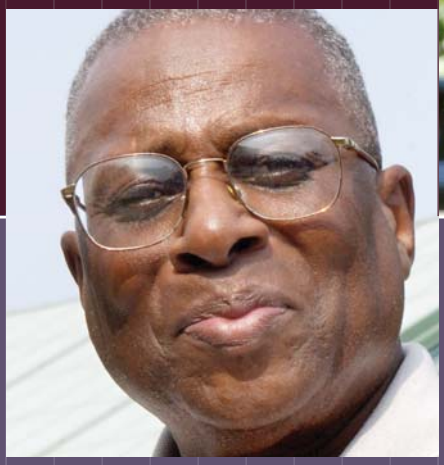

Turning *action* into *Results*

The Next Four-Year Plan

2007–2011

DELAWARE
CANCER
CONSORTIUM

Delaware Cancer Consortium

August 2007

Table of Contents

Many people know about my personal story—and how cancer has affected my family. Having a loved one lose the fight against this horrible disease was a painful experience, and as Governor, I have made it a priority to prevent others from having the same experience. Since I took office in 2001, our state's cancer rates have declined significantly—thanks to the hard work and dedication of the Delaware Cancer Consortium and their partners throughout our state.

As we embark on the next four-year plan, we will strive toward new goals to further reduce our cancer incidence and mortality rates in the First State. Already, we have seen our cancer incidence rate decrease four times as much as our nation's rate, and our cancer death rate decline twice as much as the national average. Borrowing on those successes, we are expanding our outreach and identifying new preventive strategies, which will further strengthen our efforts to fight against cancer.

We must remain focused and continue to seek out all available options for treatment and prevention, so we can look forward to a healthier future in the state of Delaware.

Ruth Ann Minner

Ruth Ann Minner
Governor, State of Delaware

A Special Thank You

to the people who have helped us become a consortium—making a difference in Delaware and becoming a leader for the nation to follow.

Heather Bittner-Fagan, MD
The Honorable Patricia Blevins
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Robert Zimmerman
Sandra Zorn

We began our journey six years ago. *The task to reduce cancer incidence and mortality in Delaware began in 2001 when Governor Ruth Ann Minner signed a resolution to create the Delaware Advisory Council on Cancer Incidence and Mortality—a group which became the Delaware Cancer Consortium. People with cancer shared their stories. Volunteers from all walks of life participated as committee members. Speakers and experts shared their knowledge. And we began to take a serious look at what was causing our cancer incidence and death rates to be so high.*

A plan of action was determined for the first four years. The goals were ambitious. To provide screening for every Delawarean age 50 and older for colon cancer. To devise a way to reach the vulnerable African American population. To examine Delaware waterways and wells for carcinogens. To offer free treatment for cancer to people who were uninsured. To inform Delawareans what they can do to reduce their cancer risk.

The accomplishments are many. Not only were most of the tasks set forth completed, but others were added over the four years to "fill in the gaps" and improve screening, early detection, and treatment services.

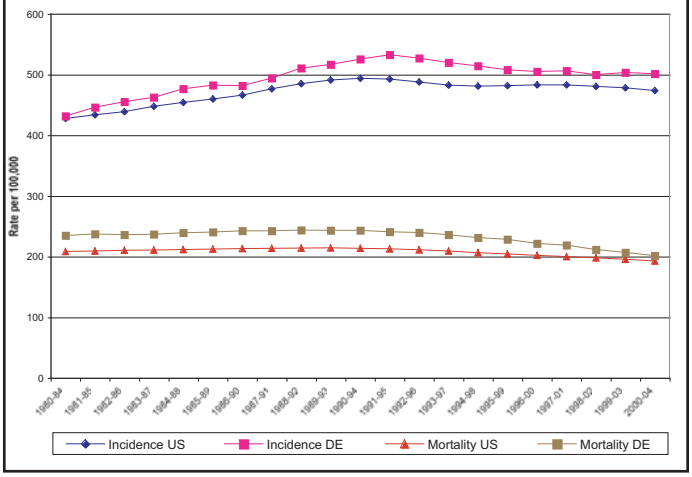
We are ready to move forward. *The next four-year plan is presented here. These steps will take us even closer to our goal of eliminating the threat of cancer from the lives of all Delawareans.*

Our journey to reduce cancer incidence and mortality in Delaware has been chronicled in our annual progress reports.

THE BIG PI

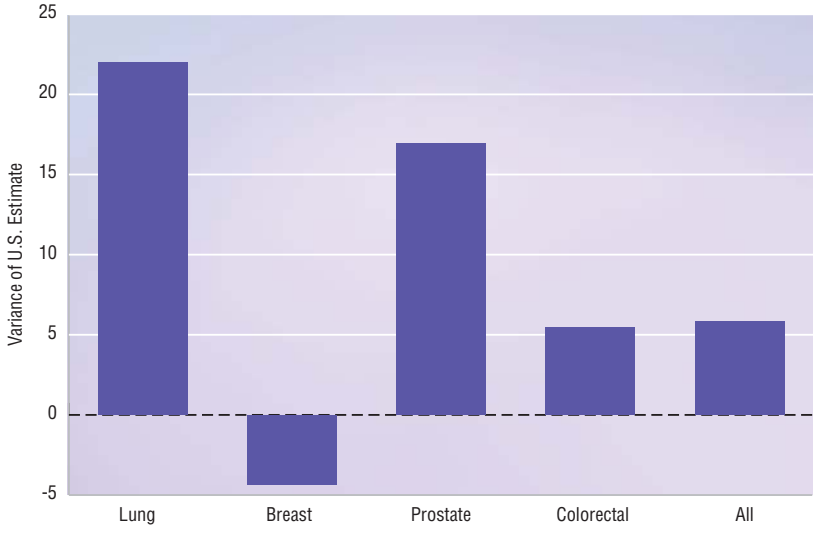
We see progress since we have taken action to lower the cancer incidence and mortality rates in Delaware. Although our cancer incidence is still above the national average, that number has dropped. It's part of a downward trend we're seeing nationally. For breast cancer, our incidence rates are now below the national average. Mortality rates nationally and in Delaware are lower overall. But we know that cancer is a complex disease and that many of the tasks we are undertaking will continue to help us reach our goal—to reverse the trend that we recognized five years ago—to be among states ranked among the lowest for cancer incidence and mortality in the nation.

TRENDS IN CANCER INCIDENCE AND MORTALITY COMPARISON OF THE UNITED STATES AND DELAWARE 1980–2004



DIFFERENCES IN AGE-ADJUSTED INCIDENCE PER 100,000 DELAWARE versus U.S. 2000–2004

Source: DE: Delaware Cancer Registry, Delaware's Division of Public Health, 2006
U.S.: Surveillance, Epidemiology, and End Results Program, National Cancer Institute



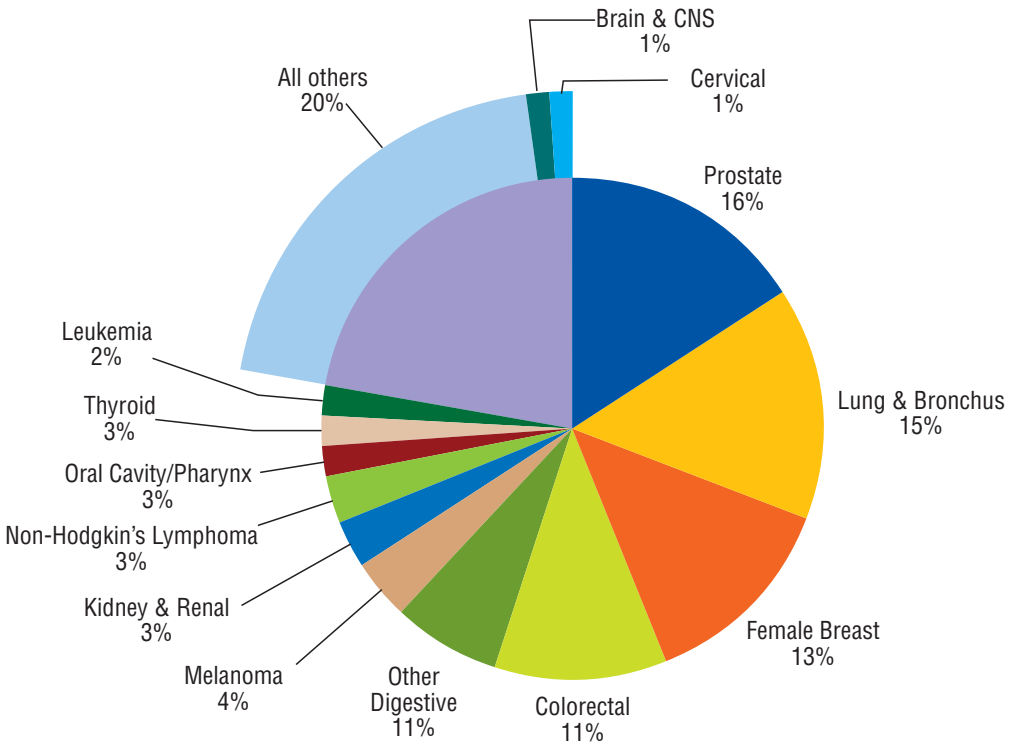
CTURE

WHAT CAN BE DONE

- Reimburse providers for colorectal, prostate, breast and cervical cancer screenings—adding a cervical cancer vaccine for girls and young women.
- Make sure targeted populations know about all the cancer services available to them.
- Bring more screenings—via mobile outreach—to targeted populations.
- Remove barriers that keep people from getting screened by examining deductibles and co-pays and partnering with insurance companies to get more people screened and enrolled in risk reduction programs.
- Take information about cancer screening, prevention, treatment and survivorship into the workplace and encourage employers to be advocates for both screenings and cancer survivors.
- Address survivorship issues by creating holistic programs and rehabilitation, offering the services of wellness coaches and training health care providers on palliative and end-of-life care.
- Extend cancer treatment coverage from one to two years.
- Reduce prostate, breast and colorectal cancer mortality rates among African American men and women.
- Continue to acquire relevant data, evaluate it and share it with all committees.

CANCER BY TYPE IN DELAWARE 2000–2004 (As Percentage)

Source: Delaware Cancer Registry, Delaware's Division of Public Health, 2006



- Continue the Cancer Care Coordination Program to eliminate the barriers to cancer care.
- Continue to monitor the air and water in our state for carcinogenic substances.
- Improve information about clinical trials and make sure cancer patients know they are an option for them.
- Review medical records to get an update on quality measures for specific types of cancer.
- Continue programs such as Quitline and QuitNet to result in even greater reduction of tobacco use.

"We've built a strong foundation that lets us do things we couldn't have done four years ago. We're going to continue to prioritize and target specific objectives—making sure all we do is achievable and measurable. We want to build consensus around the most important issues so that we can attack and change what must be changed. We realize it may be a few years before the cancer numbers reflect what we've done here. But the behaviors we've changed are making a difference now. Thousands of colon polyps have been removed that would have become cancer. There are kids who haven't picked up a cigarette—reducing their chances that they will become lung cancer victims. I'm confident that there will be many more successes to come."

WILLIAM W. BOWSER, ESQ., CHAIRPERSON, DELAWARE CANCER CONSORTIUM

Moving Forward

It's been four years since we began our quest to lower cancer incidence and mortality rates in Delaware. There are new words in our vocabulary lately. Words like progress. Achievement. Promise. And hope. They've appeared because we've done more than just talk about what needed to be done. We've implemented a plan, addressed specific needs and even supported the passing of legislation—like the Clean Indoor Air Act—to hardwire change.

We realize cancer is a complex disease and there is no one silver bullet. But we have made changes that are starting to make a significant impact on the health of Delawareans.

In the next four years, we want to eliminate all race/ethnicity and economic disparities in cancer. Our ultimate goal is to work toward having the lowest cancer incidence and mortality rates in the nation. And we want to ensure people in Delaware who are diagnosed with cancer get the best possible care in an efficient, personalized way.

As we move forward, we'll tackle more health issues—including risk factors for cancer, identifying and addressing the root causes of racial/ethnic disparities and prevention of cervical cancer through the HPV vaccine. The reason is obvious. Every change we make may mean another life saved.

What if

every Delawarean understood his or her cancer risks and acted to reduce them?

Then

Delaware would have the lowest cancer incidence and mortality rates in the nation.

Action

Implementation of Recommendations

Early Detection and Prevention Committee

Tobacco & Other Risk Factors Committee

Environment Committee

Quality Cancer Care Committee

Quality of Life Committee

Insurance Committee

Workplace/Workforce Committee

Communication & Public Education Committee

Disparities Committee

Data Committee

Delaware Cancer Consortium

Implementation of *Recommendations*

The tables below describe a proposed four-year-long initiative. Year one has already been funded. Years two, three and four will be funded at the discretion of the General Assembly.

GOAL 1: Maintain a permanent council, managed by a neutral party, which reports directly to the Governor to oversee implementation of the recommendations and comprehensive cancer control; the council should have early detection and prevention, tobacco and other risk factors, environment, quality care, quality of life, insurance, workplace, education, disparities, and data committees that continually evaluate and work to improve cancer care and cancer-related issues in Delaware.

Year 1 $150,000	Year 2 $100,000	Year 3 $100,000	Year 4 $100,000

OBJECTIVE 1A: Evaluate the efficacy of cancer programs by conducting process and outcome evaluation.

Task/Action	Responsible party	Timeframe
Fund an evaluator to conduct evaluation of comprehensive cancer and DCC programs and activities.	General Assembly	Year 1 & ongoing
Use evaluation findings and recommendations to enhance programs.	DPH	Year 2 & ongoing

OBJECTIVE 1B: Develop and maintain programmatic databases to measure and track individual level outcomes.

Task/Action	Responsible party	Timeframe
Fund development and maintenance of databases (for example, nurse navigation and care coordination) that allow for online data entry and reporting.	General Assembly	Year 1 & ongoing

OBJECTIVE 1C: Oversee implementation of the current recommendations and any future recommendations.

Task/Action	Responsible party	Timeframe
Allocate resources to DPH for ongoing administrative support to the Council, including one full-time staff person with the sole responsibility of the coordination of this group and its committees.	General Assembly	Year 1 & ongoing
Develop a structure and charge for each committee of the Consortium.	DCC Advisory Council	Ongoing
Maintain a formal membership approval process; maintain a structured council and committees to ensure clear member roles/responsibilities and expectations are provided.	DPH	Ongoing
Coordinate an annual or semiannual retreat of the Consortium on the status of cancer and cancer control activities in Delaware.	DPH	Year 1 & ongoing

GOAL 2: Develop and implement a four-year cancer control and prevention plan; this plan should be based on CDC guidelines and involve multiple stakeholders with assigned responsibilities.

Year 1	Year 2	Year 3	Year 4
$55,000	$50,000	$50,000	$50,000

OBJECTIVE 2: Compile recommendations of each committee of the Consortium, data on cancer in Delaware and other relevant information into a state cancer plan; create a plan for Delaware that builds on the first plan, *Turning Commitment Into Action,* and extends from 2007 to 2011.

Task/Action	Responsible party	Timeframe
Create and publish 2007–2011 cancer plan.	DPH	Year 1
Develop an annual report to the Governor and legislature on the status of current recommendations and the comprehensive cancer control plan and make additional recommendations as necessary.	DPH	Annually

GOAL 3: The Delaware Cancer Consortium will serve as a leader and resource for the public.

Year 1	Year 2	Year 3	Year 4
$350,000	$350,000	$350,000	$350,000

OBJECTIVE 3: Each committee of the Consortium will serve as a technical resource in its particular field and will respond to public inquiries; with technical assistance from the data committee, each committee will conduct studies as needed to investigate and respond to questions or concerns related to cancer.

Task/Action	Responsible party	Timeframe
Using outlets such as television, radio and print media, the DCC will inform the public about cancer prevention, early detection and treatment.	DPH	Year 1 & ongoing
The DCC will maintain a website with information and links to resources for the public.	DPH	Year 1 and ongoing

Action

Implementation of Recommendations

Early Detection and Prevention Committee

Tobacco & Other Risk Factors Committee

Environment Committee

Quality Cancer Care Committee

Quality of Life Committee

Insurance Committee

Workplace/Workforce Committee

Communication & Public Education Committee

Disparities Committee

Data Committee

Delaware Cancer Consortium

"Joanie was a member of one of our support groups at The Wellness Community Delaware. Trained as a mental health professional, she was very bright, personable and full of energy. She was a single mother with two children, and they were the most important things in her life. What she didn't do was take care of herself. She "forgot" to have a Pap test for several years. She had no symptoms. When she finally had a checkup, she was diagnosed with Stage 4 metastatic cervical cancer. We watched her bravely plan her funeral and make future plans for her children. She died nine months to the day following her cancer diagnosis. Joanie wanted to help others benefit from the lessons of her experience, even after her death. She asked the members of her support group to continue to spread the word about the importance of having regular screenings."

CINDY DWYER, WELLNESS COMMUNITY

SCREENINGS PERFORMED WITH NURSE NAVIGATOR ASSISTANCE

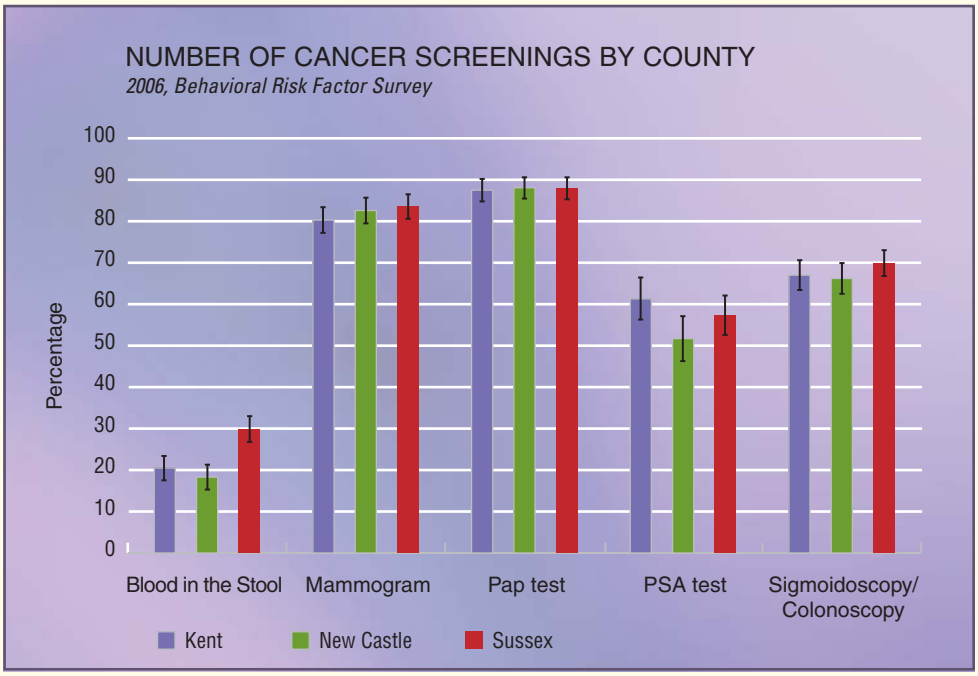
Comparison of FY 06 (7/05–6/06) to FY 07 (7/06–4/07)

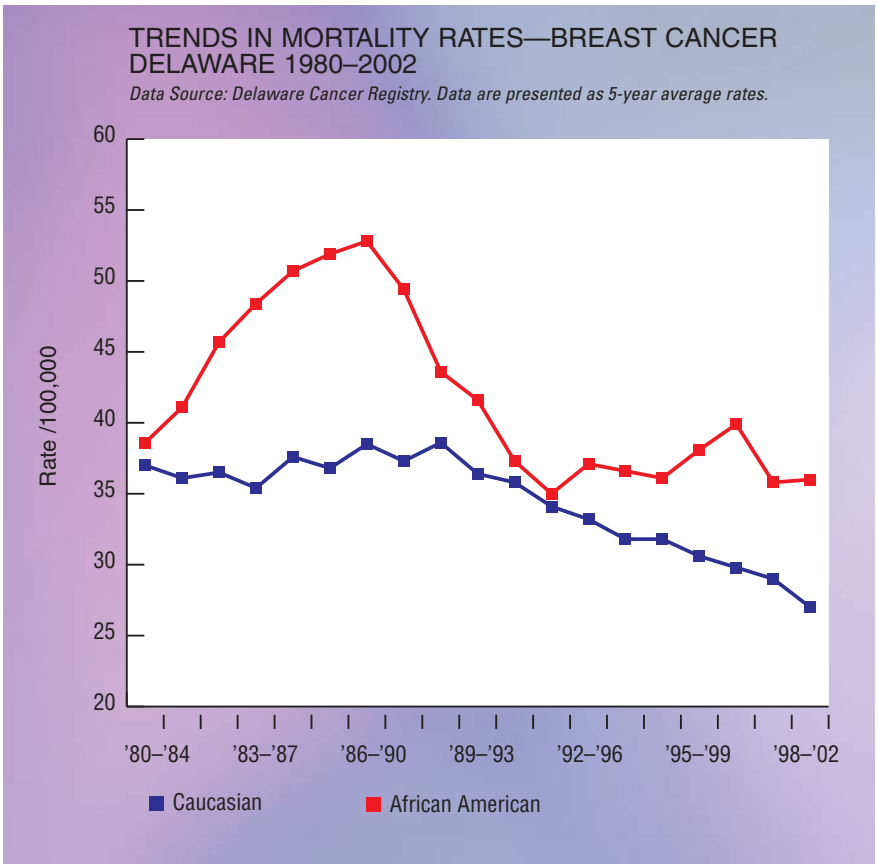
Hospital	Screenings Performed
Bayhealth	61
Beebe	143
Christiana Care	162
Nanticoke	102
Saint Francis	60
FY 06 Total	**528**

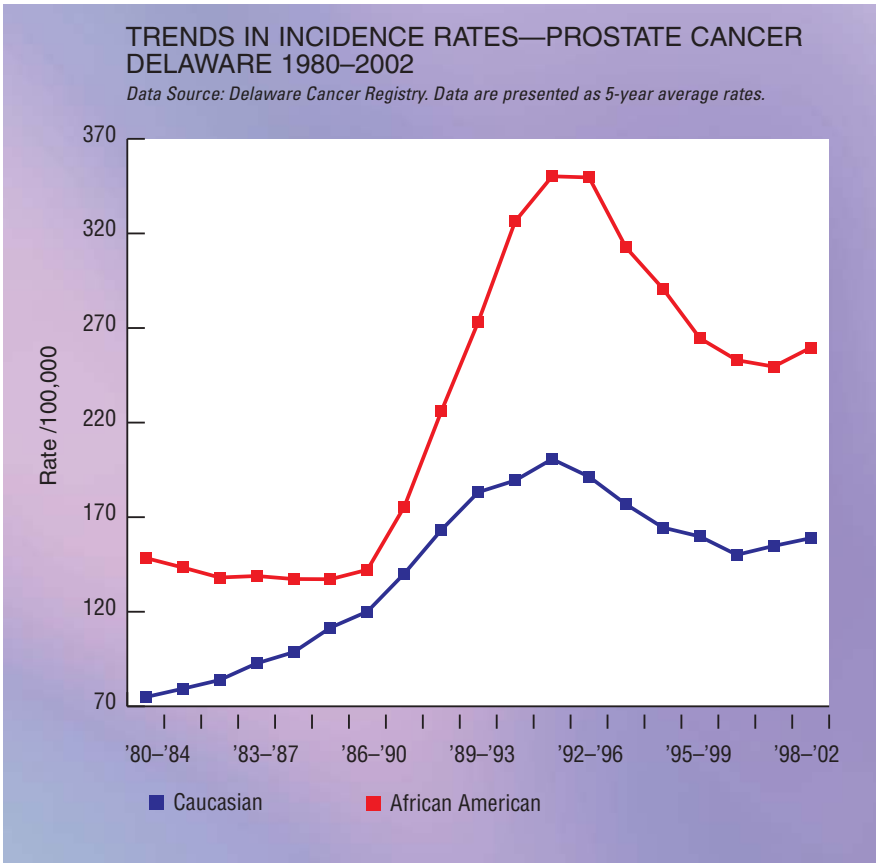
Hospital	Screenings Performed
Bayhealth	22
Beebe	100
Christiana Care	223
Nanticoke	438
Saint Francis	39
FY 07 Total	**822**

Why?

Screening makes a difference in cancer incidence and mortality statistics. The more people we screen, the better our chances that fewer people will develop the disease—or that we can find it sooner to successfully treat it. That philosophy—and the Cancer Screening Nurse Navigator program created to support it—made a difference in colon cancer. That's why we've applied that same thinking to cervical, breast and prostate cancer. It's especially important to reach the 40% to 50% of men in Delaware who have not been screened for prostate cancer. And the girls and young women who now can receive an FDA-approved HPV vaccine to help prevent cervical cancer. As with colon cancer, many of our medically underserved residents are unaware of the availability of affordable or free screenings.







ARE SOME OF US MORE LIKELY TO BE AFFECTED BY THIS THAN OTHERS?

- Breast cancer mortality is higher in African Americans than in Caucasians.
- Prostate cancer incidence rates for African Americans are higher than for Caucasians.
- In the next five years, estimates indicate the percentage of the Delaware population age 65+ with Part A Only Medicare (hospital-only coverage) and who meet Screening for Life guidelines will grow.

WHAT CAN BE DONE

- Laterally apply what we've learned with the colorectal Cancer Screening Nurse Navigator program to the other most prolific cancers—breast, cervical and prostate—to get people screened.
- Reimburse providers for colorectal, prostate, breast and cervical cancer screenings who meet the appropriate guidelines.
- Make sure that the targeted populations know about services available to them.
- Provide a cervical cancer vaccine for girls and young women and educate them about it.
- Bring more breast and cervical screenings—via mobile outreach—to targeted populations.
- Remove barriers that keep people from getting screened by examining the impact of deductibles and co-pays on screening.

Committee Recommendations

The tables below describe a proposed four-year-long initiative. Year one has already been funded. Years two, three and four will be funded at the discretion of the General Assembly.

GOAL 1: Enhance the Cancer Screening Nurse Navigator program to promote colorectal, prostate, breast and cervical cancer screening.

Year 1 $1,500,000	Year 2 $1,500,000	Year 3 $1,500,000	Year 4 $1,500,000

OBJECTIVE 1A: Achieve an 85% colorectal cancer screening rate among Delawareans 50 and older, and 85% prostate screening rate in men 50–75 (or life expectancy of 10 years) and high-risk men starting at age 40.

Task/Action	Responsible party	Timeframe
Fund Cancer Screening Nurse Navigator and Champions of Change programs.	General Assembly	Year 1 & ongoing
Expand the scope of the current Cancer Screening Nurse Navigators to include prostate cancer and hire a .50 Full-time Equivalent nurse at each site (as needed) to implement the program.	General Assembly	Year 1 & ongoing
Establish relationships with primary care providers and surgeons to increase screening of Medicare patients.	Navigators	Year 1 & ongoing
Establish relationships with state service centers and federally qualified health centers to increase screening referrals.	Navigators	Year 1 & ongoing
Increase the number of minorities receiving screenings.	Navigators & Champions of Change organizations	Year 1 & ongoing

OBJECTIVE 1B: Inform and educate health care providers and general public on available resources.

Task/Action	Responsible party	Timeframe
Promote campaign to public and businesses focusing on available resources.	DPH	Year 1 & ongoing
Provide updates to health care professionals through letters and personal outreach.	DPH, Navigators and Advocates	Year 1 & ongoing
Develop new and nurture existing relationships with Primary Care Physicians' offices.	Navigators	Year 1 & ongoing

GOAL 1: Enhance the Cancer Screening Nurse Navigator program to promote colorectal, prostate, breast and cervical cancer screening.

Year 1 $1,500,000	Year 2 $1,500,000	Year 3 $1,500,000	Year 4 $1,500,000

OBJECTIVE 1C: Expand and modify current database used to track and evaluate Cancer Screening Nurse Navigator program.

Task/Action	Responsible party	Timeframe
Modify database to include breast, cervical and prostate cancer screening.	DPH	Year 1
Enhance database tracking system for continued surveillance of patients diagnosed with cancer.	DPH	Year 1 & ongoing

OBJECTIVE 1D: Increase types of reports available to Navigators and project administrator.

Task/Action	Responsible party	Timeframe
Expand reports to allow for sorting, cross tabulation and reporting of screening results.	DPH	Year 1

GOAL 2: Reimburse colorectal, prostate, breast and cervical cancer screening for Delawareans who meet age and income eligibility guidelines.

Year 1 $640,400	Year 2 $800,000	Year 3 $900,000	Year 4 $1,000,000

OBJECTIVE 2A: Continue annual allocation for colorectal cancer screening and breast and cervical cancer screening for women ineligible for federally funded screenings.

Task/Action	Responsible party	Timeframe
Revise allocation based on actual costs and projections.	General Assembly	Annually

OBJECTIVE 2B: Add prostate cancer screening as a covered service under the state's Screening for Life program.

Task/Action	Responsible party	Timeframe
Establish an annual allocation for prostate cancer screening (DRE and PSA) for the uninsured and underinsured and funding for further diagnostic testing required for follow-up.	General Assembly	Year 1
Revise allocation based on actual costs and projections.	General Assembly	Annually

OBJECTIVE 2C: Add continued surveillance as a Screening for Life covered service for clients served through the Delaware Cancer Treatment Program.

Task/Action	Responsible party	Timeframe
Determine acceptable surveillance procedures for coverage.	DCC	Year 1
Allocate annual allotment to SFL funding to cover surveillance procedures for patients diagnosed with cancer who have income between 251% and 650% of the Federal Poverty Level.	General Assembly	Year 2
Revise allocation based on actual costs and projections.	General Assembly	Annually

GOAL 3: Provide HPV vaccine to girls and women ages 9 through 26.

Year 1 $800,000	Year 2 $450,000	Year 3 $200,000	Year 4 $75,000

OBJECTIVE 3A: Conduct a targeted media campaign aimed at parents of girls 9–18 and young women ages 19–26 to educate about cervical cancer and the benefits of HPV vaccination.

Task/Action	Responsible party	Timeframe
Use outlets such as television, radio and print media to educate and inform parents and young women.	DPH	Years 1–4

OBJECTIVE 3B: Promote vaccination of girls 11–12 (priority population) through the use of incentives.

Task/Action	Responsible party	Timeframe
Provide incentives for girls 11–12 who receive all 3 doses of HPV vaccine. (Note: Per 2006 estimate there are 10,886 girls in this age range.) Goal is to immunize 75% of target population—8,165.	DPH	Years 1–4

OBJECTIVE 3C: Support Delaware's Vaccines for Children (VFC) program infrastructure to increase the number of clinicians providing HPV vaccine and to appropriately monitor/track distribution of vaccine (note: VFC provides HPV vaccine for uninsured and publicly insured girls 9–18 years old).

Task/Action	Responsible party	Timeframe
New providers will be enrolled into the registry and provided with reporting forms to submit immunization records. Registry modifications will be made for the expanded provider base and to allow for entry of adult records.	DPH Immunization Program	Years 1–4

OBJECTIVE 3D: Support an HPV campaign at primary and secondary schools to reach the target population of 11- to 12-year-olds and the "catch-up" group of 13- to 18-year-olds.

Task/Action	Responsible party	Timeframe
Coordinate an HPV campaign with school administrators, school nurses and the immunization program at DPH.	DPH, DOE	Years 1–4

OBJECTIVE 3E: Fund HPV vaccine for Screening for Life (SFL) eligible women 19 through 26 years old.

Task/Action	Responsible party	Timeframe
Reimburse participating providers at Medicaid rates for delivery of HPV vaccine to SFL-enrolled women 19–26 years old.	General Assembly, DPH Screening for Life	Year 1 & ongoing

GOAL 4: Expand Mobile Cancer Screening services to include cervical cancer screening in addition to mammography services.

Year 1 $50,000	Year 2 $50,000	Year 3 $50,000	Year 4 $50,000

OBJECTIVE 4: Provide breast and cervical cancer screening services to rarely/never served women by removing transportation as a barrier.

Task/Action	Responsible party	Timeframe
Fund a .50 Full-time Equivalent Nurse Practitioner to perform Pap tests on the mobile cancer screening van.	General Assembly	Year 1 & ongoing
Evaluate screening data to target women for breast and cervical cancer screening in medically underserved areas.	DPH and mobile cancer screening contractor	Year 1 & ongoing

GOAL 5: Study the impact of barriers to cancer screening and put in place programs/services to screen at-risk populations.

Year 1	Year 2	Year 3	Year 4
$0	TBD	TBD	TBD

OBJECTIVE 5A: Study the impact of high deductibles on preventing colorectal cancer screening of privately insured Delawareans.

Task/Action	Responsible party	Timeframe
Establish parameters of what constitutes a high deductible.	Early Detection and Prevention Committee	Year 2
Identify number of Delawareans privately insured with individual/small group plans.	DPH	Year 2
Determine to what extent a high deductible is a deterrent to seeking colorectal cancer screening.	DPH	Year 2
Present data to insurance companies on cost of covering screening vs. cost of colorectal cancer treatment.	Early Detection and Prevention Committee	Year 2

OBJECTIVE 5B: If supported by the data, pay for CRC screening deductible and co-pay for low-income individuals with Medicare through Screening for Life.

Task/Action	Responsible party	Timeframe
Establish eligibility criteria.	DPH & DCC	Year 3
Allocate annual allotment for colorectal cancer screening deductible and co-pay coverage for low-income Medicare recipients.	General Assembly	Year 3
Establish a system for billing and payment for colorectal cancer screenings to include co-pay and deductible whereby funds would be paid directly to health providers for reimbursable services based on Medicare rates.	DPH	Year 3
Education and outreach to low-income Medicare recipients.	Navigators & Champions of Change	Year 3 & ongoing
Revise allocation based on actual costs and projections.	General Assembly	Year 3 & ongoing

OBJECTIVE 5C: Use claims data to provide targeted nurse navigation, referrals and scheduling assistance to interested clients.

Task/Action	Responsible party	Timeframe
Compile list of those who have not received colorectal cancer screening and distribute list to physicians and Navigators for education, referrals and scheduling assistance.	DPH	Year 1

Action

Implementation of Recommendations

Early Detection and Prevention Committee

Tobacco & Other Risk Factors Committee

Environment Committee

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Quality of Life Committee

Insurance Committee

Workplace/Workforce Committee

Communication & Public Education Committee

Disparities Committee

Data Committee

Delaware Cancer Consortium

"My father died of lung cancer at age 50. He smoked for 35 years. He battled the disease for 18 months and suffered a great deal. The cancer went to his brain, he had seizures and toward the end he couldn't walk. He lived just long enough to see his first grandchild. Two months after our son was born, my dad passed away. The next day I began calling around to find out what I could do to keep this from happening to anyone else. I learned about the IMPACT Coalition and began going to meetings. Everyone there represented an organization but me. A year and a half later I was elected chair. I am passionate about passing legislation, both locally and nationally. What we're doing here—the effects will be felt in decades to come."

| Jerry Valentine, Chair, IMPACT Coalition |

What if

every child in Delaware were exposed to less secondhand smoke?

Then

Delaware would see a lower incidence in childhood asthma, pneumonia, bronchitis and inner ear infections.

Tobacco and Other Risk Factors

The fact that most lung cancers are preventable is a widely accepted fact. The tragic statistic that support it comes from the American Lung Association—87% of all lung cancers are caused by smoking. In Delaware, we have implemented programs to help everyone understand the immense toll smoking can take on the health of individuals who smoke or are exposed to smoke. We have initiated cessation programs. We've worked to pass landmark legislation—the Clean Indoor Air Act. We've worked directly with schools and community organizations to encourage adults and kids to never start smoking. We've asked doctors to urge their patients to stop using tobacco. We also offer medications—such as nicotine patches and gum—to individuals to help them quit.

The results are encouraging:

- 21% of public high school students say they smoked cigarettes during the past month—down from 35% in 1997.
- 55.5% of smokers tried to quit smoking for at least a day or more during the past year.
- 70.2% of adult smokers reported that their doctor or health care provider advised them to quit smoking in the past year.
- Only one in every five Delawareans smokes.

But there is still more to do:

- Our tobacco excise tax must be increased so that it is at least comparable to that of neighboring states.
- Employers must be encouraged to fund programs to help people stop using tobacco and to become partners in existing programs that have been successful.
- Educating adults about the damaging effects of secondhand smoke on those least able to control their environment—children under the age of 18—could make a significant impact.
- Other factors that affect cancer such as obesity—shown in a recent report* to cause 14% of the deaths from cancer in men and 20% of deaths in women, particularly in cancers of the colon, breast (postmenopausal), endometrium (the lining of the uterus), kidney, esophagus, gallbladder, ovaries and pancreas—must become another priority in both education and program implementation.

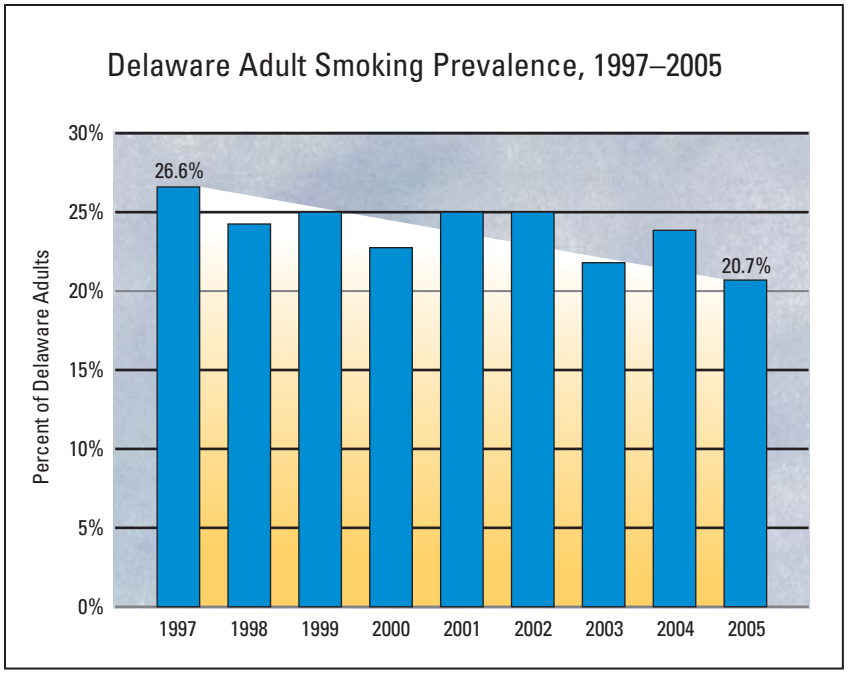
What if

every individual in Delaware were encouraged to increase his or her daily intake of fruits and vegetables?

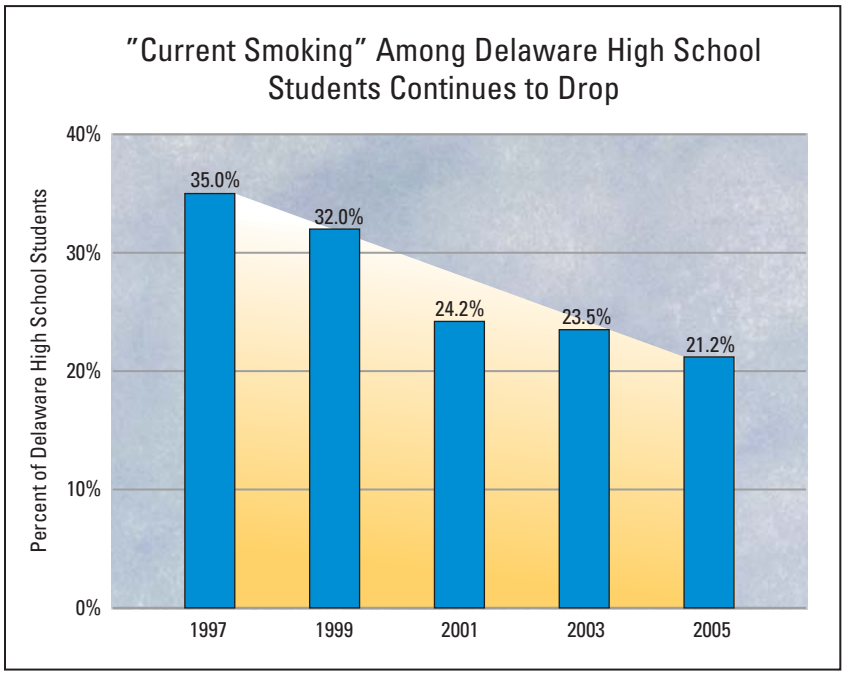
Then

Delawareans might see a reduction in their risk of cancer, especially in the gastrointestinal and respiratory tracts.

*Polednak AP. *Trends in incidence rates for obesity-associated cancers in the U.S. Cancer Detection and Prevention 2003;* 27(6):415–421.



Smoking in Delaware has reached the lowest prevalence since data collection was begun. Data from the 2005 Delaware BRFSS show about one of every five Delaware adults (20.7%) now smokes cigarettes—down from a fourth of the population during most of the past decade.
Source: Behavioral Risk Factor Surveillance Survey, Delaware Division of Public Health, 2005



Youth smoking prevalence is at the lowest level—13.8% lower than it was five years ago. Smoking among Delaware youth continues to decline. In fact, only about 21% of Delaware public high school students say they smoked cigarettes during the past month, down dramatically from 35% in 1997.
Source: Youth Risk Behavior Survey, Delaware Department of Education, 2005

Lung cancer mortality rates	'99–'03	'00–'04
Males, both races	81.1	79.0
Females, both races	47.0	46.8
African American males	103.3	92.1
African American females	47.7	47.0
Caucasian males	79.1	76.9
Caucasian females	47.1	46.6

Delaware's lung cancer mortality rates are dropping in all populations and in African American males most dramatically. Although it is very early to see the correlation of our cessation efforts on lung cancer mortality, it is interesting to note that progress has been made. The most striking decline is evident in lung cancer mortality in African American males.
Source: American Cancer Society South Atlantic Facts & Figures

Committee Recommendations

The tables below describe a proposed four-year-long initiative. Year one has already been funded. Years two, three and four will be funded at the discretion of the General Assembly.

GOAL 1: Initiate and support policies to reduce tobacco use and exposure to secondhand smoke.

Year 1 $0	Year 2 $0	Year 3 $0	Year 4 $0

OBJECTIVE 1A: Increase excise tax on tobacco products to be comparable to bordering states.

Task/Action	Responsible party	Timeframe
Educate and inform legislators and decision makers on the health and economic benefits of increasing the state excise tax on tobacco.	Voluntary health organizations, IMPACT, DCC	Ongoing
Educate and inform the general public on the many health and economic benefits of increasing the state excise tax on tobacco products.	Voluntary health organizations, IMPACT, DCC	Ongoing

OBJECTIVE 1B: Strengthen, expand and enforce Delaware's Clean Indoor Air Act (CIAA).

Task/Action	Responsible party	Timeframe
Monitor draft legislation for any potential changes to CIAA.	Voluntary health organizations, IMPACT, DCC, DHSS	Ongoing

OBJECTIVE 1C: Increase insurance coverage for cessation.

Task/Action	Responsible party	Timeframe
Work with private insurance, unions and employers to cover cessation counseling and products.	Voluntary health organizations, IMPACT, DCC, DHSS	Ongoing
Work with government insurance plans (such as Medicaid) to cover cessation counseling and products.	Voluntary health organizations, IMPACT, DCC, DHSS	Ongoing

OBJECTIVE 1D: Support national policy initiatives.

Task/Action	Responsible party	Timeframe
Encourage legislators to support FDA regulation of tobacco products.	Voluntary health organizations, IMPACT, DCC	Ongoing—until adopted

GOAL 2: Maintain Delaware's leadership in comprehensive tobacco prevention.

Year 1 $0	Year 2 $45,000	Year 3 $45,000	Year 4 $45,000

OBJECTIVE 2A: Fund tobacco prevention programs above CDC minimum-recommended levels.

Task/Action	Responsible party	Timeframe
Continue to recommend funding from Delaware Health Fund for tobacco prevention activities.	DCC, IMPACT	Annually
Identify potential funding opportunities to support tobacco prevention efforts from private and federal sources.	DCC, IMPACT	Ongoing

OBJECTIVE 2B: Endorse and utilize the objectives in the "Plan for a Tobacco-free Delaware."

Task/Action	Responsible party	Timeframe
Evaluate programs utilizing plan objectives.	DHSS, IMPACT, DCC	Ongoing
Provide tobacco plan to agencies and organizations and partner with them to achieve objectives.	DHSS, IMPACT, DCC	Ongoing
Review and update tobacco plan.	DHSS, IMPACT	Year

GOAL 3: Prevent youth initiation to tobacco products and subsequent use of tobacco.

Year 1 $0	Year 2 $70,000	Year 3 $70,000	Year 4 $70,000

OBJECTIVE 3: Fund youth and young adult prevention programs.

Task/Action	Responsible party	Timeframe
Conduct programs in communities and schools throughout the state.	DHSS tobacco program staff, IMPACT members, DOE staff	Year 2 & ongoing
Conduct programs in colleges and workplaces that target young adults.	DHSS tobacco program staff, IMPACT members	Year 2 & ongoing
Enforce Delaware Tobacco Regulation 877 in schools.	DOE, IMPACT members	Ongoing

GOAL 4: Increase the number of Delawareans who stop using tobacco products.

Year 1	Year 2	Year 3	Year 4
$850,000	$1,250,000	$1,250,000	$1,250,000

OBJECTIVE 4A: Enhance available resources to help people quit use of tobacco products.

Task/Action	Responsible party	Timeframe
Provide qualified counseling services (Quitline, face-to-face).	DHSS tobacco program staff	Years 1 & 2 & ongoing
Provide online information and resources.	DHSS tobacco program staff	Ongoing
Provide approved cessation products to program participants.	DHSS tobacco program staff	Year 2 & ongoing

OBJECTIVE 4B: Reduce the use of tobacco products by youth.

Task/Action	Responsible party	Timeframe
Provide cessation programs specific to youth and young adults.	DHSS tobacco program staff, DOE	Year 2 & ongoing
Expand current programs to include youth.	DHSS tobacco program staff, DOE	Year 2 & ongoing

GOAL 5: Reduce routine exposure to secondhand smoke.

Year 1	Year 2	Year 3	Year 4
$0	$0	$0	$0

OBJECTIVE 5A: Reduce exposure in places not currently covered by the CIAA.

Task/Action	Responsible party	Timeframe
Encourage individuals to develop personal policies not to allow smoking in their homes or cars.	Voluntary health organizations, IMPACT, DCC, DHSS	Ongoing
Encourage organizations exempt from the CIAA to develop policies not to allow smoking.	Voluntary health organizations, IMPACT, DCC, DHSS	Ongoing
Support development of policies by agencies who are responsible for individuals under their jurisdiction.	Voluntary health organizations, IMPACT, DCC, DHSS	Ongoing

OBJECTIVE 5B: Reduce exposure to secondhand smoke in outdoor areas.

Task/Action	Responsible party	Timeframe
Support development of polices to not allow smoking near entrances or exits to buildings.	Voluntary health organizations, IMPACT, DCC, DHSS	Ongoing
Support health care facilities, workplaces and agencies to develop smoke-free grounds policies.	Voluntary health organizations, IMPACT, DCC, DHSS, state & local government	Ongoing

GOAL 6: Decrease the social acceptability of tobacco use.

Year 1 $1,200,000	Year 2 $1,200,000	Year 3 $1,200,000	Year 4 $1,200,000

OBJECTIVE 6: Develop comprehensive social marketing campaigns to support all the goals and objectives.

Task/Action	Responsible party	Timeframe
Increase awareness of available cessation programs and resources.	DHSS tobacco program staff, IMPACT members, DCC	Year 1 & ongoing
Increase awareness of problems associated with secondhand smoke.	DHSS tobacco program staff, IMPACT members, DCC	Ongoing
Utilize "countermarketing" to decrease the effectiveness of tobacco industry promotions and to increase knowledge on harmful effects of tobacco use.	DHSS tobacco program staff, IMPACT members, DCC	Ongoing
Provide information on policies and emerging issues to key stakeholders and community leaders.	Voluntary health organizations, IMPACT, DCC	Ongoing

GOAL 7: Encourage healthy lifestyles and reduce risk factors.

Year 1 $0	Year 2 $1,150,000	Year 3 $3,150,000	Year 4 $3,150,000

OBJECTIVE 7A: Implement and sustain a comprehensive physical activity and nutrition program in DPH similar to the tobacco prevention model.

Task/Action	Responsible party	Timeframe
Make funding recommendations from the DCC.	DCC	Ongoing
Identify potential funding opportunities to support physical activity and nutrition efforts from private and federal sources.	DHSS, voluntary organizations, physical activity coalitions, Nemours	Year 2 & ongoing for infrastructure and program development Year 3 & ongoing for program implementation

OBJECTIVE 7B: Increase regular and sustained physical activity for people of all ages.

Task/Action	Responsible party	Timeframe
Support policies and plans to include physical activity when designing and refurbishing communities.	Voluntary health organizations, DCC	Ongoing
Support school policies to promote regular physical activity and healthy nutrition.	DOE, voluntary health organizations, DCC	Ongoing
Develop a social marketing campaign to promote physical activity.	Voluntary health organizations, DHSS	Year 2 & ongoing

OBJECTIVE 7C: Promote healthy eating habits and proper nutrition.

Task/Action	Responsible party	Timeframe
Develop a social marketing campaign to promote proper nutrition.	Voluntary health organizations, DHSS	Year 2 & ongoing
Encourage restaurants to make nutrition information on their foods available to the public.	Voluntary health organizations, DHSS, DCC	Ongoing

GOAL 7: Encourage healthy lifestyles and reduce risk factors.

Year 1 $0	Year 2 $1,150,000	Year 3 $3,150,000	Year 4 $3,150,000

OBJECTIVE 7D: Increase insurance coverage for wellness programs.

Task/Action	Responsible party	Timeframe
Work with private insurance, unions and employers to cover wellness programs.	Voluntary health organizations, IMPACT, DCC, DHSS	Ongoing
Work with government insurance plans (such as Medicaid) to cover wellness programs.	Voluntary health organizations, IMPACT, DCC, DHSS	Ongoing

OBJECTIVE 7E: Promote other healthy lifestyle practices.

Task/Action	Responsible party	Timeframe
Reduce risks of skin cancer.	Voluntary health organizations, DHSS	Year 2 & ongoing
Promote limited alcohol use and the link to cancer.	Voluntary health organizations, DHSS	Year 2 & ongoing

Action

Implementation of Recommendations

Early Detection and Prevention Committee

Tobacco & Other Risk Factors Committee

Environment Committee

Quality Cancer Care Committee

Quality of Life Committee

Insurance Committee

Workplace/Workforce Committee

Communication & Public Education Committee

Disparities Committee

Data Committee

Delaware Cancer Consortium

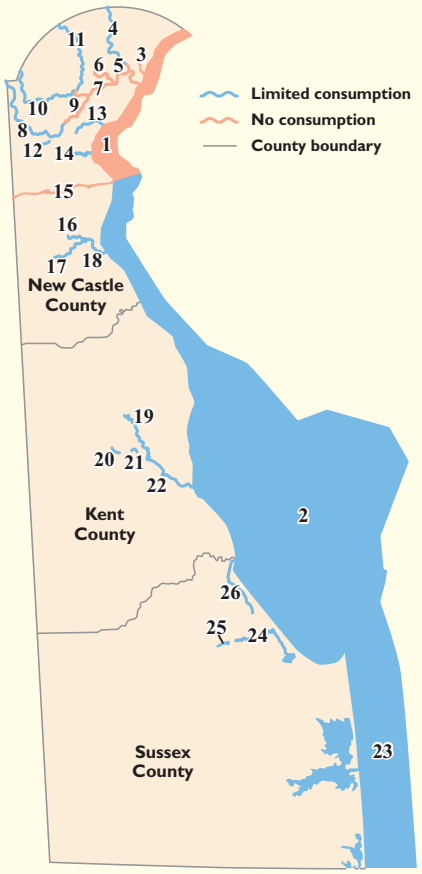
"I requested a home test kit from the Department of Health. I got the bad news from the lab that my basement tested high for radon. I called Mr. Ollinger who works for the state, and he advised me to retest in a month. The state again provided a free test kit and the second one confirmed the problem. The state sent me a list of preferred contractors for remediation—and the radon was reduced from 17 to just .7. I wouldn't have discovered the problem without testing. It was important to me to protect the health of my family."

| Rinaldo DiDaniele, Middletown |

Why?

Monitoring the toxicity in our water and air may help us determine if there are cancer risks in certain geographic areas. Learning about these risks tells us where action should be taken and if further study is needed. We've already learned a great deal. We want to continue our efforts. It is important to know as much as possible about how our environment may impact cancer rates and what we can do to reduce that risk.

2007 Delaware Sport Fish Consumption Advisory



Body of Water		Species	Maximum Meal Advice
1	Delaware River to Chesapeake & DE Canal	All Finfish	Do Not Eat
2	Lower Delaware River and Delaware Bay	*Striped Bass, Channel Catfish, White Catfish, American Eel, White Perch, (all sizes) & Bluefish – larger than 14 in.	1 Meal Per Year
		Weakfish (all sizes) and Bluefish – 14 in. or smaller	1 Meal Per Month
3	Shellpot Creek	All Finfish	Do Not Eat
4	Non-Tidal Brandywine River	All Finfish	2 Meals Per Year
5	Tidal Brandywine River	All Finfish	Do Not Eat
6	Little Mill Creek	All Finfish	Do Not Eat
7	Tidal Christina River	All Finfish	Do Not Eat
8	Non-Tidal Christina River	All Finfish	6 Meals Per Year
9	Tidal White Clay Creek	All Finfish	Do Not Eat
10	Non-Tidal White Clay Creek	All Finfish	1 Meal Per Month
11	Red Clay Creek	All Finfish	2 Meal Per Year
12	Beck's Pond	All Finfish	1 Meal Per Year
13	Army Creek and Pond	All Finfish	2 Meals Per Year
14	Red Lion Creek	All Finfish	1 Meal Per Year
15	Chesapeake & DE Canal	All Finfish	Do Not Eat
16	Tidal Drawyers Creek	All Finfish	1 Meal Per Year
17	Silver Lake (Middletown)	All Finfish	1 Meal Per Year
18	Tidal Appoquinimink River	All Finfish	1 Meal Per Year
19	Silver Lake (Dover)	All Finfish	2 Meals Per Year
20	Wyoming Mill Pond	All Finfish	2 Meals Per Year
21	Moore's Lake	All Finfish	2 Meals Per Year
22	St. Jones River	All Finfish	2 Meals Per Year
23	Atlantic Coast and Inland Bays	*Bluefish – larger than 14 in.	1 Meal Per Year
		Bluefish – 14 in. or smaller	1 Meal Per Month
24	Prime Hook Creek	All Finfish	2 Meals Per Month**
25	Waples Pond	All Finfish	2 Meals Per Month**
26	Slaughter Creek	All Finfish	6 Meals Per Year

* Women of childbearing age and children should not eat any amount of these fish.
** Women of childbearing age and children should not eat more than one meal per month.

Delaware New Statewide Advisory for Fresh, Estuarine & Marine Waters

All Waters NOT Specifically Listed in the previous chart	All Species NOT Specifically Listed	No More than 1 Meal Per Week

Stocked Trout Advisory

Christina Creek	Stocked Trout	6 Meals Per Year
Designated trout streams and ponds, other than Christina Creek	Stocked Trout	1 Meal Per Month

Advisories Issued by the Federal Government

Consumption advisories and information on fish purchased from seafood retailers is available on U.S. government websites:

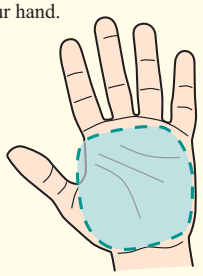
U.S. Environmental Protection Agency:
www.epa.gov/ost/fish

U.S. Food and Drug Administration:
www.cfsan.fda.gov/seafood1.html

A meal is:

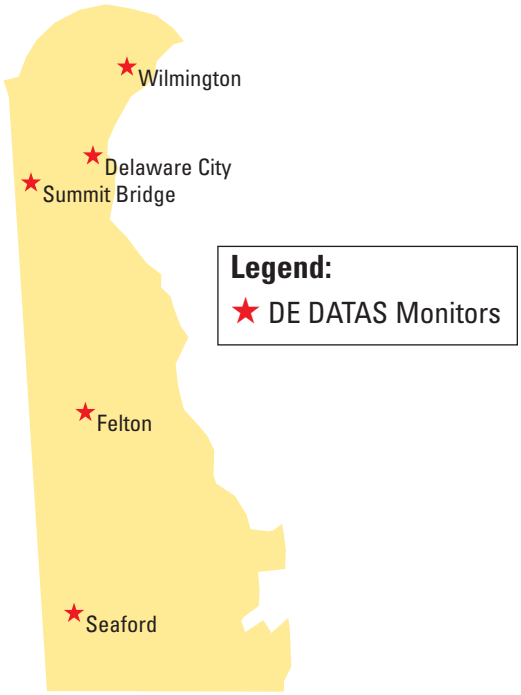
- 3 ounces for children
- 6 ounces for women of childbearing age
- 8 ounces for the average adult

A 3-ounce meal is about the size of the palm of your hand.



WHAT CAN BE DONE

- Continue to monitor the air and water for carcinogenic substances.
- Inform the public of risks when they are present or are suspected.
- Expand monitoring to include pharmaceuticals and other substances associated with cancer.
- Use public forums to present information from studies conducted.
- Work to reduce particulates in the air.
- Make sure there are workplace "right to know" programs for those who work in hazardous environments.
- Continue and augment the Delaware Healthy Homes campaign.
- Use incentives to encourage dry cleaning businesses to eliminate the use of cancer-causing solvents.



DELAWARE AIR TOXICS ASSESSMENT STUDY PHASE 1

Cumulative[1] Risk Assessments for Cancer Cases[2]
Exposure to All Chemicals/5 Monitoring Sites

Populations	Martin Luther King Area Site	Delaware City Area Site	Lums Pond Area Site	Felton Area (Killens Pond) Site	Seaford Area Site
Adult	3.2 additional cancer cases per 100,000 exposed people	2.2 additional cancer cases per 100,000 exposed people	1.8 additional cancer cases per 100,000 exposed people	1.9 additional cancer cases per 100,000 exposed people	1.8 additional cancer cases per 100,000 exposed people
Child	1.4 additional cancer cases per 100,000 exposed people	Less than 1 additional cancer case per 100,000 exposed people	Less than 1 additional cancer case per 100,000 exposed people	Less than 1 additional cancer case per 100,000 exposed people	Less than 1 additional cancer case per 100,000 exposed people
Age-adjusted (combination of adult and child)	4.4 additional cancer cases per 100,000 exposed people	3.5 additional cancer cases per 100,000 exposed people	2.6 additional cancer cases per 100,000 exposed people	2.7 additional cancer cases per 100,000 exposed people	2.5 additional cancer cases per 100,000 exposed people

[1] "Cumulative" risk represents the sum of all values of the individual chemicals.
[2] None of the five monitoring sites had cancer risk in the High Risk range.

Legend

HIGH RISK: 10 or more additional cancer cases per 100,000 exposed people

INCREASED RISK: Greater than 1 but less than 10 additional cancer cases per 100,000 exposed people

LOW RISK: 1 or less additional cancer case per 100,000 exposed people

Source: Delaware Department of Natural Resources and Environmental Control

Committee *Recommendations*

The tables below describe a proposed four-year-long initiative. Year one has already been funded. Years two, three and four will be funded at the discretion of the General Assembly.

GOAL 1: Reduce exposure to carcinogenic substances in the ambient environment.

Year 1 $375,000	Year 2 $450,000	Year 3 $130,000	Year 4 $130,000

OBJECTIVE 1A: Continue fish monitoring and education campaign about fish consumption advisories.

Task/Action	Responsible party	Timeframe
Fish Sampling: Conduct annual activities including collection of fish samples, laboratory analysis, risk assessment using the laboratory results and other information, and issuance of fish advisories if necessary.	DNREC, DHSS	Ongoing
Education Campaign: Conduct outreach efforts including direct engagement, distribution of brochures, print and radio ads to improve awareness of advisory information.	DNREC, DHSS	Ongoing

OBJECTIVE 1B: Expand drinking water research and monitoring to include pharmaceuticals and other carcinogens.

Task/Action	Responsible party	Timeframe
Expand water monitoring to include pharmaceuticals and other carcinogenic substances and initiate research study that evaluates the types of cancers associated with pharmaceuticals found at elevated levels in drinking water.	DHSS, DNREC	Ongoing

GOAL 1: Reduce exposure to carcinogenic substances in the ambient environment.

Year 1 $375,000	Year 2 $450,000	Year 3 $130,000	Year 4 $130,000

OBJECTIVE 1C: Evaluate the types of cancers associated with air toxins and compare to those cancers for which Delaware is elevated in incident and mortality.

Educate the public on the past and current levels of carcinogenic substances that are monitored in the ambient environment related to air quality.

Task/Action	Responsible party	Timeframe
Initiate research study to evaluate the types of cancers associated with air toxins found at elevated levels and compare to those cancers for which Delaware is elevated in incidence and mortality (link databases).	DNREC, DHSS	Ongoing
Complete four to eight public forums on the results of phase II of the Delaware Air Toxics Assessment Study (DATAS).	DNREC, DHSS	Ongoing
Develop and implement community-based stakeholder air toxics reduction program in Wilmington based on DATAS information.	DNREC, DHSS, US EPA	Ongoing

OBJECTIVE 1D: Conduct an integrated assessment of Delaware's environmental monitoring and public health surveillance systems.

Task/Action	Responsible party	Timeframe
Coordinate DNREC and DPH surveillance systems using a "Hazard-Exposure-Outcome" framework, and prepare a joint work plan for collaboration to improve public health surveillance with specific milestones and accountability.	DNREC, DHSS	Ongoing

OBJECTIVE 1E: Purchase diesel particulate filter systems for installation on DART transit buses.

Task/Action	Responsible party	Timeframe
DNREC and DHSS will work with DelDOT to facilitate purchase and installation of continuously regenerating diesel particulate filter systems on DART buses.	DNREC, DHSS	Ongoing

GOAL 2: Coordinate with Department of Labor's Occupational Safety & Health Office to reduce workplace carcinogenic risk and exposure.

Year 1	Year 2	Year 3	Year 4
$130,000	$130,000	$140,000	$145,000

OBJECTIVE 2: Continue to support the Office of Occupational Health by funding the development of educational and consultation services that are identified by the statewide risk assessment of hazardous substances in the workplace—these programs will be for employers and employees in the public sector.

Task/Action	Responsible party	Timeframe
Implement HB 219 through educational and "worker right-to-know" programs to reduce occupational exposure to carcinogens in the workplace.	DOL/DHSS	Ongoing
Hire a Health Educator/Trainer II to implement the program.	DHSS	Ongoing

GOAL 3: Reduce exposure to carcinogens in the indoor environment.

Year 1	Year 2	Year 3	Year 4
$325,000	$200,000	$200,000	$200,000

OBJECTIVE 3A: Broaden the scope of the Healthy Homes awareness campaign.

Task/Action	Responsible party	Timeframe
Conduct a Healthy Homes campaign to educate the public about exposure to cancer-causing substances in their indoor environment and ways to reduce their risk; include information on reducing chemical exposure and the need to eliminate cancer-causing agents in food.	DHSS	Ongoing

OBJECTIVE 3B: Create industry incentives for dry cleaners to eliminate the use of cancer-causing solvents.

Task/Action	Responsible party	Timeframe
Develop a database to identify the type and location of dry cleaners in the state along with adjacent and nearby neighbors such as eateries, day care centers and residential buildings.	DNREC	Ongoing
Increase public awareness of exposures to carcinogens from dry cleaning solvents.	DNREC, DHSS	Ongoing
Encourage dry cleaning companies to eliminate the use of cancer-causing agents by converting to more advanced equipment.	DNREC, DHSS	Ongoing

Action

Implementation of Recommendations

Early Detection and Prevention Committee

Tobacco & Other Risk Factors Committee

Environment Committee

Quality Cancer Care Committee

Quality of Life Committee

Insurance Committee

Workplace/Workforce Committee

Communication & Public Education Committee

Disparities Committee

Data Committee

Delaware Cancer Consortium

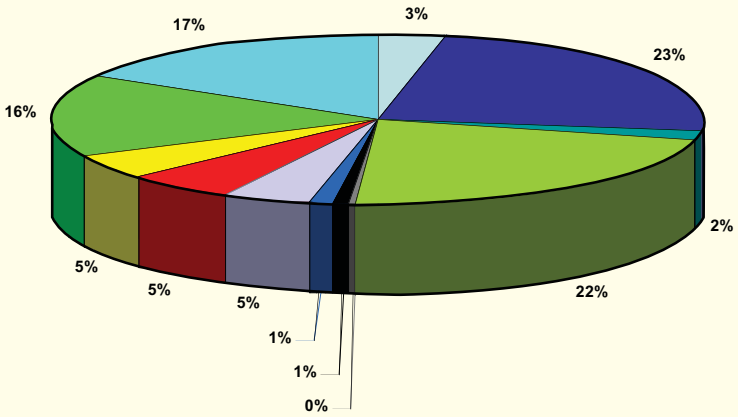
"I was diagnosed with prostate cancer and needed three shots before I could begin treatment. I had let my Medicare Part B lapse so insurance wouldn't cover them. I didn't know what to do. When I first met Courtney, the Cancer Care Coordinator, I think I was crying. I talked to her and told her everything. She called, wrote letters and finally got everything straightened out. She got me into the cancer center so I could get my injections. If it wasn't for her, it wouldn't have happened. I had no one else to turn to."

FRANKLIN DELANCY, CANCER PATIENT

Why?

The ability to fight cancer successfully depends on access to the right resources, the best treatment and every available support service. The more options a cancer patient has, the better the chances for survival. In Delaware, not only are we focusing on improving access to screenings—we are making it a priority to remove the obstacles to getting care once cancer is diagnosed. The Cancer Care Coordinators will continue to play a key role in helping patients find the services they need. We will also make sure people are more aware of clinical trials that may benefit them. We'll be examining our own programs to improve them and make them more accessible.

Cancer Care Coordination Interventions: July 2005–June 2007



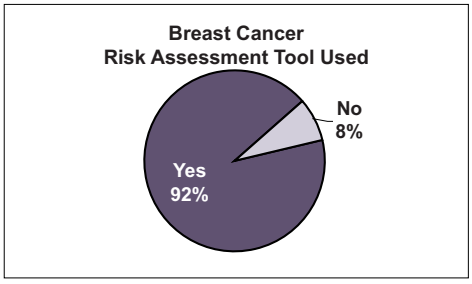
WHAT CAN BE DONE.

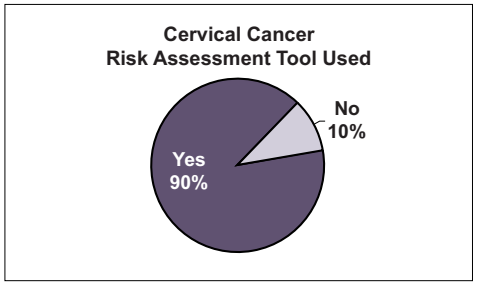
- Continue the Cancer Care Coordination Program that has helped 2,646 people obtain services from July 1, 2005 to June 30, 2007.
- Examine any obstacles that hinder access to care.
- Improve information about clinical trials and make sure cancer patients know that clinical trials are an option.
- Talk to health care providers—such as oncologists and cancer surgeons—to understand where they feel help is needed.
- Review medical records to get an update on quality measures for specific types of cancer.
- Help people who have been successfully treated for cancer find resources to support them as survivors.
- Enhance the capture of all data from the Cancer Care Coordinator program and other related activities.

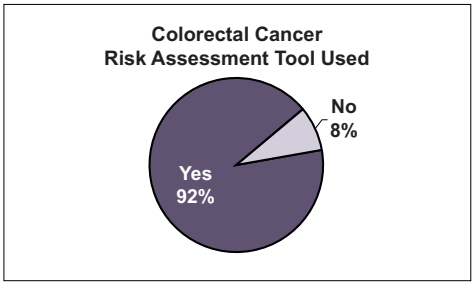
A STUDY BY THE TEXAS MEDICAL FOUNDATION
ASSESSED PHYSICIAN USE OF TOOLS AVAILABLE TO THEM.

Cancer screening or risk assessment tool used?

	Breast*	Cervical*	Colorectal
Number	330	330	500
% Yes	92%	90%	92%
% No	8%	10%	8%

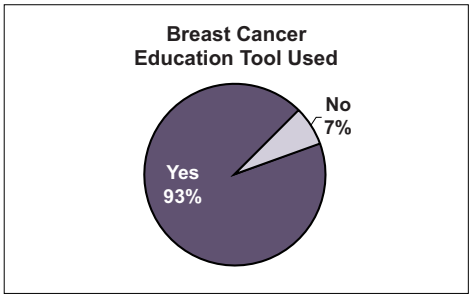


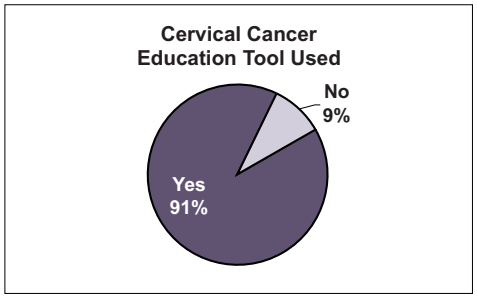


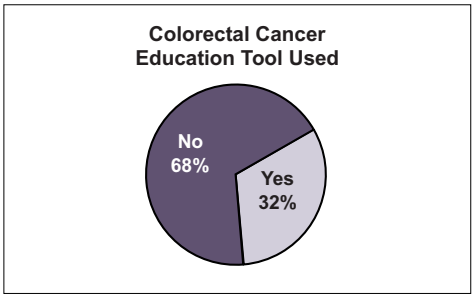


Cancer education tool used?

	Breast*	Cervical*	Colorectal
Number	330	330	500
% Yes	93%	91%	32%
% No	7%	9%	68%







Notes: *Only includes female patients

Committee *Recommendations*

The tables below describe a proposed four-year-long initiative. Year one has already been funded. Years two, three and four will be funded at the discretion of the General Assembly.

GOAL 1: Ensure Delawareans access to the highest-quality cancer screening and care.

Year 1 $80,000	Year 2 $85,000	Year 3 $15,000	Year 4 $15,000

OBJECTIVE 1A: Increase cancer screening in primary care practices.

Task/Action	Responsible party	Timeframe
• Identify means to approach primary care practices to improve screening including "Academic Detailing." • Implement educational effort using standardized screening tool. • Track performance subsequent to educational effort. • Using previous study (by Texas Medical Foundation [TMF]) as baseline, develop pre-/post-educational effort comparison; publish findings and expand efforts as indicated.	DPA, DCC	Years 1 & 2
Explore and evaluate coverage provided by self-insured employers (who are exempt from coverage mandates applying to other insurers) for cancer screening and care and explore and evaluate affordable options (e.g., broad v. narrow coverage): • Screening • Care—inpatient, outpatient, prescription drugs • Access to clinical trials	State Chamber of Commerce; self-insurers; interested members of both Quality and Workplace/Workforce Committees	Year 1

OBJECTIVE 1B: Assess availability of health care providers.

Task/Action	Responsible party	Timeframe
Assess statewide availability of appropriate health care providers (e.g., oncologists, cancer surgeons) especially in previously identified key shortage areas.	DPH, University of DE and/or Health Care Commission	Year 1

OBJECTIVE 1C: Implement routine monitoring of quality measures for cancer care, starting with the most prevalent Delaware cancers (breast, colorectal, lung and prostate).

Task/Action	Responsible party	Timeframe
Implement—via medical records review—the American Society of Clinical Oncology (ASCO) / National Comprehensive Cancer Network (NCCN) Quality Measures for Breast and Colorectal Cancers.	ACoS Delaware Commission on Cancer, DCC	Year 1
As ASCO/NCCN Quality Measures are published, implement them for cervical, lung/bronchus and prostate cancers, check the quality of ACoS-provided data by chart review.	ACoS Delaware Commission on Cancer, DCC, DPH	Years 2 & 3
Ensure Delawareans are aware of the results of cancer care quality measures by disseminating information on performance measures to all segments of the public including preparing annual, facility-specific report cards to rate performance on quality measures.	DCC, DPH	Year 4

GOAL 2: Ensure quality of care—and life—available to Delaware's cancer survivors.

Year 1 $60,000	Year 2 $10,000	Year 3 $100,000	Year 4 $100,000

OBJECTIVE 2A: Ensure Delawareans are enabled to participate in state-of-the-art cancer clinical trials.

Task/Action	Responsible party	Timeframe
Ensure Delawareans are aware of option to participate in cancer clinical trials through distribution of educational materials to all patients newly diagnosed with cancer.	Healthcare providers	Year 1 & ongoing
Assess need for and recommend statewide infrastructure to support clinical trial enrollment.	DCC	Year 2
Devote 1.0 Full-time Equivalent to provide infrastructure to support clinical trial enrollment.	DCC	Years 3 & 4
Include clinical trial support and participation as a quality indicator in report cards mentioned in Objective 1C.	DPH, DCC	Year 4

OBJECTIVE 2B: Implement routine capture of information on patients contacted about entering clinical trials.

Task/Action	Responsible party	Timeframe
Identify hospital-specific point people for clinical trial information and enrollment.	DCC, DPH	Year 1
Meet with clinical trial point people to discuss tracking and data capture options.	DCC, DPH	Year 1
Implement agreed-upon approach; track and monitor (via database) patient contact and enrollment statistics at a facility-specific level on a quarterly basis.	DCC, DPH	Year 2
Request institutions to provide yearly data on patients accessing and enrolling into clinical trials and track these data.	DPH, DCC	Year 1

GOAL 3: Ensure continuity of care through cancer care coordination.

Year 1 $800,000	Year 2 $880,000	Year 3 $901,000	Year 4 $885,000

OBJECTIVE 3A: Continue implementation of the Cancer Care Coordinator program.

Task/Action	Responsible party	Timeframe
Contract with vendors through RFP process to deliver Cancer Care Coordinator program services.	DPH	Year 1 & ongoing

OBJECTIVE 3B: Extend availability of Cancer Care Coordinator services beyond the treatment phase, promoting continuity of care into the survivor phase of care.

Task/Action	Responsible party	Timeframe
Evaluate extent of interest among patients served to continue relationship with Cancer Care Coordinator beyond treatment phase of care.	DPH	Year 1
Ensure sufficient services of Cancer Care Coordinators so that all Delawareans with cancer who desire care coordination services are able to access them; • Assess current level of effort. • Determine extent to which unmet need exists. • Recommend capacity required to fulfill needs.	DPH	Year 2
Evaluate level of additional effort required; recommend staffing changes and additions accordingly.	DPH	Year 1
Promote use of extended services among those receiving Cancer Care Coordinators' services.	Cancer Care Coordinators, cancer care coordination managers, DPH	Year 2

OBJECTIVE 3C: Expand and enhance capture of Cancer Care Coordinator patient contact data.

Task/Action	Responsible party	Timeframe
Contract with vendor through RFP to expand current colorectal Cancer Screening Nurse Navigator database to include client-specific, electronic database for use by Cancer Care Coordinators.	DPH	Year 1
Implement client-specific, electronic database for use by Cancer Care Coordinators.	DPH	Year 1
Implement comprehensive satisfaction surveys among patients served, Cancer Care Coordinators and facilities/health care providers whose patients received coordination services, using existing, validated survey instruments; link results to client-specific database.	DPH, facility-based patient ombudsmen, Cancer Care Coordinators, cancer care coordination managers, physicians/health care providers	Year 3
Conduct patient surveys among patients willing to be contacted after case closure—e.g., six months post-care coordination service delivery—to assess current status, level of functioning, return to work, treatments received during post-care interval, etc.; link results to client-specific database.	DPH	Year 3

OBJECTIVE 3D: Expand surveillance and evaluation of Cancer Care Coordinator activities.

Task/Action	Responsible party	Timeframe
Develop and implement comprehensive reporting system that leverages data captured in electronic database and supports analysis of patient contact data by, for example, contact, client, Cancer Care Coordinator, demographic variables, etc.	DPH, Cancer Care Coordinators, cancer care coordination managers	Year 2
Publish reports of coordinator and facility performance; reports should include both object and subject components.	DPH	Year 3

GOAL 4: Ensure availability of accurate, complete data to allow effective surveillance of cancer incidence, care delivery and treatment.

Year 1 $350,000	Year 2 $490,000	Year 3 $440,000	Year 4 $435,000

OBJECTIVE 4A: Maintain operations of the Delaware Cancer Registry program.

Task/Action	Responsible party	Timeframe
Ensure Delaware Cancer Registry (DCR) operations are maintained and supported.	DPH	Year 1 & ongoing
Ensure adequate software support to maintain DCR.	DPH	Year 1 & ongoing

OBJECTIVE 4B: Improve capture of treatment-related data and accurate staging data in the Delaware Cancer Registry (DCR); maintain highest quality standards of oversight agencies (North American Association of Central Cancer Registries [NAACCR] and National Program of Cancer Registries [NPCR]).

Task/Action	Responsible party	Timeframe
Determine feasibility/desirability of implementing regulation requiring submission of treatment data along with other follow-up information (already collected).	DPH	Year 1
Evaluate web-based case submission mechanisms that would enable faster, easier and more secure data submission.	Information Technology Task Force (ITTF) of DCR advisory committee, registry director, manager and staff, Delaware Information Technology Group	Year 1
Implement web-based case submission mechanism, enabling faster, easier and more secure data submission.	Information Technology Task Force (ITTF) of DCR advisory committee, registry director, manager and staff, Delaware Information Technology Group	Years 2–4
Explore feasibility and possible approaches to capturing more complete historic (2000 forward) treatment data.	DPH, DCR advisory committee	Year 2
Develop means by which to support additional reporting required of providers; e.g., financial incentives, staffing assistance, e.g., "Circuit Rider" registrar.	DPH, DCRAC registry staff, registry director	Years 2–4

OBJECTIVE 4C: Expand ongoing surveillance and evaluation of Delaware Cancer Registry activities.

Task/Action	Responsible party	Timeframe
Publish periodic reports of quality-related activities (e.g., submission timeliness, completeness, and quality).	DCR staff, DCRAC	Year 1 & ongoing
Report annual NAACCR and NPCR submission requirements for DCR and make public NAACCR and NPCR findings.	DCR staff, registry director	Year 1 & ongoing
Ensure improved quantity and quality of treatment data in the DCC; • Establish standards reporters must meet in submitting treatment-related data. • Implement systematic review of the accuracy and completeness of treatment data submitted to the DCR. • Conduct external physician review of hospital registries and central registry.	DPH, ITTF, DCRAC, registry staff, registry director	Year 2 & ongoing
Conduct external review comparing data from the central DCR to hospital medical records.	DPH	Year 2 & ongoing
Ensure distribution of quality-related information to interested affected parties, e.g., data reporters (hospital and non-hospital reporters), researchers using data, Delaware Cancer Consortium, members of the public.	DPH, DCR staff, DCRAC	Year 3

GOAL 4: Ensure availability of accurate, complete data to allow effective surveillance of cancer incidence, care delivery and treatment.

Year 1 $350,000	Year 2 $490,000	Year 3 $440,000	Year 4 $435,000

OBJECTIVE 4D: Conduct ongoing evaluation of effort to acquire and analyze supplementary cancer-related data.

Task/Action	Responsible party	Timefram
Track progress, via bimonthly reports, of acquiring and processing data from one health insurer.	DPH, health insurer, DCR staff	Year 3
Evaluate usefulness of health insurer data results; recommend continuation, expansion and/or discontinuation of health insurer data capture effort.	DCR staff, DPH Staff	Year 3
Monitor, via bimonthly reporting, continuation and/or expansion of health insurer data capture effort.	DCR staff, DPH Staff	Year 4
Monitor progress on the feasibility study of acquiring prescription drug data not available through health insurer(s), through semiannual reporting; upon completion of study, review, evaluate and make recommendations on pursuing acquisition of these data.	DCR staff, DPH Staff	Year 4
Monitor progress on the feasibility study of acquiring Claritas demographic and consumer purchasing data, through semiannual reporting; upon completion of study, review, evaluate and make recommendations on pursuing acquisition of these data.	DCR staff, DPH Staff	Year 4

Action

Implementation of Recommendations

Early Detection and Prevention Committee

Tobacco & Other Risk Factors Committee

Environment Committee

Quality Cancer Care Committee

Quality of Life Committee

Insurance Committee

Workplace/Workforce Committee

Communication & Public Education Committee

Disparities Committee

Data Committee

Delaware Cancer Consortium

"In 1988, when I was 40 years old, I had my first cancer diagnosis—it was breast cancer. This summer was my sixth bout with cancer—a third recurrence of thyroid cancer. I gained an entirely new vocabulary when I was diagnosed. At first, I thought I was going to die. There wasn't really any place to turn. Which is why I was asked to be one of the founding board members of the Wellness Community. It is so critical for cancer survivors—actually I prefer the term 'Victors'—to have professional psychological and social support free of charge. One of the many skills you acquire there is how to advocate for yourself. At the Wellness Community you can talk about cancer, gain from the experiences of others and learn how to do your own homework. It takes tremendous energy to fight this disease. You have to be strong enough to seek out all the support you can."

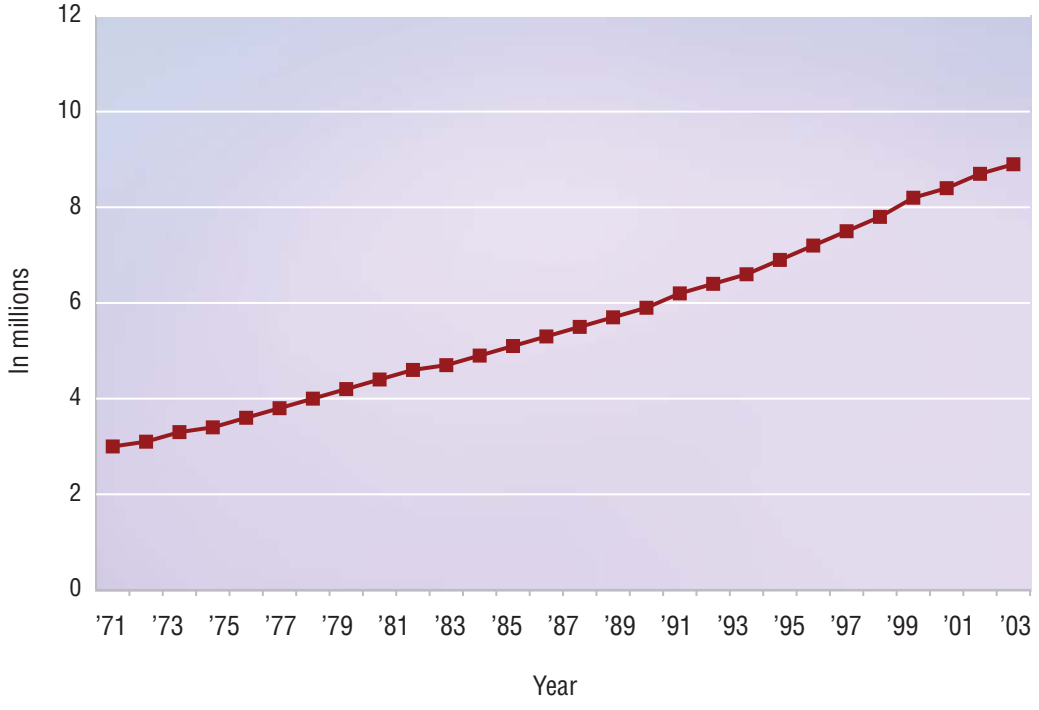
MARCY SPIVAK, CANCER SURVIVOR

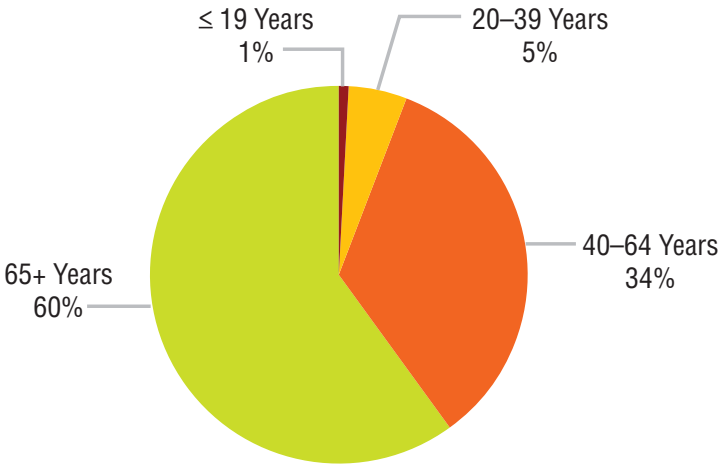
Why?

There are more than 10 million cancer survivors in the United States. With an aging population—and consequently more people at risk for the disease—those numbers are likely to increase substantially in the coming years. As survivors and co-survivors (family members) face the new challenges, they have a need for after-treatment services and support. They are faced with trying to define "a new normal" after what can be a life-changing event.

ESTIMATED NUMBER OF CANCER SURVIVORS IN THE UNITED STATES FROM 1971 TO 2003

2005, National Cancer Institute. U.S. estimated prevalence counts were estimated by applying U.S. populations to SEER 9 and historical Connecticut Limited Duration Prevalence proportions and adjusted to represent complete prevalence. Populations from January 2003 were based on the average of 2002 and 2003 population estimates from the U.S. Bureau of Census.





ESTIMATED NUMBER OF PERSONS ALIVE IN THE U.S. DIAGNOSED WITH CANCER BY CURRENT AGE*

2005, National Cancer Institute. U.S. estimated cancer prevalence counts were estimated by applying U.S. populations to SEER 9 Limited Duration Prevalence proportions. Populations from January 2003 were based on the average of 2002 and 2003 population estimates from the U.S. Bureau of Census.

*Invasive/1st Primary Cases Only, N = 10.5M survivors

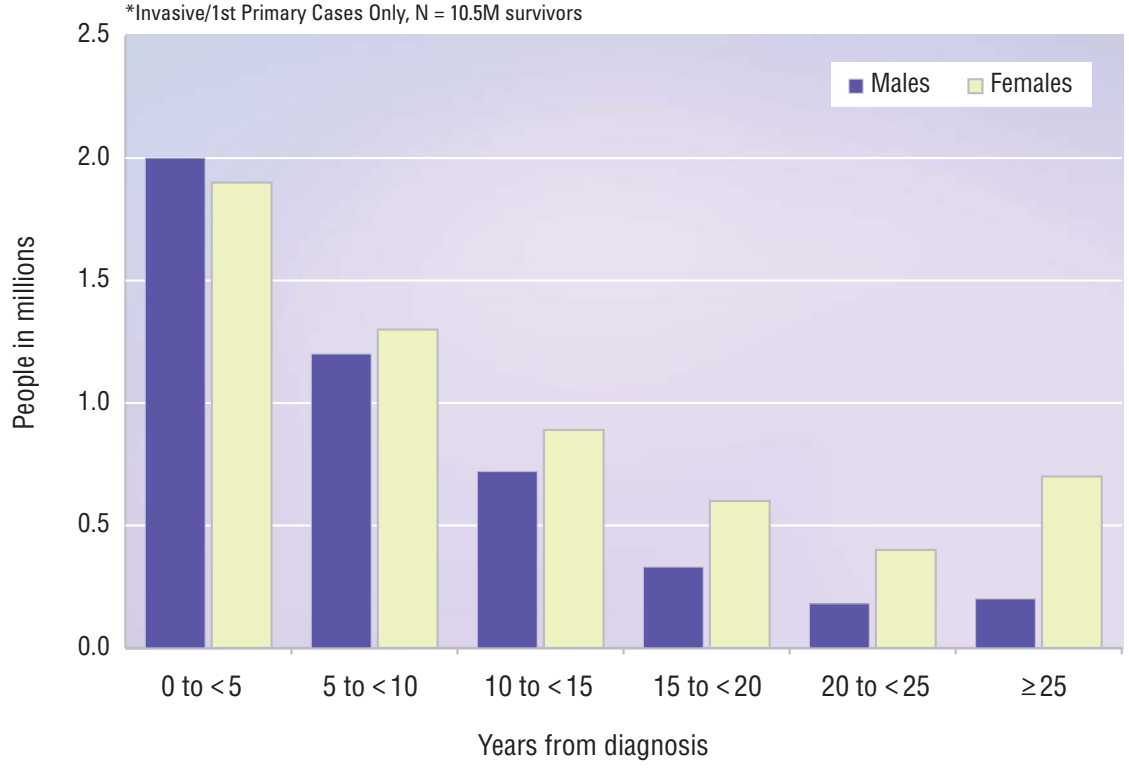
WHAT CAN BE DONE

- Meet the needs of patients and survivors by eliminating the gaps in services.
- Implement a holistic survivorship and rehabilitation program to offer care and services to cancer survivors.
- Fund services for the underinsured or uninsured.
- Through collaboration with the Workplace/Workforce Committee, help survivors in the workplace.
- Make sure every cancer survivor has access to a wellness coach to promote physical and psycho-social support.
- Address the information gaps about resources for Quality of Life issues by creating a guide for patients and families.
- Facilitate access to, information about and funding for home-based care.
- Train health care providers on palliative care, survivorship, rehabilitation and end-of-life care.

ESTIMATED NUMBER OF PERSONS ALIVE IN THE U.S. DIAGNOSED WITH CANCER ON JANUARY 1, 2003, BY TIME FROM DIAGOSIS AND GENDER*

2005, National Cancer Institute. U.S. cancer prevalence counts were estimated by applying U.S. populations to SEER 9 Limited Duration Prevalence proportions. Populations from January 2003 were based on the average of 2002 and 2003 population estimates from the U.S. Bureau of Census.

*Invasive/1st Primary Cases Only, N = 10.5M survivors



Committee *Recommendations*

The tables below describe a proposed four-year-long initiative. Year one has already been funded. Years two, three and four will be funded at the discretion of the General Assembly.

GOAL 1: Eliminate gaps in quality-of-life services (e.g., rehabilitation, survivorship, palliative care and end-of-life care) to meet the needs of patients, survivors and co-survivors without duplicating current services.

Year 1 $25,000	Year 2 $80,000	Year 3 $80,000	Year 4 $80,000

OBJECTIVE 1A: Perform a needs assessment analysis.

Task/Action	Responsible party	Timeframe
Research other needs assessments that have been completed to determine if the results could be used to inform the committee.	DCC Quality of Life Committee	Year 1
Conduct a statewide needs assessment.	DPH and contractor	Year 1
Validate the findings of the assessment by surveying cancer survivors, caregivers and current cancer patients.	DCC Quality of Life Committee	Year 1

OBJECTIVE 1B: Develop a comprehensive quality-of-life statewide program that incorporates culturally and linguistically competent services and programs.

Task/Action	Responsible party	Timeframe
Assess best practices and other state models.	DCC Quality of Life Committee	Year 1
Create or adapt a comprehensive quality-of-life care model for Delaware and disseminate to health care providers and caregivers statewide.	DCC Quality of Life Committee	Year 2 & ongoing

OBJECTIVE 1C: Implement a holistic survivorship and rehabilitation program to provide comprehensive care and support services to cancer survivors and co-survivors.

Task/Action	Responsible party	Timeframe
Examine existing survivorship and rehabilitation services, including vocational rehabilitation services, in the state to determine replication.	DCC Quality of Life Committee	Year 1
Collaborate with the DCC Workplace/Workforce Committee to examine the challenges patients face in maintaining employment both during and following cancer treatment, and explore opportunities to facilitate and encourage employers and employees in this process.	DCC Quality of Life Committee & DCC Workplace/Workforce Committee	Year 1
Fund survivorship and rehabilitation services for underinsured or uninsured clients.	General Assembly	Year 2 & ongoing
Ensure all cancer patients have access to a wellness coach to promote physical strength and enhance psycho-social support to maximize positive treatment and rehabilitation outcomes.	Quality of Life Committee, Wellness Community and Cancer Care Connection	Year 2 & ongoing

GOAL 2: Create a comprehensive guide to services and resources available to patients and families.

Year 1 $20,000	Year 2 $10,000	Year 3 $10,000	Year 4 $10,000

OBJECTIVE 2A: Evaluate current cancer information resources (e.g., websites and support services organizations) and assess potential gaps in quality-of-life information.

Task/Action	Responsible party	Timeframe
Inventory available quality-of-life resources and assess gaps in information resources; assess whether information is accessible to patients, families and health professionals.	DCC Quality of Life Committee, Cancer Care Connection and DE Helpline	Year 1
Collaborate with the DCC Communication & Public Education Committee to determine the best mechanism to present informational resources.	DCC Quality of Life Committee	Year 1

OBJECTIVE 2B: Provide access to quality-of-life resources to the public and health professionals to inform, educate and support multidisciplinary care.

Task/Action	Responsible party	Timeframe
Create a comprehensive guide of current services and make this available through the Internet, print media, Delaware Helpline, and other partner agencies and service providers.	DPH, DE Helpline and Cancer Care Connection	Year 2
Evaluate the use and thoroughness of the resource guide on an annual basis.	DCC Quality of Life Committee	Year 2 & ongoing

GOAL 3: Implement a patient-driven treatment model that maximizes the opportunity for home-based care.

Year 1 $20,000	Year 2 $20,000	Year 3 $20,000	Year 4 $20,000

OBJECTIVE 3: Educate, empower and support patients and caregivers to receive home-based care when appropriate.

Task/Action	Responsible party	Timeframe
Provide patient and caregiver education and facilitate access to home-based support.	Cancer Care Coordinators	Year 1 & ongoing
Expand the use of hospice services to situations other than those of crises, and redefine the ways and populations for whom hospice services can be presented.	DCC Quality of Life Committee	Year 1 & ongoing
Provide funding for essential items that allow patient transfer to home care (for example, DME, caregiver assistance and assistive technology).	General Assembly	Year 2 & ongoing

GOAL 4: Support quality-of-life training and education services for health care providers with an emphasis on palliation, survivorship, rehabilitation and end-of-life care.

Year 1 $43,000	Year 2 $43,000	Year 3 $30,000	Year 4 $20,000

OBJECTIVE 4A: Provide statewide End-of-Life Nursing Education Consortium (ELNEC) training.

Task/Action	Responsible party	Timeframe
Establish training for the Cancer Care Coordinators based on the End-of-Life Nursing Education Consortium (ELNEC) "Train the Trainer" model.	End of Life Coalition	Year 1 & ongoing
Provide the basic ELNEC program (9 hours) on CD-ROM to 50 health professionals per hospital; utilize video conferencing to provide discussion opportunities.	End of Life Coalition	Year 1 & ongoing
Partner with colleges to ensure that students entering the health care field receive ELNEC training.	DCC Quality of Life Committee	Year 2

OBJECTIVE 4B: Support continued education for physicians, hospitalists and hospital staff (education will emphasize end-of-life, rehabilitation, vocational rehabilitation, survivorship and palliative care).

Task/Action	Responsible party	Timeframe
Provide CME-accredited quality-of-life training modules on site for physician practices and hospitals.	DCC Quality of Life Committee, community partners	Year 2 & ongoing
Provide health care professionals with tools that they can use in practice such as pocket card guidelines based on accepted practice guidelines.	DPH	Year 2 & ongoing
Implement quality-of-life training sessions for hospital-based staff so they can accurately articulate and disseminate information to patients and families.	DCC Quality of Life Committee, community partners	Year 2 & ongoing
Provide training to discharge personnel on discharge to the appropriate level of care.	DCC Quality of Life Committee, community partners	Year 2 & ongoing
Develop and implement a report card system for institutions and practices; the credentialing program for screening may be used as a model.	DPH, DCC Quality of Life Committee	Year 3 & ongoing

OBJECTIVE 4C: Provide training to nursing home staff.

Task/Action	Responsible party	Timeframe
Educate nursing home staff on quality-of-life issues; provide access to an online tutorial.	DCC Quality of Life Committee	Year 1
Recommend satisfactory completion of the quality-of-life tutorial as part of nursing home employment requirements.	DCC Quality of Life Committee	Year 1

Action

Implementation of Recommendations

Early Detection and Prevention Committee

Tobacco & Other Risk Factors Committee

Environment Committee

Quality Cancer Care Committee

Quality of Life Committee

Insurance Committee

Workplace/Workforce Committee

Communication & Public Education Committee

Disparities Committee

Data Committee

Delaware Cancer Consortium

"I saw blood in my stool. I was afraid to find out what that meant. I finally had a colonoscopy through Screening for Life and learned I had cancer. It was a level-one tumor—there was still hope. But I had no insurance to pay for the treatment I needed. That's when I learned about The Delaware Cancer Treatment Program. They paid for the surgery I needed. If it weren't for them, I would literally be waiting to die."

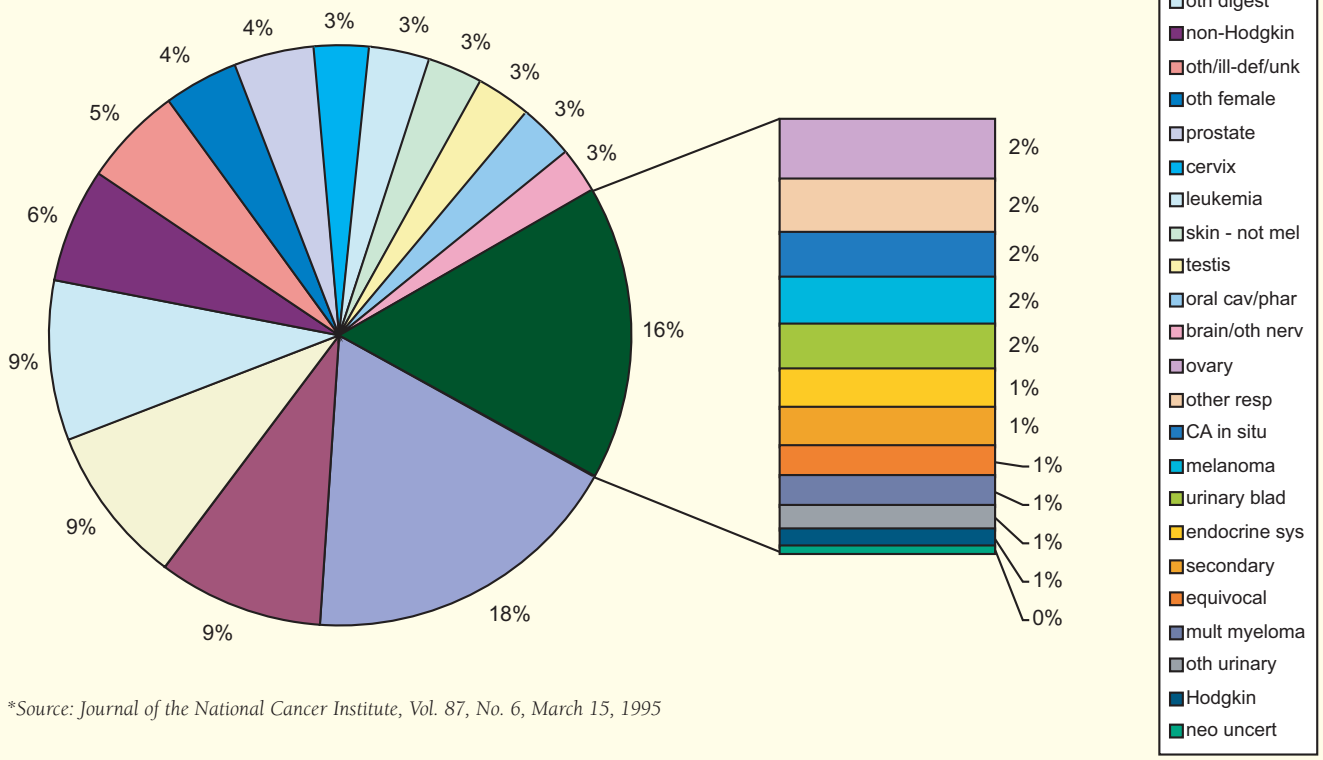
Emma Fulton, Cancer Survivor

Why?

Cancer is a complex disease. It's critical for people who are diagnosed to get treated early—and be offered high-quality treatment options. Early intervention makes a difference in outcomes. The Delaware Cancer Treatment Program has also become a key factor in the success of getting people screened for cancer. Knowing there is a way to be treated, encourages people to get screened.

Finding cancer early further reduces the cost of treatment. For example, the lifetime treatment cost for late-stage breast and prostate cancer is consistently $50,000 to $100,000 higher than for early stage disease.*

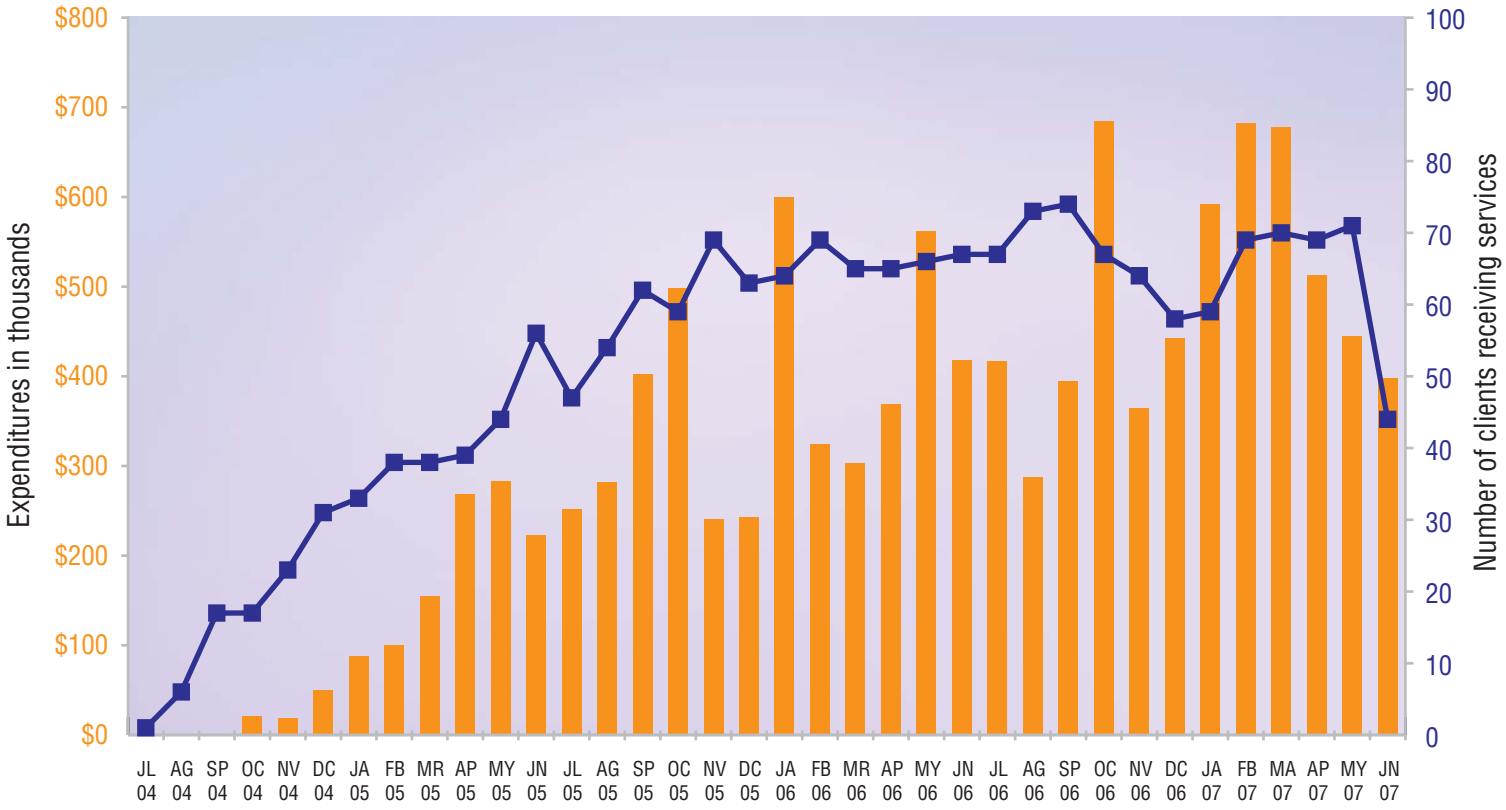
Delaware Cancer Treatment Program
July 1, 2004, through June 30, 2007
Percentage of Cases (n = 348) by Cancer Group
Source: File of Claims Paid Through June 2007



Source: Journal of the National Cancer Institute, Vol. 87, No. 6, March 15, 1995

DELAWARE CANCER TREATMENT PROGRAM JULY 1, 2004, TO JUNE 30, 2007,
EXPENDITURES AND NUMBER OF CLIENTS RECEIVING SERVICES BY MONTH

File of claims paid through June 2007



ARE SOME OF US MORE AFFECTED BY THIS THAN OTHERS?

- The many uninsured people in Delaware have no other resource to pay for cancer treatment.

WHAT CAN BE DONE

- Continue to pay for cancer treatment for those who meet the DCTP guidelines.
- Extend the time period to cover the cost of cancer treatment to two years.

Committee *Recommendations*

The tables below describe a proposed four-year-long initiative. Year one has already been funded. Years two, three and four will be funded at the discretion of the General Assembly.

GOAL 1: Reimburse the cost of cancer treatment for every eligible uninsured Delawarean for up to two years after diagnosis.

Year 1 $7,000,000	Year 2 $7,500,000	Year 3 $8,000,000	Year 4 $8,500,000

Task/Action	Responsible party	Timeframe
Revise regulation for the Delaware Cancer Treatment Program (DCTP) to expand eligibility from 12 to 24 months.	General Assembly, Insurance Commissioner	Year 1
Reimburse providers enrolled in the MMIS system for costs related to cancer treatment for clients enrolled in DCTP.	DCTP administration, contractor	Year 1 & ongoing
Monitor and evaluate expenditures, client disposition (e.g., insurance eligibility) and health outcomes to ensure efficient resource utilization and quality care.	DPH	Year 1 & ongoing

GOAL 2: Implement mechanisms to obtain cancer-related data from health insurance claims data.

Task/Action	Responsible party	Timeframe
Obtain buy-in from insurers, including self-insured entities, to share claims data with the Division of Public Health with the aim to improve assessment of cancer health care utilization statewide.	Insurance Commissioner	Year 1
Develop estimates of the level of effort required to obtain, process and analyze health insurance claims data.	DPH, Insurers	Year 1
Delineate the scope of data required to enhance cancer screening, incidence and treatment surveillance.	DPH, Insurers	Year 2
Pilot the process with data acquired from one insurer.	DPH, Insurers	Year 2
Develop data-sharing agreements between the insurers and the Division of Public Health.	Insurance Commissioner, DPH, Insurers	Year 2
Implement data-sharing system.	DPH, Insurers	Year 3

Action

Implementation of Recommendations

Early Detection and Prevention Committee

Tobacco & Other Risk Factors Committee

Environment Committee

Quality Cancer Care Committee

Quality of Life Committee

Insurance Committee

Workplace/Workforce Committee

Communication & Public Education Committee

Disparities Committee

Data Committee

Delaware Cancer Consortium

"Three years ago I was diagnosed with Stage 3 breast cancer. While I was being treated I kept everyone at AstraZeneca updated by e-mail. People began to tell me how much they looked forward to my updates. Those e-mails led not only to the publishing of a book, but to a new career path. Now, it's my job to help AstraZeneca understand how it can help patients, and how it can continue to benefit from the talents of its employees who have cancer: Flexible scheduling around treatments. Managers who become advocates. Those are just a few of the ways the workplace can make a difference. We are all valuable in our own way. And this incredible culture has helped employees who have cancer to stay connected and feel valued."

WENDY FOX-PEDICONE, CANCER SURVIVOR

Why?

Cancer survival frequently has long-term effects on employment and the ability to work. By improving clinical and support services in the workplace to better manage symptoms and rehabilitation and accommodate disabilities associated with the disease, we can increase the numbers of cancer survivors who successfully return to work.

The dynamics in the workplace—just as in the routine of living—change dramatically for a cancer survivor. Inability to work regular hours can affect finances and health insurance. Social connections may be lost. Professional self-respect, self-esteem and satisfaction can suffer. For the employer, productivity may be affected. If there are physical limitations, the employer may alter job assignments, which can enhance employer/employee relations.

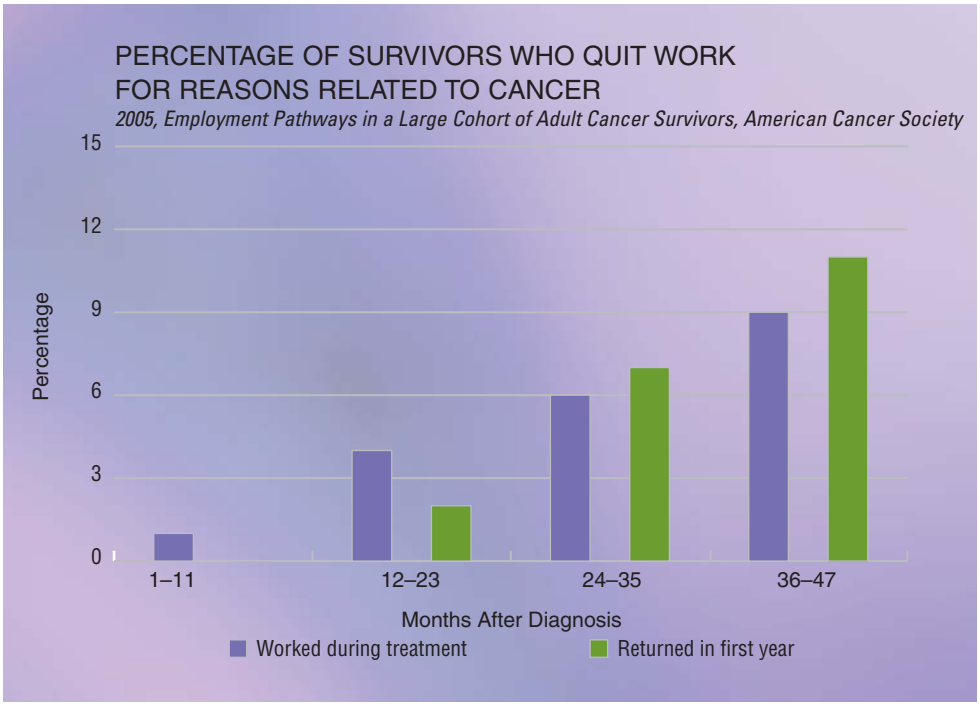
ARE SOME OF US MORE LIKELY TO BE AFFECTED BY THIS THAN OTHERS?

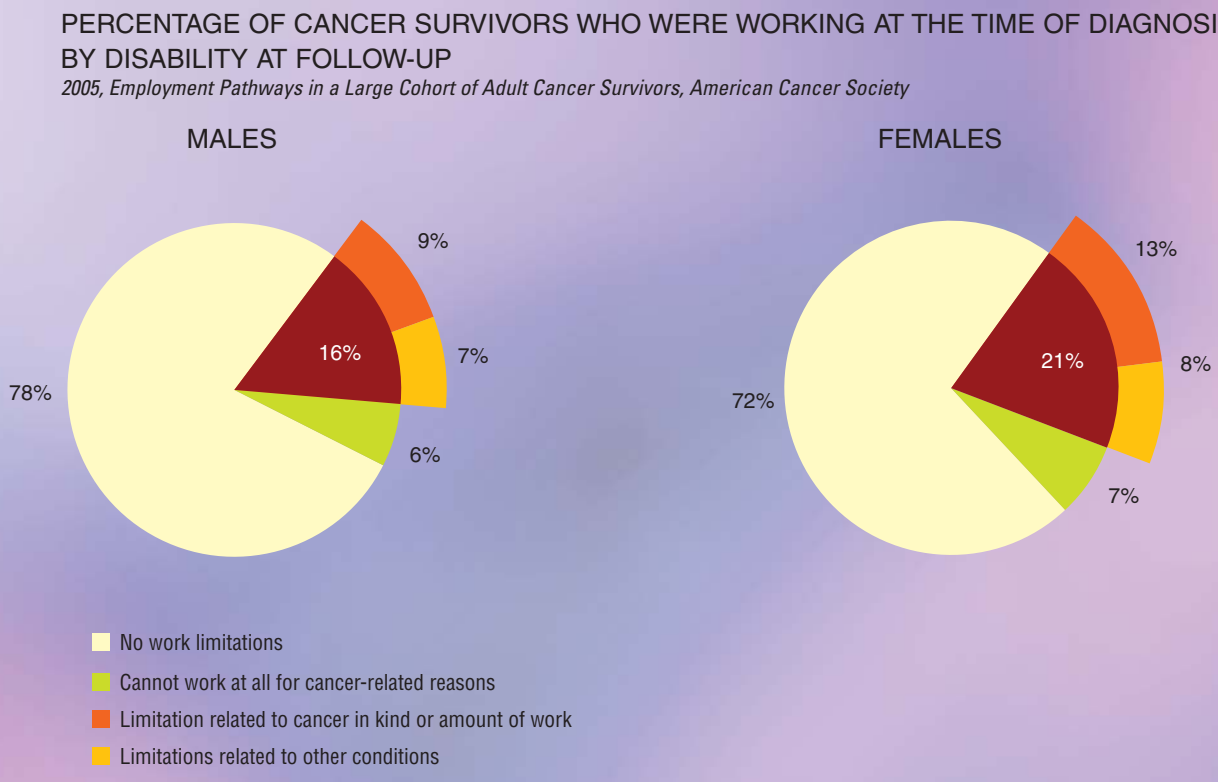
Based on trends reported by the American Cancer Society in 2005:

- More women than men who were working at diagnosis reported limitations in the ability to work.
- Disability and quitting rates for both men and women were higher for survivors who were still in initial treatment for active cancer.
- New cancers or metastases increased the likelihood of quitting work and disability among men—but not as much among women.
- Survivors 45–52 years of age at follow-up were more likely to report cancer-related disabilities than younger survivors—even though they are not more likely to quit working.

WHAT CAN BE DONE

- Promote cancer screening, prevention and treatment with employers to keep their employees from having cancer affect their livelihood.
- Inform those who have cancer and are working about the support programs available to them.
- Offer to send speakers to inform employers of the cancer resources available to them through the Delaware Cancer Consortium.
- Train and educate employers on how they can help those with cancer in their working environments.
- Partner with insurance companies to get more people screened and enrolled in risk reduction programs.





Committee Recommendations

The tables below describe a proposed four-year-long initiative. Year one has already been funded. Years two, three and four will be funded at the discretion of the General Assembly.

GOAL 1: Promote existing cancer prevention, screening and treatment programs to Delaware employers.

Year 1 $10,000	Year 2 $25,000	Year 3 $25,000	Year 4 $25,000

OBJECTIVE 1A: Conduct a statewide needs assessment to identify gaps in knowledge and/or services among small and larger employers and those who are self-insured.

Task/Action	Responsible party	Timeframe
Develop a needs assessment and collect data from a representative sample of employers.	DPH	Year 1
Analyze results and use them to develop targeted initiatives for diverse employers.	DCC Workforce/Workplace Committee	Year 1

OBJECTIVE 1B: Create an employer web page on the DCC website that provides interactive access to cancer information resources.

Task/Action	Responsible party	Timeframe
Create a new web page on the DCC website that links with existing sources of cancer information; research, writing, design, HTML (or equivalent) building, etc., for 10 pages of info and resources.	DPH, DCC Workplace Committee and media contractor	Year 1 & ongoing
Add a resource guide to the website that has information on personalized services available to employers such as return on investment (ROI) analysis for cancer screenings, learn-at-lunch trainings, legal considerations, mentoring programs and human resources training to assist employees with cancer.	DPH, media contractor	Year 1 & ongoing

OBJECTIVE 1C: Distribute existing employer guides on Delaware cancer programs.

Task/Action	Responsible party	Timeframe
Distribute guides through employer conferences, chamber of commerce meetings and the annual Advocates of Hope events.	DPH, DCC Workplace Committee, media contractor	Year 1 & ongoing

OBJECTIVE 1D: Create speakers' bureau to disseminate information about the Delaware Cancer Consortium and cancer resources.

Task/Action	Responsible party	Timeframe
Create template presentations on various cancer-related topics of interest to small, medium and large employers.	DPH, DCC Workplace Committee, media contractor	Year 1 & ongoing
Establish a panel of speakers composed of public health specialists and DCC chairs and members.	DPH, DCC Workplace Committee, media contractor	Year 1 & ongoing

GOAL 2: Implement workplace/workforce initiatives and provide individual trainings and resources to employers.

Year 1 $55,000	Year 2 $60,000	Year 3 $65,000	Year 4 $65,000

OBJECTIVE 2A: Establish one full-time employer liaison position to implement workplace/workforce programs.

Task/Action	Responsible party	Timeframe
Establish allocation for 1.0 Full-time Equivalent Trainer/Educator III.	General Assembly	Year 1 & ongoing
The Trainer/Educator III will implement Workplace/Workforce cancer prevention, screening, education and treatment programs for Delaware employers.	—	—

OBJECTIVE 2B: Create partnerships with state and local chamber of commerce organizations and local unions to share information and promote screening and early detection.

Task/Action	Responsible party	Timeframe
Create a database of contacts in these chamber of commerce organizations and local unions.	DPH, DCC Workforce/Workplace Committee	Year 1
Set up a plan of action to ensure that all potential partners are contacted and given the opportunity to participate in promoting screening and early detection.	DPH, DCC Workforce/Workplace Committee	Year 2

OBJECTIVE 2C: Provide information to employers on workplace safety and health resources available to help educate employers on ways to reduce workplace exposures to hazardous materials.

Task/Action	Responsible party	Timeframe
Create a database of employer contacts.	DPH, DCC Workforce/Workplace Committee	Year 1
Identify opportunities to distribute workplace safety and health resources at employer groups and events.	DPH, DCC Workforce/Workplace Committee	Year 1

GOAL 3: Partner with insurance companies to increase the number of employees accessing cancer screening and risk reduction programs.

Year 1	Year 2	Year 3	Year 4
$0	$10,000	$20,000	$20,000

OBJECTIVE 3A: Work with insurance companies to identify members who are eligible but have not been screened and refer them to cancer screening nurse navigation services.

Task/Action	Responsible party	Timeframe
Create a database of key contacts in the insurance industry.	DPH, DCC Workforce/ Workplace Committee	Year 1
Outline current insurance practices for increasing screening.	DPH, DCC Workforce/ Workplace Committee	Year 1
Identify potential gaps in identification process and quantify number of members impacted.	DPH, DCC Workforce/ Workplace Committee	Year 1
Work with insurance companies, brokers, employers and employees to identify barriers to available cancer screening and wellness programs.	DPH, DCC Workforce/ Workplace Committee	Year 1

OBJECTIVE 3B: Using aggregate claims data, assist insurance companies in identifying cancer screening or risk factor reduction programs.

Task/Action	Responsible party	Timeframe
Work with the Data Committee of DCC to use aggregate claims data from insurers.	DPH, DCC Workforce/ Workplace Committee	Year 1
Use resources and benchmarking to blueprint recommended risk reduction programs that meet employer needs.	DPH, DCC Workforce/ Workplace Committee	Year 1
Develop initiatives/programs to increase screening and reduce cancer risk factors.	DPH, DCC Workforce/ Workplace Committee	Year 2

OBJECTIVE 3C: Provide information and resources to employers on workplace wellness initiatives available.

Task/Action	Responsible party	Timeframe
Identify organizations that can provide information and resources to employers on workplace wellness initiatives.	DPH, DCC Workforce/ Workplace Committee	Year 1
Create links on the DCC website to make information and resources on workplace wellness initiatives available to employers.	DPH, DCC Workforce/ Workplace Committee	Year 1
Create minimum and excellence recommended "standards" for employer-based cancer risk reduction and screening programs, then highlight companies that meet or exceed standards.	DPH, DCC Workforce/ Workplace Committee	Year 2

OBJECTIVE 3D: Collaborate with insurance providers to streamline member information on cancer benefits and coverage.

Task/Action	Responsible party	Timeframe
Create a short-term task force made up of key insurers to address the objective.	DPH, DCC Workforce/ Workplace Committee	Year 1
Compile resource file of current insurers' information.	DPH, DCC Workforce/ Workplace Committee	Year 1
Hold quarterly collaboration sessions with insurers and employers to share ideas.	DPH, DCC Workforce/ Workplace Committee	Year 2 & ongoing

Action

Implementation of Recommendations

Early Detection and Prevention Committee

Tobacco & Other Risk Factors Committee

Environment Committee

Quality Cancer Care Committee

Quality of Life Committee

Insurance Committee

Workplace/Workforce Committee

Communication & Public Education Committee

Disparities Committee

Data Committee

Delaware Cancer Consortium

"We've learned we have to drive efforts to reduce disparities to make a difference in the cancer statistics. Health literacy can help us do that. Bringing a sensitivity, awareness and cultural competency to both internal and external communications can help us connect with the people who are at risk or who don't know about the services we offer. There is a trust factor and confidence level associated with certain groups. If you don't speak my language; if you have a history of not being trustworthy; if I have to make a living for my children and my health is insignificant right now—those attitudes affect how much people will believe or will listen to us. We must look at our communications in terms of the audiences and be sure we speak to them appropriately to reach them effectively."

SURINA JORDAN, PHD

Why?

Developing and offering cancer programs is the key to lowering cancer incidence and mortality in Delaware. But to achieve that goal, the programs must be used. And before people can use them, they must first become aware of them. We must find ways to tell those who need help—especially people in diverse populations—about the many programs and services available to them.

WHAT CAN BE DONE

- Use the Delaware Cancer Alliance as a conduit for information about the programs—so details may be communicated to health care workers to share with their coworkers and patients/clients.
- Promote health literacy by keeping language simple and easy to understand and by offering linguistically and culturally appropriate materials.
- Provide materials with these messages in places where the at-risk populations are most likely to see them—such as doctors' offices, clinics, community centers, wellness centers and other similar venues throughout the state.

Committee *Recommendations*

The tables below describe a proposed four-year-long initiative. Year one has already been funded. Years two, three and four will be funded at the discretion of the General Assembly.

GOAL 1: Maintain, expand and provide oversight for the Delaware Cancer Education Alliance.

Year 1 $20,000	Year 2 $22,000	Year 3 $22,000	Year 4 $22,000

OBJECTIVE 1A: Provide training to Alliance members, members of the DCC Committees and other partners on health education methodology, cultural competence, health literacy and translation of science into practice.

Task/Action	Responsible party	Timeframe
Conduct an annual Alliance Summit, with opportunities for training, sharing and networking.	Communication and Public Education Committee and Alliance steering committee	Year 1 & ongoing
Conduct an annual half-day or whole-day skills development workshop.	Communication and Public Education Committee and Alliance steering committee	Year 1 & ongoing
Enhance collaboration with other health advocacy organizations and programs with mutual goals to identify and utilize all opportunities to educate the public about cancer.	Communication and Public Education Committee and Alliance steering committee	Year 1 & ongoing

OBJECTIVE 1B: Promote and improve public education relating to cancer.

Task/Action	Responsible party	Timeframe
Develop a speakers' bureau and organize other resources to disseminate information to public groups.	Communication and Public Education Committee and Alliance steering committee	Year 1 & ongoing
Provide links to quality, trusted resources for cancer education through the DCC website.	Communication and Public Education Committee and Alliance steering committee	Year 1 & ongoing
Review and promote or endorse new programs for lay educators and professionals related to cancer education.	Communication and Public Education Committee and Alliance steering committee	Year 1 & ongoing
Ensure accurate information and unified approach to public education on prevention, screening, detection and treatment.	Communication and Public Education Committee	Year 1 & ongoing
Identify best practices and effective methods for reaching populations at higher risk.	Communication and Public Education Committee and DPH	Year 1 & ongoing

GOAL 2: Promote a safe, healthy and caring school environment in public and private schools.

Year 1 $159,000	Year 2 $132,050	Year 3 $131,000	Year 4 $130,000

OBJECTIVE 2A: Promote healthy lifestyles and lifestyle choices by children and adolescents.

Task/Action	Responsible party	Timeframe
Enhance the work of the Department of Education's Partnership Council in addressing school initiatives to reduce risk in children and youth through meetings and expert speakers; • Host Council meetings with targeted health topic. • Expand participants beyond Council members for targeted meetings. • Implement process for future years.	Delaware Department of Education	Years 1–3
Provide a Teacher in Residence dedicated to the "Connections to Learning" model; • Implement Connections to Learning approach to education in all districts and charter schools. • Expand work of Partnership Council. • Provide technical support to schools/districts. • Oversee mini-grant process.	Delaware Department of Education	Years 1–5
Roll out Connections to Learning approach to addressing health concerns holistically in partnership with all public schools.	Delaware Department of Education	Year 1 & ongoing
Promote local school initiatives to address health risks and behaviors related to cancer for students and staff.	Delaware Department of Education	Year 1 & ongoing

GOAL 3: Provide technical assistance to the committees of the Delaware Cancer Consortium on educational methods, practices and programs.

Year 1 $0	Year 2 $5,000	Year 3 $5,000	Year 4 $5,000

OBJECTIVE 3A: Ensure public education messages are unified (i.e., "one voice") and reflect the goals of the Delaware Cancer Consortium.

Task/Action	Responsible party	Timeframe
Develop internal (among committees) and external (general public) communication process, standards and templates to ensure messages are unified.	Communication and Public Education Committee	Year 2
Disseminate best practices for education and translation to each DCC committee.	Communication and Public Education Committee and DPH	Year 2 & ongoing
Review media campaigns or educational materials at the request of other committees and provide educational consultation on how to appropriately target programs and create effective messages for target populations.	Communication and Public Education Committee, DPH and media contractor	Year 1 & ongoing

OBJECTIVE 3B: Translate DCC committee data findings to make them accessible to the general public and to facilitate knowledge and action.

Task/Action	Responsible party	Timeframe
Review science and data and translate for action and education; provide committees with key points from data and other research for use in campaigns and programs.	Communication and Public Education Committee, DPH and media contractor	Year 1 & ongoing

Action

Implementation of Recommendations

Early Detection and Prevention Committee

Tobacco & Other Risk Factors Committee

Environment Committee

Quality Cancer Care Committee

Quality of Life Committee

Insurance Committee

Workplace/Workforce Committee

Communication & Public Education Committee

Disparities Committee

Data Committee

Delaware Cancer Consortium

"I'm a 16-year survivor of prostate cancer. I've been involved in telling other men—especially at-risk African American men—about the disease since then. I go to church groups, health fairs and talk to them one-on-one. With both the African American and Latino men, it's a cultural thing. They have a fear about prostate cancer that they don't want to talk about. They distrust the local medical community. You have to explain prostate cancer to them. Tell them they have choices. Explain that it's not an old man's disease or a death sentence. After about 20 minutes they seem to get the message. It takes patience. I think they appreciate hearing it from someone who's had prostate cancer."

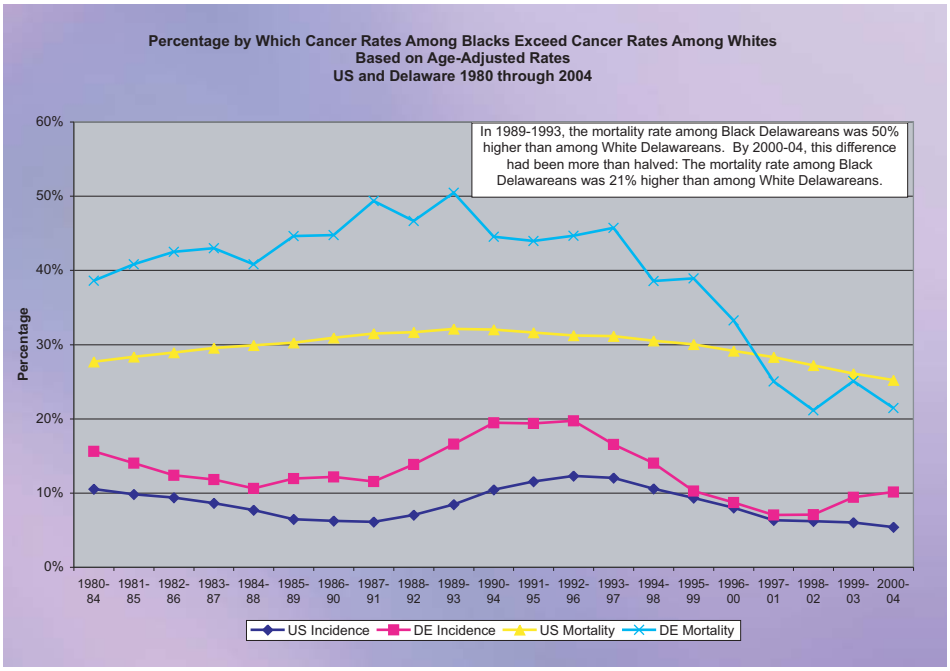
WOODY SLOAN, CANCER SURVIVOR

Why?

Nobody in Delaware should have a higher risk of getting cancer and dying from it due to his or her racial or ethnic background. Particularly at risk are African American men for prostate cancer and African American women for colon and breast cancer. Our goal is that every Delawarean receives the highest standard of care. Although cancer screening rates are equal between Caucasians and African Americans, African Americans are more likely to die from prostate and colon cancer. We must reach out farther and with greater accuracy to understand the source of the disparity—examining access to care, timeliness of care or quality of care, for example—and put services in place to eliminate it.

ARE SOME OF US MORE LIKELY TO BE AFFECTED BY THIS THAN OTHERS?

- The mortality rate for prostate cancer for African American men is twice that of Caucasian men.
- Although the incidence rate for breast cancer for African American women is lower, the mortality rate is more than 30% higher.
- The mortality rate for colon cancer is still higher for African Americans than for Caucasians.



WHAT CAN BE DONE

- Engage at-risk populations in health screenings where they live.
- Collect more data on the health status of African Americans and Hispanics regarding disparities.
- Improve prostate cancer screenings among African American men.
- Improve colon and breast cancer screenings among African American women.
- Study how we're treating colon cancer to determine if there are opportunities to improve quality of interventions.
- Make sure our programs are being received in at-risk communities.
- Enroll more minorities in clinical trials.

DISPARITIES IN CANCER INCIDENCE COMPARING MINORITIES* AND WHITES IN DELAWARE, 1998–2002

	Incidence RR (95% CI)
All Cancers	1.08 (1.04–1.13)
	0.51 (0.44–0.59)
	0.58 (0.49–0.68)
Breast →	0.09 (0.81–1.01)
Colorectal →	1.19 (1.06–1.34)
Lung →	1.06 (0.96–1.18)
Prostate →	1.68 (1.53–1.84)

*African American, Hispanic, Asian/Pacific Islander

→ Red arrows indicates statistically significant difference

Data Source: Delaware Cancer Registry

DISPARITIES IN CANCER MORTALITY BETWEEN MINORITIES* AND WHITES IN DELAWARE, 1999–2002

	Mortality RR (95% CI)
All Cancers	1.21 (1.14–1.29)
	0.72 (0.58–0.90)
	0.50 (0.37–0.68)
Breast →	1.33 (1.09–1.63)
Colorectal →	1.47 (1.22–1.76)
Lung →	1.08 (0.96–1.21)
Prostate →	2.48 (1.98–3.09)

*African American, Hispanic, Asian/Pacific Islander

→ Red arrows indicates statistically significant difference

Data Source: National Center for Health Statistics

Committee Recommendations

The tables below describe a proposed four-year-long initiative. Year one has already been funded. Years two, three and four will be funded at the discretion of the General Assembly.

GOAL 1: Increase the data available on Hispanic residents.

Year 1 $75,000	Year 2 $80,000	Year 3 $80,000	Year 4 $80,000

OBJECTIVE 1A: Conduct community-level health surveys targeting communities with high percentage of minority populations (including Hispanics).

Task/Action	Responsible party	Timeframe
Research existing surveys and adopt/adapt as appropriate.	DPH	Year 1
Develop criteria for selection of communities to be surveyed.	DPH	Year 1
Approve criteria for selection of communities to be surveyed.	Disparities Committee	Year
Select communities to be surveyed based on approved criteria.	DPH, Disparities Committee	Year 1
Meet with key leaders in selected communities to gain support and answer questions.	DPH, Disparities Committee	Year 1
Pilot surveys in selected census tracts, analyze results and make recommendations for full implementation in Year 2.	DPH, Disparities Committee	Year 1
Conduct surveys, analyze results and develop interventions based on results.	DPH	Year 2 & ongoing

OBJECTIVE 1B: Endorse and actively promote the recommendations of the Disparities Task Force—specifically those related to improving consistency and accuracy of race/ethnicity data.

Task/Action	Responsible party	Timeframe
Participate in joint meetings and events to encourage health care providers and health systems to adopt uniform reporting of race and ethnicity data (including but not limited to support for legislation, regulations and funding to implement uniform reporting).	Disparities Committee, DCC	Year 1 & ongoing

GOAL 2: Improve prostate cancer screening and mortality rates among Delaware's African American men.

Year 1	Year 2	Year 3	Year 4
$100,000	$100,000	$100,000	$100,000

OBJECTIVE 2A: Add coverage for prostate cancer screening to the Screening for Life program.
(Action steps to be carried out by Early Detection & Prevention Prostate Subcommittee)

OBJECTIVE 2B: Implement a prostate cancer education and screening advocacy program statewide.

Task/Action	Responsible party	Timeframe
Consult and develop formal relationships with existing prostate cancer screening programs/advocates in Delaware.	DPH	Year 1
Develop and implement program evaluation.	DPH	Year 1 & ongoing
Develop screening recommendations for high-risk populations as appropriate.	DPH, DCC	Year 1
Revise screening recommendations as needed.	DPH, DCC	As needed

NOTES:
- Program design should build on Champions of Change program where appropriate.
- Screening recommendations should be developed after consultation with DCC physicians and members of Delaware's medical community (including but not limited to urologists, primary care providers, oncologists).
- Program should coordinate with existing programs including but not limited to the VIP program and CHAP.

GOAL 3: Reduce colorectal and breast cancer mortality among African American women in Delaware.

Year 1	Year 2	Year 3	Year 4
$0	$50,000	$50,000	$50,000

OBJECTIVE 3A: Conduct a descriptive study using information from the state and hospital cancer registries focusing specifically on African American women diagnosed with colorectal and breast cancer and develop interventions based on analysis of the data collected.

Task/Action	Responsible party	Timeframe
Develop study protocol.	DPH staff	Year 1
Review and approve protocol.	Disparities Committee	Year 1
Conduct study, analyze results and develop potential interventions.	DPH	Year 2 & ongoing
Review results and potential interventions and make recommendations to DPH staff.	Disparities Committee	Year 2 & annually thereafter
Conduct and evaluate interventions.	DPH	Year 2 & ongoing
Review evaluation data and make recommendations for modifications to interventions.	Disparities Committee	Year 2 & annually thereafter

OBJECTIVE 3B: Using results of stage three colon cancer treatment study (to be completed Winter 2007), develop interventions to improve receipt of state-of-the-art treatment (including but not limited to interventions targeting patients, providers, health care systems and the general public).

Task/Action	Responsible party	Timeframe
Develop, conduct and evaluate interventions.	DPH	Year 2 & ongoing
Review data and make recommendations for modifications to interventions.	Disparities Committee	Year 2 & ongoing

GOAL 4: Improve data related to impact and effectiveness of DCC-recommended programs with emphasis on reduction of racial and ethnic disparities.

Year 1 $0	Year 2 $75,000	Year 3 $80,000	Year 4 $80,000

OBJECTIVE 4A: Conduct a statewide cancer survey modeled on the Adult Tobacco Survey.*

Task/Action	Responsible party	Timeframe
Develop survey.	DPH	Year 1
Implement survey and analyze results.	DPH	Year 2 & annually thereafter
Use data to make program decisions.	DPH, DCC	Year 2 & ongoing

*NOTES: Existing surveys (including Behavioral Risk Factor Survey, Adult Tobacco Survey and community surveys) should be considered when developing the cancer survey to allow for comparisons and analysis where appropriate.

GOAL 5: Achieve equal rates of clinical trial participation among minorities and Caucasians.

Year 1 $20,000	Year 2 $25,000	Year 3 $25,000	Year 4 $25,000

OBJECTIVE 5A: Partner with Christiana Care Health System (CCHS) community clinical trial program to implement activities that will increase the number of providers who participate in clinical trials and the frequency with which trials are offered to minority patients.

Task/Action	Responsible party	Timeframe
Conduct provider education and outreach to promote clinical trials to Hispanic and African American populations.	DPH	Year 1 & ongoing
Increase the number of physicians designated as clinical trial principal investigators.	DPH	Years 2–4
Ensure clinical trial recruitment and participation documents collect information on patient race and ethnicity.	DPH	Year 1

NOTE: Action steps to be conducted in collaboration with Quality of Cancer Care Committee.

GOAL 6: Serve as a technical resource to other committees of the Consortium in the area of health disparities.

Year 1 $0	Year 2 $0	Year 3 $0	Year 4 $0

OBJECTIVE 6A: NEED Objective

Task/Action	Responsible party	Timeframe
Attend joint meetings with other committees.	Disparities Committee	Year 1 & ongoing
As requested, review educational and promotional committees under development.	Disparities Committee	Year 1 & ongoing
Attend meetings of other committees as requested by the chair.	Disparities Committee	Year 1 & ongoing

Action

Implementation of Recommendations

Early Detection and Prevention Committee

Tobacco & Other Risk Factors Committee

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Data Committee

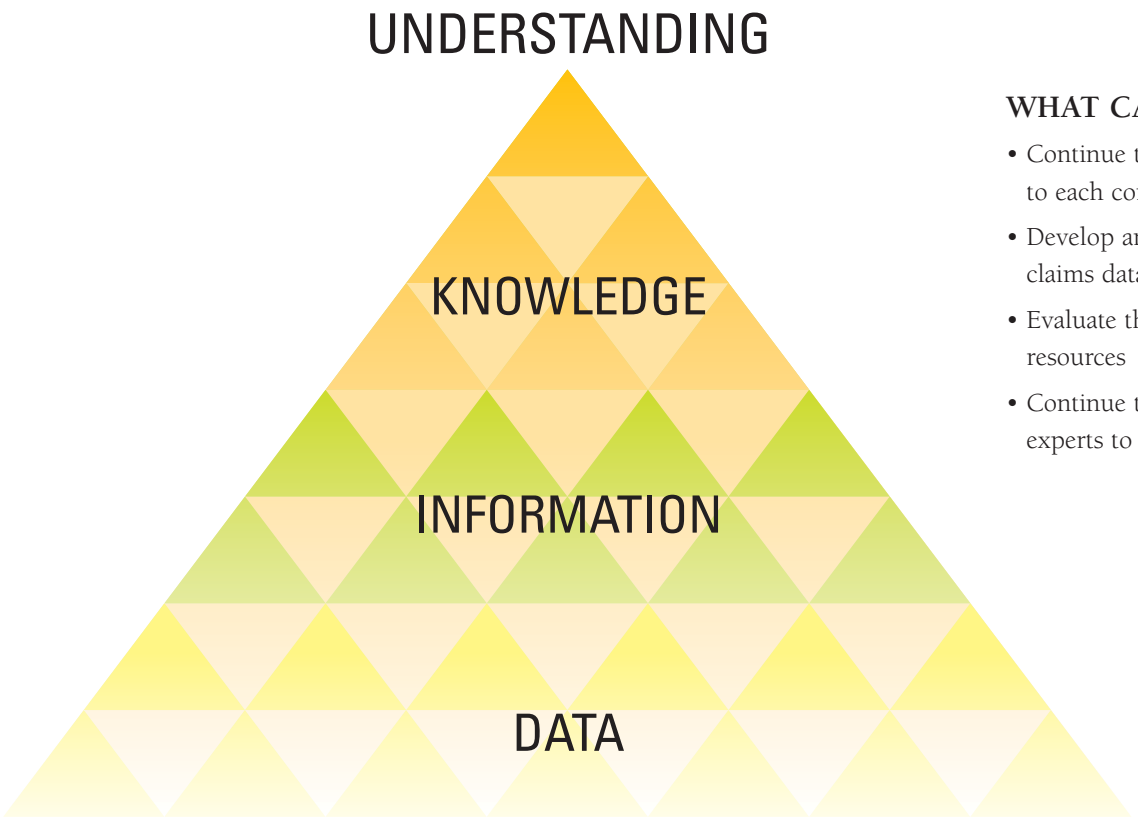
Delaware Cancer Consortium

Why?

Data is the foundation of all we do. We are using information gathered from the Delaware Cancer Registry, our own committees and other sources to learn more about cancer in Delaware. When data is unavailable or incomplete, we focus on creating new or refining existing systems to gather it. More specifically, the new Data Committee will acquire and examine claims data to help committees better target interventions. We are going to investigate patients with stage 3 colorectal cancer who received chemotherapy to track treatment. All committees will also be using data to align their decision-making. The value of data in our continuing cause to reduce cancer incidence and mortality in Delaware is profound. It provides information that gives us knowledge, which ultimately results in understanding that drives actions that make a difference.

Data is much more than numbers and facts.

It represents information that becomes knowledge to give us the power to fight cancer. And that power helps every man, woman and child in the state of Delaware. These are the faces of the ultimate beneficiaries of what we do. It is because of them we're continuing to learn all we can.



WHAT CAN BE DONE

- Continue to acquire data relevant to each committee
- Develop and implement health claims data acquisition methods
- Evaluate the value of other data resources
- Continue to serve as subject-matter experts to other committees

Committee *Recommendations*

The tables below describe a proposed four-year-long initiative. Year one has already been funded. Years two, three and four will be funded at the discretion of the General Assembly.

GOAL 1: Develop and implement health claims data acquisition methods and processes that ensure availability of these data for Consortium members/initiatives and provide for systematic capture and appropriate utilization.

Year 1 $10,000	Year 2 $50,000	Year 3 $75,000	Year 4 $100,000

OBJECTIVE 1A: Acquire and process initial "pilot" dataset.

Task/Action	Responsible party	Timeframe
Develop data acquisition agreements and processing procedures.	DPH, Medicaid/other insurer representatives	Year 1
Process, analyze and evaluate the data.	DPH	Year 1
Demonstrate proof of concept; that is, demonstrate value added for cost expended.	DPH	Year 1

OBJECTIVE 1B: Develop level-of-effort estimates for additional datasets, such as ones from other insurers.

Task/Action	Responsible party	Timeframe
Ascertain volume of available, desirable data and requisite processing capacity.	DPH	Year 1
Estimate value added for cost expended.	DPH, DCC partners	Year 1

OBJECTIVE 1C: Implement routine health insurer claims data acquisition, processing, analysis and, where appropriate, integration.

Task/Action	Responsible party	Timeframe
Fund additional acquisition(s); build/buy processing capacity.	General Assembly	Year 2 & ongoing
Expand acquisition to include other insurers' data.	DPH, insurer representatives	Year 2 & ongoing
Process, evaluate and integrate data proven to be of value.	DPH, processing contractor (if any)	Year 2 & ongoing

GOAL 2: Enumerate, explore and—if value proven—acquire and integrate data with added value from other electronic sources.

Year 1 $0	Year 2 $10,000	Year 3 $15,000	Year 4 $25,000

OBJECTIVE 2A: Evaluate quality and value of other supplementary electronic data.

Task/Action	Responsible party	Timeframe
Obtain census data and develop SEP "profiles" by geography; for example, by census tract and ZIP codes.	DPH	Year 1
Research Claritas data for content and costs.	DPH	Year 1
Demonstrate proof of concept; that is, demonstrate value added for cost expended.	DPH	Year 1

OBJECTIVE 2B: Acquire/utilize data of proven value.

Task/Action	Responsible party	Timeframe
Maintain currency of census data–based SEP geographic "profiles."	DPH	Year 2 & ongoing
Analyze and incorporate data from other sources.	DPH	Year 2 & ongoing

GOAL 3: Receive information from other committees and implement a work system to evaluate data and report back to committees.

Year 1 $0	Year 2 $0	Year 3 $0	Year 4 $0

OBJECTIVE 3A: Prepare and distribute a ready reference of common, useful data sources.

Task/Action	Responsible party	Timeframe
Compile/distribute table/listing of useful data sources.	DPH	Year 1 & ongoing
Maintain/update annually.	DPH	Year 2 & ongoing

OBJECTIVE 3B: Assist other committees of the DCC with their data needs.

Task/Action	Responsible party	Timeframe
Leverage existing data to ensure maximum benefit.	DPH	Year 1 & ongoing
Respond to requests for assistance with data acquisition/utilization.	DPH	Year 1 & ongoing

Appendix

Chairperson: William W. Bowser, Esq. (Council Chair)

Communication/Public Education

Chairperson:
The Honorable Bethany Hall-Long, PhD (Council Member)

Members:
Jeanne Chiquoine
Jayne Fernsler
Linda Fleisher
Surina Jordan, PhD
Cathy Scott Holloway
Arlene Littleton
M. Cary McCartin
H.C. Moore
John Ray
Michelle Sobczyk
The Honorable Liane Sorenson (Council Member)
Linda Wolfe

Disparities Committee

Chairperson:
Lt. Governor John C. Carney, Jr. (Council Member)

Members:
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Naya Cruz-Currington
The Honorable Matthew Denn, Esq. (Council Member)
Robert Frelick, MD
Helene Gladney
P.J. Grier
Lolita Lopez
Jaime "Gus" Rivera, MD (Council Member)
Vicky Tosh-Morelli
Kathleen Wall
Mary Watkins

Early Detection & Prevention Committee

Chairperson:
Stephen Grubbs, MD (Council Member)

Members:
Heather Bittner-Fagan, MD
Victoria Cooke
Mary Farach-Carson, PhD
Susan Forbes
Paula Hess
Heather Homick
Nora Katurakes
Kimberly Smalls
Carolee Polek, PhD
Natwarlal Ramani, MD
Catherine Salvato
Kimberly Smalls
James Tancredi
Jo Wardell
Rafael A. Zaragoza, MD

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Chairperson:
Meg Maley (Council Member)

Members:
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Kevin Eichinger
The Honorable John A. Hughes (Council Member)
David Payne
The Honorable Liane Sorenson (Council Member)
H. Grier Stayton
Ann Tyndall
Robert Zimmerman

Quality Cancer Care Committee

Chairperson:
Christopher Frantz, MD (Council Member)

Members:
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Susan Lloyd
Michael Marquardt
Sherry McCammon
Eileen McGrath
James Monihan
Nicholas Petrelli, MD (Council Member)
Cheryl Rogers
Ola Ruark
Edward Sobel
James Spellman, MD (Council Member)

Donna Stinson
Judy Walrash
Sandra Zorn

Quality of Life Committee

Chairperson:
The Honorable Pamela Maier (Council Member)

Members:
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Victoria Cooke
Mary Lou Galantino
Shannon Garrick
Theresa Gillis, MD
Sean Hebbel
Madeline Lambrecht
Ann Lewandowski
Susan Lloyd
Mary Beth McGeehan
Judith Ramirez
Michelle Sobczyk
Patricia Strusowski
Janet Teixeria
Jo Wardell

Tobacco & Other Risk Factors Committee

Chairperson:
Patricia Hoge, PhD (Council Member)

Members:
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Jeanne Chiquoine
Suchitra Hiraesave
Steven Martin
The Honorable David McBride (Council Member)
John Ray
Cathy Scott-Holloway
Robert Simmons, PhD
A. Judson Wells, PhD

Workplace/Workforce Committee

Chairperson:
Jeanne Mell

Members:
Theresa Gillis, MD
Susan Mayer
Rhonda Nutter
Valerie Pletcher
Jill M. Royston
Raymond Strocko, MD

Data Committee

Chairperson:
James Spellman, MD

Members:
Paul Akana, MD
David Biggs, MD
Dan Depietropaolo, MD
Janet Faulkner
Robert Frelick, MD
Pat Grusenmeyer,
Paul Kolm, PhD
Robert McBride
Srihari Peri, MD
Lee Swensson
Judy Walrath, PhD
Robert Wilson, PhD
Dennis Witmer, MD
Michael Zaragoza, MD

Insurance Committee

Chairperson:
The Honorable Matthew Denn, Esq. (Council Member)

Members:
The Honorable Patricia Blevins
Alicia Clark
A. Richard Heffron
Jaime “Gus” Rivera, MD (Council Member)
The Honorable Donna Stone

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