

# Trail Health & Environment Committee



## MINUTES

**Meeting: November 19, 2013 7:00 pm  
City of Trail – Committee Room #2**

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

Kevin Jolly, Alternate Chair, City of Trail  
Mark Tinholt, Teck Trail Operations  
Craig Adams, Community Rep.  
Brad McCandlish, Ministry of Environment  
Marylynn Rakuson, Community Rep.

John Crozier, Councillor, Village of Warfield  
Graham Kenyon, Community Rep.  
Jeannine Stefani, Interior Health Authority  
Ron Joseph, Community Rep.  
Sonia Tavares, WK Early Years

### **Others in Attendance:**

Bruce Enns, SNC-Lavalin Inc.  
Dr. Andrew Larder, Interior Health Authority  
Andrea McCormick, SNC-Lavalin Inc.  
Ruth Beck, Program Manager  
Megan Klammer, Interior Health Authority  
Greg Belland, Teck Trail Operations  
Liz Anderson, SNC-Lavalin Inc.

Richard Deane, Teck Trail Operations  
Cindy Hall, SNC-Lavalin Inc.  
Marty Kooiman, RCMP  
Brandi Thirsk, Local parent/resident  
Steve Hilts, Teck Metals Ltd.  
Pete Golden, Teck Trail Operations

### **MEETING MINUTES:**

**MOTION** to adopt meeting minutes from September 10, 2013 and June 25, 2013; Jeannine Stefani moved; Mark Tinholt seconded. Carried.

**MOTION** to adopt in-camera meeting minutes from September 10, 2013; Mark Tinholt moved; Sonia Tavares seconded. Carried.

### **REPORTS & RECOMMENDATIONS:**

#### ***Family Health:***

**Presentation: IHA Blood lead level preliminary report – Jeannine Stefani;** *slideshow presented*  
Jeannine Stefani and Mark Tinholt gave a PowerPoint presentation on the preliminary results of the Fall Blood Lead Clinics. This year, the capillary sampling methodology was brought into question due to some anomalous results. Interior Health is investigating this issue and will provide a report back to the THEC. A discussion took place about capillary sampling. It was noted that, in 2013, the geomean for capillary samples was significantly higher than the geomean for venous samples. Before 2010, the number (and proportion) of capillary samples taken was very small. After 2010, there have been increasing numbers of capillary samples. Questions were raised about the situation for children who were retested by venous puncture after an initial capillary sample. All children who tested over 20 µg/dL were retested; all results came back below 20µg/dL.

There were several questions asked of Dr. Larder, enquiring about the prevalence of capillary sampling and research evidence of its potential for contamination. Dr. Larder has discussed this question with Children's Hospital and noted that the issue has come up in other studies. The lab that performed the analysis for our BLL clinics was not surprised and said that most blood lead level testing is done by venous puncture; the proportion of capillary testing is typically small. It doesn't appear that more parents are requesting capillary testing. Jeannine noted that she explains to each parent that the results from venous puncture are known to be more reliable. There was only one parent that Jeannine can remember who specifically asked for capillary test rather than venous puncture. Normally, capillary testing is used when venous puncture is unsuccessful. It was noted that, in the past, the Phlebotomist had specialized

pediatric training for taking blood samples from children. Megan Klammer of IHA stated that there are various possible reasons for the high rate of capillary sampling; it is premature to discuss them until IHA concludes its investigation. Kevin Jolly asked Dr. Larder if it would be appropriate to release the blood lead results before the investigation is concluded. He said "no".

**MOTION:** Mark Tinholt moved that we table the preliminary report on blood lead levels and defer publication of the results pending THEC review of IHA's report from its investigation into the issues related to the results. Timeline for clarification: up to 30 days. Craig Adams seconded; carried.

Craig pointed out that it is important to keep the bigger picture in focus. Dr. Larder agreed; children with high lead levels get re-tested anyway and are followed up with a home visit. There are no concerns whatsoever about the validity of the venous specimens. The venous results provide a good indication of the direction of blood lead levels. The main message is that overall blood lead levels measured by a reliable method (venous sampling) are showing good results – no increase in BLLs.

Kevin pointed out that a statement from an independent body such as IHA would be a good idea. It was suggested that members of THEC could respond to inquiries by letting people know that the Committee is awaiting feedback from IHA and will defer to their expertise. Dr. Larder added that IHA should be able to have a statement and explanations available within 30 days. He further added that the IHA will address any issues related to the previous few years of data, noting that valid data can be extracted from the existing information. Craig noted that, if we were thinking of reporting only venous testing results, we would first need to demonstrate the need to go with only venous samples.

Graham pointed out that we are essentially seeing a plateau in blood lead levels, we need to do something different to effect further change. Richard reminded the Committee that the Fugitive Dust Reduction Program will continue to reduce lead dust exposure.

It was agreed that a special THEC meeting would be appropriate to go over the IHA review and recommendations. Meeting date to be announced by the Chair once the results are available.

Further discussion was generated during the presentation regarding air quality and the Fugitive Dust Reduction Program. Richard commented that the Fugitive Dust Reduction Program is just getting into full swing, that there are large multi-year projects in the works, and correspondingly it will take some time for the effects of these projects to be realized. The goal is to reduce fugitive dust so that the level of lead in community air meets the 2018 THEC target of 0.2 µg/m<sup>3</sup>.

#### **Air Quality:**

Mark passed out Teck feedback business cards. The feedback line is answered 24/7 and currently receives about 100 calls per year. Teck can now correlate the calls with information from their real-time camera. Mark stressed the need to know the date and time of any event being reported on the feedback line.

**ACTION:** Ruth will confer with Mark about promoting the feedback line/box in the Spring newsletter (April/May)

#### **Air Quality Technical Working Group – Ron Joseph; meeting minutes attached**

Ron presented the minutes from the last AQTWG meeting. Teck has taken some initiatives to prevent future spikes in ambient lead levels such as took place in August 2013. In particular, Ron highlighted the Integrated Process Management system that will address any emission issues prior to summer 2014, in addition to the active maintenance schedule.

#### **Teck Report – Mark Tinholt; report attached**

Mark elaborated on the ambient lead monitoring over the summer. The levels spiked in August and an investigation discovered a number of maintenance issues; these were remedied as soon as possible and systems were put in place to avoid a future reoccurrence.

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

##### **Community Program Office Report – Andrea McCormick; report attached**

Andrea delivered the report. Discussion ensued regarding lead in yards and yard remediation. On another matter, Ruth noted that HRSP requests are up this year and suggested we look into the number of Home Renovation Support Requests and if they correlate with Healthy Family Healthy Homes visits.

**Program Planning & Operations:**

**Program Manager's Report – Ruth Beck; report attached**

Ruth introduced the updated logo for the Trail Area Health & Environment Committee. The updated logo adds the word "Area" to the name of the Committee, as the Committee approved this name change.

**MOTION:** Mark Tinholt moved that the committee adopt the new logo. Marylynn Rakuson seconded. John Crozier opposed. Carried.

Ruth provided an update on the Program Plan Working Group. The 2<sup>nd</sup> Phase Literature Review is being strengthened by an additional scope of work to provide more detail about the effectiveness of in-home visits. The researcher will separate out information coming from systematic reviews and provide a summary. Marty suggested some websites to look at for strategic framework examples: CCSA and Prevention Hub.

Graham proposed that the Program Plan be changed to the Trail Area Health & Environment Program Agreement. The agreement would become a model for moving away from ministerial mandates and would be signed off by all of the stakeholders; not as a legal contract, but as an agreement.

**MOTION:** Graham Kenyon moved that we defer voting on his proposal to change the name of the Program Plan to the Program Agreement until the THEC meeting in February. Ron Joseph seconded. Comment: Wording of the agreement would be important. Carried.

Ruth introduced the new THEP Training Manual. Kevin, Graham, Brad, Sonia, Marylynn, Megan, Brandi and Craig (email PDF) would like copies of the Training Manual.

**ACTION:** Liz to produce copies of the Training Manual and mail/hand out.

**MOTION:** Mark nominated Brandi Thirsk to become a member of the THEC. Jeannine seconded. Carried.

**NEXT MEETING: Tuesday February 4, 2014**

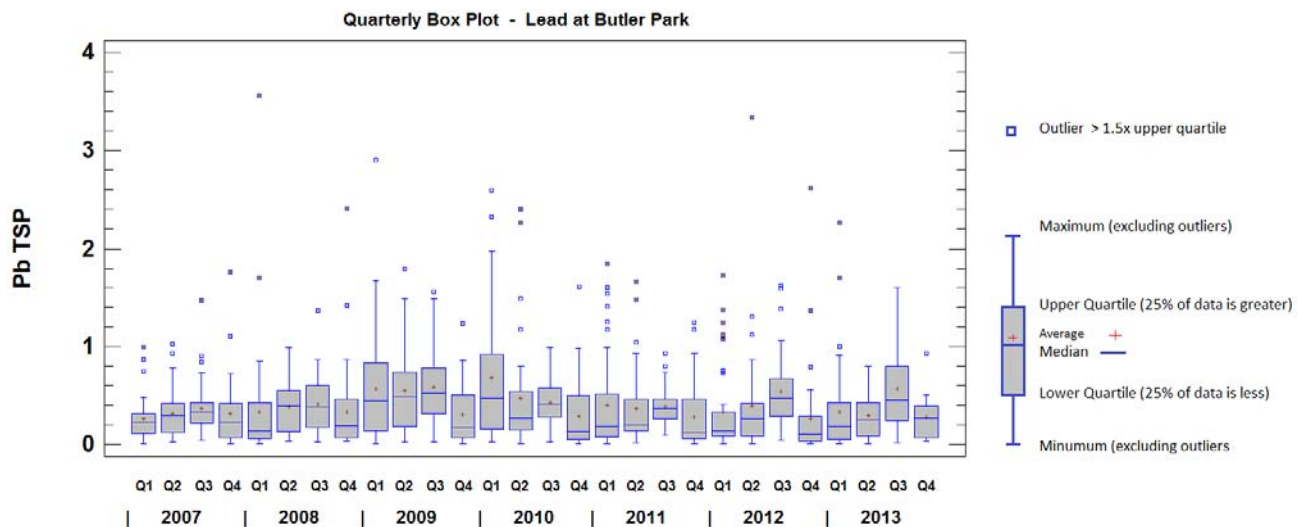
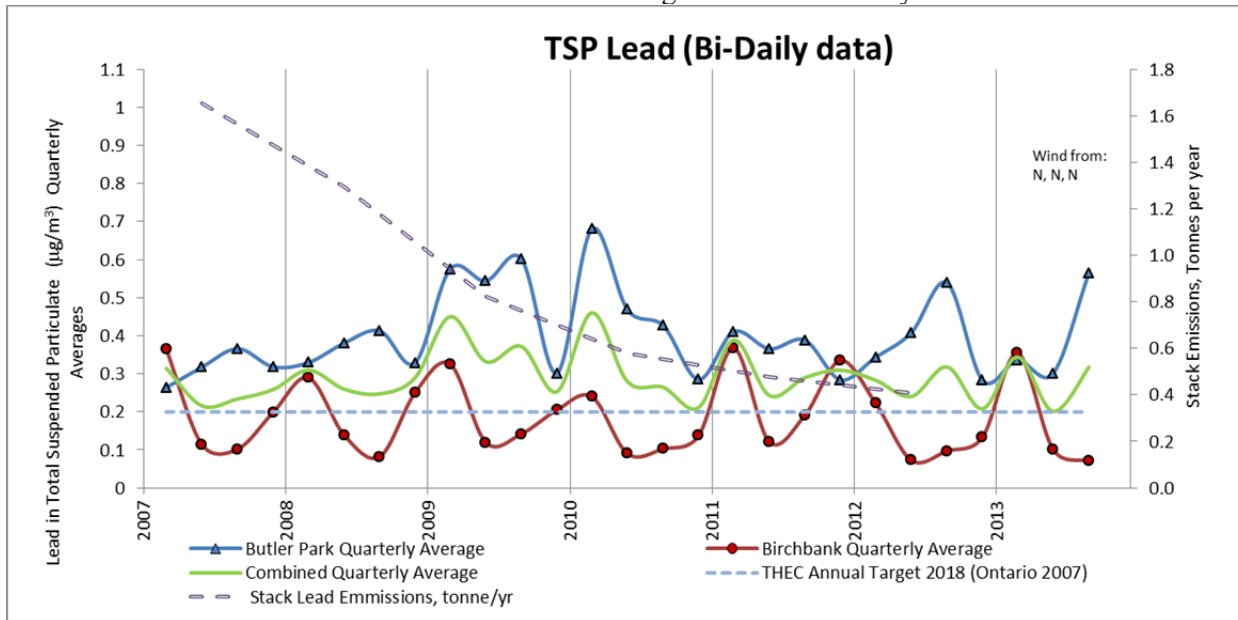
**Meeting adjourned 9:00 pm**

# Trail Health & Environment Committee – Teck Report Nov 19, 2013

## Air Quality Program

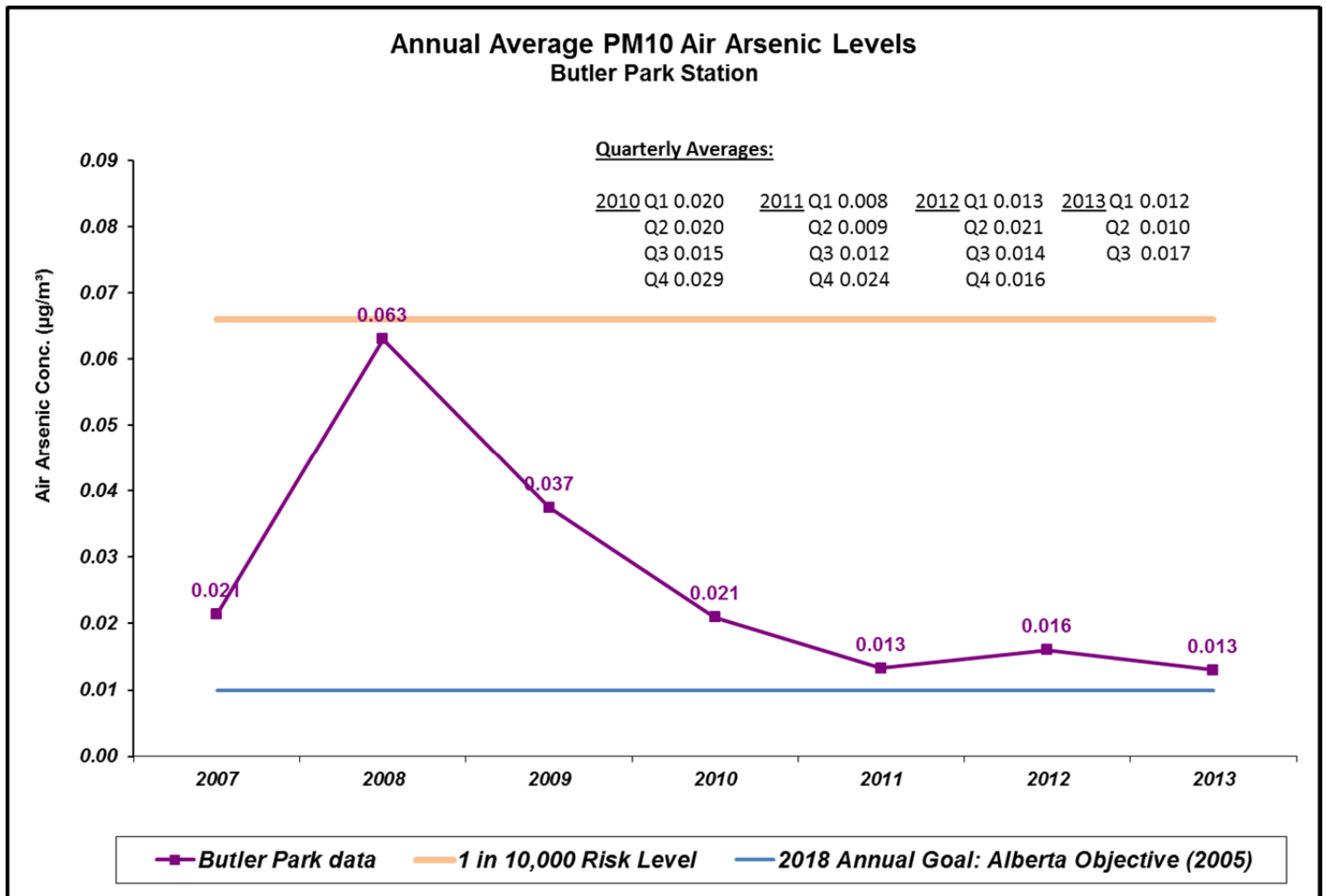
### Lead – Total Suspended Particulate:

- The first graph shows ambient (community) levels for the Butler Park and Birchbank monitoring stations based on quarterly averages of Bi-Daily data (rather than NAPS day -6 day- data), measured stack emissions (annual basis), as well as predominant wind direction (quarterly, as measured at Maintenance Services Building). The second Box-Plot graph for Butler Park is included to provide data transparency at the request of the technically savvy committee members.
- Quarterly averages for Lead in ambient air at Butler Park continue to follow a typical seasonal trend, with varying influences of predominant wind. The combined average is generally consistent with previous years, with some seasonal variation. The levels for August at Butler Park were elevated; a full investigation was undertaken to determine the cause, and corrective actions were taken both to fix the issue and to prevent re-occurrence.
- Both real-time XACT monitors (one at Butler Park and the second at Duncan, located north of Metallurgical Operations) are operational.
- Measured stack emissions have continued to drop. The discrepancy in trends between stack emissions and measured TSP in air is believed to be sourced from fugitive dust.
- Trail smelter's releases of lead to air are still amongst lowest in industry.



## Arsenic- PM10:

- Arsenic in ambient (community) air had returned to pre-2004 levels in 2011. Improvements appear to be the results of actions taken at the Continuous Drossing Furnace and Refinery Scrubber Stack.
- 2013 year to date average of 0.013  $\mu\text{g}/\text{m}^3$  is similar to previous 2 years.
- Trail smelter's releases of arsenic to air are amongst lowest in industry.



# Trail Health & Environment Committee

## Home & Garden Program Update November 19th, 2013 – 7:00 – 9:00 p.m.

1. Healthy Home Visits
  - a. 100 families visited in 2013 including 25 since last THEC meeting.
    - i. 9 families currently scheduled for a visit
    - ii. 106 additional families identified in our records who we will be contacting
  - b. Healthy Home supports provided to families:
    - i. 97 Dust-buster kits
    - ii. 72 Yard-garden kits
    - iii. 32 Sandboxes
    - iv. Paint screening at 15 properties
  
2. Soil Programs – draft annual summary results
  - a. Yard soil assessment was completed at 96 properties in 2013
    - i. 80 yards were part of the Healthy Homes Program
      1. 8 yards had a CM child on the property
      2. 19 assessment requests in the queue
    - ii. 16 yards were part of general community assessment
      1. 64 assessment requests in the queue

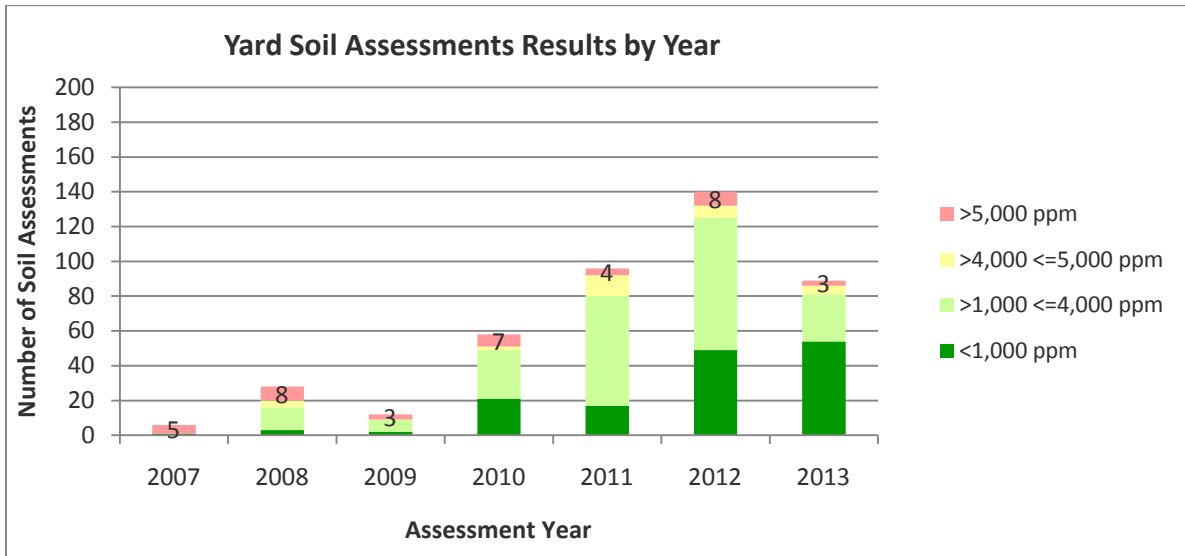


Figure 1. Summary of Yard Soil Assessment

- b. 60 Vegetable garden assessments completed (23 independent of yards)
  - 1. 8 garden assessment requests in the queue

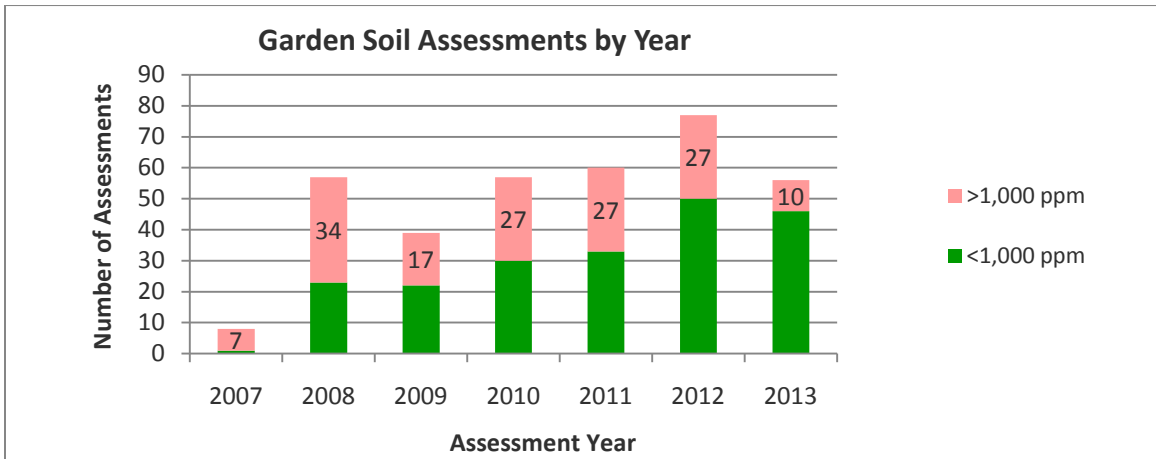


Figure 2. Garden Assessments by Year

- c. Remediation and Yard Improvement Work
  - i. Work completed on 38 properties
    - 1. 22 properties had yard improvement work done
    - 2. Yard remediation at 7 properties (soil > 5,000 ppm lead)
      - a. 5 full yards
      - b. 2 partial yards
    - 3. Garden Remediation completed at 9 properties (soil > 1,000 ppm lead)

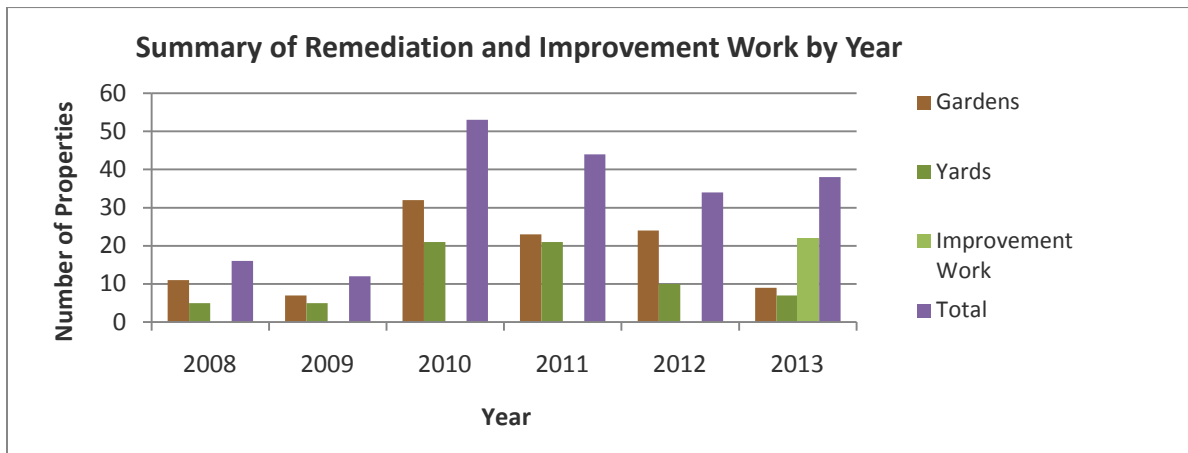


Figure 3. Remediation and Improvement Work Summary

3. Home Renovation Support and Radon kits
  - a. Total HRSP requests to Nov. 15, 2013 is 89 (23 new since Sept 1)
  - b. Of those 23 HRSP requests, there were 8 re-orders (may or may not be separate reno projects)
  - c. Radon kits – 10 distributed since last report. The fall newsletter generated a number of requests for test kits.

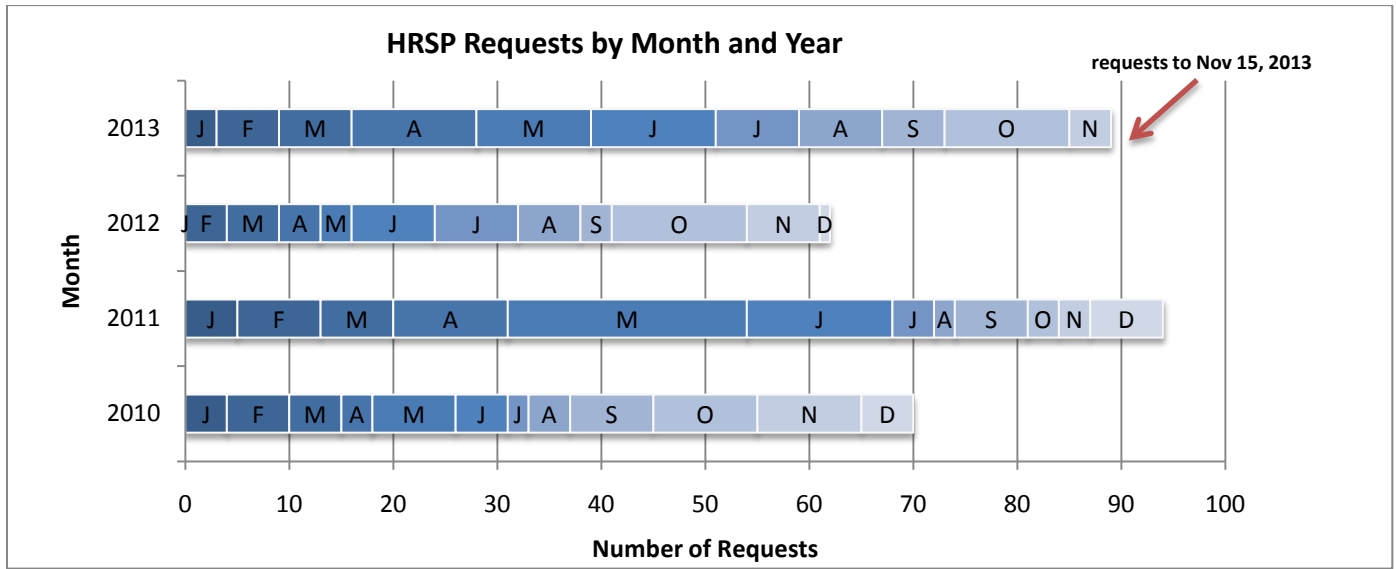


Figure 4. Home Renovation Support Summary

4. Community Outreach and Engagement
  - a. Community Program Office Contact Summary – We’ve only had consistent tracking of walk-ins and phone calls to the Community Program Office since September. In September we had 41 interactions: 31 walk-ins and 10 phone calls. In October there were 45 interactions: 28 walk-ins and 17 phone calls.
  - b. Attended the Children’s Blood Lead Clinic (Sept. 23, 24, 25 –Oct. 1,2,3, 2013)
  - c. Attended the Expectant Parent Event at KBRH on Oct 25, 2013.
  - d. Connected with new Building Beautiful Babies coordinator and will be meeting with the group on Dec 5, 2013.



## **THEP Program Manager's Report November 19, 2013**

### **1. Program plan**

- Ruth Hull of INTRINSIK is taking the lead to draft the Program Plan with some assistance from me and other members of the Program Team. The timeline is to distribute the draft to the Working Group by Christmas. The Working Group will review the draft and participate in a phone conference on January 16 to determine what changes need to be made to be able to make a presentation to the THEC at the February 2014 meeting. A more complete report from the Program Plan Working Group will be presented verbally.

### **2. Second phase literature review**

- We have requested more detail about the effectiveness of home visiting programs as part of the Phase 2 literature review. This extra detail will catalogue and provide a summary of the most rigorous research information (e.g. systematic reviews, large reviews and randomized control trials) as well as specific information on some key recognized home visiting programs. The purpose is to get a better idea of how home visits have been shown to support children's development, in what ways, and with what limitations. As reported last meeting, the Phase 2 literature review focuses on the evidence base around children's healthy development and the effectiveness of home visits, health education and community collaboration. Michele Wiens of the Human Early Learning Partnership (HELP) at UBC is the principal researcher. The additional scope of work was requested after discussion with members of the Lit Review Reviewers Group, including Dr. Nelson Ames, Steve Hilts, Lesley Dyck and Mark Tinholt. The additional cost is \$3,825.
- The original literature review was shared with the Family Action Network Steering Committee in October, so that they can have the benefit of this information.

### **3. Communications**

- The Canadian Cancer Society, BC and Yukon, recently wrote to the City of Trail to inquire about radon awareness activities taking place in the community. I drafted a response for THEC, which was shared in the agenda package. This letter made reference to the extensive promotion of radon awareness we do in our THEP Fall Newsletter each year as well as with our Healthy Homes visits. Andrea McCormick is the contact person who will be maintain the connection with the Cancer Society.
- The THEP Fall Newsletter was distributed to about 4,000 residential and business addresses in Trail and Rivervale in September as well as, by personally-addressed mail to over 200 families from Jeannine's database. We held another prize draw to try and gauge how many people read the newsletter and are motivated enough to enter a draw for \$150 of groceries. We had 14 entries.

### **4. Training Manual**

- The print manual from the Program Team's 2013 training day is now available. It took a bit of extra time to prepare as we wanted to update our program information. THEC members can request a copy – either electronic or in print. It is important to note that this is not a comprehensive description of our programs; it is an internal document compiled from what was discussed at the training session.



## Mission, Vision, and Values

### Vision

A community with healthy children and families, a clean environment and thriving economy.

### Mission

THEC promotes a healthy environment through a comprehensive integrated program that successfully achieves our goals for air quality and children's blood lead levels, and promotes the health of the community.

### Values

Health – The bottom line is the health of people and the eco-system: program resources are targeted to preventing health risks, promoting children & family health, and sustaining a healthy environment.

Community Led – The community drives decision-making about THE Program. Community members participate in the THEC; program goals and activities are reviewed by the community through regular public consultation.

Partnership – THEC uses a partnership approach to decision-making and has been recognized for the effectiveness of its collaborative multi-stakeholder model.

Science-based – THE Program is developed based on scientific research, evidence of effectiveness and a systematic approach to innovation of new best practices.

Accountability – THEC is accountable to the community, its partners and stakeholders through transparent decision-making, responsive and timely programming, and pro-active public communication and consultation.

Trustworthy – THEC is open, honest and transparent in its actions and communication with the public and with each other as partners on the Committee.

Approved June/Sept, 2013

**TRAIL**  
**A R E A**  
**HEALTH &**  
**ENVIRONMENT**  
**COMMITTEE**

