

Stakeholders for this issue not currently working on it and potential role:

Organization	Potential role (PSE change, education, programmatic)
Landlord assns.	Education, programmatic (testing), developing policy
Real estate assns.	Developing policy
Public housing authorities	Education, programmatic (testing), developing policy
School and childcare assns.	Education, programmatic (testing), developing policy
Dept of Educ	Developing policy (testing guidelines, funding)
Dept of Health and Human Services (licenses childcare)	Developing policy (consistency with licensing policies)
Tenants legal advocacy groups – legal services coalitions	Developing policy (consistency with landlord-tenant policies)
MN Department of Revenue	Developing policy (credits, deduction for radon)
Housing and Health Grant Providers	Developing policy (grants for education)

<p>Strategy #1: Require landlords in rental properties to test for radon periodically and to notify renters about radon levels in their building.</p>
<p>Indicator to measure progress (such as increased number of engaged stakeholders, increased media events, increased number of local jurisdictions that pass policy): (1) Increased awareness, testing, and mitigation in rental properties; (2) training events completed by landlords and tenants</p>
<p>Rationale: There is no required notification or disclosure of radon by landlords to tenants. Disclosure and notification may help increase awareness, leading to testing and mitigation conducted by tenants and landlords. Media attention and increased opportunities to train landlords would also likely occur.</p>
<p>This is an ___ evidence-based practice ___X___ promising practice ___ other. Please explain.</p>
<p>Does this strategy promote health equity by addressing a racial, economic, geographic or other barrier? If yes, explain. Yes. Currently disclosure and notification is required in home sales, but not rental lease agreements. Renters include a higher proportion of non-white and lower income populations compared to homeowners.</p>
<p>Rank this strategy for the greatest potential for traditional and non-traditional partners working together. Rank <u>2</u> of <u>3</u> strategies</p>

Strategy #2: Require building owners to test for and disclose radon levels in occupied buildings, such as schools and child care locations.
Indicator to measure progress (such as increased number of engaged stakeholders, increased media events, increased number of local jurisdictions that pass policy): (1) Increased awareness, testing, and mitigation in schools and child care (2) training events completed to school and child care staff
Rationale: About 20% of the population spends their days in schools and child cares. Many in-home child care facilities are operated in basements where radon can be highest. Most schools and child care facilities haven't tested in many years or not at all. Previous research has shown schools can have some rooms with elevated radon, although generally lower than homes. In-home child care facilities have levels similar to the general housing stock. Some schools and child care facilities have successfully tested and mitigated radon.
This is an <input checked="" type="checkbox"/> evidence-based practice <input checked="" type="checkbox"/> promising practice <input type="checkbox"/> other. Please explain. There is some evidence as discussed in above section.
Does this strategy promote health equity by addressing a racial, economic, geographic or other barrier? If yes, explain. Yes. Testing and mitigation in schools benefit all populations across the state. In addition, low income Minnesotans that cannot afford mitigation can derive some health risk reduction by spending a part of their lives in schools and child care facilities with reduced radon.
Rank this strategy for the greatest potential for traditional and non-traditional partners working together. Rank <input type="text" value="3"/> of <input type="text" value="3"/> strategies

Strategy #3: Secure funding to offset the cost of mitigation and conduct mass market outreach campaigns
Indicator to measure progress (such as increased number of engaged stakeholders, increased media events, increased number of local jurisdictions that pass policy): (1) New funding mechanisms created, such as loans, grants, tax credits/deductions; (2) Dollars dispersed through these programs; (3) Homes mitigated through funding mechanisms; (4) Mass outreach campaigns conducted; (5) Greater public awareness of the issue
Rationale: Arguably the greatest barrier to radon mitigation is the cost. For many Minnesotans, the cost is simply too much to factor into their budget. Providing funds that reduce the cost or make it easier to pay for radon mitigation is an important measure. Mass outreach campaigns will increase demand for radon testing and mitigation.
This is an <input type="checkbox"/> evidence-based practice <input checked="" type="checkbox"/> promising practice <input type="checkbox"/> other. Please explain.
Does this strategy promote health equity by addressing a racial, economic, geographic or other barrier? If yes, explain. Yes. Low income Minnesotans are less likely to have the financial resource to mitigate radon. Some racial and geographic groups have lower incomes.
Rank this strategy for the greatest potential for traditional and non-traditional partners working together. Rank <input type="text" value="1"/> of <input type="text" value="3"/> strategies

Glossary

Alignment:

- Alignment is the opportunity to collaborate with traditional and non-traditional partners around a strategy to improve individual and community health outcomes.

Health Equity:

- According to the [Centers for Disease Control and Prevention](#), health equity is achieved when every person has the opportunity to “attain his or her full health potential” and no one is “disadvantaged from achieving this potential because of social position or other socially determined circumstances”.

Policy Systems and Environmental Change/Strategies:

- Policy: strategies may be a law, ordinance, resolution, mandate, regulation, or rule (both formal and informal). Example: Organizational policies that provide time off during work hours for physical activity.
- System: strategies are changes that impact all elements of an organization, institution, or system. Example of systems include, schools, transportation, etc.
- Environmental: strategies involve physical or material changes to the economic, social, or physical environment. Example: Incorporating sidewalks, paths, and recreation areas into community design.

Learn about [Policy Systems and Environmental Changes](#) here.

Evidence-Based Practice:

- Although the term evidence-based practices varies from different health settings. The following broad definition has been adopted from the SAMHSA’S National Registry for Evidences-based Program for the purposes of updating the Cancer Plan Minnesota is, “A practice that is based on rigorous research that has demonstrated effectiveness and evidence in achieving the outcomes that is it designed to achieve”.

Promising Practice:

- Although very loosely defined across different health settings, promising practices for the purposes of updating the Cancer Plan Minnesota is, “A practices that is not based on rigorous researched, but has demonstrated effectiveness and evidence in achieving the outcomes that it is designed to achieve”.

Traditional Partners:

- Examples of traditional partners include, but are not limited to, health departments, other public agencies and officials, hospitals, medical practices, and social services providers.

Non-Traditional Partners:

- Examples of non-traditional partners include, but are not limited to, employers, schools, community groups, faith-based communities, families, and individuals.

