# Thank You

The committee members of the Delaware Cancer Consortium are volunteers who come from all walks of life. They have contributed their insight, their ideas, and hundreds of hours of their time to reduce the burden of cancer in Delaware. We appreciate all they have done on behalf of all of us.

Semaan Abboud, MD • The Honorable Patricia Blevins • William W. Bowser, Esq. • Paula Breen, MSPH • Deborah Brown, CHES • The Honorable John C. Carney, Jr. • Jeanne Chiquoine • Alicia Clark • David J. Cloney, MD, FACS • Victoria Cooke • The Honorable Matt Denn, Esq. • Margaretta Dorey, RN, BSN • Jayne Fernsler, DSN, RN, AOCN • Linda Fleisher, MPH • Christopher Frantz, MD • Robert Frelick, MD • Wendy Gainor • Allison Gil • James M. Gill, MD, MPH • Helene Gladney • Valerie Green • Constance Green-Johnson • Stephen Grubbs, MD • The Honorable Bethany Hall-Long, PhD, RNC • Richard Heffron • Paula Hess, BSN, RN • Patricia Hoge, PhD, RN • Andrea J. Holecek, RN, MSN, CRNI, AOCN • Cathy Scott Holloway • John A. Hughes • Nora Katurakes, RN, MSN, OCN • Arlene Littleton • Susan Lloyd, MSN, RN • Susan Lockhart • Lolita Lopez • Meg Maley, RN, BSN • Andrew Marioni, Jr. • Gilbert J. Marshall, PG • Steven Martin • The Honorable David McBride • Eileen McGrath • James Monihan, MD • H.C. Moore • Julio Navarro, MD • Nicholas Petrelli, MD • Carolee Polek, RN, MSN, PhD • Anthony Policastro, MD • John Ray • Jaime H. Rivera, MD, FAAP • Catherine Salvato, MSN, RN • Robert Simmons, PhD, MPH, CHES • Edward Sobel, DO • The Honorable Liane Sorenson • James Spellman, MD, FACS, FSSO • Grier Stayton • The Honorable Donna Stone • Laurel Standley • Janet Teixeira, MSS, LCSW • Ann Tyndall • The Honorable Stephanie Ulbrich • Kathleen Wall • Judy Walrath, PhD • Mary Watkins • A. Judson Wells, PhD • Linda Wolfe

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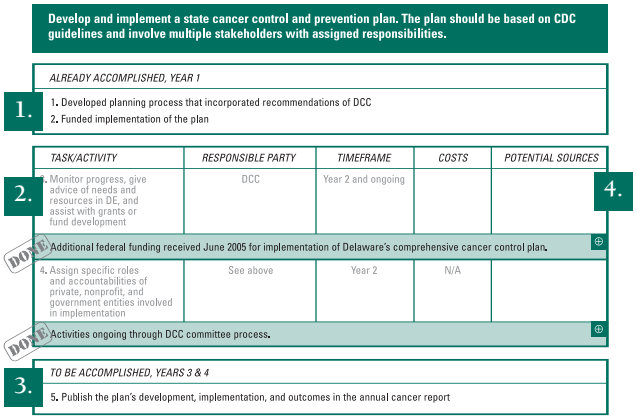
THE FOUR-YEAR PLAN *that was developed by the Governor's task force set forth ambitious goals—goals that would help us lower the threat of cancer to all people in our state. This report to you—the people of Delaware—shows the remarkable progress that has been made in just two years. Especially impressive are the implementation of programs to address colorectal cancer and the new program that pays for cancer treatment for the uninsured. You'll also notice that the unequal burden borne by racial and ethnic minorities remains our central focus. The impact is noted in every task. But none of this would have been possible without the funding approved by the legislature and Governor's office. It is because of their support—and the allocation of those state funds represented in this report—that we have been able to make such headway. But there is still work to do. We look forward to tackling the remaining objectives—those mandated for completion in years three and four—with equal determination.*

## *How to read this book*

*Turning Commitment into Action* reports on the work accomplished by the Delaware Cancer Consortium over the past year. The format of the book follows the initial report of the Delaware Advisory Council on Cancer Incidence and Mortality published in 2002 and Year-One Accomplishments published in 2004.

Each recommendation for Delaware's cancer control plan is clearly stated.




1. The first block under the recommendation lists those tasks that were accomplished in year one.
2. The second block notes achievements made over the past year. Listed are the tasks and activities, the responsible party, timeframe, costs and potential sources for funding. A DONE stamp indicates projects that were completed in year two or ongoing activities that were started in year two.
3. A third block lists the tasks and activities that will be tackled in the coming year. Following the format of earlier reports, the book continues to list the tasks and activities by the numbers assigned to them in the original book.
4. Finally, funding for the tasks and activities is provided by state funding, unless otherwise noted. Original source recommendations may differ from actual funding sources.

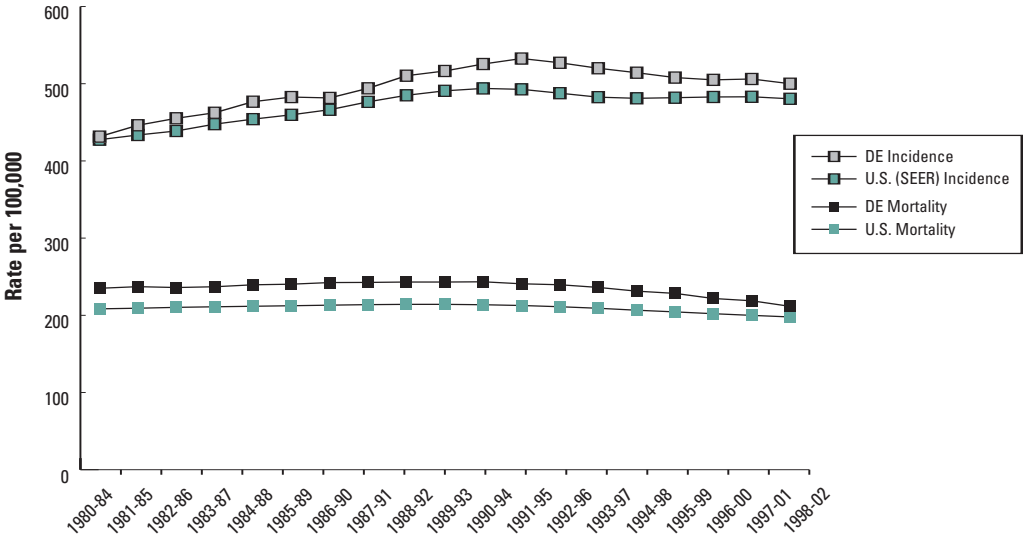

Throughout the report, the effect each task and activity has on disparities, those populations that shoulder an unequal cancer burden, is marked using a simple key.

# The Big Picture

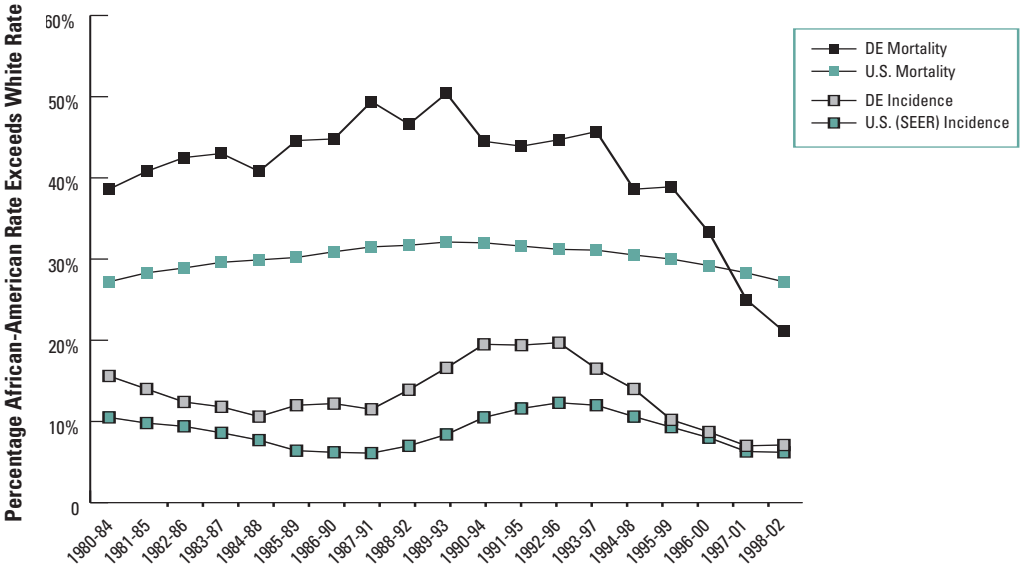
*Cancer rates continue to fall in Delaware. Both the death and incidence rates for African Americans versus Whites remain high, but the difference between the two is smaller than that reported for the U.S.*

## CANCER IN DELAWARE—THE BIG PICTURE

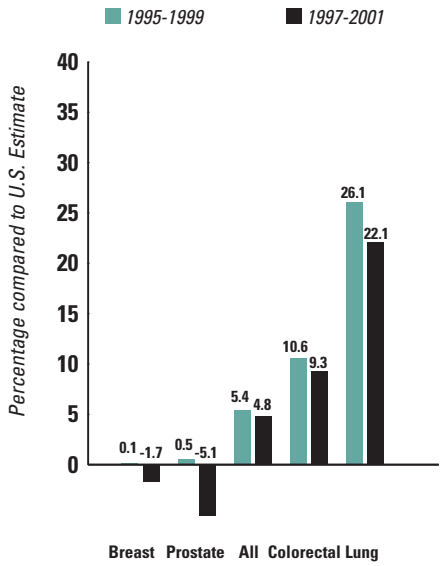
**CANCER INCIDENCE AND MORTALITY AVERAGE ANNUAL AGE-ADJUSTED RATES PER 100,000, DELAWARE AND U.S.**




**PERCENTAGE THAT AFRICAN-AMERICAN CANCER RATES EXCEED WHITE RATES BASED ON AGE-ADJUSTED RATES PER 100,000, DELAWARE AND U.S.**




**DELAWARE AGE-ADJUSTED INCIDENCE RATE PER 100,000 AS PERCENTAGE ABOVE U.S. ESTIMATE FOR 1995–2001**




*Delaware: Delaware Cancer Registry, Delaware Division of Public Health*
*U.S.: Surveillance, Epidemiology and End Results (SEER) Registries, National Cancer Institute*

*National Average is represented by SEER (Surveillance, Epidemiology and End Results) Registries, a program of the National Cancer Institute.*

## *WHAT HAS BEEN DONE:*

We have introduced services, education, and legislation that limit cancer risks for all people in Delaware.

### INCREASE SCREENING FOR AND EARLY DETECTION OF COLORECTAL CANCER

- Screened 285 uninsured or underinsured Delawareans through Screening for Life; removed polyps from 60 patients
- Distributed more than 400 Champions of Change tool kits to reach the African-American community
- Installed CRC nurse program screening coordinators in five Delaware hospitals to help people get screened

### PROVIDE THE HIGHEST QUALITY OF CARE FOR EVERY DELAWAREAN DIAGNOSED WITH CANCER

- Established a $1 million annual allocation to train and place statewide cancer care coordinators to link patients with medical and support services
- Amended Section 3559 G (a)(3)(c) of the Delaware Code and Regulation 69.505 3 to include cancer prevention trials
- Conducted statewide, broad-based community education programs on end-of-life choices, including long-term, palliative, and hospice care

### REDUCE TOBACCO USE AND EXPOSURE

- Funded comprehensive, statewide tobacco prevention programs above the recommended minimum
- Enforced the Delaware Clean Indoor Air Act
- Strongly endorsed, coordinated, and implemented “A Plan for a Tobacco-Free Delaware”
- Implemented the CDC tobacco model for schools
- Expanded tobacco awareness and cessation campaigns
- Maintained and enhanced integrated cessation programs
- Educated the legislature about an excise tax increase

## PAY FOR CANCER TREATMENT FOR THE UNINSURED

- Registered 79 uninsured Delawareans in the Delaware Cancer Treatment Program
- Renewed commitment to pay for cancer treatment for uninsured Delawareans with the addition of $5 million dollars

## INCREASE KNOWLEDGE AND PROVIDE INFORMATION

- Established health councils at the district and school levels
- Began research related to risk factors and preventable cancer cases and deaths
- Amended the Cancer Control Act
- Increased information on Delaware Cancer Registry
- Fully staffed the Delaware Cancer Registry

## REDUCE THE THREAT OF CANCER FROM THE ENVIRONMENT

- Researched and identified cancer-causing substances used indoors; started process to educate public about the risks to help them limit exposure
- Developed a campaign to recommend radon testing for all Delawareans
- Initiated studies of public and well water and fish to determine carcinogen levels

## ELIMINATE THE UNEQUAL CANCER BURDEN

- Continued to focus on closing the gap for large disparity groups
- Worked with the Colorectal Committee to distribute more than 400 Champions of Change tool kits to reach the African-American community

## DELAWARE'S CANCER PROGRAM IS GETTING NOTICED

The hard work of the members of the Delaware Cancer Consortium, Governor Ruth Ann Minner, the legislature, and everyone involved in the First State's unrelenting fight against cancer has been noticed and applauded in a variety of ways.

As a result of her leadership of the Delaware Cancer Consortium, Delaware Governor Ruth Ann Minner has:

- Received an invitation from former President and C-Change co-chair, George H. W. Bush, to serve on C-Change, an organization comprised of the nation's key cancer leaders from government, business, and nonprofit sectors. These cancer leaders share the vision of a future in which cancer is prevented, detected early, and cured, or is managed successfully as a chronic illness.
- Been recognized by the Council of State Governments (CSG), the premier multi-branch organization forecasting policy trends for the community of states, commonwealths, and territories on a national and regional basis. CSG promotes excellence in decision-making and leadership skills and champions state sovereignty. She was also featured in an article about cancer in CSG's main publication.
- Been honored by the American Cancer Society with the prestigious 2005 National Distinguished Advocacy Award for her work on the Clean Indoor Air Act.

The American Lung Association national office gave Delaware good marks on its annual state report card, which grades and ranks states on several criteria. Delaware received a grade of "A" for smoke-free indoor air and commitment to fund tobacco prevention and control programs. The First State also received good marks for limiting youth access to tobacco.

The extensive marketing campaign created to increase screenings for colorectal cancer was featured in two national publications, *Healthcare Advertising Review* and *Profiles in Healthcare Marketing*.

# Year-Two Accomplishments

## DELAWARE CANCER CONSORTIUM

### INSURANCE COMMITTEE

### COLORECTAL CANCER COMMITTEE

### TOBACCO COMMITTEE

### QUALITY COMMITTEE

### INCREASE KNOWLEDGE & PROVIDE INFORMATION COMMITTEE

### ENVIRONMENT COMMITTEE

### DISPARITIES COMMITTEE

*"As we continue to learn more about cancer in Delaware, we are able to share important information to help people lower their cancer risk, and to make decisions about the most effective ways to use our resources to ensure quality care for everyone."* | William W. Bowser, Esquire, of Wilmington, DE, Council Chair whose son, Michael, is a leukemia survivor.

# *Moving Forward*

The dedicated group of volunteers who make up the Delaware Cancer Consortium continues to work to find answers about cancer in Delaware. We've had early successes as well as moments of frustration. Through it all the faces of those Delawareans who shared their stories with us in the beginning of this process are with us. They continue to be our driving force.

We've made great progress. Some of our accomplishments are visible—a cancer treatment program for the uninsured and colorectal cancer screening program coordinators who work from five hospitals throughout Delaware to help increase screening. Other achievements involve a tremendous amount of work behind the scenes, such as the quality committee's work to develop the credentialing program, environmental evaluations, and daily outreach to communities in need. Although not in the limelight, this work is equally important in our vigilant fight against cancer.

This report chronicles the work of the Delaware Cancer Consortium over the past year. It measures our progress and keeps us focused on the goals set in our four-year plan to lower the threat of cancer to all Delawareans. The passion and devotion of the Consortium members, the legislature, the dedicated Division of Public Health staff, and involved community groups, although not easily captured in a report, remain steadfast.

You have our word that we will do whatever it takes to win.

**Create and maintain a permanent council, managed by a neutral party, that reports directly to the Governor to oversee implementation of the recommendations and comprehensive cancer control planning. The council should have medical, environment, research, policy, and education committees that continually evaluate and work to improve cancer care and cancer-related issues in Delaware.**

*ALREADY ACCOMPLISHED, YEAR 1*

1. Reconstituted and made permanent the Delaware Advisory Council on Cancer Incidence and Mortality, which reports directly to the Governor
2. Disbanded DHSS's Advisory Council on Cancer Control as authorized in current legislation and replaced with DCC
4. Solicited participation of all stakeholders for DCC; provided clear definition of member expectations, roles, and responsibilities

| *TASK/ACTIVITY* | *RESPONSIBLE PARTY* | *TIMEFRAME* | *COSTS* | *POTENTIAL SOURCES* |
|---|---|---|---|---|
| 3. Allocate resources for on-going administrative support to DCC, including one full-time staff person with the sole responsibility of the coordination of this group and its committees | General Assembly | Year 1 and ongoing | Recommended: $125,000 Allocated: $85,000 | Proposed tobacco excise tax |
| Funds allocated; DPH providing staff support for all DCC activities. ⊕ | | | | |

DONE

| EFFECT ON DISPARITIES | | | | | |
|---|---|---|---|---|---|
| ⊕ | *POSITIVE* | ⊖ | *NEGATIVE* | ◯ | *NEUTRAL* |

## Develop and implement a state cancer control and prevention plan. The plan should be based on CDC guidelines and involve multiple stakeholders with assigned responsibilities.

*ALREADY ACCOMPLISHED, YEAR 1*

1. Developed planning process that incorporated recommendations of DCC
2. Funded implementation of the plan

| *TASK/ACTIVITY* | *RESPONSIBLE PARTY* | *TIMEFRAME* | *COSTS* | *POTENTIAL SOURCES* |
|---|---|---|---|---|
| 3. Monitor progress, give advice of needs and resources in DE, and assist with grants or fund development | DCC | Year 2 and ongoing | | |
| DONE Additional federal funding received June 2005 for implementation of Delaware's comprehensive cancer control plan. ⊕ | | | | |
| 4. Assign specific roles and accountabilities of private, nonprofit, and government entities involved in implementation | See above | Year 2 | N/A | |
| DONE Activities ongoing through DCC committee process. ⊕ | | | | |

*TO BE ACCOMPLISHED, YEARS 3 & 4*

5. Publish the plan's development, implementation, and outcomes in the annual cancer report

| EFFECT ON DISPARITIES | | |
|---|---|---|
| ⊕ *POSITIVE* | ⊖ *NEGATIVE* | ◯ *NEUTRAL* |

# Year-Two Accomplishments

DELAWARE CANCER CONSORTIUM

**INSURANCE COMMITTEE**

COLORECTAL CANCER COMMITTEE

TOBACCO COMMITTEE

QUALITY COMMITTEE

INCREASE KNOWLEDGE & PROVIDE INFORMATION COMMITTEE

ENVIRONMENT COMMITTEE

DISPARITIES COMMITTEE

*"I was diagnosed with cancer after a tumor was discovered in my leg. I had just gone through a very bad time—and could not afford insurance where I worked. I have to thank the governor for providing this wonderful program. I've had surgery to remove the tumor, radiation and chemo. It was all covered by the Delaware Cancer Treatment Program. I don't know what I would have done without their help."* | Gloria Francer, West Dover

## *WE'VE INCREASED OUR REIMBURSEMENTS FOR THE UNINSURED.*

The cost of treating cancer can be devastating for the uninsured. So much so that some Delawareans without insurance don't get regular mammograms, prostate cancer screenings, or colonoscopies because, if they are diagnosed with cancer, they believe there is nothing they can do about it. The Delaware Cancer Treatment Program has changed all of that. Established in 2004, it has already impacted the lives of 79 individuals. The commitment to the program was renewed by allocating funds in the budget to pay for treatment in the coming year for any uninsured Delawareans who have been diagnosed with cancer and are at or below 650% of the Federal Poverty Level. It is a landmark effort—one that is being recognized nationally.

We want to use the groundbreaking Delaware Cancer Treatment Program to help

***as many as 175 uninsured Delawareans in FY '06.***

## Reimburse the cost of cancer treatment for every uninsured Delawarean diagnosed with cancer up until one year after diagnosis.

*ALREADY ACCOMPLISHED, YEAR 1*

1. Established a $5.0 million annual allocation for cancer treatment of the uninsured

| *TASK/ACTIVITY* | *RESPONSIBLE PARTY* | *TIMEFRAME* | *COSTS* | *POTENTIAL SOURCES* |
|---|---|---|---|---|
| 2. Establish a system for billing and payment for cancer treatment whereby funds would be paid directly to health providers for reimbursable services based on Medicare rates; develop a comprehensive monitoring and evaluation program | DHSS | Year 1 | See #3 | Proposed tobacco excise tax |
| DONE Reimbursements are under way. 79 people received benefit as of June 30. ⊕ | | | | |
| 3. Begin reimbursements for treatment for uninsured Delawareans diagnosed with cancer based on established system | DHSS | Year 2 | Recommended: $5,000,000 Allocated: $3,839,000 | Proposed tobacco excise tax |
| DONE ⊕ | | | | |
| 4. Revise allocation based on actual costs and projections | General Assembly | Year 2 and annually | None | |
| DONE ⊕ | | | | |

| EFFECT ON DISPARITIES | | | | | |
|---|---|---|---|---|---|
| ⊕ | *POSITIVE* | ⊖ | *NEGATIVE* | ◯ | *NEUTRAL* |

# Year-Two Accomplishments

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*"I saw blood in my stool. I was afraid to find out what that meant. I had a colonoscopy through Screening for Life and learned I had cancer. It was a level one tumor. The Delaware Cancer Treatment Program paid for surgery. It if weren't for them, I would literally be waiting to die."* | EMMA FULTON DOVER


# *WE'RE INCREASING SCREENING AND EARLY DETECTION OF COLORECTAL CANCER.*

Getting every Delawarean age 50 and older tested for colon cancer has been our number-one priority. Working with Screening for Life, 10 individuals who would otherwise not have received the test were diagnosed with colon cancer. This past year 285 colon tests have been performed through Screening for Life, and polyps have been removed from 60 patients. Champions of Change, our outreach effort into the African-American community, has distributed more than 400 tool kits. Another of our significant accomplishments is the installation of nurse program screening coordinators in each of the five hospital systems. Their help is invaluable to individuals getting screened for colorectal cancer. In Year One we focused on public education to increase screening. We will continue our campaign to reach the public and developing better measurement tools to help us reach those most in need.

**MORE PEOPLE ARE GETTING TESTED FOR COLORECTAL CANCER**

In 1999, percent of Delaware adults age 50 and older, by race, reporting ever having a sigmoidoscopy or colonoscopy:

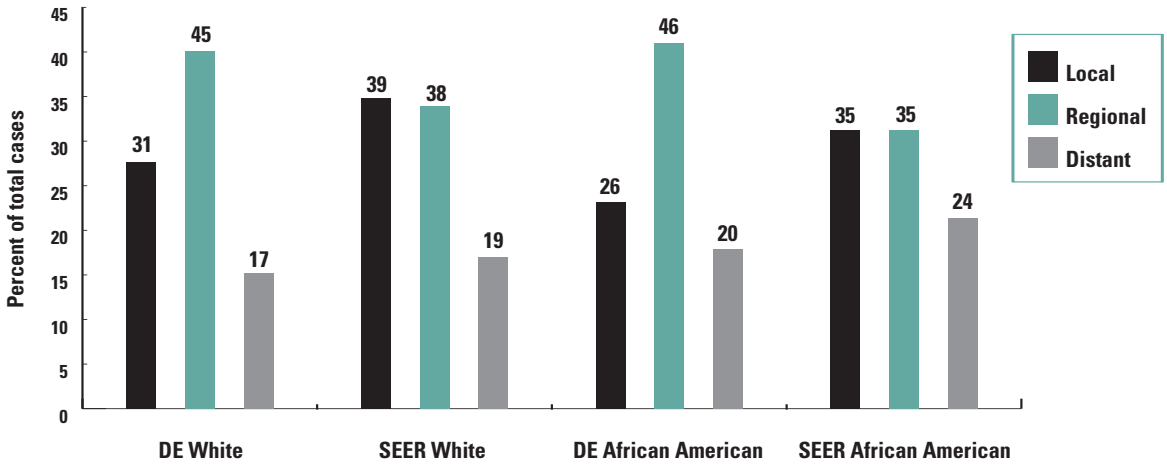
- *African American* 39.6%
- *Hispanic* 19.0%*
- *White* 45.3%

In 2004, percent of Delaware adults age 50 and older, by race, reporting ever having a sigmoidoscopy or colonoscopy:

- *African American* 58.4%
- *Hispanic* 65.4%*
- *White* 62.3%

**Note: Small sample size for Hispanic adults reduces validity of estimates for Hispanic adults over 50. The differences for whites and African Americans are statistically significant.*

**STAGE OF DIAGNOSIS OF COLORECTAL CANCER BY RACE FOR DELAWARE AND U.S. (SEER), 1995–2001**




*Sources:*
*Ries LAG, Eisner MP, Kosary CL, Hankey BF, Miller BA, Clegg L, Mariotto A, Feuer EJ, Edwards BK (eds). SEER Cancer Statistics Review, 1975–2001, National Cancer Institute. Bethesda, MD, http://seer.cancer.gov/csr/1975_2001/, 2004.*
*Delaware Cancer Registry.*

## Create a comprehensive statewide colorectal cancer screening and advocacy program.

*ALREADY ACCOMPLISHED, YEAR 1*

1. Reached out to the six major health systems serving adult populations (Nanticoke, Beebe, Bayhealth, Christiana Care, Veterans Hospital, and St. Francis) to participate in a comprehensive, community-focused colorectal cancer screening and advocacy program

| *TASK/ACTIVITY* | *RESPONSIBLE PARTY* | *TIMEFRAME* | *COSTS* | *POTENTIAL SOURCES* |
|---|---|---|---|---|
| 2. Develop an evaluation plan | DHSS | Year 1 and ongoing | Recommended: $50,000 Allocated: $50,000 | Delaware Health Fund, proposed tobacco excise tax, existing resources |
| DONE A twofold evaluation tool has been developed to measure operations and quality/outcomes. Evaluation will be implemented in Year 3. ⊕ | | | | |
| 3. Hire project screening advocates | Health systems | Year 2 | Recommended: $250,000 Allocated: $250,000 | Delaware Health Fund, proposed tobacco excise tax, existing resources |
| DONE a. Five CRC screening coordinators are in place at the five hospitals in Delaware that serve adult populations. b. Job descriptions and contracts have been written to hire CRC community screening advocates in FY '06. ⊕ | | | | |
| 4. Market project and services | DHSS, health systems | Year 2 and ongoing | Recommended: $100,000 Allocated: $0 | Delaware Health Fund, proposed tobacco excise tax, existing resources |
| DONE Materials and media campaigns targeting key audiences have been created and distributed. More than 400 Champions of Change tool kits have been distributed in the community. ⊕ | | | | |
| 5. Project start-up | All | Year 2 | Recommended: $125,000 Allocated: $125,000 | Delaware Health Fund, proposed tobacco excise tax, existing resources |
| DONE Screening for Life has reimbursed providers for 241 colonoscopies in Year 2 with early cancer detected and polyps removed in 60 patients for FY '05. Physicians and facilities continue to be recruited for program. 79 colonoscopies, 10 Screening for Life colonoscopies, 9 Medicare colonoscopies, and 6 private insurance colonoscopies were scheduled by CRC coordinators. Total number screened 225. ⊕ | | | | |
| 6. Operational support | DHSS | Year 1 and ongoing | Recommened: $25,000 Allocated: $25,000 | Delaware Health Fund, proposed tobacco excise tax, existing resources |
| DONE DHSS continues to provide staff support for the CRC committee and oversight for the screening coordinators and advocates. ⊕ | | | | |

**POINTS TO NOTE:**

- Each program will include at least one full-time professional position of "Project Screening Nurse Coordinator" housed within the hospital system. The Nurse Coordinator works with communities and organizations within the surrounding area to develop and oversee the program according to the specific needs of each.
- The Nurse Coordinator will be responsible for providing culturally sensitive outreach and recruitment, ensuring screening access and scheduling, monitoring screening compliance, and ensuring prompt clinical evaluation and follow-up to positive testing.

EFFECT ON DISPARITIES

⊕ *POSITIVE* ⊖ *NEGATIVE* ◯ *NEUTRAL*

We're focused on establishing increased measurement—

***to get a sense of the number of private CRC screenings that take place throughout the year and to develop a third-party evaluation tool to measure our database.***

## Reimburse for colorectal cancer screening of uninsured Delawareans age 50 and older.

*ALREADY ACCOMPLISHED, YEAR 1*

1. Established a $1.5 million annual allocation to colorectal cancer screening for the uninsured
2. Established a system for billing and payment for colorectal cancer screenings whereby funds would be paid directly to health providers for reimbursable services based on Medicare rates

| *TASK/ACTIVITY* | *RESPONSIBLE PARTY* | *TIMEFRAME* | *COSTS* | *POTENTIAL SOURCES* |
|---|---|---|---|---|
| 3. Provide colorectal cancer screening for uninsured Delawareans age 50 and older that includes a comprehensive monitoring and evaluation program | Dependent on system developed | Year 2 and ongoing | Recommended: $1,500,000<br>Allocated: $750,000 | Proposed tobacco excise tax |
| DONE Through Screening for Life, 285 people have been tested, polyps have been removed from 60 patients, and 10 cancers have been diagnosed for FY '04 and '05. | | | | |
| 4. Revise allocation based on actual costs and projections | General Assembly | Ongoing | None | |
| DONE Annual review of CRC screening coordination contracts and reimbursement to providers for CRC screening broken out by type. Report results for FY '05. Separated CRC screening program coordinators' and advocates' job descriptions into two positions. Advocate position added to FY '06 (Year 3). Ongoing. | | | | |

We've raised the bar and will work toward making sure

***2,000 people, 50 and older, get colonoscopies in FY '06.***

## Case manage every Delawarean with an abnormal colorectal cancer screening test.

*ALREADY ACCOMPLISHED, YEAR 1*

1. Established a $900,000 annual allocation for case management of Delawareans with abnormal colorectal cancer screening results
2. Establish a system for case managing every Delawarean with an abnormal colorectal cancer screening using current systems as models that include a comprehensive monitoring and evaluation system

| *TASK/ACTIVITY* | *RESPONSIBLE PARTY* | *TIMEFRAME* | *COSTS* | *POTENTIAL SOURCES* |
|---|---|---|---|---|
| 3. Begin case management system | Dependent on system developed | Year 2 and ongoing | Recommended: $900,000<br>Allocated: $500,000 | Proposed tobacco excise tax |
| DONE Nurse coordinators have been placed in 5 hospital systems. ⊕ | | | | |
| 4. Revise allocation based on actual costs and projections | General Assembly | Annually | None | |
| DONE ⊕ | | | | |

## We want to reach more people in need

***through our CRC program screening coordinators so we will develop specific caseload numbers in FY '06.***

| EFFECT ON DISPARITIES | | | | | |
|---|---|---|---|---|---|
| ⊕ | *POSITIVE* | ⊖ | *NEGATIVE* | ◯ | *NEUTRAL* |

# Year-Two Accomplishments

DELAWARE CANCER CONSORTIUM

INSURANCE COMMITTEE

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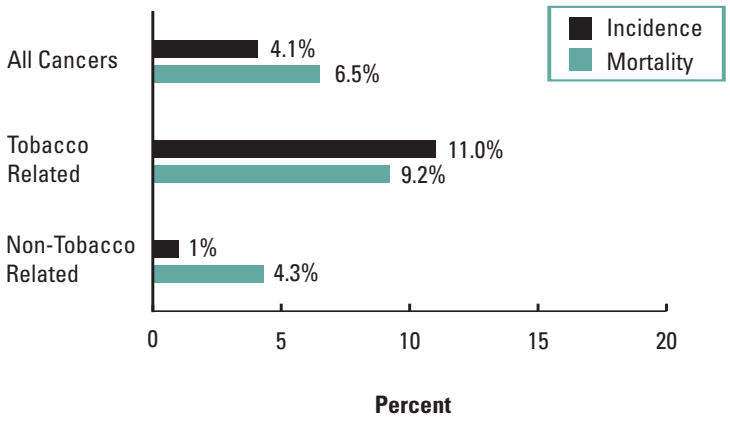
*"I joined the Kick Butts Generation at Central Middle in Dover. I did it mostly because my Mom smokes and I don't like it. We had a Know the Facts Week at school that talked about how bad it is for you. We gave out numbers about how much it cost and what else you could do with the money. We do things like that all the time. A lot of kids don't smoke like before. It's really gross. It's just not cool any more to smoke."* | AMBER LAMPKINS, DOVER


## *WE'RE REDUCING TOBACCO USE AND EXPOSURE.*

Lung cancer continues to be the leading cause of cancer deaths in both men and women in Delaware. The use of tobacco is the number-one cause of lung cancer. But we are making headway in our efforts to change those statistics. For the past three years, the Delaware Health Fund has provided $10 million for comprehensive tobacco prevention and control programs. Delaware is one of only three states to provide funding for comprehensive tobacco prevention and control programs at the CDC's minimum recommended levels. Through our efforts the General Assembly passed the Clean Indoor Air Act to eliminate exposure to secondhand smoke indoors in public places and workplaces. We've increased our education efforts to encourage individuals to reduce exposure to secondhand smoke at home and in cars. We've created a program that Delawareans can call to quit smoking—the Delaware Quitline, which has received 11,500 calls since its inception. We've initiated more prevention efforts in schools and communities. Youth smoking rates have continued to decline, and now most doctors—75%—are talking with their patients about quitting smoking. But there's still more we can do. Although we've increased the excise tax on cigarettes to keep our children from picking up the habit, the amount is below the recommended minimum and much lower than other states around us. To continue to make an impact, we have to stay focused on our goal to keep tobacco of any kind from affecting the health of every Delawarean.

**PERCENTAGE INCREASE IN DELAWARE CANCER AGE-ADJUSTED INCIDENCE AND MORTALITY VS. U.S., 1997–2001**




*National Average is represented by SEER (Surveillance, Epidemiology, and End Results) Registries, a program of the National Cancer Institute. Tobacco-related cancers: lung, bladder, larynx, esophageal, kidney, pancreas, and oral.*

**At a minimum, fund comprehensive statewide tobacco control activities at $8.6 million (CDC-recommended minimum).**

| *TASK/ACTIVITY* | *RESPONSIBLE PARTY* | *TIMEFRAME* | *COSTS* | *POTENTIAL SOURCES* |
|---|---|---|---|---|
| 1. Educate members of the Delaware Health Fund Advisory Committee regarding the need for adequate funding in order to achieve the desired results | IMPACT | Year 1 and ongoing | None | |
| DONE CDC-recommended funding levels are 6 years old. Many of the recommendations are based on state population and service costs, both of which have increased. ⊕ | | | | |
| 2. Create increased public demand for a fully funded tobacco control program using polling and public awareness activities | IMPACT, ACS, ALA, AHA | Year 1 and ongoing | Recommended: $0<br>Allocated: $0 | Robert Wood Johnson Foundation |
| | | | | |
| 3. Advocate for Health Fund allocations at CDC-recommended funding levels | IMPACT, DHFAC | Annually | None | |
| DONE Delaware is one of three states that exceed CDC recommendations. *(See #1.)* ⊕ | | | | |
| 4. Report to the public on the use of tobacco funds | All agencies receiving funds | Annually | Existing funds | |
| DONE Delaware Health Fund meetings are open to the public. Information on meetings and budgets is available on the DHSS Health Fund website at http://www.state.de.us/dhss/healthfund/. ⊕ | | | | |
| 5. Fund tobacco control activities at the CDC minimum recommendations | DHFAC, General Assembly | Year 1 and ongoing | | Delaware Health Fund |
| DONE Delaware is one of three states that exceed CDC recommendations. *(See #1.)* ⊕ | | | | |

We want to continue to be

***a national leader for tobacco prevention.***

| EFFECT ON DISPARITIES | | | | | |
|---|---|---|---|---|---|
| ⊕ | *POSITIVE* | ⊖ | *NEGATIVE* | ◯ | *NEUTRAL* |

## Strengthen, expand, and enforce Delaware's Clean Indoor Air Act to include public places and workspace environments.

*ALREADY ACCOMPLISHED, YEAR 1*

1. Advocated passage of a strong anti-exposure to Environmental Tobacco Smoke (ETS) law, Senate Bill 99 as originally written
   *(An Act to Amend Title 16, Delaware Code Relating to the Clean Indoor Air Act, 2001)*
2. Mobilized the support of governmental offices and other resources together and disseminate relevant data
4. Continued grassroots support efforts begun in 2001
5. Began public polling to assess support for proposed legislation
6. Communicated with those opposed to new legislation to ensure correct information and understanding

| *TASK/ACTIVITY* | *RESPONSIBLE PARTY* | *TIMEFRAME* | *COSTS* | *POTENTIAL SOURCES* |
|---|---|---|---|---|
| 3. Continue ETS media and educational campaigns | DHSS | Year 1 and ongoing | Existing resources | |
| DONE Campaigns target priority and disparate populations. Evaluation of new scientific data has been reviewed to include in new marketing strategies. | | | | |
| 7. Enforce Delaware Clean Indoor Air Act | DHSS | Ongoing after passage | None | |
| DONE Collection of calls to report violations continues. Enforcement and inspection activities continue. | | | | |

## Reducing routine exposure to

***environmental tobacco smoke continues to be a major focus.***

**POINTS TO NOTE:**

The council wishes to emphasize that advocates of the Clean Indoor Air Act must be vigilant to ensure that law is not weakened.

**Strongly endorse, coordinate, and implement the action plan recommendations presented in "A Plan for a Tobacco-Free Delaware."**

| *TASK/ACTIVITY* | *RESPONSIBLE PARTY* | *TIMEFRAME* | *COSTS* | *POTENTIAL SOURCES* |
|---|---|---|---|---|
| 1. Increase visibility of support for current plan actions/activities *(IMPACT Delaware Tobacco Prevention Coalition 1999)* | General Assembly, executive branch | Year 1 and ongoing | None | |
| DONE Continuing. IMPACT and DCC have updated and created tobacco prevention priorities. ⊕ | | | | |
| 2. Conduct activities outlined in the plan | IMPACT, DHSS | Year 1 and ongoing | *See note below* | Delaware Health Fund |
| DONE Continuing. IMPACT and DCC updated the state tobacco plan. ⊕ | | | | |
| 3. Continue process, impact, and outcome evaluation of plan goals and objectives | IMPACT, DHSS | Year 1 and ongoing | Existing resources | |
| DONE Continuing. ⊕ | | | | |

## We're going to continue to

***make tobacco use socially unacceptable so people aren't tempted to start smoking.***

| EFFECT ON DISPARITIES | | | | | |
|---|---|---|---|---|---|
| ⊕ | *POSITIVE* | ⊖ | *NEGATIVE* | ◯ | *NEUTRAL* |

**Formally adopt, implement, and enforce the CDC model policy for tobacco control in all Delaware schools.**

*ALREADY ACCOMPLISHED, YEAR 1*

1. Reeducated school leadership regarding the content and merits of the CDC model school policy
   *("A Coordinated School Health Program: The CDC Eight Component Model of School Health Programs" 2001)*
2. Obtained administration's support for model policy adoption
3. Drafted legislation requiring model adoption
4. Implemented the model (including education and enforcement components)

We're working to prevent

***tobacco use among young Delawareans.***

**POINTS TO NOTE:**

An existing federal mandate prohibits the use of tobacco products at any time on properties that serve children and receive federal funds.

## Expand and sustain a comprehensive public awareness campaign on the health risks of tobacco use and support resources available to help quit smoking.

| *TASK/ACTIVITY* | *RESPONSIBLE PARTY* | *TIMEFRAME* | *COSTS* | *POTENTIAL SOURCES* |
|---|---|---|---|---|
| 1. Conduct a high-profile media campaign | DHSS | Ongoing | Recommended: $1,200,000<br>Allocated: $445,000 | Delaware Health Fund, proposed tobacco excise tax |
| DONE Campaigns target priority and disparate populations. Evaluation of new scientific data has been reviewed to include in new marketing strategies. New marketing strategies have increased usage of Quitline services. ⊕ | | | | |
| 2. Maintain and enhance integrated cessation services | DHSS | Ongoing | Recommended: $1,050,000<br>Allocated: $500,000 | Delaware Health Fund, proposed tobacco excise tax |
| DONE Continuing. We're increasing the number of trained cessation counselors and considering web-based counseling options. ⊕ | | | | |
| 3. Formulate and coordinate consistent messages to be delivered by all stakeholders (materials development) | DCC—Education Committee | Ongoing | Recommended: $0<br>Allocated: $0 | Delaware Health Fund, proposed tobacco excise tax |
| DONE Coordinated year-round marketing strategies continue. ⊕ | | | | |
| 4. Significantly expand Quitline services | DHSS | Ongoing | See cessation costs above | |
| DONE Quitline services, outreach, and resources have been expanded. Evaluation data has been used to target priority and disparate populations. ⊕ | | | | |

We're working to increase the number of

***tobacco cessation programs available to citizens who smoke.***

**POINTS TO NOTE:**

- As proven interventions become available, cessation services specifically targeting youth and young adults should be expanded.
- Resources used to formulate the recommendation: *Hopkins, Husten et al. 2001; Healthy Delaware 2010*

| EFFECT ON DISPARITIES | | | | | |
|---|---|---|---|---|---|
| ⊕ | *POSITIVE* | ⊖ | *NEGATIVE* | ◯ | *NEUTRAL* |

## Increase the Delaware excise tax on tobacco products to be comparable to bordering states and seek to identify other potential funding sources to support tobacco and cancer control efforts.*

*ALREADY ACCOMPLISHED, YEAR 1*

4. Conducted community polling
5. Implemented grassroots awareness/support campaign
6. Conducted public awareness campaign
7. Educated General Assembly

| *TASK/ACTIVITY* | *RESPONSIBLE PARTY* | *TIMEFRAME* | *COSTS* | *POTENTIAL SOURCES* |
|---|---|---|---|---|
| 1. Draft legislation to increase the existing excise tax to a minimum of $1.00 per pack | IMPACT, legislative consultants | Year 1 | None | |
| DONE Reflects new tobacco plan objective. Current excise tax is $0.55 per pack. Delaware ranks 32nd in excise tax per pack. Bordering states' tobacco excise tax: NJ = $2.40; PA = $1.35; MD = $1.00. Average of bordering states is $1.58. Bordering states also have state sales tax added; Delaware has no state sales tax. ⊕ | | | | |
| 2. Seek legislative and administrative support; identify sponsor for bill | IMPACT, health lobbyists | Year 1 | None | |
| DONE Continuing. ⊕ | | | | |
| 3. Ensure that funds are directed to the Delaware Health Fund with major portion going to tobacco control, cancer control, and other chronic diseases | Executive branch, IMPACT, legislative sponsors | Year 1 | None | |
| DONE Continuing. This is an important issue for the DCC. ⊕ | | | | |
| 8. Pass legislation increasing state tobacco excise tax | General Assembly | Year 2 | | |
| DONE ⊕ | | | | |

**POINTS TO NOTE:**

* Original recommendation: *Increase the Delaware excise tax on tobacco products to $0.74 and seek to identify other potential funding sources to support tobacco and cancer control efforts.*

| EFFECT ON DISPARITIES | | | | | |
|---|---|---|---|---|---|
| ⊕ | *POSITIVE* | ⊖ | *NEGATIVE* | ◯ | *NEUTRAL* |

# Year-Two Accomplishments

DELAWARE CANCER CONSORTIUM

INSURANCE COMMITTEE

COLORECTAL CANCER COMMITTEE

TOBACCO COMMITTEE

QUALITY COMMITTEE
- Care Coordination Subcommittee
- Credentialing Subcommittee

INCREASE KNOWLEDGE & PROVIDE INFORMATION COMMITTEE

ENVIRONMENT COMMITTEE

DISPARITIES COMMITTEE

*"I was diagnosed last year with neck cancer. The care coordinator was wonderful. She helped me understand the treatment process. And what to look for, including side effects. She always had time to answer my questions."* | MICHAEL HODGMAN FELTON

## *WE'RE IMPROVING THE QUALITY OF CARE FOR EVERY DELAWAREAN DIAGNOSED WITH CANCER.*

We have instituted a new care coordinator program to help patients who have been diagnosed with cancer navigate their way through the health care system. This group of patient advocates will be instrumental in helping alleviate the burden of finding care that falls on those without resources or knowledge to seek them for themselves. Delaware Code has been amended to allow more clinical trials locally so that those who have been diagnosed with cancer can participate in cutting-edge advances in cancer treatment. And end-of-life-care education for health professionals has been funded to help health care providers understand the sensitive issues that those diagnosed with terminal cancer—and their families—are dealing with.

### *IMPORTANT STATISTICS:*

The cost of care in the first six months of treatment is 33% less when cancers are found in the early stage (in situ) rather than the late stage (distant). (Eddy 1990; Taplin, Barlow, et al. 1995; Penberthy, Retchin, et al. 1999)

**Provide a care coordinator who is part of a statewide-integrated system to every person diagnosed with cancer in Delaware. Care coordinators will be culturally competent to overcome the language, ethnicity, and gender barriers.**

| *TASK/ACTIVITY* | *RESPONSIBLE PARTY* | *TIMEFRAME* | *COSTS* | *POTENTIAL SOURCES* |
|---|---|---|---|---|
| 1. Establish a $2 million annual allocation for the development of a core group of cancer care coordinators to link patients with medical and support services; 25 coordinators statewide recommended | General Assembly, executive branch | Year 1 | None | Proposed tobacco excise tax |
| DONE Care coordinators who help patients navigate the system have been hired by each hospital system in the state. ⊕ | | | | |
| 2. Define and oversee the development of the care coordinator program that includes a statewide system to link and maintain systems for multidisciplinary care of all cancer patients | DCC—Quality Committee | Year 1 and ongoing | See implementation recommendations | Delaware Health Fund, proposed tobacco excise tax |
| DONE Committee work continues. Care Coordinators meet monthly. Policies, procedures, and practices developed and monitored on an ongoing basis. ⊕ | | | | |
| 3. Conduct care coordination program for all Delawareans diagnosed with cancer | DCC—Quality Committee | Year 2 and ongoing | Recommended: $2,000,000 Allocated: $925,000 | Delaware Health Fund, proposed tobacco excise tax |
| DONE Cancer care coordination program implemented in late FY '05 and will have its first full-year experience FY '06. ⊕ | | | | |

| EFFECT ON DISPARITIES | | | | | |
|---|---|---|---|---|---|
| ⊕ | *POSITIVE* | ⊖ | *NEGATIVE* | ◯ | *NEUTRAL* |

## Ensure insurance coverage for state-of-the-art cancer clinical trials.

*ALREADY ACCOMPLISHED, YEAR 1*

2. Encouraged the involvement of all seven major Delaware health systems (Nanticoke, Beebe, Bayhealth, Christiana Care, Veterans Hospital, A.I. duPont Hospital for Children, and St. Francis) in the establishment of a statewide Cooperative Oncology Group in keeping with the American Cancer Society and the Coalition of National Cooperative Groups: A partnership for Cancer Clinical Trials

| *TASK/ACTIVITY* | *RESPONSIBLE PARTY* | *TIMEFRAME* | *COSTS* | *POTENTIAL SOURCES* |
|---|---|---|---|---|
| 1. Amend Section 3559 G (a)(3)(c) of the Delaware Code and Regulation 69.505 A 3 to include cancer prevention trials | General Assembly, executive branch | Year 1 | None | |

DONE

The Patients' Bill of Rights passed by Governor Ruth Ann Minner in 2001 addressed this issue. The Committee continues to promote and monitor patient enrollment in clinical trials.

We're promoting increased clinical trial participation

***to secure quality care for more Delawareans.***

**POINTS TO NOTE:**

Recently passed legislation ensures insurance coverage for treatment through clinical trials. This recommendation adds prevention clinical trials to those covered services.

## Institute centralized reviews of medical practices that include cancer screening, prevention, early detection, and treatment as well as ongoing provider education.

| TASK/ACTIVITY | RESPONSIBLE PARTY | TIMEFRAME | COSTS | POTENTIAL SOURCES |
|---|---|---|---|---|
| 1. Obtain approval for credentialing from National Committee for Quality Assurance (NCQA) | DCC | Year 1 | None | |
| DONE NCQA centralized credentialing models researched. Committee developed a recommendation for a centralized chart review process and proposed a pilot project. ⊕ | | | | |
| 3. Develop and implement a comprehensive program, managed by a vendor selected through Request for Proposal process, that includes:<br>• all data elements required by third-party payors<br>• all appropriate cancer screening, diagnosis, and treatment data elements<br>• education of medical providers and office staff<br>• practice reviews/ data collection<br>• development of practice-specific recommendations<br>• individualized coaching for improvement<br>• evaluation and reporting of progress to DCC | DCC—Quality Committee, contracted vendor, third-party payors | Year 1 and ongoing | Recommended: $210,000 annually<br>Allocated: $75,000 | Third-party payors |
| Process has shifted to more of a centralized chart review versus credentialing process. Results pending. ⊕ | | | | |

*TO BE ACCOMPLISHED, YEARS 3 & 4*

2. Define and oversee the development and continuing quality of the credentialing program

| EFFECT ON DISPARITIES | | |
|---|---|---|
| ⊕ POSITIVE | ⊖ NEGATIVE | ◯ NEUTRAL |

## Support training for physicians and other health care providers in symptom management and end-of-life care approaches.

| TASK/ACTIVITY | RESPONSIBLE PARTY | TIMEFRAME | COSTS | POTENTIAL SOURCES |
|---|---|---|---|---|
| 1. Promote and fund "Education for Physicians on End-of-Life Care" (EPEC) and "End-of-Life Nursing Education Consortium" (ELNEC) (existing programs); two programs per county each year | DHSS, Medical Society of Delaware | Year 2 and ongoing | Recomended funding: $1,800 annually<br>Allocated Year 1: $1,800 | Proposed tobacco excise tax, Robert Wood Johnson Foundation |
| DONE Medical Society of Delaware is conducting programs on pain management. ⊕ | | | | |
| 4. Fund broad-based community education programs related to end-of-life choices (to include long-term care, palliative care, and hospice care) | DHSS | Year 2 | To be determined | |
| DONE Variety of statewide educational sessions were conducted in Year 2 and are ongoing. ⊕ | | | | |

*TO BE ACCOMPLISHED, YEARS 3 & 4*

2. Establish physician and related health care professional accrediting based on EPEC program content
3. Require that all patient advocates receive credentialing in pain management, palliative care, and end-of-life care issues

We want to evaluate the state of

***pain management so patients have a better quality of life.***

**POINTS TO NOTE:**

EPEC and ELNEC are nationally recognized programs that educate physicians and nurses in essential clinical competencies around end-of-life care. Existing efforts include Delaware End-of-Life Coalition, Christiana Care Health System, and Delaware Hospice. This recommendation seeks to enhance existing programs. Coordination with existing Continuing Medical Education (CME) sources throughout Delaware could enhance education to the medical community.

EFFECT ON DISPARITIES

⊕ *POSITIVE* ⊖ *NEGATIVE* ◯ *NEUTRAL*

# Year-Two Accomplishments

DELAWARE CANCER CONSORTIUM

INSURANCE COMMITTEE

COLORECTAL CANCER COMMITTEE

TOBACCO COMMITTEE

QUALITY COMMITTEE

**INCREASE KNOWLEDGE & PROVIDE INFORMATION COMMITTEE**

ENVIRONMENT COMMITTEE

DISPARITIES COMMITTEE

*"An effective cancer registry forms the backbone and infrastructure of a successful cancer program. The registry can help pinpoint areas that need improvement in patient cancer care. It is also dependent on the cooperation of physicians to supply accurate and timely information."* | Nicholas Petrelli, M.D., Medical Director Helen F. Graham Cancer Center, Newark

## *WE'RE PROVIDING RELIABLE AND USABLE CANCER INFORMATION.*

Data collection has been completed that gives us more information about how and why the cancer incidence and mortality rates differ between the disparate populations in Delaware. This information is helping us develop better plans for reaching the ethnicities, genders, and socioeconomic levels represented by those who fall in the larger risk categories. We will be better able to understand how to help people identify their own risks, seek diagnostic testing, learn how to avoid future risks, and reduce the mortality rates for cancer.

## Form a statewide, permanent alliance to coordinate and promote public education on cancer.

| TASK/ACTIVITY | RESPONSIBLE PARTY | TIMEFRAME | COSTS | POTENTIAL SOURCES |
|---|---|---|---|---|
| 1. Solicit participation in the alliance of all stakeholders | DCC—Education Committee | Year 1 | None | |
| DONE In progress. ⊕ | | | | |
| 2. Select an independent facilitator to assist the alliance in needs assessment, planning, organizational structure, and program focus | DCC | Year 1 | Recommended: $190,000 all activities Tasks 2 through 6 Allocated: $40,000 | Proposed tobacco excise tax |
| DONE We are continuing to establish alliances with partners in the community. ⊕ | | | | |

*TO BE ACCOMPLISHED, YEARS 3 & 4*

3. Develop a unified mission to provide consumer information and education on prevention, screening, detection and treatment, best practices for care, and available resources
4. Investigate methods to reach populations at higher risk for cancer with screening, early detection, and prevention messages
5. Collect and integrate data on public education in cancer
6. Conduct a statewide summit to review findings and opportunities for integration, collaboration, and unique product development

We're concentrating on building strong

***grassroots partnerships within the community so all stakeholders have a voice.***

| EFFECT ON DISPARITIES | | | | | |
|---|---|---|---|---|---|
| ⊕ | *POSITIVE* | ⊖ | *NEGATIVE* | ◯ | *NEUTRAL* |

**Initiate and support statewide and district-level school health coordinating councils. The statewide council will serve as a model, resource, and funding vehicle for the district councils.**

*ALREADY ACCOMPLISHED, YEAR 1*

2. Used current coordinator position at DOE as base for planning and connected to DPH liaison (phase 1)
3. Identified council structure, charge, potential participants, priorities, and job descriptions (phase 1)
4. Applied for CDC infrastructure grant (phase 1)

*TO BE ACCOMPLISHED, YEAR 3 & 4*

1. Draft and pass enabling legislation
5. Conduct needs assessment (phase 1)
6. Select, fund, implement, and evaluate two pilot councils at the district level (phase 2)
7. Work with districts to gain participation in phase 3 (phase 2)
8. Apply model statewide; include 0.5 full-time equivalent (FTE) in each district (phase 3)
9. Oversight and evaluation (phase 3)

## *WE HAVE INCREASED OUR KNOWLEDGE ABOUT CANCER INCLUDING ENVIRONMENTAL CAUSES*

Without data and information, we'd never know which areas have more need—or risk—than other areas. Data can tell us what we're doing well. And where we must focus our attention.

**Estimate the number of cancers that can be prevented and the number of deaths that can be avoided by primary prevention and early detection. Prioritize our common and preventable cancers.**

| *TASK/ACTIVITY* | *RESPONSIBLE PARTY* | *TIMEFRAME* | *COSTS* | *POTENTIAL SOURCES* |
|---|---|---|---|---|
| 1. Collect data on known/suspected risk factors, and calculate the number of preventable cancer cases and deaths by gender, race, and age group, for each risk factor | DHSS, permanent council | Year 1 | Allocated: $50,000 | Proposed tobacco excise tax |
| Data collection ongoing. ⊕ | | | | |
| 2. Collect data on cancer diagnosis by stage, and calculate the number of preventable cancer deaths by gender, race, and age group, with earlier detection | DHSS, permanent council | Year 1 | Allocated: $50,000 | Proposed tobacco excise tax |
| In progress, and ongoing. ⊕ | | | | |
| 3. Summarize and distribute results to improve program planning and healthy lifestyle choices | DHSS, permanent council | Year 2 | Allocated: $25,000 | Proposed tobacco excise tax |
| This will be an ongoing activity of the Alliance and education committee. ⊕ | | | | |

We are continuing to improve data collection to

***measure our efforts and steer us in the right direction.***

| EFFECT ON DISPARITIES | | |
|---|---|---|
| ⊕ *POSITIVE* | ⊖ *NEGATIVE* | ◯ *NEUTRAL* |

## Improve the collection and reporting of cancer incidence and mortality data.

*ALREADY ACCOMPLISHED, YEAR 1*

1. Amended the Cancer Control Act to extend the time interval within which a newly diagnosed cancer case must be reported to DPH to 180 days, consistent with standards of the American College of Surgeons

| *TASK/ACTIVITY* | *RESPONSIBLE PARTY* | *TIMEFRAME* | *COSTS* | *POTENTIAL SOURCES* |
|---|---|---|---|---|
| 2. Enforce reporting requirements; impose fines for nonreporting | DHSS | Year 1 | None | |
| In progress. | | | | |
| 3. Increase information collected by the cancer registry including demographics, occupational history, and exposures to certain risks | DHSS | Year 2 and ongoing | Recommended: $300,000 annually Allocated: $0 | Proposed tobacco excise tax |
| In progress; funding has been allocated through ORC/Macro contract. | | | | |
| 4. On death certificates, improve reporting of the cause of death by educating physicians on proper procedure | DHSS | Year 1 and ongoing | Recommended: $20,000 Allocated: $20,000 | Proposed tobacco excise tax |
| Training program is being developed by DPH staff; allocated funds will be used for training and training media. | | | | |
| 5. Introduce and pass legislation requiring hospitals to staff their registries with a certified tumor registrar | General Assembly | Year 1 | None | |
| Legislation was introduced and tabled. Currently, all hospital-based registrars are certified. | | | | |
| 6. Provide certification training and annual continuing education for tumor registrars | DHSS | Year 1 and ongoing | Existing resources | |
| State does not currently provide training for registrars, but training is available from other resources. | | | | |
| 7. Reclassify the director position of Delaware Cancer Registry to a higher pay-grade | DHSS | Year 2 | Existing resources | |
| Activities carried out through contract. | | | | |

DONE

*(continued)*

## Improve the collection and reporting of cancer incidence and mortality data.

| *TASK/ACTIVITY* | *RESPONSIBLE PARTY* | *TIMEFRAME* | *COSTS* | *POTENTIAL SOURCES* |
|---|---|---|---|---|
| 8. Publish report annually that integrates most recent cancer incidence, mortality, and risk behavior data | DHSS | Year 1 and ongoing | Existing resources | |
| Ongoing. ⊕ | | | | |
| 9. Fully staff the Delaware Cancer Registry, and ensure appropriate continuing education | DHSS | Year 1 and ongoing | Recommended: $40,000 Allocated: $220,000 | CDC grant, Delaware Health Fund |
| *See page 42, #7.* ⊕ | | | | |
| 10. Expand population-based survey of present and past tobacco use and exposure to environmental tobacco smoke (ETS); report statistically valid results by age, race, income, educational level, occupation, gender, and zip code | DHSS | Year 2 | Recommended: $100,000 Allocated: $0 | Proposed tobacco excise tax |
| ⊕ | | | | |
| 11. Develop a public education campaign on cancer rates and their age-adjustment to the 2000 U.S. standard population | DHSS, governor's office | Year 1 | Existing resources | |
| This will be addressed by the Alliance when fully established. Development in progress. ⊕ | | | | |
| 12. Evaluate the ability to standardize race and ethnicity data collection across cancer-related data sets | DHSS | Year 2 | Recommended: $25,000 Allocated: $0 | Proposed tobacco excise tax |
| This is being addressed through the Cancer Registry contract. ⊕ | | | | |
| 13. Evaluate the ability to match cancer incidence and mortality records, including special software, and develop matching capabilities | DHSS | Year 2 | Recommended: $25,000 Allocated: $0 | Proposed tobacco excise tax |
| This is being addressed through the Cancer Registry contract. ⊕ | | | | |

DONE

| EFFECT ON DISPARITIES | | | | | |
|---|---|---|---|---|---|
| ⊕ | *POSITIVE* | ⊖ | *NEGATIVE* | ◯ | *NEUTRAL* |

## Conduct a survey to examine the importance of past exposure to today's cancer rates.

| *TASK/ACTIVITY* | *RESPONSIBLE PARTY* | *TIMEFRAME* | *COSTS* | *POTENTIAL SOURCES* |
|---|---|---|---|---|
| 1. Conduct a retrospective survey of individuals with cancer or family members of cancer patients to collect information on family history, occupation, lifestyle, diet, exercise, migration, etc. (include only those cancers for which the state is elevated in incidence or mortality); obtain data necessary to determine which environmental factors may contribute to Delaware's heightened cancer rates | DHSS | Years 1–3 | | Proposed tobacco excise tax |
| In progress. ⊕ | | | | |
| 2. Analyze results and develop appropriate control strategies | DHSS | Year 3 | | Proposed tobacco excise tax |
| Awaiting completion of #1. ⊕ | | | | |

| EFFECT ON DISPARITIES | | | | | |
|---|---|---|---|---|---|
| ⊕ | *POSITIVE* | ⊖ | *NEGATIVE* | ◯ | *NEUTRAL* |

# Year-Two Accomplishments

DELAWARE CANCER CONSORTIUM

INSURANCE COMMITTEE

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INCREASE KNOWLEDGE & PROVIDE INFORMATION COMMITTEE

**ENVIRONMENT COMMITTEE**

DISPARITIES COMMITTEE

*"A great deal of research has been completed. We're learning the facts about everything from air quality to water and fish issues. It's the first time information of this kind has ever been compiled. An awareness campaign is planned to educate the general population about indoor air dangers and what they can do to avoid them."* | DEBORAH BROWN, CHES
AMERICAN LUNG ASSOCIATION OF DELAWARE

## *WE'RE REDUCING THE THREAT OF CANCER FROM THE ENVIRONMENT.*

We have conducted research and identified avoidable carcinogens that Delawareans may be exposed to in indoor and ambient environments. New statewide efforts are being developed to communicate the risks of cancer from these substances to every Delawarean. Included in the program is a campaign that recommends every household with a basement be tested for radon—a radioactive gas that has been proven to cause cancer. We have initiated specialized ambient air quality monitoring to determine actual concentrations of air toxins in Delaware. We have also instituted studies of air quality, public water, well water, and fish from the bay and the carcinogens that may be present in them.

Our efforts continue to be directed toward

***working with DNREC to establish air quality levels that protect Delawareans from air toxins.***

## Reduce exposure to carcinogenic substances in the ambient environment.

*ALREADY ACCOMPLISHED, YEAR 1*

A1. Initiated specialized ambient air quality monitoring to determine actual concentrations of air toxins in Delaware

| *TASK/ACTIVITY* | *RESPONSIBLE PARTY* | *TIMEFRAME* | *COSTS* | *POTENTIAL SOURCES* |
|---|---|---|---|---|
| **A. Related to Delaware Air** | | | | |
| A1. Conduct specialized ambient air quality monitoring to determine actual concentrations of air toxins in Delaware* | DNREC | Year 1 | Recommended funding: $300,000, plus $300,000 existing resources Allocated: $0 | Proposed tobacco excise tax |
| DONE Completed phase one of specialized ambient air quality monitoring. ⊕ | | | | |
| A2. Evaluate the types of cancers associated with those substances found at elevated levels, and compare to those cancers for which Delaware is elevated in incidence and mortality (link databases) | DNREC, DHSS | Year 2 | Existing resources | |
| ⊕ | | | | |

*TO BE ACCOMPLISHED, YEAR 3*

A1. Will begin phase two of specialized ambient air quality monitoring to determine actual concentrations of air toxins in Delaware*
A3. Notify the public of past and current levels of carcinogenic substances that are monitored in Delaware
A4. Acting on the information from monitoring, develop and implement strategies to reduce air contamination from those sources

**POINTS TO NOTE:**

*Tasks revised from original book.

EFFECT ON DISPARITIES

⊕ *POSITIVE* ⊖ *NEGATIVE* ◯ *NEUTRAL*

*(continued)*

## Reduce exposure to carcinogenic substances in the ambient environment.

*ALREADY ACCOMPLISHED, YEAR 1*

B1. Expanded monitoring of state's shallow aquifers for pesticides by increasing the number of pesticides/herbicides and their degradants analyzed

| *TASK/ACTIVITY* | *RESPONSIBLE PARTY* | *TIMEFRAME* | *COSTS* | *POTENTIAL SOURCES* |
|---|---|---|---|---|
| **B. Related to Delaware Drinking Water** | | | | |
| B2. Initiate a statewide quarterly quality assessment of the Columbia Acquifer to investigate potential links between drinking water supplied to individual shallow wells and cancer incidence: Phase I—Compile, analyze and report existing data Phase II—Initiate a sampling program if necessary | DHSS, DNREC | Year 2 and ongoing | Recommended: $400,000 Allocated: $650,000 | Hazardous Substance Control Act (HSCA), proposed tobacco excise tax, increase fees for services to public water systems |
| DONE This activity is under way. | | | | |

*TO BE ACCOMPLISHED, YEARS 3 & 4*

B3. Evaluate the types of cancers associated with those substances found at elevated levels, and compare to those cancers for which Delaware is elevated in incidence and mortality
B4. Notify the public of past and current levels of carcinogenic substances that are monitored in Delaware
B5. Acting on the information from monitoring, develop and implement strategies to reduce water contamination from those sources

*(continued)*

## Reduce exposure to carcinogenic substances in the ambient environment.

*ALREADY ACCOMPLISHED, YEAR 1*

C1. Increased location, frequency, and number of fish sampled, from 20 total samples to 40 total samples annually

| *TASK/ACTIVITY* | *RESPONSIBLE PARTY* | *TIMEFRAME* | *COSTS* | *POTENTIAL SOURCES* |
|---|---|---|---|---|
| **C. Related to Delaware Waterways** | | | | |
| C2. Determine the level of awareness and actual compliance rates with fish advisory information, and develop recommendations for improvement | DNREC, DHSS | Years 1 and 2 | Recommended: $10,000 Allocated: $10,000 | Proposed tobacco excise tax |
| DONE ⊕ | | | | |
| C4. Enhance on-site advisory information and warnings to include postings with metal and Tyvek® signs, tamper-resistant hardware, bilingual signs, and related literature | DNREC, DHSS | Years 1–3 | Recommended: $30,000 Allocated: $30,000 | Proposed tobacco excise tax |
| DONE This activity is ongoing. ⊕ | | | | |

*TO BE ACCOMPLISHED, YEAR 3*

C3. Conduct an education/awareness campaign related to C2 above

We're continuing to compile and release data to determine how

***we can make Delaware's environment safer.***

| EFFECT ON DISPARITIES | | | | | |
|---|---|---|---|---|---|
| ⊕ | *POSITIVE* | ⊖ | *NEGATIVE* | ◯ | *NEUTRAL* |

## Coordinate with federal OSHA to reduce workplace carcinogenic risk and exposure.*

| *TASK/ACTIVITY* | *RESPONSIBLE PARTY* | *TIMEFRAME* | *COSTS* | *POTENTIAL SOURCES* |
|---|---|---|---|---|
| 1. Establish an Occupational Health Program to identify populations at risk from occupational exposure to carcinogens initially, but with intent to extend to other toxic hazards | General Assembly, executive branch | Years 1 and 2 | Recommended: $250,000 Allocated: $250,000 | Proposed tobacco excise tax |

DONE

Legislation passed June 2005.

*TO BE ACCOMPLISHED, YEARS 3 & 4*

2. Conduct a statewide statistical assessment of the degree to which Delawareans are exposed to hazardous substances in the workplace and the nature of that exposure
3. In collaboration with the Department of Labor Office of Occupational Safety and Health Consultation, the Occupational Health Program shall provide voluntary and confidential educational and consultation services for employers and employees in the public sector

**POINTS TO NOTE:**

*Recommendation and tasks revised from original book.

## Reduce exposure to carcinogens in the indoor environment.

| TASK/ACTIVITY | RESPONSIBLE PARTY | TIMEFRAME | COSTS | POTENTIAL SOURCES |
|---|---|---|---|---|
| 1. Create and promote new initiative to increase radon testing, and provide financial assistance for remediation to low-income homeowners | DHSS | Year 1 and ongoing | Recommended: $75,000 Allocated: $75,000 | Delaware Health Fund |
| DONE This activity is ongoing. ⊕ | | | | |
| 4. Develop and maintain a broad-based public education campaign based on findings from the national Total Exposure Assessment Methodology (TEAM) studies *(Research Triangle Institute 1996)* | DNREC, DHSS | Year 1 and ongoing | Recommended: $50,000 Allocated: $249,200 | Proposed tobacco excise tax |
| DONE This activity is ongoing. ⊕ | | | | |

*TO BE ACCOMPLISHED, YEARS 3 & 4*

2. Require radon testing in all residential real estate transfers (model after lead testing requirements)
3. Create industry incentives (e.g., interest-free loans) for dry-cleaners to eliminate the use of cancer-causing solvents

### We're educating the public about

***radon and other household carcinogens to help them lead healthier lives.***

| EFFECT ON DISPARITIES | | |
|---|---|---|
| ⊕ *POSITIVE* | ⊖ *NEGATIVE* | ◯ *NEUTRAL* |

# Year-Two Accomplishments

DELAWARE CANCER CONSORTIUM

INSURANCE COMMITTEE

COLORECTAL CANCER COMMITTEE

TOBACCO COMMITTEE

QUALITY COMMITTEE

INCREASE KNOWLEDGE & PROVIDE INFORMATION COMMITTEE

ENVIRONMENT COMMITTEE

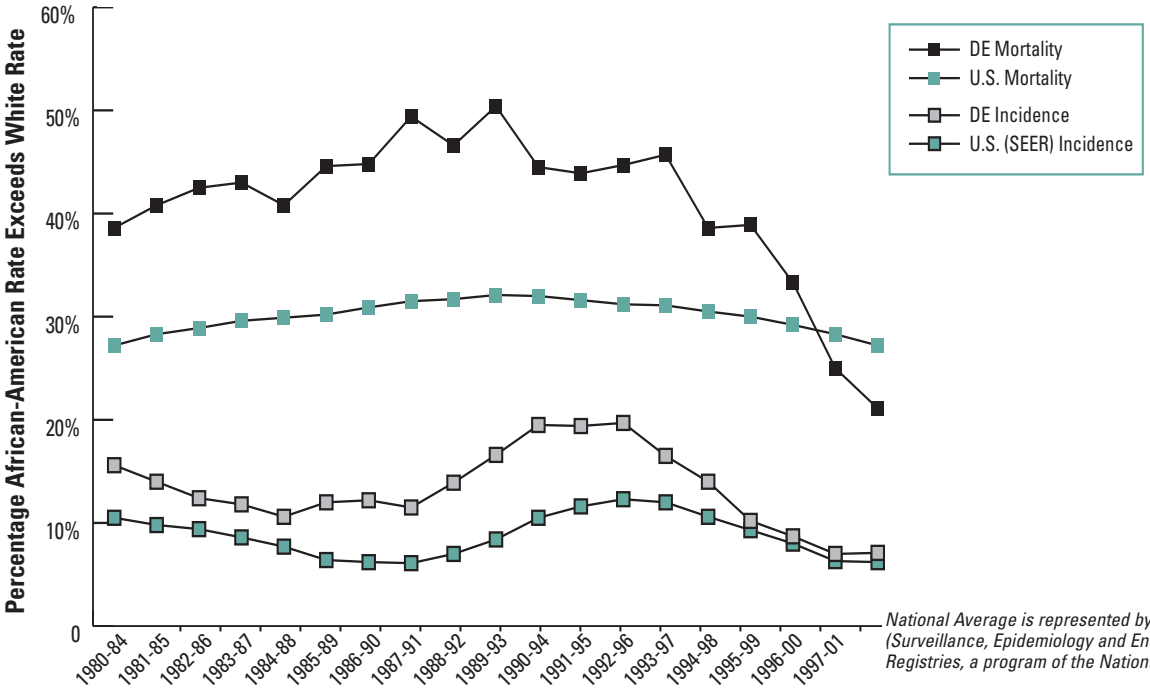
DISPARITIES COMMITTEE

*"I work with the disadvantaged—I like to say my church is really 100,000, all of the homeless people in the area. Champions of Change gives us information we don't get in the mainstream. It is a great opportunity to get the word out to people, giving them insurance and medical service information that could save their lives."* | Reverend G. Edward Gordon, Sr.
Church of the Living God
12th and Lombard Streets, Wilmington

## *WE'RE ADDRESSING THE UNEQUAL CANCER BURDEN.*

In Delaware, the African-American community has been shown to have higher death rates due to cancer than any other population segment. We are working with every committee in the Consortium to eliminate the gap. Screening for Life, Champions of Change, the Delaware Cancer Treatment Program, and all of their supportive materials continue to help us address the problem.

**PERCENTAGE THAT AFRICAN-AMERICAN CANCER RATES EXCEED WHITE RATES BASED ON AGE-ADJUSTED RATES PER 100,000, DELAWARE AND U.S.**




*National Average is represented by SEER (Surveillance, Epidemiology and End Results) Registries, a program of the National Cancer Institute.*

## Compile and analyze existing data on health disparities and cancer into a report, and inform through a public education campaign.

| *TASK/ACTIVITY* | *RESPONSIBLE PARTY* | *TIMEFRAME* | *COSTS* | *POTENTIAL SOURCES* |
|---|---|---|---|---|
| 1. Analyze data on minorities associated with poor health outcomes for cancer overall and for breast, lung, colorectal, and prostate cancers—specifically | DPH, university-affiliated centers, DCC | Year 1 | | Proposed tobacco excise tax |
| Report to be finalized Fall 2005. ⊕ | | | | |
| 2. Analyze trends in disparities related to societal, policy, or system level changes that may affect whether certain groups get cancer or die from cancer at a higher rate | DPH, university-affiliated centers, DCC | Year 1 | | Proposed tobacco excise tax |
| Report to be finalized Fall 2005. ⊕ | | | | |
| 3. Develop a fact sheet with action steps and a public education campaign that correlates with the demographic, health, behavior, and social data collected above; campaign would discuss how to decrease cancer incidence and mortality in Delaware among minorities and high-risk groups | DPH, university-affiliated centers, DCC | Year 2 | | Proposed tobacco excise tax |
| Need to discuss. (Champions of Change may be one example that addresses the intent.) ⊕ | | | | |

| EFFECT ON DISPARITIES | | | | | |
|---|---|---|---|---|---|
| ⊕ | *POSITIVE* | ⊖ | *NEGATIVE* | ◯ | *NEUTRAL* |

# Appendix

**SPONSORS:** Sen. McBride & Rep. Hall-Long & Sen. Sorenson & Rep. Ulbrich & Sen. Simpson;
Sens. Adams, Blevins, Bunting, Cook, DeLuca, Henry, Marshall, McDowell, Peterson, Sokola, Vaughn, Venables, Amick, Bonini, Cloutier, Connor, Copeland & Still;
Reps. Atkins, Booth, Boulden, Buckworth, Carey, Cathcart, Caulk, DiPinto, D. Ennis, Ewing, Fallon, Hocker, Hudson, Lavelle, Lee, Lofink, Maier, Miro, Oberle, Quillen, Reynolds, Roy, Smith, Spence, Stone, Thornburg, Valihura, Wagner, B. Ennis, George, Gilligan, Houghton, Keeley, Mulrooney, Plant, Schwartzkopf, Van Sant, Viola & Williams

**DELAWARE STATE SENATE**
**142nd GENERAL ASSEMBLY**
**SENATE BILL NO. 102**
**AN ACT TO AMEND TITLE 16 OF THE DELAWARE CODE TO CREATE A DELAWARE CANCER CONSORTIUM.**

WHEREAS, the Delaware Advisory Council on Cancer Incidence and Mortality (the "Advisory Council") was created by Senate Joint Resolution 2 of the 141st General Assembly; and

WHEREAS, the Advisory Council issued a report in April, 2002 containing a series of recommendations to reduce the incidence and mortality of cancer in Delaware; and

WHEREAS, the Advisory Council's recommendations cover a period of five years from the date of its report, and involve the active participation of many members of the public and private sectors; and

WHEREAS, it is important that an entity be established to advocate for and monitor achievement of the Advisory Council's recommendations;

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF DELAWARE:

Section 1. Amend §133, Title 16, Delaware Code, by deleting subsection (b), and replacing it with the following:
"(b) The Delaware Cancer Consortium ("Consortium") shall coordinate cancer prevention and control activities in the State of Delaware. The Consortium will:
Provide advice and support to state agencies, cancer centers, cancer control organizations, and health care practitioners regarding their role in reducing mortality and morbidity from cancer.
Facilitate collaborative partnerships among public health agencies, cancer centers, and all other interested agencies and organizations to carry out recommended cancer control strategies.
On at least a biennial basis, analyze the burden of cancer in Delaware and progress toward reducing cancer incidence and mortality.

Section 2. Amend §133, Title 16, Delaware Code, by adding the following new subsections:
"(c) The Consortium's priorities and advocacy agenda shall be dictated by the recommendations contained in 'Turning Commitment Into Action—Recommendations of the Advisory Council on Cancer Incidence and Mortality,' published in April, 2002.

(d) The Consortium's permanent membership shall be as follows:

(i) Two representatives of the Delaware House of Representatives and two representatives of the Delaware State Senate (one selected by each caucus);

(ii) One representative of the Governor's office;

(iii) The Secretary of the Department of Health and Social Services or his or her designee;

(iv) One representative of the Department of Natural Resources and Environmental Control;

(v) One representative of the Medical Society of Delaware to be appointed by the Governor;

(vi) One professor from Delaware State University or the University of Delaware, to be appointed by the Governor;

(vii) Two physicians with relevant medical knowledge, to be appointed by the Governor;

(viii) One representative of a Delaware hospital cancer center to be appointed by the Governor;

(ix) Three public members with relevant professional experience and knowledge, to be appointed by the Governor.

(e) Appointees to the Consortium shall serve at the pleasure of the person or entity that appointed them.

(f) The Consortium's permanent members may enact procedures to appoint additional persons to the Consortium.

(g) The Consortium shall have a chair and a vice-chair, to be appointed from among the permanent members by the Governor and to serve at the pleasure of the Governor. Staff support for the Consortium shall be provided by the Delaware Division of Public Health."

**SYNOPSIS**

This legislation creates the Delaware Cancer Consortium, a collaborative effort between private and public entities designed to implement the recommendations of the Delaware Advisory Council on Cancer Incidence and Mortality.

Author: Senator McBride

# BACKGROUND

### Formation of the Delaware Cancer Consortium

The Delaware Cancer Consortium was originally formed as the Delaware Advisory Council on Cancer Incidence and Mortality in March 2001 in response to Senate Joint Resolution 2 signed by Governor Ruth Ann Minner. The advisory council, consisting of 15 members appointed by the governor, was established to advise the governor and legislature on the causes of cancer incidence and mortality and potential methods for reducing both. The advisory council was later expanded and its name changed to the Delaware Cancer Consortium (DCC) in SB102.

### Developing a Plan for Action

DCC began meeting in April 2001 with the shared understanding that their work would be focused on developing a clear and useable cancer control plan. Another shared priority was that extensive input would be needed from professionals in cancer control, as well as from Delaware citizens affected by cancer. With these priorities in mind, DCC worked on a system to:

- create a shared awareness and agreement on the range of cancer control issues to be addressed now and in the future;
- create a structure and agenda for addressing these needs;
- enable Delaware to move forward with meaningful action for its citizens.

To accomplish these goals, DCC heard from speakers on Delaware cancer statistics, including Dr. Jon Kerner from the National Cancer Institute, and began monthly presentations from Delaware cancer survivors or family members who had lost a loved one to cancer. The stories, woven throughout this report, provided valuable insight into some of the concerns and barriers faced by people battling cancer, the stress this disease places on all aspects of their lives, and ideas for ways that Delaware can help ease these burdens on its citizens.

A unique project, called Concept Mapping, was also initiated to get input on cancer issues from Delaware citizens and to help DCC establish priorities and its scope of work. DCC invited more than 195 Delaware citizens who are invested in cancer control efforts to participate in the project. Both DCC and those invited completed the brainstorming phase, during which they provided their ideas on completing the statement: "A specific issue that needs to be addressed in comprehensive cancer control in Delaware is…." Over 500 statements were submitted, and editing of these to avoid duplication resulted in 118 ideas about controlling cancer in Delaware. These ideas were then rated, relative to each other, on importance and feasibility.

### Development of Subcommittees and Recommendations

From the results of the Concept Mapping activity and the numerous speakers, the DCC developed a clear set of priorities and established six subcommittees to address these issues. Each subcommittee, chaired by a member of DCC, was provided with a list of priorities in its focus area, from which specific recommendations were developed. DCC carefully reviewed the work of the subcommittees, made modifications or additions as needed, and the resulting final recommendations are compiled in this report.

## *DELAWARE ADVISORY COUNCIL ON CANCER INCIDENCE & MORTALITY MEMBER LISTING*

William W. Bowser, Esquire (Chair)
Young Conaway Stargatt & Taylor, LLP

The Honorable John C. Carney, Jr.
Lt. Governor, State of Delaware

The Honorable Matt Denn, Esquire
Insurance Commissioner, State of Delaware

Christopher Frantz, MD
A.I. duPont Hospital for Children

Stephen Grubbs, MD
Medical Oncology Hematology Consultants, PA

The Honorable Bethany Hall-Long
University of Delaware/
Delaware House of Representatives

Patricia Hoge, PhD, RN
American Cancer Society

The Honorable John A. Hughes, Secretary
Department of Natural Resources and
Environmental Control

Meg Maley, RN, BSN
Oncology Care Home Health Specialists, Inc.

The Honorable David McBride
Delaware Senate

Julio Navarro, MD
Glasgow Family Practice

Nicholas Petrelli, MD
Helen F. Graham Cancer Center

Jaime H. Rivera, MD, FAAP
Delaware Division of Public Health

The Honorable Liane Sorenson
Delaware Senate

James Spellman, MD, FACS, FSSO
Beebe Hospital Tunnel Cancer Center

The Honorable Stephanie Ulbrich
Delaware House of Representatives

**Colorectal Cancer Committee**

*Chairperson:*
Stephen Grubbs, MD, Medical Oncology Hematology Consultants, PA

*Members:*
David Cloney, MD, FACS, Atlantic Surgical Associates
Victoria Cooke, Delaware Breast Cancer Coalition
Allison Gil, American Cancer Society
James Gill, MD, MPH, Christiana Care Health Services
Valerie Green, Westside Health Services
Paula Hess, BSN, RN, Bayhealth Medical Center
Nora Katurakes, RN, MSN, OCN, Helen F. Graham Cancer Center
Carolee Polek, RN, MSN, PhD, Delaware Diamond Chapter of the Oncology Nursing Society
Anthony Policastro, MD, Nanticoke Memorial Hospital
Catherine Salvato, MSN, RN, Bayhealth Medical Center

**Disparities Committee**

*Chairperson:*
The Honorable Lt. Governor John C. Carney, Jr.

*Members:*
Semaan Abboud, MD, Lewes Medical & Surgical Associates
The Honorable Matt Denn, Esq., Insurance Commissioner, State of Delaware
Robert Frelick, MD
Helene Gladney, City of Wilmington
Connie Green-Johnson, Quality Insights of Delaware
Lolita A. Lopez, Westside Health Services
Andrew P. Marioni, State Disability Determination Service
Nicolas Petrelli, MD, Helen F. Graham Cancer Center
Jaime H. Rivera, MD, FAAP, Delaware Division of Public Health
Kathleen C. Wall, American Cancer Society
Mary Watkins, Delaware State University

**Environment Committee**

*Chairperson:*
Meg Maley, RN, BSN, Oncology Care Home Health Specialists, Inc.

*Members:*
Deborah Brown, CHES, American Lung Association of Delaware
The Honorable John A. Hughes, Department of Natural Resources and Environmental Control
Gilbert J. Marshall, PG, Marshall GeoScience, Inc.
The Honorable Liane Sorenson, Delaware Senate
Laurel Standley, Watershed Solutions, LLC
Grier Stayton, Delaware Department of Agriculture
Ann Tyndall, American Cancer Society
The Honorable Stephanie Ulbrich, Delaware House of Representatives

**Increase Knowledge & Provide Information Committee**

*Chairperson:*
The Honorable Bethany Hall-Long, PhD, RNC, Delaware House of Representatives, University of Delaware

*Members:*
Jeanne Chiquoine, American Cancer Society
Jayne Fernsler, DSN, RN, AOCN
Linda Fleisher, MPH, NCI's Cancer Information Service, Atlantic Region
Arlene S. Littleton, Sussex County Senior Services
H.C. Moore, Delaware Cancer Registrars Association
John Ray, Delaware Department of Education
The Honorable Liane Sorenson, Delaware Senate
Janet Teixeira, MSS, LCSW, Cancer Care Connection
Linda Wolfe, Department of Education

**Quality Committee**

*Chairperson:*
Julio Navarro, MD, Glasgow Family Practice

*Members:*
Paula Breen, MSPH, Cancer Care Connection
Margaretta Dorey, RN, BSN, Delaware Pain Initiative, Inc.
Christopher Frantz, MD, A.I. duPont Hospital for Children
Wendy Gainor, Physician's Advocacy Program, Medical Society of Delaware
Andrea Holecek, RN, MSN, CRNI, AOCN, Bayhealth Medical Center

Susan Lloyd, MSN, RN, Delaware Hospice
Eileen McGrath, American Cancer Society
James Monihan, MD, Allied Diagnostic Pathology Consultants, PA
Nicholas Petrelli, MD, Helen F. Graham Cancer Center
Anthony Policastro, MD, Nanticoke Memorial Hospital
Catherine A. Salvato, MSN, RN, Bayhealth Medical Center
Edward Sobel, DO, Quality Insights of Delaware
James Spellman, MD, FACS, FSSO, Beebe Hospital Tunnel Cancer Center

**Tobacco Committee**

*Chairperson:*
Patricia Hoge, PhD, RN, American Cancer Society

*Members:*
Deborah Brown, CHES, American Lung Association of Delaware
Jeanne Chiquoine, American Cancer Society
Cathy Scott Holloway, American Cancer Society
Steven Martin, University of Delaware
The Honorable David McBride, Delaware Senate
John Ray, Delaware Department of Education
A. Judson Wells, PhD

**Insurance Committee**

*Chairperson:*
The Honorable Matt Denn, Esq., Insurance Commissioner, State of Delaware

*Members:*
The Honorable Patricia Blevins, Delaware Senate
Alicia Clark, Executive Director, Metropolitan Wilmington Urban League
Richard Heffron, Delaware State Chamber of Commerce
Jaime H. Rivera, MD, FAAP, Delaware Division of Public Health
The Honorable Donna Stone, Delaware House of Representatives

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## ABBREVIATIONS

**ACS**—American Cancer Society

**ALA**—American Lung Association

**AHA**—American Heart Association

**BRFSS**—Behavioral Risk Factor Surveillance Survey

**CFTFK**—Campaign for Tobacco-Free Kids

**DCC**—Delaware Cancer Consortium

**DDA**—Delaware Department of Agriculture

**DHFAC**—Delaware Health Fund Advisory Committee

**DHSS**—Department of Health and Social Services

**DNREC**—Department of Natural Resources and Environmental Control

**DOE**—Department of Education

**IMPACT**—IMPACT Delaware Tobacco Prevention Coalition

**MCO**—Managed Care Organizations

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