

99-11

STATEMENT OF POLICY

Indoor Air Quality

Policy

The National Association of County and City Health Officials (NACCHO) supports national, state, and local resources, policies, regulations, programs, and research that will enhance local health departments' (LHDs') abilities to address indoor air quality (IAQ) and improvements that ensure a safe and healthy indoor environment through prevention and protection of the public from harmful exposures to environmental toxins and toxicants.

NACCHO supports policies and actions, including the following:

- Increased federal, state, and local resources to build capacity for local health departments to monitor and track asthma and other respiratory illnesses and promote policies and programs to eliminate IAQ-related health conditions;
- Increased scientific understanding of the links of genetic, behavioral and environmental factors associated with the exacerbation of asthma and the development of strategies to better understand exposures, health effects, risk assessments, risk management and improved risk communication;¹
- Adoption of Integrated Pest Management interventions to reduce the risks from environmental factors and chemicals associated with controlling cockroaches and other types of allergens, thus, improving indoor air quality and provision of educational opportunities to affected individuals and building managers;
- Implementation of comprehensive and systemic indoor air quality prevention management programs (e.g., EPA's *Tools for Schools* toolkit and Schools Chemical Cleanout Campaign) in school and daycare facilities;
- Increased collaboration among local health departments and community partners on awareness campaigns that educate the public, businesses, institutions, housing authorities, hotels, and food establishments on "smoke-free" policies and practices;
- Increased public awareness of other harmful combustion-source pollutants in the home (e.g. incense-burning, candle soot, unvented cooking, and space heaters) and their impact on those with respiratory illnesses (e.g. asthma).
- Increased use of proven green building methods and products that optimize the use of natural resources and strategies to minimize the negative environmental and human health impacts that support high quality indoor environments for building occupants;
- Promotion of local health departments' involvement in radon monitoring, education, and mitigation;
- Dedication of federal and private research resources to support efforts on emerging health effects linked to indoor air pollution;



- Increased collaboration among local health departments, fire marshals, and fire departments to broaden the public health preventive outreach and education to reduce morbidities and mortalities associated with carbon monoxide;
- Increased use of best practices such as preventive maintenance and cleaning, control of allergens, prevention and remediation of water-damage and mold growth, integrated pest management, and use of low or non-toxic chemicals, products, and materials in the office and home; and
- Increased funding and legislative resources for local implementation of enforcement, education, and awareness of IAQ programs.
- Expansion of clean indoor air policies (e.g. for all workplaces, university campuses, primary and secondary school campuses, child care centers, and city landmarks).²

Justification

Americans spend up to 90 percent of their time indoors. Therefore, indoor allergens and irritants can play a significant role in triggering asthma attacks.³ Asthma accounts for approximately 15 million physician office and hospital visits and nearly two million emergency department visits each year.⁴ Recognizing potential asthma triggers in the indoor environment and reducing exposure to those triggers is important to reducing the impact of asthma on the public's health.

Some of the most common indoor asthma triggers include secondhand smoke, dust mites, mold, cockroaches and other pests, household pets, chemical irritants, and combustion byproducts.⁵

Children's exposure to secondhand smoke is responsible for increases in the number of asthma attacks and severity of symptoms from 200,000 children with asthma to one million.⁶

Unintentional carbon monoxide poisonings are responsible for about 450 deaths and 21,000 visits to emergency rooms annually.⁷

According to the Environmental Protection Agency, radon is the number one cause of lung cancer among non-smokers.. Radon is responsible for about 21,000 lung cancer deaths every year. About 2,900 of these deaths occur among people who have never smoked.⁸

Twenty percent of the U.S. population, which accounts for more than 53 million children and about six million adults, spend a significant portion of their day in over 120,000 public and private school buildings.⁹ Students are at greater risk because of the hours spent in school facilities and because children are especially susceptible to pollutants.¹⁰

References

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Record of Action

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