

Support of the Lung Association's Official Environmental Health Program on Air Quality

A resolution adopted at the 1995 OPHA Annual General Meeting

Code: 1995-05 (RES) *Status:* Active

RESOLUTION

WHEREAS average Canadians spend up to 90% of their time indoors, of which 65% is at home; and

WHEREAS the general population, including children, elderly, and ill may be exposed to residential indoor air pollutants over a period of time possibly exceeding the average 40-hour work week to which healthy adult workers may be exposed to industrial indoor air pollutants; and

WHEREAS the Lung Association's official environmental health program on air quality, "C.A.N. DO The Movement for Clean Air Now", is an awareness and education program designed to forge a link in the public's mind between air quality and health by offering simple, "can-do" action people can take to improve air quality.

THEREFORE BE IT RESOLVED THAT OPHA support The Lung Association's official environmental health program on air quality, "C.A.N. DO The Movement for Clean Air Now".

IMPLEMENTATION STRATEGY:

Public health departments have a mandate under the Healthy Environments Public Health Goal and expertise to ensure that correct information, including health promotion information is disseminated, that investigative and remedial actions are coordinated, and that conflicts are resolved. Dialogue and collaboration with key stakeholders within their own communities are proactive strategies for extending this prevention and protection campaign to particular population segments and the general public.

The OPHA Environmental Health Work Group will monitor and report on public health unit activities and those of OPHA Constituent Societies that are contributing to the promotion of indoor air quality.

BACKGROUND REPORT TO SUPPORT THE LUNG ASSOCIATION'S OFFICIAL ENVIRONMENTAL HEALTH PROGRAM ON AIR QUALITY, "C.A.N. DO, THE MOVEMENT FOR CLEAN AIR NOW,"

1. The Lung Association's Program

On May 30, 1995 the Lung Association's **C.A.N. DO The Movement for Clean Air Now** was launched in Toronto. The awareness and education program is designed to forge a link in the public's mind between air quality and health. It offers simple, "can-do" action the public can take to improve air quality. Health Canada and The Air & Waste Management Association are partners in C.A.N. DO.

The visual symbol for the campaign is a canary. For many years, canaries were used in mines to warn miners of dangerous gas leaks. As long as the canary was fine, the miners were safe. The canary has a long association with the issue of clean air.

2. Indoor Air Quality and Health

Since average Canadian's spend up to 90% of their time indoors, of which 65% is at home, this resolution is focused on *indoor* air quality. A variety of symptoms and health risks can be attributable to indoor exposure to carbon dioxide, formaldehyde and volatile organic compounds, carbon monoxide, nitrogen dioxide, tobacco smoke, woodsmoke, ozone, and radon gas, and other biological pollutants such as moulds and fungi. Diseases caused by airborne microorganisms are a greater potential risk to humans in indoor environments than outdoors. Studies have found that levels of some pollutants may be as high or higher indoors, than outdoors. Except for certain substances in industrial worksites, indoor air quality is not directly regulated or monitored.

Indoor air quality control requires a strategy which is preventive and protective and the problems encountered in large buildings and many homes may be sufficiently complex to require a multidisciplinary team to investigate and determine solutions.

3. Action Strategies

Public health unit staff have the skills and the mandate to help promote the link between indoor air quality and human health. The Healthy Environments Public Health Goal, under the Ontario Ministry of Health's Mandatory Health Programs and Services Guidelines states that,

"The community will be a health-supporting environment in which people will be protected from adverse health consequences of exposure to toxic, hazardous substances and conditions in homes, public places and the workplace."

Under the *Environmental Health Education, Promotion and Advocacy* philosophy, applied to their programs, Public health unit staff can work collaboratively in their communities to create greater awareness of the link between poor indoor air quality and adverse health consequences. The general public and specific population segments can take meaningful actions to improve air quality in their

homes, offices and their communities, once their awareness has been raised.

By partnering with relevant and interested groups, these links can be strategically targeted based on community need. The Middlesex-London Health Unit, for example, is collaborating with The Lung Association of London and the Air & Waste Management Association (Ontario Section) in developing educational workshops on indoor air quality. Members of the Canadian Institute of Public Health Inspectors (Ontario Branch) and the Association of Supervisors of Public Health Inspectors of Ontario, two OPHA Constituent Societies, have continued to work in their communities to promote the improvements in air quality.

4. References

Two excellent resource documents on indoor air quality are:

- ***Indoor Air Quality: Issues and Concerns***
City of Toronto Department of Public Health
Environmental Protection Office
September 1994
- ***Indoor Air Quality Information Resource***
Healthy Environments Mandatory Programs and Services Guidelines
Ontario Ministry of Health
Public Health Branch
December 1994

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Status: Policy statements (resolutions, position papers and motions) are categorized as:

ACTIVE, if:

1. The activities outlined in the policy statement's implementation plan have not yet been completed;
or
2. The policy statement addresses an issue that is currently relevant to public health in Ontario.

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1. The activities outlined in the policy statement's implementation plan have been completed; or
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