure during a 24-hour period to be not greater than 35 µg/m³. Further, over the period of a year a person's exposure should not have a daily average of more than 15 micrograms per cubic meter (µg/m³). EPA assigned levels for PM_{2.5} ranging from "good" to "hazardous" with accompanying health advisories as presented in Table 1.⁵ Because the impact on health is the same regardless of whether the air is in an outdoor or indoor environment, the EPA index is a valuable measure of health risk.

Table 1. U.S. Environmental Protection Agency – Air Quality Index

Air Quality	PM _{2.5} (µg/m ³)	Health Advisory
Good	≤ 15	None
Moderate	16-35	Unusually sensitive people should consider reducing prolonged or heavy exertion
Unhealthy for Sensitive Groups	36-55	People with heart or lung disease, older adults and children should reduce prolonged or heavy exertion
Unhealthy	56-150	People with heart or lung disease, older adults and children should avoid prolonged or heavy exertion. Everyone else should reduce prolonged or heavy exertion
Very Unhealthy	151-250	People with heart or lung disease should avoid all physical activity outdoors. Everyone else should avoid prolonged or heavy exertion.
Hazardous	≥ 251	People with heart or lung disease, older adults, and children should remain indoors and keep activity levels low. Everyone else should avoid all physical activity outdoors.

The Sedalia Air Quality Monitoring Study examined indoor air quality in a sampling of smokefree and smoking-permitted public places in the city to assess the relation between smoking and indoor air pollution. Air quality findings were compared to the EPA Air Quality Index.

Methods

Overview

Indoor air quality for fine particulate matter pollution was sampled for nine Sedalia restaurants, bars and recreational venues on April 23, 2010. Particulate matter smaller than 2.5 micrograms ($PM_{2.5}$) was measured. The $PM_{2.5}$ particles are easily inhaled deep into the lungs, are associated with pulmonary and cardiovascular disease and mortality. These venues provide variation in type of public place, size of venue, and location. Six of the places allowed smoking indoors while three had smokefree policies.

Measurement Protocol

An average of 46 minutes was spent in each public place to monitor air for data collection. The number of people inside the venue and the observed number of burning cigarettes were recorded every 10 minutes during the air quality sampling period. A Stanley IntelliMeasure ultrasonic distance estimator (The Stanley Works, New Britain, CT) was used to measure room dimensions, enabling unobtrusive calculation of the volume of each venue. Active smoker density was calculated by dividing the average number of burning cigarettes by the volume of the room in meters. The number of burning cigarettes was divided by the number of people at the venue in 10-minute intervals to determine the percent of people smoking within a venue at any particular time.

A TSI Sidepak AM510 Personal Aerosol Monitor (TSI, Inc., St. Paul, MN) was used to sample and record the levels of particulate matter pollution in the air. The Sidepak uses a built-in sampling pump to draw air through the device, where the particulate matter in the air scatters the light from a laser to assess the real-time concentration of particulate matter smaller than 2.5 micrograms to be recorded as $PM_{2.5}$. The concentrations of particulate matter were recorded as micrograms per cubic meter ($\mu\text{g}/\text{m}^3$). The Sidepak was zero-calibrated prior to each use by attaching a HEPA filter according to the manufacturer's specifications. The Sidepak was set to a one-minute log interval, which averages the previous 60 one-second measurements.

Air quality sampling was conducted discreetly in order to not disturb the normal behavior of workers or patrons. Study staff ordered food or beverages and assumed normal seating positions in a venue. The monitor was generally located on a table so the air being sampled was within the sitting occupants' normal breathing zone. For each public place, the first and last minute of logged data were removed because they were averaged with outdoor and entryway air. The remaining data points were averaged to provide an average $PM_{2.5}$ concentration within the public place.

Descriptive data including the venue volume in cubic meters (m^3), number of people, number of burning cigarettes, and smoker density (number of burning cigarettes per 100 m^3) were recorded for each public place and averaged for all public places. Additionally, the results are compared to the EPA Air Quality Index.

Results

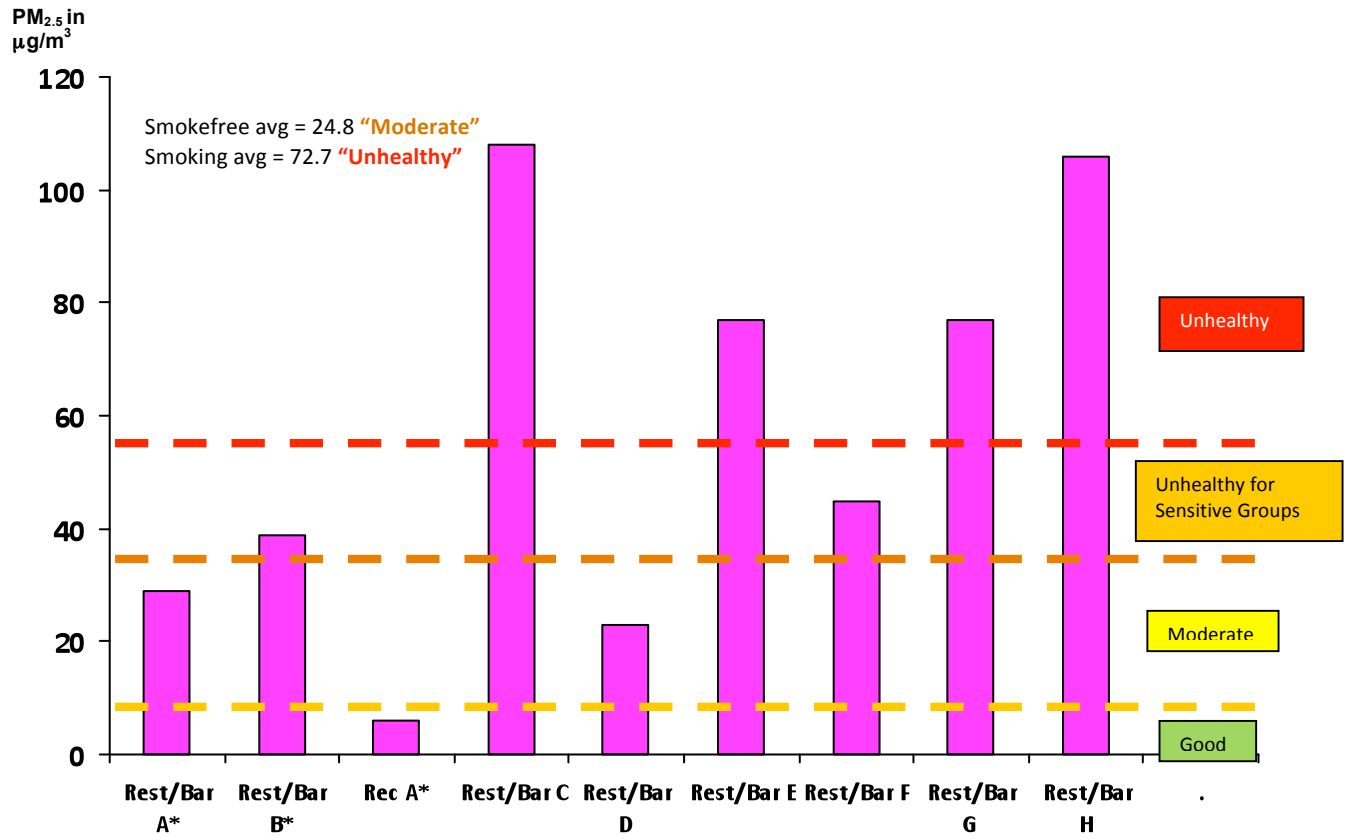
The locations were visited on a weekend evening from 6 p.m. – 11 p.m. The average time spent per location was 46 minutes (range 42-51 minutes). Six of the sampled public places allowed smoking and PM_{2.5} levels in these venues averaged 72.7 µg/m³ (range: 23.1 – 107.7 µg/m³). The three smokefree venues sampled had an average PM_{2.5} level of 24.8 µg/m³ (range 6.1 – 39.0 µg/m³). The level of particulate matter air pollution was 2.9 times higher in those public places that allowed smoking compared to the smokefree venues. On average, 1.5 cigarettes (range: 0 – 7 cigarettes) were burning during the monitoring timeframe at smoking venues. This represents an overall average of 2.5% of patrons. Table 2 provides additional details of the monitored venues.

Table 2. Smokefree and Smoking Establishments in Sedalia

Public Place	Volume m ³	Average # people	Average # burning cigarettes	Active smoker density	% burning cigarettes to # people	Average PM _{2.5} level (µg/m ³)	EPA Air Quality Index category
SMOKEFREE ESTABLISHMENTS							
Rest/Bar A	1,714	70.2	0	0	0	29.4	Moderate
Rest/Bar B	444	41.2	0	0	0	39.0	Unhealthy for Sensitive Groups
Rec A	2,659	26.0	0	0	0	6.1	Good
Average	1,606	45.8	0	0	0	24.8	Moderate
SMOKING ESTABLISHMENTS							
Rest/Bar C	203	7.8	0.2	0.10	2.0	107.71	Unhealthy
Rest/Bar D	261	75.0	1.8	0.69	2.4	23.1	Unhealthy
Rest/Bar E	369	53.2	0.8	0.22	1.5	77.4	Unhealthy
Rest/Bar F	2,265	141.4	0.8	0.04	0.7	45.3	Unhealthy for Sensitive Groups
Rest/Bar G	1,274	23.4	4.8	0.38	20.5	76.53	Unhealthy
Rest/Bar H	70	49.4	0.4	0.57	0.9	106.2	Unhealthy
Average	740	58.4	1.5	0.33	2.5	72.7	Unhealthy

Figure 1 is a presentation of the air quality data of the three smokefree and six smoking venues with comparison to the EPA Air Quality Index standards.

Figure 1 – Air Quality Measures for Sedalia, April 2010



Discussion

Particulate matter pollution is a complex mixture of extremely small particles that when breathed in can reach the deepest regions of the lungs. Exposure to PM_{2.5} is linked to a variety of significant health problems, ranging from aggravated asthma to premature death in people with heart and lung disease. This study found PM_{2.5} pollution to be 2.9 times higher in public places that permitted smoking compared to a smokefree public place (72.7 $\mu\text{g}/\text{m}^3$ vs. 24.8 $\mu\text{g}/\text{m}^3$). The average air quality in the sampled smokefree public places was classified as "moderate" by the EPA Air Quality Index while those that allowed smoking was classified as "unhealthy." Of the six smoking-allowed venues: one had air quality that classified as "moderate"; one as "unhealthy for sensitive groups"; and the remaining four as "unhealthy."

Counts of the number of people and of the number of burning cigarettes conducted every 10 minutes revealed that on average only 2.5% of the people in these public places were actively smoking at any given time, less than one-tenth (9%) the adult smoking prevalence of 27.2% for

Pettis County.⁶ Despite commonly held misperceptions that a high percent of employees or customers in bars or public recreational venues smoke, this study finds only an average of 2.5 cigarettes were actually smoked at any given time; and yet, these few cigarettes create levels of pollution to the degree to be rated as “unhealthy” per the EPA index.

The findings of this study are consistent with those of similar previous studies. A study of eight hospitality venues in Delaware before and after a statewide smokefree law was implemented found about 90% of the fine particle pollution could be attributed to tobacco smoke.⁷ Similarly, a study of 22 hospitality venues in western New York found a 90% reduction in PM_{2.5} levels in bars and restaurants and an 84% reduction in large recreation venues (e.g., bingo halls, bowling alleys).⁸ Similar findings of reductions of more than 90% of PM_{2.5} levels in public places were reported after several communities in Kentucky implemented smokefree workplace ordinances.⁹ The current study in Sedalia finds 66% lower particulate matter pollution in the smokefree public venue compared to those public venues that allow smoking.

Other studies have directly assessed the effects of SHS exposure on human health. One study found that respiratory health improved rapidly in a sample of bartenders after a state smokefree workplace law was implemented in California, as well as after national smokefree laws were implemented in Ireland and Scotland.^{10,11,12} Additional studies found a significant reduction in cotinine (a metabolic byproduct of nicotine) and of polycyclic aromatic hydrocarbons (a known human carcinogen found in SHS) in the bodies of hospitality industry workers or customers.^{13,14} Experimental studies examining blood chemistries of smokers and nonsmokers find negative effects of even brief (minutes to hours) exposures to SHS on the cardiovascular system.^{15,16}

Additional studies report an average of a 17% reduction in hospital admissions for acute myocardial infarctions (heart attacks) within the first year after implementation of a smokefree ordinance or law in the communities.^{17,18,19,20,21,22,23,24,25,26,27} Of note are reports in which hospitalizations for heart attacks were reduced by 28% in Pueblo, Colorado, within the first 18 months after their smokefree ordinance was implemented; and that the decline continued to a 41% reduction within the first 36 months after the time the ordinance was implemented. However, rates in surrounding Pueblo County and adjacent El Paso County, which had no smokefree ordinances, remained virtually flat for the same periods.^{28,29}

Two recent studies also found reduced hospitalizations not only for heart attacks, but other cardiovascular conditions and for respiratory conditions. A Toronto study concluded within two years of fully implementing their law for smokefree public places there was a 39% reduction in cardiovascular events (heart attack, angina and stroke) and a 33% reduction in respiratory events (asthma, chronic obstructive pulmonary disease, and pneumonia-bronchitis).³⁰ An Arizona study examined counties that were not protected by smokefree ordinance previous to implementation of a smokefree state law saw within one year reductions of 13% for heart attack, 33% for unstable angina, 14% for acute stroke and 22% acute asthma.³¹

A recurring theme is demonstrated by a growing body of evidence showing that smokefree policies are proven to provide health benefits for both smokers and nonsmokers. Health benefits are especially greater among non-smokers as seen in studies that found reductions of 30% - 60% among non-smokers for hospitalization for heart attack within the first year of law for smokefree workplaces and public places.^{19,32} Further, a recent Swiss study found a 50% reduction for such hospitalizations among people previously diagnosed with coronary heart disease.³⁰

Health improvements are especially pronounced for employees in hospitality businesses. Bar workers in Scotland were examined for respiratory and sensory symptoms before that country's smokefree law went into effect and again, one year later. Not only were symptoms improved among non-smoking employees for respiratory conditions of wheezing, shortness of breath, coughing and phlegm production and sensory conditions of eye irritation, throat irritation and runny nose; but these symptoms also improved among the smoking employees.³³ It follows that symptom would improve even among smoking employees as their exposure to smoke would be limited to such times as they are actively smoking rather than the potential for their entire work shift.

Such evidence reinforces the Centers for Disease Control & Prevention recommendation that physicians advise their patients at risk of or with known coronary heart disease to avoid places where they may be exposed to secondhand smoke.³⁴

A city ordinance unanimously passed by the Sedalia city council on March 1, 2010 amended Section 2-14(d) of the city code of ordinances that provided city facilities, vehicles and the campus of city hall to be smokefree. The city code of ordinances does not require public places or workplaces within the city to also be smokefree.

Conclusions

Public places in Sedalia that allowed smoking had about 2.9 times the fine particulate matter air pollution of the smokefree public places. Average air quality in smokefree places was rated as "good" or "moderate" by EPA standards; whereas average air quality in places that allowed smoking rated as "unhealthy." Employees in public places that allow smoking are exposed to 111% the established annual EPA exposure standard to protect human health from fine particle air pollution.

This study demonstrates that hospitality workers and customers in Sedalia public places and workplaces where smoking is allowed are exposed to unhealthy levels of an air pollutant that is known to cause heart disease, cancer and other diseases. Peer-reviewed studies have demonstrated that policies prohibiting smoking in public places and workplaces dramatically reduce secondhand smoke exposure and improve employee and public health.

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