

Human Health Risk Assessment (HHRA) - Flin Flon / Creighton Community Advisory Committee (CAC)

June 1, 2009 – Flin Flon City Hall
Meeting #10

Attendance

| Community Advisory Committee (CAC) Membership | | | | | |
|---|---|---------------------------------------|---|--|---|
| Don Aasen Town of Creighton | | Bev Hill NorMan Regional Health | X | Deb Odegaard FF&D Env't Council | X |
| Robert Bratvold Creighton School Board | | Tom Lindsey Steelworkers Union | X | Bill Pauley Flin Flon School Division | |
| Katie Garinger General Public | | Charlene Logan MCRRHA | X | Dave Price Green Project | X |
| Ian Cooper HBMS | X | Barb Lyons General Public | X | Bill Hanson City of Flin Flon | |
| Cheryl Hordal General Public | X | Christa McIntyre Healthy Flin Flon | X | | |

| Guests / Other | | |
|---|---|---|
| Sheldon McLeod (Facilitator) S.L. McLeod Consulting | Shirley Neault (Recorder) HBMS | Elliot Sigal Intrinsik Environmental |
| TAC Member (Observer) George Bihun (via phone) SK Environment | Alan Hair HBMS | Dr. James Irvine David Sampson Mamawetan Churchill River Health Region |
| TAC Member (Observer) Dave Bezak MB Conservation | Dr. Murray Lee University of Calgary | Blair Jackson Celine Pinsent Goss Gilroy Inc. |
| Dr. Lawrence Elliott NOR-MAN Health Region | 1 Media Observer | 2 Public Observer |

Introduction

- Facilitator Sheldon McLeod called the meeting to order and reviewed the agenda.
- A review of the draft notes of the previous meeting was conducted. The notes were approved.
- Action Items from the previous meeting were reviewed. The status of these action items is summarized in the tables at the end of these notes.

Member's Commentary – Community Feedback

- Each CAC member was given the opportunity to share what they are hearing in the community regarding the HHRA.

Comment: I am concerned that the recent article in the newspaper implied that the potential evaluation of environmental exposure was more firm than the impression that I got at our last meeting.

Response: The articles arose because of a call received by Dr. Lawrence Elliott. He told the reporters that the study was only a possibility.

Independent Peer Review Process

- As the point of contact for TERA, Sheldon provided an update on the IERP process:

- The panel has been selected and the draft HHRA and associated documents have been sent to them.
- The panel has been asked to identify any preliminary comments within the next week. These will be provided to Intrinsik for their response and the TAC for their information.
- The panel meeting will be held June 23-24 in Winnipeg. The meeting will be a discussion amongst the panel members with the authors (Intrinsik) present to provide clarification where required. The purpose of the meeting is to address charge questions that have already been prepared by TERA. A report reflecting the recommendations for the draft HHRA determined at the two-day meeting will result in amending the draft report as necessary.

Further Evaluation of Environmental Exposure

Reference Documentation – Biomonitoring Update fro June 1, 2009

- Personnel from Intrinsik, the University of Calgary and Goss Gilroy presented further information on the potential environmental exposure study. Highlights included:
 - Planning by a sub-committee of the TAC is continuing for the potential for a community evaluation in the fall of 2009. Preliminary info from the HHRA for the Fliin Flon area indicates that further information may be required to more fully understand exposure to potential human health risks associated with some metals in the community.
 - The study can answer some very specific questions but cannot answer all questions.
 - Because children, in general, are more sensitive to exposure to environmental contaminants than adults are, the study being planned currently focuses on children under 15 years of age.
 - The information gathered will be used to answer the selected study questions. Individual's results will be provided directly to the parent or guardian but will remain confidential otherwise.
 - To assist in the development of the plan, the community expectations for the study, the particular issues the community would like to address and how the community would like to be kept informed are required (see Next Steps).

Question: Do you consider the length of time that children have lived in the community? Why aren't you planning in testing adults who grew up here?

Response: No, because the metals of concern do not stay in the body for very long (~6 months), although the effects may last longer.

Question: What age group is being targeted?

Response: It depends on the specific metals of concern, but the likely age group will be pre-adolescent.

Question: Is the testing focused on primarily soil exposure? Is air exposure considered?

Response: The total exposure (i.e. from all sources) is the only measurement that can be determined.

Question: Is the plan broken down to where the children live; one school over another, etc.?

Response: The sub-committee has not yet reached this stage in their plan. Considerations likely to be used include those residing in an impacted area, how many children volunteer to participate, etc. statisticians will guide the plan in this regard.

Question: Is there a minimum number of participants required for the study?

Response: So far, it has been determined that 400 participants would result in very strong results, while 150 would answer some of the questions. Fewer participants are needed if the results are similar for most of them.

Question: How do you involve the local physicians / medical community?

Response: The sub-committee is planning to meet with the local medical community before the study begins to keep them in the loop, get permission to release results to them, etc.

Question: How are people educated on their children's results?
Response: A big part of informed consent includes how the results will be provided including support from the principal investigator, local physicians, etc. A system is in place for obtaining informed consent.

Question: Have you considered children that do not have a family doctor?
Response: There is a possibility that one physician will be appointed to deal with those without their own doctor.

Question: Is it useful to collect samples at different times of the year?
Response: It sometimes is, but generally it is safe to start with the overcautious approach by selecting the highest exposure time. This doesn't preclude future sampling at other times of the year.

Question: How do you compare results against other parts of Canada?
Response: This, too, depends on the metal. Some have more data than others. In any event, the reliance is on scientific literature, previous studies, etc.

Question: Informed consent is obtained how?
Response: The entire sampling process is comprised of a 15-20 minute interview (questionnaire). Contact information is left with the potential participant along with a sample kit. Residents can choose to participate in some or all of the sampling study.

Question: Can this committee see the questionnaire ahead of time?
Response: Yes. This is an excellent suggestion as some of the questions may not suit the needs of this community. Feedback on the questionnaire from this committee is exactly the type of involvement in the study that we need from the community.

Question: Will this committee meet again before recruitment?
Response: Yes, that is the current plan.

Question: Who makes the final decision to go ahead with the study or not?
Response: The TAC with guidance from others involved in the process.

Question: If exposure exists, what next?
Response: There are two levels; one is inform the community of the general results and the other is to inform the specific individual. The principal investigator and the local physician will review the results with the parent, explain what the results mean, retest the individual, check for possible home sources of the exposure, monitor levels in the individual, etc.

Question: Do we miss other groups of people by not testing anyone besides children?
Response: Again, it depends on the metals; generally, every study finds metals in children first. This doesn't preclude sampling adults.

Question: Who decides which chemicals are tested for?
Response: The HHRA results guide the selection of chemicals.

Question: Is there a limit to the number of chemicals tested?
Response: Ethics limitations apply (i.e. a good reason to test for the chemical is required).

Question: If we decide to go ahead, can it even be done this fall?
Response: Yes, although the timelines are tight.

Comment: I suggest that electronic communication be considered (e.g. Facebook, etc.)
 Response: Thanks.

| # | Action | Responsibility | Target Date | Status |
|-----|---|-----------------|-------------|---|
| 032 | Offer suggestions for engaging the public when the final report is ready | CAC Members | 2008-10-15 | 2008-06-17, new 2008-09-10, ongoing 2008-11-19, ongoing 2009-04-15, ongoing 2009-06-01, ongoing |
| 036 | Conduct a literature search to provide specific sites of other fish studies | Elliot Sigal | 2009-06-03 | 2008-11-19, new 2009-04-15, ongoing 2009-06-01, ongoing |
| 037 | Check if Health Canada has information regarding metals and children's behavioural issues | Susan Roberecki | 2009-05-29 | 2009-04-15, new 2009-06-01, Complete |
| 038 | Circulate MB Water Stewardship information to CAC | Sheldon McLeod | 2009-04-30 | 2009-04-15, new 2009-06-01, Complete |
| 039 | Send questions re exposure study to Sheldon for distribution to CAC | Goss Gilroy | 2009-06-04 | 2009-06-01, new |
| 040 | Respond to questions from Goss Gilroy | CAC Members | 2009-06-19 | 2009-06-01, new |

Next Steps

- Goss Gilroy personnel will send some questions to the CAC to answer individually. These individual responses will be compiled collectively and returned to Goss Gilroy (see actions 039 and 040).
- At the next meeting, the main agenda item will be to answer the remaining communication questions.

**NEXT MEETING: Tentative: Monday, July 6, 2009 from 6:30 pm – 8:30 pm
 Location: FF City Hall**