

## Expanding EHO's Role into Healthy Community Environments

### Background

Many people, and the communities in which they live, are not as healthy as their counterparts elsewhere. Health status data demonstrates that complex chronic diseases and unintentional injuries are suffered at higher rates within particularly vulnerable demographic groups. These disparities can be correlated to risk factors like smoking, physical inactivity, unhealthy eating and being overweight or obese<sup>1</sup>. Many of these issues are compounded by certain upstream socio-economic and environmental factors impacting equitable access to the Social Determinants of Health<sup>2</sup>. Understanding why some groups of people are not as healthy as others and how multi-sectoral partnerships can come together to improve health are key to making real and sustained improvements in health indicators and outcomes. Tackling modern complex chronic disease takes the whole community, moving upstream in partnership, to address the underlying causative risk factors<sup>3</sup>.



### Prioritizing and Targeting the Issues

Chronic diseases are the largest cause of death in BC. Over 80 percent of the population report to have at least one or more risk factors for chronic disease<sup>4</sup>. Healthy eating, being physically active, and not smoking, will contribute greatly to preventing disease and reducing illness, but these healthy choices are not always easy choices to make. The neighbourhood and community environments in which people live, work and play, greatly influence the capacity of

people to make healthy choices and to live in good health. Experience has shown that building healthy communities is an effective approach to addressing chronic disease risk factors but it is the responsibility of multiple sectors and cannot be successfully be achieved by one sector alone or by sectors working in silos.

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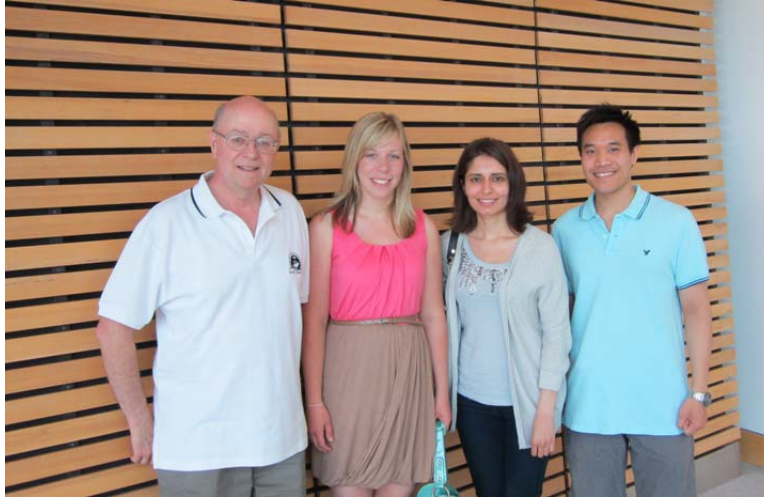
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## Message From The Editor

A few weeks ago I was fortunate to be able to have a meeting with the other members of the BC Page editorial team. Although we communicate frequently via electronic means getting face to face time was a very positive experience. Even though some of our team has worked together for quite some time it's always nice to have a chance to meet up and get to know each other on a more personal level. That aside, we also had a great brainstorming session on what we would like to see in the Page each edition as well as features we would like to see run annually, we discussed feedback we have heard from members and how to continually solicit more input from members and we looked ahead in the field of Environmental Public Health on what the up and coming issues are and how we can keep members informed and aware of what's going on in our field.

Keeping up to date in an ever changing field such as Environmental Public Health can be quite a challenge. As with many professions you come out of school with the knowledge equipped to enter the workforce but ongoing learning is needed to stay with the progression of the field. This could mean, for example, keeping up with new technologies developed and used by industry or by evolving so our work is always focused on the burden of disease in the community and ways to address it from a public health standpoint. There are many ways to stay informed such as independent study in the form of online courses, research and articles or through learning side by



*BC Page Editorial Team Tim Roark, Sarah MacDougall, Isher Deol and Alex Kwan*

side with coworkers and colleagues. Learning together can be through something as simple as a discussion or meeting with coworkers to hear what they have been working on or by problem solving together or perhaps a more formal arena such as a staff development day, course or conference.

Courses and conferences are particular favourites of mine because you get to learn beside colleagues from various backgrounds, experience levels and locations. Everyone brings something to the table and often it's these differences in views, experience etc., that provide the greatest opportunities for learning. Allow yourself to seize all opportunities for growth and learning whether they be something more formal such as a course or a brief chat with a coworker in the morning before you start your day. These opportunities are not something we should take for granted.

Respectfully,  
Sarah MacDougall,  
Editor

### AWARD

Marion Masson received the 2011 BC Branch CIPHI, John A. Stringer Memorial Award.

Congratulations Marion!

## BRANCH UPDATE

Due to unforeseen circumstances, I regret to inform our members that the BC Branch is announcing the cancellation of this year's Healthy Built Environment Educational Conference that was scheduled for Oct 1<sup>st</sup> & 2<sup>nd</sup>, 2012.



After releasing our promotional package to our members, we received a response from one of the Health Authorities stating that due to budget constraints they no longer have the funding to send any EHOs to the conference for training. We then initiated another round of teleconferences with individual directors, and concluded that the total number of delegates sent to the conference would be far below that of our expected delegate number. It was determined that running the conference would result in a deficit to the BC Branch based on the participation level that could be supported by the Health Authorities. The Branch finances cannot absorb such a deficit this year.

The BC Branch did not come to this decision lightly. One of the roles of CIPHI is to provide ongoing educational opportunities to our members. We understand that by cancelling the conference, our members are missing out on a valuable province-specific educational opportunity, in addition to the relationship building and camaraderie that stems from these events.

As a profession, we need support in maintaining up to date skills in a dynamic way. In order to maintain CIPHI membership, environmental public health professionals must comply with CIPHI's Continuing Professional Competencies Program (CPC). This program ensures we remain up to date with current

information and are equipped with the skills and abilities that are needed in order to protect the health of our communities.

Although our Collective Agreements have stipulations for education within them; they are poorly defined in practice and application. CIPHI Members should be active in challenging this recent set of circumstances, as we need to acquire our PDH's, yet are witnessing a steady degradation of opportunities and funding towards professional training from our employers.

On going dialogue between the BC Branch and the Ministry of Health is schedule for late July. The recent cancellation and circumstances of the conference will be discussed as we continue to pursue legislated recognition of the CPHI(C) credential as the qualification for Environmental Health Officers, and recognition of the CPC program as the standard for ongoing education, within the BC Public Health Act.

I would like to express my special thanks to the BC Branch Educational Committee, Northern Health and the NCEH who have been working extremely hard to line up speakers, coordinate venues, liaise with exhibitors and sponsors, designing promotion materials and announcements, and oversee budgets.

Crystal Brown  
President-Elect, BC Branch



# Status of Groundwater Protection Planning in BC

By Remi Allard

If you go to the BC Ministry of Environment webpage on groundwater you will discover that over 750,000 residents rely on water wells for drinking water in BC and that we use more groundwater than any other province in Canada, except Ontario. Given such a dependency on groundwater, especially for public water supply and agricultural use, protection of the resource is a high priority.



(groundwater under surface water influence studies) and treatment to achieve 4-3-2-1-0 water quality objectives to minimize these threats. The water quality monitoring approach typically used includes frequent testing (weekly) for microbiological parameters, however sampling for a broader list of potential contaminants is only completed when a new well is constructed and very rarely (every few years) after that. Since

The largest and most experienced water purveyors in BC who rely on groundwater have for many years been aware of the potential threats to the quality and quantity of water available from aquifers. However, for the majority of purveyors with groundwater based systems, protection planning began in BC after the Walkerton Ontario Incident in 2000 and in direct response to regulatory requirements imposed by the regional health authorities.

The technical studies that have formed the bulk of the protection planning completed in the Province over the last 10 years have greatly enhanced the understanding of some aquifers, specifically with identification of recharge areas, delineation of well head capture zones, determination of sustainable aquifer capacity and the identification of potential water quality threats. However, many groundwater protection plans (GWPPs) have not progressed significantly beyond the initial technical stage due to lack of funding and reduced political will. Loss of momentum due to deferral of difficult, or unpopular groundwater management decisions that limit development, restrict or change land use, increase water rates, or raise local government tax levels, does not reduce risk nor does it eliminate slowly-accumulating impacts. Deferred implementation of groundwater monitoring and management initiatives appears to be most prevalent in smaller communities where business interests, water utility governance and local government are dominated by a limited number of people.

The unfortunate truth (note I did not say “inconvenient truth” here) is that water quality impacts are almost always recognized only after they are detected in a water supply well. The current focus by the health authorities is on potential biological threats or impacts in “vulnerable” wells

groundwater moves very slowly, some water quality problems (other than biological) can be cumulative and take a long time to manifest in water quality changes. Because of this, and because it is so expensive to clean up a contaminated aquifer (if it can be done at all), it is preferable by far to prevent contamination from happening in the first place. Regular water quality monitoring is one way to identify long-term trends and to implement corrective actions before a well or aquifer becomes unusable.

The main point to take away from this article is that a groundwater protection plan is a dynamic, or living document that needs to be constantly reviewed and revised in response to new challenges. As I said earlier, inaction does not reduce risk and there is a need to re-focus on the planning and management components of groundwater protection, specifically better monitoring of water quality and land use practice in the areas surrounding public water supply wells, plus the development of emergency response plans and contingency water supply options. Go find and “dust off” the protection plan that was completed 5 years ago and consult with your public drinking water officer. Engage the drillers, pump installers, hydrogeologists and engineers who have historical knowledge regarding your water system, as well as local government planners and decision makers. Be pro-active, as opposed to reactive.

*Remi Allard, M. Eng., P. Eng., is the past President of the BC Groundwater Association and a founding partner and senior hydrogeologist with Western Water Associates Ltd. in Lake Country, BC.*

Thank you to the BCWWA/Watermark and author, Mr. Allard, for allowing us to reprint this article.

# WARNING – INCORRECT USE OF CALCIUM HYPOCHLORATE TABLETS CAN BE DANGEROUS

Recently a pool operator placed calcium hypochlorite tablets in an erosion feeder designed for stabilized chlorine tablets. Not only did it melt down the erosion feeder but the highly concentrated solution of liquid chlorine spilled out. The ensuing fumes alerted the operator. The local fire department was called to deal with it.

Calcium hypochlorite tablets will react this way with stabilized chlorine or its residue. This could occur in an erosion feeder or if the calcium hypochlorite was added directly to the skimmer for the purpose of shocking. Although both products are marketed as pool chlorine, these chemicals should never be used in combination.

This clearly shows the potential hazard calcium hypochlorite tablets can create if not used in conjunction with equipment and material designed for this product. Both operators and Public Health Inspectors/ Environmental Health Officers need to be aware of this potentially dangerous situation and take appropriate steps to ensure it does not occur.

Thanks to Bill Wrathall, Environmental Health Officer with VIHA for sharing this important information with us.

For more information or to watch a video of such an explosion click the photo:  
[http://www.chemaxx.com/pool\\_chemical\\_explosion2.htm](http://www.chemaxx.com/pool_chemical_explosion2.htm)



*Erosion feeder designed for use with stabilized chlorine tablets melted and burst spilling the highly concentrated solution of liquid chlorine.*



## Food Safety Training Options In British Columbia

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Across Canada Contact:

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Servicing the foodservice, food retail, educational, public health and food processing sectors since 2002.

## Expanding EHOs Role...continued

Local governments and their community partners play a pivotal role in developing health promoting environments and communities; for example, through policies and programs for smoke-free spaces or neighbourhood planning that supports pedestrian friendly principles<sup>5</sup>. This approach, of recognizing that disease and disability are the result of complex community factors, and that health care must address them in an

“upstream” approach that requires partnership, is known as a *Healthy Communities Approach*.

This approach

recognizes the powerful influence the *determinants of health* (such as education, connectivity, income and social support networks) can have in enhancing individual health and well being or reducing and undermining quality of life and health<sup>6</sup>.

Northern Health, as part of its response to the complex and challenging issues of health inequity in Northern BC, has adopted a Strategic Plan which includes a commitment to a population health approach as one of the four pillars crucial to the work facing the Health Authority. A substantial component of this is our Healthier Communities Approach.

### An Introduction to Northern Health’s Healthier Communities Approach

Across Northern Health there are already many examples and models of the excellent work that can be accomplished when the population health/upstream approach is adopted. Various departments have begun demonstrating that Northern Health can play a key role in supporting and developing partnerships, from educating local governments to take leadership roles in the health and wellbeing of their citizens, to developing knowledge and inclusion of vulnerable groups so that they can build their capacity and empowerment to participate in decisions impacting their lives. Working in, and helping to build such partnerships through a cohesive strategy ensures that health authority staff can support local resources in understanding and developing effective health promotion actions to the best of their ability and with an enhanced possibility



of success because of local insight and local leadership. This shared commitment to identify, address and align health promotion initiatives to reduce the incidence of chronic disease and obesity is not only the most promising way to address health inequities, but promises to save valuable health care dollars and realign resources into avenues that have more payoff, immediately and long term, to the wellbeing of a community<sup>7</sup>.

### Operationalizing Healthy Communities

Many local governments are already leaders and promoters of healthy living in their communities. Building on this momentum, Northern Health is developing a systematic approach to engaging in partnerships with local governments in our region that will collaboratively address local upstream risk factors. Along with other Public Health colleagues, Environmental Health Officers play key roles in the approach.

EHOs will be assisting with the development and support of Healthier Communities Committees, co-chaired by NH and a



senior Local Government representative.

Membership includes multi-sector stakeholders and together they will assess local health issues, articulate their own definition of a healthy community, and then move upstream, targeting underlying causative risk factors, with rolling out locally developed action strategies.

### Projects that Northern Health’s EHOs Have Been Working On

#### We’ve been developing Community Health Status Reports

Health Status reports and associated maps provide LHA-specific health data, allowing local governments and community groups to understand which health factors contribute to the majority of morbidities and mortalities within their communities. They identify the specific determinants of health and target

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## Expanding EHOs Role...continued

vulnerable populations that need support in order to make the largest improvements in chronic disease prevention within that specific LHA. Reports are updated on a routine basis and will serve as an evaluation tool as we move further into the Healthy Communities Approach.



environment principles. For example, if it looks like land from the Agricultural Land Reserve is going to be taken and changed into Industrial Use, we will comment on potential impacts to food security in the area.

### We've supported a community's food diversion project:

### We've been promoting the safe use of local foods in local markets:

Northern Health Public Health Planners and EHOs have been carrying out a project that links farmers, retail food markets and food safety advocates. The needs for this collaboration being: increased support of local foods (especially in our more remote communities with small scale producers), increased food safety information relating to local foods, and the need to reduce the perception that Health Inspectors do not allow local produce in our restaurants, retail outlets or schools. As Northern Health continues to support Local Food Security, part of the movement is facilitating a process that supports and encourages local producers to supply food establishments and stores with locally grown whole fruits and vegetables. In collaboration with local food advocates, a series of information has been presented in communities across Northern Health that assists producers in identifying and implementing food safety practices at the farm level. Other courses offered have been MarketSafe, FoodSafe, small water systems training, and good harvesting practices.

### We've improved our relationships with municipal partners:

EHOs on the Healthy Built Environments Committee decided it was important to reestablish connections with the City of Prince George and the Regional District of Fraser-Fort George planning departments. With updated goals and priorities, it became imperative that we work closer to promote healthy communities. EHOs now receive all land use proposals for our comments and are able to not only incorporate the traditional feedback regarding water and sewage disposal, but we also provide comments on active transportation, clean air strategies, food security, and other applicable healthy community

The Kitimat Food Share project is a food recovery program administered by the Kitimat Community Services Society and a group of volunteers. The goal of the program is to safely collect and distribute food items to those most in need in Kitimat. The Food Share project utilizes the *Food Donor Encouragement Act* and it falls under the definition of a food bank under the *Food Premises Regulations*. The development of the Food Share program incorporated EHO input from the onset. EHOs supported the program with the development of food safety resources utilizing documents from BCCDC and FoodBank Canada. In addition, an EHO taught FoodSafe to the core group of volunteers and emphasized the importance of food safety during storage and distribution of recovered foods to the public. Overall, EHO presence and support in the development of this program furthers the Food Share

### The Healthy Communities Approach in Action:

An NH representative, in a small remote community met with a group of local government, community and provincial organizations. Together, they came up with a process to engage their community in a far reaching planning session. The first phase involved an evening session, where community members heard about, contributed and approved a two day agenda for a planning forum for the entire community. This included an agreement that local talent and expertise would lead the work. They also agreed that the community would nominate a young person to "apprentice" with the planning and facilitation of the two day sessions. At every stage the NH rep was able to offer suggestions, link to important NH resources and contribute to an effective and enjoyable community development project that is still paying dividends today.

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## Expanding EHOs Role...continued

credibility when seeking donors and within the community. Through collaboration with Northern Health EHOs, the Food Share program been successful in adhering to food safety practices, has been able to feed vulnerable groups in need, reduce disposal costs for local grocery stores, and reduce the amount of waste going to local landfills.

**We've supported northern communities in obtaining grants for recreational facilities:**

In the fall of 2011, the Ministry of Community Sport and Cultural Development announced the *\$30-million Community Recreation Program*. The purpose of the program was to provide financial assistance to communities throughout British Columbia facing challenges in meeting their recreational needs.



Northern Health Public Health Protection immediately recognized the beneficial impacts this program would have on local governments in the north with respect to our communities' health and well being. EHOs responded, in collaboration with Public Health Planners, by contacting their local governments to inform them about the program, providing assistance with the application process, and providing letters of support for projects that promoted physical activity. In March, the Ministry announced it was funding 98 projects throughout the province, 22 of which were communities in the north. Equally important, throughout these interactions with local government, many important relationships were forged, paving the way for future collaborations as we endeavor to improve the health of our communities.

**By Doug Quibell and Paula Tait**

*For more information please refer to the complete Northern Health Position Statement on Healthy Communities available on the NH web site:*

<http://www.northernhealth.ca/AboutUs/PositionStatementsAddressingRiskFactors.aspx>

<sup>1</sup> Ministry of Health. Evidence review: chronic disease prevention (prepared by H. Krueger & Associates). Victoria, BC: Ministry of Health; 2008 Jun.

<sup>2</sup> Provincial Health Officer. The health and well-being of the people of British Columbia: a report on the health of British Columbians. Provincial Health Officer's annual report 2002. Victoria, BC: Ministry of Health Planning; 2003.

<sup>3</sup> Provincial Health Officer's Special Report, "Investing in Prevention – Improving Health and Creating Sustainability", 2010. Retrieved on June 28<sup>th</sup>, 2012, from: [http://www.health.gov.bc.ca/library/publications/year/2010/Investing\\_in\\_prevention\\_improving\\_health\\_and\\_creating\\_sustainability.pdf](http://www.health.gov.bc.ca/library/publications/year/2010/Investing_in_prevention_improving_health_and_creating_sustainability.pdf)

<sup>4</sup> Statistics Canada, Health Profiles by HSDA – June, 2012. Retrieved on June 28<sup>th</sup>, 2012, from: <http://www12.statcan.gc.ca/health-sante/82-228/index.cfm?Lang=E>

<sup>5</sup> World Health Organization, Public Health Agency of Canada. Mobilizing intersectoral action to promote health: the case of ActNow BC in British Columbia, Canada. Ottawa, ON: Public Health Agency of Canada; 2009.

<sup>1</sup> World Health Organization. Ottawa Charter for Health Promotion. Ottawa, ON: World Health Organization; 1986 Nov 21.

<sup>2</sup> Canadian Institutes of Health Research. The future of public health in Canada: developing a public health system for the 21st century. Ottawa, ON: Canadian Institutes of Health Research, Institute of Population and Public Health; 2003.

**Keep up to date on the latest news at the BC Branch website:**

[www.ciphi.bc.ca](http://www.ciphi.bc.ca)

**The page also contains information on membership, conferences, career opportunities, documents and much more. Check it out regularly!**



# Interior Health has a New Director

Roger Parsonage has become the new Regional Director of Health Protection with Interior Health. Following the recent retirement of former Director, Ken Christian, Interior Health promoted Roger from the position of Assistant Director of Health Promotion; a position he had held since 2004.

Roger began his career as a Public Health Inspector/ Environmental Health Officer in 1994; after holding the positions of Program Leader in Administration and Assistant Director and the acquisition of several degrees he is well equipped to step into this new role.

A graduate of BCIT's Environmental Health program Roger also holds a diploma in Public Service Management a Bachelor of Business Administration and a Masters in Public Health Administration.

Interior Health's VP of Planning and Strategic Services, Martin McMahon, indicates, "Roger will play a role in fostering relationships with Interior Health's external and internal stakeholders as well as working collaboratively with provincial partners."

We wish Roger great success as he takes on this new position.



*Roger Parsonage*

## ***Educational Opportunity***

### **Announcing the newest Food Safety short-course at BCIT - Environmental Monitoring for Pathogens**

Join your food industry & food service colleagues October 9 & 10 for an interactive two days at BCIT! Environmental Monitoring for Pathogens explores the most up-to-date and effective approaches to developing and implementing Environmental Monitoring Programs. Register directly - EHOs are *not* required to complete any BCIT prerequisite courses to attend.

Help your clients achieve confidence in the safety of their products!

For pricing, registration, and more information about the entire HACCP Food Safety Course Series at BCIT - [www.bcit.ca/health/haccp/](http://www.bcit.ca/health/haccp/)

## Celebrating the Retirement of Greta Kos

Greta Kos has retired from Vancouver Coastal Health and a farewell gathering was held on March 22, 2012 at Bridges Restaurant in Vancouver. Greta requested a “low key” event-she didn’t want a big fuss. Approximately 50 of Greta’s colleagues attended the gathering including the VCH Chief MHO & Vice President of Public Health, Dr. Patty Daly and retired Chief MHO Dr. John Blatherwick.



*Rika, Jennifer, Tara, Pam, Greta, Patricia, Roopy Claudia*

Attendees included current and former VCH staff with a mix of EHO’s and CCFL staff. Judging by the number of teary eyes this was an event marked with mixed feelings. Greta made such an impact during her 31+ year career as an EHO and has been such a dynamic presence in the Vancouver Environmental Health Office since 1988. While we are happy for Greta and wish her all the best in her retirement we are also very much missing her.

Claudia Kurzac, Manager, gave a speech on behalf of Health Protection for the Vancouver office



*Nora Huey, Hope Li, Fred Shum, John, Greta, Christine Chou, Greg Ritchey, Mary, Rennie, Rika*

recognizing Greta’s passion and dedication to environmental public health both through her work and her time volunteering for CIPHI. Dr. Daly spoke about Greta’s commitment to her work and the positive impact she had on the licensed care facilities she inspected. It was also noted by Dr. Daly how creative Greta is and her talent for flower arranging.

Other speakers included Dr. Blatherwick and Jacqueline Ewonus, Child Care Licensing Officer.

CK

*In 2010, Greta was presented the first Alex Nilsson Award by the BC Branch for outstanding volunteering both within her profession and in her community. We wish her happiness and success in her retirement.*

## Ken Christian Has Retired – At Least From Public Health

Close to 150 friends, family and colleagues from across BC attended a grand celebration and roast to officially send Ken into retirement. Many humorous anecdotes and great photos of Ken, from childhood to the present, kept the group in laughter. Finding things to roast Ken about took a bit more work but several speakers were successful.

Ken's career in public health commenced at BCIT way back in 1972 followed by his first posting in Ashcroft, BC in June 1974. In 1988 Ken was promoted to Chief Public Health Inspector and upon retirement he was the Regional Director of Health Protection for the Interior Health Authority with a staff of about 100.



*Old friends Cliff Van Alstyne and Tim Roark enjoy reminiscing with Ken*

Along the way Ken was awarded the BC Branch CIPHI Member of the Year Award in 1991 as Vice Chairman of the BC Board of Registration for Public Health Inspectors. In 1994 he was again chosen to receive the Member of the Year Award for his significant contribution to the profession. In 2007 Ken co-chaired the CIPHI National Educational Conference held in Kelowna. He received the Alex Cross Award that year for displaying the *'highest standard of professional practise through his strong leadership skills and ability to promote public health amongst the community'*. The Health Protection Program for IHA was also awarded the Alex Officer Award from CIPHI in 2007 for their leadership in public and environmental health protection.



*Alice Munger, Error Borsky and Ken have a good laugh over past times*

Although Ken may have retired from the health authority, his new avocation as a Councillor for the City of Kamloops looks like it will definitely keep him very involved in his community and the local politics.

We congratulate Ken for an exemplary 38 year career as a leader in public and environmental health in BC and wish him well in his retirement and the new career he has now begun.

TR

# Get to Know the Branch Executive

## Isher Deol- Councilor/Associate Editor



A graduate from BCIT in 2007, Isher Deol has been a very active member of the BC Branch. Isher's passion to volunteer and grow as an individual is seen in her service to CIPHI for the last 4 years while taking on many different responsibilities. She believes in helping the community and what better way than

advocating for your own profession and its membership. While Isher was at BCIT she was interested in being involved with CIPHI. She was finally able to utilize her skills and passion for planning and development of ideas in 2008 at the BC Branch CIPHI Conference at Riverrock, as a sponsor and exhibitor committee member. She is grateful for meeting amazing individuals through this process and continues to meet great role models from our profession. Working with VCH in the Vancouver office Isher's passion for her work comes down to interacting with different people each day and seeing the difference you have made at the end of the day.

Her passion is widespread in regards to the scope of Branch. She wants to be a positive role model and mentor for the Branch, advocate for our membership & environmental public health professionals and be fiscally responsible during the current economic climate.

An interesting fact about Isher, her first job was as a "tobacco decoy"—an underage youth employed by Fraser Health. "They used to pick me up from school. I got paid for trying to buy smokes—what's better than that?"

## Kuljeet Chattha - Treasurer

Kuljeet Chattha has been an active member of the BC Branch executive since 2005, currently holding the position of treasurer. A graduate of BCIT she works in Vancouver as an Environmental Health Officer for Communicable Disease Control. Her passion for Environmental Health is also in the area of communicable disease particularly in investigating and preventing outbreaks. Kuljeet initially became involved with the Branch to gain some experience and to learn more about the executive and continues on in the hopes of increasing membership support to see the profession thrive. Kuljeet is married to Andy Kailay and has two beautiful daughters, Oonam and Neha.



## Tim Roark - Branch Historian

Tim Roark started his career in public health in Northwestern Ontario after graduating from Ryerson in 1967. Upon moving to B.C. in 1969 he was stationed in several communities across the Lower Mainland and Fraser Valley. In 1979 he was appointed Chief Public Health Inspector and subsequently Manager for Environmental Health Protection in the Central Fraser Valley Health



Unit. Tim retired from government but not the profession in 2004 after 37 years of service. Subsequently he established [Tim Roark & Associates, Environmental Health Consultants](#). His broad experience with local, provincial and federal health agencies dealing with water quality, food safety, emergency planning, onsite waste disposal, management and Freedom of Information issues has been most useful as an Environmental Health Consultant.

When not travelling, fishing or consulting he can be found volunteering with the Institute as BC and National Historian, and as an Associate Editor for the BC Page. He has been National and BC Branch President of CIPHI and a Canadian Representative with the US based NSF International for 25 years. He was a Founding Member of the BC Board of Registration and the Environmental Health Foundation of Canada and is currently Treasurer of the Foundation.

During his 45 years in Environmental Health he has received several awards including the Alec Cross Award from CIPHI, President's Award from the Public Health Association, Environmental Leadership Award from NSF International, Member of the Year Award from the BC Branch, and several media awards from Environment Canada, CIPHI and the US Aurora Awards "Honoring Excellence in the Film & Video Industries". He is an [Honourary Citizen](#) of the City of Winnipeg and a [Life Member](#) in CIPHI for his contributions to the field of environmental health.

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## Get to Know the Branch Executive continued

### Gary Tam - Branch President



Gary Tam took his schooling in Environmental Public Health from BCIT. After graduating

in 2004 he did a stint in Alberta before coming back to BC to work with VCH in their Richmond office. Gary became involved with the BC Branch in 2007 and starting in October of 2011 he was fortunate enough to become the Branch President. Since taking on this important role he has been learning exponentially and working alongside the dedicated Branch executive members whom he has come to love. A strong proponent of voluntarism Gary encourages members and students alike to help out with the Branch.

Gary has been happily married to his best friend Monica for the past four years. They enjoy travelling together, especially to white sandy beaches with pristine water. This goes hand and hand with another of Gary's passions - photography which he credits with allowing him to see things and people with different perspectives.

### Alex Kwan - BC Page Editorial Team



Alex Kwan was born and raised in Calgary, AB., and graduated from BCIT in 2001. He started his public health career as a Vector

Control Officer for the Richmond Health Department and later trained in that office before moving onto the Coquitlam Health Unit for his second practicum. Alex is employed as an Environmental Health Officer with Fraser Health and has been working at the New Westminster Health Unit since 2001. Alex served as the BC Page Editor from 2006 - 2009 and currently brings his knowledge and past experience to the editorial team. Alex became involved with the BC Page because he feels it is important to keep the membership informed of the relevant events/information from the BC Branch and the profession. Alex hopes to continue contributing his knowledge and services to help make the BC Page even better.

**TIM ROARK**

*President*



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July 18, 2012

Dear all members,

On behalf of CIPHI BC Branch executives, I disappointingly inform you that the upcoming BC Branch Education Conference – Healthy Built Environment is now officially cancelled.

In the beginning of 2012, we actively engaged with our members and the directors of health authorities to determine the core competency that would be of interest to both parties, in addition to the Health Authorities' abilities to support staff participation. Our Branch executives recognized the education needs from the memberships, and spent significant effort and their personal time to coordinate this conference. After the launch of the conference promotion campaign in June, the Branch immediately received some unwelcomed news from one of the health authorities. No delegates would be sent to the conference due to budgetary decisions made from their senior management group. This is in contrary to the intent and the direction of sections 63(3)(b) and 79 of the BC Public Health Act. We, Environmental Public Health Professionals, are obligated to receive ongoing trainings in our fulfillment of the required Professional Development Hours (PDHs) under the Continuing Professional Competencies (CPC) Program established by CIPHI. This enables us to continuously advance our core competencies, so that we can meet the needs of the key result areas established by the Ministry, and the standards of practice laid out by CIPHI.

The Branch executives have assessed the recent turn of events and have explored the potential alternatives to salvage the conference. It is extremely difficult to reconfigure the content of this education conference in a different format within two months. In addition, the projected participation rates indicate that the Branch would run a deficit that cannot be supported by our finances. In consideration of the circumstances, the BC Branch executives unanimously agreed to terminate the two-day education conference this year. Despite this unfortunate outcome, these dedicated executive members should be acknowledged for their commitment and for the sacrifices they have made to develop and coordinate this potentially great education opportunity for all members.

On behalf of the Branch executives, I apologize for any inconvenience this decision may have caused on your professional development plans. We continue working on seeking approvals of Professional Development Hours from CoPE on various education opportunities.

I welcome further discussions with you if you have any questions on this subject matter.

Yours truly,

A handwritten signature in blue ink, appearing to read "Gary Tam", is written over a light blue circular stamp.

Gary Tam  
CIPHI BC Branch President

Cc: Mr. Tim Lambert, Executive Director Health Protection, Ministry of Health Services  
Mr. Phi Phan, National President of Canadian Institute of Public Health Inspectors



**Canadian Institute of Public Health Inspectors**  
L'Institut canadien des inspecteurs en santé publique

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July 18, 2012

Dear all directors,

On behalf of CIPHI BC Branch executives, I disappointingly inform you that the upcoming BC Branch Education Conference – Healthy Built Environment is now officially cancelled due to insufficient registration projections.

In the beginning of 2012, we actively engaged our members and the directors of health authorities to determine the core competency that would be of interest to both parties, and to target the key result areas of the Ministry. Our Branch Executive spent significant amounts of personal time and effort to coordinate the speakers, sponsors, exhibitors, and venue.

Given that the continuous economic downswing and the financial deficits of the Branch in the past few years, we rely more heavily than ever on conferencing to sustain our operations. However, it could not be done without the support of our membership, the Ministry, and all the health authorities. After the launch of the conference promotion campaign in June, the Branch immediately received unwelcomed news from a health authority indicating that no delegates would be sent to the conference due to a budgetary decision made from its senior management group. This is contrary to the intent and the direction of sections 63(3)(b) and 79 of the BC Public Health Act regarding training and ongoing training, as well as Environmental Health Officers' obligation as CIPHI members to participate in the CPC program, and fulfill our responsibility to continuously advance our core competencies. This enables us to meet the needs of the key result areas established by the Ministry, and the standards of practice laid out by CIPHI.

The branch executives have assessed this challenge, and all other potential alternatives to salvage the conference. However, it is extremely difficult to reconfigure the contents of our professional education conference to a different format within two months. The BC Branch executives unanimously agreed to terminate the two-day education conference this year.

I welcome further discussion with you if you have any questions on this subject matter. On behalf of the CIPHI BC Branch, I thank you for your valuable time in responding to my previous correspondences and teleconference requests.

Yours truly,

Gary Tam  
CIPHI BC Branch President

This has also been shared with the EHOs present at the Health Science Professionals Bargaining Association.

# BC Branch Executive 2011

[www.ciphi.bc.ca](http://www.ciphi.bc.ca)

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The objective of this newsletter is to keep the members of the BC Branch and other colleagues informed of local and national events that are of interest and importance to them.

The views, comments, or positions within the contents of the BC Page are those of the Editorial Team or the author and do not necessarily reflect those of either the BC Branch or the Canadian Institute of Public Health Inspectors.

The Editorial team reserves the right to edit material submitted, solicited or unsolicited, for brevity, clarity, and grammatical accuracy.

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