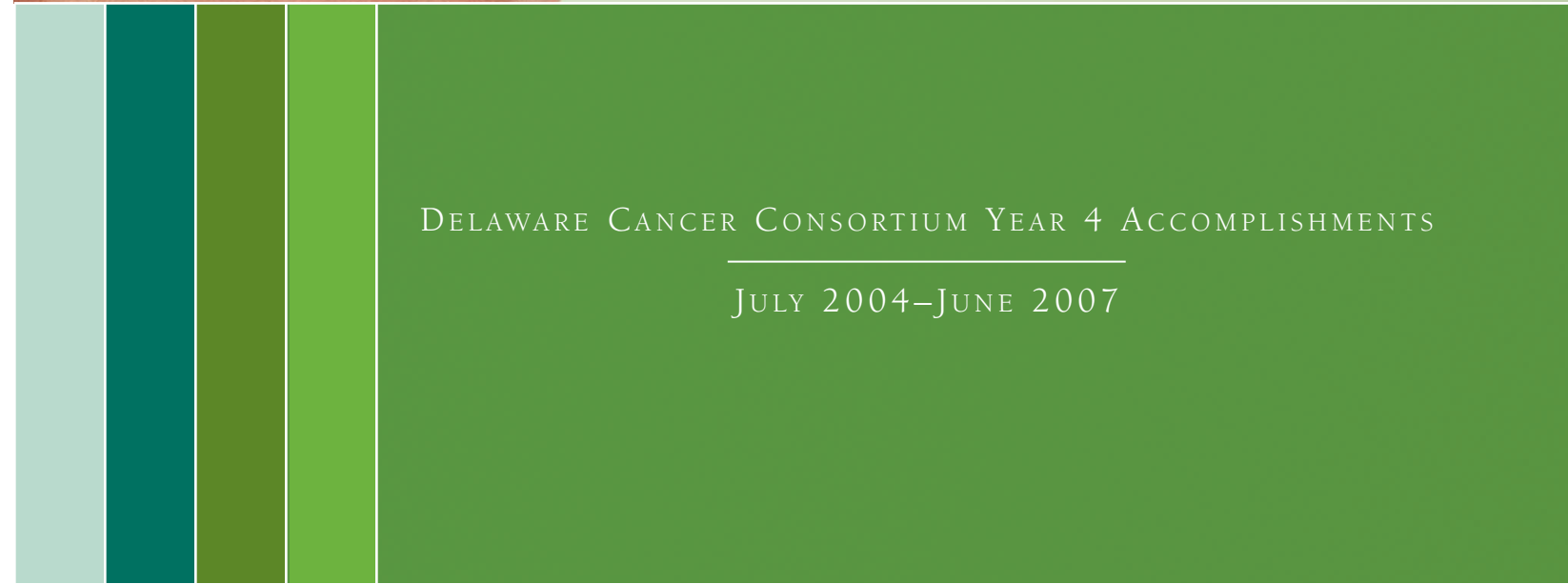


Turning  
*commitment* into  
*Action*



DELAWARE CANCER CONSORTIUM YEAR 4 ACCOMPLISHMENTS

JULY 2004–JUNE 2007



This fourth year report to lower cancer incidence and mortality in Delaware is dedicated to all of those who have given their time, enthusiasm, talent and inspiration. Because of you, the change we envisioned is becoming a reality.

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The final year of our first

# Four-Year Plan



## Our journey started four years ago.

Thanks to the support of Governor Minner, the General Assembly and volunteers who have tirelessly given their time, we have made great headway in the past four years in our effort to reduce the cancer burden in Delaware.



In 2002, Governor Minner commissioned a task force to report on cancer in Delaware. It led to the development of a roadmap—a four-year plan—that stated measurable goals. As we accomplished the things we set out to do, we developed clarity along the way that guided our actions. Barriers that prevented access to screening were eliminated. Hundreds of people who couldn't afford it, or who had no insurance to cover it, have been treated for cancer. Our Cancer Registry—gathering data that is so critical in directing tasks—has improved to such a degree that it's earned recognition from the Centers for Disease Control. Fewer than one in five Delawareans reports using tobacco, thanks to our campaigns to reduce tobacco consumption. Cancer Care Coordinators and Cancer Screening Navigators are guiding people through both treatment and screenings. The disparity gap is narrowing thanks to our efforts. Colorectal cancer screenings have seen the most dramatic turnaround. Only 39.6 percent of the African American population reported having screenings four years ago. Today, 64 percent report having had the test, a 62.6 percent increase.

To say that we have done our job would be inaccurate. Cancer is a complex disease. There is still more to do.

As we move forward we will continue to make a difference in the lives of all Delawareans.

## We have improved the lives of Delawareans.

With the leadership of Governor Minner and the support of the Delaware General Assembly, we set out to reduce the cancer burden in Delaware four years ago. The programs and services created as a result have had a positive impact on the lives of thousands of Delawareans.

### Where we were:

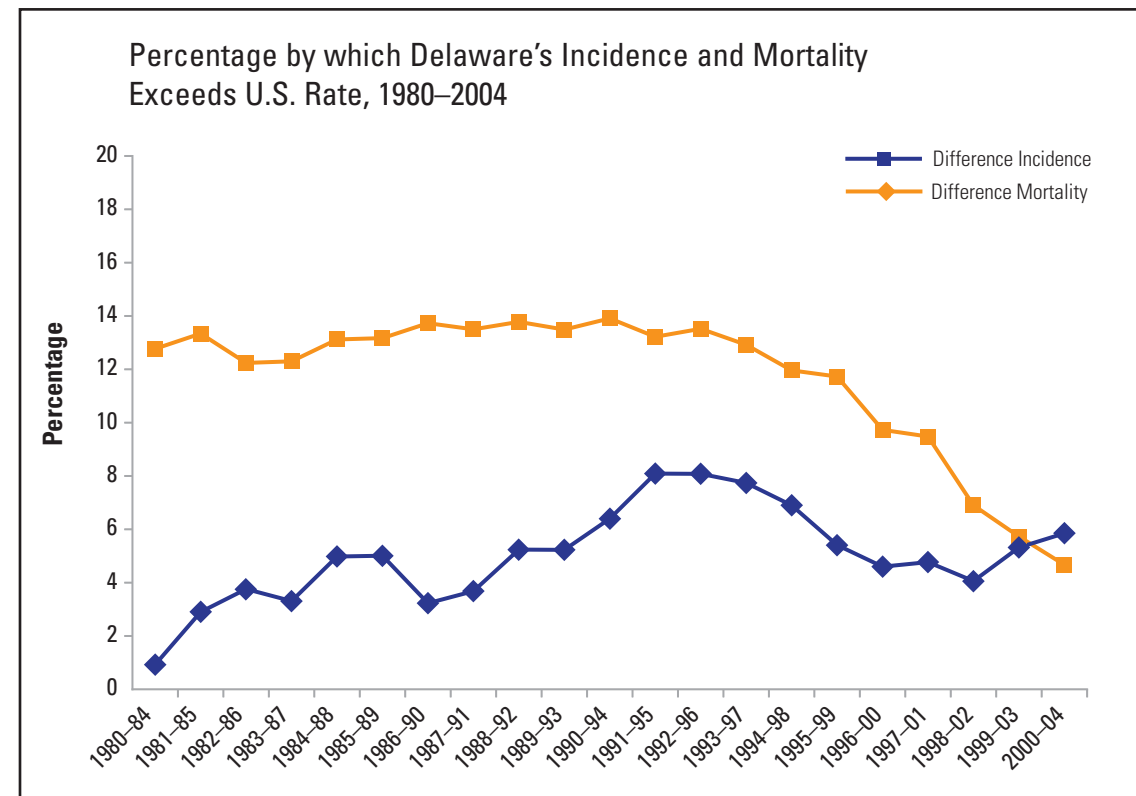
- Cancer death rates were 39% higher among African Americans than Caucasians.\*
- Access to screening and treatment was a major obstacle for uninsured Delawareans.
- Navigation and support services varied by hospital and county.
- Adult smoking rate was 25.0%.\*\*
- Youth smoking rate was 24.2%.\*\*
- Colorectal cancer screening rate among men and women 50 years of age and older was 57%.
- Breast cancer screening rate for women 40 years of age and older was 84.2%.

### Where we are now:

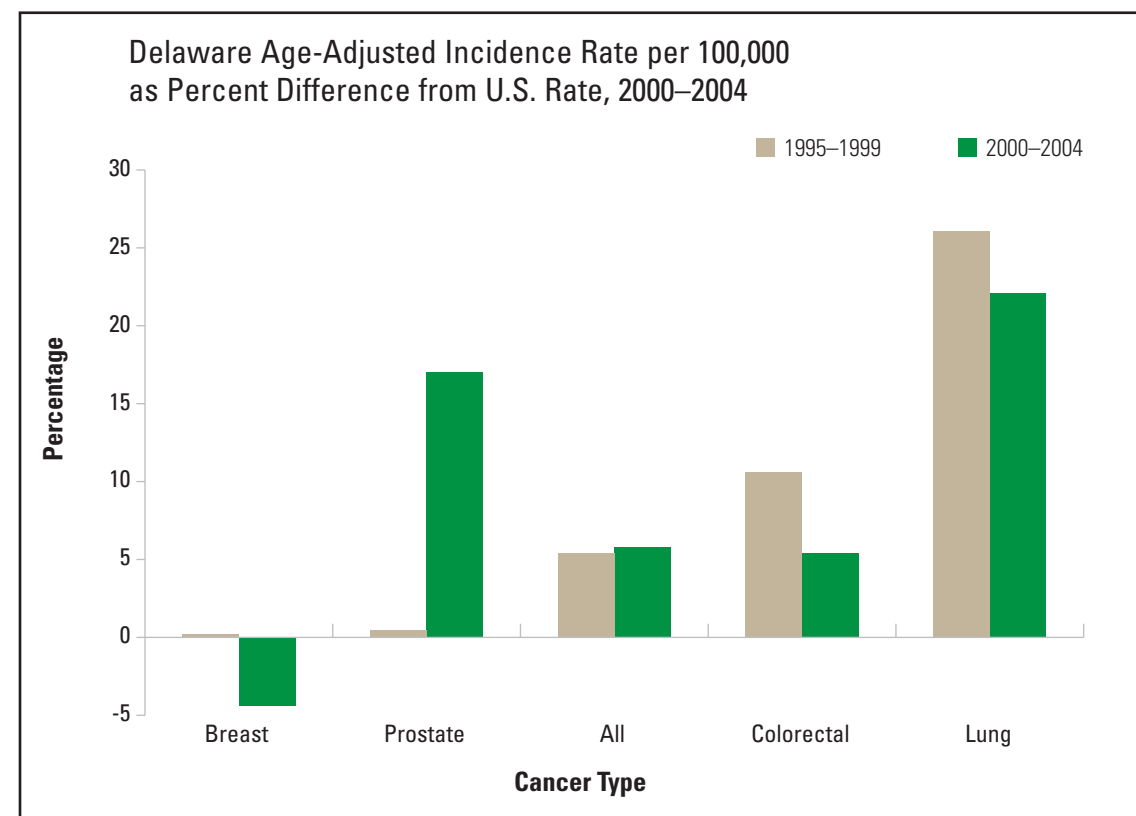
- The disparity gap in cancer death rates between African Americans and Caucasians is closing faster in Delaware than in the U.S. The U.S. death rate among African Americans is 25% higher than among Caucasians. In Delaware, the difference is 21%.\*
- Uninsured Delawareans have access to cancer screening and treatment through Screening for Life and the Delaware Cancer Treatment Program.
- Free navigation and support services are available statewide.
- Fewer than one in five Delawareans smokes (a decrease of 24.4%).\*\*
- Youth smoking has decreased 16.5% (to 20.0%).\*\*\*
- 74% of men and women 50 years of age and older have reported having a colorectal cancer screening (up 17%).\*\*
- 87.9% of women 40 years of age and older have reported having a mammogram (up 3.7%).\*\*

\* Based on comparison of 1995–1999 and 2000–2004 mortality rates.  
 \*\* Based on preliminary 2007 Behavioral Risk Factor Surveillance Data.  
 \*\*\* Delaware Department of Education, Youth Risk Behavior Survey, 2007.

Delaware's cancer incidence rate decreased four times as much as the nation's rate, and our cancer death rate has declined twice as much as the national average.



U.S. average annual rate of decline in incidence is 0.6%.\*  
 Delaware's average annual rate of decline in incidence is 1.2%.\*  
 \*Based on preliminary 2007 Behavioral Risk Factor Surveillance Survey Data.



U.S. average annual rate of decline in incidence is 0.6%\*  
 Delaware's average annual rate of decline in incidence is 1.2%\*  
 \*Based on preliminary 2007 Behavioral Risk Factor Surveillance Survey Data.



## What we've accomplished.

During the first four years, each committee made significant contributions toward reducing cancer in Delaware by accomplishing many of the tasks set forward.

### CONSORTIUM

- Created and maintained 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
- Oversaw the implementation of more than 20 recommendations over the past four years

### COLORECTAL CANCER

- Increased colorectal cancer screening rates among African Americans (39.6 percent in 1999 to 64 percent in 2005) and Caucasians (45.3 percent in 1999 to 69.3 percent in 2005)
- Created a Cancer Screening Nurse Navigator program to coordinate cancer screenings—trained and placed them in five hospitals statewide
- Provided case management to the uninsured and underinsured

### QUALITY OF CARE

- Trained and placed statewide Cancer Care Coordinators to link patients with medical and support services
- Brought together health systems in Delaware to form the Cooperative Oncology Group
- Expanded end-of-life care education to health care providers
- Amended Delaware Insurance Code and Regulation to include coverage for cancer clinical trials

### TOBACCO USE AND EXPOSURE

- Funded comprehensive statewide tobacco prevention programs above the recommended minimum
- Strengthened and enforced the Clean Indoor Air Act
- Implemented the CDC tobacco model for schools
- Expanded tobacco awareness and cessation campaigns
- 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
- Increased use of the Delaware Quitline telephone and face-to-face counselors (1-866-409-1858)

### INSURANCE

- Created the Delaware Cancer Treatment Program to provide up to two years of free cancer treatment to eligible Delawareans

### INCREASE KNOWLEDGE AND PROVIDE INFORMATION

- Increased information on and fully staffed the Delaware Cancer Registry
- Established health councils at the district and school levels
- Amended the Cancer Control Act to extend the time interval within which a newly diagnosed cancer case must be reported
- Created the Cancer Education Alliance—comprised of 60 organizations

### ENVIRONMENT

- Informed the public about indoor air carcinogens
- Monitored air quality and shallow aquifers
- Tested fish for carcinogenic substances and alerted the public with signage explaining dangers of consumption
- Created a website ([www.healthyhomes.com](http://www.healthyhomes.com)) that offers information on radon and household toxins
- Provided financial assistance for radon testing and remediation

### DISPARITIES

- Created a grassroots outreach program to connect with the at-risk African-American population
- Worked with all committees to continue to address disparity issue on all levels
- Published “*An Insight into Inequalities*” to help understand Delaware Cancer Disparities
- Published “*Disparities in Cancer: Incidence and Mortality Among Delaware Residents*”—the most comprehensive analysis of health disparities ever published in Delaware



*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.*

A handwritten signature in black ink that reads "Ruth Ann Minner". The signature is fluid and cursive.

Ruth Ann Minner

Governor, State of Delaware

## YEAR - FOUR ACCOMPLISHMENTS

### DELAWARE CANCER CONSORTIUM

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TOBACCO COMMITTEE

QUALITY COMMITTEE

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# CONSORTIUM

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.

## Where we were:

- No group to oversee or direct change to reduce cancer incidence and mortality in Delaware.

## Where we are now:

- Created the Delaware Cancer Consortium.
- Allocated resources for ongoing support of the Delaware Cancer Consortium.
- Oversaw the development and implementation of a state cancer control and prevention plan based on CDC guidelines and involving multiple stakeholders.
- Established individual committees led by experts in their respective fields.
- Presented and collaborated at annual conferences.
- Created and delivered annual reports to the Governor and General Assembly.



**We offer ways to help people in Delaware prevent, get tested for and get treated for cancer.**

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**Women and men 50 years of age and older should get screened for colon cancer.**

You could get a colonoscopy through Screening For Life. 1-800-464-HELP

Colon cancer is the second-leading cause of cancer deaths in Delaware.

There is no one reason people get colon cancer. It is usually found in people who are older or in people who have had relatives with colon cancer. It is important for anyone who is 50 years of age or older to get tested for colon cancer, usually once every ten years. If you have a family history of colon cancer, you should have a colonoscopy when you're ten years younger than the age at which your family member was diagnosed. A colonoscopy can find growths in the colon-called polyps-and remove them. Polyps can become colon cancer, so it's important to find and remove them early.

screening for life

**Get free treatment FOR CANCER.**

**Delaware Cancer Treatment Program**

You may have cancer and be unable to afford to be treated for it. Or you may have insurance that won't pay for treatment. The Delaware Cancer Treatment Program was created for people like you. If you were diagnosed with cancer on or after July 1, 2004, you can receive free cancer treatment for two years. In each hospital system, there are specially trained cancer coordinators who can guide you through treatment.

You are eligible if you:

- Are a Delaware resident and were a Delaware resident when diagnosed with cancer.
- Were diagnosed with cancer on or after July 1, 2004.
- Have no comprehensive health insurance or receive benefits through the Medicaid Reveal and Critical Cancer Treatment program.
- Have a household income that is less than 800% of the Federal Poverty Line. For example: The income of a family of four must be less than \$122,626.

Here are the steps to getting free cancer treatment:

- Call 1-800-976-7827 for a simple single-page application, then complete, sign and date the application.
- Get a Certificate of Diagnosis, signed and dated by your doctor, and include copies of good-faith-insurance documents.
- Mail everything to us at: Division of Public Health c/o EDS 900 Ross Blvd. Dover, Delaware, DE 19720-0850

You will receive a written approval for treatment promptly after we receive your application.

**Make sure your home is a healthy one.**

Did you know there are many unhealthy substances you're exposed to every day in your home? Things you never guess contained harmful toxins can hurt you. We've created a website that is filled with information to help you protect yourself and your family. There are recipes to make healthy choices, suggestions on chemicals, pesticides and paints to avoid, and other ideas that can help you create a healthier environment.

Visit [www.delawarehealthylives.org](http://www.delawarehealthylives.org) for tips and information.

**HAVE YOUR basement tested for radon— A KNOWN CAUSE OF CANCER.**

Radon is the second-leading cause of lung cancer in the United States. Radon is a radioactive gas that seeps up from the ground below basements. You can't see it or smell it, but it could harm your family. There are no symptoms of radon poisoning, but it has been found to be very dangerous for people living between 7,000 and 20,000 lung cancer deaths a year (according to the Environmental Protection Agency). The risk is even greater if people smoke in their homes. A simple test can detect radon in basements. You can buy a test kit for around \$30 at most hardware stores. If the test shows that there are high radon levels in your basement, there is something you can do about it. A simple process can remove the gas from your basement and push it outside where it will do no harm. That process-called radon remediation-can be free to you if you don't make a lot of money and are a Delaware resident.

You could be eligible for free radon testing or remediation if you:

- Are a Delaware resident
- Are 18 years of age or older
- Meet the income guidelines of the Delaware Division of Public Health.

For more information, call 1-800-464-HELP Monday through Friday from 9:00 a.m. to 4:00 p.m.

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# COLORECTAL CANCER

COMMITTEE

Increase screening for and early detection of colorectal cancer.

Where we were:	Where we are now:
<ul style="list-style-type: none"> <li>• Colorectal cancer screening rate was 57%.</li> <li>• No comprehensive navigation program.</li> <li>• Excess mortality rate versus U.S. was:               <ul style="list-style-type: none"> <li>~ Males +2.7%</li> <li>~ Females +7.7%</li> </ul> </li> <li>• Mortality disparity gaps were:               <ul style="list-style-type: none"> <li>~ Male African American versus Caucasian +23.5%</li> <li>~ Female African American versus Caucasian +71.8%</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Colorectal cancer screening rate is 74.0%.</li> <li>• More than 2,000 uninsured or under insured people have been screened through Screening for Life:               <ul style="list-style-type: none"> <li>~ 2,184 colorectal cancer screenings; of these 74% were colonoscopies</li> <li>~ 978 clients had polyps removed</li> <li>~ 18% of clients were male</li> <li>~ 82% of clients were female</li> <li>~ 88% of clients were over the age of 50</li> <li>~ 17% were racial/ethnic minorities</li> </ul> </li> <li>• 22 colorectal cancers detected through Screening for Life—1.3% detection rate.</li> <li>• Screening Nurse Navigators in five health systems.</li> <li>• Case management is provided for every abnormal screening.</li> </ul>

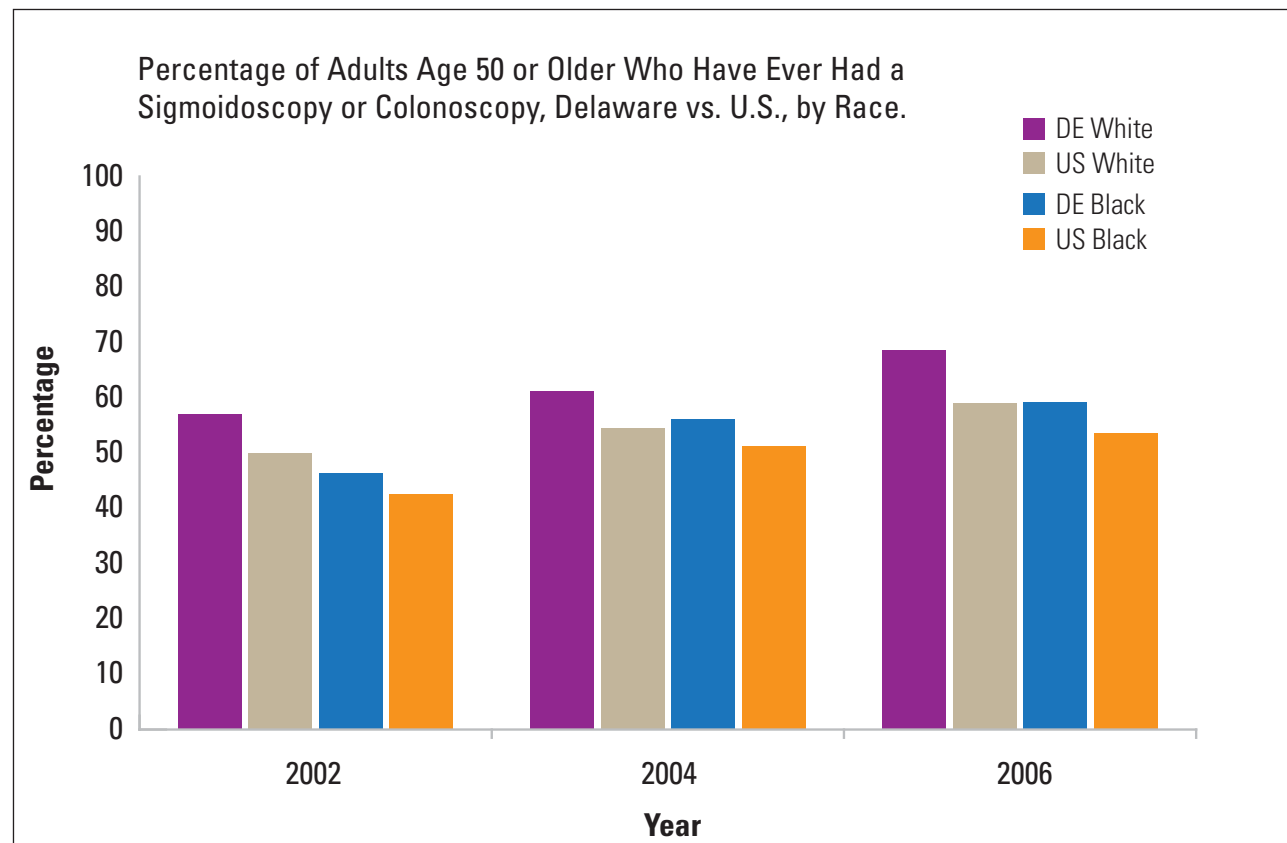
## COLORECTAL CANCER | YEAR 4 ACCOMPLISHMENTS

- Expanded program to include high-risk patients under 50 years of age.
- Increased the capabilities of the web-based case management monitoring system to include diagnostics and enhanced reporting capacity.
- 665 Delawareans screened for colorectal cancer in FY 07 through the Screening for Life program. Of those screened 572 (86 percent) had a colonoscopy—the gold standard for colorectal cancer screening.
- Screening Nurse Navigators guided 1,350 Delawareans through the screening process.
- Colorectal cancer screening rates among African Americans increased dramatically.

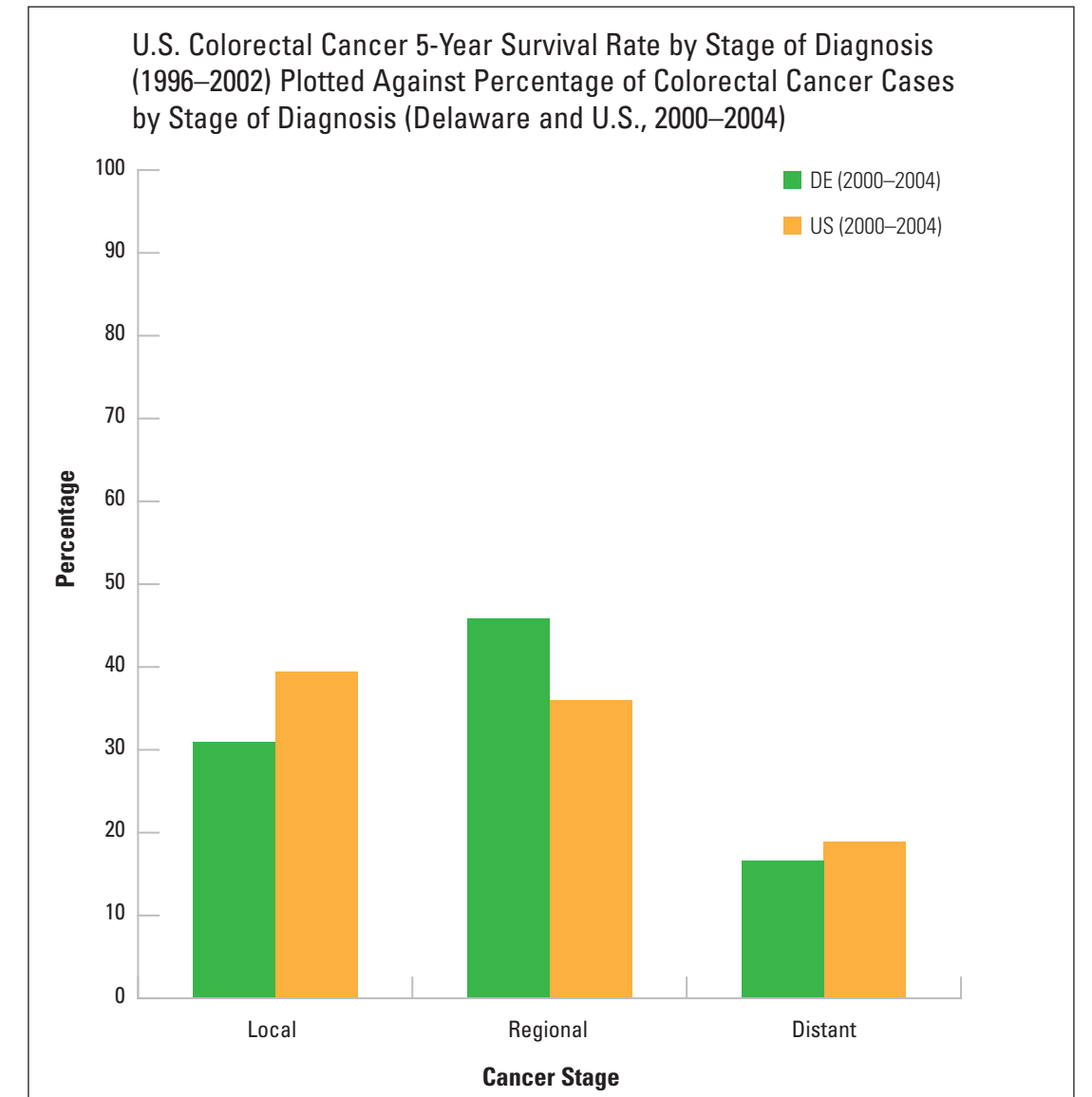




More people in Delaware are getting screened for colorectal cancer.



Ninety percent of those diagnosed at early stage will survive five years post-diagnosis, compared to only 10 percent of those diagnosed at the distant stage.



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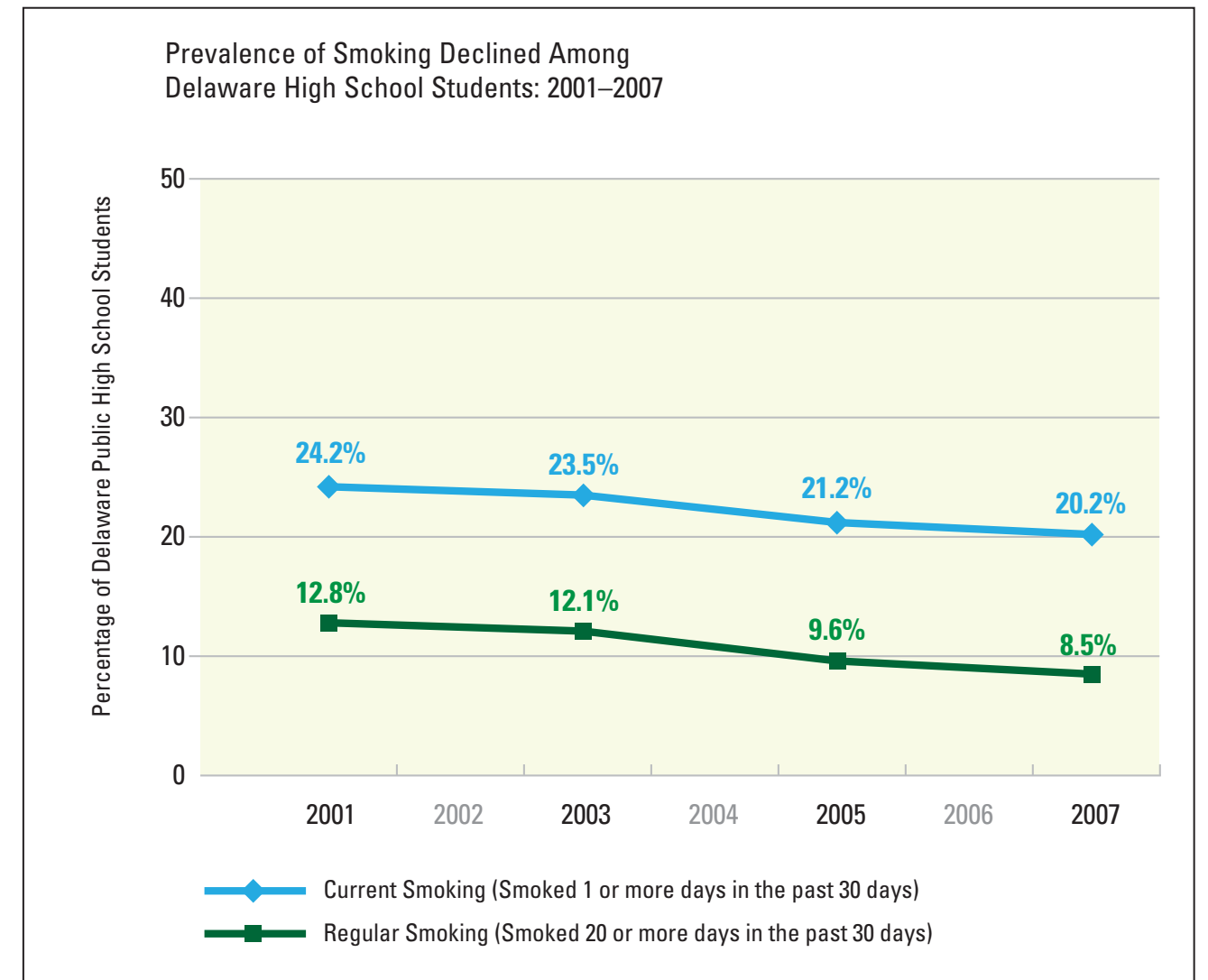
Reduce tobacco use and exposure.

Where we were:	Where we are now:
<ul style="list-style-type: none"> <li>• Adult smoking rate was 25.0%.</li> <li>• Youth smoking rate was 24.2%.</li> <li>• Excise tax on cigarettes was \$0.24.</li> <li>• Funded below CDC “Best Practices” recommendations.</li> <li>• Weak Clean Indoor Air Act.</li> </ul>	<ul style="list-style-type: none"> <li>• Adult smoking rate is 18.9% (a decrease of 24.4%).</li> <li>• Youth smoking rate is 20.2% (a decrease of 16.5%).</li> <li>• Excise tax on cigarettes is \$1.15 (as of August 2007).</li> <li>• Delaware is one of only 3 states funded to meet CDC “Best Practices” minimum spending recommendations.</li> <li>• Second state in the nation to enact a comprehensive state Clean Indoor Air Act.</li> </ul>

## TOBACCO | YEAR 4 ACCOMPLISHMENTS

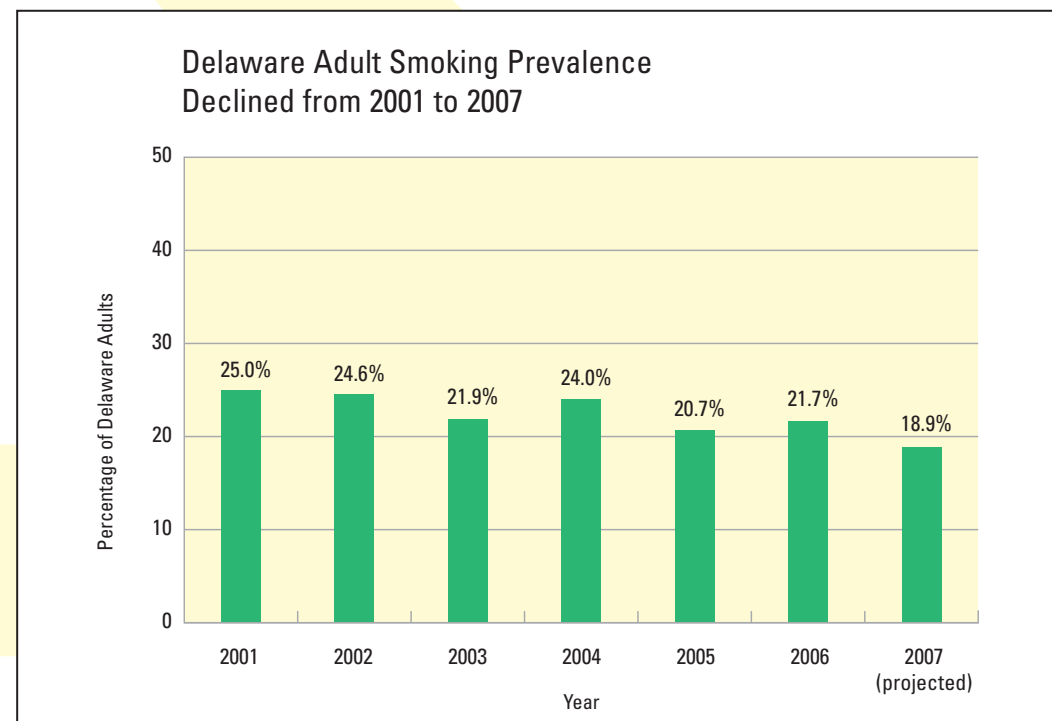
- Reduced the adult smoking rate by 24.4 percent—fewer than one in five Delawareans smokes.
- Reduced the youth smoking rate by 16.5 percent.
- Elevated the excise tax on cigarettes to discourage use of tobacco by youth and provide an incentive for smokers to quit.

Youth smoking has decreased 16.5 percent.



Source: Delaware Department of Education, Youth Risk Behavior Survey, 2007.

We’ve made strides toward eliminating the source of 87 percent of all lung cancers—tobacco use—among Delawareans.



Source: Delaware Health and Social Services, Division of Public Health, Behavioral Risk Factor Surveillance Survey, 2001–2007.



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Provide the highest quality of care for every Delawarean diagnosed with cancer.

Where we were:	Where we are now:
<ul style="list-style-type: none"> <li>• Barriers hindered access to resources for those who were diagnosed with cancer.</li> <li>• No case managers were available to link patients to services.</li> <li>• Sporadic insurance coverage for and availability of cancer clinical trials.</li> <li>• No continuing quality credentialing program in place.</li> <li>• Physicians and other health care professionals were lacking support and training in symptom management.</li> </ul>	<ul style="list-style-type: none"> <li>• Cancer Care Coordinators are part of a statewide, integrated system available to every person diagnosed with cancer in Delaware. Care Coordinators are culturally competent to overcome language, ethnicity and gender barriers.</li> <li>• Amended Delaware Code to include cancer clinical trials and encouraged involvement of all health systems to participate in cooperative oncology group program.</li> <li>• Promoted and funded education for physicians and other health professionals regarding symptom management and palliative care.</li> </ul>

**QUALITY | YEAR 4 ACCOMPLISHMENTS**

- Cancer Care Coordination program served over 1,300 Delawareans and their families, providing more than 18,000 personal interventions to enable/expedite medical referrals, handling of financial issues, acquisition of equipment or treatment needs, or delivery of psychosocial services.
- Care Coordinators educated over 300 Delawareans diagnosed with cancer about clinical trials.
- Completed evaluation of a detailed review of primary care cancer screening practices; identified a need for tools to support and enhance primary care cancer screening.
- Established a Task Force to identify/develop appropriate cancer screening reminder tool(s) for use in primary care providers' offices.
- Held quality-of-life strategic planning retreat, identifying key end-of-life needs, services and gaps, and leading to recognition of need for long-term, focused work in this area.
- Supported statewide educational sessions on advance-care planning, end-of-life care and bereavement.



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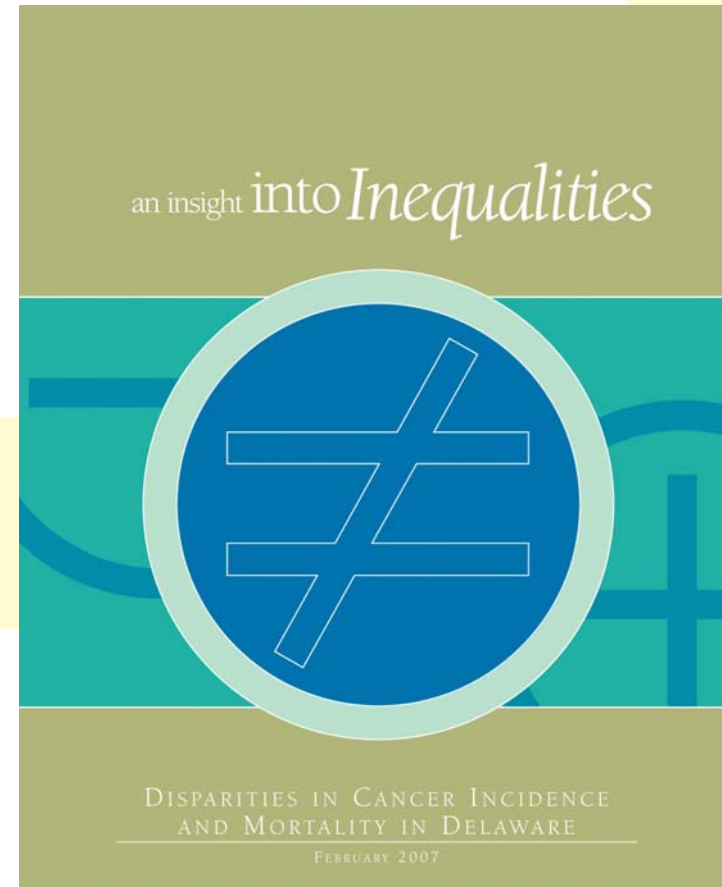


# INCREASE KNOWLEDGE & PROVIDE INFORMATION

Deliver dependable data and information to drive positive outcomes.

Where we were:	Where we are now:
<ul style="list-style-type: none"> <li>• The quality of collected cancer data needed improvement.</li> <li>• No central authoritative body was available to provide information relevant to understanding cancer.</li> </ul>	<ul style="list-style-type: none"> <li>• The Delaware Cancer Registry Advisory Council was formed to address improving the collection of cancer data.</li> <li>• The Cancer Control Act was amended to extend the time interval within which a newly diagnosed cancer case must be reported.</li> <li>• The Cancer Education Alliance was created—comprised of 60 organizations—to communicate cancer-related information.</li> <li>• Delawareans, especially the most vulnerable, were educated about the programs and services available to them.</li> </ul>

We translated data reports into easy-to-understand brochures for the public.

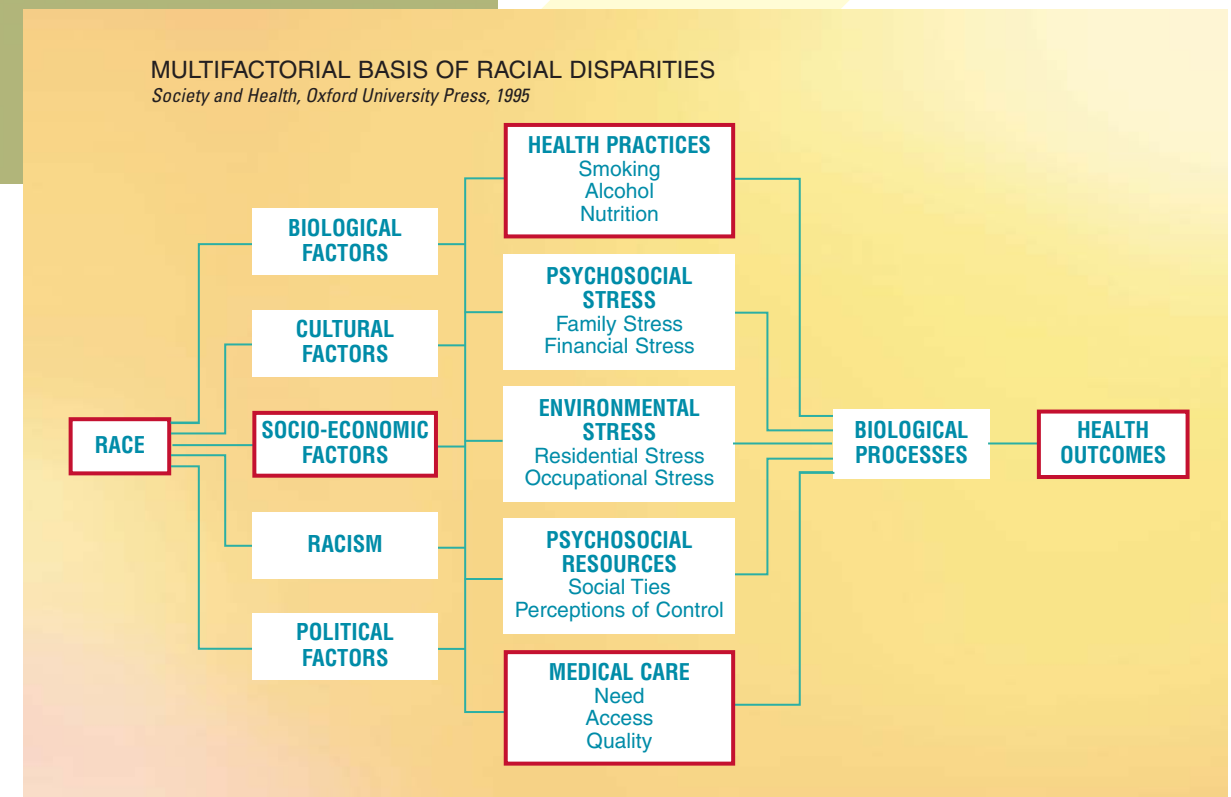


This model was created by the National Center on Minority Health and Health Disparities (NCMHD), a department within the National Institutes of Health (NIH). It shows the complex interaction of factors thought to create health disparities\*. The items highlighted in red are addressed in this report.

## INCREASE KNOWLEDGE & PROVIDE INFORMATION | YEAR 4 ACCOMPLISHMENTS

- The Delaware Cancer Incidence and Mortality Rates Report was published in 2006. Reports can be obtained by visiting the Delaware Cancer Consortium’s website or by visiting the Division of Public Health’s website.
- Emphasis on data led to the formation of a Data Committee in new four-year plan.
- Training in cultural competency and a panel discussion on best practices was offered during a Cancer Education Alliance summit held in December of 2006. Forty-six individuals from various backgrounds participated in this event.
- “Looking Back: Results of a Retrospective Survey of Delawareans Diagnosed with Cancer” was published in 2007. Results from this survey have been shared with members of the Delaware Cancer Consortium.

*The Increase Knowledge & Provide Information Committee became the Communication and Public Education Committee as of July 1, 2007. The committee will incorporate translating data into information and health literacy under the recommendations for the Cancer Education Alliance through its annual workshop and summit.*



\*National Institutes of Health. Strategic Research Plan and Budget to Reduce and Ultimately Eliminate Health Disparities. 2002.

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Reduce the threat of cancer from the environment.

### Where we were:

- No significant studies had been conducted of potential cancer-causing sources in Delaware including water, air and food.
- Workplace cancer threats needed greater monitoring with the assistance of OSHA.
- Indoor environment risks had not been examined.
- The public had not been informed of the risks of indoor air toxins.

### Where we are now:

- Monitoring was conducted of waterways, wells and ambient air.
- Warnings were posted where fish samplings indicated the presence of carcinogens in the fish.
- Workplace hazards were identified and are being addressed; workforce being educated on their right to know.
- Indoor air carcinogens were identified and a public education campaign was conducted to alert Delawareans of their risks.
- Radon education was initiated to make Delawareans aware of the risk of lung cancer from exposure to radon.
- Radon testing kits were made available to Delawareans who met income guidelines.
- Radon remediation was free for Delawareans who met income guidelines.
- The Delaware Healthy Homes website was created offering information about how Delawareans could keep themselves safe from carcinogens at home.



## ENVIRONMENT | YEAR 4 ACCOMPLISHMENTS

- Increased inquiries by 300 percent and generated over 2,000 hits to our website with our 2007 radon awareness campaign urging Delawareans to test their homes for radon.
- Helped to enact legislation (SB198) requiring realtors to educate home buyers at the point of sale about radon hazards and their option to have the property tested for radon.
- Launched the Delaware Healthy Homes media campaign, using television, print ads, radio and the Internet, resulting in over 5,000 visits to the Healthy Homes website to date.
- Completed Phase I of the Delaware Air Toxics Assessment Study (DATAS). DATAS represents the largest and most comprehensive study of air toxic contaminants and the risks to human health undertaken in the Mid-Atlantic region.
- Established an Occupational Health Program to identify populations at risk from occupational exposure to carcinogens.
- Increased public awareness of the dangers of eating fish from certain Delaware waterways. Over 2,300 finfish consumption advisory signs were posted on water streams throughout the state.
- 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.



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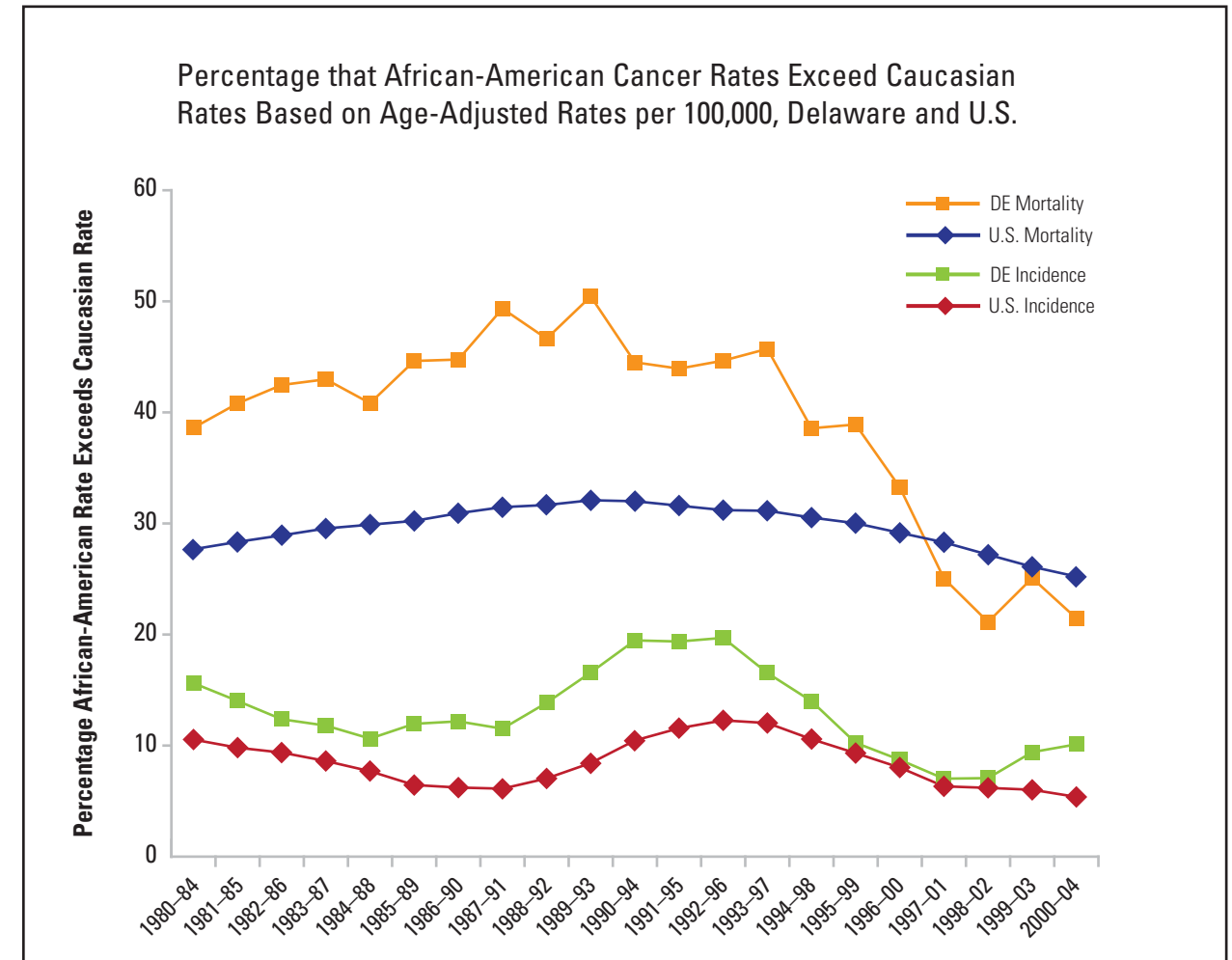
DISPARITIES COMMITTEE



Eliminate the unequal cancer burden.

Where we were:	Where we are now:
<ul style="list-style-type: none"> <li>African Americans were less likely to have cancer diagnosed at an earlier stage than Caucasian residents.</li> <li>Sussex County residents were less likely to have cancer diagnosed at an earlier stage than residents of Kent and New Castle counties.</li> <li>Uninsured and underinsured Delawareans were less likely to have screenings for cancer.</li> <li>From 1989 to 1993, the cancer mortality rate among African Americans was 50% higher than among other Delawareans.</li> </ul>	<ul style="list-style-type: none"> <li>64% of African Americans report having a colorectal cancer screening—a 62.6% increase in the number of African Americans getting tested.</li> <li>In the years 2000 to 2004, the difference in cancer mortality rates between African Americans and Caucasians was halved.</li> <li>The African-American smoking rate declined 18.8% from 1999 to 2006.</li> <li>Cancer incidence is declining among African Americans almost three times faster than among Caucasians.</li> </ul>

The gap between African-American and Caucasian cancer mortality is smaller in Delaware than in the nation for the first time.



### DISPARITIES | YEAR 4 ACCOMPLISHMENTS

- Recommended programs to address disparities cited in report—with a focus on addressing prostate cancer mortality among African-American men and colorectal cancer mortality among African-American men and women.
- “An Insight into Inequalities” was published and distributed in February 2007.
- “Disparities in Cancer: Incidence and Mortality Among Delaware Residents” was published in June 2006. The report is the most comprehensive analysis of health disparities ever published in Delaware.

*Our vision and legislative support for a cancer-free Delaware has grown as we have saved lives over the last four years. The goal of the Delaware Cancer Consortium's members is to continually develop and implement effective cancer programs. The fact that only Delaware offers a cancer treatment program for the uninsured upholds our designation as the "First State" in the nation. It's important to us that the Cancer Consortium's commitments have evolved into cancer-fighting actions to improve the lives of all Delawareans. We look forward to continuing our job by developing other recommendations and more insight to guide all Delawareans to a healthier, cancer-free life.*

## APPENDIX

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

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

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

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

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

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

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

Section 1. Amend §133, Title 16, Delaware Code, by deleting subsection (b), and replacing it with the following:

“(b) The Delaware Cancer Consortium (“Consortium”) shall coordinate cancer prevention and control activities in the State of Delaware. The Consortium will:

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

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

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

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

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

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

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

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

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

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

**SYNOPSIS**

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

Author: Senator McBride

# BACKGROUND

## Formation of the Delaware Cancer Consortium

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

## Developing a Plan for Action

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

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

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

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



# COMMITTEES

## 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:

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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:

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### Members:

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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:

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Jeanne Chiquoine, American Cancer Society  
Cathy Scott Holloway, American Cancer Society  
Steven Martin, University of Delaware  
The Honorable David McBride, Delaware Senate  
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## Insurance Committee

### Chairperson:

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

### Members:

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Alicia Clark, Executive Director, Metropolitan Wilmington Urban League  
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Jaime H. Rivera, MD, FAAP, Director, Delaware Division of Public Health  
The Honorable Donna Stone, Delaware House of Representatives