



**National Safe and Healthy
Housing Coalition**

Guide to State and Local Advocacy for Healthy Housing

**Prepared by the National Safe and Healthy
Housing Coalition**

Updated March 2012



March 2012

Dear Friends and Healthy Homes Stakeholders:

The National Safe and Healthy Housing Coalition has compiled this ***Guide to State and Local Advocacy for Healthy Housing*** to help state and local advocates take action to protect children across the country. As you know, we face attempts by the Administration and Congress to diminish or eliminate CDC's Healthy Homes and Lead Poisoning Prevention Program, and we believe the most effective method for ensuring this program is fully funded at \$29 million in FY2013 is for Congressional representatives to hear from you directly.

We are also actively supporting continued funding for HUD's Healthy Homes and Lead Hazard Control program in FY2013 at \$120 million, with \$30 million dedicated for Healthy Homes.

The following tools are available in preparing to take action:

Position Statement, Fact Sheet, Impact Statements, and Talking Points – These documents provide concise messaging that can be used with Members of Congress and their staff members to provide background on the importance of CDC and HUD funding and the dangers of cuts. The position statement and fact sheet frame the issue overall and are your key communications documents; the impact statements and state fact sheets localize the impact to your state.

Meetings and Events – These documents provide guidance on setting up local meetings with members of Congress and hosting local events. State and local advocates are the most effective messengers to Congress.

Writing to Your Congressional Members – If you're not able to set up an in person meeting, please consider sending letters to your Members sharing your response to the proposed CDC programmatic cuts and supporting full HUD funding. We have included a template letter.

Media Outreach – A sample press release and letter to the editor are included. Members of the media want to know the local impact of this policy change. They also want to speak to impacted families.

On behalf of the National Safe and Healthy Housing Coalition, we hope you will take action to protect children across the country. Thank you very much for your efforts!

Sincerely,

Rebecca Morley
Chair, National Safe and Healthy Housing Coalition and Executive Director,
National Center for Healthy Housing

CDC Position Statement



FY 2013 Labor HHS Appropriations CDC National Center for Environmental Health Healthy Homes and Lead Poisoning Prevention Program

Program	Appropriation			President's Request	Coalition Request
	FY 10	FY 11	FY 12	FY 13	FY 13
Healthy Homes and Lead Poisoning Prevention	\$34,805	\$29,257	\$1,995	\$0	\$29,257
Healthy Homes and Community Environments				\$27,316 (with Asthma Program)	

Recommendation: Provide \$29 million for the Healthy Homes and Lead Poisoning Prevention Program. Restoring the program to the FY 11 funding level will ensure protection of children at highest risk of lead poisoning.

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, despite our best efforts, today nearly **450,000 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**. Children with lead poisoning also have cardiovascular, immunological, and endocrine effects. 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** to be lead poisoned.

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. CDC is the only agency that houses the information about where, how, and when children are poisoned. Between 1997-2008, CDC's lead program served **850,000 children** with dangerous blood lead levels (greater than or equal to 10 µg/dL). In the most recent year, recipients of CDC grants tested more than **four million children** for lead and conducted **case management for nearly 30,000 children**. The services provided by health department staff (nurses, social workers, and environmental health professionals), include: environmental assessments of the child's home to identify the source of exposure, enforcement of local health laws to clean up of hazardous properties, and referrals of property owners to remediation resources (such as the HUD lead grant program). The health department programs also provide ongoing education and guidance to local officials, families and health care providers to ensure that children receive appropriate screenings, and most importantly, prevent lead poisoning cases. CDC's epidemiologists, blood lead laboratory proficiency program, and surveillance system are collectively poised to monitor the disease. Without these resources children exposed will not be treated. It was CDC's program that identified lead-contaminated toys as a source of exposure and CDC was first on the scene to address lead poisoning among refugee families.

CDC Fact Sheet

The Centers for Disease Control and Prevention's Healthy Homes and Childhood Lead Poisoning Prevention Program:

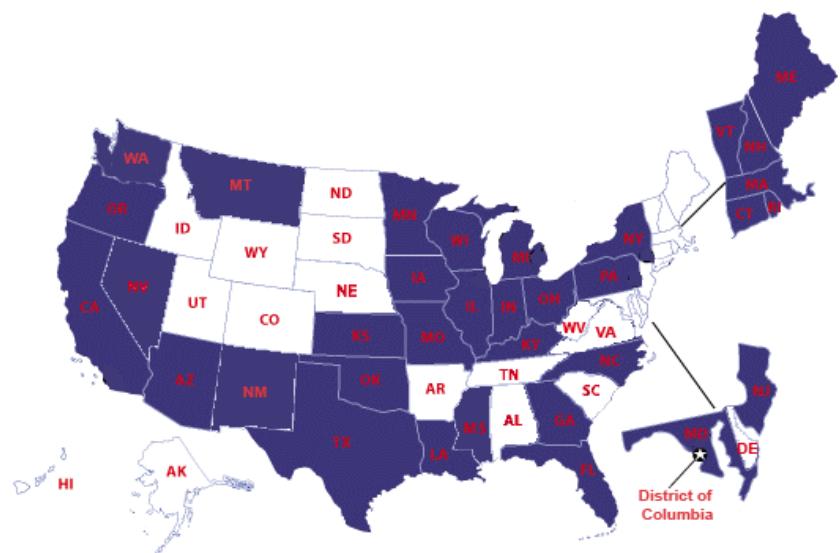
- Funds states and localities to provide services to families with lead poisoned children
 - ✓ From 1997-2008, CDC's lead program served 850,000 children.
- Leads national lead poisoning *primary* prevention efforts
 - ✓ Between 2008 and 2010, primary prevention efforts helped **reduce by 200,000 the number of children who have been exposed to lead**--saving \$7.5 billion in lifetime productivity.
 - ✓ In 1990, only 3 states had state lead laws. As of 2009, 27 states had comprehensive laws enabling health departments to compel clean up of hazardous homes.
- Maintains a system for the collection and dissemination of data on lead poisoning
 - ✓ 46 states report data to CDC. These data are used to target grants from the U.S. Department of Housing and Urban Development for lead hazard control in housing.

In FY 2011, CDC funded **35 states and localities** to:

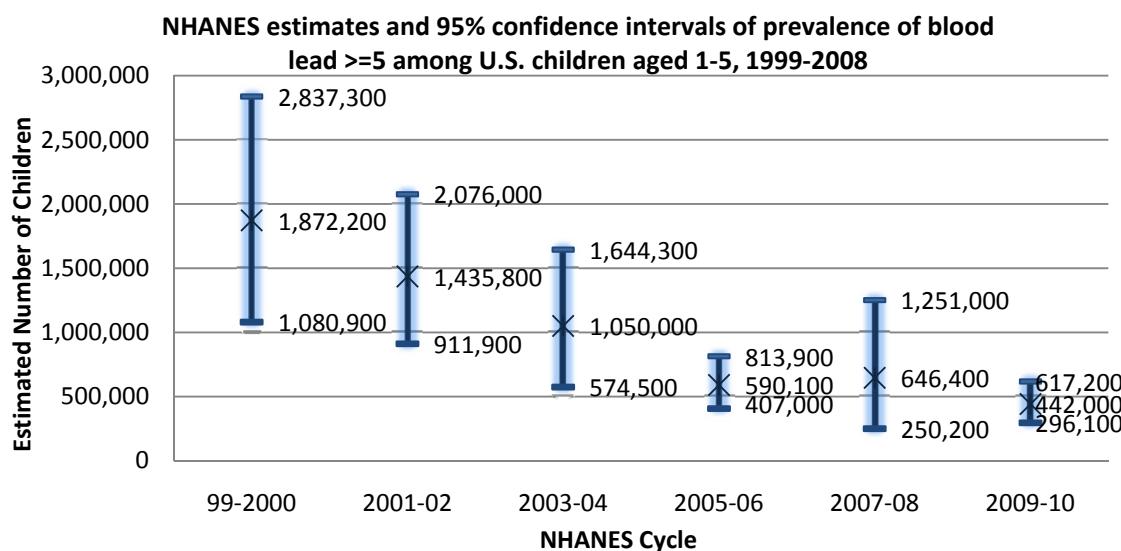
- **Screen children** for lead poisoning.
- **Track** incidence and causes.
- **Inspect** the home **and remove** the environmental threat.
- **Connect with clinicians** to ensure that the child's health is protected through appropriate case management.
- **Provide education** to the public and health care providers.

■ Funded States

□ Unfunded States



Between 1976 and 2008, the **percentage of children aged 1 to 5 years with blood lead levels $\geq 10\mu\text{g}/\text{dL}$ declined steeply, from 88.2% to 0.9%**. Despite our best efforts, **today nearly 450,000 children need CDC funded services to manage their exposures**.





National Safe and Healthy Housing Coalition

HUD Position Statement

FY 2013 Transportation HUD Appropriations HUD's Office of Healthy Homes and Lead Hazard Control Program

Program	Appropriation			President's Request	Coalition Request
	FY 10	FY 11	FY 12		
Lead Hazard Control and Demonstration Programs	\$114,600	\$94,110	\$107,500	\$86,000	\$86,000
<i>Healthy Homes Demonstration and Production Programs</i>	\$20,000	\$23,253	\$10,000	\$30,000	\$30,000
Lead Technical Studies and Regulatory Support	\$4,000	\$1,199	\$2,500	\$4,000	\$4,000
HUD's Transformation Initiative	\$1,400	\$1,198	0	0	0
Total	\$140,000	\$119,800	\$120,000	\$120,000	\$120,000

Ask: Level funding (\$120 million) for HUD's Healthy Homes and Lead Hazard Control programs, and, within that total, \$30 million for healthy homes. Continuing funding for this program at the FY 11 funding level will enable states and localities to address substandard housing conditions that cause disease and death among young children and the elderly. With respect to healthy homes, we are not asking for additional funding, only that of the \$120 million in funding, \$30 million of it would be used both for lead and for other healthy homes interventions, thus allowing Federal funds to more efficiently address life-threatening health hazards in homes.

Background: The home is the most dangerous place for U.S. families:

- Lead-based paint hazards in 24 million homes jeopardize the development and school success of millions of children.
- More than 6.4 million homes have dangerous levels of radon – a gas that causes 21,000 deaths from lung cancer each year, with associated annual costs of \$2.3 billion.
- Carbon monoxide poisoning causes 20,000 emergency room visits and at least 400 deaths every year.
- Exposure to dampness and mold contributes to 21% of asthma cases, costing \$3.5 billion, 10 million lost school days, and 2 million emergency room visits.

Justification: HUD's healthy homes program supplements the lead hazard control grants by enabling government agencies and nonprofit organizations to address other health and safety hazards. Healthy Homes grants are particularly critical because lead hazard control grants by law may only be used to fix lead paint hazards—a lead-safe home could still have a serious problem with carbon monoxide, radon, dry wall, mold, and more. The OHHLHC **healthy homes grants have made 20,000 units safe** from injury hazards and serious environmental hazards since 1999. **This program is highly over-subscribed with only one applicant receiving funding for every 11 qualified applications HUD receives.** Its interventions, costing \$3,600 per unit, net savings such as \$26,720 in unscheduled acute care services per 100 asthma cases.

The **lead hazard control grant** program has created over **165,000 lead-safe units** since 1993. The OHHLHC can only fund one out of every three qualified applications it receives due to its current budget. Since 1996, its lead disclosure rule **enforcement efforts** have resulted in owners making over **185,000 units lead safe**. The average cost for lead hazard control is \$9,400. Each dollar invested in lead hazard control results in a return of at least \$17 to \$221.

Impact Statement

Several state impact statements have already been prepared. These should be used for customizing your talking points and your letters with state-specific data. Visit

<http://www.nchh.org/Policy/NationalSafeandHealthyHousingCoalition/CDCImpactStatements.aspx> to see if an impact statement is available for your state and to see how other states have presented data. You can also follow this template to create your own impact statement.

[STATE/CITY NAME] Impact of Cuts to CDC's Healthy Homes and Lead Poisoning Prevention Program

Drafted by [organization name]

Each year, approximately [insert number] children in [insert state] are newly diagnosed with lead poisoning. [Insert state agency] and its partnering local agencies follow up on these cases, inspect the homes, and order units with lead hazards to be repaired. [Insert number] cases are followed or managed each year and [insert number] abatement orders were issued statewide. The goal for the agency is to eliminate elevated blood lead levels greater than the current action level in children statewide, and scientific research indicates the need to start helping even more children with blood lead levels below the current action level.

In 2012, [state]'s lead program is receiving [insert dollar amount] from the Centers for Disease Control and Prevention (CDC) Healthy Homes and Lead Poisoning Prevention Program. That funding is scheduled to end in August 2012, at which time [insert state] will determine what funding exists to continue the program and staff. In 2010, CDC funding paid for [insert number] full-time positions to be filled in the state. In 2011, that funding was reduced from [insert dollar amount] to [insert dollar amount], a [insert percentage] cut.

[Insert state] has maintained a surveillance system since [insert year] to capture and aggregate the results of blood tests for lead. The system has obtained screening records for [insert number] of tests. The surveillance data enables the [insert state and state agency] to identify high-risk areas for lead poisoning and track patterns over time. The data is also used in program planning and other federal grant applications including for HUD, CDC, and EPA. CDC funding enables [insert state]'s program to respond to emerging lead threats. For example, in some cases, multiple children in the same family may have elevated blood lead levels. The program's environmental health professional conducts an environmental inspection to identify a lead hazard in the home or child care facility. In addition, the program also creates opportunities for outreach in the forms of [examples of state outreach].

The CDC-funded CLPPP helps ensure medical provider compliance with Medicaid and other requirements for lead screening services for eligible children. Testing is the only way to discover if a child has been poisoned. The program also helps the [local/state/both] lead hazard control program funded by the Department of Housing and Urban Development to identify the highest-risk families whose homes most need abatement and to target resources to communities with concentrations of lead-poisoning cases.

If funding is not restored for the program at CDC in FY2013, [insert state] will suffer from a reduction in vital services. Without the surveillance data provided through the CDC program, there will be no way to treat the existing threat or track a possible resurgence in blood lead levels. Without funding, [insert other loss of services]. The impact of the elimination of CDC's Healthy Homes and Lead Poisoning Prevention Program is significant, and [insert state]'s children stand to lose significantly. Cuts in funding will severely curtail the successful program [insert state] has worked for [insert number] years to build. Now is not the time to dismantle CDC's Healthy Homes and Lead Poisoning Prevention Program.

State Fact Sheet

Several state fact sheets have already been prepared. Visit

<http://www.nchh.org/Policy/NationalSafeandHealthyHousingCoalition/CDCImpactStatements.aspx> to see if a fact sheet is available for your state and to see how other states have presented data. You can follow this template to create your own. NCHH has compiled HUD funding by state here:

http://www.nchh.org/Portals/0/Contents/HUD%20Lead%20%26%20HH%20Grants_Rvsd%203-23-12.xls.

Lead Poisoning Prevention and Healthy Homes Fact Sheet State of [Insert State]

Funding Summary

HUD's Office of Healthy Homes and Lead Hazard Control (grants since 2006)

[insert all HUD Lead Hazard Control, Lead Hazard Reduction Demonstration, Healthy Homes Production, Healthy Homes Demonstration, Lead Elimination Action Program, etc. grants, recipient organization, and year]

2012 -

2011 -

2010 -

2009 -

CDC's Healthy Homes and Lead Poisoning Prevention Program [insert grants]

2012 - \$0

2011 -

2010 -

2009 -

How are children in [insert state] impacted by environmental health problems?

- Statewide: [insert number] children have blood lead levels above [5/10] mg/dL. Since [insert year], more than [insert number] [insert state] children have been identified as being lead poisoned.
- [Insert city/state] Housing Conditions: Compared to the national average, [insert city/state] homes are more likely to have [insert home health hazards].
- Only [insert percentage] of children were tested in [insert year]. Many high risk children, including those enrolled in Medicaid, went untested and may be at risk.

What services does the CDC lead and healthy homes program provide [insert state] children?

The [insert state agency]: [add/delete relevant activities below]

- Encourages testing of children especially in the range of 0-72 months
- Assists families whose children have lead poisoning through case management to help identify sources of lead poisoning and follow up with affected children and families;
- Collects and tracks all lead screening data;
- Conducts outreach to educate citizens, contractors, and renovators about lead hazards and lead-safe work practices; and
- Targets other home hazards, such as carbon monoxide, asthma triggers, and safety hazards.

What services does the HUD healthy homes program provide to [insert state] children?

- HUD lead hazard control grants are used to repair the homes that have caused children to have elevated blood lead levels or are highly likely to do so unless repairs are made.
- Under the most recent lead hazard control grant [insert amount], the city conducted testing and remediation of [insert number] homes.
- The HUD Healthy Homes Demonstration and Production grants provide healthy homes interventions for asthma and other respiratory ailments where environmental conditions contribute to a child's illness or risk of injury. The program has conducted Healthy Homes interventions in [insert number] homes since [insert year].

Talking Points: CDC and HUD

One or both of these messages may be appropriate for talking to your Members of Congress. If you need assistance determining which message is appropriate, email Jane Malone with NCHH, jmalone@nchh.org. Customize these talking points with state impact data and facts from the state funding fact sheet.

- Thank you for taking time to speak with us about this important issue. I represent [insert agency/organization] and have been working in [insert city/county/state] to protect children from health hazards in the home environment.

CDC specific:

- Recently funding was cut for an important program, CDC's Healthy Homes and Lead Poisoning Prevention Program, in FY2012 and the program is slated for consolidation and further cuts in FY2013.
- We respectfully request that you provide \$29 million for the Healthy Homes and Lead Poisoning Prevention Program in FY2013. Restoring the program to the FY 11 funding level will ensure protection of children at highest risk of lead poisoning.

HUD specific:

- We respectfully request that you fund the HUD Healthy Homes and Lead Hazard Control Program at \$120 million in the FY 2013 Transportation HUD Appropriations bill, with \$30 million allocated to Healthy Homes. The total \$120M is the same level as FY 2012 but only \$10 million was provided to Healthy Homes in FY 12.
- Providing adequate funding for these programs will enable communities to address substandard housing conditions that cause disease and death among young children and the elderly as well as lead hazards.

- Solving lead poisoning, a major public health problem, requires continued CDC and HUD leadership, and fully funding both programs is essential. Lead poisoning remains a significant environmental public health threat. These exposures will cost the nation more than \$50 billion in lost lifetime productivity.
- Today nearly 450,000 children need CDC-funded services to reduce their exposures.
- In [insert city/county/state], we have [insert number] of children with elevated blood lead levels, and have invested [insert dollar amount] to protect them from future harm.
- The [insert city/county/state] has received [insert dollar amount] under this program since [insert date].
- [Insert number] of housing units have been made healthy and lead safe using funding from this HUD program.
- Thank you for your time, and I hope you will consider our [insert city/county/state's] children and work to support full funding for CDC's Healthy Homes and Lead Poisoning Prevention program and the HUD Healthy Homes and Lead Hazard Control Program in the Appropriations process.

**If your Member of Congress has already agreed to support the CDC request, thank them and also ask them to express their support to Senators Tom Harkin and Richard Shelby or Representatives Denny Rehberg and Rosa DeLauro, respectively Chairmen and Ranking Members of the Senate and House Appropriations Subcommittees on Labor, Health and Human Services, Education, and Related Agencies.

Events and Meetings

Meetings with Members of Congress

To set up a meeting, contact the district office of your Senator or Representative and speak to the local scheduler or district or state director. It is generally a good policy to be in contact with the district staff to find out when your Member of Congress will be in your state or district and what is on his or her public schedule. Recess weeks are usually good times to schedule meetings in the district. Contact information for your Members' district offices can be found on their websites: <http://house.gov/> and <http://www.senate.gov/>.

When requesting a meeting, you should provide in writing the meeting agenda or issue, names of people who will attend, and when you would prefer the meeting be scheduled. Some Members provide detailed instructions for submitting requests on their websites and also provide phone numbers for their schedulers. Also, if you plan to be in Washington, DC this spring, you should ask about meeting with your Member in his or her DC office when submitting your request.

Once you've set up a meeting, we would like to hear from you. We can help you prepare materials to bring with you, or develop a local impact statement. We are tracking all contacts made by advocates on this issue, so please let us know how the meeting goes and if there is anything we can do to support your follow-up. Please email Jane Malone, the National Center for Healthy Housing's Policy Director, with reports on the outcomes, and do not hesitate to contact her if you have any questions or need assistance beyond the information we have provided. Her email is: jmalone@nchh.org.

Engaging Partners and Local Events

We encourage you to invite a wide array of partners to these meetings, including affected families, members of the CLPPP program advisory committees, agency staff to discuss their programs (recognizing that agency staff cannot lobby but can share facts and answer questions), as well as members of related coalitions in your area. The stronger your voice, the more effective it will be.

If you are aware of any community leaders in your area who have an established relationship with your Senator or Representative, ask that leader to raise this issue with the Member on your behalf. These opinion leaders often are in a good position to weigh in directly and echo your request.

In addition, consider inviting your Senator or Representative to a local event, such as the launch of a new project related to lead poisoning prevention, healthy homes, or related issues. Often Members of Congress will put these "ribbon cutting" events on their public schedules and send a staff person if they cannot attend. Building relationships with staff is an effective way to communicate your message.

Writing to Your Congressional Members: CDC example

If you're not able to set up an in person meeting, please consider sending letters to your Representatives and Senators sharing your response to the proposed CDC programmatic cuts. Below is a template. Letters can be sent as an individual constituent or representing your agency. You can also use a letter to follow up to an in person meeting or phone call. To submit the letter, 1) email it to the appropriate staff person; 2) use the Legislative Action Center at <http://capwiz.com/nchh/home/> to submit it through Capwiz; and 3) hand deliver a copy of the letter, position statement, state impact data, etc. to the local district office. An example is below.

[Date]

Dear Senator/Representative [insert name],

Recently funding was cut for an important program, CDC's Healthy Homes and Lead Poisoning Prevention Program, in FY2012 and the program is slated for consolidation and further cuts in FY2013.

We support the National Safe and Healthy Housing Coalition's recommendation to provide \$29 million for the Healthy Homes and Lead Poisoning Prevention Program in FY2013. Restoring the program to the FY 11 funding level will ensure protection of children at highest risk of lead poisoning.

For many years, this funding has supported essential activities in [insert city] and across the state to prevent children from being poisoned. CDC funding has made a significant impact in reducing the number of children permanently injured by lead. We cannot afford to turn back now.

How will children be impacted? The majority of homes in [insert state] were built before lead paint was banned for residential use. If lead paint deteriorates, children ages 0 – 5 are most vulnerable to being permanently injured by it. CDC funding has supported successful efforts to identify homes with lead hazards before a child is poisoned – to stop using children as 'canaries in the mine' to determine if a home is contaminated by lead. In [insert city] alone, over the last decade the number of poisoned children has dropped from about [# of EBL children] to [new # of EBL children]. Elimination of CDC funding will result in the near elimination of efforts to prevent children from being poisoned.

I respectfully request that you fully fund lead poisoning prevention and healthy homes programs and to make children a priority in the appropriations process this spring. Now is not the time to dismantle CDC's Healthy Homes and Lead Poisoning Prevention Program.

Thank you for your consideration.

Sincerely,

[Name/Organization (or private citizen)]

Writing to Your Congressional Members: HUD Example

Congressman Charles Dent
Lehigh Valley Office
3900 Hamilton Boulevard
Allentown, PA 18103

March 19, 2012

Dear Congressman Dent,

Thank you for taking some time this past Friday to discuss the future of funding for HUD's Healthy Homes and Lead Hazard Control Program. As we discussed Healthy Homes addresses both housing and health issues which greatly affect the residents of our District. I'm writing to ask for your leadership in providing \$120 million for HUD's Healthy Homes and Lead Hazard Control programs, and, within that total, allocating \$30 million for healthy homes. Funding this program at the FY11 funding level will enable states and localities, such as Bethlehem and Allentown, to address substandard housing conditions that cause disease and death among young children and the elderly.

The home is the most dangerous place for U.S. families. Housing-related health hazards are a problem within our District:

- Pennsylvania's asthma rate is around 9% of children. According to a recent study, over 24% of Bethlehem Area School District children have been diagnosed with asthma. Almost half of these children are living in low income families, with the majority living in the South Side of Bethlehem, a Federal Medically Underserved Area (MUA). The Asthma and Allergy Foundation of America (AAFA) ranked Bethlehem City area as the seventh worst metropolitan area in the country for asthma (2005).
- More than 6.4 million homes have dangerous levels of radon — a gas that causes 21,000 deaths from lung cancer each year. While the national average of indoor radon levels is around 1.3pCi/L, the average for Lehigh and Northampton Counties is 12.2 pCi/L and 11.7 pCi/L respectively — three times the level for which EPA suggests remediation. Lead-based paint hazards in 24 million homes jeopardize the development and school success of millions of children. In Bethlehem and Allentown, over 80% and 85%, respectively, of the homes were built prior to 1979. Lead paint was used in the wide majority of the housing stock in this area until 1978.
- According to HUD's 2007 American Housing Survey, six million households live with moderate or severe physical housing problems. Anyone can suffer from housing related illness and injury; however certain groups such as children, the elderly, or individuals with chronic illness are more susceptible. Elderly falls are the number one cause of trauma, according to St. Luke's Hospitals trauma data 2008 and 2009 of residents who live in the City of Bethlehem, and the counties of Northampton and Lehigh. Persons 65-70 years old accounted for 28% and 30 % of trauma admissions in 2008 and 2009, respectively. Of those trauma admissions 70% were fall related; only half were discharged to their home while the other half were placed in a rehabilitation/long term care facility. Persons 70 years of age and older account for 85% of trauma admissions related to falls with 90% of falls occurring at home.

HUD's healthy homes program supplements the lead hazard control grants by enabling government agencies and nonprofit organizations to address these other health and safety hazards. Healthy Homes grants are particularly critical because lead hazard control grants by law may only be used to fix lead paint hazards—a lead-safe home could still have a carbon monoxide, radon, mold, or pest problem. The OHHLHC healthy homes grants have made 20,000 units safe from injury hazards and serious environmental hazards since 1999. This program is highly over-subscribed with only one applicant receiving funding for every 11 qualified applications HUD receives. For example, the City of Bethlehem joined with the Commonwealth of Pennsylvania and other jurisdictions in an application for a Healthy Homes Production Grant; HUD declined to make an award because there was just not enough funding for all of the qualified applications.

With your support, I am sure that agencies within our District would be able to obtain funding to address the critical issues facing our elderly and youth. Thank you in advance for your support of this program.

Sincerely,

Jessica L. Lucas MS, RS

Media Outreach: Press Release

Consider issuing a press release from your organization or submitting an op ed or letter to the editor of your state/local paper or a popular community blog. The more letters and press hits you can generate on this issue, the better. The following is a sample press release and template to create a letter to the editor or op ed.

[Date]

[Organization/Contact info]

Call on Congress to Fully Fund Healthy Homes and Lead Poisoning Prevention

[City] – [Insert Organization name] called today on Congress to fully fund the Centers for Disease Control and Prevention (CDC) Healthy Homes and Lead Poisoning Prevention Program in its proposed FY2013 appropriations bill. For many years, this funding has supported essential activities in [insert state/city] to prevent children from being poisoned. CDC funding has made a significant impact in reducing the number of children permanently injured by lead.

The program received \$2 million in the final FY2012 budget approved by Congress, down from \$29 million in FY2011, a 94% reduction. The President's FY2013 budget request proposes a combined healthy homes and community environment line item of \$27 million, with no dedicated funding for healthy homes and lead poisoning prevention.

Lead poisoning remains a significant environmental public health threat. Despite our best efforts, today more than 12.3 million children have blood lead levels high enough to cause harm and cost the nation more than \$50 billion in lost lifetime productivity.

The impact of the proposed cuts will fall squarely on the backs of low-income families and communities of color who are disproportionately impacted by environmental health hazards. Across the country, African-American children are nearly three times as likely to be lead poisoned as White children.

“Without crucial federal funding, the program itself could be eliminated this year, resulting in not only job losses for our state but a reduction in the vital services that prevented my child from further exposure to lead hazards,” said [parent advocate].

In [year], approximately [insert number] children in [state] were newly diagnosed with lead poisoning, according to [insert source].

“Without the surveillance data collected through the CDC’s program, there will be no way to treat the existing threat or track a possible resurgence in blood lead levels,” echoed [local pediatrician or program director]. “Now is not the time to abandon these children and dismantle the program.”

During the last two decades, CDC has built a cost-effective program to prevent lead poisoning and help children who have already been exposed. CDC is the national voice for the primary prevention of lead poisoning and is the only agency that houses the information about where, how and when children are poisoned.

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Media Outreach: Letter to the Editor

Generally letters to the editor are 250 words and op eds are about 650 words. Follow the submission instructions on your local or state newspaper's website. Also explore popular community blogs or other forums that allow opinion pieces. You can also ask members of your coalition, such as parents, doctors, educators, or civic/church leaders to write letters with the below guidelines. Remember these are only suggestions, and the best (and most published) letters and op eds are personal and tell your own story. Avoid too many statistics and policy statements; instead, use anecdotes to make your story personal.

Date

[If there is recent coverage on this issue, refer to that directly first. If not, you can write more like an op ed, with a title and catchy introduction]

Dear Editor,

I read with interest the article by [author] titled [title] published [date]. I was glad to see childhood lead poisoning/healthy housing come to the forefront of public debate in [city/state].

Unfortunately, the health of our children is in jeopardy due to recent cuts by Congress to the CDC Healthy Homes and Lead Poisoning Prevention Program, which funds [state] to prevent children from becoming lead poisoned. The program is slated for further cuts this year.

Now is not the time for these dramatic cuts. In [state], [number] of children were found to have an elevated lead level in 2011. [insert other data or health effects, such as one but not all of these:] 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. Children with lead poisoning also have cardiovascular, immunological, and endocrine effects. Ultimately, lead exposure costs the nation more than \$50 billion in lost lifetime productivity.

This program has been made a difference in [state]: [list example or anecdote of how this program helped a child or family]

Many groups support this program: [insert coalition members, legislators].

I hope Senator/Representative [name] can support full funding of this program and make sure our children grow up healthy.

[If you have an outspoken Member of Congress, local elected official, etc. who has been supportive of your efforts, make sure to thank them in your letter.]

Sincerely,

Name

Organization (optional)

City/county