

# Trail Area Health & Environment Committee



## MINUTES

### **Meeting:**

**Waneta Room – Best Western Plus Columbia River Hotel  
November 18, 2014 - 7:00 pm**

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### **Committee Members in Attendance:**

Dieter Bogs, Chair, City of Trail  
Gord DeRosa, Alternate Chair, City of Trail  
Mark Tinholt, Teck Trail Operations  
Cheryl Whittleton, Interior Health  
Dawn Tomlin, Interior Health  
Marylynn Rakuson, Community Rep.

Brad McCandlish, MoE  
John Crozier, Councillor, Village of Warfield  
Graham Kenyon, Community Rep.  
Jeannine Stefani, Interior Health  
Ron Joseph, Community Rep.  
Linda Worley, RDKB Area B

### **Others in Attendance:**

Bruce Enns, SNC-Lavalin Inc.  
Cindy Hall, SNC-Lavalin Inc.  
Ruth Beck, Program Manager  
Dr. Nelson Ames, MHO, Retired  
Ruth Hull, Intrinsic  
Jacquie Johnson, Interior Health  
Dale Webb, Manager of Operations, Teck Trail Ops

Richard Deane, Teck Trail Operations  
Andrea McCormick, SNC-Lavalin Inc.  
Liz Anderson, SNC-Lavalin Inc.  
Greg Belland, Teck Trail Operations  
Angelique Rosenthal, Teck Trail Ops  
Mike Martin, Mayor Elect, City of Trail

**MEETING MINUTES:** Approve minutes from Sept 9. Moved: Marylynn; Seconded: Mark. Carried.

### **REPORTS & RECOMMENDATIONS:**

**Family Health:** Fall 2014 Children's Blood Lead Testing Clinic results.

Jeannine showed a PowerPoint presentation and spoke to each slide.

Jeannine pointed out that this year there was only one capillary sample. There were 162 samples in total, 1 capillary, and 2 unsuccessful tries. She pointed out the success of the turn-around in the number and rate of venous samples.

Dieter commented on the incredible accomplishment. Moved: by Mark. To send a letter of thanks to Interior Health to the IH personnel responsible for this achievement. Seconded: Ron. Carried.

**ACTION:** Ruth to draft a thank you letter for Dieter to review, finalize and sign.

Jeannine continued with the presentation: The geometric mean for children's blood lead levels (BLLs), aged 6-36 months, living in Trail and Rivervale in 2014: 4.3 µg/dL (last year 4.9 µg/dL). 11.2% of kids tested above 10 µg/dL this year (as compared with 7% last year). Gord asked for clarification as to whether there are specific geographic areas and/or clusters of high BLL results. Jeannine replied that the samples aren't big enough to make that kind of judgment. Mark suggested looking at longitudinal data. Jeannine responded that IH doesn't track addresses. Dawn pointed out that due to the small sample sizes, there would be confidentiality issues in doing so.

Regarding progress to the THEC goal of 95% of children's BLLs under 10 µg/dL: this year 89% of children tested below 10 µg/dL, while last year 93% were below 10 µg/dL. Jeannine pointed out that, due to the small number of samples, a small number of higher results can strongly affect the percentage: it doesn't take much to change the statistic.

Jeannine pointed out a slight improvement trend in blood lead levels over the past 13 years.

Mark presented comparisons of BLL testing results in other smelter communities. Of particular note is Pt. Pirie, Australia, though they test a different subset of the population, children 0-5 years and pregnant women. Their geomean for children aged 24 months is 4.4 µg/dL. Mount Isa, Australia, reported a geomean of 2.6 µg/dL with no children (aged 1-5 years) over 5 µg/dL. Teck is very interested in this result and is investigating further with people at Mount Isa.

The air lead/blood lead relationship typically correlates nicely, but in the last 4 years, BLLs are lower than one might predict based on air lead alone. Mark speculated that, while we can't say for certain, perhaps the home visiting program might be having a positive impact.

Jeannine presented the concluding messages including the importance of the Fugitive Dust Reduction Program, the fact that the lower the BLL the better, that we/THEC continue to move toward our target of a geomean of 4µg/dL by 2015, and the need for continued exposure reduction efforts. She noted that some variation in BLLs is to be expected when dealing with small sample sizes. Families that have children with BLLs above 10µg/dL (7µg/dL for children under 12 months of age) are receiving case management.

Jeannine reviewed the IH Family Health Program Report. (attached)

### ***FAN Update.***

Ruth presented the update (attached), noting the cooperative relationship between THEP and FAN. Dieter asked for clarification on the "consultants" at the Ages and Stages Screening Day and the 19 service providers who attended the November 5<sup>th</sup> Success by 6/FAN Interagency Meeting. Why such different attendance numbers? Several people responded that these are two different types of groups. Dawn suggested that the term "clinical consultant" is more appropriate for the IH audiologist, dental hygienist and others who provide the screening at Ages and Stages Day.

John Crozier pointed out that there is a comfort station in Warfield, in the new Hall, that is accessible from the outside.

FAN will be having an AGM for board members on Dec 12.

### ***Air Quality:***

Mark presented the Air Quality Report (attached). The third Quarter result for air lead at Butler Park is the lowest in the last 6 years at 0.34ug/m<sup>3</sup>. Gord asked for clarification on the wind measurement. Mark noted that the wind direction noted on the graph is the predominant wind for the whole Quarter. The Butler Park real-time monitor needed servicing, so it was replaced with the newer model from Duncan Flats. Duncan Flats will get a new model in the near future.

A question was raised about why we mention the Alberta objective for arsenic. The Alberta objective is the lowest standard for arsenic in Canada, so we use it. Gord wondered why we don't test for arsenic as much as lead. Dr. Ames noted that arsenic is not well measured in individuals (it's a population measure) and that arsenic levels tend to mirror lead levels. The same can be said for thallium.

Gord mentioned that he has some historical files that he will hand over to the Program Office for the THEC archives.

Mark mentioned that, regarding the new acid plant startup that took place last week after the shutdown, there was some visible steam with sulphur trioxide until the acid plant was running at full capacity (about 20 minutes).

Mark also noted that the levels of lead in air during the shutdown this year were lower than last time there was a shutdown (0.2ug/m<sup>3</sup> as opposed to 0.4ug/m<sup>3</sup>).

### ***Home & Garden:***

Report attached. Cindy presented year-to-date numbers for the Healthy Homes Program. Andrea pointed out that SNC completed soil sampling for all properties on the wait list from prior to this fall. The only properties outstanding for assessment are 1 multifamily complex for Health Homes and around 20 community assessment properties from this fall. With regards to remediation of properties, Bruce explained that the new Upper Cap Concentration was changed to 4,000 ppm in early 2014. This is 1,000 ppm lower than the previous remediation action level and that this has contributed to the number of properties on the remediation list.

Andrea highlighted that November is Radon Awareness Month.

Dawn requested clarification of who gets prioritized for remediation, specifically wondering if Case Management families are the top priority. Bruce/Andrea noted that, yes, the top priority is case management, then Healthy Families Healthy Homes (HFHH) Program families, then community requests.

Gord asked what year the first yard was remediated. Andrea replied that, in 2008, the H&G Program remediated 4 yards and 7 gardens. Gord asked if there is any benefit in looking at recontamination? Bruce/Mark replied, noting that this is being looked at as part of the Long Term Soil Study (LTS). The LTS report will be presented to the THEC at a future meeting.

Cindy presented the community outreach and engagement section of the H&G Report. She highlighted a comment from a HFHH family that “this year’s BLL clinic ran especially smoothly”.

### **Program Planning & Operations:**

#### **Executive Committee Report:**

- 1) The Executive brings forward a recommendation that the THEC strike a Working Group to set the new draft BLL goals for public consultation. Some people have volunteered to sit on the Working Group: Mike Martin, Mark, Jeannine, Dr. Parker, Brad, and Ruth Beck. Ruth asked if anyone else would be interested in participating. No responses. **Motion:** to establish the Working Group. Moved: Gord, Seconded: Brad. Carried.
- 2) Regarding standard agenda items for THEC meetings, the Executive recommends adding a new item: Community Check-In. The intent is to provide an opportunity for Community Representatives on the THEC to raise any points, questions, etc. Dieter added that any THEC member can raise a question/point to the Chair ahead of time if they’re uncomfortable. Moved: to add Community Check-In to the THEC standard agenda. **Motion:** Gord. Seconded: Mark. Carried.
- 3) As a reminder to all THEC members, you can make a request for an in camera item, or if you’d like staff to leave the room prior to discussion of an agenda item, please advise the Chair before the meeting.
- 4) Regarding the Presentation on Health Risks from Other Metals (HHRA), Mark would like to schedule a date for the presentation. He’d like it to coincide with the AQTWG update. Ruth asked if we could have the HHRA presentation coincide with the next THEC meeting. Dieter asked if there is an update on Indian Eddy. Mark replied that there is still ongoing monitoring, but no definitive update. Gord asked whether, during our in-home visits to families, we ask them what kind of furnace they have? Cindy replied, noting that there is a lot to cover during a Healthy Home visit and it’s tough to prioritize that question. However, if the THEC gives her the direction to track this more closely then she’ll carefully find a way to incorporate it. Mark said that there is going to be a presentation on furnace filters at the next AQTWG meeting and that we can discuss it further at that time.  
**ACTION:** Mark/Ruth to advise THEC of a proposed date for the HHRA Presentation.
- 5) The media release with the community BLL results will be released by THEC (by the City of Trail) tomorrow morning. Ruth read the draft release out to the group. Ruth pointed out that Karl Hardt (IH) is the point person for media questions; Mayor Bogs, and Richard Deane are also contacts. Gord noted that we say our goal is 4µg/dL, but our ultimate goal is really 0! A discussion took place about whether and how to amend the media release, noting that the goal isn’t actually 0 because background levels are higher than that. Ruth proposed that we add a sentence restating the THEC’s overall goal to reduce exposure to lead and other smelter metals on a continual improvement basis. It was agreed to add to the media release that statement as it is written in the THEP Document.

#### **Program Manager Report:**

Ruth summed up the Program Manager’s report (attached). She presented the Moving to Trail brochure. There were many comments from the Committee on how good the brochure looks.

**ACTION:** Ruth to present her workplan for 2015 at the next meeting. This is to consist of a two point elaboration on the projects listed in the 2105 program management budget - basically, details on what each project entails and the expected timeline.

**NEXT MEETING:** Tuesday, February 10 (*note: being rescheduled to another date TBD*)

Dieter had the last word: “It’s been a pleasure to work with you.”

Meeting adjourned 8:56