

Summary of the June 1-2, 1999 Meeting

of the Health Care Providers Outreach and Education Working Group, National Drinking Water Advisory Council held in Washington, D.C.

I. Introduction

The Health Care Providers Outreach and Education Working Group (HCP) of the National Drinking Water Advisory Council (NDWAC) held its second face-to-face meeting on June 1st and 2nd, 1999. The Working Group is considering broad strategic goals for informing and educating health care providers: "(1) in their efforts to counsel persons about the quality of their drinking water, and (2) recognize, report, treat and prevent adverse health effects that can be caused by infectious and non-infectious agents that could be acquired from drinking water." This summary outlines the principal issues and future activities discussed at the meeting. A more detailed meeting summary will be available in July.

I. Major Topics Discussed at the Meeting

Progress Since December 1998 Meeting: In January, the HCP Working Group agreed on an overall outline for its strategic recommendations which would revolve around: (1) setting the right context, (2) outlining possible "messages" for HCPs, and (3) identifying possible networks and communication approaches to deliver the messages. Since January, several sub-groups have actively explored draft language. Conference calls were held between January and May on sub-group efforts, overall integration, and the interface with the NDWAC Right-to-Know Working Group.

Setting the Context for Strategic Recommendations: Draft language from two subgroups, setting the stage for near-term and longer-term needs was considered. It was noted that HCPs should receive more questions from their patients on drinking water with the release of the Consumer Confidence Reports in the next few months. Patients will also raise questions due to coverage of local drinking water quality problems in the media, public water systems notifying customers of violations of drinking water standards, water advertisements from bottled water or home water filter companies, etc. Longer-term concerns reflect the fact that waterborne disease does continue to be a risk to human health in the United States to some yet undefined extent. Raising the awareness and education of health care providers can help respond to this risk. The HCP Working Group noted that education and outreach, especially to achieve a positive change in clinical practice, could best be done in concert with other environmental health problems along with drinking water.

Approaches to Defining the Messages: Plenary and small group discussions were held at the meeting to ascertain different approaches to communicate information (or key "messages") to HCPs. The HCP Working Group noted that traditional approaches to communicate drinking water messages (such as by contaminant) should be augmented by those focused on individual patient-groups. Examples of the latter include immune-compromised patients, women of child-bearing age, the elderly, and infants. Possible example "messages" which might succinctly address patient and HCP needs might be organized along such lines as defining the risk for the target group, outlining avoidance behavior, and suggesting additional scientific and information sources.

Building Communications Networks: The HCP Working Group heard a series of short presentations on different approaches to build partnerships with HCPs from a number of environmental health problem areas. Working Group members felt that networking can address environmental health issues both directly and indirectly related to drinking water, (e.g. food safety.) Focus groups with specific HCP specialities could help define the best strategy for informing, educating, and improving clinical practice.

Right-to-Know and Related Issues: The HCP Working Group provided insights on the upcoming "Futures Forum" which will address "vulnerable population" policy and scientific questions on drinking water. The group also met with liaisons from the NDWAC Right-to-Know Working Group, offering insight on Consumer Confidence Report outreach products. A draft slide show for HCP meetings, prepared by a subgroup of the HCP Working Group, was also reviewed. Comments will be forwarded to the subgroup chairs, and the revised product will be available on a limited basis in the near term.

III. Next Steps

It was agreed that the HCP Working Group is making good progress towards delivering its recommendations to the full NDWAC at their Fall 1999 meeting. A meeting summary will be sent to the Working Group members in the weeks ahead. A small drafting group will then prepare draft recommendations in mid-to-late Summer, which will go through various stages of comment, augmentation, and revision in the months ahead. At least one full HCP Working Group conference call will be held in the September/October time-frame to discuss the revised recommendations.