



**FINANCE COMMITTEE AGENDA
Room 400, Government Center**

Tuesday, August 1, 2006

4:00 p.m.

1. Roll Call
2. Approval of Minutes: July 5, 2006
June 20, 2006 Stand-up Committee Meeting
3. Departmental Matters
 - A. Robert Keller, Health Department Administrator
 - 1) Items to be Presented for Information:
 - a) Report on the "Analysis of the Surgeon General's Report – *The Health Consequences of Involuntary Exposure to Tobacco Smoke*" 1-18
 - b) General Report
 - c) Other
 - B. Don Lee, Director, Nursing Home
 - 1) Items to be Presented for Information:
 - a) Monthly Reports 19-21
 - b) General Report
 - c) Other
 - C. Jackie Dozier, County Auditor
 - 1) Items to be Presented for Information:
 - a) Update on Grant Intern and New World Program
 - b) General Report
 - c) Other
 - D. Jennifer Ho, Risk Management
 - 1) Items to be Presented for Information:
 - a) Second Quarter FY 2006 Risk Management Fund Report 22-23
 - b) General Report
 - c) Other

- E. Lee Newcom, County Recorder
 - 1) Items to be Presented for Information:
(Documents to be provided at meeting)
 - a) General Report
 - b) Other

- F. Becky McNeil, County Treasurer
 - 1) Items to be Presented for Information:
(Documents to be provided at meeting)
 - a) Accept and place on file County Treasurer's Monthly Financial Reports as of July 31, 2006
 - b) General Report
 - c) Other

- G. John M. Zeunik, County Administrator
 - 1) Items to be Presented for Action:
 - a) EXECUTIVE SESSION: Collective Bargaining
 - 2) Items to be Presented for Information:
 - a) General Report
 - b) Other

4. Recommend Payment of Bills and Transfers, if any, to County Board

5. Adjournment



McLean County

Health Department

200 W. Front St. Room 304 Bloomington, Illinois 61701 (309) 888-5450

Report

To: The Honorable Members of the McLean County Board Finance Committee

From: Robert J. Keller, Director

A handwritten signature in black ink, appearing to be 'RJK', is written over the 'From:' line and extends slightly into the 'Date:' line.

Date: August 1, 2006

Re: Analysis of the Surgeon General's Report - *The Health Consequences of Involuntary Exposure to Tobacco Smoke*

At its meeting of July 5th, the McLean County Board Finance Committee requested that I prepare an abstract to serve as an analysis of the major conclusions from the U.S. Surgeon General's report entitled *The Health Consequences of Involuntary Exposure to Tobacco Smoke*. The following provides that analysis:

U.S. Surgeon General Richard H. Carmona released his report on June 27, 2006. Prior to that, the last report was prepared by the Surgeon General and was released in 1986. Dr. Carmona seized this opportunity to review the literature and scientific data compiled since the initial Surgeon General's report published in 1964 recognized tobacco smoking as a health hazard. The most recent report, submitted in 1986, recognized secondhand smoke as a health risk. The fundamental conclusion made by the Surgeon General in this report is that there is no risk-free level of exposure to secondhand smoke. Therefore, it was concluded, the only way to protect non-smokers from involuntary exposure to dangerous chemicals contained in secondhand smoke is to eliminate smoking indoors.

The six major conclusions of *The Health Consequences of Involuntary Exposure to Tobacco Smoke* are:

1. Millions of Americans, both children and adults, are still exposed to secondhand smoke in their homes and workplaces despite substantial progress in tobacco control. This conclusion was supported by the following evidence:
 - Levels of the chemical cotinine, a biomarker of secondhand tobacco smoke exposure, fell by 70% from the early '90s to the beginning of the 20th century. However, the report points out that 43% of U.S. non-smokers still have detectible levels of cotinine.
 - Nearly 60% of U.S. children ages 3-11 years are exposed to secondhand smoke.

- Approximately 30% of indoor workers in the U.S. are not covered by smoke-free workplace policies
2. Secondhand smoke exposure causes disease and premature death in children and adults who do not smoke.
- Secondhand smoke contains hundreds of chemicals known to be toxic or carcinogenic including formaldehyde, benzene, vinyl chloride, arsenic, ammonia, and hydrogen cyanide
 - Secondhand smoke has been designated as a known human carcinogen by the U.S. Environmental Protection Agency. The National Institute for Occupational Safety has concluded that secondhand smoke is an occupational carcinogen.
3. Children exposed to secondhand smoke are at increased risk for sudden infant death syndrome, acute respiratory infection, ear problems, and more severe asthma. Smoking by parents causes respiratory symptoms and slows lung growth in their children.
- Children who are exposed to secondhand smoke are inhaling cancer-causing substances. Because their bodies are developing, vulnerability is more acute.
 - Babies who are exposed in the uterus or have been exposed to secondhand smoke after birth are more likely to succumb to sudden infant death syndrome.
 - Babies who are exposed in the uterus or have been exposed to secondhand smoke after birth have weaker lungs.
 - Among infants and children, secondhand smoke causes bronchitis and pneumonia and increases the risk of ear infections
 - Secondhand smoke exposure can cause children who already have asthma to experience more frequent and severe attacks.
4. Exposure of adults to secondhand smoke has immediate adverse effects on the cardiovascular system and causes coronary heart disease and lung cancer.
- Concentrations of many cancer-causing and toxic chemicals are higher in secondhand smoke than in smoke inhaled by smokers.
 - Breathing secondhand smoke for even a brief time period can have immediate adverse effects on the cardiovascular system and interferes with the normal functioning of the heart, blood, and vascular systems and increases the risk of heart attack.
 - Nonsmokers exposed to secondhand smoke at home or at work increase their risk of developing heart disease by 25-30%.
 - Nonsmokers exposed to secondhand smoke at home or work have a 20-30% increased risk of developing lung cancer.

5. Scientific evidence indicates that there is no risk-free level of exposure to secondhand smoke.
 - Short-term exposures to secondhand smoke can cause blood platelets to become stickier, damage the lining of blood vessels, decrease coronary flow velocity reserves, and reduce heart rate variability thus increasing the risk of heart attack.
 - Secondhand smoke contains many chemicals that can quickly irritate and damage the lining of the airways. Brief exposures can result in upper airway changes in healthy persons and can lead to more frequent asthma attacks in children.

6. 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.
 - Conventional air cleaning systems can remove large particles, but not the miniscule particles or gases found in secondhand smoke.
 - Routine operation of heating, ventilating, and air conditioning systems can distribute secondhand smoke throughout a building.
 - The American Society of Heating, Refrigerating and Air Conditioning Engineers (ASHRAE), the preeminent U.S. authority on ventilation issues has concluded that ventilation technology cannot control health risks associated with secondhand smoke.¹

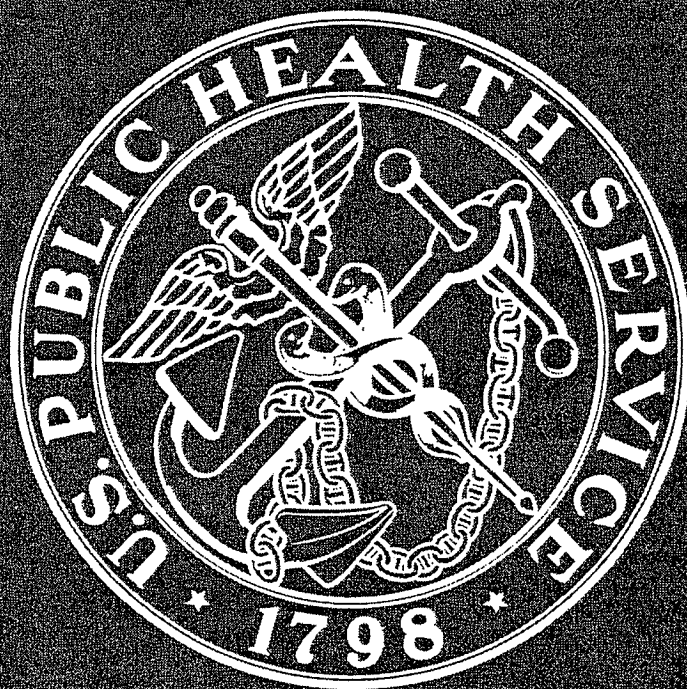
The preceding summary of the report clearly demonstrates that secondhand smoke is not merely a nuisance but, instead, constitutes a health hazard. Using conventional HVAC systems and separate smoking sections are not effective in removing the harmful elements of secondhand smoke. The report strengthens the conclusions reached in the 1986 Surgeon General's report on secondhand smoke. Surgeon General Anthony H. Carmona stated in a public comment on the recent report: "The good news is that, unlike other public health hazards, secondhand smoke exposure is easily prevented. Smoke-free indoor environments are proven, simple approaches that prevent exposure and harm."²

¹ The summary was prepared from excerpts from *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*. The full report was written by 22 national experts who were selected as primary authors. The report chapters were reviewed by 40 peer reviewers and the entire report was reviewed by 30 independent scientists and by lead scientists within the Centers for Disease Control and Prevention and the Department of Health and Human Services.

² Surgeon General's comments from June 27, 2006 HHS press release.

The Health Consequences of Involuntary Exposure to Tobacco Smoke

A Report of the Surgeon General



Department of Health and Human Services

Major Conclusions

This report returns to involuntary smoking, the topic of the 1986 Surgeon General's report. Since then, there have been many advances in the research on secondhand smoke, and substantial evidence has been reported over the ensuing 20 years. This report uses the revised language for causal conclusions that was implemented in the 2004 Surgeon General's report (USDHHS 2004). Each chapter provides a comprehensive review of the evidence, a quantitative synthesis of the evidence if appropriate, and a rigorous assessment of sources of bias that may affect interpretations of the findings. The reviews in this report reaffirm and strengthen the findings of the 1986 report. With regard to the involuntary exposure of nonsmokers to tobacco smoke, the scientific evidence now supports the following major conclusions:

1. Secondhand smoke causes premature death and disease in children and in adults who do not smoke.
2. Children exposed to secondhand smoke are at an increased risk for sudden infant death syndrome (SIDS), acute respiratory infections, ear problems, and more severe asthma. Smoking by parents causes respiratory symptoms and slows lung growth in their children.
3. Exposure of adults to secondhand smoke has immediate adverse effects on the cardiovascular system and causes coronary heart disease and lung cancer.
4. The scientific evidence indicates that there is no risk-free level of exposure to secondhand smoke.
5. Many millions of Americans, both children and adults, are still exposed to secondhand smoke in their homes and workplaces despite substantial progress in tobacco control.
6. 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 exposures of nonsmokers to secondhand smoke.

Chapter Conclusions

Chapter 2. Toxicology of Secondhand Smoke

Evidence of Carcinogenic Effects from Secondhand Smoke Exposure

1. More than 50 carcinogens have been identified in sidestream and secondhand smoke.
2. The evidence is sufficient to infer a causal relationship between exposure to secondhand smoke and its condensates and tumors in laboratory animals.
3. The evidence is sufficient to infer that exposure of nonsmokers to secondhand smoke causes a significant increase in urinary levels of metabolites of the tobacco-specific lung carcinogen 4-(methylnitrosamino)-1-(3-pyridyl)-1-butanone (NNK). The presence of these metabolites links exposure to secondhand smoke with an increased risk for lung cancer.
4. The mechanisms by which secondhand smoke causes lung cancer are probably similar to those observed in smokers. The overall risk of secondhand smoke exposure, compared with active smoking, is diminished by a substantially lower carcinogenic dose.

Mechanisms of Respiratory Tract Injury and Disease Caused by Secondhand Smoke Exposure

5. The evidence indicates multiple mechanisms by which secondhand smoke exposure causes injury to the respiratory tract.
6. The evidence indicates mechanisms by which secondhand smoke exposure could increase the risk for sudden infant death syndrome.

Mechanisms of Secondhand Smoke Exposure and Heart Disease

7. The evidence is sufficient to infer that exposure to secondhand smoke has a prothrombotic effect.

8. The evidence is sufficient to infer that exposure to secondhand smoke causes endothelial cell dysfunctions.
9. The evidence is sufficient to infer that exposure to secondhand smoke causes atherosclerosis in animal models.

Chapter 3. Assessment of Exposure to Secondhand Smoke

Building Designs and Operations

1. Current heating, ventilating, and air conditioning systems alone cannot control exposure to secondhand smoke.
2. The operation of a heating, ventilating, and air conditioning system can distribute secondhand smoke throughout a building.

Exposure Models

3. Atmospheric concentration of nicotine is a sensitive and specific indicator for secondhand smoke.
4. Smoking increases indoor particle concentrations.
5. Models can be used to estimate concentrations of secondhand smoke.

Biomarkers of Exposure to Secondhand Smoke

6. Biomarkers suitable for assessing recent exposures to secondhand smoke are available.
7. At this time, cotinine, the primary proximate metabolite of nicotine, remains the biomarker of choice for assessing secondhand smoke exposure.
8. Individual biomarkers of exposure to secondhand smoke represent only one component of a complex mixture, and measurements of one marker may not wholly reflect an exposure to other components of concern as a result of involuntary smoking.

Chapter 4. Prevalence of Exposure to Secondhand Smoke

1. The evidence is sufficient to infer that large numbers of nonsmokers are still exposed to secondhand smoke.
2. Exposure of nonsmokers to secondhand smoke has declined in the United States since the 1986 Surgeon General's report, *The Health Consequences of Involuntary Smoking*.
3. The evidence indicates that the extent of secondhand smoke exposure varies across the country.
4. Homes and workplaces are the predominant locations for exposure to secondhand smoke.
5. Exposure to secondhand smoke tends to be greater for persons with lower incomes.
6. Exposure to secondhand smoke continues in restaurants, bars, casinos, gaming halls, and vehicles.

Chapter 5. Reproductive and Developmental Effects from Exposure to Secondhand Smoke

Fertility

1. The evidence is inadequate to infer the presence or absence of a causal relationship between maternal exposure to secondhand smoke and female fertility or fecundability. No data were found on paternal exposure to secondhand smoke and male fertility or fecundability.

Pregnancy (Spontaneous Abortion and Perinatal Death)

2. The evidence is inadequate to infer the presence or absence of a causal relationship between maternal exposure to secondhand smoke during pregnancy and spontaneous abortion.

Infant Deaths

3. The evidence is inadequate to infer the presence or absence of a causal relationship between exposure to secondhand smoke and neonatal mortality.

Sudden Infant Death Syndrome

4. The evidence is sufficient to infer a causal relationship between exposure to secondhand smoke and sudden infant death syndrome.

Preterm Delivery

5. The evidence is suggestive but not sufficient to infer a causal relationship between maternal exposure to secondhand smoke during pregnancy and preterm delivery.

Low Birth Weight

6. The evidence is sufficient to infer a causal relationship between maternal exposure to secondhand smoke during pregnancy and a small reduction in birth weight.

Congenital Malformations

7. The evidence is inadequate to infer the presence or absence of a causal relationship between exposure to secondhand smoke and congenital malformations.

Cognitive Development

8. The evidence is inadequate to infer the presence or absence of a causal relationship between exposure to secondhand smoke and cognitive functioning among children.

Behavioral Development

9. The evidence is inadequate to infer the presence or absence of a causal relationship between exposure to secondhand smoke and behavioral problems among children.

Height/Growth

10. The evidence is inadequate to infer the presence or absence of a causal relationship between exposure to secondhand smoke and children's height/growth.

Childhood Cancer

11. The evidence is suggestive but not sufficient to infer a causal relationship between prenatal and postnatal exposure to secondhand smoke and childhood cancer.

12. The evidence is inadequate to infer the presence or absence of a causal relationship between maternal exposure to secondhand smoke during pregnancy and childhood cancer.
13. The evidence is inadequate to infer the presence or absence of a causal relationship between exposure to secondhand smoke during infancy and childhood cancer.
14. The evidence is suggestive but not sufficient to infer a causal relationship between prenatal and postnatal exposure to secondhand smoke and childhood leukemias.
15. The evidence is suggestive but not sufficient to infer a causal relationship between prenatal and postnatal exposure to secondhand smoke and childhood lymphomas.
16. The evidence is suggestive but not sufficient to infer a causal relationship between prenatal and postnatal exposure to secondhand smoke and childhood brain tumors.
17. The evidence is inadequate to infer the presence or absence of a causal relationship between prenatal and postnatal exposure to secondhand smoke and other childhood cancer types.

Chapter 6. Respiratory Effects in Children from Exposure to Secondhand Smoke

Lower Respiratory Illnesses in Infancy and Early Childhood

1. The evidence is sufficient to infer a causal relationship between secondhand smoke exposure from parental smoking and lower respiratory illnesses in infants and children.
2. The increased risk for lower respiratory illnesses is greatest from smoking by the mother.

Middle Ear Disease and Adenotonsillectomy

3. The evidence is sufficient to infer a causal relationship between parental smoking and middle ear disease in children, including acute and recurrent otitis media and chronic middle ear effusion.

4. The evidence is suggestive but not sufficient to infer a causal relationship between parental smoking and the natural history of middle ear effusion.
5. The evidence is inadequate to infer the presence or absence of a causal relationship between parental smoking and an increase in the risk of adenoidectomy or tonsillectomy among children.

Respiratory Symptoms and Prevalent Asthma in School-Age Children

6. The evidence is sufficient to infer a causal relationship between parental smoking and cough, phlegm, wheeze, and breathlessness among children of school age.
7. The evidence is sufficient to infer a causal relationship between parental smoking and ever having asthma among children of school age.

Childhood Asthma Onset

8. The evidence is sufficient to infer a causal relationship between secondhand smoke exposure from parental smoking and the onset of wheeze illnesses in early childhood.
9. The evidence is suggestive but not sufficient to infer a causal relationship between secondhand smoke exposure from parental smoking and the onset of childhood asthma.

Atopy

10. The evidence is inadequate to infer the presence or absence of a causal relationship between parental smoking and the risk of immunoglobulin E-mediated allergy in their children.

Lung Growth and Pulmonary Function

11. The evidence is sufficient to infer a causal relationship between maternal smoking during pregnancy and persistent adverse effects on lung function across childhood.
12. The evidence is sufficient to infer a causal relationship between exposure to secondhand smoke after birth and a lower level of lung function during childhood.

Chapter 7. Cancer Among Adults from Exposure to Secondhand Smoke

Lung Cancer

1. The evidence is sufficient to infer a causal relationship between secondhand smoke exposure and lung cancer among lifetime nonsmokers. This conclusion extends to all secondhand smoke exposure, regardless of location.
2. The pooled evidence indicates a 20 to 30 percent increase in the risk of lung cancer from secondhand smoke exposure associated with living with a smoker.

Breast Cancer

3. The evidence is suggestive but not sufficient to infer a causal relationship between secondhand smoke and breast cancer.

Nasal Sinus Cavity and Nasopharyngeal Carcinoma

4. The evidence is suggestive but not sufficient to infer a causal relationship between secondhand smoke exposure and a risk of nasal sinus cancer among nonsmokers.
5. The evidence is inadequate to infer the presence or absence of a causal relationship between secondhand smoke exposure and a risk of nasopharyngeal carcinoma among nonsmokers.

Cervical Cancer

6. The evidence is inadequate to infer the presence or absence of a causal relationship between secondhand smoke exposure and the risk of cervical cancer among lifetime nonsmokers.

Chapter 8. Cardiovascular Diseases from Exposure to Secondhand Smoke

1. The evidence is sufficient to infer a causal relationship between exposure to secondhand smoke and increased risks of coronary heart disease morbidity and mortality among both men and women.
2. Pooled relative risks from meta-analyses indicate a 25 to 30 percent increase in the risk of coronary

heart disease from exposure to secondhand smoke.

3. The evidence is suggestive but not sufficient to infer a causal relationship between exposure to secondhand smoke and an increased risk of stroke.
4. Studies of secondhand smoke and subclinical vascular disease, particularly carotid arterial wall thickening, are suggestive but not sufficient to infer a causal relationship between exposure to secondhand smoke and atherosclerosis.

Chapter 9. Respiratory Effects in Adults from Exposure to Secondhand Smoke

Odor and Irritation

1. The evidence is sufficient to infer a causal relationship between secondhand smoke exposure and odor annoyance.
2. The evidence is sufficient to infer a causal relationship between secondhand smoke exposure and nasal irritation.
3. The evidence is suggestive but not sufficient to conclude that persons with nasal allergies or a history of respiratory illnesses are more susceptible to developing nasal irritation from secondhand smoke exposure.

Respiratory Symptoms

4. The evidence is suggestive but not sufficient to infer a causal relationship between secondhand smoke exposure and acute respiratory symptoms including cough, wheeze, chest tightness, and difficulty breathing among persons with asthma.
5. The evidence is suggestive but not sufficient to infer a causal relationship between secondhand smoke exposure and acute respiratory symptoms including cough, wheeze, chest tightness, and difficulty breathing among healthy persons.
6. The evidence is suggestive but not sufficient to infer a causal relationship between secondhand smoke exposure and chronic respiratory symptoms.

Lung Function

7. The evidence is suggestive but not sufficient to infer a causal relationship between short-term secondhand smoke exposure and an acute decline in lung function in persons with asthma.
8. The evidence is inadequate to infer the presence or absence of a causal relationship between short-term secondhand smoke exposure and an acute decline in lung function in healthy persons.
9. The evidence is suggestive but not sufficient to infer a causal relationship between chronic secondhand smoke exposure and a small decrement in lung function in the general population.
10. The evidence is inadequate to infer the presence or absence of a causal relationship between chronic secondhand smoke exposure and an accelerated decline in lung function.

Asthma

11. The evidence is suggestive but not sufficient to infer a causal relationship between secondhand smoke exposure and adult-onset asthma.
12. The evidence is suggestive but not sufficient to infer a causal relationship between secondhand smoke exposure and a worsening of asthma control.

Chronic Obstructive Pulmonary Disease

13. The evidence is suggestive but not sufficient to infer a causal relationship between secondhand smoke exposure and risk for chronic obstructive pulmonary disease.
14. The evidence is inadequate to infer the presence or absence of a causal relationship between secondhand smoke exposure and morbidity in persons with chronic obstructive pulmonary disease.

Chapter 10. Control of Secondhand Smoke Exposure

1. Workplace smoking restrictions are effective in reducing secondhand smoke exposure.
2. Workplace smoking restrictions lead to less smoking among covered workers.
3. Establishing smoke-free workplaces is the only effective way to ensure that secondhand smoke exposure does not occur in the workplace.
4. The majority of workers in the United States are now covered by smoke-free policies.
5. The extent to which workplaces are covered by smoke-free policies varies among worker groups, across states, and by sociodemographic factors. Workplaces related to the entertainment and hospitality industries have notably high potential for secondhand smoke exposure.
6. Evidence from peer-reviewed studies shows that smoke-free policies and regulations do not have an adverse economic impact on the hospitality industry.
7. Evidence suggests that exposure to secondhand smoke varies by ethnicity and gender.
8. In the United States, the home is now becoming the predominant location for exposure of children and adults to secondhand smoke.
9. Total bans on indoor smoking in hospitals, restaurants, bars, and offices substantially reduce secondhand smoke exposure, up to several orders of magnitude with incomplete compliance, and with full compliance, exposures are eliminated.
10. Exposures of nonsmokers to secondhand smoke cannot be controlled by air cleaning or mechanical air exchange.

**AN ORDINANCE REGULATING SMOKING IN PUBLIC PLACES
AND PLACES OF EMPLOYMENT IN THE
UNINCORPORATED AREAS OF McLEAN COUNTY**

DRAFT

WHEREAS, the City of Bloomington and Town of Normal have adopted strict no smoking ordinances to protect the health of their citizens; and

WHEREAS, secondhand smoke, which contains 4,000 chemicals, 63 of which cause cancer, is the third leading cause of preventable death in the United States, and the National Cancer Institute determined in 2000 (Monograph #10) that secondhand smoke is responsible for the early deaths of as many as 65,000 Americans annually; and

WHEREAS, numerous studies have found that tobacco smoke is a major contributor to indoor air pollution, and that breathing secondhand smoke (also known as environmental tobacco smoke) is a cause of disease in healthy nonsmokers, including heart, stroke, respiratory disease, and lung cancer; and

WHEREAS, the Public Health Service's National Toxicology Program has listed secondhand smoke as a known carcinogen (U. S. DHHS, 2000, citing Cal. EPA, 1997); and

WHEREAS, the ills of smoking and secondhand smoke are well documented in all of the independent medical studies and secondhand smoke is particularly hazardous to elderly people, individuals with cardiovascular disease, and individuals with impaired respiratory function, including asthmatics and those with obstructive airway disease; and

WHEREAS, children exposed to secondhand smoke have an increased risk of asthma, respiratory infections, sudden death syndrome, developmental abnormalities, and cancer; and

WHEREAS, the Americans with Disabilities Act, which requires that disabled persons have access to public places and workplaces, deems impaired respiratory function to be a disability; and

WHEREAS, (1) the U. S. Surgeon General has determined that the simple separation of smokers and nonsmokers within the same air space may reduce, but does not eliminate, the exposure of nonsmokers to secondhand smoke, (2) the Environmental Protection Agency has determined that secondhand smoke cannot be reduced to safe levels in businesses by high rates of ventilation, (3) air cleaners, which are only capable of filtering the particulate matter and odors in smoke, do not eliminate the known toxins in secondhand smoke, (4) American Society of Heating, Refrigerating and Air Conditioning Engineers (ASHRAE) bases its ventilation standards on totally smoke-free environments because it cannot determine a safe level of exposure to secondhand smoke, which contains cancer-causing chemicals, and ASHRAE acknowledges that the technology does not exist that can remove chemicals from the air that cause cancer; and

WHEREAS, a recently promulgated ASHRAE Position Document on Environmental Tobacco Smoke concludes that at present, the only means of eliminating health risks associated with indoor exposure is to ban all smoking activity; and

WHEREAS, the ASHRAE Position Document further concludes that no current ventilation, air cleaning or other technologies have been demonstrated to control health risks from environmental tobacco smoke exposure in spaces where smoking occurs; and

WHEREAS, a significant amount of secondhand smoke exposure occurs in the workplace, and employees who work in smoke-filled businesses suffer a 25-50% higher risk of heart attack and higher rates of death from cardiovascular disease and cancer, as well as increased acute respiratory disease and a measurable decrease in lung function; and

WHEREAS, smoke-filled workplaces result in higher worker absenteeism due to respiratory disease, lower productivity, higher cleaning and maintenance costs, increased health insurance rates and increased liability claims for diseases related to exposure to secondhand smoke; and

WHEREAS, numerous economic analyses examining restaurant and hotel receipts and controlling for economic variables have shown either no difference or a positive economic impact after enactment of laws requiring workplaces to be smoke-free; and

WHEREAS, creation of smoke-free workplaces is sound economic policy and provides the maximum level of employee health and safety; and

WHEREAS, smoking is a potential cause of fires, cigarette and cigar burns and ash stains on merchandise and fixtures and contributes to the economic damage of businesses; and

WHEREAS, on June 25, 2006, the Illinois Governor signed into law Senate Bill 2400 which gives non-home rule counties the ability to regulate smoking in public places and places of employment; and

WHEREAS, enacting an Ordinance Regulating Smoking in Public Places and Places of Employment in the Unincorporated Areas of McLean County will eliminate secondhand smoke exposure in all workplaces and public places including without limitation restaurants and bars; and

WHEREAS, the County Board of McLean County, Illinois finds and declares that the purposes of this Ordinance are (1) to protect the public health and welfare by prohibiting smoking in all public places and places of employment, and (2) to guarantee the right of nonsmokers to breathe smoke-free air which shall have priority over the desire to smoke; now, therefore,

BE IT ORDAINED BY THE COUNTY BOARD OF McLEAN COUNTY, ILLINOIS
as follows:

The McLean County Code is hereby amended by adding a new Chapter 39 to read as follows:

Section 39 - 1 Title.

This Chapter shall be known as the Regulation of Smoking in Public Places and Places of Employment.

Section 39 - 2 Definitions.

The following words and phrases whenever used in Chapter shall have the following meanings:

“Adult Day Care Home” means a private residence which receives for care one or more aging or disabled adults, not related to the family.

“Business” means any sole proprietorship, partnership, joint venture, corporation, limited liability company or other business entity formed for profit-making purposes, including without limitation retail establishments where goods or services are sold as well as professional corporations and other entities where legal, medical, dental, engineering, architectural, or other professional services are delivered.

“Child Day Care Home” means a private residence which receives for care one or more children under the age of 12, not related to the family.

“Church” means a facility primarily and regularly used for religious worship or religious instruction.

“Employee” means any person who is employed by an employer in consideration for direct or indirect monetary wages or profit, and a person who volunteers his or her services for a non-profit entity.

“Employer” means any person, business, partnership, association, corporation, including without limitation a municipal corporation, trust, or non-profit entity that employs the services of one or more individual persons.

“Enclosed Area” means all space in any structure or building that is enclosed on all sides by any combination of walls, half walls, windows, or doorways extending from floor to the ceiling, regardless of whether they are open or closed.

“Facility” means any enclosed structure or building intended for human occupancy.

“Health care facility” means any office or institution providing care or treatment of diseases, whether physical, mental, or emotional, or other medical, physiological, or psychological conditions, including without limitation hospitals, rehabilitation hospitals, clinics, nursing homes, homes for the aging or chronically ill, laboratories, and offices of surgeons, chiropractors, physical therapists, physicians, dentists, and other specialists within these professions. This definition shall include all waiting rooms, hallways, private rooms, semi-private rooms and wards within health care facilities.

“Place of employment” means any enclosed area under the control of a public or private employer that employees frequent during the course of employment, including without limitation work areas, employee lounges, restrooms, conference rooms, classrooms, employee cafeterias, and hallways. A private residence is not a “place of employment” unless it is used as a child day care home, adult day care home, health care facility or home-based business of any kind open to the public.

“Private Club or Lodge” means an organization, whether incorporated or not, which is the owner, lessee, or occupant of a building or portion thereof used exclusively for club purposes at all times, which is operated solely for a recreational, fraternal, social, patriotic, political, benevolent, or athletic purpose, but not for pecuniary gain, and if alcoholic beverages are sold such sale is incidental to its operation. The affairs and management of the organization are conducted by a board of directors, executive committee, or similar body chosen by the members at an annual meeting. The organization has established bylaws and/or a constitution to govern its activities. The organization has been granted an exemption from the payment of federal income tax as a club under 26 U.S.C. Section 501.

“Public place” means any enclosed area to which the public is invited or in which the public is permitted, including without limitation banks, any business, educational facilities, government buildings, health care facilities, laundromats, museums, public transportation facilities, reception areas, restaurants, bars/taverns, retail food production and marketing establishments, retail service establishments, retail stores, service line, shopping malls, sports arenas, theaters, waiting rooms and common areas in multiple family residences. A private residence is not a “public place” unless it is used as a child day care home, adult day care home, health care facility or home-based business of any kind open to the public.

“Retail tobacco store” means any retail store utilized primarily for the sale of tobacco products and accessories and in which the sale of other products is merely incidental and where no one under 18 is permitted.

“Service line” means any indoor line at which one (1) or more persons are waiting for or receiving services of any kind, whether or not the service involves the exchange of money.

“Shopping mall” means any enclosed walkway or hall area that serves to connect retail or professional establishments.

“Smoking” means inhaling, exhaling, burning or carrying any lighted cigar, cigarette, pipe, hookah or other lighted tobacco product in any manner or in any form.

“Sports Arena” means any enclosed sports pavilion, stadium, gymnasium, health spa, boxing arena, swimming pool, roller and ice rink, bowling alley and other similar places where members of the general public assemble to participate in or witness sports, cultural, recreational or other events.

Section 39 - 3 McLean County Owned Facilities.

Smoking shall be prohibited in any McLean County government facility and any McLean County government vehicle, including without limitation facilities and vehicles owned, leased, or operated by McLean County government.

Section 39 - 4 Prohibition of Smoking in Public Places and Places of Employment.

Smoking shall be prohibited in all enclosed public places and places of employment within the unincorporated areas of McLean County, except as provided in Section 39 - 5.

Section 39 - 5 Where Smoking is not Regulated.

Notwithstanding any other provision of this Chapter to the contrary, the following enclosed indoor areas shall be exempt from the provisions of Section 39 - 4.

1. Private residences, except when used as a licensed child day care home, adult care home, health care facility, or a home-based business of any kind open to the public; provided, however, private sleeping rooms in nursing homes and assisted living centers are not subject to Section 39 - 4, unless a roommate objects to smoking in the room.
2. Hotel and motel sleeping rooms that are rented to guests and are designated as smoking rooms provided, however, that not more than twenty-five per cent (25%) of the rooms rented to guests in a hotel or motel may be so designated.
3. Retail tobacco stores, provided that smoke from these places does not infiltrate into areas where smoking is prohibited under the provisions of any section of this Chapter.
4. Private clubs or lodges.
5. Churches.

Section 39 – 6 Declaration of Establishment as Non-Smoking.

Notwithstanding any other provisions of this Chapter, an owner, operator, manager, or other person in control of any enclosed indoor area described in Section 39 – 5 may declare that entire indoor area as a non-smoking place.

Section 39 - 7 Non-Retaliation.

No person or employer shall discharge, refuse to hire, or in any manner retaliate against an employee, applicant for employment, or customer because that employee, applicant, or customer exercises any rights afforded by this Chapter or reports or attempts to prosecute a violation of this Chapter.

Section 39 - 8 Enforcement.

A. Notice of the provisions of this Chapter shall be given to all applicants for a liquor license in McLean County.

B. Any citizen who desires to register a complaint under this Chapter may file a police report with the McLean County Sheriff.

C. McLean County shall have the authority, while a public place or place of employment is undergoing an otherwise mandated inspection, to inspect for compliance with this Chapter.

D. An owner, manager, operator or employee of a public place or place of employment regulated by this Chapter shall inform persons violating this Chapter of the appropriate provisions thereof. The posting of a no smoking sign that conforms with this Chapter shall be considered adequate notice.

E. In addition to the remedies provided by this Chapter, the McLean County Board Chairman or any person aggrieved by the failure of the owner, operator, manager or other person in control of a public place or a place of employment to comply with the provisions of this Section may apply for injunctive relief to enforce those provisions in any court of competent jurisdiction.

Section 39 - 9 Posting of Signs.

Every public place and place of employment where smoking is prohibited by this Chapter, shall have posted at every public entrance a conspicuous sign clearly stating that smoking is prohibited. The international “no smoking” symbol consisting of a pictorial representation of a burning cigarette enclosed in a red circle with a red bar diagonally across it shall be considered acceptable under this Section.

Section 39 - 10 Violations and Penalties.

A. A person who smokes in an area where smoking is prohibited by this Chapter shall be guilty of an infraction, punishable by a fine of not less than twenty-five dollars (\$25.00) nor more than five hundred dollars (\$500.00).

B. A person who owns, manages, operates or otherwise controls a place subject to this Chapter and who fails to prohibit smoking shall be guilty of an infraction, punishable by a fine of not less than twenty-five dollars (\$25.00) nor more than five hundred dollars (\$500.00).

An owner, manager, operator or person in control of a place subject to this Chapter shall be deemed to have permitted a violation of the Chapter if a violation has occurred while the owner, manager, operator or person in control is physically present at the location at the time of the violation. It shall be a defense to this charge that the owner, manager, operator or person in control of the premises has told the smoking offender that smoking is prohibited, and if the smoker does not stop smoking, the owner, manager, operator or person in control has called the McLean County Sheriff's Department at the time of the violation and reported the refusal to comply with the Ordinance.

C. A person who owns, manages, operates or otherwise controls a place subject to this Chapter and who fails to post a sign in conformance with the provisions of this Division shall be guilty of an infraction punishable by a fine of not less than twenty-five dollars (\$25.00) nor more than five hundred dollars (\$500.00).

D. Each day on which a violation of this Chapter occurs shall be considered a separate and distinct violation.

Section 39 - 11 Public Education.

McLean County, through the McLean County Health Department, shall engage in a continuing program to explain and clarify the purposes and requirements of this Chapter to citizens affected by it, and to guide owners, operators, and managers in their compliance with it.

Section 39 - 12 Other Applicable Laws.

This Chapter shall not be interpreted or be construed to permit smoking where it is otherwise restricted by other applicable laws.

Section 39 - 13 Severability.

If any provision, clause, sentence or paragraph of this Chapter or the application thereof to any person or circumstances shall be held invalid by a court of competent

jurisdiction, such invalidity shall not affect the other provisions of this Chapter which can be given effect without the invalid provision or application, and to this end the provisions of this Chapter are declared to be severable.

Section 39 - 14 Effective Date.

That this Ordinance shall take effect January 1, 2007.

Section 39 - 15 Date of Adoption.

That this Ordinance is adopted this ____ day of _____, 2006.

APPROVED:

Chairman, McLean County Board

ATTEST:

Clerk of the McLean County Board

McLEAN COUNTY NURSING HOME

ACCRUED EXPENDITURE

Prt Date July 25, 2006

| | 2006 BUDGET | 2006 MONTHLY ALLOC | JUNE, 2006 ACCRUED EXPENSE | YTD ALLOC | ADJUSTED YTD EXPENSE | REMAINING BUDGET | YTD VARIANCE AMOUNT | PER CENT OF BUDGET SPENT | PROJECTED EXPENSE 12/31/06 |
|--------------------|------------------|--------------------|----------------------------|------------------|----------------------|------------------|---------------------|--------------------------|----------------------------|
| SALARIES | 3,335,996 | 274,191 | 299,888 | 1,654,183 | 1,773,309 | 1,562,687 | 1,562,687 | 53.16% | 3,576,010 |
| IMRF | 286,229 | 23,526 | 25,730 | 141,938 | 152,150 | 134,079 | 10,212 | 53.16% | 306,822 |
| MED/LIFE | 384,300 | 11,860 | 31,586 | 190,571 | 190,571 | 193,729 | 0 | 49.59% | 384,300 |
| SOC/SEC | 255,204 | 20,976 | 22,941 | 126,553 | 135,658 | 119,546 | 9,105 | 53.16% | 273,565 |
| VAC LIAB | 30,000 | 2,466 | 2,466 | 14,877 | 14,877 | 15,123 | 0 | 49.59% | 30,000 |
| SELLBACK | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.00% | #DIV/0! |
| PERSONNEL | 4,291,730 | 333,019 | 382,611 | 2,128,122 | 2,266,564 | 2,025,165 | 138,443 | 52.81% | 4,570,696 |
| COMMODITIES | 691,894 | 56,868 | 59,199 | 343,104 | 361,717 | 330,177 | 18,613 | 52.28% | 729,063 |
| CONTRACTUAL | 1,377,186 | 111,977 | 97,868 | 682,933 | 648,706 | 728,480 | (34,227) | 47.10% | 1,308,165 |
| CAPITAL | 188,770 | 15,762 | 12,319 | 95,097 | 34,141 | 154,629 | (60,956) | 18.09% | 68,848 |
| GRAND TOTAL | 6,549,580 | 517,626 | 551,997 | 3,249,256 | 3,311,129 | 3,238,451 | 61,873 | 50.55% | 6,676,772 |

McLEAN COUNTY NURSING HOME

ACCRUED REVENUE

Prt Date July 25, 2006

| | 2006 BUDGET | 2006 MONTHLY ALLOC | JUNE, 2006 ACCRUED REVENUE | YTD ALLOC | ADJUSTED YTD REVENUE | REMAINING BUDGET | YTD VARIANCE AMOUNT | OF BUDGET SPENT | PROJECTED REVENUE 12/31/06 |
|-----------------------------|--------------------|--------------------|----------------------------|--------------------|----------------------|--------------------|---------------------|-----------------|----------------------------|
| MEDICARE REVENUE | 775,400 | 63,732 | 65,896 | 384,513 | 408,109 | 367,291 | 23,596 | 52.63% | 822,982 |
| IDPA REVENUE | 2,581,280 | 212,160 | 269,545 | 1,280,032 | 1,637,753 | 943,527 | 357,721 | 63.45% | 3,302,652 |
| SCHOOLING REIMB | 0 | 0 | 0 | 0 | 0 | 0 | 0 | #DIV/0! | 0 |
| JDC LAUNDRY | 7,100 | 584 | 0 | 3,521 | 3,492 | 3,608 | (29) | 49.18% | 7,042 |
| JDC FOOD | 31,501 | 2,589 | 0 | 15,621 | 14,440 | 17,061 | (1,181) | 45.84% | 29,119 |
| MEALS | 500 | 41 | 59 | 248 | 337 | 163 | 89 | 67.40% | 680 |
| PVT PAY REVENUE | 1,862,960 | 153,120 | 162,304 | 923,824 | 929,492 | 933,468 | 5,668 | 49.89% | 1,874,389 |
| UNCLASS | 7,300 | 600 | 96 | 3,620 | 560 | 6,740 | (3,060) | 7.67% | 1,130 |
| INTEREST EARNED | 41,604 | 3,420 | 12,385 | 20,631 | 52,923 | (11,319) | 32,292 | 127.21% | 106,724 |
| SALE OF ASSETS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | #DIV/0! | 0 |
| TRANSFER IN | 424,373 | 34,880 | 49,475 | 210,443 | 294,117 | 130,256 | 83,675 | 69.31% | 593,109 |
| TELEPHONE REIMB | 0 | 0 | 990 | 0 | 5,730 | (5,730) | 5,730 | #DIV/0! | 11,555 |
| TOTAL ACC REVENUE | 5,732,018 | 471,125 | 560,750 | 2,842,453 | 3,346,954 | 2,385,064 | 504,501 | 58.39% | 6,749,382 |
| TOTAL ACC REVENUE | 5,732,018 | 471,125 | 560,750 | 2,842,453 | 3,346,954 | 2,385,064 | 504,501 | 58.39% | 6,749,382 |
| LESS ACCRUED EXPENSE | (6,549,580) | (517,626) | (551,997) | (3,249,256) | (3,311,129) | (3,238,451) | (61,873) | 50.55% | (6,676,772) |
| ACC REV - (ACC EXP) | (817,562) | (46,501) | 8,753 | (406,803) | 35,825 | (853,387) | 442,628 | | 72,610 |
| PLUS CAP EXP | 0 | 15,762 | 12,319 | 95,097 | 34,141 | 154,629 | (60,956) | | 68,848 |
| ACC BALANCE | (817,562) | (30,739) | 21,072 | (311,706) | 69,966 | (698,758) | 381,672 | | 141,458 |

McLEAN COUNTY NURSING HOME

CENSUS Report - 2006

| MONTH | AVG MEDICARE | AVG PVT PAY | AVG IDPA | AVG IN HOUSE | AVG BED HOLD | AVG CENSUS | AVG VACANT |
|-----------|-----------------|----------------|-------------|-----------------|-----------------|---------------|---------------|
| JANUARY | 7.61 | 37.81 | 99.71 | 145.13 | 2.32 | 147.45 | 2.55 |
| FEBRUARY | 7.79 | 37.75 | 96.89 | 142.43 | 2.04 | 144.46 | 5.54 |
| MARCH | 9.58 | 38.81 | 93.94 | 142.32 | 1.16 | 143.48 | 6.52 |
| APRIL | 5.40 | 43.37 | 91.83 | 140.60 | 1.60 | 142.20 | 7.80 |
| MAY | 6.58 | 43.87 | 90.16 | 140.61 | 0.74 | 141.35 | 8.65 |
| JUNE | 6.20 | 42.93 | 94.10 | 143.23 | 0.93 | 144.17 | 5.83 |
| JULY | | | | | | | |
| AUGUST | | | | | | | |
| SEPTEMBER | | | | | | | |
| OCTOBER | | | | | | | |
| NOVEMBER | | | | | | | |
| DECEMBER | | | | | | | |

| | | | | | | | |
|---------------|-------|--------|--------|--------|-------|--------|-------|
| YTD AVERAGE | 7.19 | 40.76 | 94.44 | 142.39 | 1.47 | 143.85 | 6.15 |
| % OF CAPACITY | 4.80% | 27.17% | 62.96% | 94.93% | 0.98% | 95.90% | 4.10% |



RISK MANAGEMENT OFFICE

TEL: (309) 888-5940
104 West Front Street

FAX: (309) 888-5949
P. O. Box 2400

E-MAIL: riskmgt@mclean.gov
Bloomington, IL 61702-2400

Memo to: Matt Sorensen, Chairman
Members, Finance Committee

From: Jennifer Ho

Date: July 24, 2006

Subject: Second Quarter FY 2006 Risk Management Fund Report

As of the second quarter in FY 2006, the County has four auto physical damage claims, one auto liability claim three general liability claims and thirty-five workers compensation claims. As compared to prior 4 second-quarter claims experience, following the previous first-quarter experience, workplace injuries rank at second highest in terms of claims count, and first in terms of incurred dollars, due to a high-severity incident in May 2006. The second quarter claims experience is as summarized in Table 2.

For all claims prior to FY 2006, we have not settled any claim in excess of \$ 10,000, of which we are required to report. We have recovered \$ 9,000 from a third-party co-defendant for legal expenses for a personal injury claim as provided by a contractual agreement, in an action for which the County was involved as a matter of vicarious liability.

Should you have questions about this report, please contact me at 309-888-5940. Thank you. JH

**McLEAN COUNTY RISK MANAGEMENT FUND
AS OF June 30, 2006**

TABLE 1: CUMULATIVE CLAIMS SUMMARY BY LINE:

| CLAIM TYPE | ALL | OPN | PD LOSSES | RESERVES | RECOVRS | INCRD LOSSES |
|----------------------------------|-----|-----|-------------|----------|-----------|--------------|
| A. AUTO PHYSICAL DAMAGE: | | | | | | |
| PY 2002 | 8 | 0 | 52,866 | 0 | 32,046 | 20,820 |
| PY 2003 | 11 | 0 | 33,596 | 0 | 700 | 32,896 |
| PY 2004 | 13 | 0 | 31,720 | 0 | 3,490 | 28,230 |
| PY 2005 | 15 | 3 | 43,370 | 0 | 9,653 | 33,717 |
| PY 2006 | 4 | 0 | 2,211 | 0 | 582 | 1,629 |
| B. AUTO LIABILITY: | | | | | | |
| PY 2002 | 3 | 0 | 2,474 | 0 | - | 2,474 |
| PY 2003 | 5 | 0 | 22,476 | 0 | - | 22,476 |
| PY 2004 | 2 | 0 | 15,415 | 0 | 200 | 15,215 |
| PY 2005 | | 0 | 10,064 | 0 | - | 10,064 |
| PY 2006 | 1 | 1 | 692 | 15,000 | - | 15,692 |
| C. GENERAL LIABILITY: | | | | | | |
| PY 2000-2001 | 19 | 1 | 70,319 | 1,721 | | \$72,040 |
| PY 2002 | 7 | 0 | 3,304 | - | - | \$3,304 |
| PY 2003 | 15 | 3 | 34,966 | 39,169 | - | \$74,135 |
| PY 2004 | 8 | 3 | 38,972 | 19,836 | - | \$58,808 |
| PY 2005 | 11 | 1 | 3,458 | 6,031 | | \$9,489 |
| PY 2006 | 3 | 1 | 3,410 | 4,123 | 0 | 7,533 |
| D. WORKER'S COMPENSATION: | | | | | | |
| PY 1992 - 1996* | 450 | 1 | \$3,860,812 | 36,892 | 1,993,479 | \$1,904,225 |
| PY 1997** | 76 | 1 | 271,727 | 10,136 | 10,520 | \$271,343 |
| PY 1998 | 105 | 1 | 311,995 | 1 | 0 | \$311,996 |
| PY 1999 | 73 | 2 | 350,968 | 253,926 | 0 | \$604,894 |
| PY 2000 | 64 | 2 | 265,673 | 93,917 | 0 | \$359,590 |
| PY 2001 | 71 | 3 | 265,350 | 36,197 | 8,500 | \$293,047 |
| PY 2002 | 76 | 1 | 344,462 | 110,921 | 0 | \$455,383 |
| PY 2003 | 65 | 3 | 117,764 | 183,540 | 659 | \$300,645 |
| PY 2004 | 68 | 7 | 154,900 | 253,573 | 1,216 | \$407,257 |
| PY 2005 | 64 | 8 | 220,954 | 162,311 | 0 | \$383,265 |
| PY 2006 | 35 | 21 | 38,755 | 316,350 | 0 | \$355,105 |

* Includes catastrophic incident of 2/16/93 ** Includes Fatality of 8/15/97

Table 2: Historical Second Quarter Experience FY 2002 – FY 2006

| COVERAGES: | PY 2002 | | PY 2003 | | PY 2004 | | PY 2005 | | FY 2006 | |
|-----------------------|-----------|---------------|----------|---------------|-----------|---------------|-----------|----------------|-----------|----------------|
| | # | INCRD \$ | # | INCRD \$ | # | INCRD \$ | # | INCRD \$ | # | INCRD \$ |
| Auto Physical Damage | 2 | 6,174 | 3 | 479 | 5 | 12,244 | 9 | 13,873 | 4 | 1,629 |
| Auto Liability | 1 | 1,000 | 1 | 1,973 | 1 | 8,300 | 2 | 5,000 | 1 | 15,692 |
| General Liability | - | - | - | - | 1 | 350 | 1 | 127 | 3 | 7,533 |
| Worker's Compensation | 43 | 34,481 | 20 | 29,808 | 28 | 30,041 | 27 | 123,367 | 35 | 355,105 |
| TOTAL: | 46 | 41,655 | 4 | 34,260 | 17 | 50,935 | 39 | 142,367 | 18 | 379,959 |