

**NATIONAL CONVERSATION ON PUBLIC HEALTH AND CHEMICAL EXPOSURES
MONITORING WORK GROUP**

**Meeting Summary
Teleconference
October, 5, 2009**

Meeting Objectives:

- Welcome and introduce members of the Work Group
- Reach shared understanding of vision and goals for the National Conversation and Work Group
- Review and discuss Work Group membership and charge
- Decide on next steps and assignments

Upcoming Meeting/Call	When & Where	Suggested Agenda Items
In-person work group meeting	Thursday, 11.16. 2009 Washington, DC metro area	<ul style="list-style-type: none"> • Discussion of data set inventory • Processes and procedures • Refine focus of the charge • Additional items TBD

I. Action Items

Discussion of Work Group Charge	Who	Completed by
1. Revise draft charge so that the one-line work group description is consistent with the text of the charge; share with work group	John Balbus	Before November 16 meeting
Next Steps and Assignments	Who	Completed by
1. Initiate a data set inventory	Alison Edwards, Susan Kegley, Henry Anderson	Wed. 10.14.09
1. Send 2 resources for topical bibliography 2. Send a brief (≤ 200 words) personal bio Jenny Van Skiver (jvanskiver@cdc.gov)	All members	Fri.10.16.09

II. Call Summary

Welcome, Introductions, and Agenda Review

The call commenced with brief introductory remarks by Dr. John Balbus, work group chair. Kathy Grant, RESOLVE facilitator, provided an overview of call procedures, reviewed the conference call agenda, and led a round of introductions.

Overview of National Conversation and the Work Group's Role

Vision and Goals

Jenny Van Skiver, NCEH/ATSDR project staff, stated that the vision of the National Conversation is for chemicals to be used and managed in ways that are safe and healthy for all people, and that the project aims to address a number of public health priorities to work toward achieving this vision. She explained that this is an 18-month process that will result in an action agenda containing steps that can be taken to improve the “system” our nation has in place to protect the public’s health from harmful chemical exposures. Ms. Van Skiver stated that NCEH/ASTDR is working with a number of partner organizations to carry out this project.

Opportunities for Stakeholder Input

Ms. Van Skiver stated that there are six National Conversation work groups, each comprising approximately 30 people with various perspectives and backgrounds. She then explained that since the project seeks to engage a broad range of stakeholders extending beyond work group members, several public engagement activities will be implemented throughout the project. A Community Conversation Toolkit, currently in development, will provide community leaders across the nation with a tool to help them hold conversations on National Conversation-related issues in their own communities. The Toolkit will provide a mechanism for suggestions emerging from community conversations to be fed back into the project for work groups’ consideration. In addition, a web-based forum will be used at various points to allow interested members of the public to share their thoughts and recommendations through an interactive Web site. Again, input from this activity will be shared with the work groups.

Structure and Roles: Leadership Council, Work Groups, Work Group Coordinating Committee
Dr. Balbus pointed out that many components of the project are works in progress. He explained that the action agenda that will emerge from the project will be coming from the voice of the project’s Leadership Council, which is a group of about 40 people including each of the work group chairs, some work group members, and others. Work groups recommendations will provide direct input to the Leadership Council and into the final action agenda. Work group reports will be included in the final action agenda as appendices. Dr. Balbus noted that the six project work groups will cover a specific topic, but there will be some overlapping issues to coordinate among the work groups. He explained that the work group will serve as an expert group charged with coming up with a set of recommendations, while also synthesizing and culling through input received from interested members of the public.

In response to question from work group members, Dr. Balbus and NCEH/ATSDR project staff provided the following additional information:

- The anticipated audience for the action agenda final report extends beyond NCEH/ATSDR and beyond government agencies. The intent is for the process to be meaningful to a broad range of stakeholders, and the intended audience for the action agenda extends beyond NCEH/ATSDR and beyond government agencies.
- Several mechanisms are in place to facilitate information sharing across work groups. A Work Group Coordinating Committee including the chair, NCEH/ATSDR senior liaison, NCEH/ATSDR project staff, and RESOLVE facilitator for each work

- group meets regularly. The NCEH/ATSDR project staff team and the RESOLVE facilitation team also meet regularly. In addition, there will be an online collaboration space for work groups to share information.
- While there is no mechanism currently in place for funding groups to use the community Conversation Toolkit, there should be more information about this soon.
 - The Leadership Council will determine the specificity of the recommendations, especially with regards to who will implement them. It is likely that the reports will outline actions and potential implementers.

Dr. Balbus stated that it will be important for the group to carefully consider where the best opportunities for public involvement might be, and where it might be necessary to collaborate with other work groups so such mechanisms can be created deliberately early in the process. A member suggested that tapping into existing community meetings is often an effective way to engage people.

Work Group Decision-Making

In response to a question about the process for reaching consensus, NCEH/ATSDR staff explained that the operating procedures have not yet been approved by the Leadership Council, but that the current thinking is that consensus will be defined as “each member can live with or abstains from a decision.” If the group cannot meet consensus, the options considered will be outlined in the report that is sent to the Leadership Council.

Dr. Balbus noted that the work group will likely divide into sub-groups, which may complicate the consensus process. He pointed to the difficulty of having everyone feel they have complete ownership over every piece of the work group’s report, due to both technical knowledge and time issues. Dr. Balbus stated that he will encourage the group to put its effort into the areas where there is most agreement. Staff also noted that legal issues with respect to consensus are being addressed.¹

Discussion of Work Group Charge

Overview of Draft Charge and Intersection with Other Work Groups

Dr. Balbus shared the draft charge and expressed the hope that the Monitoring work group will come up with a charge that is broad enough to provide “the right umbrella,” but does not prescribe or constrict the eventual recommendations from the work group. Also, the charge should facilitate developing an action agenda that is readily implementable. He noted that the one line description (in italics) of the Monitoring work group only refers to data collection, while the full charge refers to data collection, integration, interpretation and analysis. He suggested that the full charge description is more appropriate, and the one line description should be changed.

Q&A and Discussion of Key Questions on Charge

A member asked for clarification on the meaning of the word “system” in the first sentence of the general work group charge, particularly whether this refers only to the existing federal apparatus for addressing public health and chemical exposure issues, or if it also includes policy issues that would alter the existing federal apparatus. Dr. Balbus replied that if the group feels

¹ Follow up note: Protocols are being drafted and will be reviewed and adopted by the Leadership Council, which will include a definition of consensus and what will happen if consensus is not reached. The protocols also will specify that the process is being convened independently by RESOLVE not as an advisory body to any specific agency; that the audience for the action agenda will be all actors who might play a role in protecting public health; and that, where action is considered by an agency, it should comply with all legal requirements for public review and comment.

fundamental policy shifts are necessary then it can identify them, but the group should remember to also consider “low hanging fruit”, i.e. readily implementable changes that the group believes will enhance public health protection.

A member suggested clearly identifying uncertainties that are integral to the science-based system in place. For example, mixtures of exposures are not fully evaluated by an assessment, and calculations to determine causation or even correlation between exposures and health outcomes may be impossible. Dr. Balbus stated that uncertainty is a theme that might be relevant to this work group in several ways, such as determining:

- Where is uncertainty preventing effective health protection?
- Where would collecting additional data help improve health protection?
- Where can we better use existing data to help improve health protection?

The work group discussed the connection between surveillance and monitoring activities and research activities that seek to show associations to health effects. Dr. Michael McGeehin, NCEH/ATSDR senior liaison, and others made the point that monitoring per se is about data collection and does not involve associations with health effects. Some members suggested that in order to fulfill its charge as it relates to health outcome data (e.g., biomonitoring data), the work group will need to have a discussion about associations.

Members made several other points about the collection, use and usability of data and the associated cost implications. They noted that while a lot of data is collected at the federal level (or with federal funding) and state level, it is not always clear how or if this data is used or assessed. One member pointed out that biomonitoring is an expensive and time consuming undertaking, and that biomonitoring data need to be usable in helping to identify potential health impacts.

Dr. Balbus summarized that monitoring and surveillance data collection is not done in a vacuum or to be filed away. He stated that the challenge is to collect data that are interpretable and analyzable. He noted that there is a fine line between designing systems to generate useful data for many people to use versus telling people how to do that analysis. The group does not want to be prescriptive regarding interpretation and analysis of data. Dr. McGeehin added that the group can discuss the quality of health outcome data without looking at associations.

A member asked whether the group’s purview extends to understanding behavioral patterns (e.g. time spent indoors versus outdoors) when examining air quality data and health outcomes. Dr. Balbus and Dr. McGeehin confirmed that while not currently reflected in the language of the charge, such questions will need to be a part of the discussion, as they are critical to data interpretability. Dr. Balbus suggested editing the second to last sentence in the charge (“Further the group will address options for better linking exposure information with health outcome data.”) to broaden its meaning to address interpretability.

In response to other questions from members, Dr. Balbus offered the following guidance about the work group scope and charge:

- The group’s recommendations will need to balance the “low hanging fruit” (i.e., readily implementable short-term recommendations) and longer term recommendations.
- The group should focus on data collection issues and coordinate any recommendations regarding interpretation issues with other work groups, especially the Scientific Understanding work group.
- The charge should remain flexible enough that the group can address issues of importance to them

Final Document

At the end of the discussion, Dr. Balbus asked whether members supported the charge. Members offered their approval of the charge with the change to the one-line description as discussed earlier. Ms. Grant confirmed the group's approval of the charge and noted that it will be finalized at the face-to-face meeting.

November Meeting Discussion

Ms. Grant confirmed that the work group will meet in person for a day-long meeting on Monday, November 16, in the metro Washington DC area (location TBD).

Dr. Balbus suggested that a useful first work product would be an inventory of current data sets and data collection activities, and that this work product would facilitate further work of the group. Several members affirmed the value of an inventory providing the names, locations, strengths, and weaknesses of data sets would be valuable to the group. Others suggested creating a template for the inventory to ensure consistency in the type of information provided about each data set or activity was critical to creating this inventory. Alison Edwards, Susan Kegley, and Henry Anderson volunteered to put this template together within the next couple of weeks.

Dr. Balbus and members discussed potential items for the meeting's agenda:

- Discussion of the data set inventory
- Update on processes and procedures, including public input and consensus definition
- Finalize charge and refine exact scope of work

Next Steps and Assignments

Ms. Grant will send out a scheduler for monthly calls for the work group.

Ms. Van Skiver reminded members that she is collecting resources for inclusion in an annotated bibliography on issues pertinent to the Monitoring work group. She encouraged members to send her one or two relevant articles or reports if they have not already done so.

Jenny will also collect brief bios (200 words or less) from all members. She will compile the bios and distribute them to the group prior to the November meeting.

Wrap up and Adjourn

Dr. Balbus thanked members for their participation and adjourned the call.

III. Participation

Members Present:

Henry Anderson, Wisconsin Division of Public Health
Herb Buxton, U.S. Geological Survey
Alison Edwards, U.S. Food and Drug Administration, Center for Food Safety and Applied Nutrition
Jay Feldman, Beyond Pesticides
Roy Fortmann, U.S. Environmental Protection Agency
Daniel Goldstein, Monsanto
Susan Kegley, Pesticide Research Institute
Charlotte L. Keys, Jesus People Against Pollution
Megan Latshaw, Association of Public Health Laboratories
Sam LeFevre, Utah Department of Health
Dean Lillquist, U.S. Occupational Safety and Health Administration
Paul Lioy, Robert Wood Johnson Medical School/University of Medicine and Dentistry New Jersey
David Marker, Westat
Richard Matheny, Farmington Valley Health District
John Osterloh, U.S. Centers of Disease Control and Prevention, National Center for Environmental Health
Jennifer Parker, U.S. Centers of Disease Control and Prevention, National Center for Health Statistics
Karen Pierce, Bayview Hunters Point Community Advocates
Maria Powell, Madison Environmental Justice Organization
Ruthann Rudel, Silent Spring Institute
Martha Stanbury, Michigan Department of Community Health
Trey Thomas, Consumer Product Safety Commission
Richard Van Frank, Improving Kids' Environment
Steve Whittaker, Public Health - Seattle & King County
Michael Wilson, University of California, Berkeley
Alan Woolf, Children's Hospital, Boston
Rosemary Zaleski, ExxonMobil Biomedical Sciences, Inc.

Leadership and Staff Present:

John Balbus, George Washington University, chair
Ben Gerhardstein, NCEH/ATSDR staff
Kathy Grant, RESOLVE facilitator
Michael McGeehin, NCEH/ATSDR senior liaison
Jenny Van Skiver, NCEH/ATSDR project staff