



**Technical Assistance Services for Communities**  
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**Newtown Creek Community Advisory Group (CAG) Meeting  
Meeting Summary**

July 17, 2012

LaGuardia Community College  
31-10 Thomson Ave., E Building, Room E500

**Welcome and Introductions:**

- Kate Zidar, CAG Co-Chair, welcomed meeting attendees and asked for introductions. Meeting attendees shared their name and affiliation to Newtown Creek and indicated their affiliation with the CAG.\*
- Kate Zidar welcomed staff from New York State Department of Health, in attendance at the meeting to present on a Health Outcomes Review for the Newtown Creek area.

**I. Background on community advocacy for a comprehensive health study (Kate Zidar, speaking from her experience and activities as executive director of Newtown Creek Alliance)**

- Newtown Creek Alliance (NCA) has been in communication with New York State Department of Health (NYS DOH) since 2007 regarding an epidemiological study focused on public health risks to populations near Newtown Creek. As required when a site is designated as a federal Superfund site (listed on the National Priorities List), NYS DOH released a Public Health Assessment (PHA) on Newtown Creek for public comment in February 2012. This document, which focuses on routes of exposure to creek sediments and water, led to confusion in the community because the community was expecting an epidemiological analysis. The formation of the Newtown Creek CAG now presents an opportunity to restart the conversation with NYS DOH, using the CAG as a forum for discussion. In particular, discussion could help to resolve the question of what each of the agencies, entities, and organizations involved can do and not do (NYS DOH, CAG, NCA, elected officials, etc.) in order to conduct, facilitate, and communicate about a public health study.
- Kate Zidar distributed an NCA memo detailing past communication with NYS DOH; specifically, NCA would like to develop an advisory group comprising external people who have been involved in similar activities previously at other contaminated sites or industrial zones.
- Kate Zidar described the community's non-expert goals for a health study:
  - Include community input.
  - Start with a baseline assessment of the toxins in the area; there are many contaminated sites in the area (federal Superfund, brownfields, state sites, solvent plumes, etc.) and to date, no study has attempted a cumulative look at what these contaminant loads add up to.

- Consider anecdotal evidence – the community hears many stories about health effects and would like to see public health investigation follow these anecdotes.
- Consider a half-mile buffer around Newtown Creek in order to include residential populations in addition to industrial populations that fall into the quarter-mile buffer.
- Consider occupational epidemiology and employment health data.
- To determine what correlation there might be between areas of contamination and incidence of cancer, asthma, and autoimmune disease (and whether other diseases should be included in this list).

## **II. Introduction of visiting public health experts to the CAG (Kate Zidar)**

Kate Zidar has been reaching out to retired experts, hospitals, and health centers in search of public health experts; thus far, 5-6 experts are willing to be on the CAG's communications list and review materials and offer advice as needed. Experts present at this meeting include: Marc Wilkenfeld MD, Holly Porter-Morgan Ph.D, and Mike Schade.

## **III. Presentation and discussion of health study parameters (James Bowers and Betsy Lewis-Michl, NYS DOH)**

- James Bowers presented a summary of the parameters (as understood by NYS DOH) of a health statistics outcome review. He proposed that this meeting be used as a time for the community and NYS DOH to discuss, agree upon, and confirm the parameters of the review. As understood by NYS DOH, the review parameters would:
  - Look at health outcomes among residents near Newtown Creek during a specified time period,
  - Include a quarter-mile buffer around the Newtown Creek site plus a handful of census blocks included in a soil vapor intrusion study.
- The purpose of a health outcomes review is to see if rates of outcomes are higher or lower than expected compared to a similar, hypothetical population. The current approach for the review is to look at birth outcomes, birth defects, and cancer diagnoses. Mr. Bowers indicated that NYS DOH and NCA had previously agreed to use US Census blocks within one quarter-mile of Newtown Creek as the study area.
- The presentation reviewed the limitations of a health outcomes review, including: we have no way of knowing if people were diagnosed with a disease were exposed to contamination from the site; we do not know work history, home exposures, family history, geographic mobility, etc.
- In 2010, the quarter-mile buffer around the site included 16,000 people. The half-mile buffer included 66,000 people. The presentation given by NYS DOH during this meeting includes maps showing the boundaries of these buffers. James Bowers recommends the quarter-mile buffer, based on advice from air dispersion model experts (reasoning: at quarter mile, you find a lot of dispersion of contamination from the source; when you double the distance to a half-mile, you get only a quarter of the pollution). The presentation showed examples of calculations using the quarter-mile and half-mile buffers. A visiting public health expert questioned whether a population of 16,000 is enough data; Betsy Lewis-Michl noted that this is a relatively large study. Mr. Bowers noted that the study design has sufficient statistical power.

- A community member asked for clarification on how NYS DOH is taking community input regarding auto-immune diseases into account. NYS DOH noted that they have tried to look into hospitalization rates for auto-immune disorders as a measure, but because normal rates for lupus, MS, etc. do not exist, no comparison can be made.
- Kate Zidar suggested that the health outcomes review use a half-mile buffer because the entire Newtown Creek area is a concern, not just air dispersal from the water body itself. NYS DOH acknowledged that the half-mile buffer was discussed early on and explained that a quarter-mile buffer has been used thus far because the investigation completed to date has not indicated that there are large plumes significantly beyond a quarter mile from the river. NYS DOH clarified that in this presentation, they are not arguing for quarter or half mile; they are merely pointing out that a larger buffer can dilute an effect. NYS DOH's mission is to work to make sure they understand if there is an environmental exposure, and then to delineate carefully the population that has experienced that exposure. NYS DOH works with communities to determine how to reduce those exposures. At Newtown Creek, NYS DOH has not identified an unusual exposure around the creek. NYS DOH began a study after they thought they had reached an agreement with the community about the type of study; because disagreement persists, the purpose of this meeting is to resolve that disagreement. NYS DOH noted that sometimes the agency does not have documentation of exposures but the community is still concerned – this is the situation at Newtown Creek. NCA initiated discussions and NYS DOH wants to respond to community need and input. At this point, the study area can be changed; specific exposures have not been identified.
- A community member asked how her input regarding brain disease has been addressed. NYS DOH responded that they use data that is routinely collected by the state; this data categorizes auto-immune disease as a whole and non-cancer brain diseases as a whole – they cannot be separated into types. NYS DOH explained that they cannot design a study on brain disease incidences because the data are not available to compare the incidence of brain disease at Newtown Creek to the “average” incidence of brain disease. NYS DOH explained that health outcome reviews are done using health data that is routinely collected by NYS (cancer, birth defects, etc. – very large categories); NYS DOH is also frustrated with the lack of available data. The health care professions are aware that we can now gather data on health outcomes, but data on current unusual health outcomes will not be available for 10-20 years. Newtown Creek residents are not alone: NYS DOH receives calls about auto-immune disease very frequently.
- CAG members asked for more detail on the 16,000 population estimate of the quarter-mile buffer area. NYS DOH explained that this area does not include transient population, students, or workers. NYS DOH uses publicly available data, and these cancer listings will include where people live but not where they work. Regarding the quarter-mile buffer, a CAG member noted that the LaGuardia Community College campus, where this meeting is located, is within the quarter-mile buffer, and it depopulates during the night, so it would be considered transient. The quarter-mile buffer does not count the transient population. The community is concerned not just about the creek itself, but also about precipitate coming off highways, PCBs, and the petrochemical footprint of industries around the creek.
- NYS DOH stated again that they want to use this forum to discuss what the community wants NYS DOH to do, and that they want to make sure that the study boundaries and the

indicators used will meet the expectations of what people are concerned about. NYS DOH noted that discussion has not yet covered birth data, which could be a very good indicator of possible problems, and a significant amount of data is available from birth certificates. Meeting attendees posed the following related questions:

- *Can the study use Infoshare data (a public internet source) for respiratory data?* Answer: No, NYS DOH does not use publicly available data because locations are necessary for the study; NYS DOH must go through IRB, or Institutional Review Board, an ethics committee that reviews and approves research such as this health outcomes review.
- *Can respiratory data in general be used?* Answer: Respiratory data captures hospitalization for asthma, which is not a good indicator of the community's asthma-related concerns.
- A public health expert in attendance suggested a comparative asthma study; NYS DOH responded that the resources required for such a study are not available. NYS DOH noted that they could potentially use already aggregated data to make summary statements about asthma rates compared to other New York areas.
- CAG members asked if questionnaires or surveys, administered by community members in order to lower costs, would help to facilitate a more comprehensive study. NYS DOH explained that it is extremely difficult to get a good response rate by questionnaire and very hard to design a study without bias. A high response rate would be necessary to make sure the results are not biased, and the cost of such an effort would be prohibitive, even with community partners.

#### **IV. Conclusions (NYS DOH and Kate Zidar)**

- Study area boundary – The study will look at a quarter-mile buffer, the quarter- to half-mile buffer, and a full half-mile buffer (on the NYS DOH maps, these are the green area, the pink area, and the green + pink area). NYS DOH can share a list of census blocks included in these areas.
- Health outcomes – The study will look at the following:
  - Birth data starting in 1990.
  - Cancer data starting in 1990. NYS DOH clarified that 1990 is the most useful start date because the data include age, sex, and demographics. At the small block level, demographic data are not available before 1990. The data indicate when cancer is diagnosed; therefore, data would capture people exposed many years prior. For this area, NYS DOH wants to be able to control by demographic (race and ethnicity) because some cancers vary by demographic. It will be a better study if it uses data starting in 1990.
  - Asthma: Because acquiring data on hospitalizations for asthma would take much longer (6 months to a year), NYS DOH suggests doing this as an add-on if deemed necessary or beneficial.
  - Occupational health data: DOH will look into the heavy metals registry to see if it is appropriate (information included is currently unknown).
- Auto-immune and brain disease – CAG members will take this topic to the advisory group for discussion.
- Timeframe – NYS DOH's goal/prediction is to be finished with the study by spring 2013. Individual-level cancer data is needed; NYS DOH has data at a quarter mile,

but adding the half-mile data will take additional time (it took a long time to secure permission to use the birth data, and working in New York City is more complicated than in New York State). NYS DOH is now geocoding the data. Next, NYS DOH will clean the data and check to make sure that the numbers make sense. When out-of-the-ordinary results come up, this slows down the process; they want to make sure there is not a mistake.

## V. Other questions

- *Has a health study been requested for the Gowanus Canal?*  
No.
- *Even though it may not be statistically accurate, there could still be value in doing a methodical (rather than anecdotal) survey – the results could cast light on other factors. Would NYS DOH consider this?* NYS DOH does get reports from the public on unusual occurrences, and the cancer surveillance unit follows up on them routinely to see if the pattern looks unusual; if yes, NYS DOH follows up with a more comprehensive look at the area. NYS DOH suggests that CAG members and meeting attendees talk to your friends and neighbors. Regarding occupational exposures, NYS DOH has no authority to demand information from companies; therefore their questions often get no responses. If people within industrial areas have concerns, they can come to NYS DOH, but it is hard for NYS DOH to make inquiries without seeming intrusive. The meeting attendees generally agreed that because CAG members have relationships with businesses on Newtown Creek, perhaps they can help to get these responses.
- *Can the study use workers' compensation data?*  
NYS DOH will ask about this; they do not know of any studies where workers' compensation data has been used. Betsy Lewis-Michl will find out why and if it is a possibility. There is no occupational disease registry; there are a few specific pesticide or heavy metals registries (i.e., a poisoning registry for tests that must be reported because the levels are so high level).
- *Has NYS DOH done mapping to compare/contrast sites of concern in the two buffer zones (¼ and ½ mile), such as more transfer stations in one area?*  
The ¼ mile area includes zones that have been heavily industrialized area for 100 years; by default, this boundary covers many of the areas of environmental concern. NYS DOH recently released a map of cancer diagnoses that you can look at in the context of environmental facilities. There is no information about individual risk factors or possibility of exposure. The mapping tool can be found on the website: [http://www.health.ny.gov/statistics/cancer/environmental\\_facilities/mapping/](http://www.health.ny.gov/statistics/cancer/environmental_facilities/mapping/). Regarding particular sites of environmental concern, NYS DEC has Site Remediation Databases with information on sites with spills, cleanups, or bulk storage: <http://www.dec.ny.gov/cfm/external/derexternal/index.cfm?pageid=1>. The PHA study director is happy to look at environmental facilities not directly on the creek. James Bowers recommends that if people think that the PHA was not complete and they are concerned about particular facilities, they should give NYS DOH a list of facilities to be added. The study director will receive these requests even though the comment period for the study is now closed. In response to a specific request, NYS DOH agreed to include a map of sites of concern (plumes, toxic release

intentional sites, brownfields, voluntary cleanup sites, federal superfund, state superfund, etc.); however, it may not be possible to say anything about exposures. NYS DOH pointed out that soil vapor intrusion studies have been completed on two sites.

- *Can the funding NYS DOH has received to do body burden biomonitoring (evaluating presence of COCs in people's bodies through blood/urine) be incorporated into this study, given the fish consumption concerns and persistent toxic chemicals?* NYS DOH labs did receive funding from the Centers for Disease Control for biomonitoring work; one study is for fish; another is for a community exposed to uranium. In general, NYS DOH is trying to expand its response via biomonitoring. For the Newtown Creek community, given the type of health outcomes review NYS DOH is doing, biomonitoring work could be done first or last.
- *If CAG members undertake any surveys, will they be under any privacy or HIPPA concerns/obligations?*

Kate Zidar noted that unions will be easier to work with than non-unionized organizations. CAG members can have conversations with Industrial Business Zones (IBZs) about relationships with unions and anchor businesses that might be willing to work in partnership.

## **VI. Meeting Wrap-Up**

- NYS DOH will follow up with Kate Zidar regarding the matters and questions outstanding.
- Kate Zidar thanked NYS DOH for attending the meeting and engaging in productive discussion with the community.

\*Attendance list for this meeting is available upon request from Skeo Solutions. Please contact [wholmes@skeo.com](mailto:wholmes@skeo.com).