**Trail Health & Environment Committee**

**DRAFT MINUTES – in camera**

***Meeting: Tuesday, June 25, 2013***

***City of Trail – Committee Room #2***

***7:00 pm***

**Committee Members in Attendance:**

Dieter Bogs, Chair, City of Trail Graham Kenyon, Community Representative

Mark Tinholt, Teck Trail Operations Craig Adams, Community Representative

Jeannine Stefani, Interior Health Authority Brad McCandlish, BC Ministry of Environment

Ron Joseph, Community Representative

**Others in Attendance:**

Ruth Beck, Program Manager Sonia Tavares, Success by 6

Bruce Enns, SNC-Lavalin Environment Richard Deane, Teck Trail Operations

Cindy Hall, SNC-Lavalin Environment Bill Jankola, Teck Trail Operations

Pete Golden, Local Resident Brandi Thirsk, Local Parent/Resident

Julie Drake, Program Administrator

**MEETING MINUTES:** Dated April 30, 2013, and February 5, 2013.

**MOTION:** Mark Tinholt: Moved: that the minutes of April 30, 2013, and February 5, 2013, be approved; Seconded: Graham Kenyon; carried.

***Vision, Mission and Values Exercise:***

COMMENT: (RB) People who have been to the last meetings will know we have looked at our vision, mission, and value statements two times in the past. We asked that everyone look at the statements provided prior to this meeting. We have had quite a bit of feedback in the last two rounds. We are looking to see if we can finalize these statements and if not receive feedback.

**MOTION:** Craig Adams: Moved: that the values, as presented, be approved; Seconded: Mark Tinholt; carried.

COMMENT: (RB) The vision statement is meant to be inspiring. The mission describes what we do.

QUESTION: (RB) Are there any comments on the mission statements?

ANSWER: (DB) The statements provided do not include the discussion we just had (*aesthetic concerns*).

COMMENT: (RJ) I agree. We need to add a word or two regarding this issue.

COMMENT: (CA) I don’t mind the third statement provided for a mission. We could add “promoting a healthy population” rather than stopping at “blood lead levels”. If we are trying to make it more encompassing, we could broaden the ending to “the health of the community”.

COMMENT: (RB) In the April 30, 2013, meeting, Linda Worley and John Crozier both suggested the words “smelter” and “metals” be taken out. The words have been removed.

QUESTION: (DB) Newspapers are written at a grade three level. What level should this be written?

COMMENT: (RB) That is a good point. If it is too wordy, will it be used? Yet, it has to say what we want it to say.

COMMENT: (RB) We will take the third statement under advisement. (*All agreed).*

COMMENT: (RB) A vision statement is an inspiring view. It describes all the wonderfulness we are about. It would be nice if one of these statements is short enough to go into various publications.

QUESTION: (ST) Not everyone has a family. Does that matter?

ANSWER: (RB) No.

QUESTION: (RB) I am getting a sense that we have a lot of support for the second statement. Is it good to go or are there any comments?

COMMENT: (CA) At the end of the day, they are meant to be broad statements. It says what we need it to say.

QUESTION: (RJ) The statement says healthy children and families. What about individuals?

ANSWER: (RB) We are all part of a family.

**MOTION:** Craig Adams: Moved: that the second statement be approved; Seconded: Mark Tinholt; carried.

***Public Health Act:***

COMMENT: (DB) We had a discussion with Dr. Larder, Sr. Medical Health Officer of IHA, today. There is a feeling that the arrangement we have with IHA is based on good will. They have been very supportive. It has been tested in the past, and we have been able to convince them this program needs to continue. With pressure on budgets and costs, there is a sense the health budget is under scrutiny. A program like this could be at the top of the cutting block. There is an establishment of a new program; the Public Health Plan under the Public Health Act. We could request (be the first in the province) to be part of the Public Health Plan, which would then be ordered by the Minister. There is a structured procedure. Local government would be familiar with and know about our program in detail. We would come away from the arrangement we now have with IHA of support with no structure to a structured program. We have talked about the pros and cons. The biggest con is that we must make sure that if we apply, we communicate well to the public so there is not the feeling that this is being initiated because this group did not do as good of a job as they should have. We think we can have proper communication. We do not need to make this decision tonight. We will need to decide as a group if we want to move in this direction.

COMMENT: (MT) At our next meeting, we will have Dr. Larder on the phone to explain the program in more detail and answer any questions. The decision we made tonight is that this is worth bringing to the committee.

COMMENT: (DB) Our intent is to give you more information in September with Dr. Larder on the phone. We can then make an informed decision. If we do decide to work through this process with IHA, we would be the first in the province. There are special issues in the North affecting communities and the health of people in those communities where this structure is being used.

COMMENT/QUESTION: (CA) This feels like a roundabout of CSR all over again. I love that this would formalize the structure. What does this plan look like? Without knowing anything about this, what potential negative impact could it have on the community?

ANSWER: (DB) We don’t have all the answers. We have similar questions. In September, we will have the information.

QUESTION: (RJ) What kind of a time frame do we have?

COMMENT: (JS) They are not asking us.

QUESTION: (RJ) Can we generate pros/cons?

AMSWER: (MT) Yes, we have started already.

COMMENT: (DB) Our structure will be the same. The government structure takes over some responsibility for the community.

COMMENT: (BM) It is difficult to know how much detail to get into.

COMMENT: (RB) It would be our program plan with some public health wording so that it would relate to the people reviewing it. We came here tonight saying that we want to have a conversation in September. Are there any other questions I can take back to Dr. Larder?

ANSWER: (DB) How will this process affect our organization? Does it lay out expectations? Do we have the freedom to operate as we do now?

COMMENT: (GK) There are two pieces of legislation in preparing the plan. One is within the Ministry of Health; the other is the Ministry of Environment. Within that is the same legislation. The Minister can make orders. We know it is there, but we have not used it. This is not something new.

COMMENT: (DB) This is called the Public Health Plan, and we have to apply to be accepted.

COMMENT: (BM) There is interest from Pubic Health, and we need to address it.

COMMENT: (DB) We want to make sure that we have a public health nurse in our program in the future.

COMMENT: (JS) This will engage and bring a commitment when it comes to budget issues.

COMMENT: (DB) We will give you information including pros and cons and have Dr. Larder available to answer questions. We can then decide on it.