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NATIONAL CIVIC LEAGUE'S RADON ACTION PROGRAM

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INTRODUCTION

Founded in 1894, the National Civic League (NCL) promotes the active involvement of citizens and community members in the governance of their communities. NCL is strongly committed to vigorous citizen participation and to the principles of collaborative problem-solving and consensus-based decision making.

As part of a cooperative agreement with the United States Environmental Protection Agency, NCL has designed a process and strategy for reducing the health hazards of radon in communities across the country. NCL's Radon Action Workshops are designed to: 1) Educate community leaders on the issue of radon; 2) Examine existing local and state radon programs; 3) Develop a short-term community-based plan; and 4) Collaboratively decide on an approach to work on together. To date, the Radon Action Workshops have been held in ten high risk radon areas across the country.

These workshops have been successful in assisting communities develop a network of individuals and organizations who have a stake in the radon issue and giving them the tools to work together to implement successful radon programs.

Historical Reference and Background

Radon, a naturally occurring radioactive gas, was not a major public health concern until 1984. Initially, efforts focused on a uranium-prone geologic formation called the Reading Prong. Testing efforts conducted over the following couple of years revealed radon "hot spots" in states throughout the country. By 1986, U.S. public health and environmental officials agreed that radon was not an isolated problem. It was determined that radon was a national public health issue that needed to be addressed.

Federally directed and funded efforts to address radon risks began in 1985 within the Environmental Protection Agency. EPA responded to the situation along the Reading Prong

and developed a strategy to address state needs that included standard measurement methods, action level guidelines, cost-effective mitigation techniques, and public information materials. Subsequent to EPA's initial efforts, Congress mandated programs and activities for EPA to pursue in reducing the risk from radon exposure in the 1986 Super-fund Amendments and Re-authorization Act and the 1988 Indoor Radon Abatement Act. The results of the mandated activities have been particularly successful.

Without detailing the specific accomplishments of current and past efforts, three primary objectives laid the foundation for future and sustained risk-reduction programs:

- The compilation of additional information on radon levels on a state-by-state basis, particularly in schools and work places, with state programs established to address statewide needs.
- The development of cost-effective abatement technologies, and proficiency standards for both testing and abatement procedures.
- A heightened public awareness of the health risks of radon exposure through EPA's public information efforts.

Since the late 1980's, the radon risk-reduction effort has expanded to the states and communities. Statewide and municipal programs in "hot spot" areas have resulted in immediate awareness and action where the threat is greatest. Various organizations, lead by the efforts of the American Lung Association, have successfully mobilized the communities where they are active.

Based on the results of the work described above, and the continuing challenge to move beyond awareness to mitigation, the stage has been set for a comprehensive, nationwide, community-based response. The Radon Action Workshops by the National Civic League are a direct response to taking the next step.

The most successful state and local efforts have involved diverse players who have taken direct action to shape the future health of their communities. These efforts have effectively activated people and institutions who have a stake in the community's method of response to the radon threat. In so doing, it becomes possible to develop a compelling vision for a radon-free community and implement effective programs to achieve it. In initiating a radon project in this manner, a community recognizes that a public education strategy and action plans imposed solely from a government agency or organization, without significant involvement from the community, will likely not result in either a broadly shared vision or an effective radon-response program.

Stimulating extensive community participation and personal and organizational behavioral change is the most effective approach to use in meeting a environmental and public health threats. Direct citizen action in homes, schools, and places of employment is essential. The "ownership" of a plan by the community, and the willingness to assist in its implementation, corresponds directly with the level of participation in the development of both the plan itself and the implementation strategy.

Direct citizen and institutional action breaks through the challenges of overcoming the public's underestimation of the health risks associated with radon exposure. Broad-based education and on the facts and their consequences brings the issues home and negates the sense of invincibility to the threat.

Efforts to revise building codes and standards; initiate progressive local government ordinances and programs; involve boards of realtors in sales transaction testing and abatement; legislate testing; cultivate industry efforts; and other specific actions are critical. They are essential actions which are directly complemented by, but do not replace, the development of broad-based community participation in education, testing, and mitigation action.

The task of significant radon risk reduction is a public health goal that can be likened to public health efforts to reduce smoking and increase the use of automobile safety belts. All three public health issues require a personal choice and change of behavior.

With radon, the task of motivating people to test and mitigate is further complicated by other factors including:

- The direct expense of the risk-reduction effort;
- The fact that radon is naturally occurring and it is difficult to predict where it will be found; and
- The consequences of radon exposure are not apparent for many years.

Any effort to change behavior poses difficult challenges. Such an effort requires a sustained and multi-faceted approach. In the case of radon, state and locally organized efforts to reduce risk will be required before there will be a substantial increase in radon testing and a meaningful proliferation of abatement activity where radon levels are high. This approach directly complements efforts at the federal, state, county, and municipal levels.

The Radon Action Workshops, given by the National Civic League are intended to promote community projects that will increase the rate of radon testing and mitigation and reduce the health risks from radon. The workshops provide citizens and community leaders exposure to the finest community-based models in the nation and will prepare participants to use a collaborative problem-solving process to address the radon issue in their communities.

This approach requires that a broad cross-section of the community be represented in the efforts. Efforts to accomplish the goal of reduced health risks are facilitated by involving individuals and organizations in the community who have a wide range of public health education, community organizing and public policy development experience, as well as direct experience with the radon challenge. The Radon Workshops create tools for communities to use in reducing health risks from radon and institutionalizing the process required to achieve this change.

Inter-sectoral collaboration is an effective vehicle for instituting large-scale and long-term change efforts in communities. Using collaborative problem solving to address radon risk reduction allows each community the flexibility to determine the focus and scope of its

efforts. A community can then respond to local challenges that may arise, or unanticipated circumstances that facilitate or limit the effort to reduce radon risk.

Most importantly, collaborative problem-solving in communities can capitalize on existing information and programs aimed at reducing risk from radon, using information, programs and involved organizations as the building blocks for community projects. Principles of collaborative problem solving have been applied across the country to build consensus on a range of issues -- from very specific problems to broad strategic planning efforts. Processes vary from site to site, according to issues and according to personnel, organizational and financial resources available within the community. There are, however, elements that are common to all collaborative problem-solving efforts. These are elucidated in the following sections.

Each community undertaking this approach to radon risk reduction must be able to determine the types of programs that will best meet its own specific needs. Already, a wide variety of successful projects exist that offer communities effective models as they develop action steps to meet their goals of radon risk reduction.

Building on the efforts set in motion by EPA, governmental entities and organizations engaged in radon risk reduction can combine and focus components from a variety of past and current efforts to supplement and sustain their own work. The results that can be expected from this approach are:

- A high level of awareness about the health risks of indoor radon gas
- The ability to turn awareness into action to reduce the risks from radon exposure
- An increase in the level of testing for radon in the community -- in homes, schools, places of work, and public buildings
- An increase in radon mitigation efforts when radon levels are found to be high
- The promotion of primary prevention of radon exposure (e.g., new home construction)
- The cultivation of community support for policy initiatives at the federal, state, county, and municipal levels
- The formulation of very specific local recommendations, some of which can be implemented almost immediately
- The breaking down of barriers across sectoral lines and the development of effective working relationships of trust and respect
- The tangible, visible commitment of resources to the initiative from the various sectors and participants
- Community consensus on the desired outcomes
- Allowing time for the bigger picture and looking at the "how" not just the "what" to implementing solutions
- The creation of short-term goals that allow for frequent successes and the opportunity to celebrate them

The approach and planning process described in this Radon Action article and taught

in the Radon Action Planning Workshops seek to achieve these results.

THE HEALTHY COMMUNITIES PROCESS: RADON RISK REDUCTION

Healthy Communities is both a process and an outcome. Local efforts are conducted by citizens who care about the future health of their communities. These individuals are collectively called "stakeholders." The stakeholders should be politically, racially, geographically, ethnically, and economically diverse, and should bring different "stakes" or interests to the process. They will form the Radon Risk Reduction Task Force which will complete the process of community self-evaluation and goal setting, as well as develop an implementation plan.

PHASE 1: PROVIDING THE GROUNDWORK

An Initiating Committee (IC) should be made up of 6 - 10 people who are willing to invest a substantial amount of time in the development phase of the project. Members may or may not wish to continue on the project's TASK FORCE. The IC needs to be as diverse as possible, with all three sectors represented as well as the necessary demographic range of race and sex and place of residence.

The IC has several tasks. These include conducting a Stakeholder Analysis; selecting and inviting 50 - 80 Stakeholders to serve on the Radon Risk Reduction Task Force; performing a Resource Analysis; developing a Timeline and Community Outreach process; selecting a chairperson; forming an outreach and a research committee; and planning a project announcement and kick-off.

As the IC goes through its planning stage, the following questions can be asked to focus the direction of the group:

Stakeholder Analysis

In building the TASK FORCE, the Initiating Committee should consider the following issues: Who has a stake in the future of the community? Who has the power to make a project a success? Who has the power to ensure a project's demise? Who has a stake in the future, but no power?

Process Design

The critical issues in process design to be considered include: How will the project be structured? What questions will be asked in what order? What will be the timetable for completing the effort?

Resource Analysis

This should be framed around the following questions: What resources will be required for the successful completion of this project? What money can be raised and what in-kind resources can be donated in the community? Who will take the lead on resource development?

Timetable

The Radon Risk Reduction Process can be managed under a range of time spans. It would be difficult, but possible, to get to Phase Eight (Next Steps/Implementation) in two long weekends. A more feasible approach would be to meet once every three weeks over six months to get to this phase. The decision will depend on the nature of the community, the urgency surrounding health issues, and the type of funding available.

PHASE 2: REDEFINING HEALTH

The object of this phase is to define the level of radon that is considered appropriate for the community (EPA guideline is 4 P.C/L). The community may adopt the EPA guideline or another level as the level of risk.

PHASE 3: ASSESSING CURRENT STATUS OF COLLABORATIVE PROBLEM SOLVING ON HEALTH ISSUES

In order to skillfully address the radon issue within their community, participants must take the time to study the capacity that exists within their community to address the issue. To do so, the Task Force can focus their attention on some or all of the issues listed below:

Citizen Participation

1. Do citizen groups voice opinions on health problems and elements of a healthy community and radon risk reduction?
2. Do elected officials/political candidates at all levels -- mayor, council, school board, state and Congressional delegation -- support public policy changes enhancing the environmental health of the community?
3. Are there citizen group representatives on boards and commissions that deal with environmental health and radon issues?
4. Does the representation on the boards and commissions represent the diversity within the community?

Community Leadership

1. Are there leaders in the community, from the public, private and nonprofit sectors who champion the environmental health and radon issues?
2. Are there existing forums where the private, public, and nonprofit leaders can communicate and cooperate on the radon project and work with others in the community or will one need to be created?
3. Are there mechanisms that hold community leaders accountable for their actions on the radon effort?
4. Are elected officials involved in all phases of the radon/environmental health process?

Government Performance

1. Are services appropriate to the definition of radon risk being provided by

- government and community agencies?
2. Are the appropriate government services being provided efficiently and effectively?
 3. Is the public confident in the level and type of services and work being done?
 4. Should the government be providing more or less services in the healthy communities area?
 5. Which services should be enhanced or reduced and added or deleted?
 6. Who most appropriately should be providing those services -- which sector?

Volunteerism and Philanthropy

1. Is the concept of environmental health embedded in the community's long-term philanthropic goals?
2. Is there an effective network of the community's volunteer organizations working toward the common goal of healthy communities? Does a network need to be created? Is environmental health/reduction of radon risk on the agenda?
3. Is there an incentive program, possibly sponsored by foundations, to annually honor progress on environmental health/radon risk reduction objectives?

Intergroup Relations

1. Are the organizations and individuals within the three sectors providing services in demand as determined by community needs? Are these services economically efficient and effective as well as accessible?
2. How are the pluralistic interests of the community addressed and balanced in the discussion of community issues, e.g. racial, ethnic, socioeconomic?

Education

1. Are there components in the schools' curriculums that relate to the radon risk reduction/environmental health concept?
2. Are there ways to develop projects in conjunction with the schools to involve school age children in the radon risk reduction project?

Community Information Sharing

1. Are there public forums available for discussing health issues?
2. Are the media covering community environmental health issues in a sustained and constructive manner? If not, how can their attention be focused on the issues?
3. Are there current efforts to increase the level of understanding of environmental factors as they affect health?

Capacity for Cooperation and Consensus Building

1. Are there process models in the community where the three sectors worked together to achieve consensus on a major issue? Use this as a model for the radon risk reduction project. If there is not an example, where can an example be found to develop a process for your community?
2. Is there an existing institution or organization plays a role in convening

community problem-solving efforts, particularly health-related issues?

Community Vision and Pride

1. How does the community rate its quality of life -- the strengths and weaknesses? Is their quality of life better or worse than it was ten years ago?
2. Is the environmental health vision consistent with the existing general comprehensive plan or community vision? Work together to ensure that the radon risk reduction goals match at least part of the more general community vision.
3. What is the relevant unit of service or action -- is the community the same for all pieces of the radon risk reduction project, e.g., look from neighborhoods to multi-county regions?

PHASE 4: ASSESSMENT OF PERFORMANCE IN "ENVIRONMENTAL HEALTH SERVICE AREAS"

Once the collaborative problem solving self-evaluation is completed the Task Force must carry out an assessment of the current activities in Environmental Health Service Areas.

The information gathered from this evaluation not only identifies the areas that must be improved/created in order to assemble a realistic and implementable plan of action, but identifies areas of strength that can be built upon through the remainder of the process.

PHASE 5: DEVELOPING A "RADON RISK REDUCTION VISION"

Once the community has developed its definition of radon risk, task force members need to create a "vision," or a "desired future," of how they would like the community to be performing in those areas twenty or thirty years from the present. At least initially, this vision should be unconstrained by political, institutional or financial limits and emphasize broad, far-reaching and creative approaches. It is natural that the perfect vision of community health in the year 2020 seem somewhat unrealistic in the year 1991.

PHASE 6: SELECTION AND EVALUATION OF KEY PERFORMANCE AREAS

Once the Task Force has analyzed the data relating to the Environmental Health Service Areas, it needs to rank them. It is unrealistic to assume that the community will have the time and resources available to simultaneously focus on all areas and so prioritization is a must. In choosing the 2 - 5 Key Performance Areas (KPA), the Task Force should ask itself, where do we need to be working if we want to start the community moving toward its healthy vision? What areas are the most critical? Where can we have the greatest impact? In focusing on selected subjects, the community is not implying that the others are unimportant. Rather, it is acknowledging the realities of limited resources and the need to focus.

After choosing the Key Performance Areas, each must be evaluated. This is a three step process that starts with asking, "how are we doing in this area today?," in a more detailed evaluation than was conducted in the previous step. Second, the Task Force will answer the question, "how would we like to be doing in this area tomorrow?" This involves developing specific goals and objectives for the KPA that reinforce the community's healthy vision. Finally, it must examine what it wants to do better or differently in order to start moving toward the achievement of those goals. These should be short and medium term action steps that will begin the community moving toward its desired future.

PHASE 7: ACTION STEPS/IMPLEMENTATION

The Radon Risk Reduction effort is now ready to move forward to improve the overall quality of life for area residents. Specific groups will be identified which will be responsible for each of the steps identified. A group, possibly the Task Force, will be responsible for monitoring the progress of implementation.

PHASE 8: EVALUATION AND FEEDBACK

As an ongoing effort, parallel to its internal work, the task force must reach out to the community at large for input and support. At strategic intervals in the process this can entail town meetings; neighborhood meetings; focus groups; public opinion surveys; press conferences; speaking engagements; advertising and public service announcements.

COMMUNITY ACTIVITIES TAKING PLACE AS A DIRECT RESULT OF THE RADON ACTION WORKSHOPS

The following is a synopsis of community efforts around the United States as a result of the Radon Action Workshops. Included is the name of the community and the date of the workshop attended.

Jackson, Wyoming (May 22, 1992)

The Jackson/Teton County Fire Services & Teton County Emergency Medical Services (EMS) are including a discussion on the health hazards of radon exposure in their "Home Hazards" public education lectures. These lectures are being given to civic organizations, schools and rotary clubs. The school presentation includes radon as part of an "unhealthy air" lecture. The lectures to the other groups include the health risks from radon and testing and mitigation information.

Jan Hough, with the State Health Department, sent two radon contractors to Montana to be certified under the EPA's RCP/RMP certification training program. Although Montana's resources for the program was separate from Wyoming's efforts, the increased awareness induced by the workshop created an incentive for the Wyoming State Health Department to send the contractors for certification. Hough stated that the workshop was extremely educational in that it revealed the ways in which organizations can "get around" impeding obstacles to problem solving within the communities.

As a result of the Workshop, Jayne Ottman, with the Public Health Nursing Service, conducted outreach efforts with Gary Underwood and other members of the Teton County Board of Realtors. These outreach efforts included workshops which were held with rotary groups, breakfast clubs and the Teton County Board of Realtors. The workshops that were developed included information on the following subjects: 1) The health hazards from radon; 2) Teton County statistics based on previous test results; and 3) Testing and mitigation information. The Public Health Nursing Service perceives the level of radon awareness has increased dramatically among the general public. Residents know where they can obtain radon testing kits and visitors to the Health Department often ask questions concerning radon. Further, the Health Department displays a map in their waiting area which illustrates the local areas which are affected by high levels of radon.

Indianapolis, Indiana (July 22, 1992)

As a result of Jerry McNeil representing the National Association of Counties at the workshop, the Johnson County Health Department utilized the County Action Kit as an educational tool in subsequent presentations to groups such as the Board of Realtors, the Kiwanis Club and the Rotary Club.

Lorand Magyar, of the Indiana State Department of Health, stated that attending the workshop helped improve collaboration and cooperation among the different groups on the radon effort. The State Department of Health is now working on receiving a grant to develop an informational radon brochure for the blind. Another project, for which a grant has already been received, involves the implementation of a toll free hot-line number with access for the deaf.

The increased level of awareness precipitated by the Workshop enabled the State Health Department to display a radon information booth at the Annual MIBOR Convention and Trade Show on October 14th, 1992. The Board of Realtors will welcome this display again at the next Convention on October 20, 1993.

Shortly after the Workshop, the Westville School District discovered high levels of radon in local school buildings. The School Board immediately contacted the State Department of Health where Lorand Magyar was able to share the information that he obtained at the Workshop. The Westville School District has effectively built a strong coalition which is enabling them to access and use a diverse array of resources. The State Department of Health is currently distributing on-site testing kits to the schools in Westville where the school children are assisting with the testing efforts.

After the Workshop, Tom Pickering, with the Board of Realtors, provided the Education Committee with a summary of the information. The Board then recommended that the home inspectors on the committee update their procedure guidelines on radon. Contacts made at the Workshop have enabled the Board of Realtors to recruit Rich Jordan, a radon specialist with Radon Analytical Labs, to the Educational Committee. Further, Ingrid Ritchie, with the School of Public and Environmental Affairs, will be attending the Board of Realtor's Environmental Awareness Program on April 29, 1993. One of the topics for discussion at

this program will be radon emissions.

Concord, New Hampshire (August 5, 1992)

Legislation, recently passed in the previous session of the State Legislature, will provide for a state-wide radon study. Richard de Seve, Baldwin and de Seve Attorneys at Law, stated that this piece of legislation resulted partially from the workshop because the impetus for its proposal came from Radon Mitigation Inc. (another workshop attendee). Furthermore, Mr. de Seve provided testimony for the bill while it was in legislative committees. The information that Mr. de Seve obtained at the Workshop was instrumental in enabling him to provide an informative testimony at these committee hearings.

Santa Barbara, California (August 13, 1992)

Philip Jacobs, of the Radon Task Force of the Southern California Public Health Association, attended the American Public Health Association/EPA sub-grantee meeting in Washington, D.C. on September 14th and 15th, 1992. He reported on the content of the Radon Action Workshop and emphasized the value of the discussion on coalition building. Following Radon Action Week, the Radon Task Force is planning on evaluating their own coalition building capabilities. As a result of attending the workshop they have realized some gaps in their network, particularly the lack of representation of the real estate industry.

The Radon Education Steering Committee has used the list of workshop participants to make new contacts to involve in radon-related activities. The committee has been sending the minutes of their meetings to these contacts and is generating a calendar of events to interested parties, including the State Health Department.

Louisville, Kentucky. (December 14, 1992)

Since the workshop, additional meetings with other session participants have been hosted by Viola Brown and Susan Barto. Viola Brown is the Nursing Director for the State Department of Health Services and Sue Barto is the Mayor of the City of Lyndon. As a result of the workshop, and these subsequent meetings, four new organizations were added to the Kentucky Public Health Association-Radon Action Association coalition. These new memberships include: Dr. Beverly Gaines, National Medical Association; Sharon Roberts, Science Department at Xavier High School; Betty Kaiser, Parks & Weisburg, Inc.; and Vance Walker, Radon Management of Kentucky, Inc.

Sharon Roberts with the Science Department at Xavier High School, stated that the workshop provided her with many useful contacts. Since the workshop, Ms. Roberts has been speaking to local civic groups and informing them about Radon. This summer, Ms. Roberts will promote radon awareness by speaking at Chemistry Education 1993, a national conference of chemistry teachers. In addition, Ms. Roberts has applied for a grant from the EPA. If awarded, the grant will be used to distribute radon testing kits to her high-school students.

The Jefferson County Health Department worked with a local radio station to provide a Radon Assistance Hot-line in the months of January and February 1993.

The National Medical Association distributed 100 test kits to local Home Health Agencies. In the process, the Home Health Agencies distributed the test kits and educated their residential patients on Radon. The National Medical Association also distributed 50 community service kits to the Promotion School of Executives. Fifteen of these student-executive members had schools of their own. Eight of these fifteen student-executives took these kits to their schools. In these schools, the elementary students competed in poster contests, the middle-school students entered essay competitions and the high-school students entered into science project competitions.

A health fair, held on the April 24, 1993, had a radon display at its environmental section. The results of the student competitions (mentioned above) were displayed and winners announced. The contacts made at the workshop provided the fair organizers with a comprehensive invitation list. The Judges of the school competitions included, Deputy Mayor Bill Summers; Director of the Health Department, David Kundiss; Derrick Reed, an attorney with the Jefferson County Public Health Department; Vance Walker with Radon Management of Kentucky Inc.; and Funme Apantaku, the Acting Director of Action Black Leadership on Cancer.

Jefferson County, Colorado (February 8, 1993)

As a result of information obtained at the workshop, the Jefferson County Assessor's Office was motivated to look into the effects of radon on property values. Their conclusion was that radon does little to affect the cost of housing when compared to interest rates. The useful information learned at the workshop was that high levels of radon tend to be dispersed over a wide area of individual home owners and that property values of entire subdivisions are not likely to decrease because of high radon levels.

Due to the attendance of a plumbing inspector from the Jefferson County Building Department, the Department is looking into incorporating radon mitigation into permit requirements for building contractors.

Michelle Medina, the Program Associate with the American Lung Association of Colorado, stated that the workshop was beneficial in making her aware of the need for pervasive educational programs. At this time, Colorado's ALA program does not include radon as a priority program. Due to the large turn out of the workshop, she realized the widespread concern for the radon issue. As a result of the recognized need for education and enthusiasm at the meeting, the American Lung Association of Colorado is planning to implement educational radon programs. For example, Tom Kendrick, a scientist with West Slope Geographic Technology (Geo Tech.), has developed a cloud chamber. The cloud chamber visually shows how radon seeps into the home. ALA of Colorado is looking into contacting Mr. Kendrick for the purpose of presenting his cloud chamber to local schools.

As a result of the increased level of awareness obtained at the workshop, the Jefferson County Board of Realtors has addressed the radon issue through frequent meetings with local environmentalists, geologists, and engineers. The Jefferson County Board of realtors is also seeking to implement a program with the Jefferson County School of Mines.

Due to the workshop, the Colorado Project was able to increase their environmental data base. The Colorado Project has collaborated with the Consumer Federation of America (who was also represented at the workshop) in order to facilitate a sponsorship from a national outreach group. In addition, the EPA has funded a Radon Team for the Colorado Project.

John Supan of the Northeast Lakewood Citizen Community, has distributed several radon test kits to surrounding communities. Mr. Supan has also met with twenty-two members of the Citizen Community in Wheatridge, Colorado to inform them about the dangers of radon. Additionally, Mr. Supan is including educating the elderly at these meetings.

The Environmental Division of Denver Public Health is currently seeking funds from the City Council to test day-care centers. Workshop attendees from the division are involved in pursuing this grant and implementing the program if approved.

Birmingham, Alabama (August 11, 1993)

As a result of the Radon Action Workshop, many of the participants have found innovative ways to use the information that the workshop provided. Bill Martin has owned the Martin School of Real Estate since the late 70's and teaches pre-licensing course to people who wish to prepare for the State Real Estate Exam. The information from the workshop helped Mr. Martin address how the radon issue was relevant to Alabama and motivated him to include the topic of radon in the hazardous substance section of Mr. Martin's course.

Mr. Brice Hendrick, Superintendent of Catholic Schools-Diocese of Birmingham, felt the workshop awakened the Diocese of Birmingham to dangers of radon and how specific areas in Alabama are affected. This knowledge spurred the Diocese of Birmingham to schedule two Catholic Schools for testing in Huntsville: Holy Farm School and Holy Spirit School. As more funds become available, more schools within the Diocese will be tested.

The Radon Action Workshop also helped to increase the dissemination of information by certain health organizations. Ron Stutts, from the Alabama Dept. of Public Health reported that there have been articles in the Home Builders Guide and in the newspaper focusing upon the radon issue. Gregory Utley, with the Tuscaloosa County Health Dept, stated that the Workshop was instrumental in passing radon information to the general public. The National Civic Leagues press release heightened public inquiry which led to the proliferation of information.

The Workshop helped to insight collaboration among different organizations. Prior to the Workshop, the Tuscaloosa County Health Dept. was not aware that the Alabama State Dept. of Health was involved with radon initiatives. Because the Workshop facilitated this awareness, the Tuscaloosa County Health Dept. began to refer people to the State Department for radon testing information.

Ms. Carol Dixon; Marketing Director with Environmental Nucleonics, stated that the workshop inspired her organization to target the Real Estate community in Huntsville.

Because Ms. Dixon's organization is active in testing for radon she is aware that radon levels are especially high in Madison County. In an attempt to solicit support from the local real estate community, Environmental Nucleonics began to work with Guano Hindman, the editor for Real Estate Plus, a section in the Sunday issue of the Huntsville Times which is dedicated to real estate issues. By using the information acquired at the workshop, Ms. Dixon was able to gain the interest of Ms. Hindman. Consequently, Ms. Hindman was inspired to dedicate an entire two pages of Real Estate Plus to the radon issue.

Linda Gosa, Public Health Educator with the Jefferson County Department of Health, said the workshop inspired her to work collaboratively with the local American Lung Association in their upcoming radon project. In October, the Jefferson County Dept.of Health will be working with the American Lung Association to have a coloring book competition which will be covered by local T.V. stations. The free distribution of test kits will be provided for by the State Dept of Public Health.

CONCLUSION

In summary, this paper is obviously only an overview of the process used by, and philosophy advocated by, the National Civic League. We feel very strongly that process design is an integral part of addressing a problem such as radon. The complexity of the radon issue is not just in the topic itself, but in how it can be addressed by the community through collaborative and implementable action plans.

The National Civic League has done a great deal of this type of work around the country, and we recognize that every project has to be unique to the community and situation at hand. However, any community can address the long-term issues they face in a powerful manner if people impacted by the problems come to the table to address the issues together.