American Lung Association.

# *Best Practices in Radon Test Kit Distribution: A multi-method evaluation*

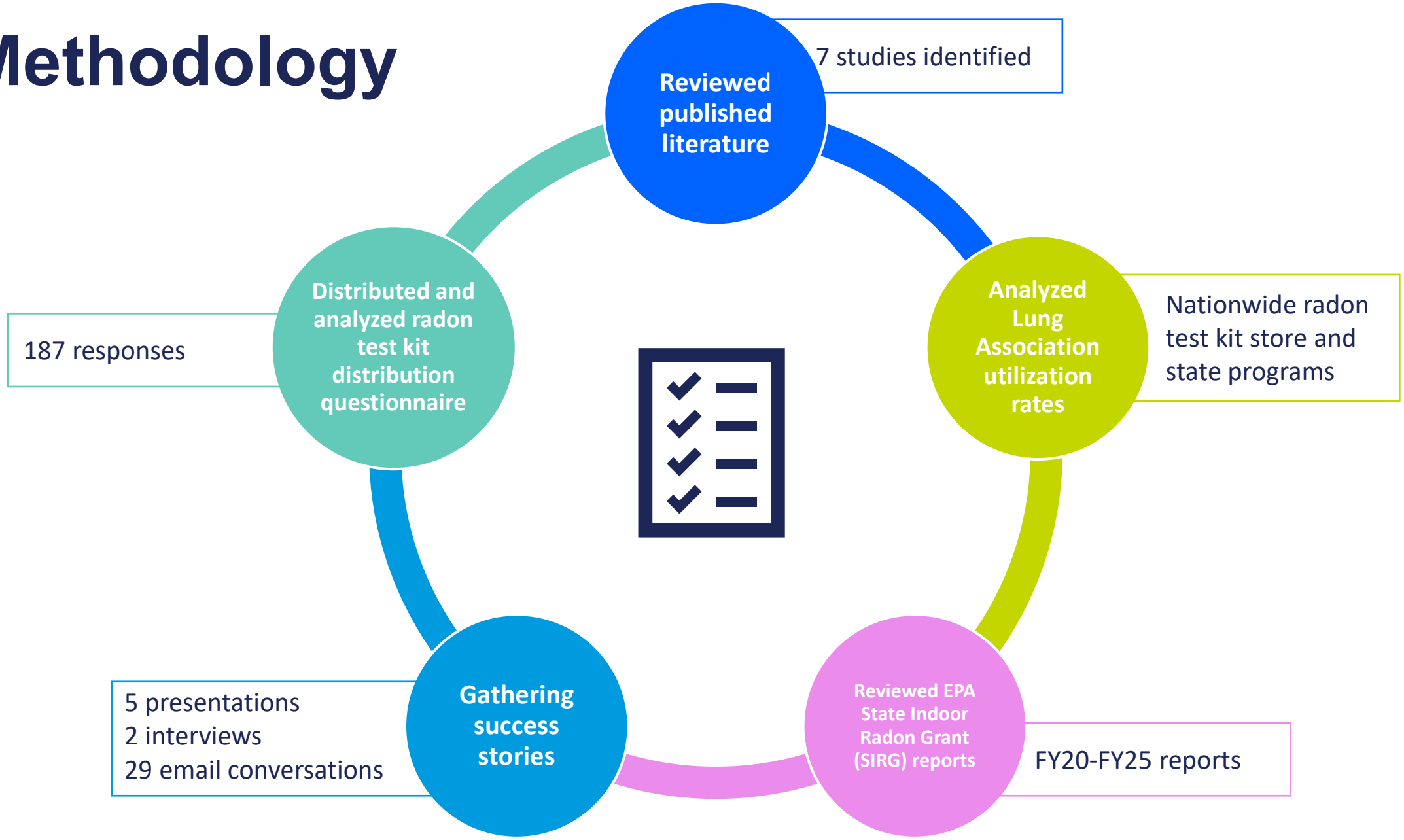
Indoor Environments 2026 Radon and Vapor Intrusion Symposium

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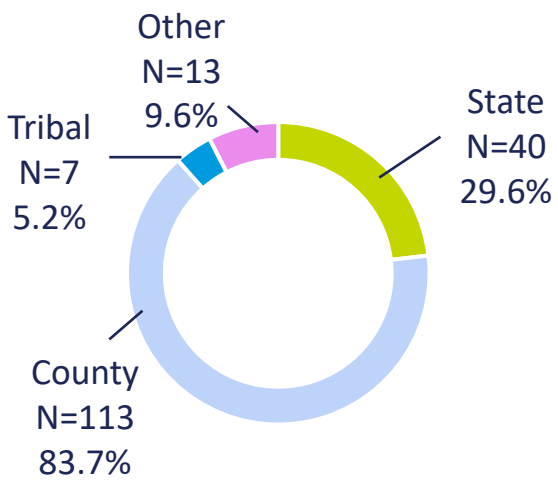
# Methodology



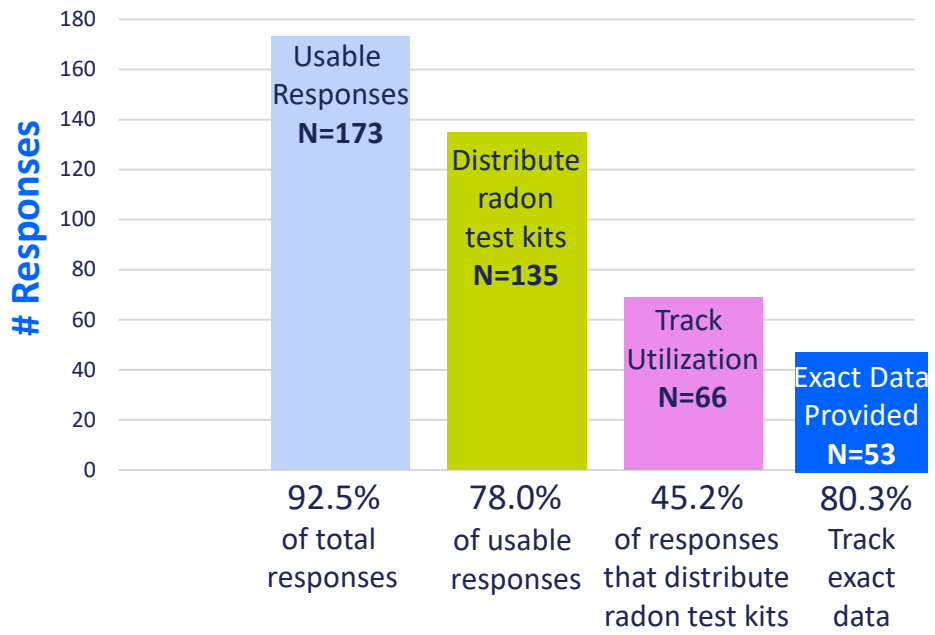
# Questionnaire – Response Rate

**Total Completed Questionnaires N=187  Usable Questionnaires N=173**

## Organization Type




## Response Rate




**46.7%**

Average utilization rate for 53 programs that provided exact data.

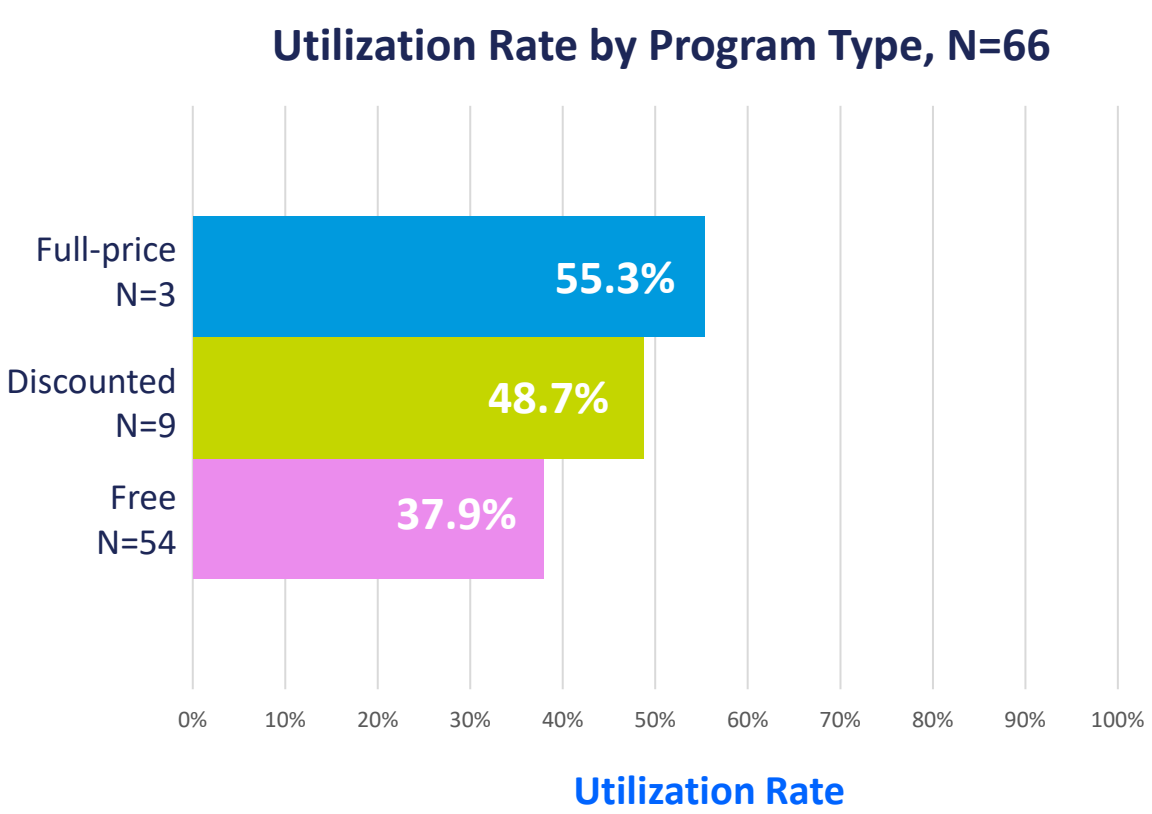
**44.9%**

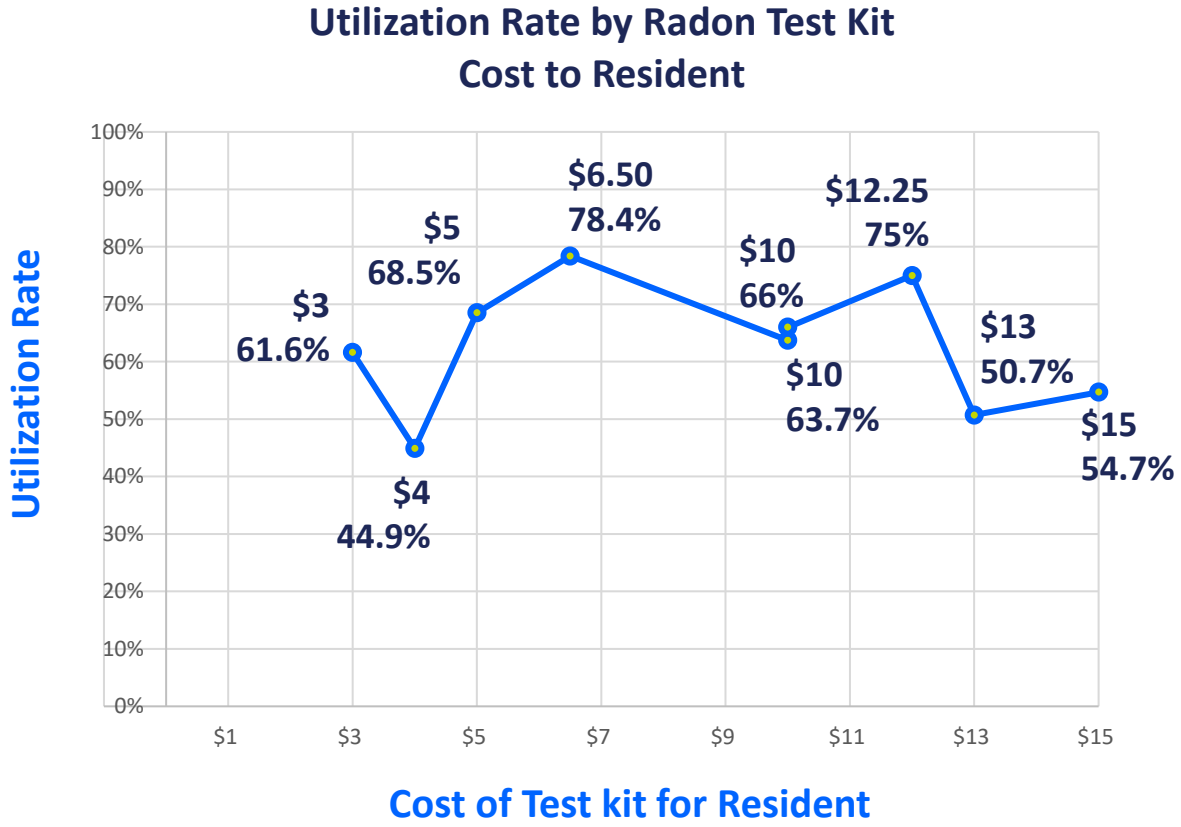
Median utilization rate for 53 programs that provided exact data.

# Identified Best Practices

- Require nominal monetary fee for test kits.
- Include clear, simple instructions for using the test kit.
- Provide a pre-paid, self-addressed shipping label for test kit return.
- Integrate educational materials that support radon reduction and lung cancer prevention.
- Prioritize in-person distribution to allow a high-touch experience.
- Limit advanced ordering requirements for in-person pick-up.
- Include coupons for residents to redeem when an order process is necessary.
- Evaluate reminder efforts.
- Provide streamlined services to support residents in reducing radon exposure.
- Track radon program data and outcomes to evaluate and enhance program.

# Best Practice – Require A Monetary Fee

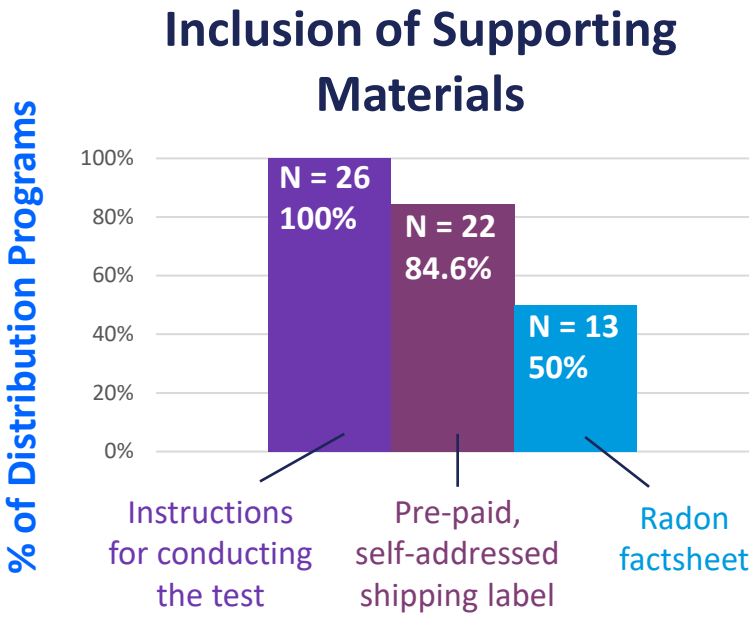


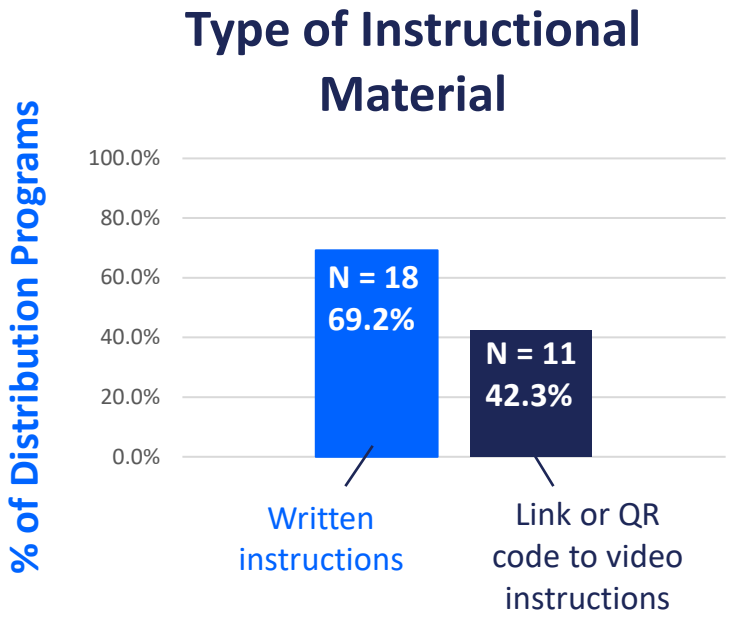



# Best Practice – Provide Testing Instructions

**Existing literature shows the importance of providing clear instructions and training when feasible to increase confidence in conducting radon test.**

**All 26 programs with utilization rates equal to or above the median utilization rate of 44.9% included instructions for using the radon test kit.**



# 🖂 Best Practice – Use Pre-Paid Shipping Labels

84.6% of programs included pre-paid, self-addressed shipping labels. While label inclusion showed mixed utilization rates through the questionnaire analysis, literature review supports the inclusion of pre-paid, self-addressed shipping labels.

**Overall, review methods support implementing program components that reduce barriers and increase immediacy of obtaining and returning test kits.**

**Looking beyond cost – how does including pre-paid shipping label reduce barriers?**

- ✓ No address look-up needed for the lab
- ✓ No weight or postage decisions
- ✓ No post office trip
- ✓ No waiting in lines
- ✓ Helps prevent procrastination in returning test kit

# Best Practice – Integrate Resources

**Programs reported including:**

- ✓ Written or video instructions for conducting radon test
- ✓ Factsheet about radon and its health risks
- ✓ Factsheet about interpreting results and mitigation
- ✓ State specific guidance around radon
- ✓ Radon mitigation assistance information
- ✓ Information on lung cancer screening risk assessments
- ✓ Live educational sessions to build knowledge and confidence.

**CASE: Literature Review**

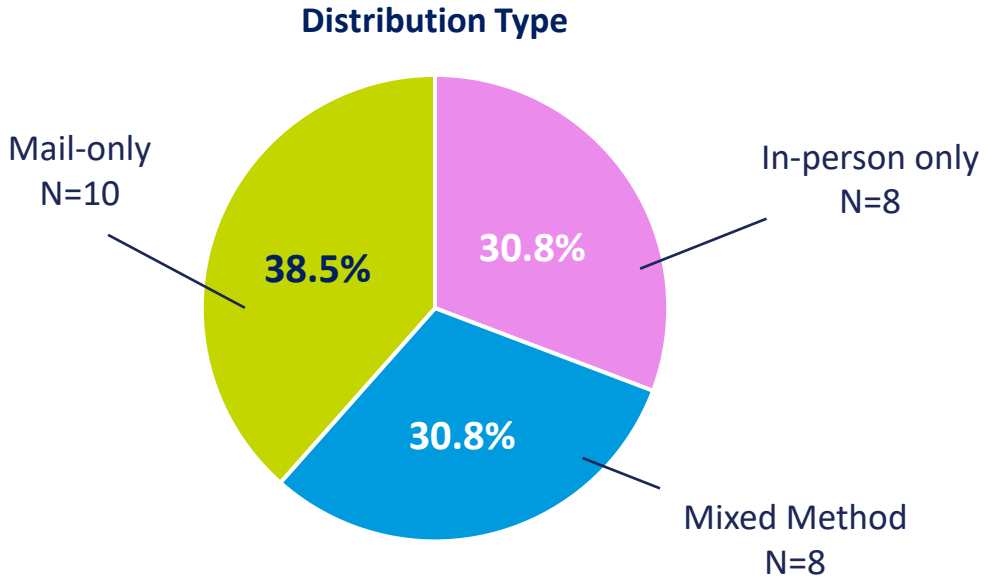
Participants received training prior to testing.

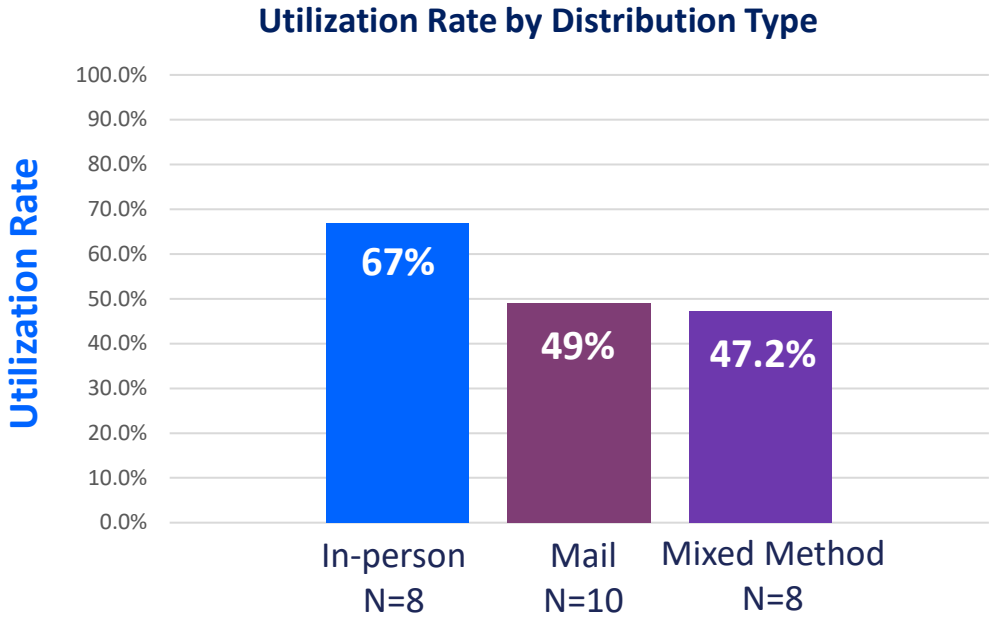
| Introduction to radon | Radon testing and mitigation | Instructions for using test kit |
|---|---|---|
| • What radon is<br>• Where radon comes from<br>• How radon enters a home<br>• Lung cancer risk<br>• Synergistic risk with smoking tobacco | • Methods for testing<br>• How to fix high radon levels<br>• Testing timelines<br>• Regulations for disclosing levels in a real estate transaction | • Choosing where to place the test kit<br>• Instructions for using detector<br>• How to read values<br>• Interpreting radon results |

**Key outcomes** = High testing completion, measurable increases in environmental health literacy, self-efficacy and intention to mitigate.

Stanifer, S, et al. 2022. Citizen Science Approach to Home Radon Testing, Env Health Literacy and Efficacy. Citizen Science: Theory and Practice, 7(1): 26, pp. 1–13. DOI:https://doi.org/10.5334/cstp.472

# Best Practices – Prioritize In-person Distribution



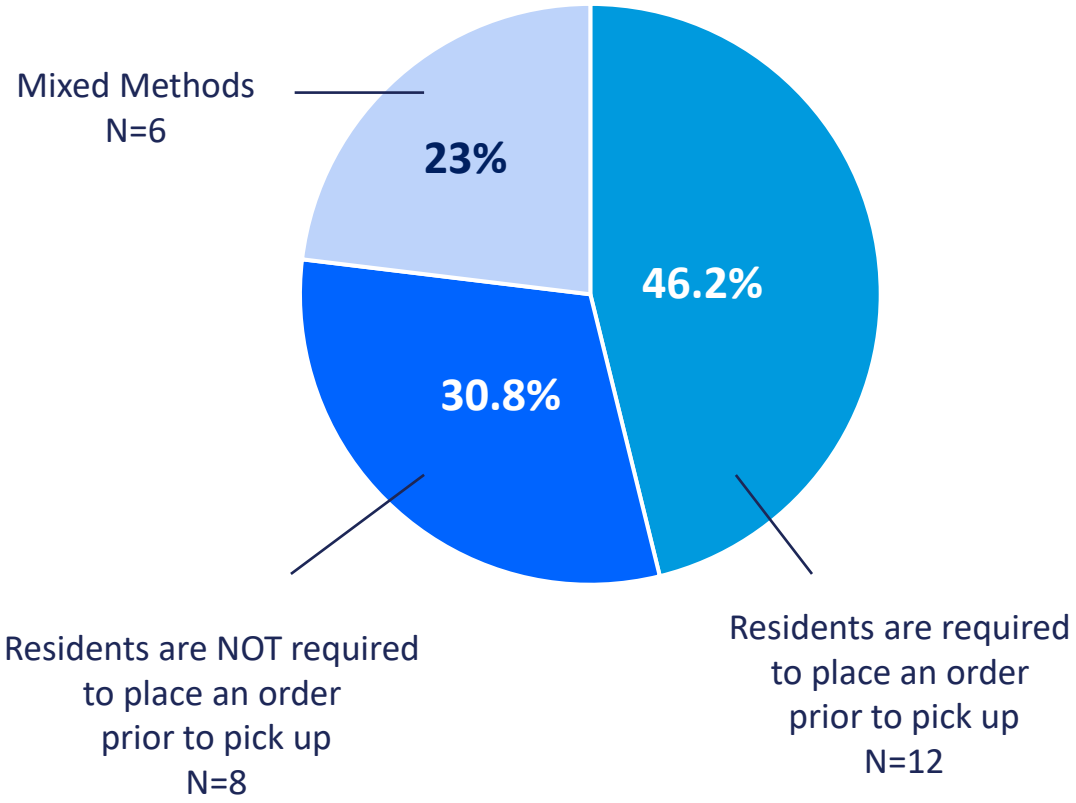

**CASE: County Level Distribution**

Data suggests that in-person distribution is more feasible for programs serving smaller, local populations:

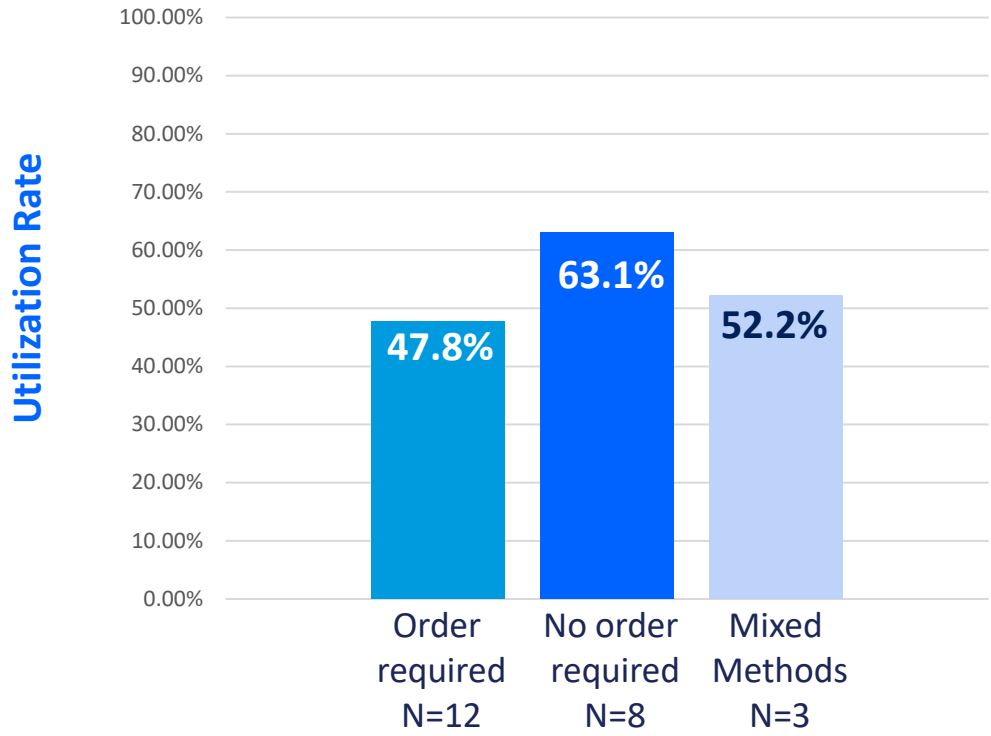
- Average # of test kits distributed **in-person only** = 193.4
- Average #of test kits distributed **by mail only** = 2,212.1

# Best Practices – Limit Advanced Ordering

## Program Order Requirements




## Utilization Rate by Order Requirements

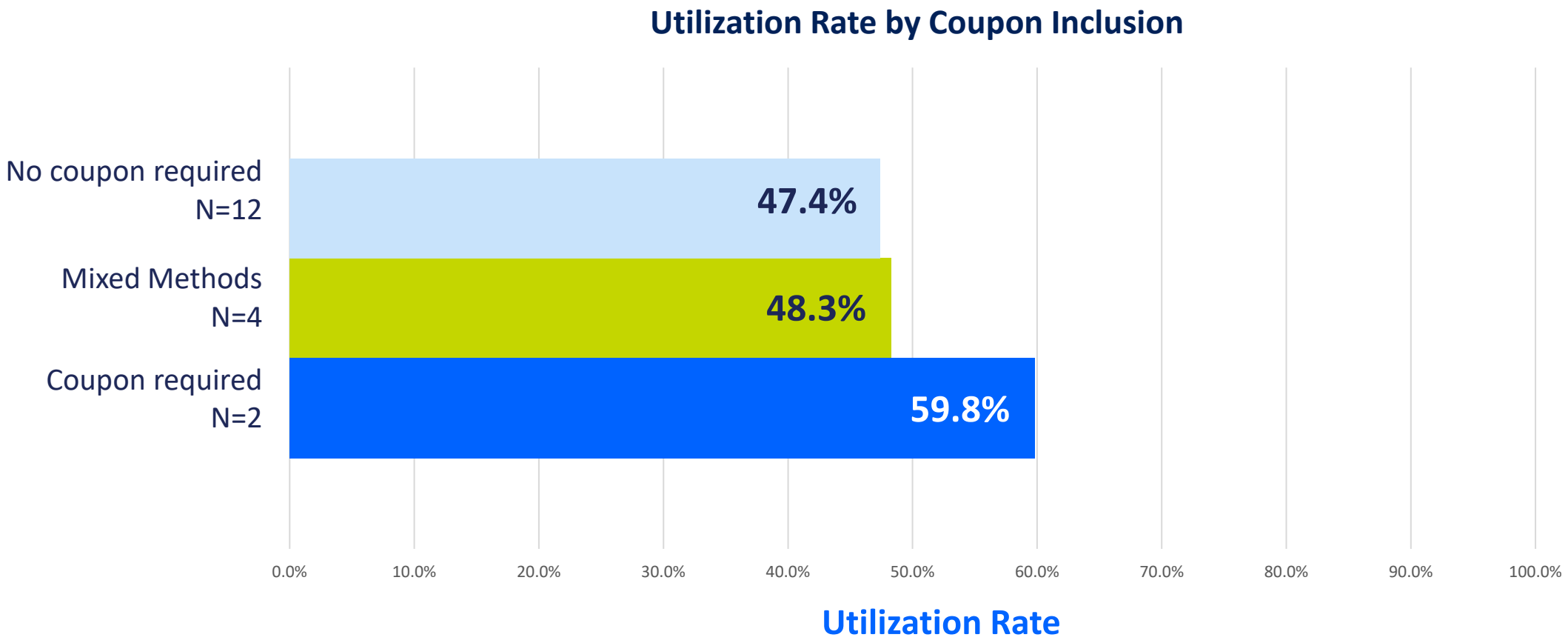



Data suggests that order requirements alone do not contribute to utilization rate, only when paired with distribution method.

# Best Practices – Include Coupons

18 programs take orders: 12 require orders and 6 used a mixed method approach.

- 2 programs require the use of a coupon, 12 do not require a coupon and 4 use mixed methods.



# What Do Distribution and Ordering Methods Tell Us?

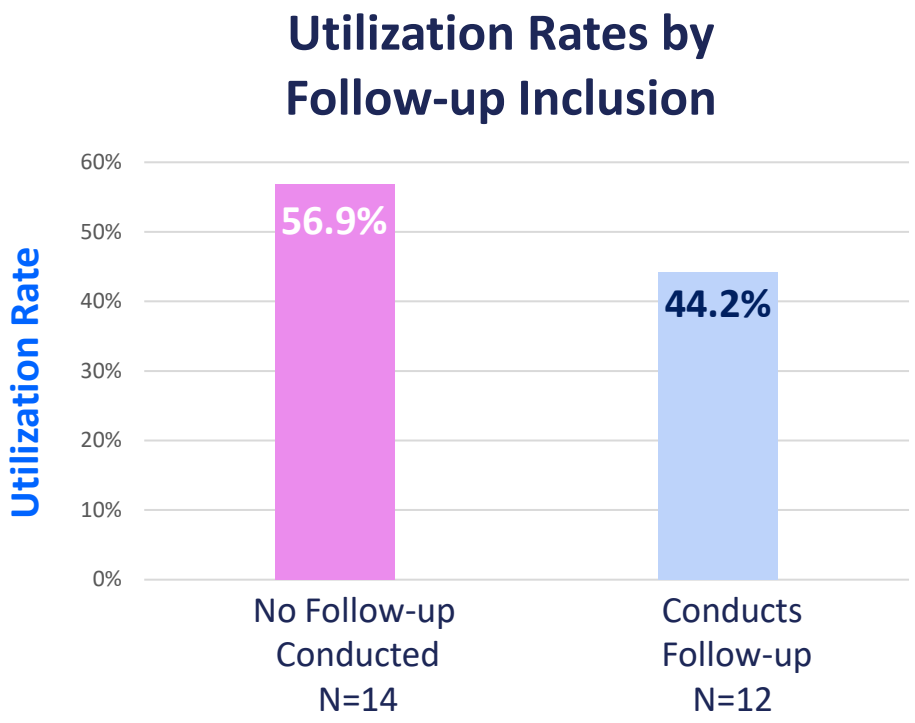
All analysis methods provide a few reasons why limiting order requirements & prioritizing in-person distribution methods are effective:

| Immediacy | Effort | In-person Contact | Educational Opportunity |
|---|---|---|---|
| No wait time for order to be processed and shipped | Personal effort to pick up radon test kit | Builds strong personal connection and trust | Opportunity for short educational session at in-person pick up |

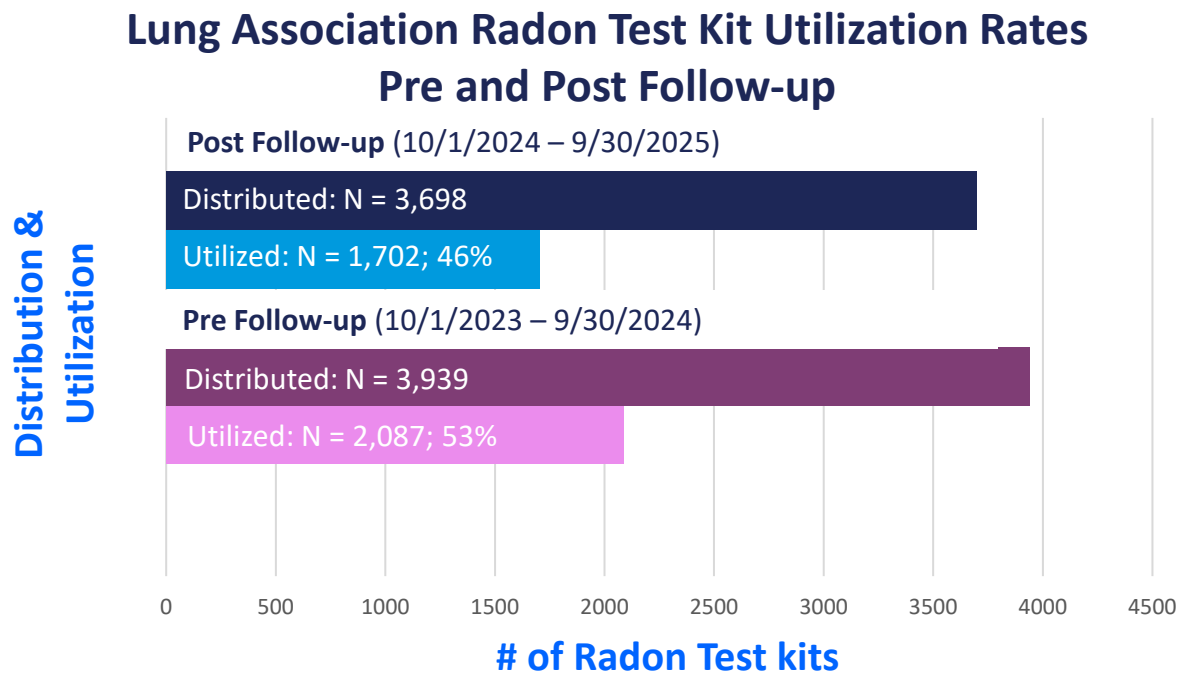
# Best Practices – Reconsider Follow-up Reminders

While literature review supported the inclusion of follow-up reminders in particular settings, questionnaire responses showed mixed findings.

**12 (46.1%)** programs conduct follow-up reminders; **14 (53.8%)** programs do not conduct follow-up reminders.



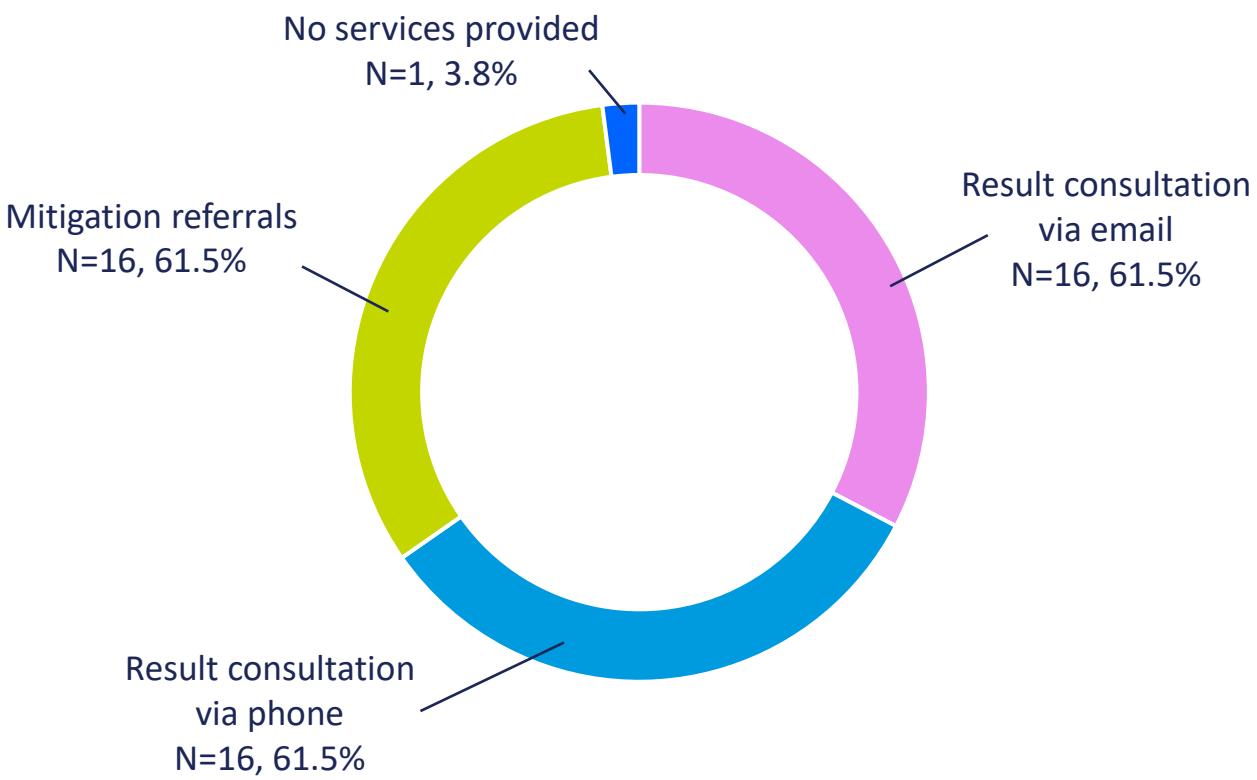

**CASE: American Lung Association Test Kit Store**



# Best Practices – Provide Streamlined Services

Of 26 programs with utilization rates at or above the median of 44.9%, all but 1 program provided services after the radon result was received.

**Services Provided After Radon Result is Received**




**Notes:**

4 programs that provide services reported that they only provide the service if it's initiated by the resident.

Details around exact services and consultation provided was not collected.

**It is recommended to proactively provide services such as mitigation referrals or result interpretation**

# Best Practices – Track Program Data

## Track Utilization

Track each separately:

- Cost
- Order method
- Distribution method
- Materials included
- Partners involved
- Dates of program
- Amount/type of follow-up
- Services provided

**Some radon programs reported WHY they do not track:**

- Reporting standards vary by state and jurisdiction
- Communities do not have levels at or above 4 pCi/L
- Some program offer rebates and track who applies for rebates, but this isn't inclusive of everyone who mitigates
- Inconsistency in the data that is collected
- No resources to track mitigation

## Track Mitigation

How other programs are tracking:

- Self-reported forms
- Partnering with local mitigation companies
- Encouraging professionals to become certified to increase data collection
- Large scale efforts: enhancing regulations

# Lung Association Resources

**Resources for consumers**

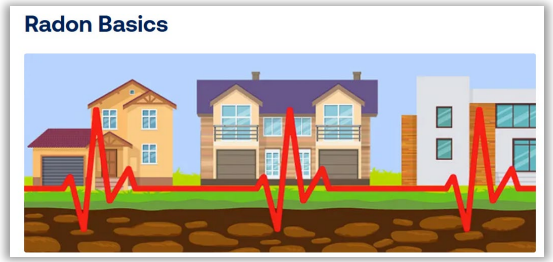
**Lung.org/radon**

- Radon Basics (on-demand learning course)
- What is Radon One-Pager (handout in English and Spanish)
- Radon and Lung Cancer Risk (handout)
- Radon and Lung Health (video in English and Spanish)
- Is Your Home Safe From Radon (handout)
- Smoking Cessation Interventions and Lung Cancer Screening (handout)

**Resources for Public Health Professionals:**

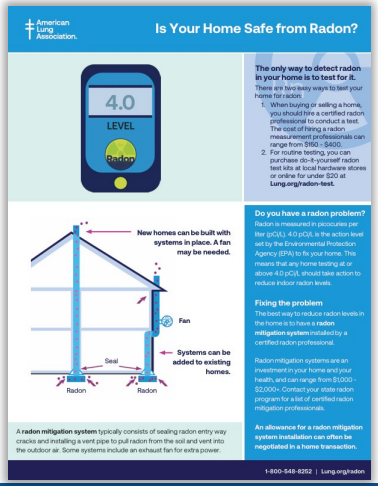
**Lung.org/radon-advocates**

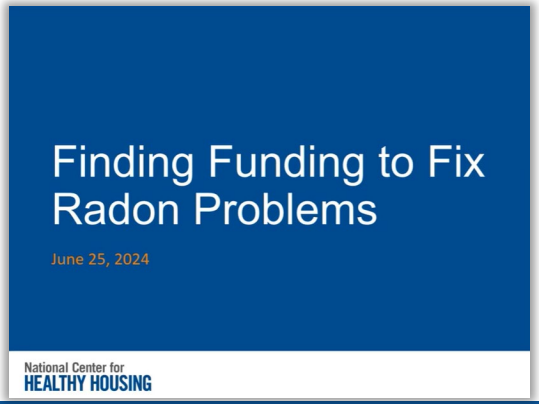
- Finding Funding to Fix Radon Problems (webinar)
- State Credentialing of Radon Service Providers Saves Lives (backgrounder)
- Tracking Radon Data to Save Lives (backgrounder)
- Incorporating Evidence Based Interventions for Radon Into State Cancer Plans (guidance document)
- Radon in State Cancer Control Plans (webinar)





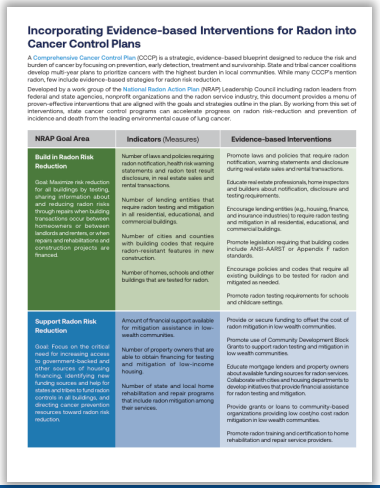










# COMING SOON! Webinar & Brief

**Webinar: Radon Test Kit Distribution Best Practices**
**November 18, 2026 at 12:00-1:00pm CT**

**Featuring:**

- Cynthia Costello, New York State Department of Health
- Ethan Rindfleisch, Steele County Public Health, MN
- Rebecca Cantrell, University of Georgia

# Questions?

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