1. Children exposed to 9/11 are aging. If research is not conducted on this cohort while they are children, to what extent will the opportunity to discover relationships between the 9/11 exposure(s) and developmental milestones or other health effects be lost? What are the most important developmental and health outcomes to target in such a cohort?

2. World Trade Center researchers consistently indicate the need for "external" referent groups for comparison of health outcomes with WTC exposed populations. How could the WTCHP identify and develop robust and appropriate comparison groups to improve the validity and interpretability of WTC research, and potentially provide for future post-disaster research?

[Revised] The CCEs/NPN are required to provide benefits counseling to its members. Each of the CCEs/NPN have staff and an internal process for triaging members to appropriate counseling and have established a level of counseling provided within their CCE/NPN. In an effort to streamline benefits counseling, the WTC Health Program is working to identify gaps in the area of benefits counseling across the Program and provide recommendations for streamlining the process across the CCEs/NPN. After reading the current Program recommendations for streamlining benefits counseling, what other recommendations would be helpful?

4. The "Research-to-Care" model relies on strong linkages between health surveillance, research, and clinical care to produce the outcomes of the logic model. Are there any missing linkages or other ways that the model might be improved?

WTC Health Program Research-to-Care Logic Model (iterative)

Outcomes Inputs Activities Outputs Short Intermediate Long Program Disease burden Members Conduct quality mechanisms Improved Educational research recognition of WTC-Clinical Resource Centers Identify new health surveillance related conditions Centers of Added curriculum outcomes with Excellence for OEM providers₁ evidence of Establish & Improve Member Improved exposure maintain quality Health & Wellknowledge about Nationwide Being provider networks treatment outcome Provider Improved Updated research longitudinal medical Network agenda monitoring₂ Render high **Data Centers** Improved training & quality patient Improved response Program-wide education for WTC care Program medical guidelines for future disasters providers Improved customer Support & protocols satisfaction Develop & apply Technology medical quality Program indicators Program Staff management Improved patient Improved patient Metrics (QAP) Conduct & compliance with care and NYC 9/11 analyze health treatment management of Health Registry surveillance Periodic CCE chronic WTC medical quality diseases Extramural indicator reports Translate findings Researchers from research & health Advisorv Periodic health Committee screening & health (STAC) surveillance reports Zadroga Act and Rules Member & provider education products

Contextual Conditions:

- Legislative environment: HIPAA, Federal Employee
 Compensation Act, Social Security Act, Affordable Care Act
- Limited care model (not a medical home)
- Program enrollment (low statistical power)

1 NIOSH funded program for training physicians and allied health professionals in occupational and environm ental medicine (OEM) 2To inform decision support for ERHMS (Emergency Responder Health Monitoring System)