FY 2015 Labor HHS Appropriations
Centers for Disease Control and Prevention - National Center for Environmental Health
Healthy Homes and Lead Poisoning Prevention Program

Lead hazards in the home continue to pose a serious risk to America’s most vulnerable children. Congress can protect millions of kids nationwide from hazardous environmental toxins by fully funding CDC’s Healthy Homes and Lead Poisoning Prevention program. With funding partially restored to this vital program in FY14, state and local health departments will be able to identify homes that pose the greatest risks of lead poisoning and target preventive actions. However, more effort will be needed in FY15 to protect the greatest number of children from the harmful effects of preventable lead hazards.

<table>
<thead>
<tr>
<th>Healthy Homes and Lead Poisoning Prevention</th>
<th>FY11</th>
<th>FY12</th>
<th>FY13</th>
<th>FY14</th>
<th>FY15 Request</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Appropriation</strong></td>
<td>$29,257</td>
<td>$1,995</td>
<td>$2,448</td>
<td>$15,000</td>
<td>$29,257</td>
</tr>
</tbody>
</table>

Dollars in thousands

**Recommendation:** Provide $29 million for the Healthy Homes and Lead Poisoning Prevention Program, restoring the program to the FY11 funding level to protect children at highest risk.

**Background:** Lead poisoning remains a significant environmental public health threat. Although the prevalence of elevated blood levels has significantly declined from the 1970s, when 88% of children had excessive lead in their bodies, today more than 535,000 children need CDC-funded services to reduce their exposures.

Lead poisoning causes cognitive and behavioral problems, such as attention deficit hyperactivity disorder. Children with harmful blood lead levels will lose 3 to 4 I.Q. points on average, which can make the difference between a high D average and a low C. Children with a history of lead poisoning are six times more likely to drop out of school. Lead poisoning also causes cardiovascular, immunological, and endocrine problems. Ultimately, lead exposure costs the nation more than $50 billion in lost lifetime productivity.

**African-American children** are nearly three times as likely to be lead poisoned as Caucasian children and **children in low-income households are twice as likely**.

**Justification:** During the last two decades, CDC has delivered a cost-effective program to prevent lead poisoning and help children who have already been exposed to lead. CDC is the only agency that houses the information about where and when children are poisoned, maintaining it through a national surveillance system that monitors blood test results for four million children each year. CDC-funded health department staff (nurses, social workers, and environmental health professionals) respond to lead-exposed children with environmental assessments of the child’s home to identify the source of exposure, refer property owners to remediation resources (such as the HUD lead grant program), and deliver ongoing education and guidance to local officials, families, and health care providers to ensure appropriate child screenings prevention of lead poisoning.
CDC’s Healthy Homes and Lead Poisoning Prevention Program: At-a-Glance

- Funding for 35 states to help families with lead-poisoned children and other health hazards.
  - From 1997-2008, CDC’s lead program served 850,000 children.
  - Programs ensure that the child’s health is protected via screening and case management.
- Leading national lead poisoning primary prevention efforts.
  - Between 2008 and 2010, helped reduce by 200,000 the number of children who have been exposed to lead—saving $7.5 billion in lifetime productivity.
  - In 1990, only three states had state lead laws. As of 2009, 27 states had comprehensive laws enabling health departments to compel clean-up of hazardous homes.
- Maintaining a system for the collection and dissemination of data on lead poisoning.
  - CDC uses the data to track incidence and causes, expose outbreaks.
  - 38 states report their data to CDC.
  - Data are used to target prevention and HUD grants for lead hazard control in housing.

**Number of U.S. children aged 1-5 with blood lead levels greater than 5 μg/dL**

Children in Millions

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Children</td>
<td>5,966,000</td>
<td>3,971,000</td>
<td>1,872,200</td>
<td>1,435,800</td>
<td>1,050,000</td>
<td>590,100</td>
<td>535,000</td>
</tr>
</tbody>
</table>
Hazards in the home continue to pose a serious risk to America’s most vulnerable children. Congress can protect millions of children nationwide from preventable disease and injury by fully funding HUD’s Office of Healthy Homes and Lead Hazard Control in FY 15, and increasing the funding allocation for healthy homes programs.

<table>
<thead>
<tr>
<th>HUD OHHLHC Programs:</th>
<th>Enacted</th>
<th>Request</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FY10</td>
<td>FY11</td>
</tr>
<tr>
<td>Lead Hazard Control and Demonstration Programs</td>
<td>$114,600</td>
<td>$94,110</td>
</tr>
<tr>
<td>Healthy Homes Demonstration and Production Programs</td>
<td>$20,000</td>
<td>$23,253</td>
</tr>
<tr>
<td>Lead Technical Studies</td>
<td>$4,000</td>
<td>$1,199</td>
</tr>
<tr>
<td>Transformation Initiative</td>
<td>$1,400</td>
<td>$1,198</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$140,000</td>
<td>$119,800</td>
</tr>
</tbody>
</table>

**Recommendation:** Provide $120 million for the HUD’s Healthy Homes and Lead Hazard Control programs, including $25 million for healthy homes. Continuing these vital programs while increasing the investment in healthy homes will support more communities seeking to protect children at highest risk of asthma, injury, and lead poisoning from housing-related hazards in their homes.

**Background:** The home is the most dangerous place for U.S. families, according to CDC injury and illness data. Lead-based paint hazards in 24 million homes jeopardize the development and school success of millions of children. High levels of allergens (e.g. dust mites, cockroaches, rodents) make 17 million homes hazardous for persons with asthma or other respiratory disease. More than 6.4 million homes have dangerous levels of radon – a gas that causes 21,000 deaths from lung cancer each year. Some 6.2 million families in the U.S. live in severely inadequate housing according to HUD’s American Housing Survey. Exposure to dampness and mold contributes to 21 million asthma cases, at the price of $3.5 billion in health care, 10 million lost school days, and 2 million emergency room visits. Improving housing quality can reduce health disparities and dramatically reduce health care costs.

**Justification:** Continuing investment in the competitive lead hazard control programs will position jurisdictions with highest risk of lead poisoning to render 9,300 homes lead-safe. Lead-Based Paint Hazard Control and Lead Hazard Reduction Demonstration programs enable communities with pre-1940 rental housing and childhood lead poisoning cases to identify and control lead-based paint hazards in eligible housing. Since their inception, the programs have created over 200,000 lead-safe housing units. These funds are vitally important for helping cities and states end childhood lead poisoning. Each dollar invested in lead hazard control returns at least $17 and as much as $221.

The Healthy Homes Initiative is an efficient use of federal housing dollars by ensuring that grantees remediate other serious hazards in the homes of their clients when they are addressing lead. These hazards include asthma triggers, radon, pesticides, and injuries. For an average of $4,000 per unit these healthy homes investments avert medical costs, and help to sustain critical affordable housing by redressing deferred maintenance. The Healthy Homes Production Program goes beyond addressing lead-based paint hazards to correct multiple serious threats to residents’ health and safety, and enables communities to make smart investments in housing - $4,000 per unit on average - that will avert higher medical bills, higher energy costs and higher housing maintenance costs. Healthy Homes Technical Studies and Demonstration Programs support applied research to identify the housing interventions that produce demonstrable improvements in health and that help to eliminate costs in other sectors such health care costs, special education costs, and costs to the juvenile justice system. These research and demonstration projects also identify practical opportunities to incorporate health considerations into affordable housing and energy efficiency programs.
2014 Policy Agenda

Long-term Policy Goals

• Political support and sufficient funding allocated for affordable healthy housing by Congress and the Administration.
• Inclusion of healthy housing principles in federal housing policies and programs to support equity and residential stability, and to reduce health disparities.
• Greater emphasis on safe and healthy housing in the International Property Maintenance Code and its broad adoption.
• A widely used evidence-based healthy housing standard.
• A health care financing and service delivery system that supports safe and healthy housing.
• Legislative authority that enhances federal healthy housing activities.
• Renewed and strengthened commitment to keeping pre-1978 housing lead-safe.
• Strong housing code enforcement and administration.

2014 Policy Priorities

1. Restore appropriations for lead poisoning prevention and healthy homes at the U.S. Centers for Disease Control and Prevention.
2. Support appropriations for the U.S. Department of Housing and Urban Development’s lead hazard control and healthy homes programs.
3. Promote financing for home-based services to address environmental health and safety hazards.
5. Support enactment of the Title X Lead Hazard Control Program modernization bill.
7. Promote effective housing code administration and enforcement policies.

Allied Efforts

The National Safe and Healthy Housing Coalition supports efforts of its member organizations and other national coalitions to advance policies that protect public health, affordable housing, and other critical social services, including but not limited to the following allied efforts:

• Supporting funding for the U.S. Centers for Disease Control and Prevention’s National Asthma Control Program, the National Housing Trust Fund, the U.S. Environmental Protection Agency’s Radon Program, and other federal programs that support the availability of healthy housing.
• Promoting smoke-free housing policies that protect tenants from environmental tobacco smoke and preserve stable housing for all tenants (smokers and non-smokers).
• Requiring or incentivizing radon-resistant new construction techniques in high-risk areas.
• Diversifying the use of federal block grant funds for home repair and code administration/inspection.
• Advancing toxic chemical reform.
• Supporting efforts to illuminate and address poor quality housing in rural communities.
Critical Activities Supported through
Healthy Homes and Lead Poisoning Prevention Program at the
Centers for Disease Control and Prevention (CDC)

Below is an illustration of the activities that will be possible through this program at enacted and requested funding levels.

<table>
<thead>
<tr>
<th>Activity</th>
<th>FY14 Enacted</th>
<th>FY15 Funding Scenarios</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$15 million</td>
<td>$20 million</td>
</tr>
<tr>
<td>Funding Level</td>
<td>$15 million</td>
<td>$20 million</td>
</tr>
<tr>
<td>Surveillance</td>
<td>36 states</td>
<td>36 states</td>
</tr>
<tr>
<td></td>
<td>5 cities</td>
<td>5 cities</td>
</tr>
<tr>
<td>Primary Prevention</td>
<td>6 sites</td>
<td>18 sites</td>
</tr>
<tr>
<td>Small Area Surveillance</td>
<td>10 sites</td>
<td>10 sites</td>
</tr>
<tr>
<td>Follow-up Services*</td>
<td>N/A</td>
<td>18 states/cities</td>
</tr>
<tr>
<td>Training Field Staff</td>
<td>YES</td>
<td>YES</td>
</tr>
</tbody>
</table>

*For uninsured children (where Medicaid expansion has not been adopted or where insurance plans preclude reimbursement for services).

**Surveillance:** Collect, process, maintain, and disseminate blood lead test and data on other health and safety risks in the homes of at-risk families. These data are essential to federal, state, and local efforts to identify and screen at risk sub-populations, target HUD grants and primary prevention activities, monitor trends, and evaluate interventions.

**Primary Prevention:** Conduct strategies to control or eliminate sources of lead in environments of at-risk children, including for example: inspecting all units in multi-family housing when a child with a high blood lead level is identified in one unit; canvassing high risk neighborhoods to conduct lead inspections; investigating all the units of a property that has had multiple lead poisoning cases; partnering with code enforcement and federal agencies to ensure compliance with lead-based paint requirements; and coordinating with home visiting programs to identify and refer high risk homes for support obtaining lead-safe housing. A primary prevention pilot program will provide FY14 funds to six cities to demonstrate successful primary prevention activities for broader application in FY15 and future funding years.

**Small Area Surveillance:** States or localities may apply for funds and assistance for population-based, cross-sectional blood lead surveillance to permit assessment of environmental and blood lead data. Surveillance could be used to identify underserved populations, track an outbreak, or provide the basis for a CMS waiver of universal blood lead testing requirements.

**Follow-up Services for the Uninsured:** Respond to children who have blood lead levels above five micrograms per deciliter of blood with services such as risk assessments and inspections of their homes; nurse home visits; education and consultations for their health care providers; orders to compel lead hazard reduction; and referrals to health or social resources.

**Training:** Train state and local health professionals in the management of childhood lead poisoning prevention programs and the prevention of the disease.
### Number of Children Tested and Confirmed EBLLs by State, Year, and BLL Group, Children < 72 Months Old

<table>
<thead>
<tr>
<th>Year</th>
<th>State</th>
<th>Population &lt; 72 months old</th>
<th>Number of Children Tested</th>
<th>Number of children with confirmed blood lead level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>≥10 µg/dL</td>
</tr>
<tr>
<td>2012</td>
<td>Alabama</td>
<td>365,443</td>
<td>37,512</td>
<td>144</td>
</tr>
<tr>
<td>2012</td>
<td>Arizona</td>
<td>546,609</td>
<td>61,151</td>
<td>101</td>
</tr>
<tr>
<td>2011</td>
<td>California</td>
<td>3,036,508</td>
<td>565,397</td>
<td>1,156</td>
</tr>
<tr>
<td>2012</td>
<td>Connecticut</td>
<td>245,428</td>
<td>75,181</td>
<td>533</td>
</tr>
<tr>
<td>2011</td>
<td>Delaware</td>
<td>67,146</td>
<td>8,190</td>
<td>44</td>
</tr>
<tr>
<td>2012</td>
<td>District of Columbia*</td>
<td>38,156</td>
<td>8,396</td>
<td>42</td>
</tr>
<tr>
<td>2012</td>
<td>Florida</td>
<td>1,288,261</td>
<td>177,754</td>
<td>306</td>
</tr>
<tr>
<td>2012</td>
<td>Georgia</td>
<td>825,000</td>
<td>115,387</td>
<td>234</td>
</tr>
<tr>
<td>2012</td>
<td>Illinois*</td>
<td>1,005,860</td>
<td>155,784</td>
<td>2,110</td>
</tr>
<tr>
<td>2012</td>
<td>Indiana</td>
<td>522,074</td>
<td>52,955</td>
<td>351</td>
</tr>
<tr>
<td>2012</td>
<td>Iowa*</td>
<td>242,345</td>
<td>45,964</td>
<td>320</td>
</tr>
<tr>
<td>2012</td>
<td>Kansas*</td>
<td>246,178</td>
<td>24,228</td>
<td>151</td>
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<tr>
<td>2012</td>
<td>Kentucky</td>
<td>338,977</td>
<td>13,468</td>
<td>110</td>
</tr>
<tr>
<td>2012</td>
<td>Louisiana*</td>
<td>375,722</td>
<td>570</td>
<td>112</td>
</tr>
<tr>
<td>2011</td>
<td>Maine</td>
<td>84,268</td>
<td>13,961</td>
<td>130</td>
</tr>
<tr>
<td>2012</td>
<td>Maryland</td>
<td>437,188</td>
<td>110,595</td>
<td>343</td>
</tr>
<tr>
<td>2012</td>
<td>Massachusetts</td>
<td>442,592</td>
<td>212,141</td>
<td>759</td>
</tr>
<tr>
<td>2012</td>
<td>Michigan</td>
<td>720,314</td>
<td>143,210</td>
<td>784</td>
</tr>
<tr>
<td>2012</td>
<td>Minnesota</td>
<td>427,426</td>
<td>85,364</td>
<td>255</td>
</tr>
<tr>
<td>2012</td>
<td>Mississippi</td>
<td>252,345</td>
<td>42,656</td>
<td>160</td>
</tr>
<tr>
<td>2012</td>
<td>Missouri</td>
<td>468,264</td>
<td>89,637</td>
<td>629</td>
</tr>
<tr>
<td>2010</td>
<td>Nevada</td>
<td>224,163</td>
<td>13,597</td>
<td>25</td>
</tr>
<tr>
<td>2012</td>
<td>New Hampshire</td>
<td>84,767</td>
<td>13,461</td>
<td>116</td>
</tr>
<tr>
<td>2012</td>
<td>New Jersey</td>
<td>652,622</td>
<td>181,603</td>
<td>965</td>
</tr>
<tr>
<td>2012</td>
<td>New York (Excl. NYC)*</td>
<td>1,386,618</td>
<td>55,803</td>
<td>662</td>
</tr>
<tr>
<td>2012</td>
<td>New York City</td>
<td>639,380</td>
<td>329,847</td>
<td>1,016</td>
</tr>
<tr>
<td>2011</td>
<td>North Carolina**</td>
<td>758,123</td>
<td>156,039</td>
<td>541</td>
</tr>
<tr>
<td>2012</td>
<td>Ohio</td>
<td>866,996</td>
<td>154,245</td>
<td>1,706</td>
</tr>
<tr>
<td>2012</td>
<td>Oklahoma</td>
<td>316,500</td>
<td>39,856</td>
<td>181</td>
</tr>
<tr>
<td>2012</td>
<td>Oregon</td>
<td>284,723</td>
<td>13,686</td>
<td>30</td>
</tr>
<tr>
<td>2012</td>
<td>Pennsylvania*</td>
<td>877,769</td>
<td>148,786</td>
<td>2,315</td>
</tr>
<tr>
<td>2012</td>
<td>Rhode Island</td>
<td>69,386</td>
<td>28,175</td>
<td>248</td>
</tr>
<tr>
<td>2011</td>
<td>Texas*</td>
<td>2,315,927</td>
<td>213,534</td>
<td>550</td>
</tr>
<tr>
<td>2012</td>
<td>Vermont</td>
<td>38,743</td>
<td>6,546</td>
<td>46</td>
</tr>
<tr>
<td>2011</td>
<td>Virginia</td>
<td>611,895</td>
<td>98,474</td>
<td>279</td>
</tr>
<tr>
<td>2011</td>
<td>Washington</td>
<td>526,207</td>
<td>16,383</td>
<td>25</td>
</tr>
<tr>
<td>2012</td>
<td>West Virginia</td>
<td>125,045</td>
<td>11,425</td>
<td>61</td>
</tr>
<tr>
<td>2012</td>
<td>Wisconsin</td>
<td>431,404</td>
<td>97,320</td>
<td>895</td>
</tr>
<tr>
<td>2012</td>
<td>U.S. Totals</td>
<td>24,258,220</td>
<td>2,532,706</td>
<td>15,685</td>
</tr>
</tbody>
</table>

* Incomplete data, CDC does not have the state's complete dataset

** Single blood lead test
## Studies on Lead and Education

<table>
<thead>
<tr>
<th>Blood lead levels</th>
<th>Educational Impact</th>
<th>Size of Study</th>
<th>Location of Study</th>
</tr>
</thead>
<tbody>
<tr>
<td>≤ 3μg/dL</td>
<td>Decreased end of grade test scores</td>
<td>More than 57,000 children</td>
<td>North Carolina</td>
</tr>
</tbody>
</table>
| 4 μg/dL at 3 years of age | Increased likelihood learning disabled classification in elementary school  
|                   | Poorer performance on tests | More than 57,000 children | North Carolina |
|                   | | 35,000 children | Connecticut |
| 5 μg/dL           | 30% more likely to fail third grade reading and math tests  
|                   | More likely to be non-proficient in math, science, and reading | More than 48,000 children | Chicago  
|                   | | 21,000 children | Detroit |
| Between 5-9 μg/dL | Scored 4.5 points lower on reading readiness tests | 3,406 children | Rhode Island |
| ≥10 μg/dL         | Scored 10.1 points lower on reading readiness tests | 3,406 children | Rhode Island |
| Between 10 and 19 μg/dL | Significantly lower academic performance test scores in 4th grade | More than 3,000 children | Milwaukee |
| ≥ 25 μg/dL        | $0.5 in excess annual special education and juvenile justice costs | 279 children | Mahoning County Ohio |
Coalition Members - 2014

270Tech Operations
A Community Voice - Louisiana
ADLM Counties, Environmental Public Health
Advocates for Basic Legal Equality, Inc.
Alameda County Lead Poisoning Prevention Program
American Association of Radon Scientists and Technologists, Inc
American Lung Association, Plains-Gulf Region
American Public Health Association
American Society of Home Inspectors*
Association of State and Territorial Health Officials*
Asthma and Allergy Foundation of America *
Baltimore City Health Department
Barrett Concepts
Boston Public Health Commission*
Bridgeport Health Department Lead Prevention Program
California Poison Control System
Cancer Survivors Against Radon (CanSAR)
CCOAL Concerned Citizens Organized Against Lead
CDC Agency for Toxic Substances and Disease Registry
CDC Healthy Homes and Lead Poisoning Prevention
Ceilings 2 Cellars Home Inspections, LLC
Center for Quality Growth & Regional Development
Cerro Gordo County Department of Public Health
Certified Pure Air LLC
Chester County Health Department
Childhood Lead Action Project*
Children's Environmental Health Network
Children's Health Forum
City of Lowell Lead Abatement
City of San Diego
Clear Corps USA
CLEARCorps Detroit
CommonHealth ACTION

Community Foundation for Greater Buffalo
Council Bluffs, Iowa Public Health Department
Council of Large Public Housing Authorities
CT Children's Medical Center LAMPP Project
Dallas County Environmental Health
Durham Affordable Housing Coalition
Eco-Strip LLC.
Energy Programs Consortium
Enterprise Community Partners*
Environment and Community Health, Isles, Inc.
Environmental Dynamics, Inc.
Environmental Health Watch
EnviroPlan LLC
Erie County Department of Health
Family Environmental Health Resources
Florida Department of Health
Get the Lead Out Coalition
Greensboro Housing Coalition
Habitat for Humanity International
Health Education Council, Break Free Alliance
Health Resources in Action
Healthy Homes Coalition of West Michigan
Healthy Homes Collaborative
Healthy Housing Solutions, Inc.
Housing Louisiana Now LLC
Houston Department of Health and Human Services
IDEA Center, University at Buffalo
IEQ Consulting
Illinois Healthy Homes and Lead Poisoning Prevention Program
Illinois Lead Safe Housing Task Force
Indoor Air Quality Association
International Code Council*
INND
Iowa Department of Public Health
IPAL: Iowa Parents Against Lead Poisoning
Johns Hopkins Center for Injury Research and Policy
Julia, Lead The Way (lead poisoning awareness group)
Kansas Healthy Homes Advisory Council
Lead and Environmental Hazards Association and the National Association of Lead and Healthy Homes Grantees*

Lead Safe DC
Ledge Light Health District
LEW Corporation
Livable Housing, Inc.
Local Environmental Action Demanded Inc.
Local Initiatives Support Corporation
Lowell Lead Abatement Program
Massachusetts Asthma Action Partnership
Metropolitan Tenants Organization
Michigan Public Health Institute
Middle Tennessee State University
Minnesota Department of Health
Mission Economic Development Agency
Muscatine Public Health
National Affordable Housing Management Association
National Assembly on School-Based Health Care
National Association for State Community Services Programs*
National Association of County and City Health Officials
National Association of Housing and Redevelopment Officials
National Association of Realtors®
National Center for Frontier Communities
National Center for Healthy Housing*
National Coalition to End Childhood Lead Poisoning
National Environmental Health Association
National Housing Conference
National Low Income Housing Coalition
National Nursing Centers Consortium
National Organization for Local Boards of Health
Naugatuck Valley Health District
NeighborWorks America
New Orleans Health Department
NJ Coalition for Prevention of Developmental Disabilities
Non-Profit Edge Consulting
Ohio Healthy Homes Network
Oklahoma State Department of Health
Omaha Healthy Kids Alliance*
Oregon Lead Poisoning Prevention Program
Owens Corning
Pacoima Beautiful

Partnership Effort for the Advancement of Children's Health (PEACH)
Pennsylvania Department of Health
Pennsylvania Housing & Finance Agency
People's Place
PestWest Environmental
Philadelphia Department of Public Health
PinnacleHealth Childhood Lead Poisoning Prevention Program
Poverty and Race Research Action Council
Public Health Law & Policy
Prevention Institute
Rand Corporation
Rebuilding Together Central OH
Rebuilding Together*
Rebuilding Together Sacramento
Regional Asthma Management and Prevention (RAMP)
RI Lead Techs, Inc
RWJF Commission to Build a Healthier America
Safe Kids Worldwide
San Diego Housing Commission
San Francisco Department of Health*
SC Consulting LLC
Schneider Laboratories Global, Inc (SLGI)
Seagull Environmental Training
Serve My People Community Outreach
SIL Radon Awareness Task Force, Inc
Southeast Missouri State University
Superior Mold Testing
Sustainable Community Development Group
Sustainable Resources Center*
Take a Closer Look (Healthy Homes Demonstration Project)
The John Leary Organization
The Pew Health Group
The United Illuminating Company
Town of Framingham Board of Health
U.S. Green Building Council
Universal Design Institute
University of Maryland
University of Nevada, Las Vegas
Vermont Affordable Housing Coalition
WE ACT for Environmental Justice
West Virginia Asthma Education and Prevention Program
Winnebago County Health Department
*Steering Committee member