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EPA, Public Interest Advocates Settle RRP Lawsuit—Additional Protections Required

A coalition of public interest advocates announced a settlement of a lawsuit against the US EPA over shortcomings in its Renovation, Repair, and Painting (RRP) Rule on August 26th.

As a result of the settlement, EPA will be required to propose several enhancements to the RRP rule on a staggered schedule starting in October and spanning the next six years. By law, EPA cannot agree to make specific changes, only propose them and solicit comment on them prior to making a final decision. However, the petitioners reserve their right under the settlement to continue the lawsuit should EPA not implement changes requested under the suit.

Prior to the rule's April 22, 2010 effective date, EPA will propose to eliminate the owner-occupied opt-out provision, which not only altered the Congressional definition of "target housing," but also posed continued risks to future occupants and neighbors, not to mention gave contractors an excuse to get out of the habit of working safely and poison themselves and their families. The settlement also requires additional disclosures to the owner and occupant of the property, ensuring that tenants will receive information rapidly, and without dependence on the landlord, about what was done (or not done) in their unit.

Next year, the EPA will be required to propose adding to the rule that renovators will have to perform dust testing after certain "dusty" jobs, and in a select few circumstances meet full clearance testing. This addition to the rule will at last ground federal RRP in the concept of quantitative dust testing. Renovators will have to become aware of testing; demand will help stimulate a market for post-work dust sampling and lab sample analysis. It will also ensure that those who potentially created the hazards are required to provide real information about lead levels to property owners and occupants who can then make decisions to protect their families.

Unfortunately, when EPA requires dust testing as mentioned above, they may not necessarily require compliance with the dust standards. In other words, a renovator will be required to have a dust sample collected and analyzed. They will not, however, be required to take any action beyond disclosing the result to the owner and occupant (excepting those few jobs that require actual "clearance.")

Further down the road, the settlement requires EPA to propose extending the rule to also cover public and commercial buildings. EPA will first look at exterior work done on such buildings since this could contaminate surrounding properties and then consider interior work.

The settlement represents a tremendous step forward. However, there is more to do.

Please join the Alliance in advocating for additional protections. When the EPA proposes the dust testing requirements, they need to hear from all of us in the lead poisoning prevention community that letting contractors walk away from lead hazards is bad policy. We must demand real clearance, and we must use some of the time between then and now to work on gathering the evidence to support this. As immediately, we need to work at the state and local level to ensure states go the extra distance. The settlement makes it easier for states to do the right thing and require full clearance, but it is not foolproof. Now is the time to work with fellow advocates, including public agency folks and legislators, to ensure that your state includes a requirement that when dust samples fail, someone is on the hook to solve the problem.

The petitioners in the case were The Sierra Club, Center for Environmental Health, Linda Kite, New York City Coalition to End Lead Poisoning, Northern Manhattan Improvement Corporation, New York Public Interest Research Group, and Make the Road New York. The Alliance and our colleagues at the National Center for Healthy Housing provided technical assistance to the petitioners during the negotiations.

Additional information, including the press releases from [the Alliance](#) and [the petitioners](#), a [full summary of the settlement](#), a [copy of the actual settlement](#), and a [letter](#) from Alliance Executive Director Patrick MacRoy are all available on our website.

CDC Recommends End to Universal Lead Screening for Medicaid

On August 7, the Centers for Disease Control and Prevention issued substantially revised recommendations for the lead screening of Medicaid-Eligible children. Since 1989, Medicaid has required all enrolled children to receive lead testing as part of EPSDT services. Currently, Medicaid requires all children to be tested at 12 and at 24 months, and if not previously tested, then once between 36 and 72 months of age. In many states, while the state may issue screening guidelines or recommendations, the Medicaid guideline is the only “enforceable” screening requirement mandated by law.

The CDC is proposing that Medicaid move away from this universal screening requirement in states “where the risk for EBLs is determined to be no higher for Medicaid-eligible children than for other children in the state.” Although no specific data was provided in the recommendation, CDC asserts that in some states Medicaid eligibility is no longer a pronounced risk factor for lead poisoning. In these states, rather than screen all children, Medicaid will require enrolled children to be screened in accordance with a state specified screening plan that targets the highest risk sub-populations of Medicaid-enrolled children, similar to targeted screening plans for non-Medicaid enrolled children in many states. It is unclear whether any federal agency would be required to approve these plans before their implementation, but the CDC offered guidance in the recommendation about what should be included in a plan.

The Alliance hosted a conference call on August 19th to discuss the proposed changes with state and local advocates and health officials. Participants raised a number of questions and concerns about the proposed policy, which have been shared with the CDC. [Click here to see a full list of questions posed to the CDC.](#)

From a technical perspective, many questioned both the quality of the data and methods CDC may use to determine whether or not there is a risk disparity between the Medicaid and non-Medicaid population. For example, the CDC recommendation frames the decision around the EBL rate, or percentage of children with blood lead levels of 10 ug/dL or higher. This outdated standard fails to recognize the proven harm to children at lower levels. It is possible that Medicaid-eligible children continue to have higher mean blood lead levels or a greater possibility of having a blood lead level over one, two, or five than non-Medicaid eligible children.

Many participants also shared concerns about the successful implementation of such a targeted screening process, especially how effectively screening questions could be utilized in busy doctor’s offices, and how success could be measured when it was extremely difficult to determine a denominator of who should be

screened under the state-specific policies. Noting the progress made in many areas to increase physician awareness of lead screening requirements, several call participants were concerned the change would send the wrong message and decrease compliance with screening guidelines. Finally, some suggested a universal approach was warranted given the increased discovery of cases from “unusual” sources that may be difficult to determine with a traditional screening questionnaire. (In fact, the week after CDC issued its recommendation, it’s own [MMWR reported](#) on several cases of children poisoned through take-home exposures, noting, “...the children in this study might not have been tested had they not been on Medicaid, particularly because clinical signs and symptoms of lead poisoning are not seen at these venous BLLs and the occupational exposure might have gone unrecognized by the provider.”)



The Alliance will continue to seek answers to the questions raised during the conference call, and in the mean time, will press CDC and CMS to avoid removing the universal screening requirement for Medicaid children.

Healthy Housing Groups Petition EPA to Strengthen Outdated Standards for Lead-based Paint and Leaded Dust

The Alliance joined the National Center for Healthy Housing (NCHH), the Sierra Club, and other groups to petition the U.S. Environmental Protection Agency (EPA) to take steps to more adequately protect children from the dangers of lead-based paint and leaded dust. The petition asks EPA to use its authority under Section 6 of the Toxics Substances Control Act (TSCA) to lower the Federal dust lead and paint lead levels from the current standards and expand the scope of those standards as required by statute. Specifically, the groups demand that EPA:

1. Lower floor dust lead hazard standards from 40 micrograms of lead per square foot of surface area ($\mu\text{g}/\text{ft}^2$) to 10 $\mu\text{g}/\text{ft}^2$ or less.
2. Lower window sill dust lead hazard standards from 250 $\mu\text{g}/\text{ft}^2$ to 100 $\mu\text{g}/\text{ft}^2$ or less.
3. Reduce the allowable amount of lead in paint and coatings in housing, child-occupied facilities, and public and commercial buildings from 0.5 percent by weight (5,000 parts per million (ppm) to 0.06 percent by weight (600 ppm).

In a study published in March 2009, NCHH found that the floor dust standard is four times what it ought to be to protect at least 95 percent of children in the United States from having a concentration of lead in their blood above the current US Centers for Disease Control (CDC) level of concern.

Lead dust generated from old lead paint and contaminated soil is the primary source of exposure for most young children. Since 2001, EPA has set standards for lead in dust and soil in housing. When homes are tested for lead dust by a certified risk assessor, inspector, or sampling technician, they must meet these standards to be considered “safe.”

“EPA’s standards were inadequate when created, and are downright laughable today. Given what we know about lead’s deleterious impact on a child’s developing brain, it’s long past time for EPA to update the standards,” stated Patrick MacRoy, Executive Director for the Alliance for Healthy Homes.



In a 2007 letter to EPA, the EPA Science Advisory Boards' Clean Air Scientific Advisory Committee's (CASAC) stated that "outdated residual surface contamination standards (i.e., dust lead cleanup levels of 40 µg/ft² for floors and 250 µg/ft² for window sills) are being used that are insufficiently protective of children's health, as indicated by recent epidemiological studies." EPA reports that about 250,000 children aged 1 to 5 years have a blood lead level of 10 micrograms of lead per deciliter of blood (µg/dL) or greater based on a CDC survey conducted from 2001-2004. No safe level of exposure to lead has ever been established. Lead poisoning of young children results in cognitive impairment that can never be regained and is associated with behavioral disorders.

You may read the full petition [here](#).

EPA Honors Petition to Ban Lead Wheel Weights

The Environmental Protection Agency (EPA) has reversed its 2005 decision and accepted a petition from a dozen environmental and public health organizations to immediately begin rulemaking to ban lead wheel balancing weights. Lead weights are used predominately in the tire replacement market to balance tires of autos and light trucks and they represent one of the largest unregulated uses of lead in consumer products today.

EPA first refused a petition under the Bush administration on August 8, 2005. To compensate for its failure to regulate lead wheel weights, EPA launched a voluntary National Lead-Free Wheel Weight Initiative (NLFWWI) in 2008. While the voluntary initiative was a good first step, the NLFWWI fell short of what was needed to protect children, the public, and the environment. Recognizing EPA's lack of enforcement as a significant failure, some states took up the issue themselves. The state of Washington passed a ban in 2009 which will go into effect in 2011. Maine passed a ban which will go into effect in 2010. California and Iowa are currently considering similar bans. Vermont has banned lead wheel weights for state-owned vehicles by 2010 and for all new vehicles by 2011.

Now, four years after denying children the opportunity to dramatically reduce their exposure to a major source of new lead on their streets and in their neighborhoods, the EPA is taking action.

EPA acknowledges that 1.6 million pounds of lead is lost each year when wheel weights fall off car tire rims. Over time, the weights may be ground down into small pieces that can contaminate soil. Pieces may also be washed into waterways through storm sewers. Pollution prevention is the best way to protect our health and our environment.

For more information, visit <http://www.leadfreewheels.org/>.

Congressional Investigators Find Data Missed by DC Health/CDC in Water Investigation

This month, investigators for the U.S. House of Representatives Subcommittee on Investigations and Oversight of the Committee on Science and Technology added to mounting evidence that the adverse public health impact of Washington DC's 2001-4 "lead-in-drinking-water" crisis was far greater than previously acknowledged. The Subcommittee found that 486 young DC children had blood lead levels at or above 10 µg/dL in 2003 – more than double the 193 children who had been previously reported as lead-poisoned. Lead poisoning prevention advocates had long suspected that several thousand blood lead test results were missing in 2003. While blood lead test data from the other relevant years have not yet been analyzed by the Subcommittee, the revelation about the 2003 data alone contradicts official assurances that the leaded water crisis did not significantly harm children.

Eight years ago, a change in the disinfectant chemical for Washington, DC's drinking water triggered large increases in lead levels at the tap during a 2 ½ year period before the problem was revealed to the public via a

Washington Post front page story. Following the crisis, various researchers, including scientists from US Centers for Disease Control and Prevention (CDC), the DC Department of Health (DOH) and George Washington University (GWU) authored a pair of scientific papers claiming, incredibly, that the public health impact was small. The articles were published in [CDC's Mortality and Morbidity Weekly Report](#) and in [Environmental Health Perspectives](#).

The MMWR paper has been cited by officials in other cities and school systems to soothe health concerns about findings of high drinking water lead levels, even though the data relied on by CDC and DOH researchers to back up their no-significant-harm assertions lacked about one-third of the blood lead tests and about 60% of the children who had blood lead levels of 10 or greater during 2003. To date, CDC and the District have offered no explanation for why they published a study based on such an incomplete data set and failed to mention the crucial data limitation. CDC officials and the principal GWU author have continued to defend their published articles in the face of demands by the Alliance and other lead poisoning prevention advocates that the record be corrected.

In January, a peer-reviewed research study by authors from Virginia Tech and the Children's National Medical Center found that hundreds more children were lead-poisoned during the water crisis than mentioned in the CDC report. An unpublished 2007 scientific presentation by CDC scientists themselves reached a similar conclusion. Earlier this year, the EHP paper's author, Dr. Tee Guidotti, former director of GWU's Center for Risk Science and Public Health, was forced to withdraw a key conclusion of his paper ("There appears to have been no identifiable public health impact from the elevation of lead in drinking water in Washington, DC, in 2003 and 2004.") and apologize for the conclusion's reappearance in the paper after EHP editors requested its deletion prior to publication. A scientific misconduct investigation is continuing related to other data integrity and conflict of interest allegations involving the EHP paper and its authors. (See <http://dcwasawatch.blogspot.com/2009/06/wasas-health-advisor-to-apologize-for.html> for more information.)

The results of the House Subcommittee's investigation were reported in the [Washington Post on August 4](#) and on Public Radio International's "[Living on Earth](#)" on August 7. An August 3 House Subcommittee letter to the Secretary of the US Department of Health and Human Services asking for more information is available at http://democrats.science.house.gov/Media/file/AdminLetters/BM_Sebelius%20re%20dc%20lead_8.3.09.pdf.

Fragrance Industry Group Will Disclose Most Fragrance Chemicals Used in Commercial Products

Following months of meetings with the Alliance for Healthy Homes, the Sierra Club and other environmental health advocates, the International Fragrance Association (IFRA) announced in August that it will publish by the end of 2009 a list of virtually all natural and synthetic fragrance ingredients being used by the fragrance industry's customers in consumer products. The list will be published on IFRA's website, www.ifraorg.org, and will include the fragrance chemicals used in many common household products such as cleaners and air fresheners.

While this initiative falls short of listing the specific fragrance ingredients in specific products, it is a significant development because it will tell public health advocates about the presence of harmful chemicals in products generally and make it possible to advocate for limiting or stopping the use of such chemicals. This could complement industry self-regulation that has previously banned or restricted the use of more than 200 fragrance materials. Many people suffer adverse health effects, such as lung irritation, asthma attacks or migraine headaches, from inhaling fragrances or experience allergic reactions or irritation from skin contact with some fragrance chemicals. Also, some common fragrance chemicals react with pollutants in room air to produce formaldehyde or other related compounds that are harmful. In the past, a few fragrance chemicals have been discovered to be associated with even more serious health issues including cancer and degradation of olfactory

nerves.

The list will be updated every four years and will include all fragrance chemicals generated from IFRA's quadrennial survey of its affiliated member companies representing about 90% of the world's production volume of fragrances. Industry representatives say that the list of fragrance chemicals in use by IFRA's members constitutes an even higher percentage of all the fragrance ingredients in use in all consumer products. The materials will be listed alphabetically by their chemical name and their Chemical Abstracts Service (CAS) number.

Until now, companies have been very reluctant to disclose the fragrance chemicals they use because of intense competition among fragrance makers and among makers of products that contain these fragrances. The industry fiercely guards the formulas of their products as confidential business information. For example, a few months ago, manufacturers of cleaning products, air care products, automotive care products, polishes and floor maintenance products agreed to voluntarily disclose ingredients in these products by January 1, 2010. However, that initiative will list any fragrance, preservative and colorant chemicals simply as "fragrance," "preservative," and "colorant" respectively. See www.cspa.org/public/media/info/cpici.html for more information. The IFRA initiative complements the previously announced program by providing additional information about the universe of possible fragrance ingredients that may be used in consumer products. Moreover, health advocates believe the list could lead to companies using a single name for each fragrance chemical, thereby eliminating the confusion created by the current use of multiple names for some chemicals.

New Web Resource Highlights State Laws that Impact Healthy Homes

The National Center for Healthy Housing (NCHH) and the National Conference of State Legislators (NCSL) have partnered to develop a table providing links to state laws related to healthy homes.

Visit www.healthyhomestraining.org/codes/state.htm for the listing.

To make it easier, NCHH and NCSL divided the codes into the following categories:

Landlord & Tenant

Housing / Maintenance

Health / Sanitation

Disclosure

Product Standards

Lead

Carbon Monoxide

Asbestos

Other (such as radon, smoke alarm, fire prevention and mold)

Because this resource is an ongoing effort, NCHH and NCSL welcome additional feedback on the materials, missing links or references to other state laws that are directly related to healthy homes. Please contact NCHH's Tom Neltner at tneltner@nchh.org or NCSL's Doug Farquhar at doug.farquhar@ncsl.org. NCHH will continue to refine the table and begin analysis.

Environmental Public Health Leadership Institute Accepting Applications

From August 15 through October 31, 2009, CDC's [Environmental Public Health Leadership Institute \(EPHLI\)](#) will accept applications for the class of 2010–2011.

Each year, approximately 30 practicing environmental public health professionals are admitted to the program. EPHLI strengthens the country's environmental public health system by enhancing the leadership capabilities of state, local, and tribal environmental public health professionals.

Application instructions and program information are posted at <http://www.cdc.gov/nceh/ehs/EPHLI/application.htm>. For more information about EPHLI, please contact Maggie Byrne at MByrne@cdc.gov or John Sarisky at JSarisky@cdc.gov.

Recent Research Findings in Healthy Housing

Candle Use Linked to Cancer Risk

South Carolina State University experts recently analyzed the fumes released by burning candles in lab tests. They found paraffin wax candles gave off harmful fumes linked to lung cancer and asthma - but admitted it would take many years' use to risk health.

To investigate candle emissions, the researchers burned a range of candles in the laboratory and collected the mixture of substances they gave off. Paraffin-based candles produced “clear sharp peaks” for many chemicals, mainly because burning candles does not produce high enough temperatures to combust hazardous molecules such as toluene and benzene.

Dr Noemi Eiser, medical director at the British Lung Foundation, added: “We would like to reassure people that occasional use of paraffin candles should not pose any risk to their lung health.” But she added people should still take “sensible precautions” such as ventilating rooms when burning candles. The scientists suggested switching to candles made from beeswax or soy, which did not release significant levels of the chemicals. More information is available from an August 20 BBC article <http://news.bbc.co.uk/2/hi/health/8211543.stm>.

Lead Associated with High Blood Pressure During Pregnancy

A new study published in *Environmental Health Perspectives* links higher blood lead levels with high blood pressure in pregnant women, suggesting that lead exposure may increase the risk of developing hypertension during pregnancy. 1017 pregnant women were enrolled in two French municipalities between 2003 and 2005 for the EDEN cohort study. Blood lead concentrations were measured by atomic absorption spectrometry in mothers between 24 and 28 weeks of gestation.

Because the women in the study had blood levels below the level considered ‘acceptable’ by most health agencies, the researchers say the study supports lowering of the blood lead level of concern below 10 µg/dL. The study is titled, [Maternal Blood Lead Levels and the Risk of Pregnancy Induced Hypertension](#).

Enamel Paint Worldwide Still Contains Lead

University of Cincinnati researchers found that 73% of consumer paint brands tested from 12 countries in Africa, Asia and South America that represent nearly half the global population exceeded 600 parts per million (ppm) for lead in paint. The US Consumer Product Safety Commission's tougher restrictions on lead in American consumer paints that took effect August 9 lowers the permissible lead limit in the U.S. from 600 ppm

to 90 ppm. Seventy-five percent of paint samples from India, China and Malaysia contained dangerous levels of lead that greatly exceeded safety norms, the researchers found, and 69% of the brands had at least one sample exceeding 10,000 ppm. Researchers analyzed 373 new household enamel paint samples of various colors and brands, with a minimum of 10 samples from most countries.

Their findings are published in the [August 2009 issue of Environmental Research](#).

Upcoming Events

A Lead Poisoning Prevention and Healthy Homes Conference will be taking place Thursday, October 22, 2009 in Wheaton, IL. The conference will be held at the DuPage County Administration Building, from 9am – 3:30pm. This conference is free and registration may be done online at www.idph.state.il.us/training.htm. For questions regarding online registration, contact [Vicky Ritz](#). Space is limited. Early registration is recommended.

Join the live online event: “Reasons to Explore Smoke-Free Housing,” which will be held Thursday, September 10th, 2009 from 2:00 to 3:30 PM (Eastern). This session brings together national experts and practitioners for a dialogue around implementing smoke-free policies for multi-unit buildings. Read the [full event description](#) or [register here](#).

An upcoming teleconference titled, “A Tale of Three Neurotoxins: Lead, Tobacco and Maternal Depression” will be held Tuesday September 15, 2009 from 2-3pm Eastern. Michael Weitzman MD Professor of Pediatrics and Psychiatry New York University School of Medicine will be presenting reviews what is known, and what we recognize that we still do not know, about the effects of low level lead exposure, prenatal tobacco and postnatal secondhand smoke exposure, and maternal depression on child behavior and development. For more information on the teleconference series or AAIDD’s Environmental Health Initiative, contact: Laura Abulafia at Laura@aaidd.org or visit the website at www.ehinitiative.org. To join the teleconference, dial direct at (404) 920-6440 or toll free at (800) 868-1837, and use the pass code: 847815#.

The symposium entitled “Promoting Environmental and Policy Change to Support Healthy Aging,” will be held September 15-16, 2009, in Chapel Hill, NC. This symposium is a third in a series funded by CDC’s Healthy Aging Program. More information on this symposium can be found at www.prc-han.org.

Attend the Healthy Homes Conference presented by the Idaho Healthy Homes Network on September 15-17, 2009 in Boise, ID. The Idaho Healthy Homes Conference will address the connection between health and housing and how to take a comprehensive approach to identify and resolve problems. Featured topics will include new federal regulations requiring control of lead-based paint hazards during renovation, repair, and painting; public and private program funding for health and housing programs as well as collaboration between health, housing, and environmental professionals to develop state and local healthy homes programs. For a list of Continuing Education Credits and Credentialing offered, go to http://www.healthyhomestraining.org/Practitioner/Essentials_Agenda_Materials_All_documents_3-09.pdf (see pages 13-14). Register online at www.hud.gov/idaho. A Registration Fee of \$12/day will be collected by the event caterer - The Parkside Café. For additional information email Jerry.Royster@hud.gov.

The 19th International Radon Symposium will be held in St. Louis, MO from September 20-23. The Symposium is sponsored by the American Association of Radon Scientists and Technologists (AARST). The Symposium is held in conjunction with the Conference of Radiation Control Protection Directors’ National Radon Training Meeting. “The WHO Handbook on Indoor Radon: A Public Health Perspective” will be one of a number of presentations that will be presented at the Symposium. Further information can be found at www.aarst.org.

The Northwest Children’s Environmental Health Forum will be held October 1-2, 2009 in Tukwila, Washington. You are invited to attend this two-day event that will bring together policy makers, professionals, K-12 educators,

academic researchers, individuals and others to showcase new research, current science and effective programs. The Forum is Organized by the Children's Environmental Health Working group of the Collaborative on Health and the Environment – Northwest. For more information, visit www.chenw.org/CEHforum.html.

The National Mid-Year Conference on Eliminating Childhood Lead Poisoning, Implementing Healthy Homes Programs and Combating Indoor Environmental Hazards will be held October 15-16, 2009 in Philadelphia, PA. The conference brings together professionals from health, housing, community development, community groups, advocacy organizations, the lead industry, real estate firms, and residential and commercial facilities to explore the ways to undertake programs and projects designed to prevent incidents of lead poisoning and eliminate indoor environmental hazards. For more information, visit <http://www.leadmoldconferences.com/website/>.

The 2009 National Environmental Public Health Conference: Healthy People in a Healthy Environment seeks to promote the nation's environmental health capacity by enhancing the expertise of environmental health professionals - including public health and healthcare professionals, academic researchers, representatives from communities and organizations, as well as advocacy and business groups with a primary interest in environmental public health. The conference will be held October 25-28 in Atlanta, GA.

The American Public Health Association will be holding its Annual Meeting, November 7-11, 2009 in Philadelphia, PA. The theme this year is "Water and Public Health: the 21st Century Challenge." The conference will explore the latest public health challenges and learn about what can be done to protect our resources, our health and our world. For more information or to register, visit <http://www.apha.org/meetings/>.

ALLIANCE NEWS

The Alliance for Healthy Homes received accreditation from EPA this month to provide training for renovators under EPA's Renovation, Repair, and Painting Program pursuant to Section 402 of TSCA. The Alliance has been conducting "Train-the-Trainer" courses since January of this year, and our accreditation means that participants may be able to become certified renovators upon successful completion of this class in the future. To see a list of all accredited training providers, visit <http://epa.gov/lead/pubs/trainingproviders.htm>.

The Alliance is looking for organizations to host future train-the-trainer sessions. If your organization is interested in working with the Alliance to increase local capacity to teach lead safe work practices, contact Patrick MacRoy at pmacroy@afhh.org. To learn more about the Alliance's Train the Trainer program, visit http://afhh.org/res/res_training_RRP_train_the_trainer.htm.

If you appreciate the news and information in the Alliance Alert, please consider making a tax-deductible donation to the Alliance! We rely on donations from individuals and organizations to allow us to do policy work in Washington and across the country. You can make a one-time donation or sign up to make a recurring monthly or quarterly donation on our [website](#). Thank you for your support!

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