

RADON PROGRAM - 2010

Program Boundary Statement

Program Quality Criteria

2010 Program Boundary Statement Radon Program

For each performance-based contract program, the Division of Public Health has identified a boundary statement. The boundary statement sets the parameters of the program within which the local public health department (LPHD), Tribe or agency will need to set its objectives. The boundaries are intentionally as broad as federal and state law permit to provide maximum flexibility. However, if there are objectives or program directions that the program is not willing to consider or specific programmatic parameters, those are included in the boundary statement.

Program Outline:

Objectives for reducing exposures to elevated indoor radon in homes are funded for two classes of agencies:

Radon Information Centers (RICs): Sixteen local health or environmental agencies will be funded to deliver eight services of a single objective, each agency to multiple counties (a region), concerning: outreach, public consultation, proficiency certification, coordination with DPH, database, and field site visits.

Local health agencies other than RICs may be funded for \$2,500 or \$3,500 outreach projects. The number of agencies funded is limited by the budget allocated in our EPA State Indoor Radon Grant. Interested agencies must respond by mail, by July 15 to a June 12 letter requesting proposals, with a brief project outline and budget. Those to be funded will be selected from the applicants, and template objectives will be put on the GAC for them. This funding is suitable for experienced agencies and those having little or no prior experience with radon. Agencies not funded in the year before will be given some priority.

\$2,500 for

- Promoting testing of homes by publicizing local radon measurement results, radon mitigation information, and the lung cancer risk; and
- Making test kits available locally. The kits must be purchased through the Radon Information Center (RIC) serving the agency. The names and addresses of all persons receiving test kits must be recorded, and given with the kit serial numbers to the RIC.
- Participating in radon outreach training by the RIC and coordinating outreach with the RIC and DPH for the Radon Action Month media blitz in January.
- *Optional activity*: sending staff to EPA radon proficiency training (with free registration): Measurement (2-day), Mitigation (2.5-day), or New Construction (one day), to be held spring 2010 in Baraboo and fall 2010 in Wausau.

\$3,500 for agencies having prior radon outreach experience and EPA radon proficiency training.

Required activities are

- (The same activities as for the \$2,500 outreach), plus
- Tracking results and following up on results over 3.9 pCi/L, and
- (Must have EPA 2-day Radon Measurement Proficiency training) Presentations to realtor groups, and/or
- (Must have EPA radon-resistant new construction training) Outreach to builders on radon control in new construction.

Long-term Program Goals: The Outcome Goal is reduction of lung cancer incidence by reducing exposures of the public to indoor radon. An Output Goal is that every home with ground contact be tested for radon, identifying those with exposures to residents averaging higher than 4 pCi/L in occupied

spaces, and reducing those to far below 4 pCi/L with the mitigation method recommended by US EPA. Another Output Goal is that new homes be built with features recommended as effective in helping to keep radon out of the indoor air.

Target Populations:

- Residents of all homes in Wisconsin having ground contact.
- Residents in regions of the Wisconsin zip-code radon map where higher percentages have elevated radon.

Every home with ground contact should be tested, because: homes with elevated radon have been found in virtually every zip code in Wisconsin; the radon in any particular home is not predictable; neighboring homes tend to have greatly dissimilar concentrations; radon screening tests may be made for as little as \$10; and radon mitigation is available at reasonable cost. The only way for homeowners to know if their radon is elevated is to test.

References:

Federal Regulations/Guidelines:

- US EPA: Citizen's Guide to Radon
- US EPA: Home Buyers and Sellers Guide to Radon
- US EPA: Consumers' Guide to Radon Reduction

State of Wisconsin Statutes/Administrative Rules/Guidelines:

- WI Statutes s. 254.34

Program Policies:

- Policies of the US EPA regarding measurement, mitigation and risk reduction for radon in homes, as reflected in the three EPA documents above, should be recommended. No others have been specified in state legislation.

Unacceptable Proposals:

- Radon measurement for building types other than homes will not be funded. Advising them is done only by DPH in coordination with RICs, because measurement protocols, interpretation of results in terms of risk, and methods of mitigation can differ from those for homes.
- Funds will not be provided to pay for radon mitigation itself.

Relationship to State Health Plan: *Healthiest Wisconsin 2010:*

System Priorities:

- Community health improvement processes and plans
- Coordination of state and local public health system partnerships

State Health Plan Priorities:

- Access to primary and preventive health services
- Environmental and Occupational Health Hazards; *Environmental Radiation*

Essential Public Health Services:

- Identify, investigate, control and prevent health problems and environmental health hazards in the community
- Educate the public about current and emerging health issues
- Promote community partnerships to identify and solve health problems
- Create policies and plans that support individual and community health efforts
- Link people to needed health services

Methodology Used to Determine Health Priorities (*Page 90 of plan*), ***Environmental and occupational health hazards:*** "Exposure to harmful substances in the physical environment is linked to many major

adverse health outcomes. Next to tobacco smoke, environmental exposure to radon gas is the leading cause of lung cancer. ...”

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2010 Program Quality Criteria Radon Program

Generally high program quality criteria for the delivery of quality and cost-effective administration of health care programs have been, and will continue to be, required in each public health program to be operated under the terms of this contract. Those criteria include:

Assessment and surveillance of public health to identify community needs and to support systematic, competent program planning and sound policy development with activities focused at both the individual and community levels.

- A. Contractee must assess surveillance data (including their own data) for prevalence of homes with elevated indoor radon exposures in their regions. The Division of Public Health (DPH) radon zip-code map and database are at www.lowradon.org.

Delivery of public health services to citizens by qualified health professionals in a manner that is family centered, culturally competent, and consistent with the best practices; and delivery of public health programs for communities for the improvement of health status.

- A. Cultural competence and other qualifications of persons delivering radon services must be the same as those of employees of local health agencies, such as environmental sanitarians and public health nurses.

Record keeping for individual focused services that assures documentation and tracking of client health care needs, response to known health care problems on a timely basis, and confidentiality of client information.

- A. Contractee must maintain a database of measurements carried out by the public with agency assistance and, to the extent possible, follow cases of elevated exposures to promote appropriate interventions and outcomes. However, the ability to follow-up may be limited in some instances, since indoor radon is not regulated in Wisconsin and because detectors and mitigation services are available from the private sector.

Information, education, and outreach programs intended to address known health risks in the general and certain target populations to encourage appropriate decision making by those at risk and to affect policy and environmental changes at the community level.

- A. Contractee must serve as a resource for information in their region, and provide referrals when requested for technical information they can't provide. This enables residents to understand the lung cancer risk from radon, test their homes for radon, interpret test results and follow-up testing, and obtain effective radon mitigation services where appropriate.

Coordination with related programs to assure that identified public health needs are addressed in a comprehensive, cost-effective manner across programs and throughout the community.

- A. Contractee must coordinate outreach with other public health programs in their agency, adjusting services so as to fit into appropriate priorities among groups with other health needs.
- B. Contractee must participate in radon outreach training by their regional Radon Information Center, and coordinate outreach for the Radon Action Month media blitz in January with them.

A referral network sufficient to assure the timely provision of services to address identified client health care needs.

- A. Contractee must use the referral network consisting of their Regional Radon Information Center, nationally certified radon mitigation contractors, and Web sites for fast access to DPH and EPA radon information and literature. The DPH Web site is www.lowradon.org.

Provision of guidance to staff through program and policy manuals and other means sufficient to assure quality client care and cost-effective program administration.

- A. Contractee must provide guidance on radon testing and mitigation following US EPA policies as recommended in EPA's booklets: Citizen's Guide to Radon, Consumer's Guide to Radon Reduction, and Home Buyers and Seller's Guide to Radon, which are readable and downloadable through the US EPA radon web site and the DPH radon web site.
- B. Contractee must meet criteria of cost-effective program administration in state and local statutes, ordinances and administrative rules.

Financial management practices sufficient to assure accurate, prompt and accurate billing and payment for services provided and purchased, accurate expenditure reporting, and appropriate use of state and federal funds.

- A. Considerations of eligibility determination, pursuit of third-party insurance and Medical Assistance coverage do not apply to radon outreach funded by DPH.

Data collection, analysis, and reporting to assure program outcome goals are met or to identify program management problems that need to be addressed.

- A. Contractee must review results of radon measurements they have facilitated. To the extent funded and practicable, Contractee must follow cases where elevated screening tests are reported, to ensure appropriate follow-up testing is done, and to ensure that every opportunity for radon mitigation by sub-slab depressurization is given. However, because indoor radon is not regulated in Wisconsin and because detectors and mitigation services are available from the private sector, the ability to follow-up may be limited in some instances.

B. Contractee's report to the radon program in DPH must be sent by email, so it can be included in the DPH report to US EPA, which requires electronic reporting.

Radon Information Center objective for 2009 and 2010
Program: Radon Prevention Objective # 1 of 1

DRAFT 8/29/08

Objective Statement

This is a multi-year objective, from 2009 through 2010. Throughout calendar years 2009 and 2010, residents of (list of counties served by RIC) will be served by a regional Radon Information Center managed by the (name of agency).

Deliverable Due Dates: 01/31/2010 and 01/31/2011

Contract Deliverables (Evidence)

Six-month reports, emailed by 7/31/09, 1/31/10, 7/31/10 and 1/31/11 to the Radiation Protection Section, documenting the activities and progress toward the negotiated annual target quantities specified in the Context section of this contract. Each report should be emailed as a single file, with all documents, photographs, etc. incorporated in the file, as required for our reports to US EPA.

Programs Providing Funds for this Objective: Radon Prevention

Agency Funds for this Objective \$_____ each year (from formula)

Data Source for Measurement: Agency records. For *Outreach Via Media*: news releases and other outreach, and how media responded with journal publications and broadcasts: journal and/or broadcast station names; the dates, lengths, and scanned images or the media's website versions of the stories. *Outreach to Professional, Trade and Other Groups*: names of meetings and shows, venues, dates, attendance, and supporting information like announcements and agendas. *Response to Requests for Radon Information and Consulting*: A tally of public requests, from all channels: telephone, email, walk-in, etc. *Radon Proficiency Certification*: Who at the agency is currently certified for radon measurement and mitigation proficiency. *Training and Stocking of Cooperating Local Agencies*: A list of the local public health agencies in the region and how they are trained and stocked with handouts, detectors and literature as appropriate, with brief information on what they have done. *Statewide and Regional Meetings*: meetings RIC staff attended. *Database Development*: Summary of measurement results added to the database. *Field Site Visits*: Brief reports on the sites visited.

Context: These activities, with the negotiated minimal target numbers in the underlined spaces, shall have been completed in each year, 2009 and 2010: 1) OUTREACH VIA MEDIA: Staff will have issued news releases and other public outreach, stimulating _____ reports on radon risk, testing, and mitigation in major journal and broadcast media. Some of the outreach will have been done during January (National Radon Action Month), for synergy with outreach by WI DPH and US EPA. Media interviewing the RIC will have been encouraged to also contact local businesses and residents for their radon stories; and to include the state-wide toll-free number 888 LOW RADON (888 569-7236) and state website address, www.lowradon.org. 2) OUTREACH TO PROFESSIONAL AND TRADE GROUPS: _____ presentations will have been delivered by staff at meetings, shows, or conferences of groups that need to deal with radon as part of their work, such as realtors, home builders, code officials and health professionals. 3) RESPONSE TO REQUESTS FOR RADON INFORMATION: _____ public requests for radon information and consulting will have been answered. 4) RADON PROFICIENCY CERTIFICATION: National proficiency certification for radon measurement and mitigation will have been maintained by at least one staff working on radon. 5) TRAINING AND STOCKING OF COOPERATING LOCAL AGENCIES: Staff will have trained _____ cooperating local public health agencies in their region; ordered radon detectors for them (reimbursed by local

agencies with radon funding), and helped with follow-up for elevated measurement results as needed. 6) MEETINGS: Staff will have attended a statewide meeting of RICs and DPH. In 2009, the meeting will probably be held on the afternoon of April 26th, before the WEHA/BEOH environmental conference of April 27-29th in Madison. 7) DATABASE DEVELOPMENT: Staff will have added ____ new results of radon measurements that they facilitated to a database. 8) FIELD SITE VISITS: Staff will have visited _____ field sites to consult and become informed about challenging radon mitigations or measurements.