Public Health Response Plan

Proposal for Health Investigations Related to Environmental Concerns

Pompton Lakes, New Jersey

Draft for Discussion
Community Advisory Group for Health (Health CAG)

For the
December 7, 2010
Meeting

draft for discussion

New Jersey Department of Health and Senior Services
Consumer, Environmental and Occupational Health Service

Agency for Toxic Substances and Disease Registry
U.S. Department of Health and Human Services

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Plan Developers and Acknowledgments

The following state and federal health agency representatives are responsible for the development and implementation of this Public Health Response Plan.

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Steve Maybury and Mindy Mumford (New Jersey Department of Environmental Protection), and David Kluesner (U.S. Environmental Protection Agency)

It should be noted that specific choices of activities in the plan were made by the health agencies, not the members of the Health CAG or environmental agencies.

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Background and Statement of Issues

Over many decades, operations of the former DuPont Pompton Lakes Works plant resulted in environmental contamination of soils, sediments and groundwater, both on and off the plant's site. Contaminants include heavy metals such as lead and mercury in soils and sediments, and chlorinated solvents in groundwater. The New Jersey Department of Environmental Protection (NJDEP) and the U.S. Environmental Protection Agency (USEPA) are overseeing investigations to characterize the extent and magnitude of contamination and are responsible for ensuring that remedial actions are taken to protect public health and the environment.

Previous Health Investigations

In 1994, the federal Agency for Toxic Substances and Disease Registry (ATSDR) completed an extensive Public Health Assessment (PHA) for the DuPont Pompton Lakes Works site (ATSDR 1994). This document evaluated possible pathways of human exposure to contaminants from the site. (A pathway is the means by which a contaminant at a site enters an environmental medium such as soil or air, is transported through the environment, and enters into the human body through the lungs, gastrointestinal tract, or skin.) In response to the PHA's recommendations, the New Jersey Department of Health and Senior Services (NJDHSS) and ATSDR conducted an investigation of exposure to lead and mercury among children, with a particular focus on those children living near the Acid Brook. The investigation did not show evidence of exposure to lead and mercury in the children at that time (ATSDR and NJDHSS 1998).

Recent Health Investigations

In June 2008, the NJDEP asked the NJDHSS and ATSDR to evaluate the potential health impacts to Pompton Lakes residents exposed to volatile organic compounds in indoor residential air. Volatile organic compounds that are present in the groundwater contamination plume beneath residences can enter indoor air via a process known as vapor intrusion. With oversight from NJDEP, DuPont began installing vapor intrusion mitigation systems at residences above the groundwater plume, and collected sub-slab and indoor air data.

In a health consultation report released in December 2009, the NJDHSS and ATSDR evaluated indoor air data collected by DuPont in 337 residences in the latter half of 2008 (ATSDR and NJDHSS 2009a). The NJDHSS and ATSDR concluded that current and future exposures to plume-related contaminants in indoor air at residences where mitigation systems have <u>not</u> been installed may harm people's health. Where properly functioning mitigation systems have been installed, the NJDHSS and ATSDR concluded that exposure to plume-related contaminants will not occur, and therefore will not harm people's health. The agencies recommended that residences impacted by the groundwater plume should get the mitigation system installed, and that, to the extent feasible, the groundwater plume should be remediated to eliminate vapor intrusion.

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In the Spring of 2009, the Mayor of Pompton Lakes and members of the community requested the NJDHSS to examine cancer incidence in the neighborhood above the contaminated groundwater plume. In response, the NJDHSS and ATSDR compared cancer rates in the portion of Pompton Lakes above the groundwater plume to cancer rates in New Jersey, for the period 1979 through 2006. Cancer incidence was evaluated for all cancer types combined and for 13 specific cancer types.

In a second health consultation report released in December 2009, the NJDHSS and ATSDR found that the rates of all cancer types combined was not elevated in the Pompton Lakes groundwater plume area, nor were the rates of eleven other types of cancer (ATSDR and NJDHSS 2009b). However, kidney cancer incidence was higher than expected in females (but not in males), and non-Hodgkin lymphoma (NHL) was higher in males during the most recent 13-year period (but not in females).

This descriptive analysis of cancer incidence does not provide evidence of a specific cause-effect relationship between the incidence of cancer and environmental contamination. Two of the chemicals found in the groundwater contamination plume (trichloroethylene and perchloroethylene) have been found to increase the risk of kidney cancer or NHL (and other cancers) in experimental animals and/or workers exposed to very high amounts of these chemicals. However, important risk factors for kidney cancer and NHL (e.g., cigarette smoking or occupational exposures) could not be accounted for in this analysis.

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Community Advisory Group for Health

On the evening of December 15, 2009, the NJDHSS and ATSDR met in a public forum with Pompton Lakes residents to present findings and listen to concerns about health and the environment. At the meeting, community members expressed concerns about numerous health and environmental issues. As a result, the agencies committed to working with representatives of the community to develop this Public Health Response Plan, to address these issues of mutual concern.

In early March 2010, the NJDHSS and ATSDR convened the Community Advisory Group for Health (the Health CAG). The purpose of the Health CAG is to The purpose of the Pompton Lakes Community Advisory Group for Health is to:

- provide a forum for community representatives to express concerns about health and environmental exposures in relation to the DuPont Pompton Lakes Works site;
- define specific questions regarding exposure and health;
- discuss solutions to answering the defined questions; and
- advise ATSDR and NJDHSS on priorities for health investigation.

Members of the Health CAG include those recommended by the Mayor of Pompton Lakes, and other citizens who requested to be part of the advisory group.

The Health CAG met monthly from March through July 2010; this version of the plan was updated and prepared for discussion at the December 2010 Health CAG meeting.

Summary of Environmental and Health Concerns

The following is a list of environmental health concerns that have been raised in community meetings or in Health CAG discussions, in relation to contamination associated with the DuPont Pompton Lakes Work site.

Environmental Media and Contaminants

Medium: Groundwater contamination plume
Contaminants: Volatile organic chemicals (VOCs): trichloroethylene (TCE), perchloroethylene (PCE), methylene chloride, carbon tetrachloride, 1,2-dichloroethane, and vinyl chloride
Human Exposure Pathway(s): Vapor intrusion (VI) into residences and inhalation
Issues:

- Defining extent of groundwater contamination plume through time
- Effectiveness of VI remediation systems at VOC removal
- Cumulative impact to ambient air of VI remediation system emissions
- Past use of private wells in area of contaminated groundwater for potable or other purposes

Medium: Sediments and soils of the Acid Brook and its delta at Pompton Lake
Contaminants: Lead and mercury
Human Exposure Pathway(s): Direct contact and incidental ingestion
Issues:

- Remediation completed for Acid Brook, underway at the delta
- Concerns about lead and mercury contamination in Wanaque River

Health Outcomes and Issues

Health Outcomes:

- Cancers, specifically kidney cancer and non-Hodgkin lymphoma
- Neurological disorders (e.g., multiple sclerosis, lupus) and learning disabilities
- Lead exposure
- Kidney diseases
- Birth defects and other birth outcomes

Issues:

- Measuring health outcomes among current residents and among people who moved away
- Linking health problems with suspected exposures

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* * *

This Public Health Response Plan has been developed by state and federal public health agencies (NJDHSS and ATSDR), with input from the Health CAG, state and federal environmental agencies, and local government officials. Section 1: "Plan of Public Health Activities" consists of two parts:

- Assessing and reporting potential health risks
- Health outcome investigations

Section 2: "Communications Plan" outlines the methods by which the public health agencies (NJDHSS and ATSDR) intend to promote active, on-going communication with local government officials and the Pompton Lakes community on health-related issues. The section also outlines plans for development and dissemination of relevant health information for the community and health care providers.

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References

[ATSDR] Agency for Toxic Substances and Disease Registry, 1994. Petitioned Public Health Assessment, E.I. DuPont DeNemours, Pompton Lakes, New Jersey. Atlanta: U.S. Department of Health and Human Services.

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[ATSDR and NJDHSS] Agency for Toxic Substances and Disease Registry, and New Jersey Department of Health and Senior Services, 2009a. Health Consultation, DuPont Pompton Lakes Works Site: Analysis of the Vapor Intrusion Pathway in the Pompton Lakes Neighborhood Impacted by the DuPont Groundwater Contamination. Atlanta: U.S. Department of Health and Human Services.

[ATSDR and NJDHSS] Agency for Toxic Substances and Disease Registry, and New Jersey Department of Health and Senior Services, 2009b. Health Consultation, DuPont Pompton Lakes Works Site: Analysis of Cancer Incidence in the Pompton Lakes Neighborhood Impacted by the DuPont Groundwater Contamination. Atlanta: U.S. Department of Health and Human Services.

Section 1: Plan of Public Health Activities

Assessing and Reporting Potential Health Risks

1. Effectiveness of vapor intrusion remediation systems

Objective: To determine whether remediation systems, as installed, are effective at removing VOCs from entering basements of homes above the groundwater contamination plume

Approaches: Based on data gathered by the NJDEP, NJDHSS and ATSDR will compare pre- and post-remediation samples on a house-specific basis, and determine the distribution of percentage reductions in contaminant concentrations. Findings will be described in a Health Consultation.

2. General ambient air quality (air toxics)

Objective: To provide information to the community on measured or estimated levels of air pollutants in the ambient air of Pompton Lakes

Approaches: NJDHSS and ATSDR will compile and summarize data from the USEPA's National-scale Air Toxics Assessment (NATA) for 1999, 2002 and 2005 (when available) for the town of Pompton Lakes and for the eight surrounding municipalities. Data may be compared to NATA estimates derived for other communities in New Jersey. Findings will be described in a Health Consultation.

Health Outcome Investigations

Introduction

This section discusses general considerations related to health outcome investigations, including the setting of objectives and design and implementation issues. It is important to define first the specific objectives of a health outcome investigation. This will then determine or guide the choice of methods that will be used.

Setting Objectives and Measures

There are three broad categories into which objectives may fall:

- To describe the occurrence of one or more health outcomes in a population in an interval of time.
- To compare the occurrence of health outcomes in a population relative to a reference population.
- To determine how the occurrence of a health outcome within a population varies with respect to a possible cause of the health outcome.

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It can be useful just to know how frequently a disease occurs in a particular population, e.g., for the planning of needed health services. Often, however, it is important to know how a disease rate in a community compares to other communities, so that we can understand whether something unusual is occurring that may be preventable. In making comparisons, rates or ratios may be adjusted, or standardized, to account for (i.e., remove) the influence of age and other factors that are known to affect the disease rate, so that comparisons are more meaningful.

For the first and simplest objective, the measure is usually a *count* or a *proportion* (e.g., "23 persons, or 11 percent of current residents, have been told by a doctor that they have diabetes"), or a *rate* (e.g., "there were 14 new cases of lung cancer per 10,000 people per year"). For the other two objectives, the measure is usually a *ratio of rates or proportions* (e.g., "the rate of prostate cancer among males in the town is 2.5 times higher than in the state," or, "within the town, the proportion of people with chronic obstructive pulmonary disease was 8 times lower in people who never smoked compared to those who were current smokers").

For measures to have meaning, it is essential that both the numerator (e.g., number of cases) and denominator (size of the population from which the cases arose) are measured accurately. It is always important to think about what factors might affect the accuracy of these measurements.

<u>Defining the Population and Time Period of Interest</u>

For community-based investigations, a population may be defined in two ways:

- All persons currently living in a particular area at a point in time
- All persons who ever lived in a particular area during an interval of time

Further, the time period of concern for health outcome development needs to be defined. Starting with the first objective of defining a disease proportion or rate, questions may be phrased in several ways ranging from simple to complex, for example:

- What proportion of current residents are living with diabetes?
- What proportion of current residents who have lived in the town more than five years had an episode of asthma that required hospitalization or emergency treatment in the past year?
- What proportion of current resident children under the age of ten were newly diagnosed with asthma while a resident of the town?
- What proportion of newborns in the period 2002-2006 were born prematurely?
- What proportion of people who ever lived in the town were newly diagnosed with bladder cancer in the past twenty years, while a resident of the town?

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- What proportion of people who ever lived in the town were newly diagnosed with bladder cancer in the past twenty years, while a resident of the town, or within twenty years of moving from the town?

For objectives involving comparisons among or within populations, it is important that the same (or comparable) questions and methods of information collection are used for all groups.

Sources of Information

Numerator and denominator information may be obtained from existing data sources such as vital statistics, disease registries, other administrative records (such as hospital billing data), and the population census. Information may also be obtained from custom surveys of an entire population or a sample. Each method of information collection has advantages and disadvantages.

Existing, Relevant Data Sets: The NJDHSS compiles vital statistics (births, deaths, fetal deaths), maintains registries for cancers and birth defects, and collects data on in-patient hospitalizations and emergency department visits. The NJDHSS also stores records of laboratory tests for exposure to lead, from which cases of lead over-exposure or poisoning can be determined.

Extracting information on disease rates by using existing data sets has several advantages, including ready availability, low cost, and (generally) high quality. These data sets are intended to be comprehensive compilations of all events (e.g., births, hospitalizations, or lead tests) occurring within a particular population, and for the most part are complete or representative of the population. However, existing data sets are limited to the information that is originally collected, for example on the birth certificate. Residential location information is usually limited to the residence at the time of the registration of the record, such as the mother's address at birth or the decedent's address at death. Also, existing data sets may not have information on important risk factors that would be useful for the analysis and interpretation of findings.

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Custom Surveys: Health status data may be collected by a population survey with specific objectives. Surveys may be conducted through a variety of means; they may be self-administered or conducted by a professional interviewer. Self-administered surveys may be mailed to potential respondents or made available through other means. Surveys with trained interviewers may be conducted in person (door-to door or other means) or by telephone. Surveys may be done as a census of all members of a target population, or may be based on a representative sample of that population. Each of these alternative methods has advantages and disadvantages; choices should be determined based on the likelihood of fulfilling the survey's objectives.

The advantage of a survey is that information relevant to the specific objectives can be gathered. However, self-reported health information (whether by self-administered or interviewer survey) may not be accurate or reliable, for example

when a long period of recall is required, or the questions are complex or involve sensitive information. Survey data may need to be verified with medical records or registries. Reporting errors are inevitable and may be serious.

Data from other populations is needed to compare survey outcomes; this may be accomplished by surveying another community or through the use of standard questions that have generated reference population data. Survey participation may affect results; those who have specific conditions may be more (or less) likely to participate in a survey than those who don't have the condition. If participation for this reason differs between a target and comparison or reference community, false conclusions may be drawn from the findings.

Privacy and Confidentiality Considerations

Surveillance or research investigations involving protected individual information (such as personal identifiers and health status) must follow pertinent laws and regulations governing the collection, storage and use of data. Research studies must also be pass review by an Institutional Review Board established to protect human subjects.

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Proposed Health Outcome Investigations

The following proposals are intended to provide a general profile of the health status of the population of Pompton Lakes, and to address many of the health outcome concerns raised by the community. The general objective is to evaluate the occurrence of health outcomes and vital status events in comparison to another population. The populations of interest include those living above the groundwater contamination plume, and the remainder of Pompton Lakes (or the entire town). Rates of health outcomes will be presented in relation to a standard comparison population, the state of New Jersey. In addition, for regional context, rates will be presented for the combined population of the eight municipalities bordering Pompton Lakes.

Note that analyses will not be presented for rare events such that individual identities can be inferred or when rates are considered unstable, in accordance with rules or practices of health data stewards. In general, analyses of cases or death counts less than five will not be presented.

1. Incidence of cancers

Objective: To describe incidence rates of cancers in the period 1979-2008 among people living at the time of diagnosis in: 1) the groundwater plume area of Pompton Lakes; 2) the entire town of Pompton Lakes; and 3) surrounding municipalities; in comparison to cancer rates in the State of New Jersey

Approaches: This investigation is best accomplished through use of data collected by the New Jersey State Cancer Registry in the NJDHSS. The method of choice is the calculation of age-standardized incidence rate ratios (SIRs). To date, SIRs have

been calculated and presented for the population above the groundwater plume area (1979-2006) and entire town (1979-2007), using cancer rates in the State of New Jersey for comparison. The next steps will be to:

- Update SIR analyses for the entire town of Pompton Lakes through 2008
- Update SIR analyses for the groundwater plume area from through 2008
- Calculate SIRs for the eight surrounding municipalities combined (Franklin Lakes Borough, Oakland Borough, Butler Borough, Pequannock Township, Riverdale Borough, Bloomingdale Borough, Wanaque Borough, and Wayne Township) from 1979-2008

SIR analyses will be calculated by sex for all cancers combined and for the following cancer type groupings: prostate (male), breast (female), ovary (female), cervix (female), lung and bronchus, colorectal, urinary bladder, non-Hodgkin lymphoma, melanoma, leukemia, kidney, pancreas, thyroid, brain and central nervous system, and liver.

2. Mortality from major causes of death

Objective: To describe mortality rates from major causes of death in the period 2004-2006 (years of data available in NJ SHAD query system) among people whose residence at the time of death was in: 1) the town of Pompton Lakes; and 2) surrounding municipalities; in comparison to mortality rates in the State of New Jersey

Approaches: This objective can best be accomplished through use of vital statistics data compiled by the NJDHSS. The method of choice is the calculation of age-standardized mortality rate ratios (SMRs). The next steps are to:

- Calculate SMRs for the entire town of Pompton Lakes from 2004-2006
- Calculate SMRs for the eight surrounding municipalities combined (Franklin Lakes Borough, Oakland Borough, Butler Borough, Pequannock Township, Riverdale Borough, Bloomingdale Borough, Wanaque Borough, and Wayne Township) from 2004-2006

SMRs will be calculated by sex for overall mortality and for major causes of death classified according the National Center for Health Statistics' 50 Rankable Causes of Death. These classifications will include the ten most frequent causes of death in New Jersey: diseases of the heart; malignant neoplasms; cerebrovascular diseases; chronic lower respiratory diseases; diabetes mellitus; unintentional injuries; septicemia; Alzheimer's disease; nephritis, nephritic syndrome and nephrosis; and influenza and pneumonia. If specific SMRs are elevated in the entire town, calculation of SMRs for the groundwater plume area will be considered.

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3. Birth defects

Objective: To describe the prevalence of all birth defects and specific types of birth defects among infants born in the period 1993-2006 (years of available data) to mothers living in: 1) the town of Pompton Lakes; and 2) surrounding municipalities; in comparison to rates in the State of New Jersey

Approaches: This investigation is best accomplished through use of data collected by the New Jersey State Birth Defects Registry in the NJDHSS. The next steps will be to:

- Calculate prevalence rate ratios (RRs) for all birth defects and selected birth defect groupings for the entire town of Pompton Lakes from 1993-2006
- Calculate prevalence RRs or the groundwater plume area from 1993-2006
- Calculate prevalence RRs for all birth defects and selected birth defect groupings for the eight surrounding municipalities combined (Franklin Lakes Borough, Oakland Borough, Butler Borough, Pequannock Township, Riverdale Borough, Bloomingdale Borough, Wanaque Borough, and Wayne Township) from 1993-2006

RR analyses will be calculated for all birth defects combined and for the following birth defect groupings: congenital anomalies of the central nervous system (including anencephalus, and spina bifida without anencephalus); congenital anomalies of the heart and circulatory system (including the grouping of "major cardiac defects" consisting of common truncus, transposition of the great vessels, tetralogy of Fallot, pulmonary valve atresia and stenosis, tricuspid valve atresia and stenosis, aortic valve stenosis, hypoplastic left heart syndrome, coarctation of the aorta, and pulmonary artery anomalies); cleft lip and cleft palate; and congenital anomalies of the musculoskeletal system (including upper limb and lower limb reduction deformities).

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4. Other adverse birth outcomes (low birth weight and prematurity)

Objective: To describe the occurrence of other adverse birth outcomes, specifically low birth weight and prematurity, among babies born in the period 2000-2006 (years of data available in NJ SHAD) in: 1) the town of Pompton Lakes; and 2) surrounding municipalities; in comparison to rates of these outcomes in the State of New Jersey

Approaches: This objective can best be accomplished through use of vital statistics data compiled by the NJDHSS. The next steps will be to:

- Calculate prevalence rate ratios (RRs) of low birth weight among all births and among singleton, full term births, for the town of Pompton Lakes, in the period 2000-2006, in comparison to low birth weight rates in the State of New Jersey

- Calculate prevalence RRs of prematurity among all births and among singleton births, for the town of Pompton Lakes, in the period 2000-2006, in comparison to prematurity rates in the State of New Jersey
- Calculate prevalence RRs of low birth weight among all births and among singleton, full term births, for the eight surrounding municipalities combined (Franklin Lakes Borough, Oakland Borough, Butler Borough, Pequannock Township, Riverdale Borough, Bloomingdale Borough, Wanaque Borough, and Wayne Township) in the period 2000-2006, in comparison to low birth weight rates in the State of New Jersey
- Calculate prevalence RRs of prematurity among all births and among singleton births, for the eight surrounding municipalities combined (Franklin Lakes Borough, Oakland Borough, Butler Borough, Pequannock Township, Riverdale Borough, Bloomingdale Borough, Wanaque Borough, and Wayne Township) in the period 2000-2006, in comparison to prematurity rates in the State of New Jersey

If RRs are elevated in the entire town, calculation of RRs for the groundwater plume area will be considered.

5. Hospitalization and emergency department use related to chronic diseases

Objective: To describe hospitalization and emergency department event rates for major diagnostic groupings in the period 2004-2008 (most recent five years of data) among people whose residence at the time of the event was in: 1) the town of Pompton Lakes; and 2) surrounding municipalities; in comparison to event rates in the State of New Jersey

Approaches: This objective can best be accomplished through use of the Uniform Billing (UB) database administered by the NJDHSS. The method of choice is the calculation of age-standardized event rate ratios (RRs). The next steps are to:

- Calculate RRs for the entire town of Pompton Lakes from 2004-2008
- Calculate RRs for the eight surrounding municipalities combined (Franklin Lakes Borough, Oakland Borough, Butler Borough, Pequannock Township, Riverdale Borough, Bloomingdale Borough, Wanaque Borough, and Wayne Township) from 2004-2008

RRs will be calculated by sex for overall hospitalization and overall emergency department utilization, and for specific diagnostic groupings related to cardiac, cerebrovascular, respiratory and kidney diseases. If specific RRs are elevated in the entire town, calculation of RRs for the groundwater plume area will be considered.

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6. Exposure to lead among Pompton Lakes children

Objective: To describe the distribution of blood lead levels in Pompton Lakes children tested for lead exposure, 2000-2008 (available years of data)

Approaches: This objective can best be accomplished through use of the Childhood Lead Poisoning Surveillance System in the NJDHSS. The method of choice is to calculate the proportion of tested children whose blood lead level is elevated (>10 micrograms of lead per deciliter of blood, or ug/dL) and the mean blood lead level in ug/dL. Proportions and means may be compared to those for the entire state. The next steps are to:

- Calculate the proportion of children tested for lead exposure whose result was >10 ug/dL in Pompton Lakes in the period 2000-2008
- Calculate the proportion of children tested for lead exposure whose result is >10 ug/dL in the eight surrounding municipalities combined (Franklin Lakes Borough, Oakland Borough, Butler Borough, Pequannock Township, Riverdale Borough, Bloomingdale Borough, Wanaque Borough, and Wayne Township)

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Section 2: Communications Plan

Communications Channels

- Establish and meet periodically with a representative Community Advisory Group for Health
- Establish a web page repository for Pompton Lakes-related health information
- In cooperation with town government, hold periodic community meetings to promote public accountability
- Provide periodic updates of health activities, and announce Health CAG and community meetings, via press releases and/or paid advertisements in local media
- Communicate with area health care providers through the NJDHSS's LINCS system; inform them of the status of health–related issues

Informational Materials and Health Education

- Provide health care provider education through grand rounds seminars at area hospitals
- Develop and distribute information on toxic effects of contaminants of concern, with a particular focus on interactions with health care providers
- Conduct an "availability session" as an opportunity for community residents to seek answers to health questions from independent, specialist health care providers and scientists

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