



## BOARD OF HEALTH

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### **Black Hawk County Board of Health Position Statement on Radon**

Radon is an odorless radioactive gas that is the leading cause of lung cancer in nonsmokers. Iowa households have especially high levels of radon, and the Iowa Department of Public Health recommends that everyone test their home. Reducing environmental exposure to radon and other substances linked to cancer is one of the priorities in the Iowa Cancer Plan. Strategies of the Iowa Cancer Consortium include education, testing, mitigation, and advocacy for policies that strengthen community response to exposure.

There are three zones that measure the severity of radon levels, with Zone 1 being the most severe and Zone 3 being the least. The EPA and the US Surgeon General recommend that radon-reduction actions be taken in homes with radon levels at or above 4 pCi/L (Zone 1). However, an estimated 66% of lung cancers caused by radon exposure occur below the level of 4 pCi/L. All 99 counties in Iowa are classified as Zone 1.

In Black Hawk County, some radon levels have been recorded to be in excess of 100 pCi/L. Radon exposure occurs regardless of socioeconomic status, race, or geographical location. Radon testing is not required by law, but if a home has been tested, disclosure of any results is required at the point of sale. It is becoming increasingly common practice for homes to be tested for radon when they are sold, but currently there is no law requiring owner-occupied or rental properties to be tested.

The Black Hawk County Board of Health recommends the following measures to reduce the impact of radon exposure on public health:

- Radon levels should be assessed in all homes and schools.
- If radon exposure is at or above the EPA action level of 4 pCi/L, mitigation should occur.
- Passive mitigation systems should be installed in all new construction.
- Existing and potential tenants should be informed if rental properties have radon levels higher than EPA's action level.
- Education regarding radon testing should be provided during well-child visits and routine physicals.

**Statement adopted: November 29, 2017**