

Turning  
commitment into

# Action



## YEAR-THREE ACCOMPLISHMENTS

DELAWARE CANCER CONSORTIUM  
JULY 2005 THROUGH JUNE 2006

RELEASED APRIL 2007

# Thank You

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

Semaan Abboud, MD • The Honorable Patricia Blevins • William W. Bowser, Esq. • Paula Breen, MSPH • Deborah Brown, CHES  
• The Honorable John C. Carney, Jr. • Jeanne Chiquoine • Alicia Clark • Victoria Cooke • The Honorable Matt Denn, Esq. •  
Margaretta Dorey, BSN, RN • Jayne Fernsler, DSN, AOCN, RN • Linda Fleisher, MPH • Christopher Frantz, MD • Robert Frelick, MD  
• Wendy Gainor • Allison Gil • James M. Gill, MD, MPH • Helene Gladney • Valerie Green • Constance Green-Johnson • Stephen  
Grubbs, MD • The Honorable Bethany Hall-Long, PhD, RNC • Richard Heffron • Paula Hess, BSN, RN • Patricia Hoge, PhD, RN  
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MD • Nicholas Petrelli, MD • Carolee Polek, MSN, PhD, RN • Anthony Policastro, MD • John Ray • Jaime H. Rivera, MD, FAAP  
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# Turning *Commitment* into *Action*

*is an annual report on the work accomplished by the Delaware Cancer Consortium. The first section, The Big Picture, is a snapshot of key highlights. The report also lists accomplishments in more detail by committee in the following pages.*

*This report addresses each recommendation of the Delaware Advisory Council on Cancer Incidence and Mortality, published in 2002. Recommendations are stated in green blocks. Accomplishments are then listed in the year in which they were done or started when they are ongoing tasks. If there is work slated to be done in Year 4, it appears in the last block.*

## *Special thanks*

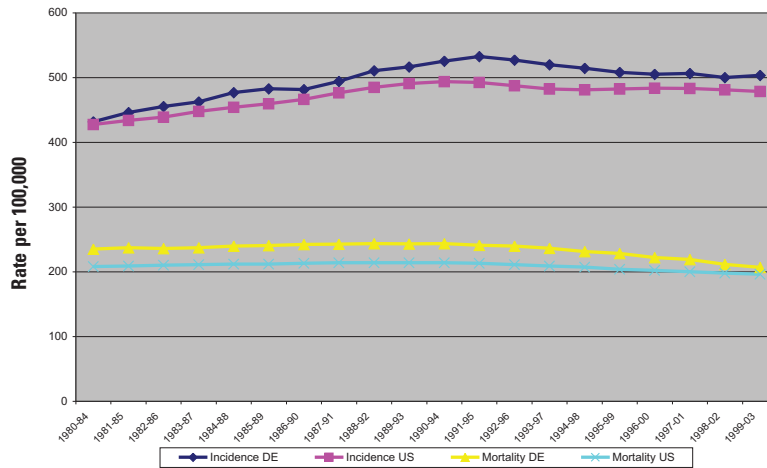
to the Division of Public Health  
Delaware Department of Health and Social Services  
and the Delaware Department of Natural Resources  
& Environmental Control for providing logistic  
support and their efforts on behalf of this project.

# DELT THE PICTURE

*Cancer rates continue to fall in Delaware. Both the incidence and mortality rates for African Americans versus Caucasians remain high, but the difference between the two is smaller than that reported for the United States.*

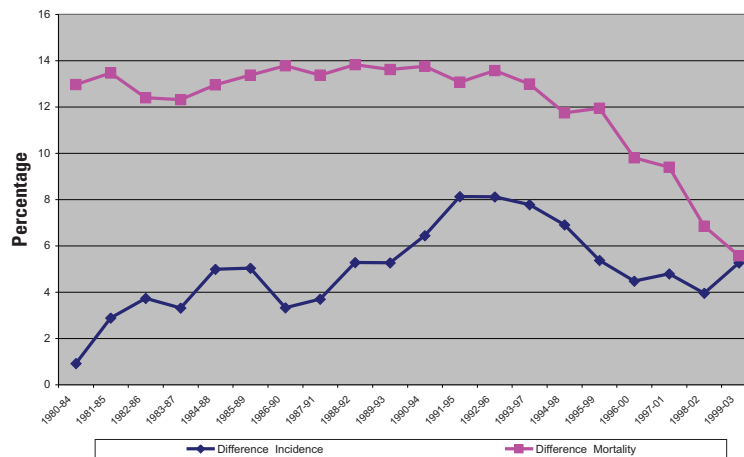
# CANCER IN DELAWARE—THE BIG PICTURE AT A GLANCE

**TRENDS IN CANCER INCIDENCE AND MORTALITY 1980–2003  
UNITED STATES AND DELAWARE**

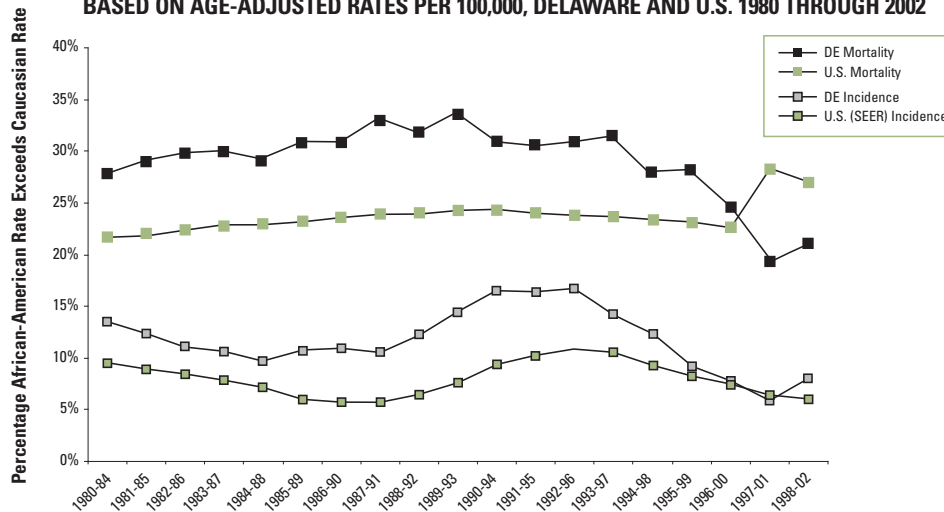


Sources: Incidence: U.S.: SEER Program; DE: Delaware Cancer Registry; Mortality (both): National Center for Health Statistics.

**PERCENTAGE BY WHICH DELAWARE'S INCIDENCE AND MORTALITY RATES EXCEED THOSE OF THE UNITED STATES 1980–2003**



**PERCENTAGE THAT AFRICAN-AMERICAN CANCER RATES EXCEED CAUCASIAN RATES BASED ON AGE-ADJUSTED RATES PER 100,000, DELAWARE AND U.S. 1980 THROUGH 2002**



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

## *Cancer Rates in Delaware Are Declining*

### **Cancer Mortality Rates Are Down**

**Delaware**, New York, and Maryland led the most improved category (drop of more than 12 deaths per 100,000).

Cancer mortality rates have fallen in both Delaware and the U.S. since the early 1990s, but the Delaware reduction in mortality is nearly **double** the rate of the U.S., and the gap between U.S. mortality and Delaware is nearly closed.

The cancer mortality rate decreased significantly in Delaware between the early 1990s and the most current reporting period, dropping from 243.4/100,000 in 1990–1994 to 206.9/100,000 in 1999–2003.

The colorectal cancer mortality rate for African Americans decreased from 32.7/100,000 in 1990–1994 to 29.3/100,000 in 1999–2003; the rate for Caucasians decreased significantly, from 26.1/100,000 in 1990–1994 to 19.9/100,000 in 1999–2003. In the 1990s Delaware was consistently ranked as one of the top 5 worst states in the country for cancer mortality.

### **Colorectal Cancer Screening Rates Are Up**

In 2005, there was a 38.1 percent increase in the number of African Americans who reported ever having a colorectal cancer screening (39.6 percent in 1999 compared to 64 percent in 2005) and a 53 percent increase in the number of Caucasians who reported being screened (45.3 percent in 1999 compared to 69.3 percent in 2005).

Among Delawareans age 50 and older, 75 percent had undergone colorectal screening at least once.

In 70–80 percent of cases, the screening was done as a matter of routine; i.e., not in response to a problem.

Among those who had not undergone colonoscopy, 90 percent were nevertheless aware of the test.

Of all the people surveyed, 87 percent indicated that they actively wanted to have a colonoscopy in the future, or would do so if their doctors recommended the test.

### **CRC Incidence Rates Are Down**

Colorectal cancer incidence in Delaware decreased significantly, from 64.1/100,000 in 1990–1994 to 56.7/100,000 in 1999–2003. The rate among Caucasians decreased significantly, from 63.5/100,000 to 54.8/100,000 between these two time frames; the rate among African Americans decreased from 67.6/100,000 to 65.0/100,000.

*Sources: Behavioral Risk Factor Surveillance System, Delaware Division of Public Health 2005; United Health Foundation—three-year annual averages for cancer mortality rates for the combined years of 2000, 2001, and 2002; Chronic Disease Bureau, Delaware Division of Public Health, five-year annual average cancer incidence and mortality rates.*

## *Turning Commitment Into Action*

- The Delaware Cancer Treatment Program served more than 221 patients.
- Generated a 300 percent increase in the number of inquiries about radon as a result of a public campaign.
- Received more than 2,400 hits to the Delaware Healthy Homes web site after launching the Delaware Healthy Homes campaign.
- From 2002 to 2006, 1,317 colonoscopies have been performed through Screening for Life.
- Reinforced the services for the uninsured with a new Screening for Life campaign.
- Developed a new public campaign to encourage smokers to take a pledge to smoke outside.
- Established a tobacco prevention and education evaluation advisory committee.
- Expanded tobacco cessation services to include a web-based cessation site ([www.de.quitnet.com](http://www.de.quitnet.com)) and an increased number of trained face-to-face counselors.
- Quadrupled the volume of calls to the Quitline with a special promotion that provided free cessation products to participants.
- 2005 Adult Smoking Prevalence down to 20.7 percent, the lowest since Delaware began tracking prevalence in 1982.

# TOOLS TO HELP PROFESSIONALS, EMPLOYERS, LEGISLATORS, AND CONSUMERS MAKE DELAWARE HEALTHIER

HEALTH CARE PROVIDER RESOURCE BINDER



EMPLOYER RESOURCE PACKET



CONSUMER RESOURCE BROCHURE



YEAR 2 ACCOMPLISHMENTS



HEALTH CARE PROVIDER PREVENTION PROGRESS NEWSLETTER



DELAWARE MEDICAL JOURNAL AD



LEGISLATOR LETTERS



DELAWARE CANCER CONSORTIUM WEB SITE



2005 TOBACCO PLAN





# TOOLS TO HELP CONSUMERS AND PROFESSIONALS REDUCE DELAWARE'S CANCER RISK

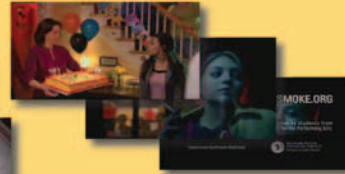
## CONSUMER INFORMATION

### TOBACCO

DELAWARE QUITLINE BILLBOARDS



YOUTH PREVENTION TV SPOT



INDOOR AIR TV SPOT



INDOOR AIR BROCHURE



DELAWARE QUITLINE PRINT AD



QUITLINE HANDOUTS



DELAWARE QUITLINE TV SPOTS



### ENVIRONMENT

TOBACCO RETAILER PACKET



RADON PRINT AD



HEALTHY HOMES NEWSPAPER INSERT



## HEALTH CARE PROVIDER INFORMATION

HEALTH CARE PROVIDER PRINT AD



HEALTH CARE PROVIDER RX PADS



HEALTH CARE PROVIDER PACKET



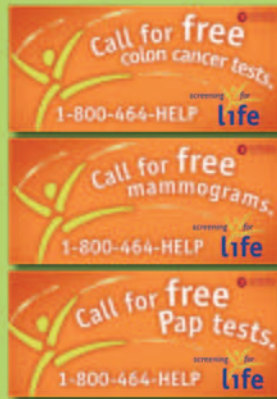
# SPREADING THE WORD ABOUT THE IMPORTANCE OF EARLY DETECTION

## CONSUMER INFORMATION

SCREENING FOR LIFE PRINT AD



SCREENING FOR LIFE BILLBOARDS



CHAMPIONS OF CHANGE KIT



SCREENING FOR LIFE TV SPOT



SPANISH SCREENING FOR LIFE CONCEPTS



GET TESTED PRINT AD



GET TESTED TV SPOT



GET TESTED BILLBOARD

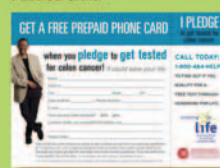


## HEALTH CARE PROVIDER INFORMATION

MEDICAL JOURNAL AD



PLEDGE CARD



GIVING DELAWAREANS HELP AND HOPE

CONSUMER INFORMATION

CARE COORDINATOR BROCHURE (ENGLISH AND SPANISH VERSIONS)



DELAWARE CANCER TREATMENT PROGRAM TV SPOT



DELAWARE CANCER TREATMENT PROGRAM BILLBOARD



DELAWARE CANCER TREATMENT PROGRAM NEWSPAPER INSERT



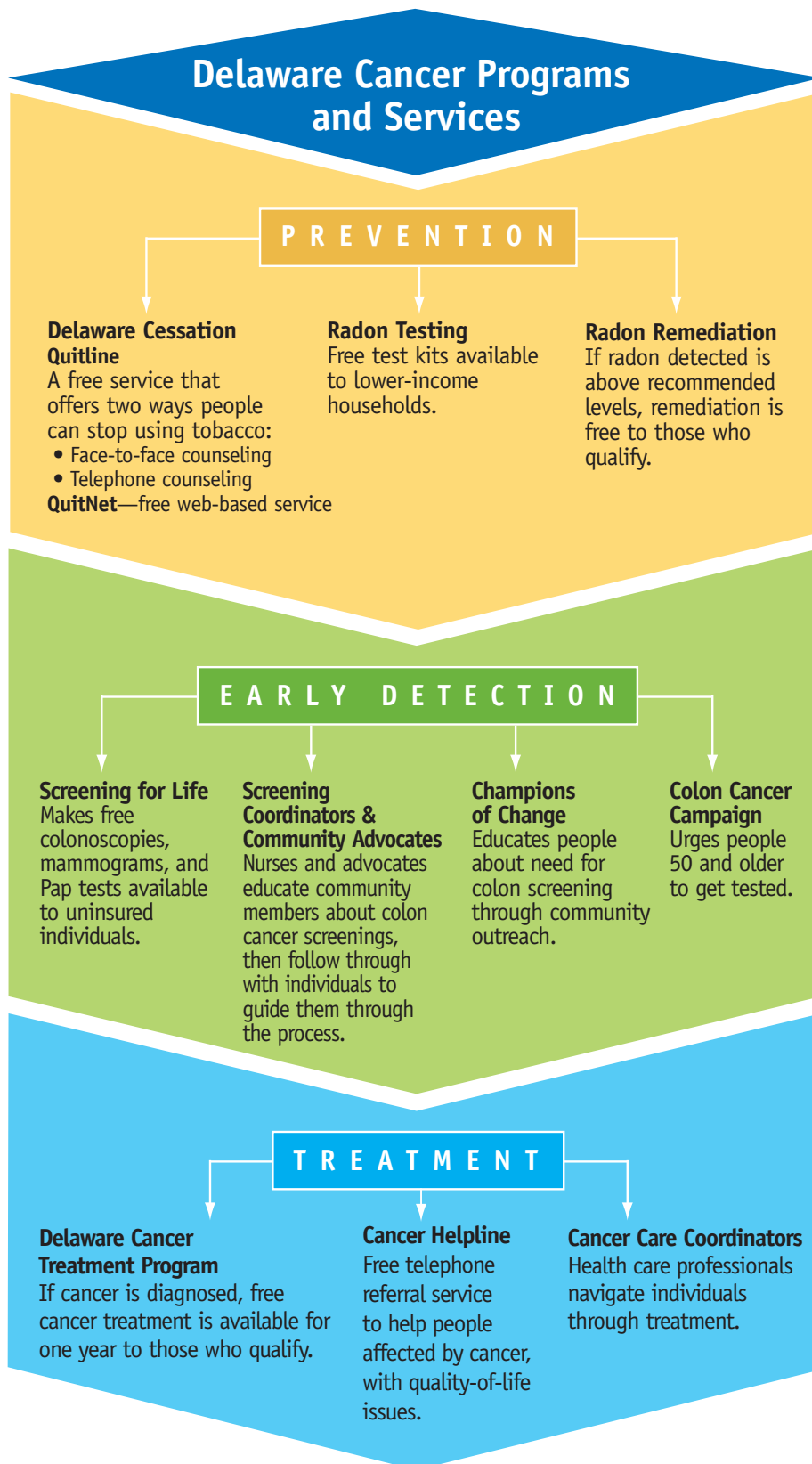
DELAWARE CANCER TREATMENT PROGRAM MEDICAL JOURNAL AD



DELAWARE CANCER TREATMENT PROGRAM PRINT AD



Be part of the solution.  
Help us tell Delawareans how they can reduce their cancer risk.



**WHAT HAS BEEN DONE:**

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

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


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- Screened 1,412 uninsured or underinsured Delawareans through Screening for Life; removed polyps from 823 patients.
- In FY '06, 259 Delawareans pledged to get tested for colon cancer as a result of the intervention of 10 community partners.
- Installed CRC nurse program screening coordinators and community advocates in five Delaware hospitals to help people get screened.
- Provided tools and information to health care professionals to encourage patients to get tested.

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


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

**REDUCE TOBACCO USE AND SECONDHAND SMOKE EXPOSURE**


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

## **PAY FOR CANCER TREATMENT FOR THE UNINSURED**

- Enrolled 221 uninsured Delawareans in the Delaware Cancer Treatment Program.
- Renewed commitment for FY 2007 to pay for cancer treatment for uninsured Delawareans with the addition of \$5 million.

## **INCREASE KNOWLEDGE AND PROVIDE INFORMATION**

- Established health councils at the district and school levels.
- Began research related to risk factors and preventable cancer cases and deaths.
- Amended the Cancer Control Act.
- Increased information on Delaware Cancer Registry.
- Fully staffed the Delaware Cancer Registry.
- Conducted cancer education summits for health care providers, the business community, and the public.

## **REDUCE THE THREAT OF CANCER FROM THE ENVIRONMENT**

- Researched and identified cancer-causing substances used indoors; and provided education to the public about the risks to help them limit exposure.
- Developed a campaign to recommend radon testing for all Delawareans.
- Completed studies of public and well water and fish to determine carcinogen levels.
- Launched campaigns to educate the public about radon and how to limit their exposure to toxins at home.

## **ELIMINATE THE UNEQUAL CANCER BURDEN**

- Continued to focus on closing the gap for large disparity groups.
- Worked with the Colorectal Committee to distribute more than 600 Champions of Change tool kits to reach the African-American community.
- Published the most comprehensive report of cancer disparities in Delaware to date.

## DELAWARE'S CANCER PROGRAM IS *getting noticed*

The hard work of the members of the Delaware Cancer Consortium, Governor Ruth Ann Minner, and the legislature, and the ongoing efforts of the Division of Public Health in the fight against cancer have been noticed and applauded in a variety of ways.

**As a result of her leadership**, Governor Minner has accepted an invitation from former President and C-Change co-chair, George H. W. Bush, to serve on C-Change, an organization comprised of the nation's key cancer leaders from government, business, and nonprofit sectors. She has shared Delaware's efforts with the committee in a presentation. These cancer leaders share the vision of a future in which cancer is prevented, detected early, and cured, or is managed successfully as a chronic illness.



*Governor Ruth Ann Minner*

**In addition**, both the Centers for Disease Control and the National Cancer Institute continue to use Delaware's cancer program as an example of an effective model to motivate other states.

The American Lung Association national office gave Delaware high marks on its annual report card, which grades and ranks states on several criteria. Delaware received a grade of "A" for smoke-free indoor air and commitment to fund tobacco prevention and control programs. The First State also received good marks for limiting youth access to tobacco. Delaware is only one of three states in the nation to fund tobacco prevention at the CDC minimum level.





# Action

## YEAR - THREE ACCOMPLISHMENTS

### DELAWARE CANCER CONSORTIUM

INSURANCE COMMITTEE

COLORECTAL CANCER COMMITTEE

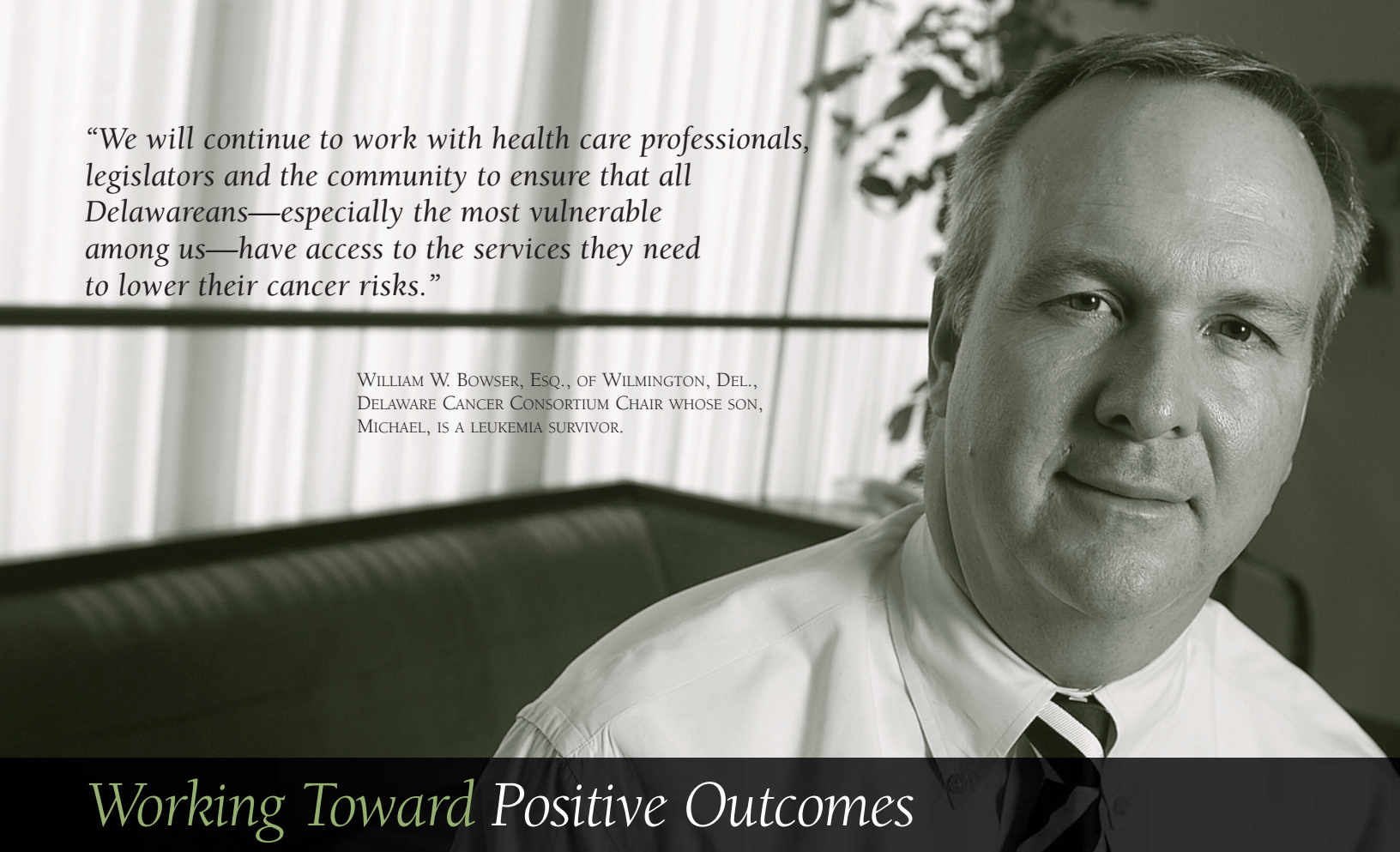
TOBACCO COMMITTEE

QUALITY COMMITTEE

INCREASE KNOWLEDGE & PROVIDE  
INFORMATION COMMITTEE

ENVIRONMENT COMMITTEE

DISPARITIES COMMITTEE

A black and white portrait of William W. Bowser, Esq., a middle-aged man with short hair, wearing a light-colored dress shirt and a dark tie. He is looking slightly to the right of the camera with a neutral expression. The background is softly blurred, showing what appears to be a window with blinds and a plant.

*“We will continue to work with health care professionals, legislators and the community to ensure that all Delawareans—especially the most vulnerable among us—have access to the services they need to lower their cancer risks.”*

WILLIAM W. BOWSER, ESQ., OF WILMINGTON, DEL.,  
DELAWARE CANCER CONSORTIUM CHAIR WHOSE SON,  
MICHAEL, IS A LEUKEMIA SURVIVOR.

## *Working Toward Positive Outcomes*

**A**s we begin the final year of the four-year cancer plan developed by the Governor’s task force, I am delighted to share with you that Delaware’s rate of improvement for cancer mortality now leads the country! And there’s more good news:

- The number of Delawareans age 50 and older getting screened for colorectal cancer is on the rise.
- According to the 2005 Delaware Behavioral Risk Factor Surveillance System (BRFSS) survey, there was a 38.1 percent increase in the number of African Americans in Delaware who reported ever having been screened for colorectal cancer. Even more encouraging is that 42 percent of them had a colonoscopy within the last year.
- A public information campaign launched to educate people about radon generated more than 2,500 inquiries.
- A new website, [www.delawarehealthyhomes.org](http://www.delawarehealthyhomes.org), was developed to help citizens limit their exposure to toxins in the home that could cause cancer. It received more than 2,400 hits when launched.

Those are just a few of the positive outcomes produced by this diligent collaborative effort. Thanks to the hard work of many people—the members of the Delaware Cancer Consortium, community groups, Governor Ruth Ann Minner, the state legislature, the dedicated staff of the Division of Public Health, colorectal screening coordinators, community advocates, and cancer care coordinators—we are getting closer to our goal of lowering the threat of cancer to all Delawareans. Along the way we have experienced tremendous success and temporary setbacks, but we have never lost our determination.

We know that there is still a great amount of work to do. Our success to date only confirms that when we work together with tenacity and commitment, we can succeed.

Whether we are celebrating good outcomes or struggling with challenges, our resolve has not wavered.

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

**DONE**

**ACCOMPLISHED**

**YEAR**  
**1**

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

**DONE**

**ACCOMPLISHED**

**YEAR**  
**2**

- Funds allocated; DPH providing staff support for all DCC activities (ongoing).

**DONE**

**ACCOMPLISHED**

**YEAR**  
**3**

- Funds allocated; DPH providing staff support for all DCC activities (ongoing).

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

**DONE**

**ACCOMPLISHED**

YEAR

**1**

- Developed a planning process that incorporated recommendations of DCC.
- Funded implementation of the plan.
- Published the plan’s development, implementation, and outcomes in the annual cancer report.

**DONE**

**ACCOMPLISHED**

YEAR

**2**

- Assigned specific roles and accountabilities of private, nonprofit, and government entities involved in implementation of the plan (ongoing).
- Published the plan’s development, implementation, and outcomes in the annual cancer report.

**DONE**

**ACCOMPLISHED**

YEAR

**3**

- Developed a website, [www.delawarecancerconsortium.org](http://www.delawarecancerconsortium.org), to supply members and the public with current information on the activities of the DCC.
- Received additional federal funding June 2005 for implementation of Delaware’s comprehensive cancer control plan.
- Published the plan’s development, implementation, and outcomes in the annual cancer report.
- Expanded membership by reaching out to clinicians, members of the business community, and cancer survivors.

**TO BE ACCOMPLISHED**

YEAR

**4**

- Publish the plan’s development, implementation, and outcomes in the annual cancer report.
- Publish the Disparities Companion Document.
- Create new 2007-2011 cancer plan.
- Reorganize the Consortium to meet the remaining challenges such as involvement of the business community, and disparities in prostate cancer in African-American males and colon cancer in African-American females.

# Action

## YEAR - THREE ACCOMPLISHMENTS

DELAWARE CANCER CONSORTIUM

INSURANCE COMMITTEE

COLORECTAL CANCER COMMITTEE

TOBACCO COMMITTEE

QUALITY COMMITTEE

INCREASE KNOWLEDGE & PROVIDE  
INFORMATION COMMITTEE

ENVIRONMENT COMMITTEE

DISPARITIES COMMITTEE

Delaware is the first state in the country to pay for the first year of cancer treatment for the uninsured through the Delaware Cancer Treatment Program.

**WE'RE MAKING SURE THAT INSURANCE ISSUES ARE NOT AN OBSTACLE TO QUALITY CARE**

Since launching the unprecedented Delaware Cancer Treatment Program in 2004, more than 220 uninsured First State residents, whose average annual income was \$22,330, have received treatment as a result of this pioneering program. Our commitment to this program remains strong, and we continue to allocate funds to pay for treatment for any uninsured Delawareans who have been diagnosed with cancer and are at or below 650 percent of the Federal Poverty Level.

Giving people with cancer **help** and **hope.**

**TREATMENT IS FREE TO QUALIFIED INDIVIDUALS THROUGH A NEW CANCER TREATMENT PROGRAM.**

Dealing with cancer is difficult enough. Having it threaten your life savings and livelihood can make it a personal crisis. We've created a new cancer treatment program for people who don't have insurance and aren't eligible for Medicaid. The Delaware Cancer Treatment Program may help you pay for cancer treatment for a period of one year if you:

- Are a Delaware resident
- Have been diagnosed with cancer on or after July 1, 2004
- Have no comprehensive health insurance
- Have a household income that is less than 650% of the federal poverty limit  
*For example: for family of four your income must be less than \$122,525.*

**Call 1-800-996-9969**  
for more information or an application.

**"WE'RE DOING SOMETHING ABOUT CANCER IN DELAWARE.**  
We are the first state in the nation to have developed a method and designated state funds specifically to help people treat cancer who can't pay for it themselves. It is just the beginning of our efforts to give the people of Delaware a fighting chance against this disease."  
—Governor Ruth Ann Minner

**Delaware Cancer Treatment Program**

**Patients who have received treatment through the Delaware Cancer Treatment Program**

**By County**

New Castle County	124
Kent County	30
Sussex County	66

**By Gender**

Females	115
Males	105

**By Ethnicity**

Asian	1
African American	56
Caucasian	134
Hispanic	25
Other	4

Site Diagnosis:	Cumulative
Lung, Bronchus, and other Respiratory	46
Oral & Digestive	29
Cervical, Uterine, and other Female Genital Organs	29
Other	26
Colorectal	22
Lymphatic & Hematopoietic	21
Prostate and other Male Genital Organs	19
Breast	18
Skin	10

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

**DONE**

**ACCOMPLISHED**

YEAR

**1**

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

**DONE**

**ACCOMPLISHED**

YEAR

**2**

- Established a system for billing and payment for cancer treatment whereby funds would be paid directly to health providers for reimbursable services based on Medicare rates; developed a comprehensive monitoring and evaluation program (ongoing).
- Began reimbursements for treatment for uninsured Delawareans diagnosed with cancer based on established system (ongoing).
- Revised allocation based on actual costs and projections (ongoing). As of June 2006, 220 people have been served through the Delaware Cancer Treatment Program.

**DONE**

**ACCOMPLISHED**

YEAR

**3**

- Expended a total of \$5,247,785 for treatment and related services.
- Spent an average of \$23,854 per beneficiary.
- Provided services to 70 beneficiaries for their 12-month eligibility period.
- Provided services for 47 clients who during the course of 12 months became eligible for Medicaid.
- Served 20 clients who passed away before completing their 12-month period.

**TO BE ACCOMPLISHED**

YEAR

**4**

- Provide services to 75 beneficiaries.





# Action

## YEAR - THREE ACCOMPLISHMENTS

DELAWARE CANCER CONSORTIUM

INSURANCE COMMITTEE

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TOBACCO COMMITTEE

QUALITY COMMITTEE

INCREASE KNOWLEDGE & PROVIDE  
INFORMATION COMMITTEE

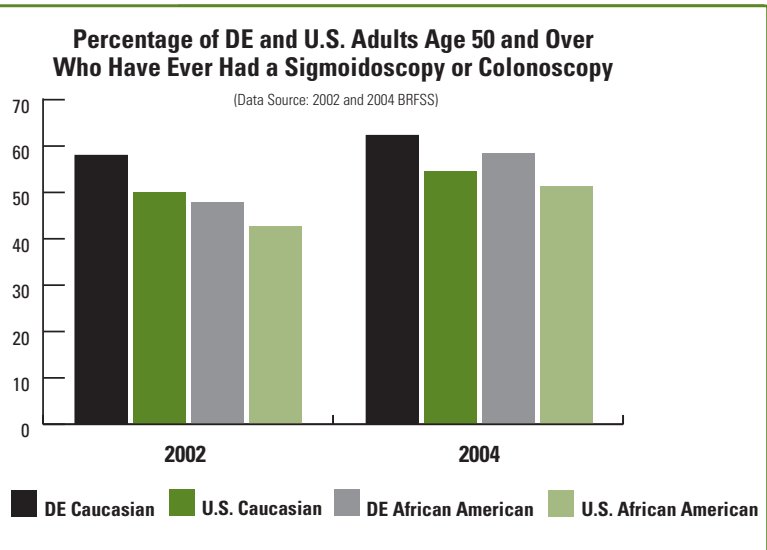
ENVIRONMENT COMMITTEE

DISPARITIES COMMITTEE

Colorectal cancer, the second-leading cause of cancer deaths in Delaware, often has no symptoms in the early stages, so we're focused on letting people know the importance of screening.

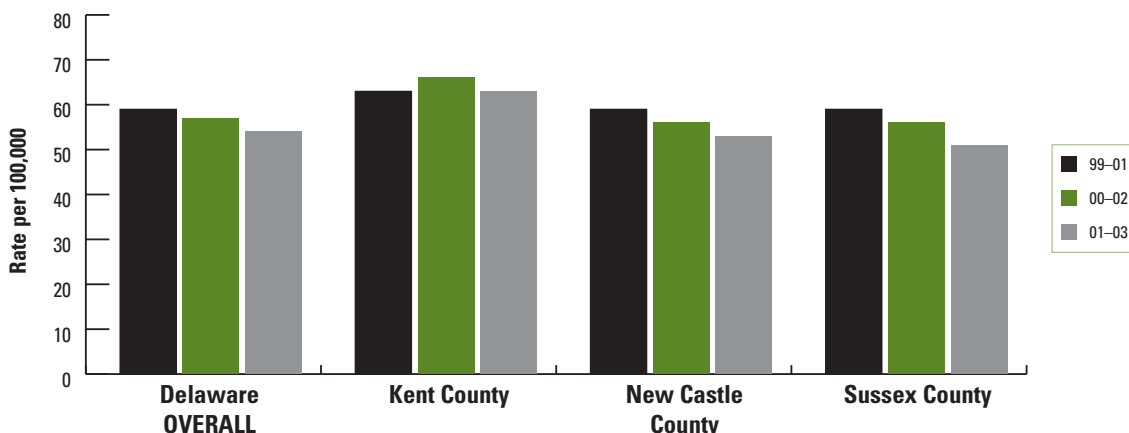
## WE'RE INCREASING SCREENING AND EARLY DETECTION OF COLORECTAL CANCER.

Our educational marketing campaign and community outreach by colorectal cancer screening program coordinators and program advocates have helped increase both the number of people getting screened and the level of awareness. We've also continued to build our efforts to work with health care professionals and employers. Working with the disparities committee to reach populations in need of screening also continues to be a top priority for the committee. One of our primary goals for Year 3 was to implement an evaluation tool to help us learn how well our programs are working and how we can improve our outreach to those most in need.



Colonoscopy rates for both African Americans and Caucasians are increasing and are greater than the rates among their U.S. counterparts.

### DE COLORECTAL CANCER AGE-ADJUSTED INCIDENCE RATES FOR OVERALL POPULATION 3-YEAR ROLLING AVERAGES: 1999–2001, 2000–2002, & 2001–2003



The incidence of colorectal cancer is declining overall for both African Americans and Caucasians in Delaware.

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

**DONE**

**ACCOMPLISHED**

YEAR

**1**

- Reached out to the six major health systems serving adult populations (Nanticoke, Beebe, Bayhealth, Christiana Care, Veterans Hospital, and St. Francis) to participate in a comprehensive, community-focused colorectal cancer screening and advocacy program.
- DHSS continues to provide staff support for the CRC committee and oversight for the screening coordinators and advocates (ongoing).

**DONE**

**ACCOMPLISHED**

YEAR

**2**

- Evaluation tools to measure operations and quality/outcomes have been fine-tuned and implemented (ongoing).
- Screening for Life reimbursed providers for 241 colonoscopies—early cancer was detected and polyps were removed from 60 patients in FY '05. Coordinators scheduled 10 colonoscopies through Screening for Life, 9 through Medicare, and 6 through private insurance. Screening coordinators assisted in getting 225 patients screened.
- In addition to ongoing marketing efforts to inform the public and health care professionals, we reached hundreds of citizens with a special promotion featuring The Colossal Colon in New Castle and Kent counties.

**DONE**

**ACCOMPLISHED**

YEAR

**3**

- Recruitment of additional physicians and facilities continues (ongoing).
- In FY '06 coordinators assisted 528 patients who were screened, enrolled 241 patients in Screening for Life, and had one-on-one contact with 17,410 individuals to educate them about colon cancer and testing.
- In FY '06 early cancer or polyps were detected and removed from 191 patients.
- Developed a customized web-based case management program to track and monitor screenings.

**TO BE ACCOMPLISHED**

YEAR

**4**

- Expand program to include high-risk patients under 50 years old.
- Continue to increase the capabilities of the web-based case management monitoring system.

Our efforts to reach those at risk are working

*showing*

***a 38.1 percent increase in the number of African Americans who reported ever having a colorectal cancer screening. More than 42 percent of those reporting had been tested in the past year.***

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



**ACCOMPLISHED**

YEAR

**1**

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



**ACCOMPLISHED**

YEAR

**3**

- More than 60 providers were reimbursed by SFL for 793 colonoscopies and 2 cancers were detected.
- Annual review of CRC screening coordination contracts and reimbursement to providers for CRC screening broken out by type. Reported results for FY '05. Separated CRC screening program coordinators' and advocates' job descriptions into two positions. Added advocate position in FY '06 (Year 3) (ongoing).

**TO BE ACCOMPLISHED**

YEAR

**4**

- Reimburse providers for screenings for high-risk patients under 50 years old.

We've raised the bar and will work toward making sure *that 2,000 people, 50 and older and high-risk patients, get colonoscopies in FY '07.*

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



**ACCOMPLISHED**

YEAR

**1**

- Established a \$900,000 annual allocation for case management of Delawareans with abnormal colorectal cancer screening results.
- Established a system for case managing every Delawarean with an abnormal colorectal cancer screening using current systems as models that include a comprehensive monitoring and evaluation system.
- CRC coordinators began implementing a case management system developed by the committee (ongoing).



**ACCOMPLISHED**

YEAR

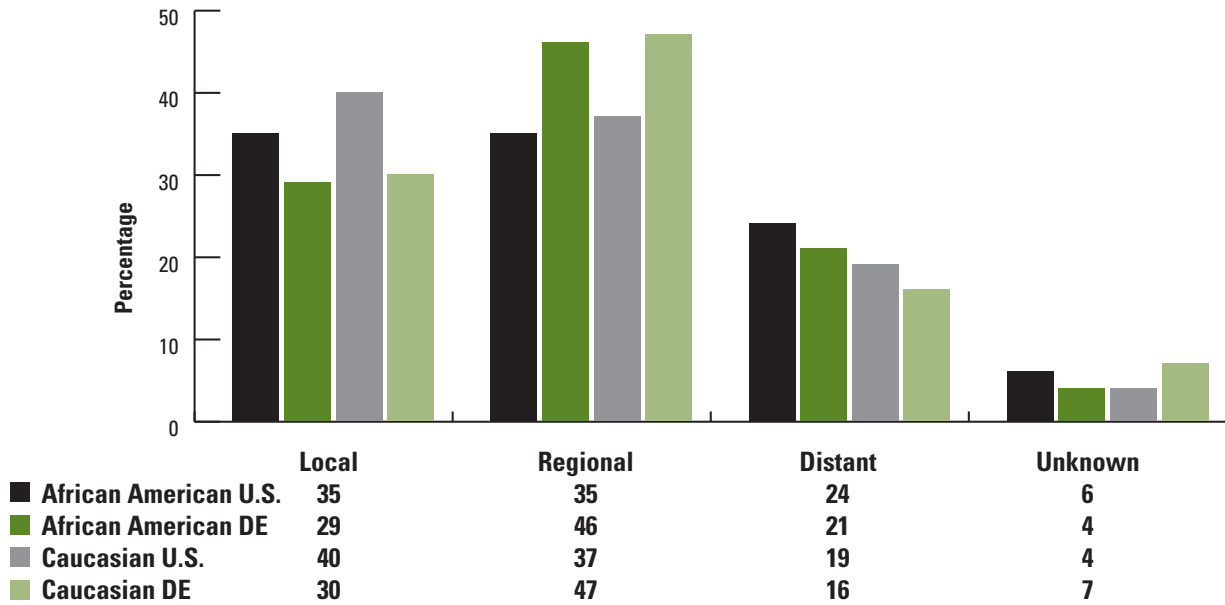
**2**

- Revised allocation based on actual costs and projections (ongoing).

## Delawareans screened for colorectal cancer through Screening for Life

2002	2003	2004	2005	2006	Total
98	280	218	347	469	1,412

### PERCENTAGE OF COLORECTAL CANCER CASES PER STAGE AT DIAGNOSIS BY RACE U.S. (1998–2002) AND DE (1999–2003)



*Source: U.S.: SEER Program, SEER\*State Database: Incidence [www.seer.gov](http://www.seer.gov); DE: Delaware Cancer Registry.*

*Both African-American and Caucasian Delawareans are less likely to be diagnosed with distant stage disease than are their U.S. counterparts; however, they are more likely to be diagnosed at regional stage disease.*

Since adding colorectal cancer screening to Screening for Life, 823 patients who had polyps that could have become cancer were treated.



# Action

## YEAR - THREE ACCOMPLISHMENTS

DELAWARE CANCER CONSORTIUM

INSURANCE COMMITTEE

COLORECTAL CANCER COMMITTEE

**TOBACCO COMMITTEE**

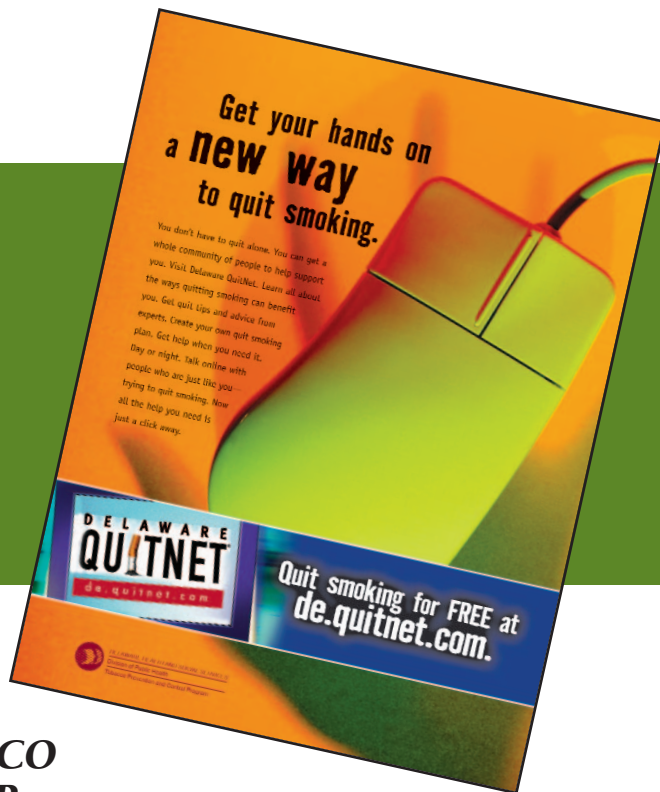
QUALITY COMMITTEE

INCREASE KNOWLEDGE & PROVIDE  
INFORMATION COMMITTEE

ENVIRONMENT COMMITTEE

DISPARITIES COMMITTEE

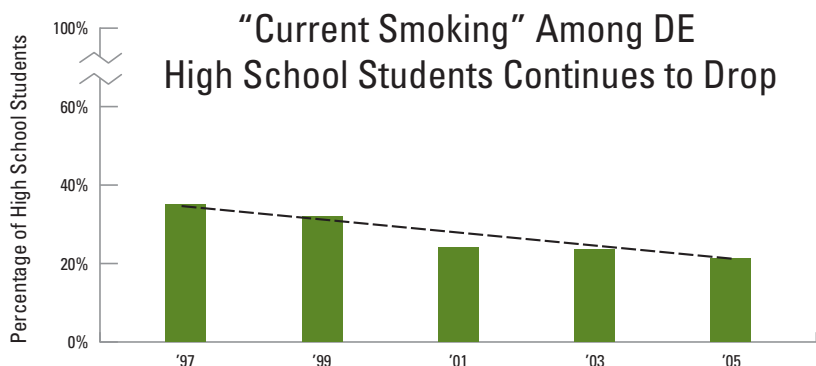
We're reaching out to the community to help people quit smoking and to make sure young people don't start.



## WE'RE WORKING TO MAKE SURE TOBACCO USE AND EXPOSURE CONTINUE TO DROP

Tobacco use is the number-one cause of lung cancer, and lung cancer continues to be the number-one cause of cancer deaths in Delaware. While we continue to make inroads to reduce tobacco use, it will take a number of years to see the impact. However, tobacco use is at an all-time low in Delaware, and we are expanding our efforts to continue that trend. According to the 2005 Behavioral Risk Factor Surveillance System (BRFSS) survey, the prevalence of cigarette smoking among Delaware adults has dropped to the lowest level since the survey began collecting data in 1982. In 2005 only about one in every five Delaware adults, or 20.7 percent, smoked cigarettes—down from a quarter of the population. Youth smoking trends are decreasing at an even greater rate, from 23.5 percent in 2003 to 21.2 percent in 2005. Calls to the Delaware Quitline—a free service to help residents quit smoking—have increased steadily, and we have increased the number of trained face-to-face counselors. We added a web-based service, Delaware QuitNet, to our list of programs to help people quit using tobacco. We also introduced a public marketing campaign to remind people of the dangers of secondhand smoke and urge them to pledge to take smoking outside. Delaware is one of three states that met or exceeded minimum funding recommended by the Centers for Disease Control for tobacco prevention and control programs. We remain focused on our goal to help smokers become tobacco-free and to protect our young citizens from this devastating addiction.

Delaware's 2005 adult smoking prevalence is **20.7** —the lowest since the state began tracking in 1982.



Source: Youth Risk Behavior Survey (YRBS).



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

**DONE**

## ACCOMPLISHED

YEAR

**1**

- CDC-recommended funding levels are 7 years old. Many of the recommendations are based on state population and service costs, both of which have increased. CDC is in the process of reviewing and updating the original recommendation they made in 1999 (ongoing).
- Delaware is one of three states that exceed CDC recommendations (ongoing).
- Delaware Health Fund meetings are open to the public.

## REPORT CARD

# State of Tobacco Control 2005 Delaware

### Grades:

Smoke-free Air

A

Youth Access

B

Tobacco Prevention and  
Control Spending

A

Cigarette Tax

D



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



**ACCOMPLISHED**

YEAR  
**1**

- Advocated passage of a strong anti-exposure to Environmental Tobacco Smoke (ETS) law, Senate Bill 99 as originally written (*An Act to Amend Title 16, Delaware Code Relating to the Clean Indoor Air Act, 2001*).
- Mobilized the support of governmental offices and other resources and disseminated relevant data.
- Developed new campaign to encourage people to take a pledge to protect their loved ones from ETS by not smoking inside the house. Foster care department has agreed to educate parents (ongoing).
- Continued grassroots support efforts begun in 2001.
- Conducted public polling to assess support for proposed legislation.
- Communicated with those opposed to new legislation to ensure correct information and understanding.
- Collection of calls to report violations continues. Enforcement and inspection activities continue (ongoing).

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



**ACCOMPLISHED**

YEAR  
**1**

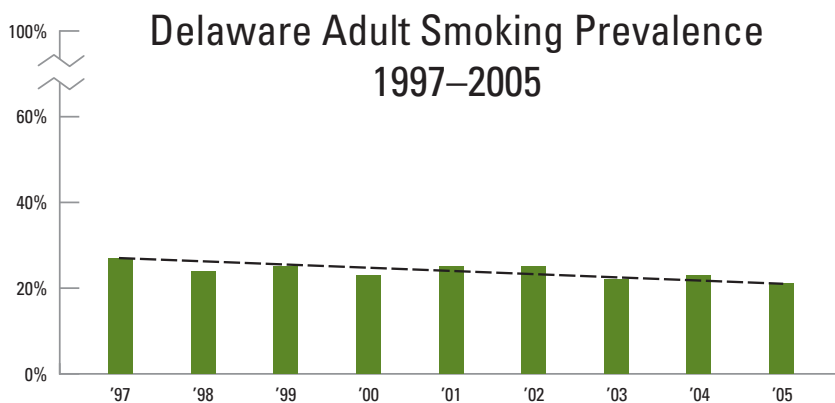
- IMPACT and DCC have updated and created tobacco prevention priorities (ongoing).
- IMPACT and DCC updated the state tobacco plan (ongoing).



**ACCOMPLISHED**

YEAR  
**3**

- A Tobacco Prevention and Education Evaluation Advisory Committee has been established. An evaluation plan is being developed based on the state tobacco plan (ongoing).



Source: Delaware Behavioral Risk Factor Surveillance System (BRFSS).

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



## ACCOMPLISHED

YEAR

1

- Reeducated school leadership regarding the content and merits of the CDC model school policy (“A Coordinated School Health Program: The CDC Eight Component Model of School Health Programs,” 2001).
- Obtained administration’s support for model policy adoption.
- Drafted legislation requiring model adoption.
- Implemented the model (including education and enforcement components).

### POINTS TO NOTE:

The Pro-Children Act of 1994 prohibits the use of tobacco products at any time on properties that serve children and receive federal funds.

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



ACCOMPLISHED

YEAR  
**1**

- Campaigns target priority and disparate populations. Evaluation of new scientific data has been reviewed to include in new marketing strategies. New marketing strategies have increased usage of Quitline services.
- Coordinated year-round marketing strategies continue.



ACCOMPLISHED

YEAR  
**3**

- Launched a web-based cessation site, [www.de.quitnet.com](http://www.de.quitnet.com). The site provides premium-level cessation resources and services for Delawareans online (ongoing).
- Expanded face-to-face counseling services by training other health care professionals in addition to pharmacists. For six months, free pharmaceutical aids were provided to everyone who participated in a Quitline program (ongoing).

94 percent of high school smokers

*think* **secondhand smoke  
is harmful to them**

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

**DONE**

**ACCOMPLISHED**

**YEAR 1**

- Drafted legislation to increase excise tax to a minimum of \$1.00 per pack. Reflects new tobacco plan objective. Current excise tax is \$0.55 per pack. Delaware ranks 37th in excise tax per pack. Bordering states' tobacco excise tax: NJ = \$2.58; PA = \$1.35; MD = \$1.00. Average of bordering states is \$1.64. Bordering states also have state sales tax added; Delaware has no state sales tax.
- Conducted community polling.
- Implemented grassroots awareness/support campaign.
- Conducted public awareness campaign.
- Educated General Assembly.

Cost per Pack of Cigarettes by State with Projections of Increase in Delaware State Excise Tax



If Delaware increased its excise tax by

**50¢ it would prevent 5,500 kids from smoking.**

Source: CDC's Smoking-Attributable Mortality, Morbidity, and Economic Costs (SAMMEC) program.

**POINTS TO NOTE:**

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



# Action

## YEAR - THREE ACCOMPLISHMENTS

DELAWARE CANCER CONSORTIUM

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TOBACCO COMMITTEE

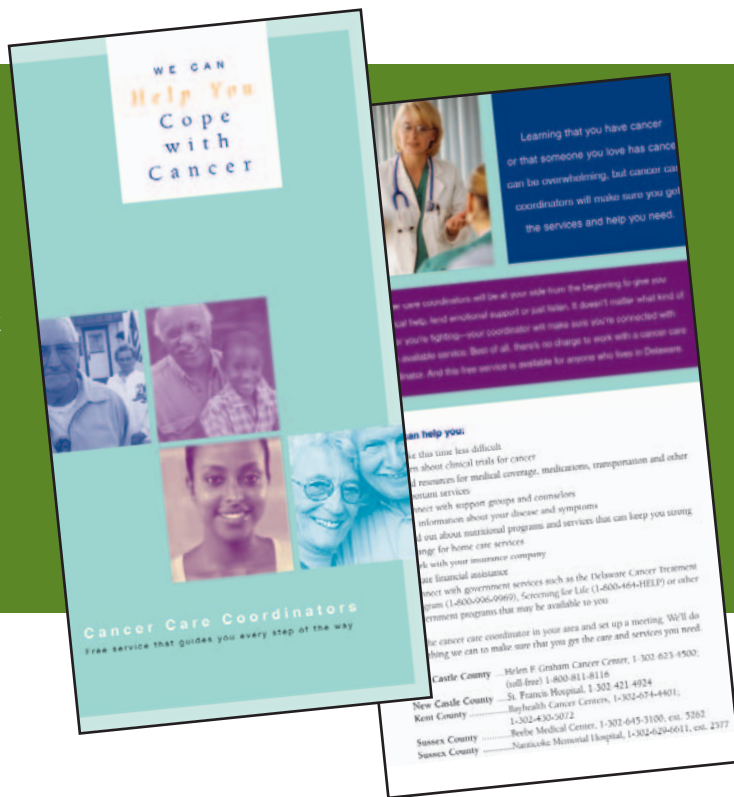
QUALITY COMMITTEE

INCREASE KNOWLEDGE & PROVIDE  
INFORMATION COMMITTEE

ENVIRONMENT COMMITTEE

DISPARITIES COMMITTEE

Delaware's cancer care coordinators are helping cancer patients statewide get the quality care they need.



## WE'RE WORKING TO MAKE QUALITY CARE THE STANDARD FOR ALL DELAWAREANS DIAGNOSED WITH CANCER

The statewide cancer care coordinator program has served more than 1,280 cancer patients and their families since it was launched in July 2004. The care coordinators have also participated in at least 11,086 personal interventions to connect patients with psychosocial services, financial assistance, and other support resources. Our efforts include developing a model to deliver educational tools to medical practices regarding patient care and referrals. In addition, we have also focused on building office resources for tracking and documentation to improve cancer screening rates. We continue to implement community education programs regarding end-of-life choices, such as long-term, palliative, and hospice care. A major focus has been to improve the quality of program data and we will continue our efforts in this important area.

### IMPORTANT STATISTICS:

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



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



**ACCOMPLISHED**

YEAR  
**1**

- Care coordinators hired by each hospital system in the state.



**ACCOMPLISHED**

YEAR  
**2**

- Care coordination program continues and grows. Care coordinators meet monthly. Policies, procedures, and practices developed and monitored on an ongoing basis. Training provided throughout the year (ongoing).



**ACCOMPLISHED**

YEAR  
**3**

- Cancer care coordination program has enrolled and served 1,280 Delawareans and their families through the provision of more than 11,000 personal interventions in the form of service referrals, psychosocial services, financial assistance, and other enabling and coping supports (ongoing).

**How cancer care coordinators help**

<b>5,000</b>	Medical referrals
<b>3,935</b>	Social issues (transportation, childcare, etc.)
<b>2,539</b>	Program referrals (Medicaid, hospice, counseling, etc.)

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



**ACCOMPLISHED**

YEAR  
**1**

- The Patients' Bill of Rights passed by Governor Ruth Ann Minner in 2001 addressed this issue. The Committee continues to promote and monitor patient enrollment in clinical trials (ongoing).
- Encouraged the involvement of all seven major Delaware health systems (Nanticoke, Beebe, Bayhealth, Christiana Care, Veterans Hospital, A.I. duPont Hospital for Children, and St. Francis) in the establishment of a statewide Cooperative Oncology Group in keeping with the American Cancer Society and the Coalition of National Cancer Cooperative Groups: A Partnership for Cancer Clinical Trials.

**POINTS TO NOTE:**

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

**Institute centralized credentialing reviews of medical practices by third-party payors that include cancer screening, prevention, early detection, and treatment practices as well as ongoing provider education.**

**DONE**

**ACCOMPLISHED**

YEAR  
**1**

- NCQA centralized credentialing models researched. Committee developed a recommendation for a centralized chart review process and proposed a pilot project (ongoing).

**DONE**

**ACCOMPLISHED**

YEAR  
**2**

- Postponed pending review of pilot project results (ongoing).

**DONE**

**ACCOMPLISHED**

YEAR  
**3**

- Vendor completed assessment on a statewide sample of physician practices. Findings are in review and will form the basis of recommended DCC/Quality activities for Year 4 (ongoing).

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

**DONE**

**ACCOMPLISHED**

YEAR  
**2**

- Funded Delaware Hospice annual spring training (ongoing).
- Conducted a variety of statewide educational sessions, including the clergy conference, where 90 clergy members and 25 health care professionals explored important issues about death, dying, and bereavement, and the *It's About How You LIVE* campaign, a public forum with Bill Colby. In addition, held a public forum with community members and health care professionals to discuss advance care planning.

**DONE**

**ACCOMPLISHED**

YEAR  
**3**

- Began developing program requiring that all patient advocates receive credentialing in pain management, palliative care, and end-of-life care issues (ongoing).

**TO BE ACCOMPLISHED**

YEAR  
**4**

- Establish physician and related health care professional accrediting based on EPEC program content.
- Complete the infrastructure that enables people to participate in clinical trials.
- Improve access to clinical trials by educating the public.
- Enhance health care professional pool in key shortage areas.
- Continue to refocus on educational models to deliver educational interventions.

**POINTS TO NOTE:**

- Practices are currently evaluated by individual third-party payors on the content of their records, but effective feedback on how to improve screening methods is lacking. Centralizing the review process would eliminate duplication of efforts and decrease costs. The educational feedback to the individual practices would be comprehensive in nature tailored to their needs, and focused on improving cancer-screening rates.
- EPEC and ELNEC are nationally recognized programs that educate physicians and nurses in essential clinical competencies around end-of-life care. Existing efforts include Delaware End-of-Life Coalition, Christiana Care Health System, and Delaware Hospice. This recommendation seeks to enhance existing programs. Coordination with existing Continuing Medical Education (CME) sources throughout Delaware could enhance education to the medical community.



# Action

## YEAR - THREE ACCOMPLISHMENTS

DELAWARE CANCER CONSORTIUM

INSURANCE COMMITTEE

COLORECTAL CANCER COMMITTEE

TOBACCO COMMITTEE

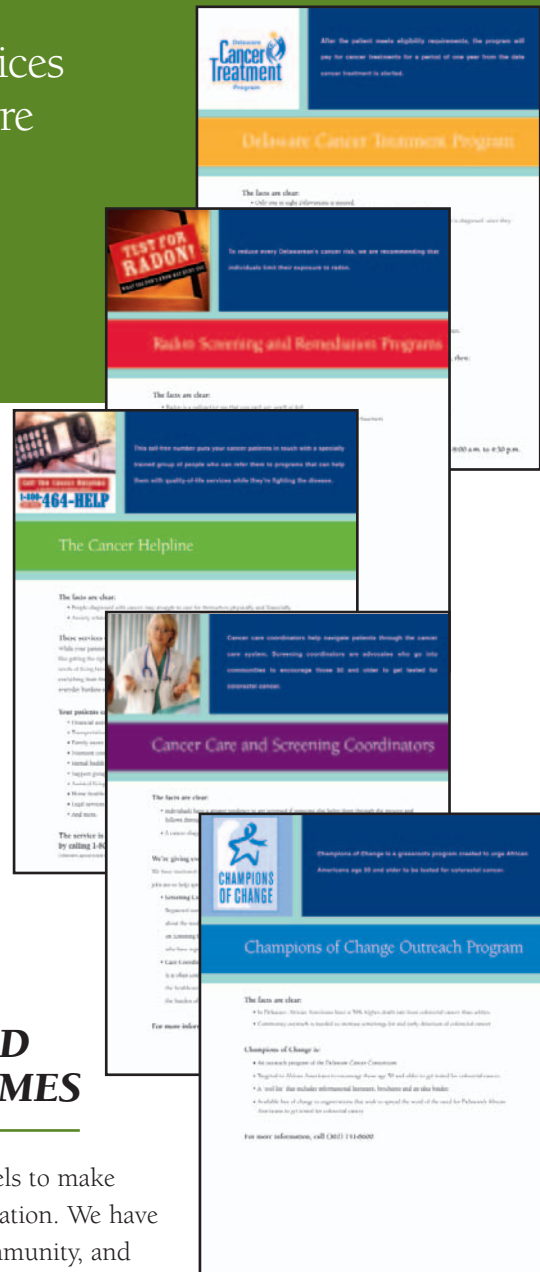
QUALITY COMMITTEE

**INCREASE KNOWLEDGE & PROVIDE  
INFORMATION COMMITTEE**

ENVIRONMENT COMMITTEE

DISPARITIES COMMITTEE

Important information about programs and services has been compiled for easy access by health care professionals, employers, and consumers.



**WE'RE DELIVERING DEPENDABLE DATA AND INFORMATION TO DRIVE POSITIVE OUTCOMES**

We're continuing to build strong partnerships with the community on many levels to make sure that all Delawareans have access to pertinent and meaningful cancer information. We have also developed valuable resources for health care professionals, the business community, and the public to make them aware of available programs. The health care professional resource binder, distributed to all licensed physicians in Delaware, includes information on Delaware cancer programs and services. A similar tool was introduced to the business community in spring 2006 at the Cancer Summit sponsored by the Delaware State Chamber of Commerce.

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



**ACCOMPLISHED**

YEAR

**1**

- Solicited participation in the alliance of all stakeholders (ongoing).
- Established alliances with partners in the community (ongoing).



**ACCOMPLISHED**

YEAR

**2**

- Investigated methods to reach populations at higher risk for cancer with screening, early detection, and prevention messages. Will be part of the strategic planning process (ongoing).
- Collected and integrated data on public education in cancer (ongoing). Also part of the strategic planning process (ongoing).



**ACCOMPLISHED**

YEAR

**3**

- The Delaware Cancer Education alliance was formed on April 26, 2006. Responses have been analyzed, with more than 40 of the 100 agencies in attendance committed to active participation. Next steps include an organizational meeting and development of a strategic plan (ongoing).
- Conducted a statewide summit to review findings and opportunities for integration, collaboration, and unique product development. The Alliance Summit will likely become an annual event.
- Conducted cancer education summits for health care providers, the business community, and the public.

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



**ACCOMPLISHED**

YEAR

**1**

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



**ACCOMPLISHED**

YEAR

**3**

- General Assembly passed legislation to create a Statewide School Health Advisory Council, which has been established. Its focus is on lifestyle issues, especially physical education.
- The Department of Education (DOE) has created a Connections To Learning Action Team that functions as the department-level council.
- DOE has adopted a process to address training and establish councils. Districts are required to address health issues in their consolidated applications, and all districts created health committees to establish required Wellness Policies.
- DOE worked with districts to provide Coordinated School Health Program (CSHP) and Positive Behavior Support training.
- 40% of public schools have participated in team training in CSHP, and following training these schools created local teams.
- Work has been initiated to implement the model statewide.
- Oversight and evaluation has been initiated by the Connections To Learning Action Team.



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

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

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

**DONE**

### **ACCOMPLISHED**

YEAR

**1**

- Collected data on known/suspected risk factors, and calculate the number of preventable cancer cases and deaths by gender, race, and age group for each risk factor (ongoing). Copies of the reports can be found at [www.delawarecancerconsortium.org](http://www.delawarecancerconsortium.org)

**DONE**

### **ACCOMPLISHED**

YEAR

**3**

- Data collection (ongoing).
- Collected data on cancer diagnosis by stage, and calculated, by gender, race, and age group, the number of cancer deaths preventable with earlier detection (ongoing).
- Summarized and distributed results to improve program planning and healthy lifestyle choices. This will be an ongoing activity of the Alliance and Education Committee (ongoing).
- Began research related to risk factors and preventable cancer cases and deaths.

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



**ACCOMPLISHED**

YEAR

**1**

- Amended the Cancer Control Act to extend the time interval within which a newly diagnosed cancer case must be reported to DPH to 180 days, consistent with standards of the American College of Surgeons.
- Enforced reporting requirements; imposed fines for nonreporting.
- Introduced and passed legislation requiring hospitals to staff their registries with a certified tumor registrar.
- Expanded population-based survey of present and past tobacco use and exposure to environmental tobacco smoke (ETS); reported statistically valid results by age, race, income, educational level, occupation, gender, and zip code.
- Developed a public education campaign on cancer rates and their age-adjustment to the 2000 U.S. standard population.
- Evaluated the ability to standardize race and ethnicity data collection across cancer-related data sets.
- Evaluated the ability to match cancer incidence and mortality records, including special software, and developed matching capabilities.



**ACCOMPLISHED**

YEAR

**2**

- Addressed personnel issues related to the Cancer Registry for quality improvement.



**ACCOMPLISHED**

YEAR

**3**

- Increasing information collected by the cancer registry. This task has become broader than the scope of this committee and is being addressed by the Disparities Committee and others. There is a possibility that a separate data committee will be formed. Data collection is ongoing, and is conducted under a contract with ORC Macro, Inc. (ongoing).
- Training program is being developed by DPH staff; allocated funds will be used for training and training materials (ongoing).
- State does not currently provide training for registrars, but training is available from other resources.
- Contract with ORC Macro to staff the Delaware Cancer Registry.
- Fully staffed the Delaware Cancer Registry.

**TO BE ACCOMPLISHED**

YEAR

**4**

- Cancer Chartbook was completed in the fall of 2006, and will be published by the Division of Public Health.
- To enhance DCC's capacity to make evidence-based decisions, the Data Committee and the Communication and Public Education Committee will serve as expert resources for all other DCC committees by translating data into information for public use and health literacy.

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



**ACCOMPLISHED**

YEAR

**1**

- Conducted a retrospective survey of individuals with cancer or family members of cancer patients to collect information on family history, occupation, lifestyle, diet, exercise, migration, etc. (included only those cancers for which the state is elevated in incidence or mortality); obtained data necessary to determine which environmental factors may contribute to Delaware's heightened cancer rates (ongoing).

**TO BE ACCOMPLISHED**

YEAR

**4**

- Upon publication of the retrospective study, summarize, and disseminate results.



# Action

## YEAR - THREE ACCOMPLISHMENTS

DELAWARE CANCER CONSORTIUM

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INFORMATION COMMITTEE

**ENVIRONMENT COMMITTEE**

DISPARITIES COMMITTEE

Public education campaigns are helping people reduce their risk to harmful carcinogens in the home.



## **WE'RE WORKING TO PROTECT DELAWAREANS FROM ENVIRONMENTAL THREATS**

We are sharing the results of our extensive research with the public. Our efforts have included statewide public forums, briefings for the State legislature, the distribution of reports and public notices, posting informational signs, and public marketing campaigns. Delaware Healthy Homes—our successful campaign that is alerting the public to harmful toxins found in their homes—generated more than 2,500 hits to the website so far. In addition, a campaign urging Delawareans to test their basements for radon, the second-leading cause of lung cancer, increased inquiries about the naturally occurring odorless and invisible gas by 300 percent.

When we urged citizens to test for radon, they listened, generating

*more than 2,500 inquiries to the Delaware Helpline.*

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

**DONE**

### ACCOMPLISHED

YEAR

1

- Completed Phase I of specialized ambient air quality monitoring.

**DONE**

### ACCOMPLISHED

YEAR

2

- Completed Phase II of specialized ambient air quality monitoring.

**DONE**

### ACCOMPLISHED

YEAR

3

- Air toxics study (Phase II of the Delaware Air Toxics Assessment Study) currently under way and expected to be completed by January 2007 (ongoing).
- Statewide public forums educating the general public on air toxic levels and risks to human health were completed by June 30, 2006. The forums were held in four locations near the Phase I air monitoring stations, including Felton, Delaware City, Seaford, and Wilmington. In addition, an outreach forum targeting the General Assembly was held on March 22 at Legislative Hall and a briefing to the House Environmental Committee was completed on January 25, 2006.

### TO BE ACCOMPLISHED

YEAR

4

- Evaluate the types of cancers associated with those substances found at elevated levels, and compare to those cancers for which Delaware is elevated in incidence and mortality (link databases).
- EPA, Region III, is providing assistance with risk management plan design. Community implementation in Wilmington to be initiated in FY '07 (ongoing).

(continued)

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



**ACCOMPLISHED**

YEAR

1

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



**ACCOMPLISHED**

YEAR

3

- Initiated a statewide quarterly quality assessment of the Columbia Aquifer to investigate potential links between drinking water supplied to individual shallow wells and cancer incidence: Phase I—Compile, analyze, and report existing data; Phase II—Initiate a sampling program if necessary. Phase I was completed on time in September 2006. Phase II started in October 2006 (ongoing).
- Delawareans served by public water drinking systems received the annual consumer confidence report in July. The report identifies every contaminant detected in the water during calendar year 2005.
- Forty-one systems with chemical contaminants above the maximum contaminant level were issued public notices and required to submit correction action plans to remove the contaminant (during the timeframe April 2005 to April 2006).

**TO BE ACCOMPLISHED**

YEAR

4

- Once the findings are compiled for the assessment of the aquifer noted above, an analysis should indicate the contaminants in this aquifer that are of concern. At that time, a literature search will determine which of these contaminants are carcinogenic. The target organs for these carcinogens will also be identified from animal and human studies. The Delaware Cancer Registry will be used to assess cancer incidence and mortality in related organs.



(continued)

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



**ACCOMPLISHED**

YEAR

**1**

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



**ACCOMPLISHED**

YEAR

**2**

- Over 2,300 finfish consumption advisory signs were posted on water streams throughout the state (ongoing).



**ACCOMPLISHED**

YEAR

**3**

- Revised fish consumption advisories issued by DNREC/DHSS on March 31, 2006. Education brochure submitted to DPH has been approved; education campaign has been initiated. Outreach efforts included direct engagement, distribution of brochures at fishing license outlets, print ads in community newspapers, and statewide radio ads.

We're continuing to compile and release data *to support decisions that make Delaware's environment safer.*

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

**DONE**

**ACCOMPLISHED**

**YEAR**  
**2**

- Legislation passed June 2005 to establish an Occupational Health Program to identify populations at risk from occupational exposure to carcinogens (ongoing).

**DONE**

**ACCOMPLISHED**

**YEAR**  
**3**

- Contract was initiated to facilitate and set the parameters for a statewide risk assessment of hazardous substances in the workplace as required by House Bill 219.
- Educational and consultation services for employers and employees in the public sector were identified by the study of the statewide risk assessment of hazardous substances in the workplace.

**POINTS TO NOTE:**

\*Recommendation and tasks revised from original book.

## Reduce exposure to carcinogens in the indoor environment.

**DONE**

### ACCOMPLISHED

YEAR  
**2**

- Develop and maintain a broad-based public education campaign based on findings from the national Total Exposure Assessment Methodology (TEAM) studies. (*Research Triangle Institute 1996*)

**DONE**

### ACCOMPLISHED

YEAR  
**3**

- A radon campaign launched October 2005 encouraged Delawareans to test their homes. Inquiries about radon have risen 300 percent since the campaign.
- Senate Bill #198 requiring radon disclosure and education in all residential real estate transfers, introduced in the 143rd General Assembly, was signed into law in August 2006 by Governor Minner.
- A Healthy Homes Awareness Campaign was launched in January 2006. The campaign incorporates a multimedia initiative that involves television, news print, radio, and the Internet. The campaign also interacted directly with Delawareans by participating in exhibitions in various public and private events statewide. The DelawareHealthyHomes.org website had over 2,412 hits (ongoing).

### TO BE ACCOMPLISHED

YEAR  
**4**

- To help with compliance with EPA's Maximum Achievable Control Technology (MACT) requirement, DNREC has initiated programs that will reduce the amount of solvent used by dry cleaners. These include a new statewide permitting process with requirements and inspections by environmental technicians for compliance with the regulations. In FY '06 three workshops and a compliance "calendar" have been completed to educate the industry on the carcinogenicity of "perc" and the new permit requirements (ongoing).



# Action

## YEAR - THREE ACCOMPLISHMENTS

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ENVIRONMENT COMMITTEE

**DISPARITIES COMMITTEE**

Our easy-to-use Champions of Change tool kit helps individuals and community groups spread the message of the importance of cancer screening throughout the state.

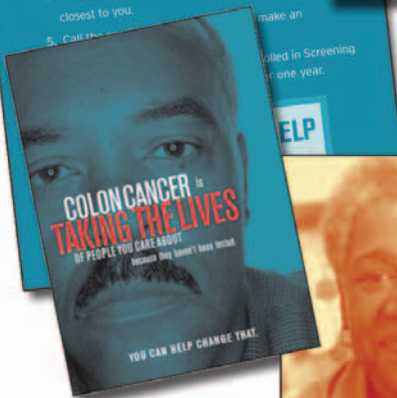
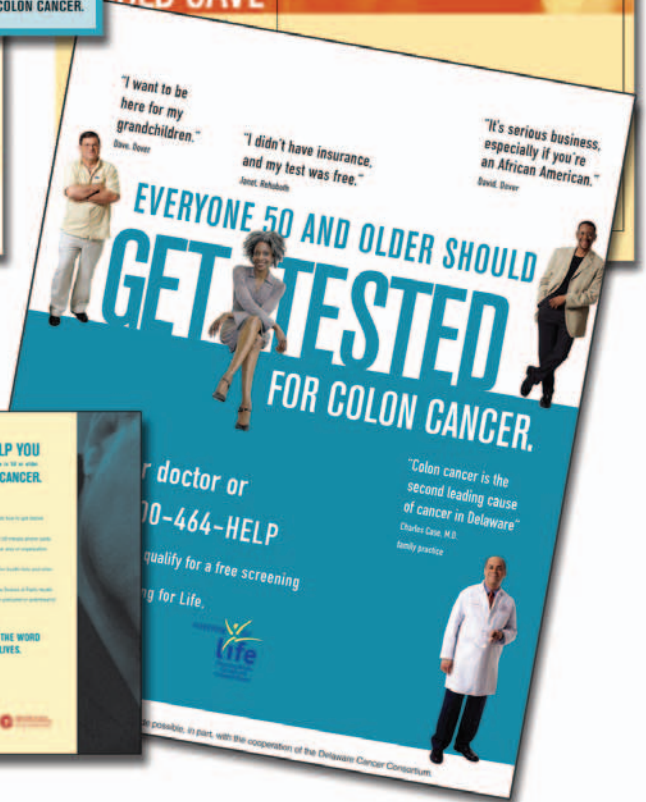
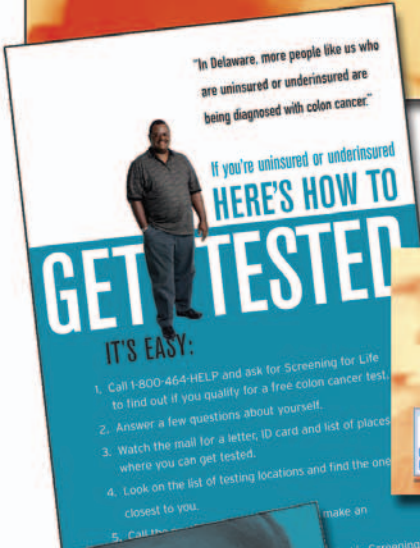
## **WE'RE WORKING WITH COMMUNITY PARTNERS TO REACH ALL CITIZENS**

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We've broadened our reach into the community through a strong partnership with several community-based organizations in each county. Working with our partners, we continue to distribute easy-to-use tools, such as Champions of Change, to let everyone know the importance of screening and early detection. In FY '06, 259 Delawareans pledged to get tested for colon cancer as a result of the intervention of 10 community partners.

We continue to collect and analyze data on health disparities to identify at-risk populations and develop services to address their needs. The most current data will help us address segments of the community that are most in need.

- Lack of education is a significant barrier to health care equality in Delaware.
- In Delaware, there were no major differences between African-American and Caucasian screening rates; however, African Americans have a disproportionately high overall cancer incidence and mortality rate.
- Data from the Delaware Cancer Registry indicates that African-American incidence rates for all cancers combined are decreasing, but there are increased incidences of colorectal and prostate cancers.



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

**DONE**

**ACCOMPLISHED**

YEAR  
**1**

- Analyze data on minorities associated with poor health outcomes for cancer overall, and for breast, lung, colorectal, and prostate cancers specifically.
- Analyze trends in disparities related to societal, policy, or system changes that may affect whether certain groups get cancer or die from cancer at a higher rate.

**DONE**

**ACCOMPLISHED**

YEAR  
**2**

- Continuing communication grassroots campaigns such as Champions of Change.
- Contracted with 10 community-based partners to work at the grassroots level to increase awareness and screening.
- As a result of the efforts of Lt. Governor John Carney, provided technical expertise to state programs.
- Worked with the CRC Committee to target high-risk patients for early screening.

**DONE**

**ACCOMPLISHED**

YEAR  
**3**

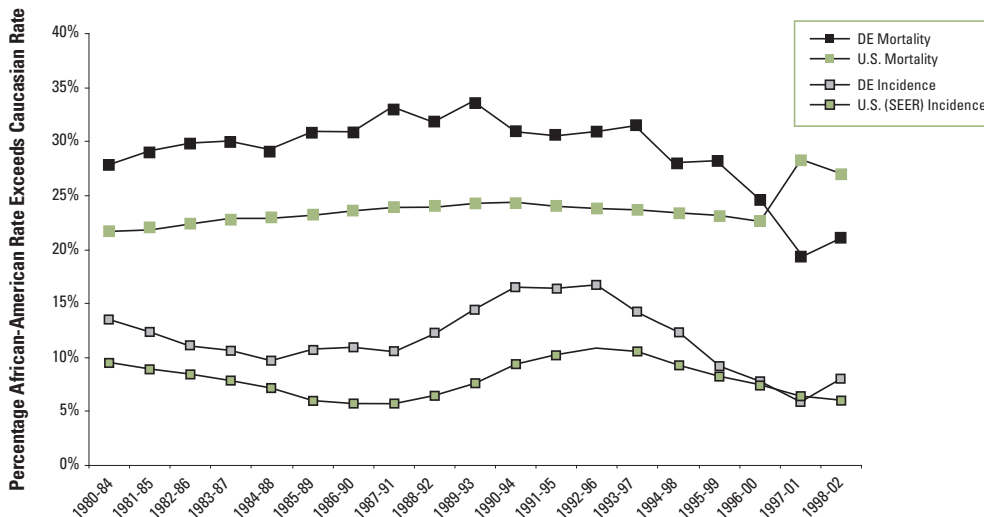
- Analyzed data and published the most comprehensive report on cancer disparities in Delaware.
- Highlighted key findings in an easy-to-read summary document, *An Insight Into Inequalities*, published in conjunction with the annual cancer report.

**TO BE ACCOMPLISHED**

YEAR  
**4**

- Recommend programs to address disparities cited in report—with a focus on prostate cancer mortality among African-American men and colorectal cancer mortality among African-American men and women.

**PERCENTAGE THAT AFRICAN-AMERICAN CANCER RATES EXCEED CAUCASIAN RATES BASED ON AGE-ADJUSTED RATES PER 100,000, DELAWARE AND U.S. 1980 THROUGH 2002**



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





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

**DELAWARE STATE SENATE**

**142nd GENERAL ASSEMBLY**

**SENATE BILL NO. 102**

**AN ACT TO AMEND TITLE 16 OF THE DELAWARE CODE TO CREATE A DELAWARE CANCER CONSORTIUM.**

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

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

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

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

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

Section 1. Amend §133, Title 16, Delaware Code, by deleting subsection (b), and replacing it with the following:  
“(b) The Delaware Cancer Consortium (“Consortium”) shall coordinate cancer prevention and control activities in the State of Delaware. The Consortium will:

Provide advice and support to state agencies, cancer centers, cancer control organizations, and health care practitioners regarding their role in reducing mortality and morbidity from cancer.

Facilitate collaborative partnerships among public health agencies, cancer centers, and all other interested agencies and organizations to carry out recommended cancer control strategies.

On at least a biennial basis, analyze the burden of cancer in Delaware and progress toward reducing cancer incidence and mortality.

Section 2. Amend §133, Title 16, Delaware Code, by adding the following new subsections:

“(c) The Consortium’s priorities and advocacy agenda shall be dictated by the recommendations contained in ‘Turning Commitment Into Action—Recommendations of the Advisory Council on Cancer Incidence and Mortality,’ published in April, 2002.

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

- (i) Two representatives of the Delaware House of Representatives and two representatives of the Delaware State Senate (one selected by each caucus);
- (ii) One representative of the Governor's office;
- (iii) The Secretary of the Department of Health and Social Services or his or her designee;
- (iv) One representative of the Department of Natural Resources and Environmental Control;
- (v) One representative of the Medical Society of Delaware to be appointed by the Governor;
- (vi) One professor from Delaware State University or the University of Delaware, to be appointed by the Governor;
- (vii) Two physicians with relevant medical knowledge, to be appointed by the Governor;
- (viii) One representative of a Delaware hospital cancer center to be appointed by the Governor;
- (ix) Three public members with relevant professional experience and knowledge, to be appointed by the Governor.

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

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

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

#### SYNOPSIS

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

Author: Senator McBride

# BACKGROUND

## Formation of the Delaware Cancer Consortium

The Delaware Cancer Consortium was originally formed as the Delaware Advisory Council on Cancer Incidence and Mortality in March 2001 in response to Senate Joint Resolution 2 signed by Governor Ruth Ann Minner.

The advisory council, consisting of 15 members appointed by the governor, was established to advise the governor and legislature on the causes of cancer incidence and mortality and potential methods for reducing both. The advisory council was later expanded and its name changed to the Delaware Cancer Consortium (DCC) in SB102.

## Developing a Plan for Action

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

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

To accomplish these goals, DCC heard from speakers on Delaware cancer statistics, including Dr. Jon Kerner from the National Cancer Institute, and began monthly presentations from Delaware cancer survivors or family members who had lost a loved one to cancer. They provided valuable insight

into some of the concerns and barriers faced by people battling cancer, the stress this disease places on all aspects of their lives, and ideas for ways that Delaware can help ease these burdens on its citizens.

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

## Development of Subcommittees and Recommendations

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

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

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

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

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

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

Stephen Grubbs, MD  
Medical Oncology Hematology Consultants, PA

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

Patricia Hoge, PhD, RN  
American Cancer Society

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

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

The Honorable David McBride  
Delaware Senate

Julio Navarro, MD  
Glasgow Family Practice

Nicholas Petrelli, MD  
Helen F. Graham Cancer Center

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

The Honorable Liane Sorenson  
Delaware Senate

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

The Honorable Stephanie Ulbrich  
Delaware House of Representatives

### **Colorectal Cancer Committee**

*Chairperson:*

Stephen Grubbs, MD, Medical Oncology Hematology Consultants, PA

*Members:*

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

### **Disparities Committee**

*Chairperson:*

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

*Members:*

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

### **Environment Committee**

*Chairperson:*

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

*Members:*

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

### **Increase Knowledge & Provide Information Committee**

*Chairperson:*

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

*Members:*

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

### **Quality Committee**

*Chairperson:*

Julio Navarro, MD, Glasgow Family Practice

*Members:*

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

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

### **Tobacco Committee**

#### *Chairperson:*

Patricia Hoge, PhD, RN, American Cancer Society

#### *Members:*

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

### **Insurance Committee**

#### *Chairperson:*

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

#### *Members:*

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

## REFERENCES AND RESOURCES USED

- An Act to Amend Title 16, Delaware Code Relating to the Clean Indoor Air Act. Senate Bill 99 (2001).
- Brownson and Ross (1999). "Community-Based Prevention: Programs That Work."
- Campaign for Tobacco-Free Kids (2001). Special Report: "Higher Cigarette Taxes Reduce Smoking, Save Lives, Save Money." Campaign for Tobacco-Free Kids Website.
- Center on an Aging Society (2001). "Analysis of Data from the 1996 Medical Expenditure Panel Survey and the 1998 National Health Interview Survey Sample Adult Prevention File."
- Centers for Disease Control and Prevention (1999). "Colorectal cancer: The importance of early detection."
- Centers for Disease Control and Prevention, Division of Adolescent and School Health (2001). "A Coordinated School Health Program: The CDC Eight Component Model of School Health Programs."
- Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion Office on Smoking and Health (2001). "Best Practices for Comprehensive Tobacco Control Programs—August 1999."
- Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion Office on Smoking and Health (2001). "Investment in Tobacco Control, State Highlights 2001."
- Colditz, G. (2000). "Cost-effectiveness of Screening for Colorectal Cancer in the General Population." *JAMA* 284(15): 1954–1961.
- Delaware Advisory Council for Cancer Control (1996). "Status Report on Recommendations of the Governor's Task Force on Cancer."
- Delaware Advisory Council for Cancer Control (2001). "Cancer: What we know and what we don't know."
- Delaware Health Care Commission, Steering Committee on Cancer (1998). "Reducing Cancer Risks and Deaths in Delaware, A Report on Public Education and Barriers."
- Delaware Health and Social Services, Division of Public Health (1990). "Delaware's Cancer Control Strategy for the 1990s."
- Delaware Health and Social Services, Division of Public Health (1999). Behavioral Risk Factor Surveillance Survey.
- Delaware Health and Social Services, Division of Public Health (2000). Behavioral Risk Factor Surveillance Survey.
- Delaware Health and Social Services, Division of Public Health, Delaware Cancer Registry.
- Delaware Health and Social Services, Division of Public Health, Delaware Health Statistics Center.
- Delaware Department of Public Instruction and Delaware Health and Social Services (1997). "Public and School Education in Relation to Health Risks Associated with Cancer."
- Eddy, D. (1990). "Screening for Cervical Cancer." *Annals of Internal Medicine* 113: 214-226.
- Governor's Task Force on Cancer (1994). "Recommendations of the Governor's Task Force on Cancer."
- Hopkins, D., C. Husten, et al. (2001). "Evidence reviews and recommendations on interventions to reduce tobacco use and exposure to environmental tobacco smoke: A summary of selected guidelines." *American Journal of Preventive Medicine* 20(2s).
- IMPACT Delaware Tobacco Prevention Coalition (1999). "A Plan for a Tobacco-Free Delaware."
- National Cancer Institute, Surveillance, Epidemiology and End Results (SEER) Registries.
- National Center for Health Statistics.
- Penberthy, L., S. Retchin, et al. (1999). "Predictors of Medicare costs in elderly beneficiaries with breast, colorectal, lung, or prostate cancer." *Health Care Management Science* 2: 149–160.
- Ransohoff, D. and R. Sandler (2002). "Screening for Colorectal Cancer." *The New England Journal of Medicine* (346 (1)): 40–44.
- Research Triangle Institute (1996). "A Proposal for the Development of a Comprehensive Environmental Monitoring Program in Delaware: Three Alternatives in Response to SJR 11."
- State of Delaware (2001). "Healthy Delaware 2010."
- Taplin, S., W. Barlow, et al. (1995). "Stage, comorbidity, and direct costs of colon, prostate, and breast cancer care." *Journal of the National Cancer Institute* 87(6): 417–426.
- The Center for Social Gerontology, I. (2001). "Economic Impacts of Smoke-Free Environments, Smoke-Free Environments Law Project."
- United States Census Bureau (2000).
- University of Delaware's Center for Applied Demography and Survey Research (1994–1998). "Delaware Demographic Database."



## ABBREVIATIONS

ACS—American Cancer Society

ALA—American Lung Association

AHA—American Heart Association

BRFSS—Behavioral Risk Factor Surveillance System

CFTFK—Campaign for Tobacco-Free Kids

DCC—Delaware Cancer Consortium

DDA—Delaware Department of Agriculture

DHFAC—Delaware Health Fund Advisory Committee

DHSS—Department of Health and Social Services

DNREC—Department of Natural Resources and Environmental Control

DOE—Department of Education

IMPACT—IMPACT Delaware Tobacco Prevention Coalition

MCO—Managed Care Organizations







DELAWARE  
CANCER  
CONSORTIUM



*DELAWARE HEALTH AND SOCIAL SERVICES*

Division of Public Health

Comprehensive Cancer Control Program