Looking ahead, what do you see as the top opportunity or challenge in this Program?

David Berube: This is a remarkable program that will be challenged as the stakeholder population diversifies. Developing protocols for just such an occasion would be a good tool.

Eric Blomme: Validation of new proposed in vitro models, including understanding of translatability to humans and of performance characteristics.

Weihsueh Chiu: Prioritizing among the many potential inhalation toxicants to maximum public health impact.

David Eaton: Interfacing with NIOSH and industry to obtain ‘real world’ exposure levels that can help to design human-relevant in vitro and in vivo studies.

Susan Felster: Inhalation models that address complex human exposure scenarios, including short-term, intermittent.

Kathleen Gray: Engaging effectively with non-federal (and non-industry?) stakeholders.

Matthew Martin: Balancing assessment of high priority occupational or inhalation toxicants while evaluating and advancing next generation approaches like MPS and RWD.

Devon Payne-Sturges: Chemical and non-chemical exposures in the workplace and their synergistic effects; increase in use of cleaning products due to COVID, including inside schools.

Mark Russi: Adequacy of animal and in vitro models to reflect dysfunctional immune responses.

Anne Ryan: Balanced portfolio (concept-communication) with operational efficiency and speed to stakeholders; assess impact of data reported—does it result in changes in exposure?

Veena Singla: Ensure data are informing mitigation of health risks.

Susan Tilton: Opportunities for non-occupational exposures / stakeholders.
Emerging Contaminants and Issues of Concern Program

Looking ahead, what do you see as the top opportunity or challenge in this Program?

<table>
<thead>
<tr>
<th>Program Management Team</th>
<th>David Berube</th>
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<th>Weihsueh Chiu</th>
<th>David Eaton</th>
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<tbody>
<tr>
<td>How do we choose only one or two areas to focus on by using proactive horizon scanning efforts?</td>
<td>Proactively discerning anticipated events involves a handful of methods which when used in consort will allow different stakeholding populations to respond comfortably and you may need to be very flexible in designing sets of them for different purposes.</td>
<td>Ensuring sufficient focus/appropriate prioritization and efficient communication to deliver clear value to various stakeholders</td>
<td>Being able to better anticipate what might be needed in the future - so as to enable more rapid response when the need arises</td>
<td>Opportunity to use state of the art analyses to identify potentially new CoC - e.g., NHANES-like analyses of human blood - but untargeted. e.g., Umbilical cord blood example, especially in underserved populations</td>
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<tr>
<th>Susan Felter</th>
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<td>Characterizing/communicating uncertainty (or confidence) associated with new methods needed for rapid responses (emergencies)</td>
<td>Balancing time-sensitivity of necessary analyses with stakeholder engagement across multiple partnering organizations; adequately incorporating env. health disparities into an already complex frame</td>
<td>Opp: Timely impacts using available resources/technologies. Challenges: Having those resources and capabilities available and ready to be deployed</td>
<td>Exposure concerns of tribal communities; Opportunity to link with White House EJ Council; leverage expose data from NIHS funded researchers and NHANES to id exposure disparities as input to horizon scanning activity</td>
<td>Establishing adequate experimental test systems for the evaluation of diseases arising out of a multiplicity of factors, many non toxicological</td>
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<td>demonstrating near term impact to influence policy and/or regulatory decision making; are resources &quot;ring-fenced&quot; for those &quot;drop-in&quot; emergencies or are things reprioritized?</td>
<td>Categories of ECICs (1. known contaminant, little data; 2. known contaminant, lots of data but new concern(s); 3. emergent health issue - each category requires unique capabilities. Identify capabilities needed for each, then evaluate where there may be gaps. Prioritize focus areas to fill gaps)</td>
<td>Opportunity: Prioritizing projects based on health disparities and impacted communities; Challenge: Potentially too many projects/options and the need to establish more stringent criteria for decision framework that is unique from other programs</td>
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