

**NATIONAL CONVERSATION ON PUBLIC HEALTH AND CHEMICAL EXPOSURES  
POLICIES AND PRACTICES WORK GROUP**

**Meeting No. 2 Summary  
Washington, DC  
November 13, 2009**

**Meeting Objectives:**

- Get to know each other
- Reach a shared understanding of the *National Conversation on Public Health and Chemical Exposures Policies and Practices (National Conversation)* road map and the *National Conversation on Public Health and Exposures Policies and Practices Work Group's (Policies and Practices Work Group)* role
- Refine *Policies and Practices Work Group* charge
- Determine *Policies and Practices Work Group* framework
- Decide on the next steps and assignments

Upcoming Call	When and Where	Suggested Agenda Items
<i>Policies and Practices Work Group</i> conference call	To be scheduled via Doodle online scheduling system	<ul style="list-style-type: none"> <li>○ <i>Policies and Practices Work Group</i> charge</li> <li>○ <i>Policies and Practices Work Group</i> framework</li> <li>○ Report back from the <i>National Conversation on Public Health and Chemical Exposures Policies and Practices Leadership Council (Leadership Council)</i> meeting</li> </ul>

**I. Action Items**

National Conversation Process	Who	Completed by
1. <i>Work Group</i> members who wish to comment on the proposed <i>National Conversation on Public Health and Chemical Exposures Policies and Practices Operating Procedures (Operating Procedures)</i> can do so by contacting Ben Gerhardstein ( <a href="mailto:fty9@cdc.gov">fty9@cdc.gov</a> )	members	December 7, 2009
2. Bring comments on <i>Operating Procedures</i> to the <i>Leadership Council's</i> attention	Ben Gerhardstein and Gail Bingham	December 11, 2009

<b>Work Group Charge, Framework and Next Steps</b>	<b>Who</b>	<b>Completed by</b>
3. Present <i>Policies and Practices Work Group</i> with revised charge	<i>National Conversation on Public Health and Chemical Exposures Policies and Practices Leadership Team (Leadership Team)</i>	December 11, 2009
4. Present <i>Policies and Practices Work Group</i> with straw proposal clarifying the “layers of prevention” framework and offering suggestions for next steps	<i>Leadership Team</i>	One week in advance of next <i>Policies and Practices Work Group</i> call
5. Consider additions to the <i>Policies and Practices Work Group</i> membership from industry and labor and present options to <i>Policies and Practices Work Group</i>	<i>Leadership Team</i>	Next <i>Policies and Practices Work Group</i> call

<b>Work Group Member presentations</b>	<b>Who</b>	<b>Completed by</b>
6. Distribute group member presentation slides to full <i>Policies and Practices Work Group</i>	Abby Dilley	December 11, 2009

## II. Agreements Reached

### Proposed Work Group Framework

The group agreed to use a “layers of prevention” framework to guide its work. The layers of prevention are:

- Primary prevention—Spurring safe and healthy alternatives.
- Secondary prevention—Managing and using chemicals to minimize health risks.
- Tertiary prevention—Protecting the health of at-risk and contaminated communities.

For each layer, the following questions would be answered:

- What is the baseline or current situation?
- What should policy approaches look like if they are to strengthen this prevention layer?
- What is the role of federal environmental health agencies in promoting these policies?
- What resources are necessary for government and private entities to get there?

## III. Meeting Summary

### Welcome, Introductions, Overview of Meeting Goals, Objectives, and Agenda

Dick Jackson, the *Policies and Practices Work Group* chair, welcomed the group and members introduced themselves to one another (a *Policies and Practices Work Group* roster with contact information has been distributed to the members).

Abby Dilley, the *Policies and Practices Work Group* facilitator, reviewed and finalized the meeting agenda and ground rules for the meeting. The ground rules encourage constructive problem-solving and dialogue. The ground rules adopted by the *Policies and Practices Work Group* include:

- Full participation by all members
  - Staying in one conversation in the room.
  - Keeping comments concise.
- Productive engagement and discussions
  - Dialogue includes listening and talking.
  - Being respectful to one another and disagreeing without being disagreeable.
  - Focusing on solving problems of mutual interest.
- Honoring the agenda
  - Being on time and prepare for discussions.
  - Staying on topic and on task.

Persons not attending the meeting and wishing to comment should contact Ms. Dilley at [adilley@resolv.org](mailto:adilley@resolv.org).

### **National Conversation Process Update and Work Group Milestones**

Ben Gerhardstein, National Center for Environmental Health (NCEH)/ Agency for Toxic Substances and Disease Registry (ATSDR) staff member, provided an overview of recent and upcoming *National Conversation* happenings. The *Leadership Council* will meet for the first time December 11, 2009 in Washington, D.C. The *National Conversation on Public Health and Chemical Exposures Policies and Practices Community Conversation Toolkit* and web-based discussion platform will be launched in early 2010. An online work space will be launched in December to assist *Policies and Practices Work Group* members in sharing documents and discussing ideas. Gerhardstein reviewed the draft “National Conversation Milestones” document that had been distributed to all *Policies and Practices Work Group* members. The milestones document sets timeframes for *Policies and Practices Work Group* meetings and deliverables. Mr. Gerhardstein emphasized the following *Policies and Practices Work Group* milestones:

- April–June 2010: hold second in-person meetings
- June 2010: issue draft reports
- July–September 2010: hold third in-person meetings
- September 2010: issue final reports to *Leadership Council*

He noted that draft *Operating Procedures* had been distributed to all *Policies and Practices Work Group* and *Leadership Council* members. This draft document outlines the decision making processes for, and ground rules for participation in, the *National Conversation*. Gerhardstein encouraged *Policies and Practices Work Group* members to contact him ([fty9@cdc.gov](mailto:fty9@cdc.gov)) with questions or comments on the *Operating Procedures*. The *Leadership Council* will be reviewing, revising, and adopting (as amended) the *Operating Procedures* at their December 1, 2009 meeting.

Several *Policies and Practices Work Group* members expressed dissatisfaction with the description of the decision-making process and end-product in the draft *Operating Procedures*. In the event that consensus is not reached, some members stated a preference for clearly written statements reflecting majority and minority opinions over a “menu of options;” others supported a majority vote decision-making process, with minority opinion. The members also expressed concern that the *Operating Procedures* do not specify implementation plans for government agencies and other potential actors. The *Policies and Practices Work Group* members also questioned whether the group can make statements earlier in the process than is currently anticipated in the milestones document. Mr. Gerhardstein is collecting comments and will work with Ms. Bingham (who is convening and facilitating the *Leadership Council*) to bring the comments to the *Leadership Council* for consideration.

### **Discussion of Work Group Charge, Report, Audience, and Scope**

The *Policies and Practices Work Group* members discussed the audience for and scope of their final report. There was a general consensus that while NCEH/ATSDR is one audience for the report, the group should consider policies and practices that are related to other institutions and sectors (e.g., state and local government and industry groups). One member suggested that the charge be revised to include a focus on ATSDR’s work. A member counseled the group to make recommendations that are specific and actionable. Another member suggested that the charge include sidebars that highlight instances where recommendations have been successfully implemented.

### **Getting the Discussion Going: Work Group Member Presentations**

Four *Policies and Practices Work Group* members gave short presentations to catalyze discussion and highlight potential priority topics and frameworks for the group to use.

#### Anne Rabe, Community Concerned about NL Industries, and Center for Health, Environment and Justice

Anne Rabe stressed the importance of looking closely at ATSDR’s mission and track record. She noted the need to look specifically at how ATSDR performs health investigations and suggested that a *National Conversation* subcommittee be formed with membership from each of the 6 *National Conversation Work Groups* to address this issue. Ms. Rabe suggested that federal environmental health policies should shift to a precautionary approach. She also suggested organizations (e.g., ATSDR, NCEH) and policies (e.g., the Toxic Substances Control Act (TSCA) and Superfund laws) that would benefit from reform. Her presentation slides and handout will be made available to the group.

#### Sarah Brozena, American Chemistry Council (ACC)

Sarah Brozena suggested that the group focus its attention on the policies and practices of the Centers for Disease Control and Prevention (CDC). She noted that the American Chemistry Council is actively engaged in discussions about TSCA reform in other forums and that she would like to focus on non-regulatory public health policies and practices with this group. She noted that the *Policies and Practices Work Group* would benefit from the perspective of the business community and that the American Chemistry Council is committed to improving public health through programs like Responsible Care. She presented areas of CDC’s work that the group might address, such as the interpretation and communication of biomonitoring results and improved surveillance of chronic disease outcomes to help determine causality. Her presentation slides will be made available to the group.

#### Nick Ashford, MIT

Nick Ashford focused on the need to move U.S. chemical policy from a risk-driven one to one that practices technology-based solutions. He stressed that a paradigm shift is necessary to move the nation toward preventing harmful exposures from occurring and he suggested that technology-based solutions could be promoted through regulatory or voluntary initiatives. Dr. Ashford detailed how innovative technologies can help control exposures more effectively and at a lower cost than current efforts that are focused on controlling risk. He suggested that the group promote industrial policies that are focused on generating environmentally sustainable and inherently safer alternatives for meeting market needs. Dr. Ashford highlighted the success of Massachusetts' Toxics Use Reduction Act (TURA)—suggesting that asking industry to assess alternatives (but not mandating that they implement changes) often prompts action. He cautioned the group from investing time in regulatory reform.

#### Tim Malloy, UCLA

Tim Malloy suggested that the group consider recommendations regarding government policies and private sector practices. He sees the *Policies and Practices Work Group's* role focused on answering three questions: (1) Where are we now (looking in the rearview mirror)?, (2) Where should we be going (emerging approaches)?, and (3) What resources do we need to get there (in both the public and private sectors)? He advised against a focus on TSCA reform as the work group's report could become obsolete should legislation move faster than the group's work. He noted that while CDC policies should be included in the group's analysis, the group should not look at CDC in a vacuum. Dr. Malloy recommended that the group consider these questions at a high level, while also thinking about the realities of implementation. He suggested that the group should focus on moving the nation from a risk assessment and management approach to one based on hazard assessment and risk prevention. Finally, Dr. Malloy advised the group to take on the issue of spurring safer alternatives and to consider barriers to implementation. His presentation slides will be made available to the group.

### **Discussion of Priority Issues—According to Proposed framework**

#### *Primary prevention—Spurring safe and healthy alternatives*

The group discussed current barriers to implementing pre-production prevention-based approaches and opportunities overcoming these barriers. These included:

- Shortcomings in current laws (e.g., the Pollution Prevention Act of 1990, TSCA)
- Prioritizing risk prevention in the statutes that guide government agency work
- Facility planning and management-based regulation (e.g., requiring facilities to consider inherently safer technologies)
- Operationalizing the precautionary principle
- Outdated and outmoded government and business practices that present barriers to technological innovation
- Education and incentives for business groups that encourage a paradigm shift
- Safer alternatives—analysis and adoption. The members explored ways in which industry is currently hampered in looking for substitutes. The members suggested that data sharing and lists of potential substitutes could be helpful. One member suggested that companies should ask “Do we need it?” Another member suggested that implementing safer alternative approaches from the top down is difficult
- Lack of research on the health implications of green chemistry
- Need to bring green chemists and toxicologists together

#### *Secondary Prevention—Managing and using chemicals to minimize health risks*

The group discussed current barriers to implementing prevention-based approaches that would improve the management and use of chemicals, as well as opportunities for overcoming these barriers. These included:

- TSCA reform and other regulatory approaches: group members suggested that the current system is broken and that looking at chemical risks on a chemical by chemical approach would not work. The members suggested that the group should be familiar with the President Obama Administration's principles for TSCA reform, as well as other groups' principles, and consider both pre-and post-market regulations
- Minimum safety requirements for chemical use
- Diffusion of technologies

Consider the perspective of various groups within industry (i.e., chemical manufacturers vs. end users of chemicals). A member explained that different levels of understanding differ between the chemical manufacturers and businesses that use chemicals. For example, the process of picking safer alternatives is difficult and unclear because users do not always have access to basic toxicological data. When they do, they don't always understand how to assess those data.

Right to know issues

- Scientific: providing the public with information about chemicals in products and where they are being manufactured, used, and imported and exported—and balancing this with the industry's concern over proprietary information. One member suggested that the Massachusetts TURA program shows that CBI issues can be handled effectively
- Technical: providing the public with information on whether alternatives are being considered
- The role of CDC in this area (e.g., biomonitoring and the interpretation of biomonitoring results)
- Massachusetts' approach highlights the effectiveness of balancing mandatory and voluntary approaches
- Global harmonization is important to allow companies to comply with policies globally

*Tertiary Prevention—Addressing and protection health risks of contaminated communities*

The group discussed high priority issues to consider for improving the way the nation protects communities that face chemical exposure risks.

- Re-examine ATSDR's role and approach to health assessments
  - Some group members shared their varied experiences working with ATSDR—some found ATSDR helpful, others did not
  - Traditional epidemiological and toxicological methods are inadequate to the job—consideration of biomonitoring methods, synergistic effects, and non-traditional health endpoints is important
  - Community health promotion should be approached comprehensively—not through a keyhole
  - How should ATSDR decide what to take on? Right now it does just about everything it is asked to do
  - How can ATSDR empower communities? ATSDR can empower communities with the use of community-based participatory approaches, including community members in decision making.
  - ATSDR's mandate: (1) Should it be limited to waste sites? What about other exposure routes? (2) What is the appropriate responsibility and division of labor between federal and state agencies?

- Re-examine the design and implementation practices of ATSDR's health assessments and health studies.
- A member suggested that the group think about actors generically—ATSDR is one of several groups that work at the community level on these issues
- Providing communities with access to data, transparent decision-making, resources and access to independent health experts
- Built environment issues—zoning decisions
- Use of innovative models—EPA's [Community Action for a Renewed Environment](#) (CARE) program and NCEH and National Association of County and City Health Officials' (NACCHO) [Protocol for Assessing Community Excellence in Environmental Health](#) (PACE-EH)

#### *Discussion of cross cutting priority themes*

Several cross-cutting themes emerged from the group discussion that might apply to all three levels of prevention::

- *Cross agency collaboration and coordination*, including: (1) existing silos and barriers to collaboration, (2) conflicting standards between agencies, and (3) suggested models for encouraging greater collaboration (e.g., the interagency regulatory group that existed under the Carter administration).
- *Federal and state roles*. A member suggested that federal public health agencies should (1) act as a hub—sharing best practices information in this area to the states, (2) be more active in determining “public health bottom lines” when it comes to chemical exposures, and (3) provide funding to state public health and environmental agencies to encourage collaboration.
- *Resources*: a group member expressed a desire to ensure that resources are identified to implement any recommendations put forward by the group.
- *Inequities*: A *Policies and Practices Work Group* member reminded the group that equity might mean applying policies in different ways for various populations (e.g., conducting a health study in a culturally appropriate manner).

#### **Additions to group**

Several *Policies and Practices Work Group* members expressed a desire to add to the group a representative from a retailer or downstream user of chemicals, in addition to representation already on the *Policies and Practices Work Group*. *Policies and Practices Work Group* members also voiced support for adding a representative of a labor group. The *Leadership Team* will consider this suggestion and offer a recommendation to the *Policies and Practices Work Group*.

#### **Next steps**

The *Policies and Practices Work Group* discussed how best to move forward to accomplish its tasks on the proposed timetable. Several suggestions were offered, but the *Policies and Practices Work Group* did not formalize an approach. Several members suggested breaking up into subgroups (each with a subgroup chair) to look at each of the prevention layers. Others members suggested that all group members should be welcomed to participate in calls about each of the layers. Another suggestion was to address the layers temporally (e.g., primary followed by secondary). The members asked that the *Leadership Team* ensure that there is adequate time between calls to complete tasks. The members suggested that a collaborative online workspace would be very helpful and asked that one be provided quickly. The *Policies and Practices Work Group's Leadership Team* will develop and submit to the group a straw proposal for moving forward.

#### **IV. Participation**

##### **Members Present:**

Brenda Afzal, University of Maryland School of Nursing  
Laura Anderko, Georgetown University  
Beth Anderson, NIEHS  
Nicholas Ashford, MIT  
Cal Baier-Anderson, Environmental Defense Fund  
Patricia Beattie, Arcalis Scientific  
Lynn Bergeson, Bergeson & Campbell, P.C.  
Arlene Blum, Green Science Policy Institute  
Sarah Brozena, American Chemistry Council  
Linda Bruemmer, Minnesota Department of Health  
Pamela Eliason, Toxics Use Reduction Institute  
Doug Farquhar, National Conference of State Legislatures  
Kristin Hill, Great Lakes Inter-Tribal Epidemiology Center  
Lin Kaatz Chary, Gary CARE Partnership  
Timothy Malloy, UCLA School of Law  
Annette McCarthy, FDA/Center for Food Safety and Applied Nutrition  
John McLeod, Cuyahoga County Board of Health  
Anne Rabe, Community Concerned About NL Industries, Center for Health, Environment and Justice  
Gail Shibley, Oregon Department of Human Services/Public Health Division  
Brian Symmes, EPA - OPPTS - OPPT/NPCD  
Kristen Welker-Hood, Physicians for Social Responsibility

##### **Regrets**

Ken Cook, Environmental Working Group  
Kerry Dearfield, USDA, Food Safety and Inspection Service  
Catherine Dodd, City and County of San Francisco  
Rick Hackman, Procter & Gamble Inc.  
Robert Harrison, University of California, San Francisco  
Andrew Dennis McBride, City of Milford Health Department  
Kristin Ryan, State of Alaska, Dept of Environmental Conservation

##### **Facilitation & Staff Team Members Present:**

Abby Dilley, RESOLVE, facilitator  
Richard Jackson, UCLA School of Public Health, chair  
Ben Gerhardstein, NCEH/ATSDR, staff  
Tom Sinks, NCEH/ATSDR, senior liaison  
Jenny Van Skiver, NCEH/ATSDR, staff

##### **Others Present**

Chinyere Ekechi, NCEH/ATSDR  
Nneka Leiba, Environmental Working Group  
Maria Hegstad, InsideEPA news service