2026 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 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 collect test kit data from short- and long-term test kits purchased with or made possible by use of State and Tribal Indoor Radon Grant funds. At a minimum, contractee must track total number of test kits sold and returned and calculate return rates for kits distributed within their region. 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 general and target populations to encourage appropriate decision making by those at risk and to inform 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 to fit into appropriate priorities among groups with other health needs.
B. Contractee must participate in radon outreach training with local health agencies in their region, 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 measurement and mitigation contractors, and websites for fast access to DPH and EPA radon information and literature. The DPH website 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 website and the DPH radon website.
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 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 filled out electronically by the requested date. Information from the Contractee's report will be included in the DPH report to US EPA.