

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

**Meeting No. 1 Summary  
Teleconference  
September 25, 2009**

**Call Objectives:**

- Welcome and introduce members of the *National Conversation on Public Health and Chemical Exposures Policies and Practices Work Group (Policies and Practices Work Group)*
- Reach a shared understanding of the vision and goals for the *National Conversation on Public Health and Chemical Exposures (National Conversation)* and the *Policies and Practices Work Group's* role
- Reach shared understanding of *Policies and Practices Work Group* selection process
- Review and discuss the *Policies and Practices Work Group* charge (to be refined at the first in-person meeting)
- Determine future *Policies and Practices Work Group* conference call times and select a date for the first meeting
- Discuss meeting locations
- Decide on the next steps and assignments

<b>Upcoming Meeting</b>	<b>When and Where</b>	<b>Suggested Agenda Items</b>
First in-person meeting	November 13, 2009, time, location <i>tbd</i>	<ul style="list-style-type: none"> <li>○ Refinement of charge</li> <li>○ Work plan based on charge</li> </ul>

**I. Action Items**

<b>Agenda Item 1: Overview of the Vision and Goals for <i>National Conversation</i> and the <i>Policies and Practices Work Group's</i> Role</b>	<b>Who</b>	<b>Completed by</b>
Provide a list of the <i>National Conversation on Public Health and Chemical Exposures Policies and Practices Leadership Council (Leadership Council)</i> members to the full <i>Policies and Practices Workgroup</i>	Abby Dilley, RESOLVE facilitator	October 19, 2009

<b>Agenda Item 2: Overview of the <i>Policies and Practices Work Group</i> Composition and Selection Process</b>	<b>Who</b>	<b>Completed by</b>
Bring questions regarding conflict of interest	Ben Gerhardstien	October 5, 2009

to the attention of the <i>Leadership Council</i>		
Clarify the need for minority reports. This will be a decision that the <i>Leadership Council</i> will make based on input from the chair	Ben Gerhardstien	October 5, 2009

<b>Agenda Item 3: Discussion of Work Group Charge</b>	<b>Who</b>	<b>Completed by</b>
Develop collaborative web-space where we can share data and resources	Montrece Ransom and NCEH staff	Ongoing

<b>Agenda Item 4: Identification of Work Group Meeting Times</b>	<b>Who</b>	<b>Completed by</b>
Determine future <i>Policies and Practices Work Group</i> conference call meeting times	Abby Dilley, RESOLVE facilitator	Ongoing

<b>Agenda Item 5: Wrap-Up and Next Steps for Work Group</b>	<b>Who</b>	<b>Completed by</b>
Follow-up with meeting request for first in-person meeting	Abby Dilley, RESOLVE facilitator	October 5, 2009

## II. Outcomes and Next Steps

The *Policies and Practices Work Group* members moved devoted most of the time-hour conference call to discussing the charge developed during the kick-off meeting of the *National Conversation*: “*The general charge to this work group is to make recommendations for reducing harmful chemical exposures and adverse health outcomes, eliminating inequities, and spurring the development and use of safer alternatives.*” The *Policies and Practices Work Group* members acknowledged the very broad landscape this charge outlines and the need for a focused and meaningful framework to address key issues and develop recommendations by Spring 2010. To develop this framework effectively and expeditiously, *Policies and Practices Work Group* members agreed to the following next steps:

- Determine a full-day, in-person meeting of the *Policies and Practices Work Group* as soon as possible (NOTE: now confirmed for Friday, November 13, in Washington, D.C.).
- Develop a mechanism for sharing information and background materials to consider shaping the appropriate framework.
- Identify a specific set of materials to help structure the discussion of the *Policies and Practices Work Group* charge during the first in-person meeting, including but not limited to various state-based efforts to address chemical exposures and public health (e.g., Massachusetts, New Jersey, California, Washington, etc.)

Other materials requested to be distributed included:

- An updated overview of the *National Conversation*.
- A list of *Leadership Council* members.

### III. Call Summary

#### 1. Overview of Vision and Goals for *National Conversation* and the *Policies and Practices Work Group's Role*

*Overview:*

Chair Dr. Richard Jackson opened the meeting and outlined the overall vision for the *National Conversation*. Jackson listed the three areas of the current draft charge: 1) reducing exposures 2) eliminating inequities; and 3) preventing exposures. An overview of the *National Conversation* processes also was provided, including the roles of the *Leadership Council* and the *National Conversation on Public Health and Chemical Exposures (Work Groups)* in the overall architecture of the *National Conversation*. As described, the *Work Groups* will develop their respective charges and the *Leadership Council* will review and approve them, making sure the collective charges will produce the recommendations for developing an overall *National Conversation on Public Health and Chemical Exposures Action Agenda (Action Agenda)*—the full set of recommendations put forth by the *National Conversation*. Based on their respective charges, the *Work Groups* develop and finalize reports that contain recommendations. These reports will provide the information and ideas from which the *Leadership Council* will construct the *Action Agenda*, and will be attached in their entirety to the *Action Agenda* report.

In addition to the *Policies and Practices Work Group*, other *Work Groups* focus on one of five other topics that are broad in nature, with some overlaps, such as *Monitoring, Scientific Understanding, Chemical Emergencies, Serving Communities, and Education and Communication*. Other elements of the *National Conversation* are: sector based meetings, community meetings, tribal meetings, meetings with other stakeholder groups, and the development of a *National Conversation on Public Health and Chemical Exposures Community Conversation Toolkit (Community Conversation Toolkit)* that will be useful to community leaders who want to convene conversations throughout the country. The National Center for Environmental Health (NCEH)/Agency for Toxic Substances and Disease Registry (ATSDR) staff will manage information for this project. To supplement the discussions of the *Work Groups* and the *Leadership Council*, web-based dialogues will also be developed. The *Work Groups* will help develop questions to catalyze the robust, two-way discussions anticipated for the web-based dialogues.

*Questions and Discussion:*

Questions were raised about the following topics:

- The respective roles of the *Leadership Council* and *Work Groups* and the interaction between the 2 groups in determining the *Policies and Practices Work Group* reports and the *Action Agenda*.
- Decision making process, within the *Policies and Practices Work Group*, as well as between the *Work Groups* and the *Leadership Council*.
- The role of the Centers for Disease Control and Prevention (CDC) in the overall project, as well as the role of the U.S. Environmental Protection Agency and other stakeholders.
- Any potential conflicts of interest of participants in this effort and whether and what policy might be considered regarding conflicts of interest.

Roles of the *Leadership Council* and *Work Groups*:

The *Work Groups* are the primary engine of the *National Conversation's* deliberations and development of ideas and recommendations for addressing public health and chemical exposures. The reports that the *Work Groups* have produced will be attached to the final *Action Agenda* that the *Leadership Council* will produce. The *Leadership Council*, comprised of *Policies and Practices Work Group* participants, including all chairs, and several other leading stakeholders, is charged with drawing from and knitting together the various reports from the *Work Groups* to develop the overarching *Action Agenda*.

A list of *Leadership Council* members will be circulated to all *Work Group* participants (Note: document attached and also is found on the following URL: [http://www.atsdr.cdc.gov/nationalconversation/docs/leadership\\_council.pdf](http://www.atsdr.cdc.gov/nationalconversation/docs/leadership_council.pdf)).

In addition, the overview of the *National Conversation*—a draft that was sent out to *Policies and Practices Work Group* members prior to the meeting—is still being further developed and when ready, will be distributed to all participants and placed on the project website.

#### Decision making<sup>1</sup>:

The method of decision-making for the *Work Groups* is a commitment to work toward reaching consensus on the anticipated report and recommendations. In the absence of consensus, options will be listed and evaluated. Alternatively, if consensus cannot be reached regarding the overall report and framing of recommendations and options, minority reports might be submitted.

#### The Role of CDC and other Partners and Stakeholders:

NCEH/ATSDR is managing the information for this project as well as providing staff for substantive input and to support a platform for the *National Conversation*. CDC is working with RESOLVE, the convener and facilitator of the *National Conversation*. The other project partners include the American Public Health Association, the National Association of County and City Health Officials, and the Association of State and Territorial Health Officials. EPA is participating on the *Leadership Council* and in each of the *Work Groups*. Lisa Jackson, EPA Administrator, served as a keynote speaker at the kick-off meeting in June.

#### Conflicts of Interest:

In response to a question that was raised about potential conflicts of interest of participating stakeholders, the chair stated that the structure and function of the *National Conversation* requires all stakeholders to participate, each of whom holds particular perspectives on and interests in the issues that are the focus of the deliberations and the final *Action Agenda*. Further, this effort is not a Federal Advisory Committee convened under the Federal Advisory Committee Act and will not have the same procedures required of participants. This dialogue seeks to engage diverse stakeholders in a meaningful, constructive effort and if concerns exist about undue influence of any one stakeholder or stakeholders in the process, the *Leadership Council* will be consulted.

## **2. Overview of Work Group Composition and Selection Process**

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<sup>1</sup> *Work Group* decision making processes are still being developed and will be specified in the operating protocols or procedures adopted by the *Leadership Council*.

An overview of the *Policies and Practices Work Group* nomination and selection process was provided. Interest in participation was high, indicated by the 480 nominations that were received for 180 slots. Each *Work Group* chair, senior liaison, RESOLVE facilitator, and NCEH/ATSDR staff reviewed all nominees who indicated policies and practices as their first or second choices. A roster of 30 persons, representing a diverse range of experience and expertise in public health and policy development was selected and invited to participate on the *Policies and Practices Work Group*.

A question was raised regarding having *Policies and Practices Work Group* members from industry who have financial interests possibly affected by recommendations of the *Policies and Practices Work Group* and the *Action Agenda*. Comments in response included:

- Dialogues on chemical exposures and public health need 1) all points of view engaged in the deliberations and 2) to seek recommendations for improving public health;
- Each *Policies and Practices Work Group* member has an equal voice in developing ideas and recommendations. No one member will have greater influence than others.
- No *Policies and Practices Work Group* member should be pre-judged. All *Policies and Practices Work Group* members should respect one another, be professional, and work toward productive recommendations. If consensus cannot be reached, then minority reports can be submitted.

The chair noted the importance of this effort and the need for critical thinking regarding policies and practices for public health and chemical exposures. He stated that the system governing these issues is broken, we are two generations behind in addressing evolving issues and risks, and we need to bring to bear the expertise and experience and perspectives of the full *Policies and Practices Work Group* membership to more effectively and proactively protect public health.

### 3. Discussion of Work Group Charge

The majority of the conference call discussion was devoted to the *Policies and Practices Work Group* charge. Suggestions were made for ways to think about the charge, as well as specific language modifications for the charge. At the conclusion of the call, *Policies and Practices Work Group* members acknowledged the need for additional reflection, review of background materials, input from the *Leadership Council*, and more *Policies and Practices* deliberations to fully settle on the language of the charge and the approach to developing recommendations based on the charge.

The discussion began with consideration of the three main issues highlighted in the proposed charge: 1) reduction of harmful exposure; 2) elimination of health inequities; 3) prevention of future outbreaks—moving upstream. In considering these three themes in combination with a focus of policies and practices, the landscape of possible deliberations and areas of discussion can be quite broad, extensive, and a bit overwhelming. The *Policies and Practices Work Group* members discussed multiple dimensions of this charge and proposed possible ways to frame and potentially narrow the discussions of the *Policies and Practices Work Group*:

- Distinguish between policies as externally imposed rules and practices as voluntary, internal behaviors.
- Move from risk assessment to hazard based decision making.

- Consider beginning with the policies and practices of NCEH/ATSDR and expand outward to other agencies, organizations, and groups whose policies and practices affect public health and chemical exposures.
- Consider major legislation, such as the Toxic Substances Control Act and Comprehensive Environmental Response, Compensation, and Liability Act and associated policies.
- Envision the types of recommendations that the *Policies and Practices Work Group* could make and then frame the discussions to move towards those recommendations.
- Consider communities or populations where chemical exposures persist or create the biggest health problems and focus attention on addressing these situations.
- Focus deliberations and recommendations on reducing adverse health outcomes.
- Clarify the target audience for the *Action Agenda* and determine what recommendations might be most relevant for that audience.

The discussions revolved around the challenges of focusing the *Policies and Practices Work Group's* deliberations while avoiding a scope so narrow as to ignore key issues and opportunities for recommending important change.

### *Audience*

Questions regarding the intended audience were raised for general information about the focus of the overall *National Conversation*, as well as to consider in targeting the *Policies and Practices Work Group's* discussions. Suggested audiences include:

- 1) leaders of executive agencies with environmental public health mandates;
- 2) Congress;
- 3) general public;
- 4) policy-makers; and
- 5) NCEH/ATSDR.

The *Policies and Practices Work Group* members agreed that more guidance from the *Leadership Council* on target audiences would be helpful.

### *Voluntary and Regulatory*

A question was raised as to whether the *Policies and Practices Work Group* should consider focusing on regulatory or voluntary approaches. Some members commented about the effectiveness of one approach versus the other, or trends of some efforts moving toward hybrid approaches. Other comments indicated interest in looking at both approaches and not just focusing on one or the other. For example, one member mentioned that Massachusetts' regulatory structure now requires manufacturers to evaluate chemicals, and further noted that many have voluntarily shifted practices based on these evaluations because it makes sense. Another member stated that he was curious about this approach and advised that a fair amount of work has been done indicating obstacles often exist (internal and external) preventing the voluntary adoption of practices, as seen in energy programs. He noted that, despite a reflective effect, broad-based studies indicate movement does not happen systematically enough to be a substitute for more direct action.

### *Communities*

A *Policies and Practices Work Group* member stated that the group needs to look at communities that are still exposed to harmful chemicals, making the point that the group shouldn't ignore legacy concerns in its desire to move upstream with prevention as a goal. The member further emphasized these communities need action to rectify their ongoing situation. *Reducing Adverse Health Outcomes and Regulating Chemicals, Risk and Exposure*

The discussion also revolved around whether and what differences there might be in the *Policies and Practices Work Group's* deliberations if the focus was on public health and persons (and improving health outcomes) or regulating and reducing chemicals. The chair posed the suggestion to focus on developing recommendations to reduce adverse health outcomes, leveraging public health insights, and then turn the *Policies and Practices Work Group's* attention toward chemical exposures.

Another member mentioned the precautionary principle and asked if we are looking at what we know as harmful or all exposures? Another *Policies and Practices Work Group* member stated support for the intent of the precautionary principle, but translating into regulatory language or practices is hard, and recommendations should provide specific ideas for translating ideas into practice. Someone mentioned legislation AB 1879 in California and suggested we need to be as specific as possible in our recommendations.

Another member expressed concern about following the European Union approach, comparing it to a 'whack a mole' process, and further noted that the "chemical du jour" approach is ineffective and does not produce the best health outcomes. A member suggested our focus should not be on one chemical, or policies using "one chemical at a time" approaches. Another member stated that the charge is about ensuring health and the extent to which chemicals affect health. They further noted that we can all agree that eliminating harmful exposures is good, but what is a harmful exposure? What does a harmful exposure look like? A member said she would hope we embrace the precautionary principle, noting that "even an inkling" of exposure may be harmful, and emphasized we need a prevention-based approach.

The U-shaped toxicity curve was mentioned to illustrate that some exposure to certain chemicals is essential (i.e., fluoride, selenium), but too much creates health problems. Does this consideration shift our attention to persons and address adverse health outcomes rather than focusing on individual chemicals? A member asked how things will be different with public health as the first element and chemical exposures as the second consideration. Will this change the way the *Policies and Practices Work Group* approaches these issues, and will this focus result in meaningful recommendations? Another member responded that 65,000 chemicals are in use, with between 1,200 and 1,500 widespread enough to consume us for a decade.

A member asked whether a distinction exists between regulating chemicals and managing them. Does this distinction change how the public is exposed? Another member stated EPA and a variety of non-health agencies have a statutory charge to protect health, and noted that this consideration should help shape our focus as we move forward. This member also noted the *Policies and Practices Work Group* should reinforce that public health is traditionally a state function and many do not believe federal agencies can or should be at the center. Another member asked how TSCA fits in the *National Conversation* project.

A *Policies and Practices Work Group* member noted the legislature in his state wanted to move from risk assessments to hazard based approaches, but that health departments look for risk rather than exposure. Another member stated that the *Policies and Practices Work Group*

members should look at materials circulated by a fellow *Policies and Practices Work Group* member (2 chapters cite of text), mentioning that the executive summary is relevant to this issue.

One member stated the need to focus on promoting useful alternatives. The California Initiative on Green Chemistry was mentioned and its shift to exposure reduction. A *Policies and Practices Work Group* member encouraged that we get off the “risk assessment road” and work toward straightforward exposure reduction. Another member said she agreed—exposure research has been neglected as a result of a shift to focus on disease rather than exposure

Another member asked why would we separate the two concepts. She further stated that she has a foot in the public health and exposure worlds and that it would be difficult to focus on only public health or regulating chemicals. One member proposed three areas for the *Policies and Practices Work Group* to consider in formulating the vision of our charge: 1) product substitution; 2) technology transformation; and 3) regulation.

Another member raised the importance of occupational health. This member agreed that this conversation is not just about regulation and mentioned the need for identification and diffusion. In addition to addressing health and exposure, other components are important—educating the public so that people can make educated decisions and become more engaged. Another member noted that education of the public is the work of the *National Conversation on Public Health and Chemical Exposures Serving Communities Work Group* and *National Conversation on Public Health and Chemical Exposures Education and Communication Work Group*, and that we will need to coordinate our work with those groups.

A *Policies and Practices Work Group* member suggested that the group look at the California Green Chemistry Initiative. A member responded that he is advising efforts on the Initiative’s implementation; he cautioned that the effort has not lived up to expectations, and myriad problems have occurred. Other members suggested other efforts be reviewed, including work being done in Massachusetts (safer chemical initiative legislation has been drafted, but not yet passed), California, Maine, Washington, the EU, Contra Costa County (work on safety management for oil refineries, detailed in a website and series of reports), and Ken Geiser’s work looking at various initiatives.

The *Policies and Practices Work Group* discussed the specific language of the charge, including the following comments:

- Our charge should read “eliminate” rather than reduce harmful exposures.
- Rather than “spurring,” we need to mandate safe (not safer) alternatives.
- Add language to reflect the importance of minimizing exposures.
- We need to consider exposures in totality.
- Add phrase, “protect public health by recommending policies and practices toward...”

### *Reference Materials*

Several members suggested the need for a *Policies and Practices Work Group* review of a variety of materials and information to help shape the *Policies and Practices Work Group* discussions, as well as to help determine the focus of the *Policies and Practices Work Group* charge and associated work plan. The chair agreed, stating that the *Policies and Practices Work Group* needs an electronic-based repository of information and materials and that such a resource might be an appendix to our final report. He noted that *Policies and Practices Work*

Group members already were beginning to share information and we could continue to build on a collection of materials. One member mentioned she has been working to develop a protocol for alternative assessments using a wiki, which includes resources and data associated with chemicals. She offered to make this data source available to the group. It was stated that other efforts are underway to establish a site to post a repository or similar background materials for the overall *National Conversation* project. The *Policies and Practices Work Group* members were encouraged to think broadly about tools, resources, etc.

#### 4. Identification of Work Group Meeting Times

The *Policies and Practices Work Group* briefly discussed scheduling the first in-person, full-day meeting between the week of October 25, 2009 and mid-November. A poll will be sent to determine the best date. A question was raised about the potential for Web-based access for the in-person meeting. One member suggested holding the meeting in the middle of the United States would facilitate travel for persons on the West Coast, including Alaska. It was noted the location will be determined by a variety of factors, including cost, proximity to members, and meeting space.

#### 5. Wrap-Up and Next Steps for Work Group

The call was adjourned at 1:00 p.m. Eastern. The identified next steps included:

- Developing a meeting summary of the call.
- Investigating how best to establish a repository of information that is accessible to all *Policies and Practices Work Group* members.
- Polling *Policies and Practices Work Group* members to determine the first in-person, full-day meeting date.
- Gathering more information and input on the *Policies and Practices Work Group's* charge, meeting protocols and procedures, and developing a preliminary agenda for the first in-person, full-day meeting.
- Bringing those *Policies and Practices Work Group* members not on the call up to speed and involved in the deliberations.

## IV. Participation

### Members Present:

Brenda Afzal, University of Maryland School of Nursing  
Laura Anderko, Georgetown University  
Beth Anderson, National Institute of Environmental Health Sciences  
Nicholas Ashford, Massachusetts Institute of Technology  
Caroline Baier-Anderson, Environmental Defense Fund  
Patricia Beattie, General Motors  
Lynn Bergeson, Bergeson and Campbell, P.C.  
Arlene Blum, Green Science Policy Institute  
Sarah Brozena, American Chemistry Council  
Linda Bruemmer, Minnesota Department of Health  
Kerry Dearfield, U.S. Department of Agriculture, Food Safety and Inspection Service  
Catherine Dodd, City and County of San Francisco  
Pamela Eliason, Toxics Use Reduction Institute  
Doug Farquhar, National Council of State Legislatures  
Kristin Hill, Great Lakes Inter-Tribal Epidemiology Center

Richard Jackson, UCLA School of Public Health, *chair*  
Timothy Malloy, UCLA School of Law  
Annette McCarthy, U.S. Food and Drug Administration  
John McLeod, Cuyahoga County Board of Health  
Anne Rabe, Community Concerned About NL Industries  
Kristin Ryan, Alaska Department of Environmental Conservation  
Gail Shibley, Oregon Department of Human Services/Public Health Division  
Brian Symmes, U.S. Environmental Protection Agency  
Kristen Welker-Hood, Physicians for Social Responsibility

**Facilitation & Staff Team:**

Tom Sinks, NCEH/ATSDR senior liaison  
Abby Dilley, RESOLVE facilitator  
Montrece Ransom, NCEH/ATSDR staff