

MINUTES
NIOSH Board of Scientific Counselors
Washington, DC
March 30, 2006

Introductions, Announcements, and Approval of Minutes

Dr. Henry Anderson, Chairman, called the 47th meeting of the NIOSH Board of Scientific Counselors to order. Other attending Board members were Dr. Blaney, Dr. Brown, Dr. Derebery, Dr. Haight, Mr. Lamar, Dr. Renshaw, Mr. Schneider, Dr. Warheit, and Mr. Williams. The NIOSH Director, Division Directors, NIOSH staff, and members of the public also attended. The minutes from the 46th meeting on July 21, 2005, were reviewed and approved.

Report from the Director

Personnel News

Dr. Howard announced that Mr. Les Boord was appointed Director of the National Personal Protective Technologies Laboratory and Dr. Guner Gurtunca was appointed Director of the Pittsburgh Research Laboratory.

Budget

Ms. Diane Porter, Deputy Director, NIOSH, gave a summary of the budget for the 2006 fiscal year. In 2006, \$257 million was appropriated by the U.S. Congress. Of this total, \$250.3 million was received by NIOSH after recision for CDC business services. An additional \$1.2 million was committed for employee individual learning accounts. NIOSH also lost office automation personnel in 2006 with an associated reduction of \$2.1 million.

Discussion

The Board questioned whether information technology (IT) services improved after consolidation with other CDC business services. Ms. Porter stated there were some difficulties supporting scientific and laboratory computing needs that are often quite different from standard office computing practices. For example, specialized hearing loss software developed by NIOSH could not be demonstrated at a public meeting because of some centralized IT security changes. In short, business IT and science IT are sometimes in conflict.

Capitol Hill Visits

On February 28, 2006, Dr. Howard testified at a U.S. Congress hearing on health monitoring and treatment of responders to the World Trade Center (WTC) disaster. Seventy-five million dollars in the CDC budget was designated for treatment of WTC responders. On February 29, 2006, Dr. Howard participated in a Congressional hearing on compensation claims provided under the

Energy Employees Occupational Illness Compensation Program Act of 2000 (EEOICPA). On March 2, Dr. Howard participated in a U.S. Senate hearing on mining safety and health.

Program Portfolio

Dr. Howard reported on website development for each industry sector program to be unveiled in time for the National Occupational Research Agenda (NORA) Symposium. Inputs, outcomes, program evaluation, and outside stakeholder interests will be noted on the website. Program review and evaluation will include intramural review, BSC review, and stakeholders commentary. Extramural evaluation will be more formal through the National Academy of Sciences (NAS).

Dr. Ray Sinclair gave an update of NAS reviews in progress. These reviews concentrate on outcomes rather than peer review of the science. The hearing loss and mining NAS panels have completed their review meetings which included testimony from stakeholders and NIOSH program staff and site visits. The panels are now writing their reports. According to NIOSH program staff, one positive outcome from this process, so far, is improved communication among Divisions participating in a particular program.

Discussion

The Board questioned how the NAS panels parse the contribution of NIOSH versus other agencies with enforcement and regulatory capabilities. Dr. Sinclair stated that NAS takes an expert judgment approach because it is difficult to make quantitative or causal connections to many of the outcomes. Dr. Howard suggested that one strategy is to follow every output along the information chain to see who uses them and to what extent. For example, were NIOSH publications read and were changes reported? The Board asked about future programs to be reviewed. Dr. Sinclair stated that the health hazard evaluation, construction, traumatic injuries and personal protective equipment programs will be reviewed in 2007, and healthcare, authoritative recommendations, infectious diseases and exposures, and cancer and other chronic diseases will be reviewed in 2008. Dr. Howard stated that the Office of Management and Budget performance review is a motivator for the NAS reviews. Both reviews help NIOSH focus on goals and clear outcomes.

Science Initiatives

Prevention by Design: Dr. Howard stated that NIOSH is exploring use of design as a methodology to prevent injury and illness, citing Australian work in this area claiming 40% of their injuries are related to design. Workshops are planned and engineering and design schools will be approached for curriculum ideas. NORA industry sector councils will be urged to think about design issues relevant to their sectors.

Discussion: The Board strongly endorsed this approach and offered assistance in approaching academic institutions and industries to encourage participation.

Real Time Exposure Assessment: Dr. Howard noted recent developments in exposure assessment, including a real-time personal dust monitor and a colorimetric test kit for stachybotryis, that have great potential under the Research to Practice (r2) initiative.

Science Policy: The Office of Management and Budget recently distributed draft guidelines on Risk Assessment for agency comment. The initial impression by CDC is that the bulletin expands the definition of risk assessment. OMB also issued a draft bulletin on agency practices for providing guidance on regulations. Dr. Howard stated that the NIOSH authoritative recommendations program will consider these bulletins and continue our standard practice of obtaining external review and stakeholder input for our products. For example, a public meeting will be conducted for a criteria document on titanium dioxide that will include extensive review and stakeholder input.

Discussion: The Board endorsed the thoroughness of the titanium document and welcomed the public meeting to hear comments. The Board also was concerned about whether the additional OMB guidelines would slow document production. Dr. Howard could not give an estimate of those changes but stated that NIOSH would remain committed to rigorous peer review in any case.

General Discussion

The Board requested a brief summary of the World Trade Center issues, five years later. Dr. Howard stated that the persistence and severity of the health effects, even after 5 years, is the major concern. Both clinical experience and published reports cite persistent respiratory problems, chronic musculoskeletal complaints, gastrointestinal problems, and mental health conditions such as post-traumatic stress disorder, anxiety, and depression.

The Board requested comment on the response by NIOSH to Hurricane Katrina. Dr. Howard stated that NIOSH staff did exemplary work despite organizational challenges and difficulties activating the occupational safety and health annex of the National Response Plan. Positive comments were received from FEMA about NIOSH support. Major challenges included the geographic scope of the disaster and countering mistaken information. NIOSH is still working with other agencies and accommodating information requests from the Army Corps of Engineers about lead and asbestos exposure to contractors. The Board emphasized that worker safety issues are a major concern that can easily be overlooked when there is a large-scale administrative breakdown. Dr. Allison Tepper of the NIOSH Health Hazard Evaluation Program stated that a the survey of police and fire departments in the disaster areas will be undertaken to identify their issues and concerns.

The Board expressed concern about CDC plans to reorganize the advisory groups and the potential loss of the NIOSH grants review panel. Dr. Howard stated that the grant review panel will remain intact.

Health Hazard Evaluation Program Review

Dr. Joel Haight gave an overview of the BSC Work Group review of the NIOSH Health Hazard Evaluation (HHE) Program. The review included both site visits and examination of HHE documents. The work group noted the very public nature of the program and the quality and dedication of the scientists and technical staff who encounter high workloads with a limited budget. The work group further noted a lack of systematic methods for prioritizing projects or clear deadlines. The workload of the program contributed to the difficulty in balancing service and taking advantage of applied research opportunities or confronting emerging risks. The work group recommended updating the HHE mission to (1) focus on identification of emerging conditions and furthering science through service, (2) promote and publicize the HHE program more widely, and (3) include estimates of savings from reduced health problems in all reports. The group further recommended clarifying staff size and discipline requirements and exerting more effort at demonstrating the success or effectiveness of the program.

Discussion

The full Board reiterated the work group concerns about the high HHE workload and the increasing demands associated with disaster preparedness and response. Some Board members suggested that NIOSH limit its investment in direct disaster response because it can detract from the traditional mission of the Institute. They suggested that NIOSH focus its disaster response on high level recommendations and leave the operational aspects to other agencies. The Board offered assistance in conceptualizing that role.

Dr. Howard thanked the work group for their efforts and welcomed the suggestion for economic estimates of the benefits of HHE recommendations. Dr. Howard recognized the struggle with evaluation and demonstrating success and diffusion of the information to a wider audience. He acknowledged the need to balance the post-2001 disaster response issues with the broader Institute mission. Dr. Howard stated that NIOSH is continually struggling with prioritization of hazard evaluation requests given that consultation capacities exist in OSHA and the private sector. Dr. Howard mentioned that the Federal disaster health response operation may be reorganized this year and the role of NIOSH and the HHE program may somehow change in response to that reorganization. Consequently, now is a good time to clarify the HHE mission and goals in anticipation of those changes.

National Occupational Research Agenda (NORA)

Dr. Max Lum gave an overview of the NORA Town Hall meetings that were conducted at a variety of venues around the United States. The meetings were designed as a forum for obtaining stakeholder input to the second decade of NORA. Meeting objectives mentioned by Dr. Lum included: Satisfying goals, building relationships, reaching non-traditional partners such as small businesses, achieving a national scope, and attracting at least 1000 participants. The structure of the meetings was 5-minute open-topic presentations in the mornings and concentration on a specific sector in the afternoons. The meeting in Los Angeles included a focus group with labor representatives. In Salt Lake City, the Chamber of Commerce assisted in encouraging business groups to participate. In Piqua, Ohio, a community college with a strong vocational program was engaged and appeared to be a good avenue for reaching small businesses and linking to school curricula. In Jackson, Mississippi, a training session on grants was added

to the afternoon session. Overall there were 1167 attendees and 379 submissions to the NORA public docket. About 50 percent of all attendees testified. Ms. Christy Forrester gave an overview of the most frequently discussed issues, including traumatic injury, hearing loss, musculoskeletal disorders, and chemical exposures, and new issues including global harmonization and collaboration, work-life balance, immigrant workers, and nanotechnology. Dr. Sid Soderholm reviewed the new NORA structure organized around industry sector councils and a council for cross-cutting issues. The initial work of the councils will be reviewing public input from docket, meetings, surveillance, and formulating priorities and strategy for each sector.

Discussion

The Board asked how NORA goals will be integrated with OMB performance outcomes. Dr. Soderholm replied that the NORA vision is wider than the Institute vision since it extends beyond NIOSH to a national agenda. Some Board members noted that the construction council is focusing on areas where research can make an immediate difference, such as fall fatalities, which may shift the focus from other researchable areas where less practical information is known. The Board asked about compelling moments at the town hall meetings. Dr. Lum replied that student participation was particularly striking and welcome, and much more frequent than during the open meetings held 10 years ago in the formative years of NORA.

Research to Practice Strategic Plan

Dr. DeLon Hull presented an update on the Research to Practice (r2p) initiative stating that the role of r2p office is not to grow into a large translation operation but to facilitate r2p within the NIOSH Divisions. The strategic plan emphasizes assistance in developing partnerships with associations, groups, communities, and establishing, for example, memorandums of understanding to formalize collaborations. R2p helps clarify the message that research must lead to healthier, safer workers, not just to publications. The r2p core values are relevance, quality, and impact. Recent activities included surveying the internal science staff to determine avenues to r2p implementation. Among the concerns of the science staff was a fear of losing basic research and becoming "too applied." R2p, however, aims to retain basic research while assisting scientists in articulating the eventual worksite outcomes of their research.

Discussion

The Board asked whether grant peer review panels must now consider r2p in their evaluations. Dr. Howard replied that grants announcements now include r2p language to be addressed by applicants. Dr. Howard further stated that the traditional academic composition of grant review panels must be revised to accommodate current r2p demands. The Board applauded the partnership efforts based on members' experience as both industry practitioners and academic researchers.

Board Resolutions

The Board moved to endorse the work group report on the Health Hazard Evaluation Program with minor editorial revisions to be completed by the work group. The motion was adopted unanimously with no additional discussion.

Final Remarks

Suggestions for future meeting topics were musculoskeletal disorders, stress, economics, and respiratory disease, and NIOSH publications and process.

I certify that, to the best of my knowledge, the foregoing summary of minutes is accurate and complete.


Henry A. Anderson, M.D., Chairman

10/2/06
Date