

cancer plan minnesota



Developing the Minnesota Cancer Plan Step 1: Issue Analysis

Workgroup: Prevention B – Radon group (Dan Tranter, Mary Navara, Deb Hennrikus)

Date: 6-24-2016

Issue Statement:

Radon is a naturally occurring radioactive gas that cannot be seen, tasted, or smelled. It is prevalent in many Minnesota soils and can enter any building that contacts the ground. When inhaled, it can damage lung tissue and lead to lung cancer. It is the leading cause of lung cancer in nonsmokers and the second-leading cause of lung cancer overall with approximately 21,000 deaths attributed to it every year in the US.

Harm from radon is preventable by radon testing and mitigation. There has been great progress in the past few years. Outreach and awareness programs have been growing, supported by new research. New statutes and rule revisions have passed that promote radon testing and mitigation; require licensure for radon measurement professional, mitigation professionals and laboratories; and address building design and construction to decrease radon exposure. Radon testing and mitigation numbers have increased in recent years. However, the large majority of homes have still not been tested or mitigated for radon. Additional outreach efforts and policies are needed to increase awareness, testing, and mitigation.

We are proposing two objectives for radon. The first objective is to work with stakeholders and coalitions to help create policy, systems and environmental change to reduce radon exposure; the second is to pass policies that address gaps in the current statutes. We believe that work on the first objective is a necessary first step in achieving the second. Knowledge about the danger and remedies regarding radon is generally low and there are not enough groups actively working on this issue. It is necessary to increase awareness and focus on this issue in order to enhance advocacy of needed policy, systems and environmental change.

Describe the issue using public health data, peer reviewed research, or other evidence:

- Minnesota has a higher radon risk than almost every other state due to its geology and the way homes are built and operated in the state.
- All homes in Minnesota are at risk for high levels of radon regardless of age or location of the home.
- About 40% of radon tests in Minnesota homes are above the Environmental Protection Agency (EPA) action level of 4.0 pCi/L.
- An estimated 500 - 700 radon-related lung cancer deaths occur each year in Minnesota. These deaths are preventable by radon testing and mitigation.

What factors contribute to this issue? What racial, economic, geographic and other barriers contribute to this issue?

- Lack of community knowledge about radon and focus on this issue.
- Some fatigue on the part of lawmakers regarding this issue since statutes have recently been passed.
- Less testing and outreach focus in northern Minnesota.
- Lack of financial resources and incentives to pay for radon mitigation system installations, a particular barrier for lower income people.
- Less awareness amongst tenants and difficulty to get mitigation systems installed in rental housing, with non-white populations more likely to be renters

What are the gaps in policy, systems and/or environmental services that give rise to this issue?

- Modest outreach efforts among public health, housing, and other public service organization
- Lack of policies on residential rental properties.
- A need for additional policies regarding non-residential properties, such as schools and childcare facilities.
- Few policies among medical and insurance providers to educate patients and staff
- Absence of financial resources, especially for lower income people

POLICY, SYSTEMS, and/or ENVIRONMENTAL (PSE) CHANGE: What are the policy, systems and/or environmental change opportunities to address this issue?

- Policies that ‘institutionalize’ radon awareness activities in the health care system, public health, housing and other systems
- Policies that require landlords to notify renters about radon levels and policies that require periodic testing and, when needed, mitigation.

Policies that require schools and childcare facilities to test for radon and perform mitigation when radon levels are unacceptable.

What strategies would you recommend to achieve PSE change?

Promoting knowledge about radon and the formation of coalitions to advocate for effective policies

Promoting policies that address the current gaps in policy on this issue.

HEALTH EQUITY: Which strategies promote health equity? Describe how they promote health equity.

Radon affects all population groups, so policies regarding radon testing and mitigation will affect groups that suffer from health disparities. In particular, policies covering radon exposure in rental properties promote health equity, since renters are more likely to be lower income and non-white compared to those who own their homes. Strategies that identify or create new funding sources to enable low income groups to mitigate will also promote health equity, since the cost of mitigation is a significant barrier. There is less radon testing in the northern half of MN, and a concerted effort of the MCA to increase partnerships and support awareness campaign can help address this inequity.

ALIGNMENT: Who are the partners already working on those strategies? What agencies and organizations should work together to address those conditions, gaps?

There are some groups actively working on this issue. See the list of those currently working on this issue and potential additional groups provided for each objective.

**Developing the Minnesota Cancer Plan
Step 2: Recommend Objectives and Strategies**

Workgroup: **Prevention B – Radon group (Dan Tranter, Mary Navara, Deb Hennrikus)** **Date: 5/10/2016**

Objective: Work with stakeholders and coalitions to help create policy, systems and environmental change to reduce radon exposure. **NB:** Strategy 2 below is one of the three strategies advanced for consideration in the July 21, 2016, meeting of the Steering Committee by the Prevention B Workgroup.

Desired Outcome:

At the end of five years, what would you like to accomplish? If you do not expect to achieve the objective by the end of five years, what would success look like?

- Knowledgeable stakeholders in a variety of sectors who are willing and able to advocate for policies to reduce radon exposure, either on their own or in coalitions.
- The availability of a robust database that informs education, research and policy on radon.

Alignment:

Partners currently working on this objective and type of activity:

| Organization | Activity (such as PSE change, education, programmatic) |
|---|---|
| MDH | Education, outreach, research, policy, regulatory |
| Cancer Alliance – Cancer Equity Network | Support for policy change, outreach |
| Accredited Cancer Centers (COCs) | Education |
| Some tribes | Education, testing and mitigation programs |
| Local public health (most) | Education, outreach |
| Some Builders (industry) | Education, offering active radon new construction |
| Some Real Estate Companies/Associations | Education |
| ALA in Duluth | Targeted education and outreach in NE MN |
| ACS | Supporting COC outreach |
| Some Housing Agencies | Education, testing, some mitigation |
| Midwest Universities Radon Consortium (U of MN) | Training, technical support |
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Strategies

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| Strategy #1: Educate stakeholders (e.g., legislators, builders, real estate agents, health care providers, schools, landlords) |
| Indicator to measure progress (such as increased number of engaged stakeholders, increased media events, increased number of local jurisdictions that pass policy): (1) Increased number of engaged stakeholders; (2) adoption of policies to reduce radon exposure. |
| Rationale: The education of stakeholders is a necessary first step to increasing advocacy for PSE changes to reduce radon exposure. |
| This is an ___ evidence-based practice <input checked="" type="checkbox"/> promising practice ___ other. Please explain. |
| Does this strategy promote health equity by addressing a racial, economic, geographic or other barrier? If yes, explain. Yes. Inequity exists in radon testing (lower testing) in northern MN and among lower income populations |
| Rank this strategy for the greatest potential for traditional and non-traditional partners working together. Rank <u>2</u> of <u>3</u> strategies |

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| Strategy #2: Increase partnerships among organizations (health systems, QI organizations, local public health, tribes, community clinics, non-profit organizations, state and other agencies) to increase awareness, increase testing, and increase mitigation in homes and other buildings |
| Indicator to measure progress (such as increased number of engaged stakeholders, increased media events, increased number of local jurisdictions that pass policy): (1) engaged partners; (2) work by partners on decreasing radon exposure; (3) adoption of policies to reduce radon exposure. |
| Rationale: The development of partnerships is a necessary first step to increasing advocacy for PSE changes to reduce radon exposure. |
| This is an ___ evidence-based practice <input checked="" type="checkbox"/> promising practice ___ other. Please explain. |
| Does this strategy promote health equity by addressing a racial, economic, geographic or other barrier? If yes, explain. Yes, coalitions should include groups who are disproportionately exposed to radon exposure. |
| Rank this strategy for the greatest potential for traditional and non-traditional partners working together. Rank <u>1</u> of <u>3</u> strategies |

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| Strategy #3: Improve data collection and use it to shift perceptions and move the community to advocate for needed radon policies. Information can inform shifts in priorities. |
| Indicator to measure progress (such as increased number of engaged stakeholders, increased media events, increased number of local jurisdictions that pass policy): (1) data collected consistently from radon laboratories and professionals; (2) analysis every two years; (3) execution of communication plans |
| Rationale: Data will indicate which population groups and which geographic regions are most exposed to radon. Data can be used to mobilize groups to advocate for change. Data need to be current, comprehensive, and representative to ensure credibility and facilitate all strategies (coalition, education, policies) |
| This is an ____ evidence-based practice_x__ promising practice ____ other. Please explain. |
| Does this strategy promote health equity by addressing a racial, economic, geographic or other barrier? If yes, explain. Yes. Improved data will indicate which population groups and geographic regions are disproportionately affected by radon exposure. |
| Rank this strategy for the greatest potential for traditional and non-traditional partners working together. Rank _3__ of _3__ strategies |

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| Strategy #4: |
| Indicator to measure progress (such as increased number of engaged stakeholders, increased media events, increased number of local jurisdictions that pass policy): |
| Rationale: |
| This is an ____ evidence-based practice ____ promising practice ____ other. Please explain. |
| Does this strategy promote health equity by addressing a racial, economic, geographic or other barrier? If yes, explain. |
| Rank this strategy for the greatest potential for traditional and non-traditional partners working together. Rank ____ of ____ 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.

