

## **2024 Program Quality Criteria**

### **Radon Indoor Radon RICs**

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. Contractees should indicate the manner in which they will assure each criterion is met for this program. 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. Grantee 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 map and database are at [www.lowradon.org](http://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. Grantee 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. Grantee 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

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

**A referral network** sufficient to assure the accessibility and timely provision of services to address identified public health care needs.

- a. Grantee 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](http://www.lowradon.org).

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

- a. Grantee must provide guidance on radon testing and mitigation following US EPA policies as recommended in EPAs booklets: Citizens Guide to Radon, Consumers Guide to Radon Reduction, and Home Buyers and Sellers Guide to Radon, which are readable and downloadable through the US EPA radon web site and the DPH radon web site.
- b. Grantee must meet criteria of cost-effective program administration in state and local statutes, ordinances, and administrative rules.

**Financial management practices** sufficient to assure accurate eligibility determination, appropriate use of state and federal funds, prompt and accurate billing and payment for services provided and purchased, accurate expenditure reporting, and, when required, pursuit of third-

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party insurance and Medical Assistance Program coverage of services provided.

- 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. Grantee must review results of radon measurements they have facilitated. To the extent funded and practicable, Grantee 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. Grantees' report to the radon program in DPH must be filled out electronically and will be included in the DPH report to US EPA.