



AGENDA
World Trade Center Health Program
Scientific/Technical Advisory Committee – June 4, 2015

Jacob K. Javits Federal Building
 26 Federal Plaza New York, NY

Full Committee Meeting Rooms A/B		
Note: All times are Eastern Daylight Savings Time		
10:00 am – 10:10 am	Welcome and Introduction	Elizabeth Ward, PhD – Chair Paul J. Middendorf, PhD – DFO
10:10 am – 10:15 am	Charge to the Committee – ‘Questions for Deliberation’	John Howard, MD – WTC Health Program Administrator
10:15 am – 10:45 am	The WTC Health Program – Structure and Functions; Research to Care Model	Dori Reissman, MD – WTC Health Program Associate Administrator
10:45am – 11:05am	The WTC Health Program – Activities, Member Services and Communication	Jessica Bilics and Laurie Breyer
11:05 am – 11:35 am	Overview of WTC Health Research	Allen Robison, PhD and Travis Kubale, PhD
11:35 am – 12:00pm	WTC Health Registry: An Update	Mark Farfel, ScD WTC Health Registry
12:00 pm – 1:00 pm	Lunch	
1:00 pm – 1:30 pm	Mental Health Lessons Learned	Nomi Levy-Carrick, MD NYU School of Medicine
1:30 pm – 2:00 pm	Public Comments	Paul J. Middendorf, PhD – DFO
2:00 pm – 3:00 pm	Discussion of ‘Questions for Deliberation’	Elizabeth Ward, PhD – Chair
3:00 pm – 3:15 pm	Break	
3:15 pm – 4:30 pm	Discussion of ‘Questions for Deliberation’	Elizabeth Ward, PhD – Chair
4:30 pm – 4:45 pm	Administrative Issues and Adjourn	Elizabeth Ward, PhD – Chair Paul J. Middendorf, PhD – DFO

****Agenda items and times are subject to change as priorities dictate****

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Questions for Deliberation

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?
3. [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?