DELAWARE HEALTH FUND ADVISORY COMMITTEE

DELAWARE HEALTH AND SOCIAL SERVICES

PUBLIC HEARING

DelTech - Terry Campus
Dover, Delaware

Monday, November 29, 1999
3:07 p.m.

BEFORE:

GREGG C. SYLVESTER, M.D.
Chairman

JOSEPH LIEBERMAN, III, M.D.
Member

CHARLES SIMPSON
Member

THOMAS GRABOWSKI, SR.
Member

SENATOR DAVID McBRIDE
Member

VIVIAN LONGO
Member

CALVIN WILSON, M.D.
Member

CHARLES F. REINHARDT, M.D.
Member

TRANSCRIPT OF PROCEEDINGS

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CHAIRMAN SYLVESTER: I want to welcome you all here today to the Delaware Health Fund Advisory Committee hearings. This is the first of four that we're going to hold. We will be holding one here today down in Kent County, tonight down in Sussex County, tomorrow in the city of Wilmington, and then tomorrow evening will be in New Castle County. But for those that have come to the Kent County one, I want to thank you.

If you signed up outside, you got four pieces of paper, and I just want very briefly to share those with you.

There's one so that we don't have to introduce ourselves. The first one is a list of the members that are on the Advisory Committee. There's a full list. Unfortunately, not all 12 of us will be at each one of the public hearings, but about 9 will be at each one of the ones through the next two days.

The second one is that what we're asking for today is some comments on how you think you believe we best ought to spend the money or make the recommendation to the General Assembly and to the Governor, but that if you don't feel that you got all that you needed to in the time that you were allotted,

you still have time to put things in writing. So we have put here that up until December 10, we will keep it open for 10 days, that you can submit it, and we have given you a place where you can submit that.

We wanted to share two other things before I launch into just a little bit of the background is that don't forget that there are purposes on how this health fund will be spent. That's in legislation. And I just wanted to make sure that you had that so you could take that and share that with anybody that you would like, and then as you talk today on how you would like to see the money spent, you may very well want to touch base with these eight purposes that's put into the legislation.

And then finally I wanted you to have some guidelines on which to be able to talk which you could structure your three-minute comments to, and they're written down there, and I think that there's some behind me on the white board.

I want to tell you very briefly that about a year ago, November 23rd of '98, the attorneys general all agreed and we signed the Master Settlement Agreement with the four major tobacco companies and that's what started this whole process in motion. So

in fact, we will now get somewhere around $775 million if all the money came to the State of Delaware over the next 26 years.

Now, that's just a number that in fact it goes on forever, but our actuaries and the people that have done that have done just the first 26 years of the settlement. There are a lot of set-asides. If tobacco rates drop in the state of Delaware, smoking rates, then the money coming to us will drop also. So there are some things that are positive and things that are negative. If there's an excise tax, things will change. I want you to be aware that they may not be the full amount, but we will take any portion of that that the tobacco industry is willing to share with us.

Back in January a bill was put into the General Assembly, Senate Bill 8. Representative Miro and Senator Blevins were the two sponsors and a number of cosponsors were on that bill determining that this tobacco settlement money ought to be used for health-related issues, and you can see the eight purposes that are actually part of the bill.

The bill was two parts. One was to create a health fund where all the money would be put

into a health fund to be used on health-related issues, and the second part of it was the creation of an advisory committee that would make advice back to the General Assembly and to the Governor on how to do that. That's what we're part of and that's what you're part of is we're now entering into the public hearing phase of that process.

What we hope to do after we get the public hearing is to take about a week off to think about what we have heard over the next 48 hours and then to start to carve into large groups on how we think the money ought to be spent. Should we put a large portion to a rainy-day fund? Should we put it to one kind of service? Prevention? To gaps in the current system? But that's what we would like to hear from you today.

Behind me there are two things. The guidelines that you have in front of you that help you stay on task and help us make sure that we're done by 5 o'clock so that we can get to our next public hearing. I want you to know that we created guiding principles during one of our committee meetings, and we have the guiding principles up there for you to see, talking about making our citizens healthier,

thinking about flexible spending, because the money may not come each year that it's been promised; make sure that we're not overextending ourselves; using it for our future citizens as well as our current ones; thinking about established programs and ideas that are currently out there but not negating some of the new and creative things that we hope to hear from you and other people in the future about; and then finally focusing on initiatives that don't create bureaucratic growth, that we have no problem putting it towards State programs, but we don't want to make it so it's becoming programmatic staff and not service-related staff.

All right. We have got some of our panelists up here. They have their name tags in front. You have got their names in front of you. I have Stephanie McClellan here who is staffed to the help the Advisory Committee and she's going to help participate by calling the speakers up. Many of you have already registered. You called ahead and said you would like to speak, and what she will do is call you up at that time.

Mary has got the yellow card, saying you have about a minute to sum up. If you haven't summed

up in that minute, we will hold a red card. I promise you we won't kick you off at the end of three minutes. The panel might ask you a question or two. We would ask you to stay close to that time frame because that will make it fair to everyone to be able to be heard during our public hearing time.

Okay. With that, are there any questions? Any comments by the committee members? I want to thank all the committee members for being hear, and I want to thank you, the public, for attending. Let's go ahead and get started.

MS. McCLELLAN: Cindy Cunningham. I think if you state your name and the organization you are representing.

MS. CUNNINGHAM: Good afternoon. My name is Cindy Cunningham, and I am the nursing retention coordinator at Delaware State University.

We all agree that reduction in the prevalence of tobacco use is a major public health role. With the financial constraints placed on our health care system, the role of nurses and primary care and health promotion has expanded. Nurses are a vital component in the efforts to curtail tobacco use and care for the millions of Americans who already or

will suffer its deadly effects. According to the American Nurses' Association, the increased involvement of nurses in the prevention of the number one cause of premature death and disability in this country is imperative for a healthier society.

However, the profession of nursing is not without its own crisis. Not just the United States but the world is experiencing a critical shortage of nurses. The need for RNs will grow 23 percent by the year 2006, while 50 percent of the current RN work force will reach retirement age in the next 15 years.

Historically, there has been a trend to substitute lesser-prepared persons for nurses during a shortage. The American Nurses' Association argues that the need for consumer protection from unsafe and ineffective care is heightened during periods in which there is an inadequate supply of health care professionals.

Only 4 percent of the current 2.5 million registered nurses in this country are African-American. It is estimated to be lower in Delaware.

According to the Bureau of Health

Professions, in the year 2000 there will be a need for 854,000 baccalaureate-prepared nurses and only 596,000 will be available. A deficit of 258,000. Funding programs directed at recruiting and retaining minority nursing students would have a positive impact on the critical nursing shortage.

Delaware State University Department of Nursing is dedicated to meeting this challenge. What better tribute to the millions of Americans who have suffered or lost their lives from tobacco use than to support the recruitment and retention of students into the nursing profession?

In summary, creation of the Delaware State University Nursing Education, Health Promotion, and Disease Prevention Center would focus on preparing minority nurses for community outreach, health promotion, and disease prevention.

CHAIRMAN SYLVESTER: Questions?

(No response.)

CHAIRMAN SYLVESTER: Thank you.

MS. McCLELLAN: Judy Zahnow.

MS. ZAHNOW: I'm Judy Zahnow, and I'm here as the current chair elective Impact Delaware Tobacco Prevention Coalition, and I'd just like to say

one word about the Impact Delaware Tobacco Prevention Coalition. It's rather unique in that the individuals and the agencies that are in this coalition all have other axes to grind. They have more than tobacco that they're concerned about, but all these people have joined together to try to work together to make tobacco prevention a real reality in our state.

Professionally I'm a school nurse, just recently retired, and I worked for 22 years mainly with early elementary students, although I was involved with kids at all ages. Smoking has correctly been called a pediatric disease since 80 to 90 percent of smokers began smoking before the age of 18. In Delaware the average age of new tobacco users is 12-and-a-half years. Unfortunately, research and experience has taught us that there is no easy formula to follow in our tobacco prevention efforts.

Children come from very different economic and cultural backgrounds. Children also learn and process their experiences in different ways. Therefore, we must all think and work together to implement a variety of community-based initiatives rather than rely on the national and state agencies alone to solve our problem.

Now, children often begin to smoke because they think it's cool and because puffing on the cigarette makes them feel more grown up, and needless to say, very often they yank the parents around by doing that also. They're influenced by their older siblings, friends, movie stars, sports heroes, and parents. If their social environment is accepting or ambivalent about tobacco use, then it's easier to see how they might continue to make unhealthy choices. As a school nurse in particular with working with very young children, I saw how their admiration shifts over over time from teachers and parents to television stars and movie characters.

As responsible adults, we must intervene in our communities to denormalize tobacco use. In other words, we have to work hard and smart to undo the influences of a smoking Mel Gibson or Sylvester Stallone, and you can tell I don't watch too much TV or see too many movies because I really don't know who the younger people are who might be smoking.

Along that line, I think that this is where smoking is very different as we try to combat it. All of us have been bombarded throughout our lifetimes with health and safety information. It

starts out with "Wash your hands" and "Eat your vegetables" and "Don't play with matches" and "Remember 911," and then we go on to "Wear a helmet," "Use a seat belt." You get to the teenagers, "Don't drink and drive." You get older, "Did you get your flu shot?" "Have you had your cancer screening?" All these things, but we don't see TV and magazine articles and billboards and other things saying it's cool to eat with dirty hands; eat as many germs as you can.

You get the picture that I'm saying tobacco is the one thing that has sort of been glamorized which is such a tremendous health issue which these other ones don't have this tremendous PR, sort of counter-promotion to have to deal with.

So because of that, I think that tobacco-controlled professionals and volunteers need all the financial support they can get from the Delaware Health Fund to help change these social attitudes and make smoking the least cool thing a child chooses to do and also maybe the least cool thing that adults continue to do.

It will take time, but reviewing the results of Florida and California and Massachusetts,

we have some real positive inputs there and we're confident we can do it in Delaware, too.

Thank you very much.

CHAIRMAN SYLVESTER: Any questions?

(No response.)

MS. McCLELLAN: Jason Chase.

MR. CHASE: Good afternoon. Jason Chase. I'm from the Delaware Kick Butts Generation.

I'd like to thank Ms. Zahnow. Basically she explained a lot of the information that I have. She said it's a social problem, that kids do it because their friends do it, because people they know, people they see every day do it. It's really glamorous and it's really a culture thing. A lot of peer pressure.

What we would like to ask for is for the legislation to support a youth movement in the state of Delaware that will make positive peer pressure. This has been practiced in the state of Florida. Also she said in Massachusetts. Some different states have tried this where kids go and they say, well, we see the lies, the manipulation, the deception that the tobacco company is trying to feed us and we're not

going to take it anymore; we're fed up with what they're doing and we're not going to buy into it. This is really a whole cultural kind of thing where we see kids everywhere that say our friends that we know, we're going to listen to them more than they're going to listen to their teachers or anybody else that they may know.

What we'd like to ask for is use money to start a statewide youth movement. Plans are underway right now to start a statewide conference in the winter that will be held to develop kids from each school become interested and involved in the statewide tobacco fight.

I'm the chair of Delaware Kick Butts Generation, which is a statewide council on youth tobacco control. Our mission is to promote the prevention and control of tobacco among Delaware youth, and it's personal to every one of our members because we are something that not many people in this room can say. We are the youth. We are over 80 percent of the new smokers every day.

So I'd really like for your legislation to support some statewide youth movement that will entail, one, purchasing, advertising, funding events,

sponsoring a Web site, and developing materials that kids use every day to spread this message. This may not be something like an antitobacco poster but just a message on a skateboard, on something like that that kids use every day, things that are going to become a part of people's lives so they say I'd rather choose to do this instead of smoking this.

CHAIRMAN SYLVESTER: Are you part of the American Legitimacy Foundation.

MR. CHASE: Yes, I have worked with them a lot.

CHAIRMAN SYLVESTER: Do you see that this youth movement could be used with --

MR. CHASE: I think this could be used with it. I think it's important that we have people that are involved in the state of Delaware because it's great to see that we're doing some kind of thing on a national level, but currently myself and Sue DuBois are the only two teens that are represented on a national level where the more kids that we get involved at a local level, that the more impact they can have.

CHAIRMAN SYLVESTER: Thank you. Questions?

(No response.)

MS. McCLELLAN: Mary Ann Teller.

MS. TELLER: Good afternoon, Dr. Sylvester and the rest of the commission. I'm Mary Ann Teller, council representative of the Governor's Advisory Council of the Division of the Aging and Adults with Physical Disabilities.

This evening another council person member, Linda Morris, will be giving testimony before you expressing our position. We hope that you will strongly consider our request.

I have for other people who are here a copy of the testimony, and if anybody there wants a copy, you can have it, but you're going to hear it firsthand from her.

Thank you. Would anybody like a copy of the testimony?

CHAIRMAN SYLVESTER: You're saying that tonight at Sussex we will hear the testimony?

MS. TELLER: Yes. The chairperson was going to do it, but she has pneumonia. So somebody else is going to step in for her.

CHAIRMAN SYLVESTER: Send her our best. Thank you.

MS. McCLELLAN: Carlyse Gibbins.

CHAIRMAN SYLVESTER: I want to be clear, Mary Ann didn't use all her three minutes, but I'm not giving that up to somebody else. None of that giving away and trading off. I'm looking at a couple people up there right now.

MS. GIBBINS: I see a lot of people are taking these. I do have more than the ones that I handed out, if you want to pass them around.

My name is Carlyse Gibbins. I'm with the Department of Services for Children, Youth and Their Families and specifically the Office of Prevention.

Within the past 10 years the field of prevention has made huge strides in quantifying information about what factors cause a child to be at risk for negative behaviors, what factors protect the child from risk, what programs are most effective, and how our communities can assist in the need for prevention and other programs.

As such, we must target our resources to help children and their families to be resilient and avoid risk factors. The Office of Prevention is working on a strategic opportunity to look at youth

within our Department of Rehabilitative Services. Unfortunately, these are kids who have come into the care of our department through different circumstances. However, those kids are most at risk for the abuse of alcohol, tobacco, and other drugs. We believe that during the time that the children are within our care, that we can have a positive impact and help them to be better prepared to go back into their communities to avoid the use of tobacco.

The Office of Prevention has focused on community capacity-building during the past decade and we're the only entity now funded for capacity-building at the community level. In support of initiatives that have been sponsored by the Governor's Family Service Cabinet Council, such as strong communities, the Parents' Education Partnership, as well as our efforts through the State's incentive grant, we feel that prevention programs for our youth and families should be expanded. Delaware will be facing a cut, a reduction in our substance abuse and prevention block grants, and as a result we will need to look at other avenues to secure funding for reduction of tobacco use.

The Office of Prevention has been a

leader within the state in the areas of primary prevention and public education for alcohol, tobacco, and other drugs. Funds and support from the Delaware Health Fund Advisory Committee will assist in the continuation and expansion of our efforts.

Thank you.

CHAIRMAN SYLVESTER: Questions?

MR. SIMPSON: Where's your primary funding come from right now?

MS. GIBBINS: We have funding from several sources. The CSAP, the Center for Substance Abuse Prevention, which is a national agency out of Washington, provides funding for us through the Substance Abuse Prevention Treatment Block Grant, the one that's subject to reduction.

We also receive funding through the Promoting Safe and Stable Families Program, which is another national funding.

But most importantly, we have received a lot of support from our state legislators and General Assembly to help us to carry out the duties around prevention of actually child abuse, mental health, juvenile delinquency, as well as alcohol, tobacco, and other drugs.

So we have diverse funding sources.

DR. REINHARDT: You mentioned community capacity-building. What does that mean?

MS. GIBBINS: Basically what we do, sir, is to go in and work with community leaders to help them to identify what their needs are and then help them to come up with strategic opportunities as to how to address those needs. Most of those needs you are focusing around building strength and resiliency within the families. Certainly if families are stronger, then our youth are going to be healthier, and we provide that infrastructure. So that's what community capacity-building is.

CHAIRMAN SYLVESTER: You talked about a reduction in the block grants. Which one are you referring to?

MS. GIBBINS: The Substance Abuse Treatment Block Grant. Although Representative Roth is working with us to try to avoid the actual reduction, we have not received a definitive answer at this point.

CHAIRMAN SYLVESTER: That did occur last week. Senator Biden sponsored the bill that actually restored full funding.

MS. GIBBINS: That's wonderful to hear. Thank you.

MS. McCLELLAN: John D'Angelo.

MR. D'ANGELO: Good afternoon, ladies and gentlemen. Thank you for the opportunity to speak, and the issue that I'd like to address is tobacco use in Delaware.

My name is John D'Angelo. I'm a volunteer for the American Lung Association of Delaware and Kent County, and I currently serve as the Kent County representative to the board of directors.

My occupation is a respiratory therapist. That puts me in contact with many Delawareans who have been affected by the use of tobacco or exposure to tobacco.

Exposure to tobacco is one of the reasons I'm here to talk to you. Secondhand smoke irritates the lining of the airways and is a powerful trigger for many people with asthma. Emergency room visits for asthma are most frequent in children whose parents smoke. These children have also been found to need more medications to control their asthma than do children of nonsmoking parents. In addition, secondhand smoke has been listed as a primary trigger

among children who have not had previous episodes of asthma.

The only way Delaware can substantially reduce smoking and consequently secondhand smoke is to establish a well-funded and sustained comprehensive tobacco prevention program. Other states have already established comprehensive programs that have proven to be successful. We can do the same thing in Delaware.

It is with this in mind that the American Lung Association of Delaware supports the plan for achieving a tobacco-free Delaware of which this organization has made significant contributions to.

Thank you.

CHAIRMAN SYLVESTER: Questions?

(No response.)

CHAIRMAN SYLVESTER: Thank you, John.

MS. McCLELLAN: Mickey McKay.

CHAIRMAN SYLVESTER: As Mickey's coming up, I want you to know that we are doing a transcript of this. We are hoping to use that to coalesce when we get together in our next large meeting which is December 14th. We will make the transcripts available if anyone would like it. We will put it on our Web

site, which is up here. If you don't have access to a computer, we will be happy to send it to you. Just contact my office.

MR. McKAY: Hello. I'm Mickey McKay. I represent the American Association of Retired Persons. I'm the vote coordinator for Delaware.

Tomorrow the president of AARP will speak before you at Glasgow High School and he will give the AARP's recommendation. So today I will simply defer to him, but I have statements of the position that he will be giving tomorrow if anyone wishes to have it on the panel or anyone in the audience.

CHAIRMAN SYLVESTER: Thank you.

MS. McCLELLAN: Janet Arns.

MS. ARNS: Hi. My name is Janet Arns, and I work for the Department of Education, and I'm really happy to be here today and speak.

I'm here advocating actually for the hundred and almost 10,000 students that we have in public schools. I join thousands of individuals and organizations in caring about the overall health of Delaware residents, specifically school-age children, both young children and adolescents.

I urge you to dedicate a significant portion of the Delaware Health Fund to support coordinated school health programs. I have heard people come up before you today already and talk to you about the limited budgets that they have to support health-related programs. I can tell you that the State Legislature does not support school health programs with funding at all. All of the health instruction that occurs in Delaware schools comes directly from federal funding, both from the Centers for Disease Control and the Department of Education. U.S. Department of Education.

As you know, the Department of Education has begun to improve the coordination of school health programs in school districts so that we can comprehensively promote education and services to enhance the health and welfare of students.

The physical and emotional health of students is clearly a factor in that ability, in the ability of the students to achieve academic success. Programs address students' needs and supports health services, health education, physical education, instruction, guidance and counseling services, and student support services.

You will also know we address school safety and climate issues, nutrition services, staff wellness, role molding, mentoring programs, and work very closely with community and parents to support health programs and overall health of students.

We collect data through the Department of Education here from the Youth Risk Behavior Survey which is a CDC survey. Centers for Disease Control and Prevention does a survey with us every other year where we look at health risk behaviors of adolescents in grades 9 to 12.

We also conduct the Delaware Student Survey in students that looks at specifically tobacco and alcohol and other drug use for students in grades 5, 8, and 11. This past year was the first year that we collected that data from almost all students in grades 5, 8, and 11. So we will have district-level data. So we're hoping that school districts will be able to look at that data and determine what the specific needs are in their region so that they can determine health programs to address their specific concerns.

We have recently been asked by the Division of Public Health to work on conducting a

tobacco survey in schools, and we are happy to accommodate them to get more data to look at the needs that we have in Delaware, but I'm encouraging you to help us get some of the funding so we can enhance our school health programs.

Many of you know that at the U.S. government, that the Division of Public Health often receives categorical funding. They have an individual who may work on specifically immunization or tobacco prevention or HIV or STD or they have a teen pregnancy prevention program, safety and injury prevention program.

At the Department of Education we aren't categorically funded like that. There's one or two of us who work specifically across the board on broad-base prevention of health problems. So we really need support from you to help school districts to coordinate the programs that they offer.

Specifically, from the data that we collect, we show a clear link between tobacco use and other risk behaviors. We see the students who use tobacco are more likely to be delinquent. We know the students who use tobacco are more likely to engage in other health risk behaviors. If you look at the

sexual health risk behaviors, they're putting them at more risk for HIV and at risk for intentional and nonintentional injury. They're also putting themselves at risk of drinking and driving.

Also, all of you know that the Division of Public Health has an entire branch that is devoted to looking at how we can work together to address alcohol and drug problems, and that certainly is a concern that we have in public schools as well because we know if we don't prevent it and help the students to develop the skills they need to practice healthy life-styles, then we have lost that battle from the beginning.

I'd like to take advantage of this historic opportunity to combine tobacco prevention initiatives with effective school health programs so we can improve the quality and the quantity of programs that we have in Delaware. We know that what's been proven through the Centers for Disease Control research is that there is specifically scientifically based or research-based programs or curricula that have been identified that we can use both in schools and in community centers that can help students develop the skills they need to prevent them

from smoking in the first place.

These particular programs are designed to do a couple different things. It helps students to develop the skills to deal with things like peer pressure, so that that's part of the reason that students who smoke end up engaging in other health risk behaviors. It's not that they don't know that tobacco is bad for them, it's that they have trouble dealing with friends that they may be pressuring them to smoke.

So we can develop skill-based programs beginning at kindergarten and going all the way through 12th grade. We can help those students develop the kind of skills they need to not only abstain from health risk behaviors but also to delay the onset of some of those risky behaviors.

I encourage you to help us in our efforts to do that. Thank you.

Any questions for me?

SENATOR McBRIDE: I do. You said that the legislature has not funded what?

MS. ARNS: Health instruction. What happens is we're often in a position where the two sources of funding that we have specifically for

health education and schools comes from the Centers for Disease Control which is a grant that we get that supports HIV, STD, and unintended pregnancy prevention.

The other source of funding we have is from the Safe and Drug-Free Schools Program which is through the U.S. Department of Education.

What the legislature supports are some school health services and they support school wellness centers.

SENATOR McBRIDE: Do you know if the Department of Education has in the past requested funding through the administration in the budget request?

MS. ARNS: I'm not certain. I believe they may have. I'm not certain. I have been with the department for 11 years and I know since I have been there, I know our department submits an overall budget, and I know this year we did get $20,000 to help build support for coordinated school health programs, but specifically for K to 12 comprehensive health instruction and training, we do not get State money for that. So we actually depend on our ability to write grants and get money from other sources for

that purpose.

SENATOR McBRIDE: Thank you.

CHAIRMAN SYLVESTER: Thank you.

MS. McCLELLAN: Tom Butler.

MR. BUTLER: I'm Tom Butler. I'm on the faculty at Delaware State University, which I am not representing today. And I am chair of the Safe and Drug-Free Schools and Communities Advisory Committee, and I'd like to, I guess, echo what some other people have said, but I would like to remind you that the suits were filed to recoup costs caused by tobacco-related diseases. And really I hope that you can make your number-one priority the reduction of those costs through prevention and cessation programs. But you have to be patient, especially members of the legislature. If no one started smoking from this point on, we wouldn't see a reduction in health costs for many years because it takes so long for these diseases to develop. So we have to be patient.

To put it in perspective, tobacco use, specifically cigarette smoking, is considered the leading cause of death. It accounts for about one-fifth of the deaths in the United States. 430,000

deaths per year. 430,000 is more than the total number of deaths caused by AIDS since 1980. Total. Yet the tobacco industry has consistently attacked our kids, trying to addict them and successfully doing so. The advertising continues in more subtle ways, and we need to control it. We can control it through prevention, cessation, and through enforcement, and I hope that you will make that your number-one priority.

As Mrs. Arns mentioned, we are embarking on a coordinated school health initiative in Delaware. One of the outcomes of that, if what holds true in Delaware holds true and what has held true in other states is that our academics will improve. Kids who are healthy do better academically.

Smoking is a health risk behavior. It leads to other health risk behaviors. I was once asked by a legislator, "What are you doing about drugs?" I can tell you the most addictive drug out there, as physicians know, is nicotine and it is the one that usually leads to the use of other drugs. We can reduce health risk behaviors in a number of ways, and again, I implore you to make prevention and cessation your number-one priority with these funds.

Thank you.

CHAIRMAN SYLVESTER: Questions?

(No response.)

MS. McCLELLAN: Jaime Wolfe. You can speak from the back.

MS. WOLFE: The State Council for Persons with Disabilities and the Developmental Disability Council urge you to consider using a portion of the tobacco settlement money for expansion of health care and promotion of preventive care for all people with disabilities.

This can be accomplished by funding a mandated personal attendant services program in Delaware. At present there are services provided by the Division of Services for Aging Adults with Physical Disabilities. However, the consumer-driven program only serves approximately 30 people with physical disabilities. Another 70 people on the waiting list. This program offers a cap of 30 hours of services per person per week. In addition, there are another 210 people on the waiting list for similar services, such as housekeeping and personal care provided by the division.

The Longwood Foundation began a study in

July 1989 and determined that the division only spends 11 percent of its annual $16 million budget on services for nonelderly adults with physical disabilities. In addition, this population appears to be at most risk for disquality of life and independence. This program is significantly limited regarding the eligibility, scope of services, and funding.

Also, there are approximately 4,000 individuals in nursing homes across the state, many who may be able to live in the community with appropriate attendant services. It has been well-documented that providing services in the community costs much less than providing care in the nursing homes.

SCPD has drafted legislation to provide for a mandated community-based personal attendant service program in Delaware. This could greatly increase the inclusion of individuals with disabilities into the community. Appropriate personal attendant services are critical to the inclusion of people with disabilities into the community. If people cannot get a bed because of lack of services, they cannot gain employment, pay taxes, support the

economy, and enjoy the same activities like everyone else.

Delaware's neighboring states, such as Pennsylvania, Maryland, and New Jersey, uniformly operate more comprehensive statutorily based attendant services programs.

In addition, the draft legislation, which is also consistent with the Federal Medicaid Unit Attendant Services and Support Act, Senate Bill 1935, was introduced on November 16th, 1999.

SCPD is currently collaborating with the Department of Health and Social Services to determine possible eligible scope of services and cost alternatives.

Personal attendant services include necessary bathing, dressing, toileting, and other activities of daily living for individuals with disabilities who cannot perform these tasks independently. Without these services, people with disabilities are not receiving appropriate access to health care. In addition, the resulting conditions from inadequate care can lead to infection, hospitalization, or worse. Therefore, personal attendant services are preventive care for people with

disabilities. Expanded access to health care and promoting preventive care are both areas where monies should be expended by the Delaware Health Fund Advisory Committee, consistent with Senate Bill 8.

Therefore, SCPD urges you to consider providing funding for the aforementioned legislation to accomplish this; in part, your goals of where to effectively spend the tobacco settlement money.

We thank you for your consideration and we would welcome the opportunity to meet with you at your convenience.

Any questions?

CHAIRMAN SYLVESTER: Thank you.

MS. McCLELLAN: Cheryl Tibbets.

MS. TIBBETS: Good afternoon. My name is Cheryl Tibbets, and I represent the Kent County division of the American Heart Association. I'm also a board member and also a registered nurse.

Unfortunately, heart disease continues to be the leading cause of death in Kent County, claiming over 300 lives in 1997. We believe that there are both long-term and short-term solutions to this problem.

We have long known that cardiovascular

disease is a disease of life-style and that several risk factors for cardiovascular disease exists and we do have personal control over them. However, of all these risk factors, cigarette smoking is the most important risk factor for coronary heart disease in the United States. Cigarette smoking also acts with other risk factors to greatly increase the risk for coronary heart disease and stroke.

We don't need extensive research or surveys to tell us that tobacco use is a problem in Delaware. It is evident at our traffic lights, in our schools, and at our lines in convenience stores. Until we eliminate Kent County's number-one health problem, we can expect heart disease and stroke to remain the number-one and the number-three leading causes of death in our country.

For this reason, we support establishing a comprehensive, sustainable tobacco control program in Delaware based on the Centers for Disease Control and Prevention's best practices as a way to support the long-term risk reduction of heart disease and stroke in Kent County.

In short-term we need to focus on increasing the survival rate from sudden cardiac

arrest which currently hovers near 4 percent. In order to do this, we must strengthen the chain of survival to insure the victims of cardiac arrest are treated as quickly as possible. Each of the four links in the chain, early access to emergency care, early access to CPR, early access to defibrillation, and early access to advanced cardiac care is vital.

Increasing the survival rate from 4 percent to 24 percent could save almost 150 lives statewide. This problem is multifaceted and there is no silver bullet that exists. However, early defibrillation is often called the critical link in the chain because it is the only known therapy for most cardiac arrests.

Due to the extended EMS response times in Kent County, we must turn to more nontraditional first responders for support. Increasing the number of nontraditional first responders by educating law enforcement and security officers and event management staff, etcetera, properly trained and equipped in nontraditional locations, such as malls, fitness clubs, stadiums, conference centers, office parks, etcetera, can significantly decrease response times and boost the survival rate.

For this reason, we support reducing the death rate from sudden cardiac arrest by taking action to support a strong chain of survival.

Thank you.

DR. LIEBERMAN: You're speaking of AEDs?

MS. TIBBETS: That's correct.

I also have some handouts if I can leave them for the panel.

MS. McCLELLAN: Jim Flood.

MR. FLOOD: Good afternoon. My name is Jim Flood. I'm the chairman of the Central Delaware Community Health Partnership. This is a group which began about four years ago following a survey of health needs in central Delaware, a survey which was funded by Kent General Hospital, now BayHealth Medical Center.

As a result of this survey, we came to identify some specific areas which needed help, work. Out of this review of various health problems in central Delaware, we focused on doing something in the area of primary care, working with the Delaware Division of Public Health Office of Primary Care -- I have to read it carefully to make sure I get it all --

and working also with Delmarva Rural Ministries.

As a result, there is a clinic now open and functioning and doing some good work. We also keyed in on working with abused children, and as a result of that, we now have an office operating out of the Memorial Hospital in Milford.

We are concerned especially with helping older citizens of the area and are making progress toward doing something to improve transportation as far as older citizens are concerned. It does seem that often the problem gets down to older people getting from their home to a place where they can get attention in one form or another. We do expect to be doing more in the area of public education, making sure that the citizens of central Delaware know more about the services that are already available to them.

There is a sister organization in southern Delaware, and the two agencies, call them agencies, have cooperated and intend to continue cooperating. The idea is that our interest is overall. We hope to work with more of the existing organizations in the area to focus on specific health needs, and I believe that some of these needs will be

worthy of funding. And what I propose to do is to submit to the committee a more detailed account of what we have done, what we are doing, and what we might like to do and the ways that the committee might be able to help.

I'd be glad to try to answer any questions.

CHAIRMAN SYLVESTER: Thank you very much.

MS. McCLELLAN: Richard Patterson.

MR. PATTERSON: Good afternoon, Secretary Sylvester and members of the committee. I'm Richard Patterson. I'm president of the board of directors of Alliance for the Mentally Ill in Delaware. I speak today on behalf of the board, our membership, and of all Delawareans with mental illness in their families.

I might say that I intended for Mrs. King, who's a resident of Dover and past member of the Advisory Council to Alcoholism, Drug Abuse and Mental Health, to speak today to give personal testimony, but she is ill. So I'm giving the testimony on behalf of the organization.

I want to direct your attention to three

points today. First, there is a relationship between mental illness and the use of tobacco. Nicotine is related to addictions and to the brain disorders of the mentally ill. I refer you to a letter on this subject that's included with my testimony, copies of which were mailed to you several weeks ago, but I think this letter explains that the research says and our observations are that people with mental illness smoke much more. Many of them smoke much more heavily than other members of the community, and the cessation is a particularly difficult problem for people with mental illnesses.

Second, I'm here promoting expenditures of these funds for purposes within the scope of enabling legislation. Specifically we would address access to expansion of mental health care to the uninsured and underinsured people of Delaware with severe and persistent mental illness and in making long-term investments to enhance the infrastructure of the mental health care system. These expenditures are intended for persons with long-term debilitating illnesses. The population that we speak for fall into that category.

Third, we recommend using these funds

not only for capital expenditures but also to fix a chronically ill system. The ongoing normally and easily projected problems in serving ought to be funded out of normal State revenues and not become dependent on this windfall tobacco money. The source of such programs as the Pill Bill, Grow or the Source may diminish smoking, is reduced, but a fix must be undertaken.

We're realists. Legislators and the Governor have self-imposed constraints, but the mushroom population of the Delaware Psychiatric Center, its overwhelmed staff, the cost of the medication that works, the lack of communities which bottleneck the ability of those treated successfully to get out, the consequent throws to licensures and accreditation are all at intolerable levels, and they're growing rapidly.

The problems of the psychiatric center have become system-wide problems which must have attention immediately. They deserve regular State funding, but if that's not in the cards, these special tobacco funds must be an immediate source of the State's fixing the State's immediate obligations.

What is the fix? It includes capital

needs of the psychiatric center, especially in the geriatric facilities and the rehabilitation of the other treatment units, which meet the long-term needs of our citizens.

It also includes funding, both within the hospital and the communities, adequate and appropriate medication to facilitate rehabilitation, stabilization, and recovery of consumers.

The core of the system's solution is, however, a community mental health system with a variety of safe, affordable residential operations and support to enable persons to live. The bricks and mortar may be provided by others, public and private, but it's the State's obligation to provide the programs and operating expenses.

In conclusion, we have a crisis that threatens vulnerably sick people and that threatens the State. You have it within your power to recommend the allocation of money to provide a fix. We request that you do so.

Thanks for this opportunity.

CHAIRMAN SYLVESTER: Questions?

(No response.)

MS. McCLELLAN: Julia Pillsbury.

MS. PILLSBURY: Good afternoon. I'm Dr. Julia Pillsbury. I'm a practicing pediatrician in Dover, Delaware, chairwoman of the Department of Pediatrics at Kent General Hospital, and president of the Delaware chapter of the American Academy of Pediatrics.

As a pediatrician, we're very preventive-focused. We also experience on a daily basis the health-related issues that children experience as a result of secondhand smoke. Such examples would include low birth weights and infant death syndrome in the neonatal period, respiratory illnesses, particularly asthma and frequent otitis media, which is the number-one reason that children visit the pediatrician outside of their preventive health care visits.

On behalf of the pediatricians in the state of Delaware, we would like to see these resources used to provide health insurance to all children in the state of Delaware. It's a national movement. Delaware is a perfect location to be the first in many things as well as the First State. We should be able to make affordable health insurance available to all children and support preventive

health services as recommended by the American Academy of Pediatrics, including universal immunization.

In addition, I think we should support the ongoing programs that already exist, expanding the educational programs as Ms. Arns recommended in the schools. We can't start prevention at the high school levels. School-based health clinics are great, but these children have already developed many, many high-risk behaviors by that age. We need to start in the elementary and the middle schools. We need to support existing programs such as the Peer Leader programs that have shown to be very effective in that age group.

I would like to see an expansion of community-based recreational programs. This community in particular has no facility available for children to use on evenings and weekends. Where are the children supposed to go? They hang on the streets. They hang out in the neighborhoods. If they're not well-supervised, they're going to pick up more high-risk behaviors. As already has been mentioned, tobacco is the lead-in to many other substance-abusing behaviors.

I would also like to ask that you

support preventive programs through professional organizations and other educational programs. The American Academy of Pediatrics has just completed a three-year cycle on our Child Health Month and focus has been on substance abuse. The first year was on tobacco. We provide a lot of educational opportunities. We would like to have more statewide participation and funding for programs such as this that would be very beneficial.

I think that prevention is the focus of pediatrics, and if we put our money where our mouth is, we can eliminate a lot of the problems that our children are facing today.

Thank you.

MS. McCLELLAN: Mel Palmer.

MR. PALMER: Hello. My name is Mel Palmer. I'm here as a concerned citizen and also as a member of the American Red Cross, board of the American Red Cross in Delaware.

I'd like you to know that the American Red Cross in Delaware believes that this committee should consider supporting initiatives to increase public awareness of the cardiac chain of survival, help to train members of the community in the use of

AEDs, automatic external defibrillators, and to provide a wider access to AEDs in large public gathering places and businesses.

There's four links to the cardiac chain of survival, as you have already heard, but we will review it one more time. It's the recognition of signs and symptoms of heart attack, early activation of emergency medical systems, defibrillation to restore a normal heart rhythm, and advanced cardiac life support.

Since tobacco use has been linked to cardiovascular disease and its effects, it seems a logical approach to enhance the survivability of those individuals affected by tobacco use. By making AEDs more available, provisions of wider access to an AED may be one of the most significant means of impacting the lives of those suffering from long-term tobacco use.

Delaware has experience in lifesaving technology and not just in the hands of professionals but in nontraditional rescuers. Mary Ann Loop of Felton was served when a security guard at Dover Downs used an AED to assist her in August of 1999. Her life would not have been saved by a regular, conventional

EMS response. Support for the purchase, placement, and training in the use of AEDs could greatly enhance the survival rate for sudden cardiac arrest across the state of Delaware.

Now, a few facts about SCA. It's one of the leading causes of death in the U.S. Over 250,000 lives a year. That's almost a thousand a day. It is estimated that as many as 50,000 deaths could be prevented with AEDs if they were placed in public places, such as airports, shopping malls, golf courses, large office complexes. In cities where defibrillation can be deployed quickly, survival rates from SCA can be increased from 5 to 30 percent. Approximately 150 million of us toddle up to work every day. And there's a study that was just concluded that the highest volume of sudden cardiac arrests occur on Mondays, followed closely by Fridays, and the least SCAs occur on the weekends.

I implore you all again to think about supporting the purchase, placement, and training in the use of AEDs. They can greatly enhance the survival rate of Delawareans.

Thank you. Do you have any questions?

DR. REINHARDT: What is the cost of

these AEDs?

MR. PALMER: They're not cheap. They're a few thousand dollars apiece. I don't think you can put a price tag on life.

SENATOR McBRIDE: Mr. Chairman, for the committee's benefit, there has been a piece of legislation by Representative Smith and myself and others that would suggest that maybe some funds could be used for that and has been forwarded into the Legislature and the Legislature would be looking at that legislation when we go back into session next year.

MS. McCLELLAN: Patricia Maichle.

MS. MAICHLE: Secretary Sylvester, I notice that you kept looking my way when you mentioned the three-minute time frames. I will surprise you with my brevity this afternoon.

Good afternoon. My name is Patricia Maichle. I'm here on behalf of a parents' support group, H.E.R.O.I.N. Hurts of Kent County, parents' support group.

The popular belief is that cigarettes are the gateway drugs to illegal drug use. The estimate cited is 80 percent of children smoking

cigarettes will also misuse other drugs. It is also widely believed that cigarette smoking over an extended period of time directly causes health problems and oft times death related to those health problems.

Following these trains of thought, the use of illegal drugs probably prompted by cigarette smoking over a short period of time does directly and indirectly cause major and minor health problems and too often death related or not to those health problems. Sometimes death caused solely by the use of the illegal drug, as in the case of heroin use with today's teens and adults. Most recently it has been cited by the Division of Alcohol that the number of discharges from detox of people addicted to heroin has now surpassed the number of people who are addicted to alcohol.

As is the case with all addictions, persons using cigarettes and/or illegal drugs require treatment and counseling. Treatment such as chemical treatment and psychosocial, spiritual treatment. In order to help the young people of the state of Delaware deal with and live with their addictions, I am recommending that a portion of the tobacco

settlement money be spent on the much-needed and grossly undersupported long-term treatment and counseling for persons with addictions who may otherwise die long and drawn-out deaths or a quick and untimely death while waiting to receive appropriate and adequate services.

Thank you in advance for your consideration of my recommendation. Any questions? Thank you.

MS. McCLELLAN: Is there a Cheryl Rodgers?

(No response.)

MS. McCLELLAN: Marion Luke?

(No response.)

MS. McCLELLAN: Debra Singletary?

MS. SINGLETARY: Good afternoon. Thank you for the opportunity to provide just a few comments, and I'm not sure who the previous speaker was, but I'm going to be real short and brief, too, because I can see from the information that's been provided, primary health care is one of the targeted uses or intended uses for this money.

I'm Debra Singletary, the director of Delmarva Rural Ministries, which since 1974 has been a

federally funded health center providing care to farm workers, and since January of '95 we have operated a mobile health van in Kent and Sussex County, and we have found a lot of interesting things in terms of need and what we didn't recognize the community had out there above and beyond primary care needs since April of '97, in collaboration with BayHealth Medical Center, Division of Public Health, and Central Delaware Community Health Partnership, we have collaborated in the operation of what's first in Kent County a community health center, and again, we're finding data that says there is still an acute need to help people access primary health care.

We're dealing with that like a lot of other entities in this state and particularly downstate with partnerships, but we also know, and I know no one wants to hear the D word, but dental is also as serious a need as the access to primary medical care.

CHAIRMAN SYLVESTER: We want to hear it.

MS. SINGLETARY: I would appeal that some portion of these funds be used to help provide dental coverage, particularly for children that have

been enrolled in the Chip program, Child Health Insurance Program, where it was not included, and at some point adults, because they seem to be the neglected subgroup when we talk about dental, but they are in as much need of dental access as the children are.

I would also mention above and beyond dental and some physicians would say preventive education is part of primary, I think it's very much needed that there is an effective, culturally sensitive preventive education component with this and around tobacco use, substance abuse, and targeting teens, adolescents.

And last but not least, this mental, again, there's not a lot of data out there in terms of need, but we know from our many years of experience as a migrant health care provider, as a collaborator with the Kent Community Health Center and through the operation of our mobile health van that there are a number of mental health issues out there that are not being met.

I think that's the shortest I have been ever in presenting recommendations before you, Dr. Sylvester. Thank you again.

CHAIRMAN SYLVESTER: Before you step down, any questions?

(No response.)

CHAIRMAN SYLVESTER: Thank you.

That was the last registered person. Are there other people that would like the opportunity to address us and give us your thoughts? Please, come on down. Please introduce yourself so we know who we're listening to.

MS. BARNES: Denise Barnes.

I don't have a prepared statement. I think I got some misguided information when I came because I thought this was a forum where people have been affected by the effects of cigarette smoking in their families could speak and also to let you know what I felt that should happen.

Briefly I'll tell you a short story. First of all, my grandfather was diagnosed with throat cancer several years ago. The day that he was diagnosed, they told my grandmother he was going to have part of his throat cut out. She became devastated and kept saying, "Don't let them cut him."

She took him to the hospital that night up to the VA Hospital. The next day she died because

she kept holding on to him so much trying to get him up there, and she was so upset because he was going to have his throat cut out.

Two years ago -- first of all, he smoked Camels, no filter, for many years. Couple years ago I lost my mother who also smoked Pall Mall, no filter, nonstop. And now I'm looking at my father who is dealing with the mental anguish from losing my mother and I don't see anyplace for him to go to get support as a male or a spouse who has lost someone to the use of tobacco.

So I would like to encourage you to look at things that will help the people who are left behind. Also obviously, I'm emotional about it. Didn't realize how much until I walked up here.

One of the things I would like to see happen, like my mother had saved for a long time to try to help so that when he retired he could have money. There's no money left because of all the money that he had to spend for my mom. And I don't know that -- looking at your agenda, doesn't look like there's any type of compensation designated for those who had to spend their life savings to help the people who have been devastated or been affected by the use

of tobacco.

If you could have seen my mom laying in the hospital with tubes coming all out, they called it a death rattle, you could hear the rattle in her body because she was so -- her lung capacity from what her doctor said was down to the size of a fist. This was a woman who could not quit. It wasn't like she didn't know, but with all the carcinogens and everything that was in the smoke, by the time she started, she could not quit.

She had an aneurysm. She laid in the hospital for a month with tubes running out of her head. Even after that, the day she got out she wanted a cigarette because she was that addicted.

There has to be something about how addicting they are. I agree with a lot of what's been said. There has to be youth centers because Dover has nothing for these kids to do. They hang out, they smoke, they get high. It's obvious. I teach. I'm in the public school system. I see these kids every day. I go around to some of the neighborhoods dropping off kids. You see them hanging out smoking because it's the cool thing to do because we don't provide enough other cool stuff for them to do. We

have to do that because if you don't, there's going to be another person standing here with losing a mother, a grandmother, a grandfather, and even though my grandmother didn't smoke, the devastation from what happened to my grandfather killed her ultimately.

Also, the other thing that I wrote down as I sat there was some type of like more funding for retirement. Not retirement but like nursing homes, because there are a lot of people who have illnesses related to tobacco use, but there is very few facilities in Delaware, and those that are available, they're very difficult to get in. People having to take their family out-of-state and then the cost of traveling back and forth to see them and care for them. We need more nursing homes that maybe some specifically geared to people who have dealt with smoking issues.

I see you raising your red flag. Thank you.

MS. McCLELLAN: Cheryl Rodgers is here.

MS. RODGERS: First of all, I'd like to say I am a nurse, but I'm here in the capacity as a volunteer for the American Cancer Society. I have been a nurse for 34 years and I have seen the ravages

of smoking firsthand both from my patients and father who unfortunately died of esophageal cancer from smoking. I feel very strongly about this issue.

I have a Delaware Health Fund position paper from the American Cancer Society to read.

The American Cancer Society strongly encourages the Delaware Health Fund Advisory Committee to recommend to the Delaware General Assembly that a significant portion of the Delaware Health Fund be dedicated to support comprehensive, sustained, and research-based tobacco prevention and cessation programs.

As volunteers and staff of the American Cancer Society, we have seen firsthand the effect that tobacco has had on our fellow citizens. As you well know, over 50,000 of Delaware's young people under the age of 18 before they can legally purchase cigarettes are already smokers. Of that number, 16,000 will die prematurely due to tobacco-related illness if we do not successfully intervene.

Smoking is the number-one most preventable cause of death in the nation, as well as here in Delaware. Clearly, these statistics show that something must be done. We must fund a statewide

tobacco control program like those seen in Florida, Massachusetts, and California. We must fund a plan such as the plan presented to your committee by the Impact Delaware Tobacco Prevention Coalition which is based on guidelines developed by the Centers for Disease Control.

By fully funding this comprehensive, multifaced program, Delaware could become a nationwide leader in tobacco control. If we can stop our children from smoking, they will probably never begin to smoke in adulthood. If they never begin to smoke, then they will have a much greater chance of never contracting lung disease, heart disease, and the many cancers in which tobacco plays a role. Particularly lung cancer.

Delaware is proud to be the First State. However, Delaware also has the dubious distinction of being first among the states in cancer incidents, second only to the District of Columbia. Delaware is third among the states in cancer mortality.

We must reach our communities and educate our citizens on the best methods for early detection and prevention of cancer. We must also

assure that those who do not have the insurance still have access to quality cancer screenings. No one should be allowed to fall through the cracks and succumb to cancer because they did not have insurance. However, the greatest impact on cancer incidents and mortality will be what we do today to insure that Delaware's children do not begin a lifelong addiction to tobacco products and those young people and adults who are already addicted to tobacco find the help and support they need to quit.

It is for these reasons that the American Cancer Society strongly supports the plan developed by the Impact Delaware Tobacco Prevention Coalition. The volunteers of the American Cancer Society believe that fully funding this proposal is the best means to reducing the burden of cancer in Delaware in the future.

Thank you.

CHAIRMAN SYLVESTER: Anybody else? Sure.

MS. ELLIOTT: Hi. I'm Sandy Elliott. I'm a nurse/midwife here in Kent County. I have just moved back to Delaware from Kentucky, which is a leading tobacco-growing state, and got to see how the

differences in culture in Kentucky compares to Delaware. And one of the things that Kentucky has that Delaware doesn't have is a Resource Mother Program that is funded with State funds and not private funding.

Dr. Sylvester was the one who taught me all the statistics on low birth weight. So he could give you all the statistics. But smoking is one of the leading causes of low birth weight in the country and especially here in Delaware.

So two things that I'd like to see is more smoking cessation programs, especially singled out for pregnant, parenting women, and the other thing is an expansion of the Resource Mother Program here in Delaware so that all pregnant women are eligible and that they're not constrained by private funding.

Thank you.

DR. WILSON: Obviously we have known each other for a while, but I'm not sure if other panel members are aware of what the Resource Mother Project is. Could you elucidate on that?

MS. ELLIOTT: Currently the Resource Mother Project has been funded by the Perinatal Association of Delaware with several grants, and as

I'm doing some contract work in and about the state of Delaware right now, it's frustrating for me as a former board member of the Perinatal Association to call and make referrals and find out this woman can be seen if she lives in the city of Wilmington or if she has a particular type of health insurance and for those who don't fall within those categories, they don't have a resource mother available.

What a resource mother is is basically a visitor who goes out and helps a woman to access prenatal care, provides transportation, parenting classes, and basically helps her get through the hoops of some of the State systems, helps her get on Medicaid. They follow the babies for up to a year after they're delivered, make sure they're up-to-date with immunizations, and just really a stopgap for some of the social programs that are missing right now.

Like I said, when I was in Kentucky, we had that available for all pregnant women, and here in Delaware, because it's constrained by private funding, it's not available for all women, and I'd like to be able to pick up a phone and say, hey, I have got this mom and she needs such and such help and can you provide that. Instead, we still don't have that

available right now.

Any other questions about the Resource Mom?

MS. LONGO: Is this program statewide now?

MS. ELLIOTT: In Delaware, no. They had some funding from the AmeriCorps project. They were training some resource moms throughout the state, and I believe that program has ended. They do have limited funding available at New Castle and Kent County. Especially downstate Delaware it's very important for the bilingual resource moms because very often the health care providers aren't bilingual and they really help fill in the gaps that haven't been provided or aren't available, especially from Delmarva Rural Ministries. So they really do help expand what currently is available.

I know you come into contact with them on a daily basis and know how valuable they are. If I have a mom who's not coming in for care and has disappeared off the face of the earth, I can pick up the phone and say, hey, this lady really needs the extra help. Can you go and find out what's going on.

But I have also been appalled at the

lack of smoking cessation programs that are available free of charge. And if we're going to encourage moms to quit smoking, we have got to provide them tools to help them. And not everybody has Medicaid and not everybody has private insurance to get on the smoking cessation medication that will help them, and I'd like to see that expanded as well.

Thank you.

CHAIRMAN SYLVESTER: Others? Please.

MS. BLAIR: Good afternoon. I'm Barbara Blair with the Epilepsy Foundation, and I'm also a nurse.

I wanted to appeal to you to go forward with one of the provisions of Senate Bill 8 and that is to continue with thinking about providing an assistance program for people with chronic diseases. Although epilepsy is not necessarily considered chronic because of the 10,000 people in Delaware who have epilepsy, 75 percent of them will attain control and they will lead normal lives. However, for the other 25 percent, they tend to be underemployed or unemployed. They frequently have low-paying jobs. Just puts them over the limit for typical State assistance, and their costs are extraordinary.

It's not at all uncommon for anti-epileptic drugs to cost 12 or $500 a month. EEGs and so forth. Neurologist fees are quite expensive, and unfortunately the regular care physicians tend to not know too much about the disorder. So we're finding that people are needing to not take the drugs as prescribed, not get the tests as ordered, not see the doctor as often as they should because they're just at the marginal area where they don't have Medicaid and they can't afford their medical treatment, and I'm sure it's the same with other chronic disorders, but of course I care about epilepsy.

Thank you.

MS. JONES: Good afternoon. My name is Gretchen Jones. I'm an RN and have been an oncology nurse for over 20 years. I came here today to listen to this hearing, but I am compelled to speak with regard to a population which I don't think has been mentioned at this point.

Due to the current climate of the health care system for victims who have been diagnosed with cancer, their families and their loved ones, there are numbers of gap services that are not covered by the

current health care reimbursement system. I would hope that some of this funding could be used to help people through this very difficult time from diagnosis through terminality.

There are just simple needs like having someone help to move you through the maze of problems that one must encounter at the time of diagnosis. To whom do I go for treatment? How do I get my mother there? We have been in the hospital. We have to go to some other supportive care. Where is the best place? At home? A nursing home? A life care facility? Etcetera. People are in such a state of emotional distress that they really need some clear-headed thinking for people to guide them through this maze.

What I would like to encourage you to consider, and I think that there will be some of these programs offered in some of the other hearings, is to look at a service that will guide folks through this maze without having to talk to menus, without having to call three days later, without having to be on hold for 15-minute periods of time; that we have local support up and down the state that will help these folks get through this very difficult time.

I personally in my own immediate family have experienced head and neck cancer with my brother who died just two years ago. He was fortunate. He was in Ohio and he went into a hospice program. There are many things that are offered today to help people in the terminal phase, but now with long-term care effects, with children, with family members, with change in roles, with not being able to work, there's a long period of time that people need support between diagnosis and terminality, and I feel that to improve the quality of life for all the people impacted by the diagnosis of this disease, we must look at support services that are going to help guide those folks through that.

I appreciate the opportunity. This has been an educational experience for me. I have not been to a public hearing before, but I feel very strongly about this need, and I couldn't resist the opportunity to speak.

Thank you.

CHAIRMAN SYLVESTER: Can we ask a couple questions? I'm a little unclear. If the services were there, would insurance pay for it? Are we looking to enhance our insurance or are we looking to

enhance the services or both or we're looking for a case manager, a brand-new service? I was just not clear.

MS. JONES: I think that there are services in the state that are functioning as nonprofit agencies, as folks who are going for some of the philanthropic funding to maintain their programs that are not currently reimbursable. What the health care reimbursement thing is going to look like 10 years from now, none of us know. In the meantime there are thousands of people in Delaware who are going to have to deal with this.

As we know, there are about 3,800 to 4,000 new cases of cancer each year, and all of those people have to go through the steps of diagnosis, treatment, decision-making, long-term treatment, maintenance, perhaps terminality. So the whole cancer experience requires support from people who can help navigate the systems that are out there.

CHAIRMAN SYLVESTER: As part of the primary care physician or the oncologist?

MS. JONES: I think it's the entire community, that we have to work together. I think it's health care professionals. I think it's like

social organizations who need to be able to support. But it needs to be from people who are trained and understand the oncology experience and have some understanding of what patients who are diagnosed and families and the whole ring of people, coworkers, etcetera, go through when there's no place to turn to really get answers. It's kind of a crisis intervention navigation kind of thing. I think that would be extremely helpful.

MR. SAUER: I apologize for being late. How you all doing? I didn't get to hear most of what has been said. My name is Kurt Sauer. I'm just a private citizen.

I saw this article in the paper and it struck a chord with me. And I took off work early to get here.

For one, I'm grateful that the State of Delaware hasn't decided to take this $9 million and the money that's coming in the next 25 years, $770 million, and put it in their general fund and do what they want with it. I read about the Pill Bill.

I'm a two-pack-a-day Marlboro reds cigarette smoker. I have been smoking for 15 years, and I'd like a way to quit. I have been to the

hospital. They tried to get the patch when they had a program, but it was basically given out only to employees, and I missed that opportunity.

I guess what I'm here to tell you or suggest is this is money that the cigarette companies are paying the states, and I feel strongly that as much of this money as possible needs to go to preventive measures and to any products that are out on the market like the patch or chewing gum or anything should be completely subsidized 100 percent with this money.

I'm paying about five, five-and-a-quarter a day for this crummy habit. So I'm paying for this $25 million or $9 million. Me and a hundred thousand other Delawareans who are addicted to this product. And I would like to see -- they suggested that you take the patch and you also go to sessions with a counselor of some type, to whatever it is, mindset, prepare yourself for the steps you're going to have to go through in order to make the situation work. I just don't want to see -- like I said, I'm grateful there's a separate committee, that it's not going in the general fund. I like the ideas of those that have contracted cancer, that the monies

can go into those kind of things.

My biggest concern is that I don't want to see this money just go out the door into so many different programs when this money is coming from the cigarette companies, and I think Delaware is one of the states, from what I understand, has a higher rate of cigarette smokers than most of the states in the nation. I don't know why that is. All I know is when I was growing up, the cigarettes were advertised on television and they were promoted in that fashion. That's when I got hooked, and I have never been able to break the habit. I probably could go cold turkey if I really put my mind to it.

If there's products out I could benefit from, I would like to see the money that I'm spending extra to buy my cigarettes now go to the fact that I could go to the nearby corner store to pick up the patch or gum to terminate my habit.

That's all I have. Thanks.

MR. TOMLINSON: Good afternoon, ladies and gentlemen. My name is Damon Tomlinson. I'm with the Delaware State Council of Senior Citizens, and I'll tell you, you folks have a job to do. I really hope the force is with you. But also, when does it

ever happen that someone comes along and drops a bundle of money in your pocket or your lap and you didn't even ask for it? Which is what's happened here.

My primary concern is just like some of the people that spoke here is that this money doesn't get put off into some people's private little projects that they have been waiting for something to come along and do it. Which happens a lot of times. This money came from the tobacco industry because of the effect of cancer and all those health problems that are related to cancer.

I came from a family of 10. Almost every member of my family has been affected by tobacco. One form or another. I was one of the lucky ones. I was a baby of the family, so I learned a little bit. But anyway, I had three sisters that had lung cancer. One has lung cancer. One of them slept in a fetus position for almost five years, and all of this started because of tobacco.

If you could take this money and if you could convince the younger generation in this great country that we have, with the power of advertising we have, the experts who can do it, we in Delaware should

be able to put on an advertising campaign that would make these children stop and look. There are experts available in other places in the country. If we don't have them in Delaware, we can work up a campaign like this and convince you. Look what advertising does to our daily lives. We can get to these kids and convince them one way or the other how dangerous this product is.

But what I want to see is that this doesn't get pushed off into some other little areas. I represent senior citizens of the Delaware State Council of Seniors and that's one of my number-one concerns. We have over 100,000 people in this state that don't have any health insurance. That is not right. One of the most richest industrialized nations in the world and we don't have health insurance for those people. When they come out with the lung cancer and all these other things, I suspect that even those people that don't have the insurance, there's probably a high rate of smokers. How can you pursue happiness when you have health problems with no health insurance? So they take the drug and the nearest drug is nicotine.

I don't know where you're going to go

with this, but I'll tell you, God bless you in your endeavors. I still say that I hope like the horse with the blinders on, keep your eye on the target and the target is it came from the tobacco industry and what it's done to the health of our citizens and that's what we have got to do to combat it.

CHAIRMAN SYLVESTER: There's been a lot of talk. We have heard about California, Massachusetts, and Florida, about their slick advertising campaigns. What they did is they went to their teens of the state and said what's the message we need to use. In fact, what we would come up with as the message may not be the ones that Jason and his group may come up with.

MR. TOMLINSON: My grandchildren and children, now great-grandchildren, they speak a different language. You got to be able to talk their language.

SENATOR McBRIDE: I don't have a question. You may want to sit down. It's just a comment about some of your remarks. I think they're very good remarks. From a legislator's viewpoint, if I can, just briefly.

As the Chair of the committee outlined

earlier, we worked on a piece of legislation in the General Assembly which to some could be looked at this is how we think the money should be spent. To others you could look at it as how it shouldn't be spent. If you look at other states, you will see some are spending on potholes and on and on and on. There's a whole list. We in Delaware decided that was the first step.

The next step as part of the legislation, as was indicated, there was an advisory committee that was put together--you're looking at it--that would advise your elected officials and legislators on how we should spend the money from the settlement.

So the next step, then, is after the Advisory Committee advises the Legislature, if you will, then we, the Legislature, will sit down in very public, open meetings in the series of meetings, and the point I want to make is we will have a lot more opportunity again to influence, I think that's a good word, to make things happen or not happen with the money.

We are very fortunate in Delaware. I'm kind of speaking to everyone now. Having served in

the Legislature for 21 years, it's pretty exciting business because I think in Delaware, while we're not unique necessarily, we have a very open form of government which allows our citizenry ample opportunity, in my opinion, to participate in the process. This is what this meeting is all about. And there will be a lot more chances to participate.

MR. TOMLINSON: That's one of the discussions we had amongst some of our seniors, what is going to be the next step after these are over? Are they going to get this information, go back to the corner and say this is what we're going to do? I'm glad you did explain.

SENATOR McBRIDE: Lastly, if I might, we have a standing committee in the General Assembly, the Joint Finance Committee, which is made up of House of Representative members and members from the Senate that work collectively together with the administration in final funding decisions.

Those meetings are open to the public. We have hearings every year, budgetary hearings. And then any legislation that is generated out of those meetings or individual legislators generate legislation, there would be committee meetings that

are open to the public. Our sessions, obviously when we meet in session, are open to the public. We are one of the few states which you may know or not know that allow the public to sit on the floor of the General Assembly while we're in session. We allow the public to get a microphone just like you and we listen to them.

I have enjoyed this meeting as much as you have today because I have learned some things. I have heard a lot of things. I'm just speaking for myself now.

MR. TOMLINSON: All of our seniors will no doubt be visiting you.

CHAIRMAN SYLVESTER: It's Dave McBride.

SENATOR McBRIDE: Been there before.

CHAIRMAN SYLVESTER: Thank you very much.

Other comments?

(No response.)

CHAIRMAN SYLVESTER: I want to thank the committee and I want to thank the public. I think you have gotten us off to a great start. You have given us some wonderful ideas. It's been really a very good dialog, but even just for us to be able to listen to

what you're thinking about and what your concerns are throughout the state I think are going to help us immensely as we go through this process. That's all it is is a process to just make recommendations to the General Assembly and the Governor, and you will have that opportunity again, as Senator McBride just said, to weigh in and make sure that the money that has come from the tobacco industry gets spent the best way that you believe it ought to be, and I think that's great.

Thank you very much, and we will see some of you maybe in Georgetown tonight. Other than that, thanks again.

(The hearing was concluded at 4:47 p.m.)

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C E R T I F I C A T E

STATE OF DELAWARE)

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NEW CASTLE COUNTY)

I, Kimberly A. Hurley, Registered Professional Reporter and Notary Public, do hereby certify that the foregoing record, pages 1 to 79 inclusive, is a true and accurate transcript of my stenographic notes taken on Monday, November 29, 1999, in the above-captioned matter.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 2nd day of December, 1999, at Wilmington.

Kimberly A. Hurley