DELAWARE HEALTH FUND ADVISORY COMMITTEE

DEPARTMENT of HEALTH AND SOCIAL SERVICES

University of Delaware
Goodstay Center
Pennsylvania Avenue
Wilmington, Delaware

November 30, 1999
3:05 p.m.

-- -- -- --

TRANSCRIPT OF PUBLIC HEARING

-- -- -- --

BEFORE::

GREGG C. SYLVESTER, M.D., Chairman

SENATOR PATRICIA BLEVINS, Member

REPRESENTATIVE DEBORAH CAPANO, Member

MR. THOMAS GRABOWSKI, SR., Member

SENATOR DAVID McBRIDE, Member

CHARLES F. REINHARDT, M.D., Member

MR. DENNIS ROCHFORD, Member

MR. CHARLES SIMPSON, Member

ALSO PRESENT:

STEPHANIE McCLELLAN, DEPARTMENT of HEALTH
AND SOCIAL SERVICES

- -

WILCOX & FETZER, LTD.
1330 King Street - Wilmington, Delaware 19801
(302) 655-0477

MR. GRABOWSKI: Good afternoon and welcome. Secretary Sylvester is on his way here. He called. He is moments away. We have a full agenda. We have some folks we need to hear from this afternoon. We're going to begin the proceedings, and he'll arrive in the next few minutes.

I'm Tom Grabowski. I'm a member of the Delaware Health Fund Advisory Committee. First of all, welcome and thank you for attending Delaware Health Fund Advisory Committee Meeting. We're happy to have you come here and share your ideas with the Delaware Health Fund Advisory Committee how to best spend the money.

I want to provide a brief overview of the Delaware Health Fund and the Advisory Committee. Just over a year ago, November 23rd of 1998, the Attorney General and other representatives of 46 states, including Delaware, signed a Master Settlement Agreement, an agreement with the four largest tobacco manufacturers for over $206 billion. Of the settlement, Delaware is expected to receive $774.8 million over the next 25 years.

Beginning in January of 1999, Delaware's Legislature took progressive steps to insure that

Delaware will receive these moneys once they are made available to the states. And to insure that the money would be dedicated to improving health and healthcare in Delaware, Senate Bill 8 created the Delaware Health Fund, a fund to which all of the moneys from the settlement are to be deposited.

Also, Senate Bill 8 clearly defined eight purposes that the money should be used for, including preventive care programs, promoting healthy lifestyle programs for the uninsured and payment assistance programs.

The bill also created the Delaware Health Fund Advisory Committee, which is charged with recommending to the Governor and General Assembly how the fund should be spent. The committee has met three times over the past three months to develop recommendations. However, today is a real cornerstone of our activity to date. Today is for you, to help the committee to set its priorities and help us understand the most pressing health issues in Delaware.

There will need to be some ground rules and guidelines for today. To try to best assure that everyone gets the opportunity to comment today, we'll

be sticking to a very structured hearing. The guidelines are posted here behind us. You can take the time to review them. I'm not going to do it right now. We need to keep moving. But there are some other things I would like to run through.

First, we are holding these hearings to hear from the public on what the needs are in Delaware that the committee should address in its recommendations. We are not at this time hearing specific program proposals or grant proposals so, please, focus your comments on issues rather than specific programs.

Second, we'll be starting with our registered speakers. Then we'll hear from those who registered on site today. We'll ask that the speakers adhere to a three-minute time limit. You'll get a yellow card warning behind us here that you have one minute remaining. And when three minutes have elapsed, you will see a red card. Everyone who's involved in soccer knows what a red card means. So we'll continue as quickly as we. Those guidelines are very important today. We need to give everyone fair time, so, please, keep your time frame in mind and I'll remind you as well. If you feel you had

additional thoughts you missed today, that can be presented in writing. Anything in writing received by the 10th of December will certainly carry as much weight as here today. Please keep that in mind today.

We've also asked that organizations here have one person represent their organization. If there are additional speakers from the same organization, we ask until after preregistered speakers and today's registrants have presented and clarified comments, then clarifying comments may be made, time permitting, again, in the interest of hearing as many people and organizations possible in the two-hour time period.

That brings us to our final guideline, that we will need to end the hearing at 5:00 o'clock. We have another hearing this evening that the committee needs to leave for. So in the interest of fairness, we need to keep all hearings to only two hours.

Finally, I want to remind you all that written communications are being accepted. We have posted our e-mail address behind me, to which you can send comments and the address to which written comments can also be directed. Please note that the

formal deadline for public comment period is December 10. However, please, feel free to keep in touch with us using our web site and e-mail.

Those are the ground rules in place. Let's get started.

CHAIRMAN SYLVESTER: Absolutely.

MS. McCLELLAN: I'll be calling out names of the speakers. What I'll do is call the name of the person and also who needs to follow so you know when you need to come up. Please be prepared.

The first speaker is Dr. Les Whitney, with Amy Slatzman following.

DR. WHITNEY: Good afternoon. My name is Dr. Leslie Whitney. I represent the Delaware Coalition for Telecommunications in Health Care. Our goal is to improve health for the people of Delaware by the effective application of telecommunication technology.

Healthcare is no different from any other industry in that its success in the future will be largely determined by the efficient use of telecommunications technology. Those who have better and faster access to the best information will have a better bottom line. But, in medicine, access to

information isn't merely a bottom line issue, it can mean the difference between sickness and health, and, ultimately, information success can be a matter of life or death.

Recognizing this critical need, representatives from all of Delaware's hospitals, The Medical Society of Delaware and The Academy of Medicine has founded the Delaware Coalition for Telecommunication in Health Care. Working with experts at the University of Delaware, we have developed a proposal to establish a telecommunications network that will serve all the hospitals throughout the state. Obviously, by working collaboratively we can achieve greater economies of scale and assure equal access to health education and information no matter where you live in Delaware.

Initially, the network will be used for educational teleconferencing, which will greatly reduce the costs associated with traveling and lost staff time involved in providing continuing medical education for physicians and other health professionals.

The proposed network will also provide the needed infrastructure to accommodate rapid

transmission of medical records, such as X-rays, so that doctors here can consult in real-time with physician specialists in our state or in other states and around the world. The network will help decentralize and redistribute scarce medical resources. By overcoming barriers of time and distance, it will provide greater access to care and education.

While all this may sound a little like futuristic fiction, it is not. It is present reality. In fact, the history of telemedicine goes back to the space program. NASA used biotelemetry to monitor the astronauts' hearts. Some states, such as Ohio, New York and New Jersey, West Virginia have already created telehealth communication networks. Most other states are in some stage of planning and development.

Rapid implementation of a telehealth communications network in Delaware is not just a nicety, it is a necessity. Because medicine is knowledge based and access to information is a cornerstone of good medical practice, it would be difficult to overestimate the importance of this network. Put simply, doctors, allied health professionals and hospitals will need state of the art

information technology to continue to provide quality healthcare to the people of Delaware. Thank you.

MS. McCLELLAN: Amy Slatzman, and Ellen Barker.

MS. SLATZMAN: My name is Amy Slatzman. I'm a student at Brandywine High School, and I'm also a member of the Delaware KBG, which is Kick Butts Generation, which is a youth movement against tobacco. I'm also an active student in Student Council, YELL, Key Club and TATU. And TATU is Teens Against Tobacco Use.

I believe the tobacco money belongs to the public. And as you who represent the public, I am asking you to put the money towards tobacco-use prevention.

The generation of today has the knowledge of the horrible effects of use of tobacco, unlike our parents. We know about emphysema, lung cancer and about secondhand smoke, but not all of us know about the 2,000 chemicals found in cigarettes, including rat poison and formaldehyde, or that cigarette smokers are 22 times more likely to use cocaine. Perhaps that unknown knowledge is why 3,000 kids begin to smoke every day. We need to put an end to this tobacco

epidemic, and the most effective, proven method is prevention.

Almost 90 percent of adult smokers began smoking when they were under 18. One-third of these smokers will die of tobacco-related illnesses. If the anti-tobacco campaigns can have as much effect, or greater, on children and young teens as tobacco campaigns have in the past, the outcome will be phenomenal. Methods include education in the classroom starting from very early elementary-aged children, anti-tobacco billboards and anti-tobacco products that can appeal to children. The money from the tobacco settlement will help fund these projects and get the message out that smoking is just not "in" anymore.

The settlement money should go to the people's best interest, which includes staying healthy and happy. With smoking-related illness killing much of our population, it's definitely in favor to end tobacco usage.

We have the motivated youth and active adults to build this coalition, but we also need the funds. We can use your help. Thank you.

CHAIRMAN SYLVESTER: Any questions?

REPRESENTATIVE CAPANO: Good job.

MS. McCLELLAN: Ellen Barker. Then Dr. Eileen Schmitt.

MS. BARKER: Good afternoon. I'm Ellen Barker, a masters-prepared neuroscience nurse, and secretary of the Delaware Stroke Initiative. The Delaware Stroke Initiative was organized this year as a non-profit association with the 501(c)(3) tax status.

Stroke is a major public health problem. It's the number three cause of death in Delaware and, very significantly, the number one cause of adult disability and brain damage.

The Delaware Stroke Initiative is dedicated to three aspects of stroke: One, stroke prevention; two, reducing the risk; and, three, improving the outcome of those who have stroke.

Through the use of the stroke screening tool which was designed and published in conjunction with the Delaware Nurse's Association, we have a non-copyright form that can be used by any clinician in any clinical setting or for public screening to help identify an individual's risk factors for stroke, such as smoking. High blood pressure is the number

one cause of stroke.

Many smokers are unaware that cigarettes contribute significantly to hypertension. In fact, I have seen stroke victims as young as 39 with smoking as their only risk factor. Young women using birth control pills and smoking is another lethal combination that we see. In fact, smoking damages your small cerebral vessels in the brain and which has been a major contributor to aneurism and hemorrhagic stroke.

This year we have provided free screenings to over 634 participants throughout the state in all three counties. We have found that the one-to-one contact with a nurse or healthcare provider is very effective as a public education service to our targeted population. In contrast to the young lady from the high school, our targeted population is Delawareans 55 and older. We teach the cause and effect of smoking and the need to quit. In fact, some of our participants, when you're screening them, they're holding their cigarette like this in one hand while we take their blood pressure in the other arm.

We request funds to continue and expand our free screenings with additional resources for

follow-up, which we have not been able to do.

The response from our initial free screenings demonstrated to our Delaware Stroke Initiative volunteers the effectiveness of the personal contact to those at high risk of stroke from cigarette smoking. There is a tremendous potential to make a difference in the health of older Delawareans. We have a big plan, but little resources. Given additional financial support, the Delaware Stroke Initiative can expand and improve our services to teach the risk of stroke from cigarette smoking and direct participants to smoke cessation programs. With individual follow-up and support the risk factors for stroke resulting from tobacco use can be significantly reduced.

I have samples of the free stroke screening tool that I would like to pass out. We have some for the audience if anybody would like to see it. I would also like to show this ad that was in the Sunday paper that we need to counter. Thank you.

MS. McCLELLAN: Dr. Eileen Schmitt. Then Marilyn Van Savage.

DR. SCHMITT: I'm Dr. Eileen Schmitt. I'm president of St. Francis Hospital. I have also been a

practicing family physician in the City of Wilmington for the past 20 years.

For 75 years, St. Francis has been a major provider of healthcare services for the people of Wilmington and New Castle County. We are now involved in the process of transforming traditional healthcare into integrated networks and creating new models that promote healthy communities. We can do this only by emphasizing human dignity and social justice as we move toward the creation of these healthy communities.

Recognizing that hospital and healthcare systems cannot unilaterally improve the health of the community, St. Francis has sought to develop a model that engages others in bringing together community assets to solve community problems, thus improving the health of the entire community.

This relationship driven model has already been effective in addressing several major issues. A dramatic reduction in infant mortality was seen in the minority population of Wilmington served by the Tiny Steps program, a collaborative effort of St. Francis and West End Neighborhood House, which has now expanded to serve more pregnant women at the West Side Health Center.

The Healthy Neighborhood Project is empowering the City's Ninth Ward to create a vision for their neighborhood and develop measurable outcomes and a plan to achieve that vision. The community has determined to drive drugs and violence away from their homes and children. Such a program could easily be replicated in the west side, in the Hill Top community, but requires long-term commitment of resources for lasting change. Stable and affordable housing encourages a healthy environment. The cornerstone of the west side initiatives of St. Francis and other sponsors is to encourage community revitalization through renovation and sale of hospital-owned properties to local residents at affordable prices.

The St. Clair Medical Van insures direct access to care to the homeless throughout New Castle County with more than 5,000 primary care visits annually, but this does not fully meet the need.

I am asking you to consider the following:

In the most affluent nation in the world, 44 million citizens are uninsured. With the lack of direct access to care, these individuals arrive at local hospitals when illness strikes. No prevention

has been prescribed, so emergency measures were often necessary. High costs are the result, and these are assumed by the local provider.

Last year alone, we spent 16 percent of our net revenue on the uninsured and the underinsured. This is unsustainable by any provider. Therefore, all Delawareans must have access to paid healthcare.

Concurrently responsible, preventable efforts in education and healthy lifestyles to combat the deleterious effects of tobacco, alcohol and other drugs are essential.

To maximize present progress, please consider collaborative efforts with existing partners and partnerships rather than establishing an additional infrastructure, encourage grant proposals which will support and grow proven healthy community initiatives and which will involve community participation.

Thank you for the opportunity to speak today.

MS. McCLELLAN: Marilyn Van Savage. Then Pat Englehardt.

Ms. VAN SAVAGE: My name is Marilyn Van Savage. I'm a member and past chair of the

Governor's Advisory Committee for the State Division of Aging Adults with Physical Disabilities. I will be giving you a paper from our chairperson stating the need for our long-term care services for the elderly.

As everyone knows, the number of elderly people in our society is growing greatly, as is the population of the adults with physical disabilities. We have a great concern for long-term care issues. We would like to provide services in people's homes so they can stay independent as long as possible and, of course, providing services in the home is much less expensive than having people in nursing homes.

There is a waiting list for personal services, such as personal care, housekeeping services, assistive technology and home modification and for attendant services. We would like to address these needs and prepare for our growing population that will soon need these services. Thank you. And I will give these papers.

MS. McCLELLAN: Pat Engelhardt. Then following, Sid Balick.

MS. ENGELHARDT: My name is Patricia Engelhardt. I am here from the Delaware Nurse's Association representing Delaware's 11,000 nurses in

the disbursement of funds from the national tobacco settlement.

There are three long-term investments that we would like to see Delaware include in its recommendations to the General Assembly. They are:

Number one, an assurance of quality care in nursing homes through minimum staffing regulation, which will require state funding for Medicaid residents. Delaware's retired work force deserves no less than good care when it needs care that cannot be given at home. Chronic illnesses have recurring costs which must be funded and slowed. Hospital care to cure the problems of poor care costs the state and taxpayers more than quality nursing home care.

Number two, those Medicaid elderly and disabled who are able to be cared for at home need preventive care and the funding to remain at home as long as financially feasible.

Number three, Delaware must fund to maintain wellness strategies, including Wellness Centers in middle schools. The success of Wellness Centers in high schools is remarkable, but smoking often begins in the middle school years. The tobacco funds should be used in this area of prevention of

smoking and other unhealthy habits.

When the recommendations are made, they must include effective criteria for evaluation of all programs which are funded. For example: How many people are using the system? Is wellness increasing? Is it cost effective? Evaluation should include the renewal of funds pending successful implementation, with hearings each year.

Delaware has the unique opportunity to become the First State in Health. Not only does Delaware have a surplus of its own funds, but it has ongoing tobacco funds, to assure preventive care and quality healthcare for its young, its poor and its elders. Tobacco settlement funds must be used only to promote quality healthcare. Thank you.

MS. McCLELLAN: Sid Balick. Then Diane Tracey.

MR. BALICK: Members of the committee. Thank you for your time and consideration and allowing me to testify about the appropriate use of health funds in Delaware. My name is Sid Balick. I'm a long time volunteer for the American Cancer Society, having served in various positions, including a number of the Delaware Division board of directors, president of

what used to be called the Greater Wilmington Unit.

As a volunteer for the American Cancer Society, I have seen firsthand the effect that tobacco has had upon our fellow citizens. Indeed, I started volunteering for the American Cancer Society many years ago because my brother died at a young age of lung cancer, probably caused by smoking. He just didn't stop soon enough.

I'm sure the committee has heard the statistics. Smoking kills more people than alcohol, AIDS, car crashes, illegal drugs, murders and suicides combined, and thousands more die from other tobacco related causes, such as fires caused by smoking, exposure to second-hand smoke. However, I would like to focus on one area in particular that concerns the American Cancer Society, and that is the critical need to provide health to the thousands of Delaware citizens who are currently smokers, both youth and adults.

I read in the newspaper this morning about a gentleman who testified before your committee yesterday. And I understand that he lives in Dover, and there is no place to help him in Dover. And we have to change that.

As the 1990 Surgeon General's report on smoke and health states, smoking cessation represents the single most important step that smokers can take to enhance the length and quality of our lives. Every time a smoker successfully quits, health risks and health costs are significantly reduced immediately and far into the future for both the smoker and those close to him or her. But quitting is hard. Nearly 70 percent of current smokers want to quit. And approximately 42 percent quit smoking for at least a day. In fact, about 17 million Americans recently participated in the American Cancer Society's Great American Smoke Out on November 18. However, of the 20 million Americans who tried to quit smoking each year, only about 3 percent have any success.

And I'm getting a red card. Everybody knows that lawyers have no trouble keeping to three-minute limits.

Therefore, it's essential that a portion of these funds be directed to help those of our fellow citizens who attempt to end their addiction to nicotine.

But what to do. What can we do to help the citizens all across Delaware, we must increase the

number of physicians and dentists who routinely help their patients quit smoking. We must also increase the number of smokers who are referred to cessation programs and increase access to cessation services using the latest technology, including a statewide hotline for smokers to call for support and concerns. Creating more cessation services and programs will increase an individual's motivation to quit. These programs must be accessible, culturally appropriate and research based. Effective cessation-based programs should be disseminated through schools and the community as they are identified.

Delaware is first among the states in cancer incidence. We're not proud of that. Second only to the District of Columbia and third among the states in cancer mortality. Providing quality cessation services will have significant impact on these statistics in the short term and provide a long term gain in the quality of life to Delaware residents.

However, these cessation services are only one component of the preventive plan, such as the one recommended by the Centers for Disease Control, funding a comprehensive, multi-phased tobacco control

program at the appropriate levels is the best means to reducing the burden of cancer in Delaware and the future. Thank you. I'm sorry about the extra time.

MS. McCLELLAN: Dianne Treacy. Then Robert Wilson.

Good afternoon. My name is Dianne Treacy. And I am the executive director of the Mental Health Association in Delaware. The mission of this non-profit agency is to deliver education, support and advocacy and to collaborate in providing a mental health leadership in Delaware. A unique niche that the agency addresses is early intervention and prevention in the area of mental health, specifically in the areas of anxiety and depressive disorders.

The need for prevention and early intervention can be justified by statistics which rank mental illness worldwide as the second leading illness surpassed only by heart disease. In a recent study by the World Health Organization, the World Bank and Harvard University, mental disorders account for four of the ten leading causes of disability in established market economies worldwide. Also, based on a National Institute of Mental Health study, over 50,000 Delawareans will experience depressive disorders over

the course of a year and over 68,000 will experience anxiety disorders. These illnesses translate into major costs to society; for example, time lost from work in the United States was $149 billion in 1990. Other information specifically relevant to Delaware is that 25 percent of teens seen in school Wellness Centers are diagnosed with mental illnesses.

As you are aware, mental health disorders can often elude early diagnosis and so often are not treated until individuals' behaviors escalate to crisis proportions. Also, unfortunately, two-thirds of the population does not seek treatment due to stigma or lack of awareness about early warning signs. Some major results are: Needless suffering, needless, expensive medical diagnostic tests, lost work productivity, school or workplace violence, disruption in families and suicide. To remedy this situation, it is imperative that primary prevention occurs much more frequently in the work site, in the schools, in doctors offices and in other community settings.

At present the federal government has allocated grant moneys for substance abuse prevention programs but not for mental health prevention programs. In light of this information, I recommend

that some proceeds from the tobacco settlement be allocated toward this purpose in keeping with the intended goals of "promoting healthy lifestyles" and "preventive care in order to detect and avoid adverse health conditions." Thank you very much.

MS. McCLELLAN: Next will be Yrene Waldron. And then Alice Davis.

Good afternoon. My name is Yrene Waldron. And I represent the Healthy Delaware 2010 Steering Committee.

As you listen to the proposals on how to use the Delaware Health Fund, it is important that you become aware of an exciting process that is unfolding to bring together public and private partnerships on a large scale to improve health in the new millennium. This process is Healthy Delaware 2010.

Healthy Delaware 2010 is the people of Delaware's prevention agenda representing a shared responsibility that will service as a community health guide throughout the decade.

This project will aim to accomplish four goals: To mobilize every sector in Delaware in our shared responsibility to insure healthy communities; to eliminate disparities among all groups. In order

to do so, we must insure that all people in Delaware have access to the services, information, and the support they need to be healthy; to emphasize prevention in the focus of health effort, policy and resources in Delaware; and, fourth, to establish Delaware as the "First State in Health."

Healthy Delaware 2010 began as an effort in January 1994 with the release of Healthy Delaware 2000. Healthy Delaware 2000 was our first effort at identifying critical health issues important to Delawareans. Building on the efforts and the lessons we learned from Healthy Delaware 2000, we have begun the Healthy Delaware 2010 project.

All us know that improving the health of Delawareans takes more than the effort of any one agency or group. It takes partnerships among many agencies, groups, and individuals in a coordinated, sustained fashion. Healthy Delaware 2010 has created a broad-based steering committee of individuals representing more than 24 public, private, and community-based organizations. The steering committee reflects the many sectors of Delaware that have a stake in improving the health of our citizens; the urban, rural, public, private, civic and community

groups.

This process should be completed around April 2001. It will offer specific recommendations that incorporate creative strategies to address Delaware's most pressing health concerns. Concerns the committee is looking at are health activity, tobacco use, overweight and substance abuse. As you all know, Delaware now is going through a terrible heroin epidemic. That is an area that should be looked at. And Healthy Delaware 2010 hopes to look at it.

Healthy Delaware 2010 will incorporate sustainability as well as accountability and will target development, marketing and evaluation strategies. Healthy Delaware 2010 is a people's plan. With its broad coalition of private and public groups, the focus will be on community ownership of health issues. We are excited about this process and hope that each of you will support an initiative for health that mobilizes every sector of Delaware to make Delaware the healthiest state in the nation. Thank you very much for your consideration.

MS. McCLELLAN: Alice Davis. And following that, George Kraut.

MS. DAVIS: Good afternoon, distinguished committee members and members of the public. I am Alice Davis, executive director of the Perinatal Association of Delaware. My purpose here is to talk to you about helping high risk pregnant women have healthier babies.

Good prenatal care for high risk mothers, including education and assistance to stop smoking, is the best investment you could make in the health of Delaware residents. The effects are dramatic: Higher birth rates, fewer preterm deliveries and decreased infant mortality. These good effects don't stop at birth. Full term and normal birth weight babies continue to have better health. Prenatal care has a high dollar payback per initial investment. The incidence of low birth weight and very low birth weight babies decreases, savings millions of dollars in medical care costs.

Beyond a substantial financial benefit, there are other less quantifiable benefits to having a healthier population. Children learn better in school, and people can be more productive when they are well. What a great deal. The more the State of Delaware invests in prenatal care, the more babies

begin their lives in their mother's arms instead of in a neonatal intensive care unit. Having healthier babies enriches the community through increased happiness and decreased healthcare costs throughout the child's life. Everybody wins.

Resource mothers, such as those employed by the Perinatal Association of Delaware, can be the vital link between pregnant women and healthy information in prenatal care that lead to healthier babies and children.

With me today is a resource mother, Marian Hernandez, who wanted to tell you what a resource mother does. As sole speaker, I will tell you for her. A resource mother is a community outreach worker who assists pregnant women and their up to one-year old. They are support to help the client in whatever way possible. For instance, they're on call 24 hours by a pager. A client knows they are there for the pregnant woman. The main goal is to make sure the woman gets prenatal care and then well baby care. We help mom access resources that she may not be aware of, such as food stamps, clothing, school, employment services. Also we help by providing transportation to those vital doctor visits.

Our focus is to encourage the client to become as independent as possible during the time the resource mother is serving her. We help her by showing her what capabilities she has to represent herself and her baby to the agencies that she has to access. This is done through encouragement which helps her self-esteem. We are our client's advocate of the mother in the shadows. So if something becomes too complicated, the resource mother is there to help remedy the situation. Thank you for listening.

MS. McCLELLAN: George Kraut, and Ruth Clark.

MR. KRAUT: Good afternoon. My name is George Kraut. I'm speaking for myself and my area of expertise in home healthcare. The expertise has been achieved through caring for my wife who has multiple sclerosis. She's wheelchair bound, cannot stand, is totally incontinent, cannot read, write or speak. She cannot dress herself, brush her hair or teeth, nor feed herself. She cannot even operate a remote TV control.

Home healthcare is available, but on a 24-hour-a-day basis costs almost three times what a nursing home does. On an eight-hour-per-day basis, it

costs a little less than staying in a nursing home.

At there is a program called Respite that is administered by the State of Delaware and operated by several home care agencies. It provides funding for a limited number of hours per year, about four hours a week. However, for a middle class income, the suggest donation is the full amount. Insurance will pay only professional nursing care is required.

In addition to a lack of financial support for those needing home healthcare, there is the question of the training the home health aides receive. It's been necessary for me to transfer my wife from bed to wheelchair because, A, the home health aide is too slight to do it and, B, the home health aide has not been trained in the use of a Hover lift, which we do have available. It is a simple hydraulic device used to transfer a person from bed to chair or chair to chair.

Obviously, my having to be there negates the whole point of the Respite program -- giving me a chance to get away.

Further, some of the home health aides have provided the bear minimum for the patient and nothing for the primary caregiver -- again, negating

the point of that program.

Apparently, there is also some problem with theft by home health aides, although we have only had that occur once and it was pitifully minor -- an indication of the economic level that some of the home health aides are at.

We have had two excellent home health aides and were fortunate to have them for quite a few months -- but less than a year in each case. Both were certified nursing assistants and had an outstanding work ethic. Unfortunately, we lost one of those CNAs in the spring of 1998 when the agency she was working for withdrew from the home health care field in Delaware. The same thing happened with the second CNA in the spring of 1999. No explanation was offered as to why the two agencies withdrew that aspect of their operations in Delaware.

It appears it might be appropriate for Delaware to provide funding to: One, examine and regulate the quality of home healthcare in the state; two, require and possibly furnish the training needed; three, provide some subsidy for home healthcare; four, examine the possible tendency for major healthcare organization to withdraw their home healthcare

operations from Delaware. Thank you.

MS. McCLELLAN: Ruth Clark, followed by Larry Tan.

MS. CLARK: I am Ruth Clark, here on behalf of AARP. The AARP testimony will be presented verbally tonight at Glasgow High School by AARP Delaware State President Richard W. Johnson. I have copies here to distribute to attendees so we can make our position known throughout the state. Thank you.

MS. McCLELLAN: Larry Tan, followed by Penny Chelucci.

MR. TAN: Distinguished members of the committee, good afternoon. My name is Larry Tan, and I represent the New Castle County Division of the American Heart Association. I also have a clinical perspective regarding healthcare as commander of the New Castle County Paramedics and son of a New Castle County resident who died as a result of heart disease in 1992.

As you have already heard, heart disease continues to be the leading cause of death in New Castle County with over 1100 lives lost in 1997. My 18 years of experience as a paramedic has convinced me that we need to focus on increasing the survival rate

from sudden cardiac arrest.

In order to do this, we must strengthen the chain of survival to insure victims of cardiac arrest are treated as quickly as possible. Each of the four links in this chain: early access to emergency care, early access to CPR, early access to defibrillation, and early access to advance life support is vital to the survival of a cardiac arrest patient.

Early defibrillation is often the critical link in the chain of survival because it is the only known definitive therapy for most cardiac arrests. The recent Governor-appointed EMS improvement committee and subsequent House Bill 332, otherwise known as the EMS Improvement Act, clearly recognized the need to increase the variability of early defibrillation in our state.

The EMS Improvement Act has identified the need to equip every police patrol car with external automatic defibrillators by 2001. However, this recommendation is subject to appropriation of funding. Clearly, it would be appropriate to use a portion of the tobacco settlement funds to address heart disease, the number one cause of death in our community, which

is a by-product of tobacco use. As a paramedic, I support the reduction of the death rate from sudden cardiac arrest by strengthening the chain of survival.

I further recommend that the Delaware Health Fund Advisory Committee strongly consider using a portion of these funds to equip all law enforcement vehicles with automatic external defibrillators. The chain of survival could be further enhanced by placing automatic external defibrillators in malls, fitness centers, conference centers, office parks and high-rise buildings to significantly decrease the time it takes to deliver life-saving shock. Thank you.

MS. McCLELLAN: Penny Chelucci. Bethsalda Acosta.

MS. CHELUCCI: Hi. Thank you for the opportunity to speak. I thought, I'm just glad I'm not on that side of the table. You really have some tough choices to make. I'm executive director of the Delaware Mental Health Consumer Coalition. And when I look at money like this, the first thing I think of is how to invest it to make it bigger. It's going to run out at some point. It also isn't going to end up being as much as it initially seemed because we have so many dire needs for it.

I don't know how much you want to invest. It could be 20 percent, 50 percent, 70 percent, but I think at least 50 percent should be invested for the long haul. We could make a pretty good return on that. The return should also be invested at some percentage, 20 percent of the return, 50 percent of the return, 70 percent of the return. Some of the return should also be plowed back into the endowment and then we can really sit down at a table and we can say what are the most pressing needs, what needs need to be addressed today, what are the next five years, what are the next ten years. And I think that can be done.

Another way that we need to look at the money is what is the state risking without the money. What are the legal requirements for the money and what is the risk associated with the use of the money. For example, we have a legal requirement hanging over our head with the Homestead Act, which says that we have to move as many people out of institutions as we can and move them into the community. But we have no housing in the community. So it would seem to me a really good investment up front for the money would be in housing, safe affordable housing.

At present we're moving a number of mental health consumers into housing, and these folks have generally disorder of addiction of some sort. We're moving them into the hotels where crack is sold. We're moving them into the YMCA where crack is sold. It's hard to tell somebody stop using, we'll help you to stop using, then put them next door to a dealer.

Another risk I think we need to focus on is, in addition to the Homestead Act, is the financial risk associated with not providing enough medication to patients. And I know that as of today a lot of our providers in the community have run out of money for this year's medication for seriously mental ill patients. It's not because they didn't budget appropriately; it's because the increase in the price of medications has been so significant that they're out of money. So those are two areas of risk I think that we face immediately. But for the long term, I see investment as a good option.

MS. ACOSTA: Good afternoon, everybody. My name is Bethsaida Acosta. I work at the Latin American Community Center here in Wilmington. We are a non-profit community services agency, located on North Van Buren Street, in Wilmington.

The reason I am here is because I care about our children and their physical and mental health. In my work I see the problems caused by poor health choice every day. The Latino community is a hardworkig community. And we have people looking for different kinds of help, and sometimes we are not able to do anything for them.

We have people working more than 12 hours every day that don't have any kind of health insurance or any other protection. I want to ask you to dedicate sufficient funds to tobacco use prevention.

I also want you to understand how the people are wanting prevention, especially with the tobacco industry tries to convince our children that smoking in school makes you feel clearly good looking. Tobacco is the problem in our community. And always tobacco is a problem in our community. And we are currently trying to help to prevent smoking by our children. We have a health prevention program in our facility and are also looking for some kind of prevention program in different schools, in high school and also grammar school.

Please help to continue our important work and expanding our outreach at the neighborhood level

so that more children can lead a stronger, longer and happy life free of tobacco addiction. We want to get happy children and healthy children. Also we need to work with adults. We need healthy adults and happy adults. And that way we can get better children and better citizens.

MS. McCLELLAN: Bob Lang, and then Dr. Betty Paulanka.

MR. LANG: Thank you for allowing me to appear before you this afternoon to speak about youth and tobacco. My name is Bob Lang. I'm a respiratory educator for the past 30 years and am a long time volunteer for the American Lung Association of Delaware.

One of the most disturbing trends we see today is a number of young people who are starting to smoke. I'm sure you have heard the numbers before. Every day more than 6,000 youths in the United States experiment with their first cigarette. Every day more than 3,000 of these young people will become regular smokers with one-third of them dying from tobacco-related illness. Given what we know about tobacco-related illnesses, you can certainly forecast the cost, both financial and in terms of human

tragedy, that will accrue over time with the use of tobacco.

In addition, I believe there is ample evidence that indicates that tobacco is closely related to other risk behaviors, such as alcohol and the use of illegal drugs. In Delaware, we must insure that substance, tobacco and substance abuse programs are included in school healthcare education programs, and the teachers are trained to successfully implement them.

In addition, youth led and youth involvement programs should be expanded throughout the state. There is only so much that we can do to treat tobacco related illnesses. The hope for success lies in our ability and our willingness to prevent young people from ever starting to smoke. It is for this reason that the American Lung Association of Delaware supports the fully funded plan for achieving a tobacco-free Delaware, which is a sustaining comprehensive tobacco prevention program. Thank you for your consideration and your attention.

MS. McCLELLAN: Dr. Betty Paulanka, followed by Dr. Katherine Esterly.

DR. PAULANKA: My name is Betty Paulanka.

I'm representing the University of Delaware. On behalf of the College & Health Nursing Sciences and the health services policy group at the university, I would like to thank you for this opportunity to share my perceptions of public healthcare in Delaware that should be addressed with tobacco money.

Two major groups are adversely affected by the use of tobacco. They are the youth who have many years ahead of them and elderly who exemplify. The best way to address the needs of both groups is to target programs that advocate wellness screening, prevention programs and lifestyle changes, that we do health risks and promote wellness throughout the life span throughout the state, in particularly high risk communities. Unfortunately, many of these services when available and accessible are not reimbursed by insurance even though insurance reforms and health reforms claim to advocate primary prevention.

The rationale for this belief is that during the summer of 1996 a computerized health risk appraisal was done statewide on state employees, and on-site clinical testing is done at the university and throughout the state testing Delaware employees and their spouses who are considered to be healthy people.

The Delaware Center for Wellness working in conjunction with the University of Delaware's Wellness Center in gathering this data found that of the 4,681 people surveyed that, which represented 11 percent of the eligible employees, there were many health risk factors identified in the state and priorities that needed to be addressed.

The statistics for the major risk factors from the state health risk assessment revealed that 66 percent of the people in the state, of the people surveyed, have no regular exercise program; 91 percent need to make nutritional changes; 56 percent are over their ideal weight; 24 percent had at least six or more visits to a healthcare center in the past year; 22 percent had a high coronary risk factor; and 15 percent reported currently smoking.

Nationally, Delaware is considered inordinately high in cancer. Based priority areas fitness, nutrition, exercise, weight reduction, coronary risk medical self care and mental resources.

The health and welfare of seniors are an additional area of concern. They represent almost 20 percent of our population. After retirement older people can expect to live 10 to 20 to 30 more years.

The majority of the health dollars are spent on the elderly. We know that. But, unfortunately, these dollars are spent maintaining status quo or curing illness that could have been prevented rather than promoting optimal health throughout their life. Thank you.

MS. McCLELLAN: Katherine Esterly, followed by Regena Manley.

DR. ESTERLY: Dr. Sylvester, and members of the Health Fund Committee. I am Katherine Esterly, chairman of the perinatal board, which was appointed by the Governor in 1995. I wish to present the recommendations of the Perinatal Board for use of the tobacco money.

Investment in the health of mothers and infants will pay high dividends in preventing illness, chronic disease and smoking related conditions. Parenting education, early education of children in the first five years of life is the most important time to establish healthy lifestyles. Healthy children ready to learn in school will ultimately reduce poverty, violence and chronic illness. Preventive measures are much more effective than our usual crisis intervention.

The outreach committee of the Perinatal Board has surveyed individuals in 13 communities to listen to their needs. This work is summarized in this report. And ideas for improving access to and referral to services in their community are presented. We must meet people in their local settings in order to be most effective.

We also want to call attention to two federal grant proposals that were approved federally but not funded. These are the Healthy Start initiative in Kent and Sussex Counties, similar to the Healthy Start program in Wilmington. This was almost funded. For some reason it was turned down at the last minute.

The other proposal is a program called PRAMS, Pregnant Risk Assessment Monitoring System. We believe that the State of Delaware should look at these for funding by the state since they are ready to implement promptly. Thank you.

MS. McCLELLAN: Regena Manley, followed by Jim Malseed.

MS. MANLEY: Good afternoon. My name is Regena Manley. I am currently a retired State of Delaware employee of 25 plus years, having been in

Social Services, Child Protective Services and having worked in Family Court. My most pleasant experience right now is being co-chair of the Delaware Prevention Coalition, a volunteer position where we're working with young people trying to get the message to them that alcohol, tobacco and other drugs are just not the way to go. We also have a component where we work with the families in an attempt to strengthen the parents, strengthen the communities.

When I look at the Health Fund guiding principles, there isn't a single one that our organization doesn't deal with. When I listen to the presenters here today, there are very few who have already preceded me that we wouldn't be working with. We would be collaborating.

We're working primarily in after-school programs between the hours of 3:00 and 8:00 o'clock trying to offer healthy lifestyle messages to youth and trying to gather parents and counselors together for the purpose of asking our parents to support the message that we give to the children.

I provided a packet to you which gives an annual report of our organization, where our funding comes from, which is through the "Kids Department,"

and some statistics which we have received through the University of Delaware student survey on alcohol and tobacco use. And those statistics support the program that we are offering. It says that one of the top three reasons in Delaware the children indicate why they do not smoke is because their parents wouldn't approve. We work with parents. We're working with communities trying to make sure that our youth are not exposed to alcohol, tobacco and drugs. There are other statistics which you will find in the written information I have provided for you, which will support the programming and the need for your funds to be used for prevention programs for our youth, families and our communities. Thank you so much for allowing me to present today.

MS. McCLELLAN: Jim Malseed, followed by Dr. Charles Smith.

MR. MALSEED: Good afternoon. I represent the Delaware Athletic Trainers Association.

A little background in what we do is: Our primary goal is prevention, care and treatment of athletic injuries. My particular point would be the prevention, care and treatment of those injuries to the high school students in Delaware.

In 1991, athletic training was recognized by the American Medical Association as an allied health profession. In 1998 the convention of delegates at the American Medical Association passed a proposal recommending that all high schools that sponsor athletic programs have a certified athletic trainer as part of their healthcare team.

The Delaware Athletic Trainers Association knows that 30 to 40 percent of high school students in Delaware participate in athletics. A majority of these students are minority students, and many of these students do not have healthcare or health insurance. The athletic trainer at that school could and should provide primary care, healthcare to these students. Studies have shown that youth who participate in these organized sports are less likely to participate in addictive behaviors.

It is also shown by these studies that if these individuals become injured and miss the majority of time, they backslide very quickly, especially minority students, into addictive behaviors. Athletic trainers on the professional level in baseball have developed and are willing to share with us a very comprehensive and a very good program for smoking and

spit tobacco cessation, which has been used in the minor leagues for the past five years and has shown significant drop in both smoking and spit tobacco at the lowest level of minor league baseball single A and rookie league ages, which are equivalent to high school juniors and seniors.

Certified athletic trainers are usually educated with background in substance abuse as part of their course work to become certified and can help both the health education department and the Wellness Centers of the high school to implement programs for substance abuse. Thank you.

MS. McCLELLAN: Charles Smith, followed by Rita Marocco.

DR. SMITH: Thank you. First, I want to thank and congratulate the administration and the legislature for their vision in establishing a fund to improve the health of the citizens of the state with tobacco settlement money. It's a wonderful thing that you have done. And the potential to do good is absolutely enormous.

However, you now have the difficult task of assuring that this money is well spent and will support sound programs that will truly have an impact

on the health of those who live in our communities. Also, it is important to be sure that these moneys are not just used to replace money that should be coming through the normal budgetary process.

There are several areas that I feel are worthy for your consideration, general areas in deciding how this money should be used. All of these can be easily applied statewide. All can be built on existing programs and coalitions without duplication or having to create infrastructure all over again.

First, behavioral risk assessment and modification. Behavioral change is now the essence of primary prevention. In light of the recent live demonstrated epidemic of obesity and the shocking high prevalence of smoking in Delaware, well thought out and properly structured programs of smoking cessation, dietary change and regular physical exercise are very important.

The second area, early detection of disease. These programs are particularly important in the areas of cancer, diabetes and high blood pressure. The most important determinant of survival in cancer is to have the cancer discovered at an early stage. It also requires targeting a high risk population by

developing methods to encourage their participation.

Third, Secondary prevention. These are programs intended to prevent the harm that come from diseases that are known to be present. Such programs have been shown to be enormously beneficial, particularly in diabetes and cardiovascular disease. Up to 40 percent of acute coronary events can be prevented by secondary prevention.

Support for existing programs is the fourth area. The danger here is the tobacco money will be used to support programs that should be fully supported by budgeted funds. Nevertheless, important programs, such as school Wellness Centers, mammography screening for the disadvantaged, programs for teenage pregnancy and even the state's Medicaid program itself are in jeopardy because of lack of funding. These programs certainly should not be permitted to fail.

And lastly, the fifth area is purchase of medications for those who cannot afford that. This is very important, and I certainly support it. However, I warn that this is a bottomless pit, and I hope that other worthy programs will not ultimately be compromised to fund this one.

These are just a few general ideas for

your consideration, and we would will be presenting more specific proposals in the future. Thank you.

MS. McCLELLAN: Rita Marocco, followed by R. Nelson Franz.

MR. FRANZ: Good afternoon, Dr. Sylvester and esteemed committee members. My name is Rita Marocco. Thank you for the opportunity to speak to you on behalf of the Delaware Association of Rehabilitation Facilities.

DELARF represents 34 agencies that provide a wide range of services to people with disabilities in Delaware. These services include programs for mental illness and substance abuse. DELARF acknowledges the daunting task put before you in determining how to allocate the tobacco settlement money and how it can best serve the people of Delaware. There are many health issues that would benefit from the endowment of funds derived from the tobacco settlement. We applaud your recommendations and support of the "Pill Bill," which will ease the minds of our elderly who are unable to afford quality, life-sustaining medications.

There are many healthcare initiatives that would be worthy of your consideration, but few will

have the direct correlation that tobacco usage has with substance abuse and mental illness.

At the recent Senate Judiciary Committee field hearing conducted by Senator Biden and Senator Spector in New Castle, Delaware, there was much talk about marijuana being the gateway drug. We feel this is because cigarettes have never fully been recognized as an addictive drug until very recently. The fact that it has taken until 1999 to win a lawsuit brought against the tobacco industry, after years of suspecting that the propaganda put out by the industry was false, supports the denial system our society has been operating under.

The legal drugs, cigarettes and alcohol, are truer indicators of depression and addiction than any other available drugs. Long before medical problems arise that are attributed to the use of these drugs, behavioral health issues surface. These behavioral health issues may be subtle in some people but devastating to many people. These problems range from mild chronic depression to severe mental illness. The effect on the person in society can be tremendous.

We ask that you consider the effect that funding enhancements to mental health and substance

abuse programs would have on the philosophy of utilizing tobacco settlement money to improve the health of Delaware's people. By providing funding for improving treatment options to serve this population, you would be meeting the mandate of Senate Bill 8. The expenditures we are suggesting would definitely be in the best interest of the citizens of Delaware by providing intervention to people suffering from mental illness and/or substance abuse before behavioral health problems are compounded by inevitable medical problems associated with tobacco and alcohol abuse. Thank you so much.

MS. McCLELLAN: R. Nelson Franz, followed by Lolita Lopez.

Mr. Chairman, members of the committee, my name is R. Nelson Franz. I'm the vice-chairman of the Governor'S Advisory Council for Alcoholism, Drug Abuse & Mental Health.

We have reviewed your committee's response to Senate Bill 8 of the 140th General Assembly and have studied the bill itself. Some of the points identified in the bill for which the Delaware Health Fund money shall be expended, as you know, include:

One, to expand access to healthcare and

health insurance for those who are uninsured and underinsured. Secondly, to make long-term investments to enhance healthcare infrastructure which meets public purpose. And, third, to promote payment assistance to Delaware citizens who suffer from debilitating chronic illnesses which are characterized by onerous recurring costs.

All of these objectives hit the mark as far as persons who have serious and persistent mental illness and/or a chronic drug or addictions problem and who need the resources of the public system provided by the Division of Alcoholism, Drug Abuse & Mental Health, a division which is unable at the present time to meet the demand. To mention only a few of the problems they have faced:

Admissions to the Delaware Psychiatric Center have increased 44 percent in two years, 1999 versus 1997. The average census of that center has risen from 308 in 1997 to 329 in 1999 and is predicted to be 345 for the current year of 2000. I think we're already running ahead of that 345 number. There has been a significant increase in the geriatric patients. And all the units are operating at or above bed capacity.

There is at least 60 long-term patients in the center who have been identified as ready for discharge if appropriate housing and support services were available in the community. With that, throughout the state there are only five supervised group homes located in the community with a total capacity of 38 persons. The last community group home that was started up was in 1993.

Lack of funding for the inflation related cost of contract service providers has negatively impacted social worker salaries and has contributed to personnel turnover. Admissions to drug and alcohol programs have increased 24 percent in the last two years. This includes an increase of 35 percent in the heroin admissions.

To summarize, this is a division in deep trouble, and it needs help now. We strongly recommend that a significant allocation of the tobacco money funds be made to this division so steps can be taken immediately to help correct the deficiencies that currently exist. Thank you.

MS. McCLELLAN: Lolita Lopez, followed by Gilbert Sloan.

MS. LOPEZ: Good afternoon. My name is

Lolita Lopez. I'm the executive director of West Side Health, a nonprofit community health center in Wilmington. I stand before you today as a representative of the three federally qualified health centers in the state of Delaware. They are Henrietta Johnson Medical Center, Delmarva Rural Ministries, and West Side Health. We speak as one voice on behalf of underinsured and uninsured citizens of Delaware.

We believe the committee should consider making primary medical and dental care subsidy funds for uninsured and underinsured a priority. We are deeply concerned about the dental health professional shortage in our state and its negative impact on mental health in low income and minority communities. Expedite this state's efforts to increase access to affordable healthcare coverage. There is an increasing number of uninsured in Delaware. We are concerned Delaware's healthy children program does not cover primary or dental services. The Delaware Medicaid program does not cover dental health services for adults. We are concerned that due the shrinking Medicaid and Medicare programs of Delaware resources for the uninsured are being depleted and because thousands of Delawareans are at risk for oral cancer

because they have no access to oral health screening. We are deeply concerned because dental care is widely considered a disease of poverty.

We suggest several strategies for use of funds for the underinsured and uninsured. Expand the safety net for primary providers, especially in communities that don't have adequate resources. Develop partnerships with those who have similar missions, resources they're willing to mobilize and a commitment to work collaboratively. Build partnerships with communities to help transform primary care delivery systems by restructuring, integrating existing services and building capacities for new ones.

In our community health centers alone, our patient panels consist of 30 percent uninsured at Henrietta Johnson Medical Center, 40 percent at West Side and 90 percent uninsured at he will Delmarva Rural Ministries. As these number will increase, we cannot continue alone as safety net providers without assistance and partnerships. We ask you to consider these strategies as a way to bring Delaware healthcare back to the community and those who need the effort. I thank you for your time and your effort to reach to

our communities.

Thank you.

MS. McCLELLAN: Gilbert Sloan, followed by Joe Wear.

Chairman Sylvester and committee members, I'm Gilbert Sloan. I appear on behalf of the Advanced Technology Center for Medical Devices, Inc., a Delaware supported organization. I think mine is the first presentation that addresses number 5 in your organization's stated purposes: To work with the medical community by providing funding for innovative and/or cost-effective testing regimens to detect and identify lesser-known but devastating and costly illnesses.

The corporate partners of Delaware's ATC-MD have been responding to this purpose in a spectacularly successful way. One of our partners, MIDI, Incorporated has commercialized a novel method for identifying bacteria and yeasts, using advanced instrumentation that doesn't require the effort of highly skilled professionals. In addition, MIDI has under development an automated method for identification of bacteria in blood cultures, which will shorten or eliminate hospitalizations; a system

for diagnosis of tuberculosis; a system for detection of a little over 50 metabolic errors in newborns at a cost of about $2.

Berger Instruments, another of our partners, has developed a method for automatic separation and purification of the thousands of drug candidates that are emerging that pharmaceutical companies are now able to synthesize monthly.

Agilent, formerly Hewlett-Packard, has introduced a new gas chromatograph suited to the needs of ATC-MD partner companies.

Professor Steve Brown, from the University of Delaware, has developed and patented computer-based systems for diagnosis of metabolic disorders.

Among the guiding principles adopted by DHFAC is the concept that the DHF moneys ought to be "used for future citizens with a portion set aside for the future."

The achievements of the programs of ATC-MD comprise a perfect pairing with the stated principles of DHFAC, and, clearly, warrant assignment of substantial resources to this home-grown academic/industrial collaboration. Thank you.

MS. McCLELLAN: Joe Wear, followed by

Vivian Young.

MR. WEAR: Good afternoon. Thank you for the opportunity to be here. My name is Joe Wear. I'm a cancer survivor, the son of a cancer survivor, the husband of a cancer survivor and the father of a cancer survivor. And because of all these experiences I now work with the Wellness Community of Delaware, a place that provides emotional support for people with cancer. I'm here today to ask that a substantial portion of the tobacco settlement be devoted to the care of people with cancer and their loved ones.

When I speak of care, I don't just mean doctors and medicine. I speak also of emotional care. The reasons for this are many. The emotional component of cancer is just huge. The disease manifests itself in so many different ways. All the treatment options are harsh and frightening. The death rate is high, and one seldom, if ever, hears the word "cured." You might be in remission or hearing "cancer-free." I thought I was out of the woods. Five and a half years later I am back in treatment again. So you think of your body as a ticking time bomb.

The Wellness Community is the only

organization in Delaware dedicated exclusively to helping people with the emotional component of cancer. Since we opened in 1996, mid 1996 we have experienced more than 9,000 visits here. And the Wellness Communities nationally across the country, there are 20 of them, experience over a hundred thousand visits annually. If you ask anybody who has used our services -- which, by the way, are all free of charge -- you will learn that we have made a significant differences in their lives.

So I'm here to ask you that a good portion of the tobacco settlement go for emotional care for people with cancer and their families. Thank you.

MS. McCLELLAN: Vivian Young, followed by Leslie Whitney.

I'm Vivian Young, and my record is stuck with a needle that plays one note -- children, children, children.

Stand for Children in Delaware is a volunteer coalition of child advocates. Today I'm here to focus the attention of the committee on education and prevention of the health risks to children, health risk factors of tobacco and other addictive substances for children.

We plead for greater commitment of leadership to insure that all children have an opportunity to grow and to thrive in homes that are free of violence and in safe neighborhoods. All our children are entitled to a fair start, a healthy start, a safe start and a moral start. If Delaware truly believes in the future, it believes in its children. We, therefore, plead for an apportionment of these funds to be spent on children and these issues which impact their growth and development. Thank you.

MS. McCLELLAN: Leslie Whitney, followed by Dr. Floyd McDowell, Sr.

DR. McDOWELL: I'm Floyd McDowell. I'm the chairperson of Civic/Political Positions for the Reform Party of Delaware. What I want to present to you today is a real opportunity for you, for all of us who care about the future of healthcare in Delaware. I recommend that this committee put priority on getting an inter-agency, including the political representatives, group together and look at a single-payer healthcare plan for the state of Delaware. I'm going to give you some information about this plan tailored to the state of Delaware.

We are spending 3.5 billion this year in Delaware on healthcare. We're wasting 1.4 billion because the health insurance companies are in our lives. What does a health insurance company contribute to a doctor's office, hospital, laboratory, pharmacy -- zero, nothing. If you want an example of societal insanity, they are actually telling physicians and dentists what they can and can't do. We ought to have meetings in the state mental hospital or corrections facility when we discuss these issues.

So my point is this: I'm in connection with the top people of this nation, nationwide as well as states who have single-payer legislation developed. I have information I can share with you that will prove we can have enough money to totally cover everybody in this state for healthcare services such as visits to the primary physician, and all specialists, hospital costs, AIDS treatment and care, mental health services. We can cover old people like myself for long-term care services, for helping in the home with illnesses, such as I heard this gentleman say his wife suffers from. It can cover all of this, prescription drugs totally without extra insurance, co-payments or deductibles.

This is not fiction. This is reality. The reason you are not hearing about it is money controls our governmental decisions.

I happen to be chairperson of the Delaware Common Cause Campaign and Coalition developed for campaign finance and election reform. So I know something about this.

My point here is if you sit down and look at facts, nothing can help economic development, our job development more than what I'm talking about. Chrysler took half their work force up to Ontario because they can build a car up there for a thousand dollars less per car than they can do it here. I can go on and on with it. I have 20 copies. Every organization represented here should read this material. And I can connect you with people in other states who are putting together bills to do this. There is no barrier except for governmental representation.

The other thing I want to say is this: I have been involved for ten years with an international educational reform movement for training people in school districts so every kid can learn and learn well. And they do. The knowledge is there. The

present bureaucracy and even the political folks don't have the courage to look at this. So if you would get a meeting together, I think you can have a breakthrough because the changes have to come from outside.

What am I saying? I am saying that psychotropic drugs among school kids has gone up 700 percent in this decade. Ritalin is a psychotropic drug. The research is ceiling high that the number one cause of substance abuse, and that includes nicotine, delinquency, all kinds of tragic, stressful unhealthy behavior is flunking and labeling school children -- something that is totally unnecessary.

I will conclude by saying the state of Maryland has a law that if you have failing schools for a number of years, they can ask people to come in and take them over. They asked our nonprofit group to do this. My office in Bear is international headquarters for this group. I have worked with them for ten years going out in places like inner city New York where we train the school staff. All the kids in these schools are learning well. When they get around to taking standardized tests, they score two or four grade levels above the norm. My point is

I would be glad to share with you this 24-page school reform proposal. You will see that kids can learn and learn well. They will be healthy and not turn to substance abuse. I think you can help break through some of these bureaucratic barriers that exist.

MS. McCLELLAN: Evelyn Keating, followed by Zachariah Lingham.

MS. KEATING: Good afternoon. My name is Evelyn Keating. I'm the childcare services director at the Family Workplace Connection.

I would like you to consider setting aside a portion of the funds from the tobacco settlement to increase the quality of childcare and after-school programs. Other states have put aside some portion of their funds to increase quality in childcare. These programs provide healthy nurturing and educational environments for children. High quality childcare programs help to increase resiliency factors in children. Quality school-age programs give children the opportunity to increase their knowledge, increase their social, emotional development and can spend the afternoon and evening hours in a safe environment where crime and risky behavior is decreased.

Quality childcare programs include a

strong parent partnership and offer support to families and positive activities for families and children. In developing these strong support systems, quality childcare programs give children and families options to risky behaviors. Research shows that increased drug and alcohol use come with increased tobacco use. We need to get the information out to children at an early age and support them. Good quality childcare prepares a child socially, emotional and physically and intellectually so that they are ready to learn when they enter the public school system.

I would also like to draw your attention to a couple of quotes from Kids Count Delaware that was published last week.

One of the quotes is from a child who is 17. "Kids as young as 8 and 9 begin to smoke because the cool guys on television smoke."

"There are no outward signs of damage, so we start early," said another child at age 15.

And also a statistic published in Kids Count Delaware: "Currently, Delaware children start smoking at a younger age, 12.5 years. The national average is 14.5 years. So that more of our children

in Delaware are smoking at an earlier age than those in the nation." Thank you for the opportunity to speak.

MS. McCLELLAN: Zachariah Lingham, followed by Peg Showalter.

MR. LINGHAM: Good afternoon. My name is Zachariah Lingham. I'm the health promotion coordinator for the City of Wilmington. What I would like to do is to give you the Cliff Notes version of what I have written on the specific health needs of Wilmington.

Number one, the Layton home. There should be money set aside to not only help reopen it but also to sustain it. There is no way that Medicaid is going to meet the cost of operating the home. And Layton Home provides care for a disproportionate number of Medicaid and medically indigent patients. It is only fair that Layton Home be subsidized.

Two community health centers, Henrietta Johnson and West Side Health, should be supported well beyond the federal funds they do receive. Given these two centers exist to serve medically indigent and medically underserved, it is not only a medical imperative for supporting these centers but also an

economic one. It's already been pointed out, there is close to 45 million Americans uninsured. If we can keep the uninsured healthy by providing primary healthcare, which is what community health centers do, we will have saved our healthcare industry millions of dollars.

AIDS, it's been said over and over again that the AIDS rate in Wilmington is three times higher, especially in 1980, '2 and '5. What we're suggesting is that we need programs targeted, prevention programs targeted to those infected areas. But we also want to give serious consideration, serious consideration to a needle exchange program. Needle exchange programs are proven to be effective in slowing the AIDS rate due to intravenous drugs use in such places as Baltimore, Philadelphia New Haven.

Drug and substance abuse is an area of need. We need more prevention programs. Treatment on demand continues to be a cry from the those in the city who are either infected with addiction or affected by loved ones who are hooked.

Diabetes. Given the staggering costs of diabetes, there needs to be more education, information and screening programs targeted to the

inner city.

Environment. The city has approximately 110 contaminated sites. DNREC has already identified four most serious ones. Those efforts notwithstanding, we need to increase our surveillance and to do health assessments on populations directly affected.

Violence. There needs to be an investment in anger management and conflict resolution programs directed toward youth.

Infant mortality in the African-American community in Wilmington is still extremely high. Wilmington Healthy Start has been funded by the feds to address this problem, but this particular grant only has two years left. We need to be looking at revenues for sustaining this valuable program. Also when you support Healthy Start, you are addressing the issue of teenage pregnancy. I hope I got it all in. Thank you very much.

CHAIRMAN SYLVESTER: I was waiting for teen pregnancy to come up.

MS. McCLELLAN: Peg Showalter, followed by Wayne Franklin.

MS. SHOWALTER: I'm Peg Showalter. I am a

American Cancer Society volunteer and long-time cancer survivor. I'm the widow of a man who died six years ago at age 58 after suffering for two years from lung cancer. He began smoking at age 13 and continued smoking and inhaling cigars, cigarettes, pipes until he quit with the help of the Cancer Society support group five years ago before he became ill.

In my opinion, education in the schools is the very best route to take to stop the smoking before it starts. If we had known in the '40s what we know now, probably my children, grandchildren and I might be enjoying his presence instead of only having fond memories and photos. Please seriously consider using a portion of these funds for educating young children and teens to stop smoking before they ever get started.

MS. McCLELLAN: Wayne Franklin, followed by Monica Gillespie.

MR. FRANKLIN: Thank you. My name is Wayne Franklin. I'm a pediatric cardiologist here at the new Morris Cardiac Center, and I'm also newly appointed chair for the Tobacco, Alcohol and Drugs Committee of the Delaware Chapter of the American Academy of Pediatrics. I am here today speaking as a

citizen, as a man whose father at age 54 had his first angioplasty. My mother began smoking at age 12. My mother died at age 35 of a brain aneurysm which progressed secondary to tobacco and oral contraceptives.

I feel that there is one main goal that we have to accomplish with this tobacco settlement money, and that is to extinguish nicotine addiction of the citizens in the state of Delaware. I am going to say that again. We have to extinguish nicotine addiction in the citizens of the state of Delaware. We need to have a multifaceted program that utilizes things already in place with programs that are already in place and build on them.

We need to start with women who are pregnant, minimizing tobacco use during pregnancy to avoid low birth weight children, to avoid children who will be born and at risk for Sudden Infant Death Syndrome. We need to develop tobacco prevention and cessation programs throughout childhood and adolescence and link it with other treatable addictions as well.

Many pediatricians and family physicians do not know how to prevent and take care of children

who are at risk for tobacco addiction. We need to address those issues. We need to make sure that there is not one citizen in the state of Delaware who tries to stop smoking who has no resources to do so. We need to make sure that every citizen has the availability for nicotine replacement. There are other pharmacological means for helping to quit smoking and physician consultation -- not just once. Because we know only five to ten percent will quit the first time. But if five to ten percent quit one time, and then the next time we help them again and another five to ten percent can quit and we help them again and another five to ten percent will quit, this will be the most cost effective way of decreasing tobacco addiction in the citizens of the state of Delaware, and we'll be able to have more funds for long-term care.

We need to use the advertising programs that other states have used that have been effective. We need to look towards California. We need to look towards Massachusetts and not reinvent the wheel, not waste a lot of money in programs that are already working in other states.

I commend you on the work that you are

doing and I ask you to help me -- help us in extinguishing nicotine addiction in the citizens of the state of Delaware. Thank you.

MS. McCLELLAN: Monica Gillespie.

MS. McCLELLAN: Hi. My name is Monica Gillespie, executive director of the Governor's Advisory Council on Hispanic affairs.

As some of you may know, the Hispanic population has grown 82 percent in Delaware, 1990 through 1997, 60 percent increase in New Castle County, an astonishing 262 percent in Sussex County. This is according to Delaware Population Consortium. Latinos of Delaware are from Puerto Rico, which makes them citizens of the United States, from Guatemala, Mexico and many other Central and South American countries.

In absolute numbers, the population may not seem huge, but this population has the quality of a disproportionate lack of insurance and appropriate healthcare. How much? Well, we don't quite know. Here in front of me I have the Delaware Vital Statistics. I have the report on the Governor's Advisory Council on Minority Health and the Delaware Healthcare Commission Annual Report, none of which can

provide more than one page of data on Hispanics in Delaware.

It is time for Delaware to come to terms with this growing population. We should be looking for ways to provide culturally appropriate care. This doesn't simply mean translating brochures -- although that would be helpful -- it means growing our own bilingual healthcare professionals and encouraging culturally sensitive medical and social practices. There are some services available. However, access to systems for needed treatment and other support systems must be better coordinated and strengthened. A system that is not sensitive to the nonmedical needs of patients will not make them feel comfortable with the care. A patient that feels intimidated by the process of seeking care will not do so.

Although state data is not available, or published, we assume that many Hispanic Delawareans are uninsured. This is supported by national research that finds one of the main factors existing in communities with the highest level of uninsured is the percentage of Spanish speaking children. Successful programs for providing competent culturally appropriate care do exist nationally. There is much

research that demonstrates that the most successful ways to reach ethnic populations is through services right in their community where safety and understanding are found.

In keeping with the goals of the establishment of the Delaware Health Fund, the Governor's Advisory Council on Hispanic affairs recommends that we commission a comprehensive statewide health survey for the purpose of identifying critical health status and needs. This needs to include mental health, which is an area that needs very much attention.

We recommend that you provide or increase funds to nonprofit agencies that service Hispanics, such as Latin Community Center, in Wilmington, La Esperanza, La Casita and La Red, in the Georgetown are. There is a need for additional services.

The council also agrees with many applicants here that health education is critical. Please start in the schools and extend to the community to touch upon all the health related issues and make sure that education, which is one of the means with which to improve the welfare of Delaware residents, is understood by all those you target.

Thank you.

CHAIRMAN SYLVESTER: Thank you. That's the list that you either called ahead or signed up here. But we do have a few minutes more. Is there anyone else who would like the opportunity to speak at this time.

MS. HAASE: My name is Joanne Haase. I am concerned. This was handed out at the desk. The last bullet says, "such other expenditures as are deemed necessary in the best interests of the citizens of Delaware provided that they shall be made for health related purposes." The house amendment that was added to the bill I gave on the 30th of June reads "provided first consideration and priority shall be given to healthcare related expenditures."

And I think that allows for some leeway in the General Assembly deciding what they're going to do with the money. And we know that the General Assembly does -- this is just an Advisory Committee to the JFC. But in view of the number of people that have presented for the public hearing, and the wide variety of needs that have been expressed, I would hope that the JFC and the total General Assembly would give very, very, very strong consideration to looking at

only healthcare needs. And if they choose to spend the money in some other way short of a major catastrophe -- and I'm thinking of something like what happened in North Carolina here, flooding that went on and on -- that they have extensive public hearings to determine that this is indeed what the citizens of the state want.

I was not impressed with the way that this bill developed in that it was introduced in mid January. It was on the table for five months only as -- with the money being given to healthcare purposes. That was the only discussion until the middle of June. And all of a sudden there was a movement that maybe this money should go into the general fund. There had been no public discussion of this at all. And I think that this is not a good way to act. I think if they're going to use it for some other purposes, it should be very well discussed before this decision would be made by the General Assembly. Thank you.

SENATOR McBRIDE: Let me just tell you I'm in 1062, but I intend to support health related issues with this money, not potholes and not all the other kinds of things. Thank you for addressing that.

CHAIRMAN SYLVESTER: Are there others would like the opportunity to address us. We have a little over ten minutes left. Yes. Please introduce yourself.

MS. NORTH: My name is Bonita North. I'm administrative coordinator for the Delaware Adolescent Program. The Delaware Adolescent Program is a school statewide education program for pregnant teens. We have three locations. We work in coordination with teenagers' families. We help them through child birthing issues through education they are not given in their regular high schools. We are a nonprofit agency. We facilitate approximately 728 students at our three centers.

In addition to providing continuing education programs, we provide social services, child birth classes as well as informative workshops, such as HIV workshops, fetal alcohol syndrome, child abuse and a wide variety of subjects that our teens need constant information and support with.

One of the most desperate needs we are dedicate towards is support for monitoring programs as well as grants, funding for further education materials. Since we are a separate entity from the

school districts, in a sense, we are continuing to do the best we can do to update their high school information to keep them on board so they can matriculate back into their regular grades so that they could have a goal, a goal to not only graduate from high school but also to go on and further their education, to stop the perpetual cycle of teen pregnancy and to actually become productive members of society. That is the purpose of the Delaware Adolescent Program.

MS. PERTOFF: My name is Lisa Pertoff. I'm with the Delaware Council on Gambling Problems. I did not come prepared with anything to say. I was not going to make a statement, but I have heard lots of really interesting ideas, very enlightening. I couldn't take notes fast enough. But while I have all of you in the same place, I don't think I would be doing my job if I didn't point something out that I hear over and over again. The confusion between the disorder of addiction being used interchangeably with alcohol and drug abuse. Somebody mentioned a survey, a couple of people have mentioned it, in which tobacco may be a gateway drug. In fact, kids may start smoking before they start drinking and using drugs.

In fact, a study that was done in Minnesota indicated that of all the gateway activities there were for kids, the first one was gambling. And because I am in the field I know, but you may not.

And also, as I told Senator McBride previously, I'm not here asking for money. I consider the state, particularly the Legislature, has done an extremely good job in funding that particular addiction. But I think it's very shortsighted to lose sight of the interrelatedness of all addictions because, I assure you, the highest at risk group for compulsive gambling in the world is people who have some kind of substance addiction who go into treatment, get all better from that, then they come out and they start gambling because it's legal here in Delaware, it's a cheap night out until you get hooked on it. Then that makes you feel so bad till you go back to your drug of choice. Typical example. The greatest killer of pathological gamblers is suicide.

Then you bring up the depression. Someone mentioned the connection between depression and anxiety and the addictions. And I'm here to reinforce that and hope that we can think of the behavioral health issues, but I hope we can think of them

globally. And if you leave one out, you leave out an integral piece of what it is we're trying to accomplish here. Thank you for your time.

CHAIRMAN SYLVESTER: Thank you. Other comments? Yes.

MR. FIGUERAS: Good afternoon. My name is Jaime Figueras. I am the Public Health Officer for the City of Wilmington. I am not going to advocate for anything specifically because I believe the board is covered already.

The arguments I heard in here were so beautifully summed up before this panel. I would like to emphasize one of the arguments made by so many who preceded me, made by Zach Lingham, representing the City. Violence is a big problem, violence among children, children killing children. I believe that we should start to really look into the real roots of violence in our society. And the environment. He mentioned environment. I would like to add only one piece. We need some funds to start to educate people how to leave an area that has been contaminated in the past due to our ignorance of environment in those days, due to the lack of knowledge, scientific knowledge of what will be the long term effect of

that. We need funds to spread the word about how to live in a planet that is contaminated and how to evolve and possibly evolve those brown fields into green fields. Thank you very much.

CHAIRMAN SYLVESTER: Yes, ma'am.

MS. OWENS-WHITE: My name is Lavaida Owens-White. I'm parish nurse for Christ Our King Church. And I just wanted to take this opportunity to say that I think you should investigate supporting parish nurse programs, congregational health ministries. You need to introduce at the grass roots level the kind of programs that all of you here are talking about addressing, children, alcohol, substance abuse and other kinds of problems that are present in our community, through Congregational Health Ministries Parish Nurse Programs. Thank you.

CHAIRMAN SYLVESTER: We have time for one more. Yes.

MS. PIECH: My name is Sherry Piech. I am a student at A. I. Du Pont High School. I personally am a member of RYAT, Real Youth Against Tobacco, at our school, something we began last year.

It's really difficult to go into our bathrooms at school without smelling smoke. And I

don't know about you guys, but that's not exactly my idea of relieving myself. I don't particularly care to go to a bathroom filled with smoke. I don't know how many public restrooms are like that, but I know my school is like that. I believe that if we had more educational things for people when they are younger and more prevention programs for children and young people that would help to stop a lot of the stuff. And I could breathe cleaner air.

CHAIRMAN SYLVESTER: We have a question.

MS. PIECH: Yes.

SENATOR McBRIDGE: What does the school do should they catch a student smoking?

MS. PIECH: The student gets suspended for I think about three days. But I mean there really isn't a firm -- what's to stop the student from doing it again? A lot of students who get disciplined like just do it, it's not -- the disciplinary actions do not affect them all. They're used to getting suspended and detentions.

SENATOR McBRIDE: Do you feel an adequate effort is made by the school to prohibit smoking on school property?

MS. PIECH: Definitely not. Because I

mean, obviously, there is still smoking going on and there is still stuff we can do. I don't know exactly what those things are going to be and what they can be, but I definitely know not enough is being done. And there is some programs that we could start like you know: Just don't smoke. Here's a piece of candy or something, you know. That will help. But, you know, stuff like that. There's a lot more could be done.

CHAIRMAN SYLVESTER: What high school are you from?

MS. PIECH: A. I. Du Pont High School.

CHAIRMAN SYLVESTER: There are 27 Wellness Centers in this state. There are 29 public high schools. Yours doesn't have a wellness program.

If we did give money for candy, then the dental rate would go up.

I would like to give a chance for any of the committee members to say a few words before we close and reconvene at 7:00 o'clock tonight at Glasgow High. Any committee members?

(No response.)

I want to thank the committee for being here this afternoon. Tom, I want to thank you for

starting us on time.

But, most importantly, from the entire committee, I want to thank you for spending the afternoon with us. I thought your ideas were great. You have not made our job any easier, but you have given us some wonderful things to think about. And thank you for sharing for the last two hours. I do appreciate that. See some of you later at Glasgow.

(Hearing concluded at 5:04 p.m.)

-- -- -- --

State of Delaware)
)
New Castle County)

CERTIFICATE OF REPORTER

I, Lucinda M. Reeder, Registered Professional Reporter and Notary Public, do hereby certify that the foregoing record is a true and accurate transcript of my stenographic notes taken on November 30, 1999 in the above-captioned matter.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 6th day of December 1999 at Wilmington, Delaware.

Lucinda M. Reeder