

**NATIONAL CONVERSATION ON PUBLIC HEALTH AND CHEMICAL EXPOSURES
LEADERSHIP COUNCIL**

**Meeting No. 8 Summary
Washington Plaza Hotel
10 Thomas Circle, Washington DC
March 11, 2011**

Meeting Objective:

- *Reach agreement on Action Agenda and discuss implementation plans.*

I. Action Items

	Who	Completed by
1. Revise the Action Agenda for final review by Leadership Council Co-Chairs	RESOLVE	Complete
2. Draft executive summary	RESOLVE, NCEH/ATSDR, and Co-Chairs	Complete
3. Circulate final Action Agenda for member sign off	RESOLVE	Complete
4. Review executive summary	Leadership Council members	Complete
5. Complete non-substantive editing of Action Agenda and Executive Summary	Independent editor	Complete
6. Co-Chairs review and approve final Action Agenda and Executive Summary	Co-Chairs	Complete
7. Discuss sign off process with Leadership Council members from federal agencies to discuss approach to sign off	NCEH/ATSDR & RESOLVE	Complete
8. Share final Action Agenda with work group members prior to official release	RESOLVE & NCEH/ATSDR	Complete
9. Establish independent Action Agenda Web site	NCEH/ATSDR staff	Complete
10. Develop PowerPoint presentation for Leadership Council members' use	NCEH/ATSDR staff	Complete
11. Write concise documents on the Action	NCEH/ATSDR staff	Summer 2011

Agenda for key audiences		
12. Develop media strategy for Action Agenda release	Susan Polan/APHA in collaboration with other Leadership Council members	Complete
13. Develop implementation timeline for recommendations that apply to NCEH/ATSDR	NCEH/ATSDR	Summer 2011
14. Bring Action Agenda to the attention of federal agencies	NCEH/ATSDR	Summer 2011

II. Agreements Reached

- Members present reached consensus on the complete Action Agenda, subject to edits discussed at this meeting and follow up with federal members.
- Members agreed to delegate review of editorial comments to the co-chairs, to ensure that editorial revisions are not substantive.

III. Meeting Summary¹

Welcome, Introductions, Meeting Objectives and Agenda

Nsedu Witherspoon, Leadership Council co-chair, opened the meeting, thanking members for the time and energy they dedicated to the process and for attending the meeting. She noted that this was the final Leadership Council meeting and that implementing the Action Agenda would be a discussion topic. Henry Anderson, Leadership Council co-chair, underscored the usefulness of the Action Agenda. He stated that it does not need to be perfect to serve as a focus for action.

Gail Bingham, the meeting facilitator, reviewed the agenda and highlighted the goal of completing the Action Agenda document and considering plans for acting on the recommendations.

Opening Remarks: Reflections on the *National Conversation*

Dr. Christopher Portier, NCEH/ATSDR director, thanked members for their efforts, and noted that the Action Agenda would be an important document for the United States to rely on for several years. He thanked Dr. Howard Frumkin, current Dean of the University of Washington's School of Public Health, and former NCEH/ATSDR Director, for attending this meeting to share his perspectives about the early vision for the process and what it can achieve in the future. Dr. Portier observed that because Dr. Frumkin originated the *National Conversation*, he was well-positioned to address the project accomplishments.

Dr. Frumkin reflected on the *National Conversation* process and offered suggestions for maximizing the impact of the Action Agenda. He thanked the co-chairs, Leadership Council

¹ Note: Unless explicitly noted, comments are those of individuals and not necessarily the views of the Leadership Council as a whole.

members, others who participated in the process, and RESOLVE and NCEH/ATSDR staff. Dr. Frumkin suggested that while the *National Conversation* does not fit into a typical recommendation-making category (e.g. blue ribbon commission, National Academy of Science report), it carries legitimacy due to its broad-based, collaborative, and transparent process and vision of efficient and accountable government.

Dr. Frumkin commended the group for producing an Action Agenda containing many good and broadly supported ideas. He noted the importance of this kind of collaboration to address issues shared by multiple organizations and sectors and advised Leadership Council members to embrace the recommendations that grew out of this process. He urged the Leadership Council to consider the completion of the Action Agenda not as the end of the process, but rather as the commencement of the critically important implementation phase. Further, he noted the need to overcome significant barriers—such as funding constraints, organizational inertia, and competing priorities—in taking the recommended actions.

Dr. Frumkin made several specific suggestions for the Action Agenda roll-out and implementation process, including formalizing a media strategy, giving a TED talk, identifying spokespeople, presenting at professional meetings, and reaching out to legislators. He also suggested that federal agencies respond in writing indicating how they will address relevant recommendations. Finally, Dr. Frumkin recommended that the Leadership Council reconvene in three years to track progress.

Process/Approach to Reaching Closure on the Action Agenda

Gail Bingham reviewed the approach to reaching closure on the Action Agenda, as outlined in the *National Conversation* Operating Principles. She noted that members were participating as individuals, rather than representatives of their respective organizations, and had agreed to make an active and good faith effort to reach consensus, which was defined as each member being able to live with the report taken as a whole rather than agreeing with each specific recommendation. She also reviewed the fall back measures that would be triggered if consensus is not reached. Ms. Bingham also reviewed a proposed set of milestones for reaching closure and releasing the Action Agenda. These milestones would require that the Leadership Council delegate to the co-chairs the task of ensuring that editorial revisions are not substantive.

Members suggested changes to the disclaimer language proposed for the Action Agenda. They requested that the description of consensus be modified to include the option to abstain that was included in the operating procedures. They also requested that the sentence noting that membership does not constitute agency endorsement be broadened to include all organizations. Members stated that they would like the co-chairs and staff to develop and share with them for review an Executive Summary of the Action Agenda. Members also agreed to share the final Action Agenda with work group members before its release. Julie Fishman, NCEH/ATSDR staff, reminded members that the Action Agenda will not be cleared by CDC.

Action Agenda Introduction

Members discussed specific edits to the introduction. A member suggested removing the total number of recommendations, noting that it may overwhelm readers. A member requested that staff check on the accuracy of the statement concerning rising rates of preventable diseases. Members suggested adding elected officials and students to the list of Action Agenda audiences.

Action Agenda Chapter 1

Members reviewed changes that had been made since the December meeting to Action Agenda Chapter 1, titled “Improve Public Health through Prevention.” Members decided to modify the chapter title to reflect the focus on public health and harmful chemical exposures. A member suggested adding a sentence to the “New Directions” section, supporting efforts to advance the concept of “One Health” – uniting human, animal, and environmental health. Members agreed to have RESOLVE and Lisa Conti develop and add such a sentence.

Recommendation 1.1² calls for promoting the use of less hazardous chemicals. Members decided to substitute the word “encourage” for “require” in recommendation 1.1 because the recommendation’s explanatory text required industry action without providing enough specifics on what would be required and how. Members also noted that the legislative branch of government can play an important role in supporting the use of safer chemical alternatives and decided to include the legislative branch as an actor for recommendation 1.1.

Members expressed concern that Recommendation 1.3³, which seeks to improve children’s environmental health protection, does not adequately cover important life stages and environments. Leadership Council members decided that the co-chairs and RESOLVE would edit the language to be more inclusive of developmental life stages and children’s unique environments. In addition, members discussed whether and how to address the issue of establishing mechanisms for US federal agencies to access the European Union’s REACH data. They decided to include this issue in recommendation 3.4⁴, subject to learning more about what has already been accomplished, and if already underway, using it as a positive example of data sharing.

Recommendation 1.4 seeks to increase and better coordinate federal agencies’ public health and prevention work. Members noted that the Affordable Care Act sought to do this through the National Prevention Strategy. Members directed staff to describe how Affordable Care Act prevention activities could provide a mechanism for implementing this recommendation.

A member suggested more clearly addressing issues related to cumulative risk and impacts, which are of concern to communities. Members decided to edit recommendation 1.8, which concerns improving risk assessments, to more explicitly address the need to account for cumulative risks in various risk assessment processes.

Action Agenda Chapter 2

² Recommendation 1.1: Federal, state, tribal and local government agencies should promote the substitution of hazardous chemicals with less toxic alternatives through use of policy incentives, investment in research and development, enhanced efforts to develop effective hazard screening methods and dissemination of information the public can use in personal decision making.

³ Recommendation 1.3: All executive and legislative branches of federal, state, tribal, and local governments should improve child health protection by requiring that the unique vulnerabilities, susceptibilities and exposures of children be explicitly considered, as part of ensuring that protecting the health of vulnerable populations is foremost in all policies and practices. Congress should make permanent the Federal Interagency Task Force on Children’s Environmental Health, the EPA Children’s Health Protection Advisory Committee (CHPAC), and the EPA Office of Children’s Health Protection (OCHP).

⁴ Recommendation 3.4: Federal agencies should lead an effort to improve knowledge of existing databases and increase the accessibility of information across multiple databases.

Members agreed to clarify the actors for recommendation 2.6⁵, which seeks to expand development of diagnostic tools and biomarkers for chemicals exposures, by specifying that certain federal agencies should collaborate.

Recommendation 2.7⁶ called for CDC/ATSDR to develop a standard process for assessing community health and account for cumulative risk factors. Members noted that the recommendation was confusing because the bold description referenced cumulative and synergistic risk, but the description did not. Members suggested integrating the ideas in the recommendation description into recommendation 2.1 and striking the bold recommendation 2.7 from the Action Agenda. Members decided to move the idea of better utilizing disease registries from 2.7 to 2.1b and the idea of better integrating health outcome data from 2.7 to 2.1c.⁷

Action Agenda Chapter 3

Recommendation 3.5⁸ calls for improving understanding of individual susceptibility to chemical exposures. Members reviewed and discussed several issues identified in an email from a work group member. The recommendation calls for an interdisciplinary group to develop a research agenda. Members decided to retain the idea that industry should be represented on this proposed group. Members decided to be more inclusive of chemical sensitivity issues by changing “sensitivity” to “sensitivity/intolerance” throughout the Action Agenda. Members discussed the need for well-designed facilities for conducting studies on chemical susceptibility and intolerance. Members decided to recommend that such facilities be constructed, but not to specify a type of facility (e.g., Environmental Medical Unit).

Action Agenda Chapter 4

Members agreed to add the word “vulnerable” before “communities” in the chapter title. Recommendation 4.1⁹ addresses the need to protect communities disproportionately affected by chemical exposures better. Members agreed to add to 4.1 a bullet about assessing baseline cumulative impacts.

Dr. Christopher Portier noted that the ideas in recommendation 4.2¹⁰ regarding broadening the scope of actions ATSDR takes to protect communities could be addressed without

⁵ Recommendation 2.6: Federal agencies should expand development of diagnostic tools and biomarkers related to chemical exposure.

⁶ Former Recommendation 2.7: The CDC/ATSDR should establish a standard process for governmental agencies to assess community health and potential synergistic, cumulative, and aggregate environmental factors.

⁷ Recommendation 2.1: CDC/ATSDR, EPA, states, tribes and localities should improve health outcome data quality, quantity, and accessibility by a) increasing the sampling of vulnerable populations and high-priority geographic regions in national data surveys; b) expanding reportable conditions to include conditions with environmental links; and c) developing nationally compatible health data sets that are accessible through a single portal.

⁸ Recommendation 3.5: Improve understanding of individual susceptibility to chemical exposures.

⁹ Recommendation 4.1: EPA and ATSDR, in cooperation with other relevant federal, state, tribal, and local agencies, should take clear and immediate actions to better protect communities disproportionately affected by chemical exposures.

¹⁰ Recommendation 4.2: Congress should strengthen ATSDR’s public health mandate and mission based on the recommendations of an independent body established by CDC comprised of scientists, epidemiologists, health care providers, state agency experts and community and environmental health leaders with a charge to include affecting changes that broaden the scope of the public health actions ATSDR can take to: 1) address environmental health problems in communities affected by environmental exposures and build response capacity in local health departments; 2) more effectively build capacity among communities to engage in environmental health decision-making; and 3) establish thresholds that trigger appropriate public health-protective actions.

congressional action. Members agreed to direct recommendation 4.2 to ATSDR, rather than Congress. Members also agreed to broaden the second section of recommendation 4.2 by focusing on capacity building for environmental public health decision making, rather than public health assessments. Members also discussed problems with the third section of 4.2, which called for establishing thresholds for health protective actions, and also recommended several monitoring and surveillance measures. Members decided to strike that section and add a bullet in the first section of 4.2 about the use of additional data sources in community health assessment processes.

Action Agenda Chapter 5

Members discussed recommendation 5.2¹¹, about providing greater access to more information about chemicals used in products throughout the supply chain. Members noted that portions of the recommendation text focused narrowly on product labeling, but the bold recommendation language was more general. Members discussed ways to provide the public and other interested parties (e.g., manufacturers) with clear, easily accessible information, including through the use of Material Safety Data Sheets (MSDSs), product labeling, and online product databases. Members directed staff to work with the co-chairs to simplify the recommendation text so it highlights the need to use appropriate mechanisms to provide access to different levels of information for various target audiences throughout the supply chain.

Action Agenda Chapter 6

Members decided to move the section on Poison Control Centers from recommendation 6.6¹² to 7.5¹³, which is focused on coordinating governmental chemical emergency work (and as discussed below will be switched with 7.3¹⁴). Members noted that though effective, Poison Control Centers are consistently underfunded, thus they decided to recommend maintaining current funding for Poison Control Centers at a minimum.

Action Agenda Chapter 7

Members decided to highlight former recommendation 7.5, which focused on better coordination of governmental chemical emergency work, by switching it with former recommendation 7.3, which focused on the health care response to chemical releases.

Public Comment

Mary Lamielle

Mary Lamielle, executive director of the National Center for Environmental Health Strategies and member of the *National Conversation* Education and Communication work group,

¹¹ Recommendation 5.2: Federal agencies should collaborate with local, state and tribal governments, industry, academia, and NGOs to improve the public availability and clarity of chemical information on all products throughout the supply chain, from initial chemical manufacturer and/or formulator to final article/consumer product.

¹² Recommendation 6.6 : CDC/ATSDR and HRSA should encourage and support 1) incorporating environmental health services into reimbursable primary and specialty health care services; 2) creating incentives for clinical practice changes to encourage expert consultation; and 3) maintaining or expanding support for Poison Control Centers.

¹³ Recommendation 7.5: The federal government should create consistency and avoid redundancy of information on chemical emergencies at all levels of government by identifying an office or program to coordinate, unify and integrate federal, state, tribal, and local government efforts related to chemical emergencies.

¹⁴ Recommendation 7.3: ATSDR, HRSA, the HHS Office of the Assistant Secretary for Preparedness and Response, and other federal government agencies, should develop an ongoing national program to assess and improve the health care response to hazardous chemical releases, and to develop an evidence base for chemical emergency planning.

suggested that the Leadership Council recommend utilizing Environmental Medical Units (EMUs) for studying chemical sensitivity/intolerance. She noted that various national organizations have recommended the use of EMUs for this purpose and suggested that existing facilities have been inadequate. Ms. Lamielle further suggested that the perspective of those with chemical sensitivity/intolerance was not adequately represented through the *National Conversation* Leadership Council and work group processes. Ms. Lamielle also spoke about her concerns with including industry representatives on the interdisciplinary scientific group called for in recommendation 3.5.

Connie Biemiller-Thomas

Connie Biemiller-Thomas, who is with the South Fulton/Fayette Community Task Force and was a member of the *National Conversation* Chemical Emergencies work group, stated that her community was poisoned by a toxic pesticide in 2006. She asked the Leadership Council to ensure that Action Agenda recommendations be undertaken. Ms. Biemiller-Thomas suggested that recommendation 7.5 regarding a chemical emergency clearinghouse was important to implement and should be given higher priority. She cited a need to expand Poison Control Centers and to discontinue health assessments and consultations, stating that inconclusive results do not help communities.

Lisa Nagy

Lisa Nagy, President of The Preventive and Environmental Health Alliance and member of the Scientific Understanding work group, suggested that the Leadership Council did not adequately address chemical sensitivity issues in its approach to recommendations 3.5 and 3.6. She recommended that the Leadership Council propose utilizing EMUs to document the response of chemically sensitive people to treatment. Dr. Nagy further suggested that the Leadership Council give more attention to topics like mold and mycotoxins in the Action Agenda. She suggested that the Leadership Council lacked the knowledge to address these issues adequately.

Cross Cutting Action Agenda Questions

Members reviewed a list of the new advisory or inter-agency groups that are called for in the Action Agenda with the intent of determining whether all are necessary or whether existing groups could be used. Members directed staff to include in the Action Agenda the option of utilizing an existing group wherever a new group is recommended. Members also cited specific existing groups dedicated to children's environmental health, toxicity testing, biomonitoring, and prevention, to reference in certain recommendations. Members discussed the necessity of creating a standing inter-agency group dedicated to chemical emergency issues, as called for in recommendation 7.4¹⁵, and decided to retain the recommendation.

Closure on the Action Agenda

Gail Bingham reviewed the operating procedures' membership section and asked whether Leadership Council members who did not contribute substantively to the Action Agenda should be included on the final list of members. Members agreed that those who did not contribute should not be listed as members and directed the Leadership Council chairs to rely on the operating procedures, which provide them some discretion.

¹⁵ Recommendation 7.4: The president should issue an Executive Order or Homeland Security Presidential Directive that articulates an overarching national vision for chemical emergencies; and each federal agency should develop its own supporting strategy to prevent, prepare for, respond to, recover from, and mitigate chemical emergencies, and ensure that preparedness momentum is maintained.

Ms. Bingham reviewed the definition of consensus included in the operating procedures and asked whether members could live with the Action Agenda, taken as a whole. Members present reached consensus; no members stated they could not live with the Action Agenda. One member from a federal agency abstained. A member noted that having federal members endorse the document was important as it could affect others' willingness to sign on.

Dr. Christopher Portier, NCEH/ATSDR Director, thanked Leadership Council members for their contributions and congratulated them on the Action Agenda. He stated that the recommendations directed at NCEH/ATSDR are important priorities for him and are either currently being addressed or are ideas he would like to work on in the coming years. Dr. Portier expressed hope that other organizations will approach the Action Agenda recommendations with a high degree of energy and enthusiasm.

Action Agenda Release, Outreach, and Implementation Plans

Gail Bingham outlined an initial timeline for releasing the Action Agenda. Leadership Council members suggested that work group members be informed early of the impending release. Julie Fishman, NCEH/ATSDR staff, reviewed an initial release and implementation plan [Appendix B]. Over the short term, she noted that NCEH/ATSDR would support the Action Agenda release and distribution. The Action Agenda will be housed on an independent Web site along with work group reports and other *National Conversation* inputs. Ms. Fishman stated that staff will produce a standard PowerPoint presentation and concise documents on the Action Agenda for key audiences that would be easy to print hardcopy. Additional outreach activities will include arranging meetings with partners to discuss relevant recommendations, presenting at meetings, and publishing articles. A member suggested that the Action Agenda be made available on CD/DVD and that recommendations be cross-referenced within the document. Ms. Fishman and members did not have time to review and discuss the "continued implementation efforts" included in the plan.

Members discussed how to gain media attention. Susan Polan suggested that the American Public Health Association (APHA) could help with a press release and highlighting the Action Agenda in APHA's "The Nation's Health." Other members offered to help with the media strategy and convening a group of non-traditional partners to release the Action Agenda. A member suggested organizing congressional visits. Members also discussed options for tracking implementation of recommendations, including through the Action Agenda Web site. A member shared her plan to develop a press release with other NGOs and affected communities.

A member expressed concern about the planned implementation activities, suggesting that federal agencies ought to establish an interagency group to review the recommendations and meet with the Leadership Council to discuss and report on implementation. Dr. Portier noted that while he could not speak for other agencies, NCEH/ATSDR would develop an implementation timetable for recommendations that apply to NCEH/ATSDR. Dr. Portier also committed to bringing the Action Agenda to the attention of other agencies. He noted that having other groups promote implementation would be helpful. A member suggested specific outreach to public health organizations such as APHA and the Council of State and Territorial Epidemiologists, to consider ways they can help with implementation.

Wrap Up

The co-chairs thanked members for their commitment to the *National Conversation* process and closed the meeting.

Appendix A: Participation

* Denotes participation via conference call

Members Present:

- George Alexeeff, California Environmental Protection Agency*
- Henry "Andy" Anderson, Wisconsin Division of Public Health (Co-chair)
- Tina Bahadori, American Chemistry Council
- John Balbus, National Institute of Environmental Health Sciences
- Lisa Conti, Florida Department of Health*
- Mary Ann Danello, Consumer Product Safety Commission*
- Henry Falk, National Center for Environmental Health/Agency for Toxic Substances and Disease Registry, U.S. Centers for Disease Control and Prevention
- Daniel Goldstein, Monsanto
- Richard Jackson, School of Public Health, University of California Los Angeles *
- Franklin Mirer, Hunter College, City University of New York*
- Robert Peoples, American Chemical Society, Green Chemistry Institute
- Susan Polan, American Public Health Association
- Robert Rickard, DuPont
- Alan Roberson, American Water Works Association
- Jennifer Sass, Natural Resources Defense Council
- Gail Shibley, Oregon Department of Human Services
- Peggy Shepard, WE ACT for Environmental Justice
- Martha Stanbury, Michigan Department of Community Health
- Andrea Kidd Taylor, School of Community Health and Policy, Morgan State University
- Kevin Teichman, U.S. Environmental Protection Agency
- Nsedu Witherspoon, Children's Environmental Health Network (Co-chair)

Regrets:

- Scott Becker, Association of Public Health Laboratories
- Stacy Bohlen, National Indian Health Board
- John Bresland, U.S. Chemical Safety and Hazard Investigation Board
- Ken Cook, Environmental Working Group
- Lois Gibbs, Center for Health, Environment and Justice
- Jesse Goodman, U.S. Food and Drug Administration
- Rick Hackman, Procter & Gamble
- Paul Jarris, Association of State and Territorial Health Officials
- Jim Jones, U.S. Environmental Protection Agency
- Elise Miller, Collaborative on Health and the Environment
- Kathleen Rest, Union of Concerned Scientists
- Roger Rivera, National Hispanic Environmental Council
- Robert Pestronk, National Association of County and City Health Officials
- John Peterson Myers, Environmental Health Sciences
- Rosemary Sokas, U.S. Occupational Safety and Health and Administration
- David Wegman, University of Massachusetts Lowell

Facilitation & Staff Team Members Present:

- Gail Bingham, RESOLVE

- Adam Brush, NCEH/ATSDR*
- Julie Fishman, NCEH/ATSDR
- Ben Gerhardstein, NCEH/ATSDR
- Jason Gershowitz, RESOLVE
- Dana Goodson, RESOLVE
- Brian Mattes, RESOLVE
- Jay Nielsen, NCEH/ATSDR*
- Montrece Ransom, NCEH/ATSDR*
- Jenny Van Skiver, NCEH/ATSDR*

Others Present:

- Steve Bennett*
- Alan Bookman, New Jersey Department of Environmental Protection*
- Connie Biemiller-Thomas, South Fulton and Fayette Community Task Force*
- Samar Chaltery, SAFE
- Howard Frumkin, University of Washington
- Pertti Hakkinen, National Institutes of Health, National Library of Medicine
- Carolyn Harper, ATSDR*
- Sandra Howard, Department of Health and Human Services*
- Shoko Kubotera, Physicians for Social Responsibility
- Mary Lamielle, National Center for Environmental Health Strategies
- Megan Latshaw, Association of Public Health Laboratories
- John McLeod, Cuyahoga County Board of Health
- Lisa Nagy, The Preventive and Environmental Health Alliance*
- Pinal Patel*
- Alyssa Picchini, Department of Health and Human Services
- Anne Pollock, CDC*
- Christopher Portier, NCEH/ATSDR
- Amanda Raziano, American Public Health Association
- Lindsey Realmuto, Association of State and Territorial Health Officials
- Kerry Williams, Association of State and Territorial Health Officials

Appendix B

National Conversation Action Agenda: Outreach and Implementation Plan	
Initial Distribution/ Outreach	<ul style="list-style-type: none"> -Release Web site with access to action agenda, work group reports and other reports (e.g., web dialogue summaries, community conversations, etc). -Develop print versions of executive summary and one-pagers for key audiences. -Announce availability of Web site to National Conversation email list. -Notify National Conversation partners to disseminate to their members and through their communication channels. -Develop standard PowerPoint presentation.
Ongoing Outreach	<ul style="list-style-type: none"> -Arrange meetings with key stakeholders to present relevant recommendations. -Present recommendations to various existing committees (e.g., Children’s Environmental Health, EJ, Toxics and Risk). -Encourage agencies to present relevant recommendations to their Boards of Scientific Counselors/Advisory Committees. -Identify opportunities to publish commentaries, articles, etc. (e.g., follow-up article in the Journal of Environmental Health).
Continued Implementation Efforts	<ul style="list-style-type: none"> -Support meetings and other efforts to implement recommendations (e.g., Interagency Workshop on Alternatives Assessment scheduled for March 31-April 1, 2011). -NCEH/ATSDR describes efforts to address recommendations directed solely at NCEH/ATSDR and meets with agencies/stakeholders to discuss selected “shared” recommendations. -Present recommendations and status of implementation at national conferences (e.g., APHA 100th anniversary of Environment section). -Establish mechanism to report back on progress (via an existing ongoing group of partner organizations).