

Indoor Air Quality in Perry County, Kentucky Hospitality Venues, 2008

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Executive Summary

Indoor air quality was assessed in 10 hospitality venues in Perry County, Kentucky. Fine particulates were measured from May 24 to May 31, 2008, using the TSI SidePak AM510 Personal Aerosol Monitor. The average PM_{2.5} level from the 10 locations was compared to the average PM_{2.5} levels in Lexington and Louisville before and after implementation of their smoke-free laws, as well as the National Ambient Air Quality Standard (NAAQS; 35µg/m³) for 24 hours.

Key findings of the study are:

- The level of indoor air pollution in hospitality venues measured in Perry County (average PM_{2.5} = 112 µg/m³) was approximately 6.2 times higher than Lexington's post-law and 12.4 times higher than Louisville after implementation of their comprehensive smoke-free laws (see Figure 1). Further, the level of indoor air pollution in Perry County hospitality venues was 3.2 times higher than the National Ambient Air Quality Standard for outdoor air.
- The ten hospitality venues had average PM_{2.5} levels ranging from 21 to 296 µg/m³ (see Figure 2). Air pollution in 8 of the 10 venues exceeded the National Ambient Air Quality Standard for outdoor air.

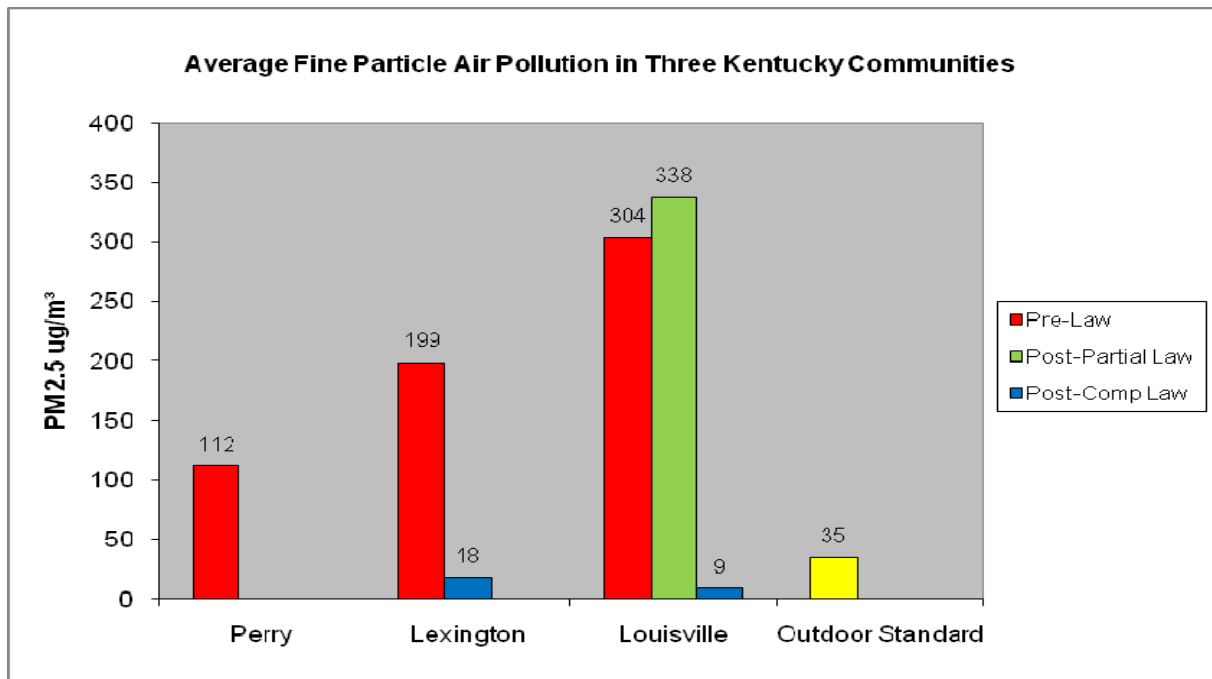


Figure 1. Average fine particle air pollution in three Kentucky communities, pre- and post-law

Note: Post-Law I in Louisville reflects air quality following implementation of a partial smoke-free law and Post-Law II reflects the results of a comprehensive smoke-free law.

Introduction

Secondhand smoke (SHS) contains at least 250 chemicals that are known to be toxic.^{1,2} There is no safe level of exposure to SHS.² SHS exposure is the third leading cause of preventable death in the United States.³ SHS is a mixture of the smoke from the burning end of tobacco products (sidestream smoke) and the smoke exhaled by smokers (mainstream smoke) and is known to cause cancer in humans.^{1,2,3} SHS exposure is a cause of heart disease and lung cancer in nonsmoking adults.¹⁻⁴ An estimated 3,000 nonsmokers die from lung cancer⁵ annually and over 46,000 nonsmokers die from heart disease² every year in the U.S due to secondhand smoke exposure. It is estimated that approximately 46.4% of people in the United States have biological evidence of SHS exposure.⁶

Currently in the U.S., 16,267 local municipalities are covered by either local or state 100% smoke-free laws in workplaces and/or restaurants and/or bars.⁷ It is estimated that approximately 69% of the U.S. population are protected by clean indoor air regulations that cover virtually all indoor worksites including bars and restaurants. There are 2,960 local ordinances or regulations that restrict smoking to some extent in workplaces across the United States and Washington D.C.⁷ The extent of protection provided by these laws vary widely from community to community.

As of October 1, 2008, 20 Kentucky communities had enacted smoke-free laws or adopted smoke-free regulations. The most comprehensive ordinances/regulations, 100% smoke-free workplace *and* 100% smoke-free enclosed public place laws, have been enacted in nine communities: Georgetown, Morehead, Ashland, Elizabethtown, Hardin County (unincorporated areas), Madison County (Board of Health regulation), Louisville, Danville, and Woodford County (Board of Health regulation). The next most comprehensive ordinances, 100% smoke-free enclosed public place laws, have been implemented in four communities: Lexington, Letcher County, Frankfort and Paducah. Seven communities have enacted partial smoke-free laws/regulations, protecting workers and patrons in some public venues: Daviess County, Henderson, Oldham County, Paintsville, Pikeville, Beattyville, and Hopkins County (Board of Health regulation).

In Louisville, Kentucky, two different types of smoke-free laws have been enacted and implemented since 2005. In November 2005, a smoke-free law covering most buildings open to the public but with significant exemptions was implemented in Louisville Metro. In July 2007, Louisville Metro strengthened their ordinance to cover all workplaces and all buildings open to the public.

The purpose of this study was to (a) assess air quality in 10 Perry County, Kentucky hospitality venues; and (b) compare the results to Lexington and Louisville, Kentucky air quality data before and after their smoke-free laws took effect.

Methods

Between May 24 and May 31, 2008, indoor air quality was assessed in 10 indoor locations in Perry County. Sites were of various sizes; some sites were individually owned establishments and some were part of local or national chain entities.

A TSI SidePak AM510 Personal Aerosol Monitor (TSI, Inc., St. Paul, MN) was used to sample and record the levels of respirable suspended particles in the air. The SidePak uses a built-in sampling pump to draw air through the device and the particulate matter in the air scatters the light from a laser to assess the real-time concentration of particles smaller than $2.5\mu\text{m}$ in micrograms per cubic meter, or $\text{PM}_{2.5}$. The SidePak was calibrated against a light scattering instrument, which had been previously calibrated and used in similar studies. In addition, the SidePak was zero-calibrated prior to each use by attaching a HEPA filter according to the manufacturer's specifications.

TSI SidePak AM510 Personal Aerosol Monitor



The equipment was set to a one-minute log interval, which averages the previous 60 one-second measurements. Sampling was discreet in order not to disturb the occupants' normal behavior. For each venue, the first and last minute of logged data were removed because they are averaged with outdoor and entryway air. The remaining data points were summarized to provide an average $\text{PM}_{2.5}$ concentration within each venue. The Kentucky Center for Smoke-free Policy (KCSP) staff trained researchers from the Southeast Kentucky Masters' in Social Work Program, who did the sampling and sent the data to KCSP for analysis.

Statistical Analyses

Descriptive statistics including the venue volume, number of patrons, number of burning cigarettes, and smoker density (i.e., average number of burning cigarettes per 100 m^3) were reported for each venue and averaged for all venues.

Results

The ten hospitality venues were visited Saturday through Saturday for an average of 51 minutes (range 45 - 68 minutes). Visits occurred at various times of the day from 9:40 AM to 10:26 PM. The average size of the Perry County venues was 760 m^3 (range $150 - 1,529\text{ m}^3$) and the average smoker density was $0.46\text{ \#bc}/100\text{ m}^3$. On average, 39 patrons were present per venue and 1.8 burning cigarettes per venue were observed. Descriptive statistics for each venue are summarized in Table 1.

Table 1. Air Quality Data for 10 Venues in Perry County, Kentucky, May 2008

Venue	Date Sampled	Average # people	Average # burning cigs	Smoker density (#bc/100m ³)	Average PM _{2.5} level
Hospitality Venue A	5/24/2008	108	1.8	0.34	63
Hospitality Venue B	5/26/2008	55	0.4	0.08	36
Hospitality Venue C	5/26/2008	31	1.4	0.93	78
Hospitality Venue D	5/26/2008	15	0.2	0.01	27
Hospitality Venue E	5/26/2008	15	0.2	0.06	21
Hospitality Venue F	5/31/2008	14	1.2	0.2	149
Hospitality Venue G	5/31/2008	11	2.9	2.15	191
Hospitality Venue H	5/24/2008	22	3.3	0.32	134
Hospitality Venue I	5/24/2008	49	3.2	0.22	296
Hospitality Venue J	5/24/2008	65	3.6	0.25	129
Averages		39	1.8	0.46	112

As depicted in Figure 1, the average level of indoor air pollution in the 10 Perry County venues (112 $\mu\text{g}/\text{m}^3$) was approximately 6.2 times higher than Lexington's post-law and 12.4 times higher than Louisville after implementing their comprehensive smoke-free law. Further, the level of indoor air pollution in Perry County hospitality venues was 3.2 times higher than the National Ambient Air Quality Standard (35 $\mu\text{g}/\text{m}^3$) for 24 hours.

It is important to note that after a partial smoke-free law was implemented in Louisville, the average PM_{2.5} level rose slightly to 338 $\mu\text{g}/\text{m}^3$ (see Figure 1). Only three of the 10 venues were smoke-free as a result of the partial ordinance. After the comprehensive smoke-free law was implemented, the average PM_{2.5} level dropped substantially to 9 $\mu\text{g}/\text{m}^3$, with all 10 venues being smoke-free.

Figure 2 shows the average level of indoor air pollution in each of the 10 tested venues. The average PM_{2.5} levels ranged from 21 $\mu\text{g}/\text{m}^3$ to 296 $\mu\text{g}/\text{m}^3$. Air pollution in eight of the 10 venues exceeded the National Ambient Air Quality Standard for outdoor air (NAAQS; 35 $\mu\text{g}/\text{m}^3$).

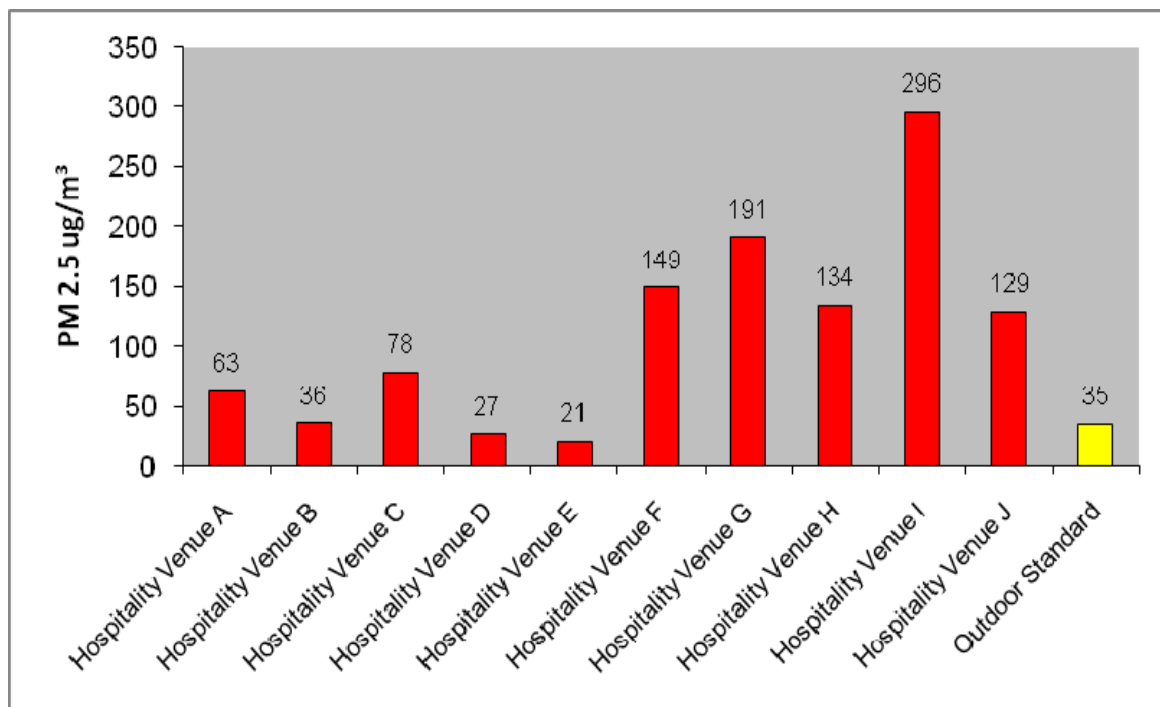


Figure 2. Average indoor fine particle concentrations in 10 Perry County venues, 2008

Discussion

The average PM_{2.5} level in 10 Perry County, Kentucky venues was 112 $\mu\text{g}/\text{m}^3$, which is 3.2 times higher than the National Ambient Air Quality Standard for outdoor air set by the EPA. There were over 80 EPA cited epidemiologic studies in creating a particulate air pollution standard in 1997.⁸ To protect the public's health, the EPA set a new limit of 35 $\mu\text{g}/\text{m}^3$ on December 17, 2006 as the average level of exposure over 24-hours in *outdoor environments*. There is no EPA standard for indoor air quality.

Two Kentucky air quality studies have demonstrated significant improvements in air quality as a result of implementing a comprehensive smoke-free law. Hahn et al. showed a 91% decrease in indoor air pollution after Lexington, Kentucky implemented a comprehensive smoke-free law on April 27, 2004.⁹ The average level of indoor air pollution was 199 $\mu\text{g}/\text{m}^3$ pre-law and dropped to 18 $\mu\text{g}/\text{m}^3$ post-law. Average levels of indoor air pollution dropped from 86 $\mu\text{g}/\text{m}^3$ to 20 $\mu\text{g}/\text{m}^3$ after Georgetown, Kentucky implemented a comprehensive smoke-free law on October 1, 2005.¹⁰ Similarly, other studies show significant improvements in air quality after implementing a smoke-free law. One California study showed an 82% average decline in air pollution after smoking was prohibited.¹¹ When indoor air quality was measured in 20 hospitality venues in western New York, average levels of respirable suspended particle (RSP) dropped by 84% after a smoke-free law took effect.¹²

Other studies have assessed the effects of SHS on human health. Hahn et al. found a 56% drop in hair nicotine levels in a sample of workers after Lexington implemented a smoke-free law, regardless of whether workers were smokers or nonsmokers.¹³ Workers were also less likely to report colds and sinus infections after the law went into effect. Similarly, Farrelly et al. also

showed a significant decrease in both salivary cotinine concentrations and sensory symptoms in hospitality workers after New York State implemented a smoke-free law in their worksites.¹⁴ Smoke-free legislation in Scotland was associated with significant improvements in symptoms, spirometry measurements, and systemic inflammation of bar workers. The significant improvement of respiratory health was reported in only one month after smoke-free law.¹⁵

There is no longer any doubt in the medical or scientific communities that SHS is a significant public health problem. In 2006, U.S. Surgeon General Carmona, said “The scientific evidence is now indisputable: secondhand smoke is not a mere annoyance. It is a serious health hazard that can lead to disease and premature death in children and nonsmoking adults.”² SHS causes coronary heart disease, lung cancer, other cancers, and lung disease in nonsmoking adults.

Many millions of Americans, both children and adults, are still exposed to secondhand smoke in their homes and workplaces. Nearly half (46.4%) of people in the United States have biological evidence of SHS exposure.⁶ U.S. Surgeon General Carmona said, “Eliminating smoking in indoor spaces fully protects nonsmokers from exposure to secondhand smoke. Separating smokers from nonsmokers, cleaning the air, and ventilating buildings cannot eliminate exposure of nonsmokers to secondhand smoke.”²

Conclusions

This study demonstrated that workers and patrons in Perry County hospitality venues are exposed to harmful levels of SHS. On average, workers and patrons in Perry County were exposed to indoor air pollution levels approximately 3.2 times the National Ambient Air Quality Standard, and the level of indoor air pollution in these venues was 6.2 times higher than Lexington’s post-law and 12.4 times higher than Louisville’s average PM_{2.5} level after implementation of their comprehensive smoke-free laws. Partial smoke-free laws do not protect workers and patrons from harmful indoor air pollution. However, when smoking is completely prohibited as with Louisville’s comprehensive smoke-free ordinance, air quality is significantly improved.

References

1. National Toxicology Program. *10th Report on Carcinogens*. Research Triangle Park, NC: U.S. Department of Health and Human Services, Public Health Service, National Toxicology Program, December 2002.
2. United States Department of Health and Human Services. *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*. Atlanta, GA: Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, National Center for Chronic Disease and Prevention and Promotion, Office of Smoking and Health; 2006.
3. National Cancer Institute. *Health Effects of Exposure to Environment Tobacco Smoke*. Smoking and Tobacco Control Monograph No. 10 (PDF – 71k). Bethesda, MD: U.S.

Department of Health and Human Services, National Institutes of Health, National Cancer Institute; 1999. NIH Pub. No. 99-4645.

4. U.S. Environmental Protection Agency. Respiratory Health Effects of Passive Smoking: Lung Cancer and Other Disorders. Washington, DC: U.S. Environmental Protection Agency; 1992. Pub. No. EPA/600/6-90/006F.

5. Centers for Disease Control and Prevention. Annual smoking-attributable mortality, years of potential life lost, and economic costs—United States, 1995-1999, *MMWR*, 2002;51(14):300-320.

6. Centers for Disease Control and Prevention. Disparities in Secondhand Smoke Exposure -- United States, 1988-1994 and 1999-2004, *MMWR*, 2008; 57(27): 744-747.

7. Americans for Nonsmokers' Rights. *Overview list: How many smoke-free laws*. October 2, 2008. Retrieved October 27, 2008 from <http://www.no-smoke.org/pdf/mediaordlist.pdf>

8. U.S. Environmental Protection Agency. National Ambient Air Quality Standards for Particulate Matter; Final Rule. Federal Register 1997; 62(138): 38651-38701.

9. Hahn, E, Lee, K, Okoli, Z, Troutman, A, Powell, R. Smoke-free Laws and Indoor Air Pollution in Lexington and Louisville. *Louisville Medicine* 2005; 52(10): 391-392.

10. Lee, K., Hahn, E.J., Riker, C., Head, S. Seithers, P. Immediate impact of smoke-free laws on indoor air quality. *Southern Medical Journal* 2007; 100(9): 885-889.

11. Ott, W, Switzer, P, Robinson, J. Particle concentrations inside a tavern before and after prohibition of smoking: Evaluating the performance of an indoor air quality model. *Journal of the Air Waste Management Association* 1996; 46:1120-1134.

12. Centers for Disease Control and Prevention. Indoor air quality in hospitality venues before and after implementation of a clean indoor air law—Western New York, *MMWR*, 2003, November 12, 2004, 53(44); 1038-1041.

13. Hahn, E.J., Rayens, M.K., York, N., Okoli, C.T.C., Zhang, M., Dignan, M., Al-Delaimy, W.K. Effects of a smoke-free law on hair nicotine and respiratory symptoms of restaurant and bar workers. *Journal of Occupational and Environmental Medicine*, 2006; 48(9): 906-913

14. Farrelly, M, Nonnemaker, J, Chou, R, Hyland, A, Peterson, K, Bauer, U. Change in hospitality workers' exposure to secondhand smoke following the implementation of New York's smoke-free law. *Tobacco Control* 2005; 14: 236-241.

15. Menzies, D, Nair, A, Williamson, P, Schembri, S, Al-Khairalla, M, Barnes, M, Fardon, T, McFarlane, L, Magee, G, Lipworth, B. Respiratory symptoms, pulmonary function, and markers of inflammation among bar workers before and after a legislative ban on smoking in public places. *JAMA*. 2006; 296: 1742-1748.