



## Public Health: 2014

As we look back at 2014, we see public health plastered across the headlines within BC, Canada, and the world.

In the early days of 2014, BC saw an emergence of measles in the Fraser Valley. In just over a month, there were 375 confirmed cases within the Fraser Health catchment area. This region was known for having lower than average immunization rates. During the outbreak, public health messaging throughout the community urged unimmunized individuals to be vigil and acquire the two doses of vaccine. This public health initiative was successful, as many vaccines were administered and the outbreak remained contained within the region.

In early August, the Cariboo Region in BC experienced a catastrophic event of environmental contamination. The failure of a dam, confining billions of litres of mine tailings caused flooding into several area lakes and rivers. Recreational water sites were closed and a number of drinking water quality advisories were issued throughout the region. The advisories were eventually lifted as sampling and analyses demonstrated that all parameters had returned to acceptable levels as outlined within the Guideline for Canadian Drinking Water Quality.

Through mid-summer, breaking world news announced the West African Ebola Outbreak. The virus had spread through Guinea, Sierra Leone, and Liberia, triggering public health measures such as travel restrictions to the affected areas, and quarantine for infected persons. The extraordinarily destructive virus had killed thousands within a few months. In September, the world was shocked to hear that a traveler to Liberia returned to the United States and within days exhibited symptoms; becoming the first case within North America. Shortly after, two of the patient's health care providers tested positive for Ebola; becoming the first locally acquired cases in North America. While the public health measure of airport screening had not detected the illness; subsequent quarantine measures within the U.S. ensured that the infection did not spread into the general public. A medical aid worker with Doctors Without Borders also passed through airport screening without being flagged as potentially infected.

She was returning to the U.S. after working with Ebola patients in Guinea. In this example, the subsequent public health measure of quarantine were effective in containing the further spread of the illness. No confirmed cases of Ebola were observed in Canada although Emergency Preparation for potential cases took place throughout BC. Hospitals and Health Authorities prepared for the possibility of incoming cases entering their territories. Designated hospitals and hospital rooms were selected for incoming patients, clinical care guidelines were developed, and staff were prepared for Ebola outbreak management. Unfortunately, the West African Ebola Outbreak continues; nearly 22,000 cases and over 8600 related deaths have been confirmed to date.

In late summer and early fall, clusters of extreme respiratory illnesses, caused by the emerging Enterovirus D68 virus, were observed in Canada and the US. In addition to the respiratory related symptoms, some patients experience polio-like neurological symptoms including limb weakness. Several cases were identified within BC, including three fatal illnesses. It is believed that the BC Teacher's strike, which carried through into the fall, may have ensured that the outbreak numbers remained low. As thousands of children were absent from classes, the spread of the infection was largely contained.

As the end of the year tapered off, heavy rains on Vancouver Island triggered a number of turbidity events, forcing

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## Public Health: 2014 continued

several large community drinking water systems to issue Boil Water Advisories. The events provided greater support to the Ministry of Health's Surface Water Treatment Objectives; the need to filter surface water was fully demonstrated to the remaining unfiltered systems.

The importance of public health's involvement throughout 2014 was exhibited countless times; now we'll have to wait and see what 2015 has in store. Happy New Year!

Stacey Sowa, CPHI(C)

### References

CBC News, 2014 **Enterovirus D68: 3 confirmed cases in B.C.'s Lower Mainland**. Retrieved from <http://www.cbc.ca/news/canada/british-columbia/enterovirus-d68-3-confirmed-cases-in-b-c-s-lower-mainland-1.2767238>, January 23, 2015

CDC, 2015. **Ebola Virus Disease – Timeline of "What's New"**. Retrieved from <http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/whats-new.html>, January 23, 2015

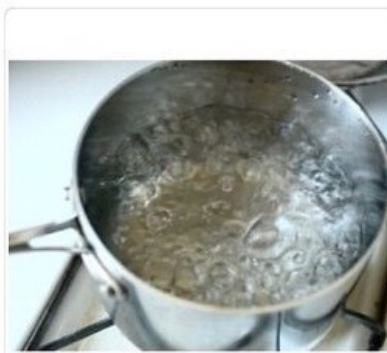
CDC, 2015. **Ebola Virus Disease – 2014 Ebola Outbreak in West Africa – Case Counts**. Retrieved from <http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/case-counts.html>, January 23, 2015.

CBC News, 2014. **Mount Polley Mine tailing water 'very close' to drinking water quality, company says**. Retrieved from <http://www.cbc.ca/news/canada/british-columbia/mount-polley-mine-tailings-water-very-close-to-drinking-quality-company-says-1.2727776>, January 23, 2015.

CBC News, 2014. **Mount Polley mine spill: Water quality test results within drinking guidelines**. Retrieved from <http://www.cbc.ca/news/canada/british-columbia/mount-polley-mine-spill-water-quality-test-results-within-drinking-guidelines-1.2730042>, January 23, 2015.

Fraser Health, April 8, 2014. **Health Alert: Measles in Fraser East**. Retrieved from [http://www.fraserhealth.ca/your\\_health/immunizations/measles/news-and-updates/](http://www.fraserhealth.ca/your_health/immunizations/measles/news-and-updates/), January 23, 2015

## Online Classifieds: Public Health Assistance at It's Finest.



[View larger image](#)

Date Listed 28-Jan-15  
Address Winnipeg, MB  
[View map](#)

Scared of e.coli? You've come to the right place!

I am trained and certified specialist in water boiling. Bring me your water, and I will use my professional grade stock pots to boil it, and will cool it for you in my superior back yard cooling system. Your containers will be washed and refilled with the safe water.

Don't be fooled by imitators! I am the only one with certification in Winnipeg. You could try it at home, but why risk it? Let a professional hand it, this is your safety we're talking about!

Pricing as follows : 15\$ for up to five litres, 1.50\$ for every litre after that.

I can provide water and containers for an additional fee.

FREE wi-fi while you wait!  
Snacks available for sale.

I can come to you for a fee! 5\$-50\$ travel fee depending on where in the city you are located

Contact me quickly as spots will fill up fast!

If you think you have already been exposed, please check my other ad for e.coli antidote.

## Branch Update

### Letter from the President Elect

Hello everyone,

I hope that you are all having a great start to the new year. The first 2015 edition of the BCPAGE is here! The end of 2014 saw the successful completion of our 2014 webinar series which occurred at the same time as our AGM and the Christmas Luncheon. Thanks to all those who contributed to the success of that mega event and we hope to see you all again later this year.

Your BC Branch executives are gearing up to develop new programs and opportunities for the coming year so stay tuned as we will be announcing developments as they become ready. The 81<sup>st</sup> national educational conference will be held from Sept 13-15, 2015 in Ottawa this year and we hope many from BC are able and planning to attend.

Finally, please remember to renew your memberships for this year! Your ongoing support is vital for the branch to continue to advocate on our behalf at various levels and also to organize quality continuing education opportunities.

Thanks!  
Dale Chen



## How to Store Eggs Safely: The European vs North American Experience

By Keith Warriner

Food safety policy makers in Europe and North America both aim to reduce the incidence of foodborne illness. Yet, in several instances there is a difference in philosophy with the Europeans taking a preventative approach whilst in North America there is a tendency to rely on post-harvest interventions. This is most evident when it comes to the humble shelled egg. There is the old story (almost a myth) that the Europeans store eggs at room temperature whilst North America are required to use refrigeration. In the following article, I will provide a background on how this apparent division of how eggs should be stored arose and what the actual storage conditions should be.

### The History

The debate on how to store shelled eggs has been ongoing ever since the chicken laid the first egg if we assume the former came before the latter. Our ancestors looked at a range of techniques to preserve eggs from burying them in lime to coating with sodium silicate (water glass). The methods were relatively effective with over a one year shelf-life being reported although prolonged storage had negative effects on egg quality such as coagulating the white and imparting interesting flavors to the yolk. The French went a step further in the 17<sup>th</sup> century by incorporating eggs into vinegar and oil to make the first mayonnaise or into citrus fruit puree which later evolved into lemon curd. The French can also be credited with introducing the trend of eating eggs with soft yolks which at the time were considered to aid digestion. The tradition has been retained and if you order any egg dish in France be prepared to expect a practically raw yolk. Certainly eggs simply taste better when partially cooked even though the risk of *Salmonella* exists.

### To wash or not to wash? That is the question.

When the population moved into urban centers during the

latter part of the 19<sup>th</sup> century there was a need to transport foods over relatively large distances and moreover look acceptable to the paying customer. When eggs are laid there is a mucus layer around the outside of the shell that subsequently dries out to form the cuticle – a hard protein layer. At this time, the eggs can be contacted by dust, feathers, soil and manure, making the visual appearance undesirable to the paying consumer. Therefore, in the early 20<sup>th</sup> century there was interest in washing eggs before sending off to market. In 1919, Jenkins was the first to report about the negative effect of egg washing which led to “green whites” along with “crusted yolks” due to spoilage by pseudomonads. There were also anecdotal reports that washed eggs had a greater tendency to develop rots (for example, *Aspergillus*) compared to those that had not been washed. Brooks pulled all the evidence together in 1951 and came to the conclusion that egg washing caused more problems than solved. It was at this point the Europeans and North Americans went down very different paths even though they based their decision using the same set of data. Specifically, the Europeans took the works of Jenkins and Brooks to clearly show that washing eggs was not practical, cost effective or beneficial. In contrast, the North Americans (USDA specifically) concluded that the Europeans gave up too early and with a little tinkering with the equipment could make the egg washing process work. The early egg washes of the 1950’s were essentially washing machines where the eggs would be placed into hot (49°C) water along with soap then gently agitated for 3 minutes. The consequence of the wash process was to remove the protective cuticle layer and possible fractures in the shell leading to ingress of water along with the spoilage microbes. The USDA went to work on the problem and came up with new egg washing technology and guidelines. In brief, the new wash process involved misting/fogging with pressure sprays being used to remove stubborn soils. Additional recommendations were to wash eggs soon after laying (before the cuticle dried), ensure the iron content of water was kept below 2 ppm (to prevent membrane

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2015 CIPHI Annual Educational Conference

September 13 – September 16, 2015

## How to Store Eggs Safely continued

weakening), maintain sanitizer-detergent levels and apply an oil film to the post washed egg. A further critical feature of the revamped wash process was to ensure eggs were dried before packaging then distributed/stored below 45°F/7.2°C to minimize microbial (*Salmonella*) growth. The revised washing method appeared successful in terms of reducing incidence of spoilage compared to the original wash process.

### Meanwhile back in Europe

The Europeans policy on eggs was essentially based on a preventative approach by ensuring eggs were delivered to packing houses without visible dirt and also provided the option of dry brushing. Critically, egg washing was banned and as a further step the recommended storage temperature was set at 62 – 73°F (17-23°C) to minimize the risk of condensation. The regulations also specified that the temperature fluctuation from delivery to the packing house, distribution and retail should be no more than 11°F (6°C). Again, this was to avoid condensation that could facilitate the ingress of microbes from the shell into the inner egg. In effect, the regulation was interpreted as the correct storage temperature for eggs is room temperature.



Retrieved on January 2, 2014 from <http://www.greenleafdollhouses.com/forum/index.php?showtopic=35018>

### Edwina Curry speaks.....

The 1980's was a decade when the food industry recognized that the practices developed in terms of efficiency had detrimental effects in terms of food safety. One relevant example was the practice of using ground chicken carcasses as poultry feed along with other dubious practices. At this time there was an increase in the incidence of a virulent *Salmonella* Enteritidis that could transfer to the yolk prior to the egg being laid (transovarian transmission). The multi-drug resistant Typhimurium DT104 was also becoming established in poultry operations. The incidence of *salmonella* in the UK was especially cause for concern as towards the end of the 1980's the number of cases had tripled in the space of two years. The egg industry simply turned a blind eye to the problem and the Ministry of Agriculture, Fisheries & Food were glad to do the same. Then a Junior Minister in the Department of Health (one Edwina Curry) came out with the famous quote "Most of the eggs produced in the

UK were contaminated with *Salmonella*". The UK egg industry collapsed overnight and in less than a month Edwina was removed from office as her government colleagues turned on their own. History proved Edwina right but at the time she didn't actually know what the carriage of *Salmonella* in eggs was at the time, neither did the industry or the Ministry of Agriculture – if you don't look you don't find. In effect, Edwina had made a slip with using "most" when she should have said "some". Nonetheless, the horse had bolted from the stable and the egg industry had to make a mends. What emerged was the Lion Stamp which essentially put in place *Salmonella* control interventions

the most notable being vaccinating poultry to reduce the incidence of Enteritidis and Typhimurium within the laying flock. In addition, a best before date of 21 days was stamped on eggs based on the time it would take *Salmonella* to go from the surface to the internal structure of the egg was also implemented amongst other interventions.

At this time the washing of eggs was revisited by the UK and Europe in general. The net conclusion of the study was that egg washing did represent an enhanced risk of introducing *Salmonella* into the inner egg due to the lack of protective cuticle layer and ingress of water. The report also noted that there were too many aspects of the wash process that could go wrong along with the obvious issue of transovarian transmission of Enteritidis. Therefore, the Europeans did not see the need to change the policy on egg washing and the ban was kept in place.

One problem encountered with storing eggs at room temperature was the inner membrane and white of the egg degrading, leading to broken yolks when cracked into the frying pan. Therefore, a 3 year project was undertaken to find the best way to store eggs to preserve quality whilst reducing the risk posed by *Salmonella*. The net result of the research was that eggs can be stored in the fridge provided they are kept in the carton (egg box) to minimize condensation on the shell surface.

### So who has the right egg policy –US vs Europe

Through time the European philosophy in foodborne pathogen control has been prevention is better than the cure. The North

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## How to Store Eggs Safely continued

America approach is more directed towards post-harvest interventions given the difficulty in controlling pathogens at the primary production level. So the question arises is that if the North Americans took the right path with egg washing or the European approach was the way to go? Well, it really depends on what metrics used to gauge success. In terms of *Salmonella* prevalence in flocks, the average in the EU is 2% that compares with 5% in the US. How about the prevalence of *Salmonella* in eggs? It is estimated that 1 in 10, 000 eggs carries *Salmonella* in the US with the EU being 1 in 150, 000. Does such low carriage translate into a decrease in *Salmonella* cases? Yes, the incidence of *Salmonella* has significantly decreased in Europe.

All indicators would therefore suggest that the European egg policy has been more effective compared to that formulated by the USDA. However, this doesn't mean that outbreaks of salmonellosis linked to eggs is a thing of the past in Europe. Indeed, in the summer of 2014 there was there was an outbreak linked to eggs resulting in over 300 confirmed cases across Europe. The source of the contaminated eggs was traced to a German egg packing plant. Although not on the same level as the US salmonellosis outbreak of 2010 the incident illustrates that any food safety system is only as strong as the weakest link.

It certainly would be too simplistic to suggest washing has no value as there is a reduction in the carriage of *Salmonella* on

the shell and of course makes a cleaner looking egg. Still, the European approach to tackling pathogens on the farm rather than rely on post-harvest methods will ultimately be a more effective strategy. We are waking up to this fact in North America and clearly a vaccination program would go a long way to improve the microbiological safety of eggs irrespective of washing.

### So I live in North America so how should I store eggs?

The key points to note are that the majority of eggs are washed in North America to enhance visual appearance but at the same time making them more susceptible to ingress of *Salmonella* from the shell surface, especially if subjected to temperature fluctuations. Therefore good egg handling practices are:

- Store eggs at <6°C in their original carton to minimize condensation and cross-contamination from contact surfaces
- The carton should be stored away from the refrigerator door (in the case of a walk-in fridge) or within a draw of a domestic fridge to avoid condensation via temperature fluctuations
- Never use visually cracked eggs
- Avoid using eggs after the best before date
- Avoid consuming undercooked eggs and always ensure those given to susceptible groups (infants, elderly, immunocompromised or pregnant) are well cooked.
- Use pasteurized eggs whenever possible

*Thank you to Keith Warriner of Food Safety News© for providing this article. The original article, retrieved from <http://www.foodsafetynews.com/2014/12/how-to-store-eggs-safely-its-all-a-matter-of-how-you-look-at-the-data/>, was adapted by the original author for the purposes of this newsletter.*

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## BC Branch Historian Request!

As an ongoing initiative, our Branch historian, Tim Roark, is always collecting old pictures, artifacts, and other pieces of history to compile and share with our environmental health professionals. If you are aware of any historical gems in your local office or basement, please contact Tim Roark at [tim.roark@shaw.ca](mailto:tim.roark@shaw.ca)

Hello CIPHI members and environmental health professionals of the like! Welcome to Giardia's Corner with me, Giardia! I hope to explore the wacky, weird, and interesting world of environmental public health. With that in mind, I have a great first segment where you will meet the upper echelon of our BC Branch executive!! I really tried to dig deep into their psyche and ask them the imperative questions like 'which would you rather?' and 'this or that?' I hope you enjoy!

## Just a quick 'Did you know?'

Between 2006 -2010, beavers accounted for 0% of the confirmed rabies cases in animals throughout BC and across Canada. In the same time period, bats accounted for 99% of the 54 cases reported in BC and 37% of the 1005 cases reported in Canada.

\*Don't have to worry about me!\*



## Crystal Brown—President

**Q1: What school did you go to for the ENVH program? What year did you graduate?**

A1: Cape Breton University, 2004

**Q2: Which office do you work from? Which health authority?**

A2: Dawson Creek, Northern Health

**Q3: Legislative recognition for CIPHI passed in Sept 2013, what do you see as the next big goal for CIPHI's BC Branch?**

A3: Legislative requirements for participation in CIPHI's Continuing Education Program.

**If you could learn to do anything, what would it be?**

- Play the guitar

**If you won the lottery, what is the first thing you would do?**

- Pay off the remainder of my student loans.

**When was the last time you had an amazing meal?**

In July after the National AEC, a couple of us went to Raymonds and ordered the chef's choice with wine pairing. It was amazing.

**WHICH WOULD YOU RATHER:**

**Vacation in Hawaii or Alaska?**

- Hawaii

**Have a night out or evening in?**

- Evening in

**Swim in a pool or the ocean?**

- Ocean



## Dale Chen—President Elect

**Q1: What school did you go to for the ENVH program? What year did you graduate?**

A1: BCIT, 2010

**Q2: Which office do you work from? Which health authority?**

A2: Prince George, Northern Health

**Q3: Legislative recognition for CIPHI passed in Sept 2013, what do you see as the next big goal for CIPHI's BC Branch?**

A3: Increased recognition of the credential and continuing education/development.

**If you won the lottery, what is the first thing you would do?**

- Develop a financial plan

**What do you miss most about being a kid?**

- No responsibilities!

**What is something you learned in the last week?**

- Hops (the stuff in beer) is actually a flower.

### WHICH WOULD YOU RATHER:

**Drink a glass of Guinness or Fat Tire?**

- Guinness

**Have a night out or evening in?**

- Evening in

**Win the lottery or find your perfect job?**

- Lottery! Because then you get to do the perfect job on a volunteer basis and on your own terms



## Gary Tam—Past President

**Q1: What school did you go to for the ENVH program? What year did you graduate?**

A1: BCIT, 2004

**Q2: Which office do you work from? Which health authority?**

A2: Richmond Office, Vancouver Coastal Health

**Q3: Legislative recognition for CIPHI passed in Sept 2013, what do you see as the next big goal for CIPHI's BC Branch?**

A3: Legislative recognition of CIPHI CPC Program as EHO continuing education program

**What is one of your favorite quotes?**

- Be the change you want to see (Mahatma Gandhi)

**If you could meet anyone, living or dead, who would you meet?**

- My mother and sons

**If you won the lottery, what is the first thing you would do?**

- Travel

**Use Facebook or Twitter?**

- Facebook

**Win the lottery or find your perfect job?**

- Perfect Job



### WHICH WOULD YOU RATHER:

**Read the book or watch the movie?**

- Movie

## John Pickles—Treasurer

**Q1: What school did you go to for the ENVH program? What year did you graduate?**

A1: I attended the program at Leeds Metropolitan University, UK and graduated in 1993.

**Q2: Which office do you work from? Which health authority?**

A2: North Shore Office, Vancouver Coastal Health

**Q3: Legislative recognition for CIPHI passed in Sept 2013, what do you see as the next big goal for CIPHI's BC Branch?**

A3: Encouraging all who practice environmental health inspection in BC to become regular members of the Branch, from the newly certified to the Regional Director's.

**What's your favorite indoor/outdoor activity?**

- Trail running on the North Shore Mountains.

**If you could meet anyone, living or dead, who would you meet?**

- Edwin Chadwick the founding father of the sanitary movement in the UK.

**When was the last time you had an amazing meal?**

- Last week with a dear friend who makes a delicious turkey dinner.

**WHICH WOULD YOU RATHER:**

**Read on a Kindle or paperback book?**

- Paper every time, I'm a little old fashioned that way.

**Drink a glass of Guinness or Fat Tire?**

- Pint of Guinness, always believe a Toucan.

**Go skiing or snowshoeing?**

- I'm too dangerous to be let loose on a pair of skis, so it has to be snowshoeing.



**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.

**Did you know the BC Branch is on Facebook and Twitter?**



Click on the icon to find the BC Branch on Facebook and *Like* the page.



Click on the icon and *Follow* the BC Branch on



# Baby Announcement



Tracy Au-Yeung welcomed baby boy Camden Travis Sam! Born on Saturday, October 25<sup>th</sup> at 7:00 a.m.; 9lb 3oz.

**Congratulations!**

# Health Authority Updates



After 14 years of work at VCH, Vancouver office, Joanne Lum and family moved to Victoria to join VIHA. She was born and raised in Victoria - a place where she grew up and she never grew out of. She felt very fortunate to be able to re-settle back in her old stomping grounds and to give her kids the same upbringing that she had. She will be greatly missed!



Kudos to Vancouver Coastal Health 's Vancouver office for collecting 1380lbs of food and \$270 in monetary donations for the Vancouver Food Bank.

Extra congratulations to Santa's Kick Ash Elves who helped fill the most boxes, provide the most poundage of donations, and the second most money raised.



Keir Cordner has taken on a new and exciting position with the First Nations Health Authority. After an immense amount of contribution, in his 17 years with Island Health, Keir has moved south to Victoria with his wife and teenage daughter. Best of luck Keir!

## Through an Equity Lens: A New Look at Environmental Health



National Collaborating Centre  
for Environmental Health

Centre de collaboration nationale  
en santé environnementale

BCCDC Environmental Health Services Division, which hosts the NCCEH, has embarked on a 3-year project to explore ways to integrate health equity into environmental health practice in BC.

### ***What is health equity?***

Equity is different than equality. *Equality* means that everyone is the same; but, there are real differences between male and female, young and old, or people with and without a particular medical condition. *Equity* relates to having the same potential. So, *health equity* exists when everyone has a fair chance to meet his or her optimal health. When some people are disadvantaged by their social, economic, or environmental conditions, differences in health status may result—these modifiable and unjust differences are referred to as *health inequities*.

BC's *Guiding Framework for Public Health* includes equity as a cross-cutting issue that relates to every facet of public health. This framework calls on the public health system to identify community health needs, address barriers, and consider specific needs in the development and implementation of policies and programs. The environmental public health system can (1) identify inequities that relate to environmental health, highlighting populations with higher exposures to harmful substances or that lack exposure to health-supporting environments; (2) advocate for solutions to promote equity, such as healthier built environments or the use of health impact assessments; and (3) advocate for services that help vulnerable communities address their inequities by addressing their determinants of health. It is not yet known how, or if, consideration of equity is translated into practice among the environmental health workforce.

### ***What does health equity have to do with environmental health?***

Inequities create differences in environmental exposures, vulnerability to those exposures, and access to health services that respond to exposures. Inequities also affect people's ability to engage in behaviours that promote health. From a health protection perspective, this may take the form of barriers to compliance with public health regulations. These barriers may or may not be recognized by an EHO doing a routine inspection. However, the EHO's response has the potential to mitigate or exacerbate inequities that create barriers to compliance.

*A restaurant in an isolated community in northern BC is repeatedly cited for poor temperature control in the main cooler. Following multiple breaches and warnings, the EHO decides to close the restaurant due to health hazard. Now that the restaurant is closed, the operator has lost the sole income source for her extended family.*

*The EHO later learns that the operator had considered purchasing a new cooler, but the cost of shipping the new equipment to the isolated community in northern BC was greater than the price of the cooler and cost more than two months' worth of sales. The EHO also learns that the operator had limited reading skills. She had not understood the details on the ticket, which indicated that simply replacing the door seal at a cost of less than \$100 would have addressed the problem.*

*The isolated location and lack of literacy created barriers for this operator that, if recognized, could be addressed.*

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## Through an Equity Lens: A New Look at Environmental Health continued

### *What are we doing?*

The *Through an Equity Lens* project will assess the capacity of BC's environmental public health system to identify and address health inequities, develop tools that support practitioners to incorporate equity considerations into practice, work with practitioners to better equip vulnerable populations to take action to address their own health inequities, and identify options to integrate environmental health equity into BC's public health policies and programs.

We are currently engaged in three main projects:

1. Reviewing the literature to identify links between environmental public health and health equity (to be complete April 2015).
2. Facilitating focus groups with EHOs in each health authority to better understand how inequities affect practice, and to identify gaps and promising practices in how EHOs can identify and respond to inequities. NCCEH and BCCDC collaborated with the National Collaborating Centre for Determinants of Health to do a pilot study with EHOs in Fraser Health and PHIs in Nova Scotia. This preliminary report will be available in February. **We are currently recruiting participants in the remaining regional health authorities and the First Nations Health Authority for focus groups in February and March.**
3. Conducting interviews with food safety and food security professionals to identify collaborations between the two sectors. This information will be used to develop a communication and collaboration framework that can be adapted for use province-wide. Interviews are ongoing through January and February.

This project builds on NCCEH work on food safety and food security, and we will continue to work with our partners to address a range of equity issues relevant to EHOs. Please let us know how we can help you respond to health inequities in your region.

For more information about *Through an Equity Lens*, or if you are an EHO interested in participating in a focus group, please contact Karen Rideout at (604) 707-2462 or [karen.rideout@bccdc.ca](mailto:karen.rideout@bccdc.ca).

## CIPHI 2015 MEMBERSHIP DRIVE

Renew by February 28, 2015 for a chance to WIN...

Reimbursement of your membership dues OR

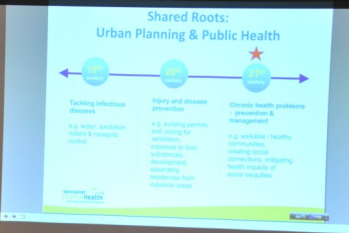
Registration to the 2015 CIPHI National Conference



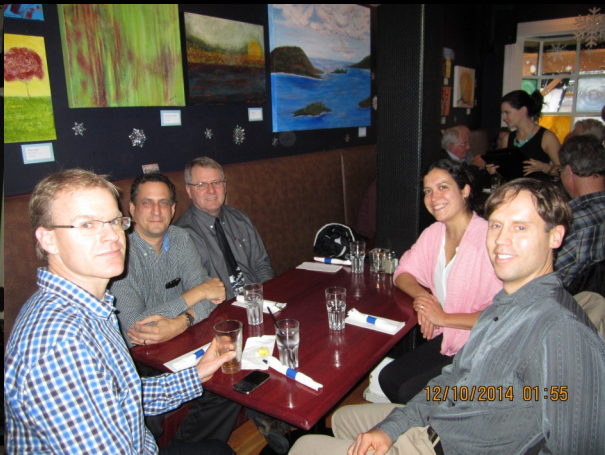
Online Membership Signup and Renewal at the Member Service Centre: [ciphimember.ca](http://ciphimember.ca)

Mail or fax a paper form: <http://www.ciphi.ca/pdf/apply-en.pdf>

Lower Mainland



South Island



# What Does CIPHI Do for You?

As the Membership Engagement Committee of the BC Branch continues to work on developing a long term recruitment and retention strategy, we will continue to explore all that CIPHI has to offer. It offers benefits both personally, for your career as the Environmental Public Health Professional, and collectively, for the advancement of public health protection education and awareness.

Last issue we outlined the key benefits of CIPHI membership as Certification, Information and Advocacy, and the additional benefits were only mentioned in passing. So in this article, we would like to highlight what all those fringe benefits are besides the cliché personal pride and commitment to protecting public health...

## So what are the Extra Benefits of Being a Member?

**VOTING PRIVILEGES** – Let your voice be heard on matters including changes to our constitution or membership dues.

**RIGHT TO HOLD OFFICE** - An excellent opportunity to become involved in the day-to-day governance and operation of your profession.

**AWARDS** - Any member of the Institute is eligible with nomination for national awards sponsored by the Canadian Institute of Public Health Inspectors.

**FREE Access to CIPHI's Member Service Centre** which provides tools to track professional development hours, create your member profile, access self-assessment tools, connect with others and renew your annual membership.

**FREE One-time, Regular membership** for all new certified individuals.

**FREE CIPHI Membership Pin** and certificate of membership. Yours when you initially join as a member of CIPHI.

**FREE Subscription to the Environmental Health Review**, the official professional publication of CIPHI. This is an excellent resource for environmental health professionals, in addition, the professional BC Branch newsletter filled with pertinent and relevant information. Bonus!

**Discount on National and Branch Annual Educational Conferences and Expositions.** Enjoy reduced registration fees at all CIPHI sponsored events. This is where the public and private sectors, not-for-profit agencies and academia intersect.

**Discount on membership with the National Environmental Health Association (NEHA).**  
**And counting....**

## We Want to Hear from You!!

We know in this day and age there are lots of draws on your time and finances and that we could do better. So we would love to get your feedback on the following topics:

*What benefits would you reasonably like to see from being a member of CIPHI both personally and for the profession?*

*How can we as the BC Branch or CIPHI National serve you better?*

Please send us your thoughts and any additional comments to the Membership Engagement Committee care of :

[president@ciphi.bc.ca](mailto:president@ciphi.bc.ca)

BCIT Entrance and Scholarships Awards Ceremony 2014



Sonia Gavin (right) receiving the **Joe & Gladys Woolsey and Sam Parrish & Gladys Cranke Memorial Award** from Lorraine Woosely (left), retired BCIT Environmental Health Program Head.



Lorelle Weiss (right) receiving the **Bob Herbison Award** from Martin Macleod (left), BCIT Environmental Health Program Head.



Iris Chan (right) receiving the **Malcolm C.J. Wickson Memorial Award** from Bernice Budz (left), Dean—School of Health Sciences.

## BCIT Entrance and Scholarships Awards Ceremony 2014



Arvinder Brar (right) receiving the **Stan Richards Memorial Award** from Bernice Budz (left), Dean—School of Health Sciences.

BCIT Entrance and Scholarships Awards Ceremony 2014 (left to right): Lorraine Woolsey, Sonia Gavin, Martin Macleod, Iris Chan, Lorelle Weiss, and Arvinder Brar.



### \* \* PUBLIC HEALTH 101 \* \*

In support of BC's Guiding Framework for Public Health, the Ministry of Health has launched "**Public Health 101**". This course is a free, self-paced educational resource that can be used to orient staff and stakeholders to public health.

Public Health 101 can be accessed online through BC Campus at:

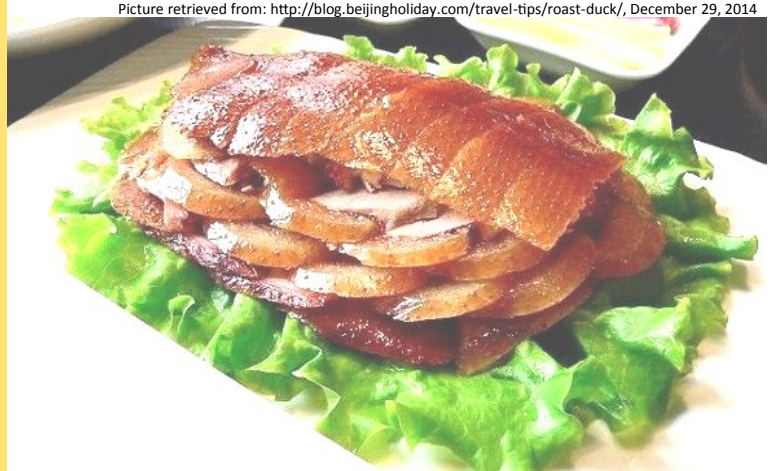
<http://urls.bccampus.ca/4qb>.



## FOOD RECIPE:

### Peking Duck

#### “PUBLIC HEALTH STYLE”



Picture retrieved from: <http://blog.beijingholiday.com/travel-tips/roast-duck/>, December 29, 2014

**Text submitted by: Karen Wong-Petrie**

Hurray for the State of Victoria (Australia), Department of Health for establishing CCPs in 2010 for a much beloved food of mine. I prepare my favourite meal guilt-free now, knowing the methods I have been using are validated as safe. It is also a great example of how traditional ethnic food preparations are not necessary ‘wrong’. Some simply require the support of sound science, which can be used for the development of food safety policy, accommodating the safe production of the product at the retail level.

I do not choose to hang my finished roasted ducks on display in the house – my German Shepherd would make short work of that.

#### **Ingredients:**

4 to 5 ½ lb duck salt

1 tbsp peanut oil

2 chopped spring onions

2 tsp chopped fresh ginger

1 tbsp white sugar

3 tbsp Chinese rice wine

2 tbsp Chinese bean paste

1 tbsp hoisin sauce

2 tsp Chinese 5 spice

#### **For basting sauce:**

1 cup hot water

4 tbsp liquid maltose

1 tbsp rice vinegar

Pinch Chinese 5 spice

½ tsp red food colouring (optional)

#### **Directions:**

**Immerse** duck for a couple minutes in boiling water to blanch. Remove duck from water, and rub with salt on all external surfaces. Close the neck hole with skewers, or sew it up, to make sure that the filling doesn’t drip out. In a saucepan combine the 8 ingredients and cook long enough for the flavours to meld. Put inside the cavity of the duck. Sew up this end of the duck cavity.

**In** the meantime, combine the basting sauce ingredients together in a pot and heat until all is homogenous. Baste the duck with the sauce, going over the surface with several coatings. Refrigerate the remaining basting sauce for later. Hang the duck neck-end down with catch pan underneath for 5 hours at a temperature at or cooler than 25C (hot, humid kitchens not permitted), and have a fan blowing on it to dehydrate the skin a bit.

**Baste** duck again from reserved, refrigerated sauce, and roast on the grill or in oven at 350F (177C) for 1 to 1 ½ hours until an internal temperature of 185F (85C) for 15 seconds. Alternately, use a validated 7-log reduction of Salmonella spp. via another desired time/ temperature relationship per Chapter 4, Annex D, Table 2, of a certain federal meat hygiene document.

Courtesy of: CIPHI NS/PEI Branch Newsletter Winter 2013—Issue #2 (Retrieved from [http://www.ciphi.ns.ca/NSPEI\\_TartanWinter2013.pdf](http://www.ciphi.ns.ca/NSPEI_TartanWinter2013.pdf), December 29, 2014)

## BC Branch Executive 2014

www.ciphi.bc.ca

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## Editorial Policy

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

The views, comments, or positions 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.

## Advertising Policy

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