# Program Update: Resource Issues, Collaboration with Other Researchers, and Survey Options

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# Plan A: Statewide Survey

- Statewide representative sample (2000+ over 2 year cycles)
- Modeled after CDC's program
- Incrementally increased resources to phase in program over 5-6 years
- Plan also for community studies

# Reality Check

- Base level funding for 3 departments
  - CDPH: 8 positions $1.025m
  - OEHHA: 2 positions $0.663m
  - DTSC: 2 positions $0.368m
- Switch from General Fund to Toxic Substances Control Account
- Full program implementation with planned statewide survey not feasible without additional funding
  - Need to examine other survey options

# Plan B options: Smaller-scale biomonitoring studies

- Initial purchase and installation of lab equipment will be complete in early 2009 and will be available for:
  - Collaborations with researchers
    - Request for Information (RFI)
- Targeted community studies

# RFI Goals

- Collaborate with researchers who have stored biospecimens of blood or urine recently collected from CA residents
  - add value to existing studies
- Use laboratory equipment and procedures to analyze specimens
- Explore feasibility of analyzing certain chemicals on a larger scale
- Generate data to be presented in 2010

# Summary of Responses to RFI

We received:

- 10 project description forms
- 6 different research institutions
- Limited supplemental funding available
- 8 responses - banked samples of blood/urine
- 2 responses – blood/urine samples to be collected in the future

# Analytes requested through RFI

| Blood | Urine |
| --- | --- |
| • Perfluorinated compounds<br>• Organochlorine pesticides<br>• PCBs<br>• PBDEs and Other Brominated Flame Retardants | • Organophosphate and pyrethroid pesticides<br>• Phthalates<br>• Bisphenol A<br>• Polycyclic aromatic hydrocarbons<br>• Metals |

# Criteria for evaluating RFI responses

- Analytes requested fit with CECBP lab capabilities
- Appropriately collected and stored blood or urine; adequate specimen volumes
- California population of interest
- Specimens collected since 2003
- *Funding to support the lab analyses*

# Current status of RFI review

- Additional clarification to be requested from RFI responders
- Selection to take place in early January 2009; responders to be contacted shortly thereafter
- Goal – begin analyses by Spring 2009

# Questions or Comments about RFI??

# Plan B Options: Community Studies

- "Community" means geographically or non-geographically based populations that may participate in a community-based biomonitoring program.
- "Non-geographical community" – broadly defined as populations:
  - that may share a common chemical exposure through similar occupations
  - experiencing a common health outcome that may be linked to chemical exposures
  - May experience similar chemical exposures because of comparable consumption, lifestyle, product use or shared ethnicity, age, or gender

CA Health & Safety Code, Section 105440(b)(4)

# Community Studies with CDC Assistance

CDC-CECBP Laboratory Memorandum of Understanding includes provision for the CDC laboratory to conduct:

- Multiple chemical analyses (10 chemical analytical groups) of samples from 500 subjects
- Analysis of single chemical in samples from 200 participants

# Potential Options for Community Studies Leveraging CDC Analytical Assistance

- Collaborate with clinic (e.g., University Ob-Gyn or pediatric) to obtain maternal-child biospecimens
- Occupational groups with exposures encompassing CECBP priority chemicals
  - E.g., firefighters, nail salon workers, furniture foam workers
- Specific geographic areas
  - E.g., near heavy traffic or specific industrial sources
- Health-affected groups
  - E.g., breast cancer, autism
- Specific sampling design (including data collection instruments) will depend on the "community"
- Design and field operations protocols will take time and additional resources to develop

# Plan B Options – Ancillary Community Activities

- Develop other program components to inform community studies as well as full program implementation at a later date
  - e.g., Partner with researchers to develop best practices for results communication
- Raise public and health-care provider awareness and understanding about biomonitoring (capacity building)
- Additional external resources needed

# Panel Input Requested on:

- Community studies and ancillary activities
  - Descriptive or hypothesis-driven research?
  - Pros and cons of specific types of studies
  - Results communications research approaches

- Potential sources of external support for these activities