



Shanksville



New York City



Pentagon

## WTC Health Program: Activities, Member Services, and Communication

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June 4, 2015

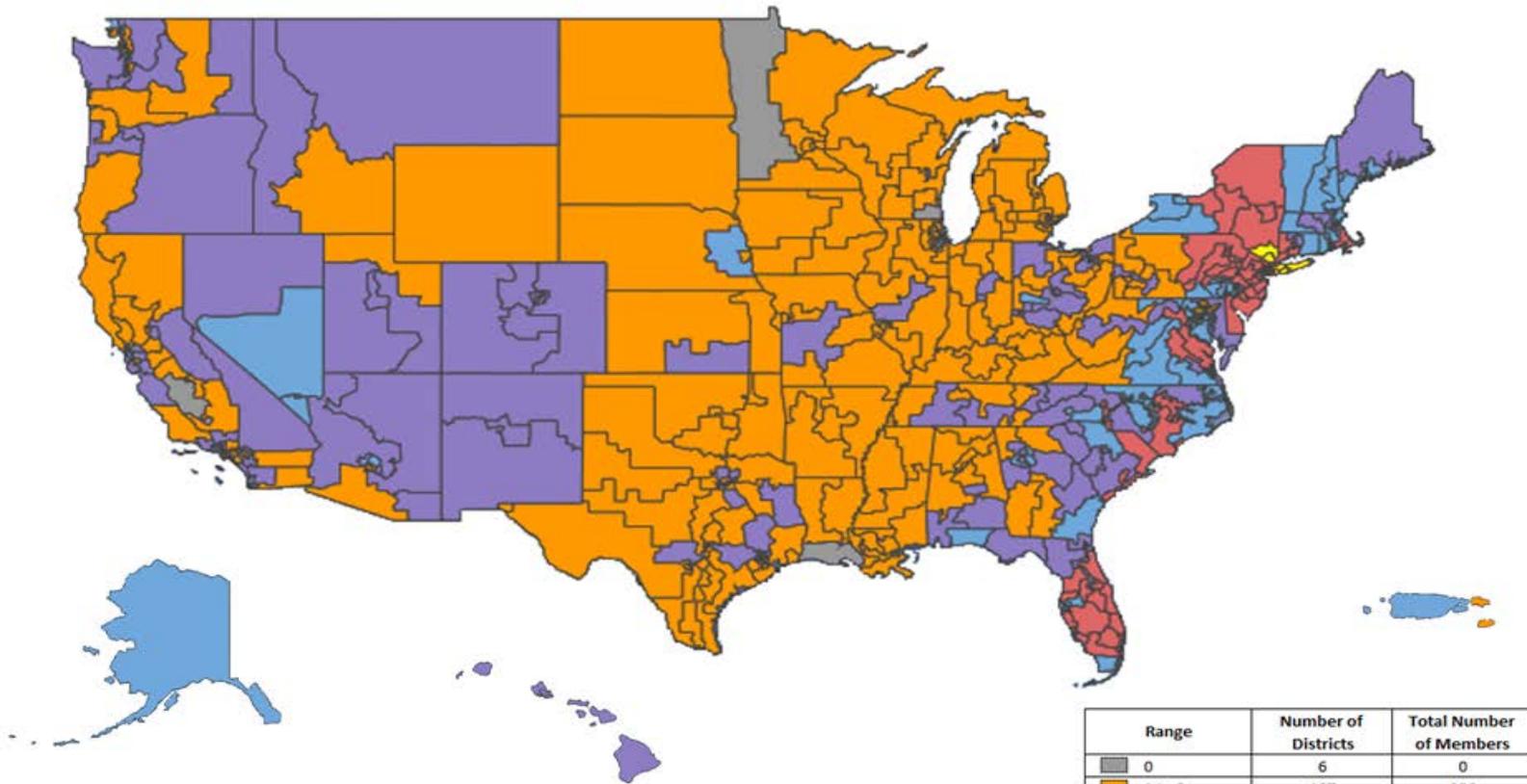
## Enrollment (as of May 2015)

Enrollment Category	Grandfathered (61,091)		New Enrollees (10,851)		Total Enrollment (71,942*)	
General Responder CCEs:	34,056		4,897		38,953	
Survivors (including Reenrolls):	4,726		3,407		8,133	
FDNY:	16,540		29		16,569	
NPN:	5,769		2,518*		8,287*	
	Responder	Survivor	Responder	Survivor	Responder	Survivor
	5,706	63	1,954*	564	7,660*	627

\* Includes 248 Pentagon responders and 14 Shanksville, PA responders

# HEALTH PROGRAM

World Trade Center Health Program  
 Total Member Population by 113<sup>th</sup> Congressional District  
 August 2014



Range	Number of Districts	Total Number of Members
0	6	0
1 to 9	187	926
10 to 24	121	1,848
25 to 49	56	1,834
50 to 999	51	9,054
1,000 to 7,000	18	50,022

## WTC-Related Health Conditions Treated (as of March 2015)

Condition Category	Number of Members with Condition
GERD	16,563
Chronic Rhinosinusitis	14,728
Asthma	11,473
PTSD	6,672
Chronic Respiratory Disorder	6,497
Upper Airway Hyperreactivity	5,797
Major Depressive Disorder	2,848
WTC-exacerbated chronic obstructive pulmonary disease (COPD)	2,384
Chronic Laryngitis	2,362
Chronic Nasopharyngitis	1,753

## Cancer Certifications - 4,265 as of May 2015

Type of Cancer	Members
Non-melanoma Skin	926
Prostate	826
Non-Hodgkin's Lymphoma	303
Melanoma of Skin	286
Thyroid	239
Lung/Bronchus	191
Kidney	184
Breast - Female	181
Leukemia	171
Colon	157

## Activities of the WTC Health Program

### Submission/Petition Process

- Zadroga Act, regulations, and policies and procedures
- Seven petitions received
- Addition of types of cancer to List of WTC-Related Health Condition (List)

### Policy and Procedures

- Submission/Petition process
- Determination and certification
  - Latency, Time Interval, Medically Associated, Aggravation, etc.
- Cancer screening
- Workers' compensation

<http://www.cdc.gov/wtc/policies.html> or

<http://www.cdc.gov/wtc/ppm.html>

## Goals of the Member Services and Communication Team

- Coordinate outreach and education activities across contractors to ensure that those who are eligible for benefits are aware of the Program and learn how to apply.
- Ensure enrollment decisions are made in accordance with Zadroga requirements and that the enrollment process is accessible, transparent and streamlined for the applicant.
- Create communication products that provide clear, cohesive, and consistent messages that are branded and identifiable as WTC Health Program.
- Manage a public facing website and call center to answer questions and provide assistance to members and the general public.
- Provide a mechanism for member concerns to be triaged directly to the Program for resolution and tracking of larger, systematic issues.
- Streamline Benefits Counseling across the WTC Health Program.

## Responsibilities – Direct to Member

- Outreach  Includes Coordination Of:
  - 6 Contractors
  - 7 CCEs
  - .5 NIOSH Staff for Pentagon/Shanksville
- Enrollment and Transfers
- Member Assistance  Received From:
  - CCE/NPN
  - Third Party Advocates
  - Controls
  - Call Center
  - WTC Inbox
  - CDC INFO
- Appeals (Enrollment and Certification)
- Retention (Implementation Phase)
- Call Center

## Responsibilities – Communication and Indirect Member Services

- Branding
  - Communication Products 
  - Translations
  - Retention (Planning and Development Phase)
  - CMEs
  - Evaluation 
    - Program Customer Satisfaction
    - Outreach Effectiveness
- Web
  - Social Media
  - Newsletter
  - Video
  - Fact Sheets
  - Program Collateral for Outreach (palm cards, posters, ads)
  - Impact Sheets
  - Member Handbook
  - Research Translation
  - Benefits Counseling Tools

## Benefits Counseling – What is Currently Being Done?

- Program Benefits Counseling
- Workers' Compensation Counseling
- VCF Assistance
- External Work-Related and/or Disability Benefits Counseling
- Social Services Assistance
- Cancer Care
- Care for Non-Covered Conditions Assistance

## Benefits Counseling – Where are the Gaps?

- Extent, depth of services across CCEs/NPN is not consistent. There is currently no program-wide minimum service threshold (although there is work to develop consensus on this across the CCEs/NPN).
- No program-wide, working definition of “benefits counseling.”
- No program-wide or standardized way across CCEs/NPN of letting members know that benefits counseling services are available and how to access them.
- Written materials distributed at CCEs/NPN about benefits are not consistent across sites. Also, it is not clear if/how these materials address the interface between applicable benefits systems and WTC Health Program.
- Unclear as to qualifications/credentials of staff performing benefits counseling work and what/how much they know.

## Benefits Counseling – Current Recommendations

- Develop a definition of “Benefits Counseling” and agreed upon minimum service thresholds
  - Current draft definition: **Benefits Counseling** is a WTC Health Program service provided by a benefits counselor, social worker, or other designated staff person, who helps a member to identify the benefits he or she may be eligible for and explains how to apply for those benefits. Benefits counselors also refer members to external benefits experts as needed to help the member access benefits.
- Reinstate monthly benefits coordination conference calls
- Develop the following products:
  - Benefits counseling handbook/training manual
  - Benefits eligibility assessment tool
  - Benefits fact sheets
  - A network of benefits experts across the Program for CCE/NPN referrals, guidance and information
- Establish CCE/NPN metrics

## Examples of Communication Products

World Trade Center Health Program. [Learn More.](#)



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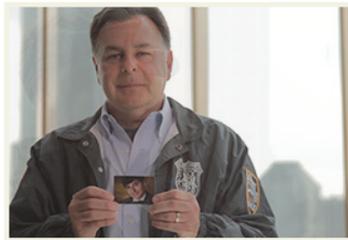
**Notes:**

- 1. On June 4, 2015, the Scientific/Technical Advisory Committee will be holding a meeting via teleconference and a public comment period is scheduled for the meeting. See [here](#) for more information.
- 2. The WTC Health Program to review a new study on rescue/recovery workers and whether certain autoimmune diseases should be added to the List of WTC-Related Health Conditions.

WORLD TRADE CENTER

# HEALTH PROGRAM News

VOL. 2  
SPRING 2013



The World Trade Center (WTC) Health Program provides medical monitoring and treatment at various sites in New York City, Pennsylvania, and survivors who were in the area.

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### To Serve 9/11 Responders & Survivors



Shanksville

### ADMINISTRATOR'S LETTER

## THE WTC HEALTH PROGRAM IS MORE THAN JUST GREAT MEDICINE

Though the September 11th attacks occurred over a decade ago, many responders and survivors continue to experience physical and mental health symptoms as a result of their experience. Eligible individuals may not recognize that certain cancers, a chronic cough, difficulty sleeping, or frequent heartburn could be a 9/11 related condition. The WTC Health Program can identify these and other symptoms through regular monitoring. The first step in getting expert medical care is to know where and how to receive it.

The WTC Health Program strives to enroll new members and help current

eight community and union organizations to expand recruitment and education activities. These cooperative agreement partners have impressive achievements supporting responders and survivors, low income populations, and other groups who may benefit from the WTC Health Program. Our new partners began activities late in 2012 and we look forward to the contributions they will make during the next two years.



## Innovation in Research Dissemination

World Trade Center Health Program. [Learn More.](#)

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WTC Research Gateway



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### For How Long is WTC Exposure Associated with Incident Airway Obstruction?

[VIEW FULL VERSION](#)

**Abstract**  
Respiratory disorders are associated with occupational and environmental exposures. The latency period between exposure and disease onset remains uncertain. The World Trade Center (WTC) disaster presents a unique opportunity to describe the latency period for obstructive airway disease (OAD) diagnoses. This prospective cohort study of New York City firefighters compared the timing and incidence of physician-diagnosed OAD relative to WTC exposure. Exposure was categorized by WTC arrival time as high (on the morning of September 11, 2001), moderate (after noon on September 11, 2001, or on September 12, 2001), or low (during September 13-24, 2001).

**KEY WORDS:** World Trade Center; change point model; latency; obstructive airway disease; occupational exposure; rescue/recovery workers

**Research questions**  
For how long is WTC exposure associated with incident obstructive airway disease? What is the magnitude of the exposure-response relationship between WTC exposure and incident obstructive airway disease? Is the relationship between WTC exposure and incident obstructive airway disease limited to a single subtype of obstructive airway disease?

**Impact**  
Conventional wisdom has been that new incident obstructive airway disease (OAD) that is associated with environmental or occupational exposure would present weeks to months, not years, after exposure. This research in the FDNY firefighter cohort found that physician diagnosis of incident OAD is associated with World Trade Center (WTC) exposure for at least five years after the exposure

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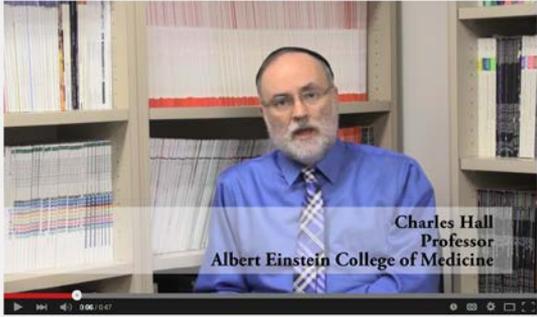
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Page last reviewed: June 5, 2012 | Page last updated: February 23, 2015

 Centers for Disease Control and Prevention  
CDC 24/7: Saving Lives. Protecting People.™

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**CharlesH**  
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## NIOSH Science Blog

Safer Healthier Workers

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### Selected Category: World Trade Center Health Program

#### WTC Rescue/Recovery and Obstructive Airway Disease

**Categories:** Emergency Response/Public Sector, Respiratory Health, World Trade Center Health Program

September 11th, 2014 8:56 am ET - **Charles B. Hall, PhD**

The inhalation of chemicals, particulate matter (dusts and fibers), and the incomplete products of combustion during occupational and environmental disasters has long been associated with respiratory disorders[1]. While there is substantial literature on the association between respiratory diseases and chronic environmental exposures such as air pollution and long term occupational exposure in industries such as mining, silica handling, and construction, much remains to be learned regarding the biological mechanisms that cause such disease and on the latency between acute exposure and disease onset.

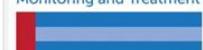
The destruction of the World Trade Center (WTC) in New York after a terrorist attack on September 11, 2001, resulted in a massive, intense dust cloud that was found to contain a huge variety of irritants including partially combusted and/or pulverized wood, paper, and jet fuel; pulverized construction materials including asbestos, glass, silica, fiberglass, concrete, and silica; complex organic chemicals; lead; and other metals.[2] Increased incidence of respiratory disease has been reported in firefighters who worked in the rescue/recovery effort and in other cohorts. Obstructive airways diseases (OAD), such as asthma and chronic bronchitis, have been shown to be associated with intensity of exposure as measured by arrival time at the WTC site. [3] New onset OAD continues to be observed many years after exposure,[4] contrary to conventional wisdom that irritant-induced asthma should be triggered within a relatively short time after exposure.[5]

3 Comments - [Read more >>](#)

#### GAO Report on Adding Cancers to WTC Covered Conditions

**Categories:** Cancer, Emergency Response/Public Sector, World Trade Center Health Program

September 3rd, 2014 10:28 am ET - **Paul J. Middendorf, PhD, CIH**

**Monitoring and Treatment**  
 The World Trade Center (WTC) Health Program was established by the James Zadroga 9/11 Health and Compensation Act of 2010 (Act), and is administered by the National Institute for Occupational Safety and Health (NIOSH). The Program

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## Health effects arising from the September 11 attacks

From Wikipedia, the free encyclopedia

There has been growing concern over the **health effects arising from the September 11 attacks** in the Financial District of Lower Manhattan. Within seconds of the collapse of the World Trade Center, building materials, electronic equipment, and furniture were pulverized and spread over the area.

In the five months following the attacks, dust from the pulverized buildings continued to fill the air of the World Trade Center site. Increasing numbers of New York residents are reporting symptoms of Ground Zero respiratory illnesses.<sup>[1]</sup>

Various health programs have arisen to deal with the ongoing health effects of the September 11 attacks. The World Trade Center Health Program, which provides testing and treatment to 9/11 responders and survivors, consolidated many of these after the James Zadroga Act became law in January 2011.<sup>[2]</sup>



International Space Station image taken on show of September 11, 2001 with the smoke plume rising from lower Manhattan and extending over Brooklyn (Expedition 3 crew)

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  - 2.3 Judgments and statements by leading physicians
    - 2.3.1 2010 New York Fire Department Medical Office Study
- 3 Ongoing monitoring of first responders' and residents' health
  - 3.1 August 2007 deadline for Ground Zero-related worker's compensation
    - 3.1.1 Filing extension by Governor Eliot Spitzer
  - 3.2 World Trade Center health administrators and controversies

Questions?