

YEAR-ONE ACCOMPLISHMENTS

DELAWARE CANCER CONSORTIUM

DECEMBER 2009





Dedication

This first progress report of the second four-year plan to reduce cancer incidence and mortality in Delaware is dedicated to the memory of Vendy Fox-Pedicone. Her tireless efforts to bring understanding about employees with cancer into the workplace is a legacy that will endure.

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A Special Thank You

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

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This is our first progress report on the second four-year plan of our landmark efforts to fight cancer in Delaware. The issues we've committed ourselves to address are challenging but essential to success. We're examining survivorship and the quality-of-life implications.

We have better ways to understand insurance gaps and fill them. Front-line counselors and screening advisors are continuing to offer their services in every county and every health system. We're pursuing more ways to understand environmental threats and their consequences. We're continuing our efforts to help every tobacco user and smoker find a way to quit. We're educating the public about prevention and early detection. And we're taking messages into the workplace both to help those with cancer and to provide prevention and screening services.

The steps we're taking signify the commitment we've made to eliminate the threat of cancer from all of our lives.

How to read this progress report

Turning Action into Results is the report of the work accomplished by the Delaware Cancer Consortium during the first year of the second four-year plan. The format of the book follows other reports by the Delaware Cancer

In this report:

- Each recommendation is clearly stated.
- The first block indicates the budgets allocated per year, through year four, for the recommendation.

Consortium published from 2002 through 2008.

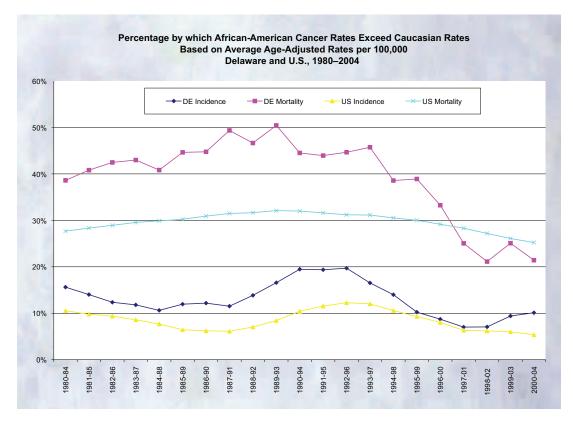
 Objectives are stated and under each of them specific tasks or actions are listed along with the responsible party and timeframe for completion of the Objective. A DONE stamp indicates projects that were completed in the prior year or ongoing activities that were started in the prior year.

Year 1 \$0	Year 2 \$45,000	Yea \$45,		Year 4 \$45,000
OBJECTIVE 2A: Fund tobacco pre	evention programs above CDC minimu	m-recommen	ded levels.	
Task/Action		Re	sponsible party	Timeframe
Continue to recommend funding from Delaware Health Fund for tobacco prevention activities.			C, IMPACT	Annually
Identify potential funding opportunities to support tobacco prevention efforts from private and federal sources.			C, IMPACT	Ongoing
OBJECTIVE 2B: Endorse and utiliz	ze the objectives in the "Plan for a Tol	acco-free De	elaware."	
Task/Action		Re	sponsible party	Timeframe
B Evaluate programs utilizing plan obje	ctives.	DH	SS, IMPACT, DCC	Ongoing
Provide tobacco plan to agencies and organizations and partner with them to achieve objectives.			SS, IMPACT, DCC	Ongoing
Review and update tobacco plan.		DH	SS. IMPACT	Year 3

Year 1 \$0	Year 2 \$70,000	Year 3 \$70,000		Year 4 \$70,000
OBJECTIVE 3: Fund youth and young adult prevention programs.				
Task/Action Responsible party Timefra				
Conduct programs in communities and schools throughout the state.		DHSS tobacco progra IMPACT members, D		Year 2 & ongoing
Conduct programs in colleges and work	DHSS tobacco progra IMPACT members	am staff,	Year 2 & ongoing	
	on 877 in schools.	DOE, IMPACT memb		Ongoing

Gaining Momentum

The faces of our cancer fight are now everywhere you look. Our nurse navigators are in hospitals urging people to get screened. Our cancer care coordinators are in chemotherapy suites offering a way to pay for treatment to those who are uninsured or underinsured. You'll find our staff in community meetings, teaching the importance of prevention and early detection, and in doctors' offices gathering data about tumors to discover incidence and quality-of-care trends. You'll also see them in the workplace, offering screenings and counseling to employees and suggestions to reduce carcinogens. Our experts are on the waterways determining environmental hazards. We're collaborating with health professionals, offering training and education to them about holistic programs for end-of-life care. Our messages about cancer prevention and screening programs are seen and heard in the living rooms of families across Delaware. We're connecting with all those who are at risk on every level and giving those who are providers and caregivers information of every kind. It's the next step in our journey to make an impact we will benefit from.

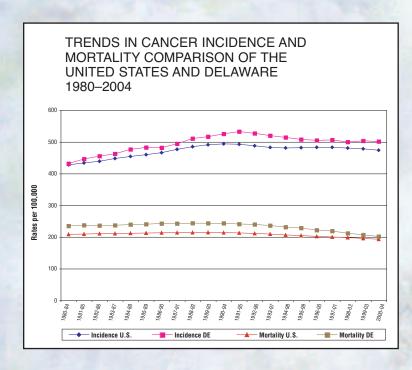


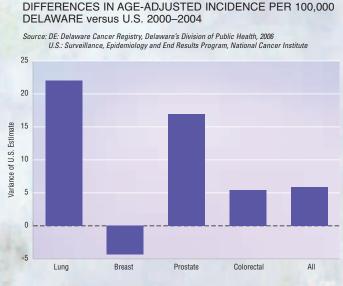
Key Accomplishments

- Evaluated effectiveness of cancer programs and determined that Delaware has made significant impacts on screening, treatment and end-of-life care.
- Increased minority screenings to 62%—
 a 12.9% increase from the previous year.
- Added prostate cancer screenings as a service through Screening for Life.
- Provided over 2,500 doses of the HPV vaccine to women between the ages of 19 and 26 through the Adult HPV immunization program.
- Increased excise tax on a pack of cigarettes from 55 cents to \$1.15.
- Helped to drive a decline in high school smoking rates—13.8% lower than five years ago.

- Helped to drive the adult smoking prevalence to 18.9%—the lowest ever recorded.
- Outfitted 14 New Castle County buses with diesel particulate filters.
- Established the Delaware Healthy
 Workplaces website as a resource for
 employers and employees.
- Placed Cancer Care Coordinators in all Delaware hospitals and helped 1,521 Delawareans.
- Trained 385 nurses in end-of-life care.
- Increased eligibility of Delaware Cancer Treatment Program to 24 months.
- Offered education and resources to employers about how their employees can access Delaware cancer services.

- Developed the infrastructure for a speakers' bureau.
- Held a Health Literacy Workshop in October 2007.
- Recruited more than 70 partners committed to healthy lifestyles model and held two Partnership Council meetings.
- Educated Cancer Care Coordinators on the benefits of clinical trial participation for all their clients.
- Began preparing a pilot study with Blue Cross Blue Shield of Delaware to facilitate transfer of private claims data.
- Oversaw methods and analyses related to the Indian River community-level survey.





Action

Delaware Cancer Consortium

Early Detection and Prevention Committee

Tobacco & Other Risk Factors Committee

Environment Committee

Quality Cancer Care Committee

Quality of Life Committee

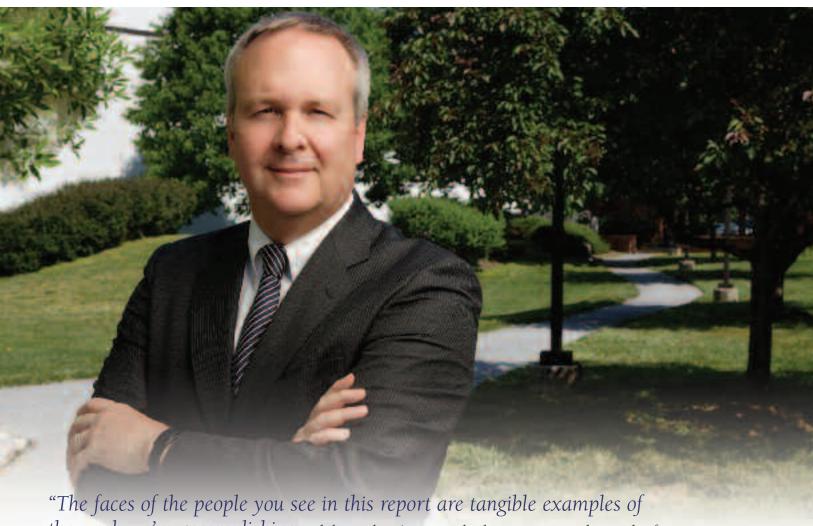
Insurance Committee

Workplace/Workforce Committee

Communication & Public Education Committee

Disparities Committee

Data Committee



"The faces of the people you see in this report are tangible examples of the work we're accomplishing and the work we're just embarking on to serve the people of Delaware. We've always made it a priority to focus on real-world issues and address the greatest needs. Some of the most remarkable progress has been made on the front line by the Cancer Screening Nurse Navigators and Cancer Care Coordinators, a collaboration that is phenomenal on virtually every level. State programs are interfacing with local community organizations. Data collection through physician offices, hospitals and managed care organizations is helping us understand more about cancer every day. Employers are taking advantage of workplace programs that can help them to support employees who are fighting cancer and to promote good health habits to everyone in their employ. The legislature is to be commended for increasing the excise tax on cigarettes. This is especially important since lung cancer continues to be one of the leading causes of cancer deaths in our state. Yes, we have made progress. Building on the momentum takes a continued commitment. This is about the health of every Delawarean. Our goal is to stay in the fight until we've won it."

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

Year 1 Accomplishments

- Developed and published the second four-year statewide cancer plan, which contains recommendations for 2007 through 2011.
- Held the first Delaware Cancer Consortium Retreat on February 7, 2008.
- Evaluated effectiveness of cancer program.
- Developed and implemented education and outreach throughout the year. Roughly 50% of Delawareans 50+ were exposed to mass media messages in Year 1.
- Implemented a database to assist Cancer Screening Nurse Navigators and Cancer Care Coordinators with collection and tracking of patient outcomes.
- Hired a full-time Division of Public Health staff person to oversee coordination of the Delaware Cancer Consortium.
- Staffed Delaware Cancer Consortium Committees with public health specialists who assist in the implementation of recommendations.
- Updated the Delaware Cancer Consortium website so the public can find details online about the progress being made.



The tables below describe a proposed four-year-long initiative. Year 1 has already been funded. Years 2, 3 and 4 will be funded at the discretion of the General Assembly.

GOAL 1: Maintain a permanent council, managed by a neutral party, which reports directly to the Governor to oversee implementation of the recommendations and comprehensive cancer control; the council should have early detection and prevention, tobacco and other risk factors, environment, quality care, quality of life, insurance, workplace, education, disparities, and data committees that continually evaluate and work to improve cancer care and cancer-related issues in Delaware.						
Year 1 \$150,000	Year 2 \$100,000	ar 3 1,000	Year 4 \$100,000			
OBJECTIVE 1A : Evaluate the effic	acy of cancer programs by condu	cting process a	nd outcome evalu	ation.		
Task/Action			Responsible party	Timeframe		
Fund an evaluator to conduct evaluation	of comprehensive cancer and DCC program	ns and activities.	General Assembly	Year 1 & ongoing		
Use evaluation findings and recommenda	tions to enhance programs.		DPH	Year 2 & ongoing		
OBJECTIVE 1B: Develop and main	ntain programmatic databases to i	neasure and tra	ack individual level outcomes.			
Task/Action			Responsible party	Timeframe		
Fund development and maintenance cand care coordination) that allow for the second sec	of databases (for example, nurse navigati online data entry and reporting.	on	General Assembly	Year 1 & ongoing		
OBJECTIVE 1C: Oversee implemen	ntation of the current recommend	ations and any f	y future recommendations.			
Task/Action			Responsible party	Timeframe		
	g administrative support to the Council, ir sponsibility of the coordination of this gr		General Assembly	Year 1 & ongoing		
Develop a structure and charge for ea	nch committee of the Consortium.		DCC Advisory Counc	il Ongoing		
	val process; maintain a structured council a	and committees to	DPH	Ongoing		
ensure clear member roles/responsibilit	ties and expectations are provided.					

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

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

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

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

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

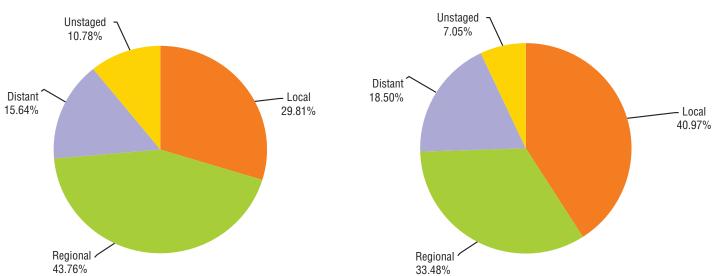
Year 1	Year 2	Year 3	Year 4
\$350,000	\$350,000	\$350,000	\$350,000

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

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

2001 Colorectal Cancer by Stage Dx

2007 Colorectal Cancer by Stage Dx Unstaged



Action

Delaware Cancer Consortium

Early Detection and Prevention Committee

Tobacco & Other Risk Factors Committee

Environment Committee

Quality Cancer Care Committee

Quality of Life Committee

Insurance Committee

Workplace/Workforce Committee

Communication & Public Education Committee

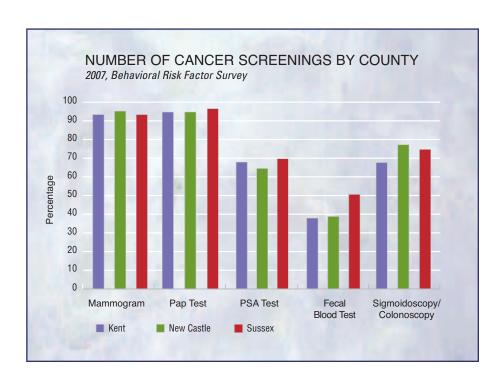
Disparities Committee

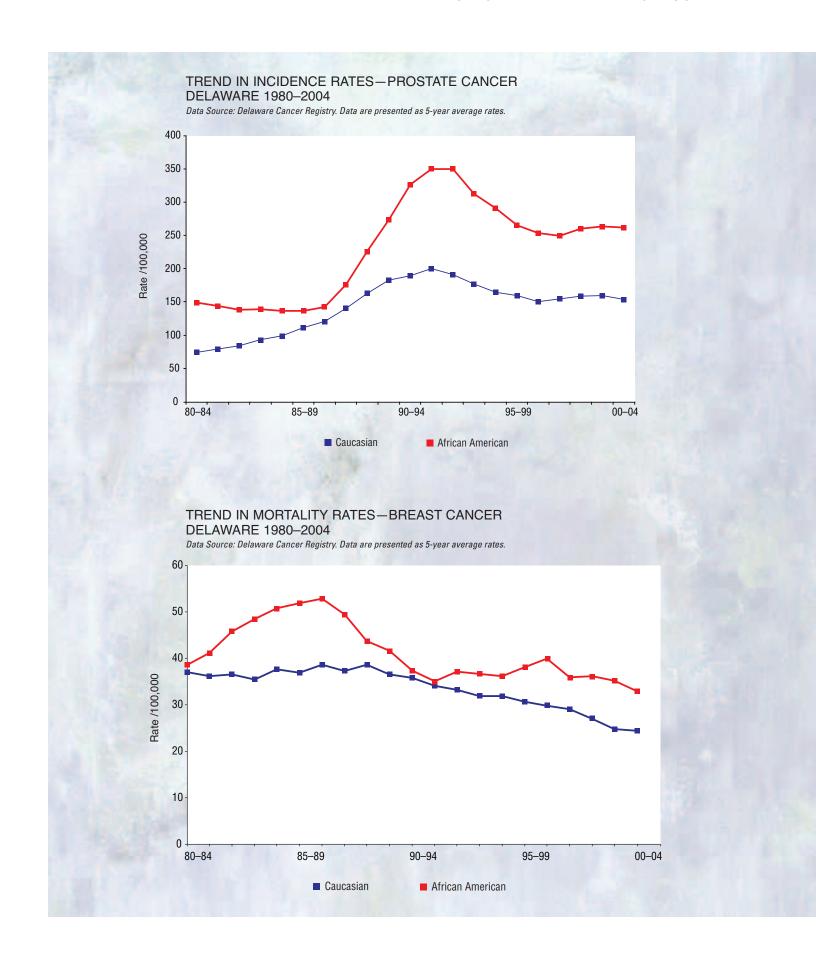
Data Committee



"I got the idea of getting the HPV vaccine from seeing the commercials on television. It is a series of three shots and they are spread over the course of six months. I am not a person who likes needles, but I would've gotten a shot every week if I had to, just to help prevent cervical cancer. It is truly worth getting vaccinated. Now I can say, I am One Less!"

| RaTonya Quail, Dover |





Year 1 Accomplishments

- Increased responsibilities of Cancer Screening Nurse Navigators to schedule screenings for prostate, breast, cervical and colorectal cancer.
- Established partnerships with 3 federally qualified health centers and 10 primary care physicians' offices to increase screening referrals.
- Increased minority screenings to 62%; a 12.9% increase from the previous year.
- Added availability of prostate cancer screenings, both Digital Rectal Exams (DRE) and Prostate-Specific Antigen (PSA) tests, to men enrolled in the Screening for Life program.
- Mailed over 10,000 informational letters and Human Papilloma Virus (HPV) vaccine information sheets to the
 parents/guardians of 11- to 12-year-old girls encouraging them to consider the vaccine and talk with their
 health care providers about it.
- Provided over 2,500 doses of the HPV vaccine to women between the ages of 19 and 26 through the Adult HPV immunization program.
- Partnered with Planned Parenthood to implement a pilot program (launched July 1, 2008) that would expand mobile health services to include pelvic and breast exams performed by nurse practitioners.
- Added intensive follow-up process to Screening for Life to ensure that clients who enroll get screened.
- In 2007, 74.6% of Delawareans age 50 and older said they had received a sigmoidoscopy or colonoscopy at least once.

Committee Recommendations

The tables below describe a proposed four-year-long initiative. Year 1 has already been funded. Years 2, 3 and 4 will be funded at the discretion of the General Assembly.

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

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

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

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

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

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

SCREENINGS PERFORMED WITH NURSE NAVIGATOR ASSISTANCE

Fiscal Year 2008 (7/1/07-6/30/08)

Hospital	Breast	Cervical	Colorectal	Prostate
Bayhealth	8	6	155	47
Beebe	114	245	64	113
Christiana	553	450	474	136
Nanticoke	221	184	510	491
St. Francis	44	19	38	7
FY '08 Total	940	904	1,241	794

Expand reports to allow for sorting, cross tabulation and reporting of screening results.

Task/Action

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

and cervical cancer screening.					
Year 1 \$1,500,000	Year 2 \$1,500,000		Year 3 ,500,000	Year 4 \$1,500,000	
OBJECTIVE 1C: Expand and modify current database used to track and evaluate Cancer Screening Nurse Navigator program.					
Task/Action Responsible party Timeframe					
Modify database to include breast, cervical and prostate cancer screening.			DPH	Year 1	
Enhance database tracking system for continued surveillance of patients diagnosed with cancer.			DPH	Year 1 & ongoing	
OBJECTIVE 1D: Increase types of reports available to Navigators and project administrator.					

Responsible party

Timeframe

Year 1

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

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

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

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

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

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

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

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

GOAL 3: Provide	HPV vaccine to	girls and women	ages 9 through 26.
	i i ii v vaooiiio to	girio arra vvoilion	agoo o anoagn Eo.

DO

DO

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Action

Delaware Cancer Consortium

Early Detection and Prevention Committee

Tobacco & Other Risk Factors Committee

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Quality Cancer Care Committee

Quality of Life Committee

Insurance Committee

Workplace/Workforce Committee

Communication & Public Education Committee

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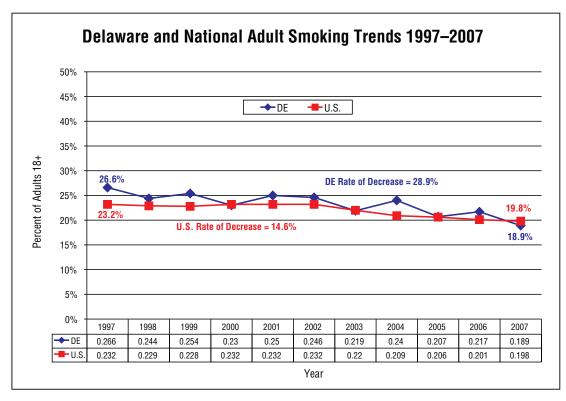
LISA HUMPHREY, DOVER

81.1	79.0
47.0	46.8
103.3	92.1
47.7	47.0
79.1	76.9
47.1	46.6
	47.0 103.3 47.7 79.1

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

Year 1 Accomplishments

- Increased the state excise tax on a pack of cigarettes from 55 cents to \$1.15 in August 2007.
- Funded Delaware's tobacco prevention efforts at or above the minimum levels recommended by the Centers for Disease Control (CDC). Delaware is one of only three states to fund at recommended levels.
- Helped to drive the decline in high school smoking rates. The 2007 Youth Risk Behavior Survey (YRBS) shows a 20.2% high school smoking rate.
- Helped to drive the lowest rate of adult smoking prevalence (18.9%) ever recorded by the Delaware Behavioral Risk Factor Surveillance System (BRFSS).
- Worked with Bethany Beach to pass an ordinance for a smoke-free beach in the 2008 summer season.
- Began formation of a coalition to address physical activity, nutrition and obesity prevention and to develop
 a state plan.



Smoking in Delaware has reached the lowest prevalence since data collection was begun.

Data from the 2005 Delaware BRFSS show about one of every five Delaware adults (20.7%) now smokes cigarettes—down from a fourth of the population during most of the past decade. Source: Behavioral Risk Factor Surveillance System, Delaware Division of Public Health, 2005

Committee Recommendations

The tables below describe a proposed four-year-long initiative. Year 1 has already been funded. Years 2, 3 and 4 will be funded at the discretion of the General Assembly.

Year 1 \$0	Year 2 \$0	,	Year 3 \$0	Year 4 \$0
BJECTIVE 1A: Increase excise t	ax on tobacco products to be co	mparable to l	bordering states.	
ask/Action			Responsible party	Timeframe
Educate and inform legislators and de of increasing the state excise tax on	ecision makers on the health and econor tobacco.	mic benefits	Voluntary health organizations, IMPACT, DCC	Ongoing
Educate and inform the general publi increasing the state excise tax on tob	c on the many health and economic ben pacco products.	efits of	Voluntary health organizations, IMPACT, DCC	Ongoing
OBJECTIVE 1B: Strengthen, expand and enforce Delaware's Clean Indoor Air Act (CIAA).				
Task/Action			Responsible party	Timeframe
Monitor draft legislation for any pote	ntial changes to CIAA.		Voluntary health organizations, IMPACT, DCC, DHSS	Ongoing
OBJECTIVE 1C: Increase insurand	ce coverage for cessation.			
Task/Action			Responsible party	Timeframe
Work with private insurance, unions and counseling and products.	employers to cover cessation		Voluntary health organizations, IMPACT, DCC, DHSS	Ongoing
Work with government insurance plan and products.	ns (such as Medicaid) to cover cessation	n counseling	Voluntary health organizations, IMPACT, DCC, DHSS	Ongoing
OBJECTIVE 1D: Support national	policy initiatives.			
Task/Action			Responsible party	Timeframe
Encourage legislators to support FDA	regulation of tobacco products.		Voluntary health organizations, IMPACT, DCC	Ongoing—until adopted
			1	<u> </u>

Year 1 \$0	Year 2 \$45,000		'ear 3 45,000	Year 4 \$45,000	
OBJECTIVE 2A : Fund tobacco pre	vention programs above CDC mir	nimum-recom	mended levels.		
Task/Action			Responsible party	Timeframe	
Continue to recommend funding from Delaware Health Fund for tobacco prevention activities.		n activities.	DCC, IMPACT	Annually	
ldentify potential funding opportunition and federal sources.	es to support tobacco prevention efforts	from private	DCC, IMPACT	Ongoing	
OBJECTIVE 2B : Endorse and utilize	e Delaware."	•			
Task/Action			Responsible party	Timeframe	
Evaluate programs utilizing plan obje	ctives.		DHSS, IMPACT, DCC	Ongoing	
	ganizations and partner with them to achiev	e objectives.	DHSS, IMPACT, DCC	Ongoing	
Review and update tobacco plan.			DHSS, IMPACT	Year 3	

Year 1 \$0	Year 2 \$70,000		Year 3 370,000		Year 4 \$70,000
OBJECTIVE 3: Fund youth and young adult prevention programs.					
Task/Action			Responsible party		Timeframe
Conduct programs in communities and s	schools throughout the state.		DHSS tobacco program IMPACT members, DOE		Year 2 & ongoing
Conduct programs in colleges and workplaces that target young adults.			DHSS tobacco program	staff,	Year 2 & ongoing
Conduct programs in coneges and work			IMPACT members		

Year 1

\$850,000

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

Year 2

\$1,250,000

ask/Action			Responsible party		Timeframe
Provide qualified counseling service	s (Quitline, face-to-face).		DHSS tobacco progran	m staff	Years 1 & 2 & ongoing
Provide online information and reso	urces.		DHSS tobacco progran	n staff	Ongoing
rovide approved cessation products to	all program participants.		DHSS tobacco progran	m staff	Year 2 & ongoing
BJECTIVE 4B: Reduce the use	of tobacco products by youth.				
ask/Action			Responsible party		Timeframe
rovide cessation programs specific to	youth and young adults.		DHSS tobacco program staff, DOE	m	Year 2 & ongoing
rpand current programs to include you	ıth.		DHSS tobacco progran staff, DOE	m	Year 2 & ongoing
Year 1 \$0	posure to secondhand smo Year 2 \$0		Year 3 \$0		Year 4 \$0
Year 1 \$0	Year 2	`			
Year 1 \$0 BJECTIVE 5A: Reduce exposu	Year 2 \$0	`			
Year 1 \$0 BJECTIVE 5A: Reduce exposur	Year 2 \$0	d by the CIAA.	\$0	zations,	\$0
Year 1 \$0 BJECTIVE 5A: Reduce exposure ask/Action Encourage individuals to develop perhomes or cars.	Year 2 \$0	d by the CIAA.	\$0 Responsible party Voluntary health organize		\$0
Year 1 \$0 BJECTIVE 5A: Reduce exposure ask/Action Encourage individuals to develop perhomes or cars. Encourage organizations exempt from the control of t	Year 2 \$0 re in places not currently covered	d by the CIAA. their	Responsible party Voluntary health organiz IMPACT, DCC Voluntary health organiz	zations,	\$0 Timeframe Ongoing
Year 1 \$0 BJECTIVE 5A: Reduce exposure ask/Action Encourage individuals to develop perhomes or cars. Encourage organizations exempt from the courage organization and the courage organization are supported by under their jurisdiction.	Year 2 \$0 Te in places not currently covered ersonal policies not to allow smoking in to the CIAA to develop policies not to allow	d by the CIAA. their llow smoking. duals	Responsible party Voluntary health organiz IMPACT, DCC Voluntary health organiz IMPACT, DCC, DHSS Voluntary health organiz	zations,	Timeframe Ongoing Ongoing
Year 1 \$0 BJECTIVE 5A: Reduce exposure ask/Action Encourage individuals to develop perhomes or cars. Encourage organizations exempt from the courage of t	Year 2 \$0 The in places not currently covered ersonal policies not to allow smoking in the CIAA to develop policies not to all agencies who are responsible for individual agencies who are responsib	d by the CIAA. their llow smoking. duals	Responsible party Voluntary health organiz IMPACT, DCC Voluntary health organiz IMPACT, DCC, DHSS Voluntary health organiz	zations,	Timeframe Ongoing Ongoing
Year 1 \$0 DBJECTIVE 5A: Reduce exposure isask/Action Encourage individuals to develop perhomes or cars. Encourage organizations exempt from the injurisdiction. DBJECTIVE 5B: Reduce exposure isask/Action	Year 2 \$0 The in places not currently covered ersonal policies not to allow smoking in the CIAA to develop policies not to all agencies who are responsible for individual agencies who are responsib	d by the CIAA. their llow smoking. duals	Responsible party Voluntary health organiz IMPACT, DCC Voluntary health organiz IMPACT, DCC, DHSS Voluntary health organiz IMPACT, DCC, DHSS	zations, zations,	Timeframe Ongoing Ongoing Ongoing

Year 3

\$1,250,000

Year 4

\$1,250,000

GOAL 6 : Decrease the social acceptability of tobacco use.		
Year 1 Year 2 \$1,200,000 \$1,200,000	Year 3 \$1,200,000	Year 4 \$1,200,000
OBJECTIVE 6: Develop comprehensive social marketing campaigns to supp	oort all the goals and obje	ectives.
Task/Action	Responsible party	Timeframe
Increase awareness of available cessation programs and resources.	DHSS tobacco program IMPACT members, DCC	
Increase awareness of problems associated with secondhand smoke.	DHSS tobacco program IMPACT members, DCC	
Utilize "countermarketing" to decrease the effectiveness of tobacco industry promotions and to increase knowledge of harmful effects of tobacco use.	DHSS tobacco program IMPACT members, DCC	
Provide information on policies and emerging issues to key stakeholders and community leaders.	Voluntary health organizations, IMPACT,	DCC Ongoing
GOAL 7: Encourage healthy lifestyles and reduce risk factors.		
Year 1 Year 2 \$0 \$1,150,000	Year 3 \$3,150,000	Year 4 \$3,150,000
OBJECTIVE 7A: Implement and sustain a comprehensive physical activity a prevention model.	ınd nutrition program in C	OPH similar to the tobacco
Task/Action	Responsible party	Timeframe
	Responsible party DCC	Timeframe Ongoing
Make funding recommendations from the DCC.		Ongoing Year 2 & ongoing for infrastructure and
Make funding recommendations from the DCC. Identify potential funding opportunities to support physical activity and nutrition efforts	DCC DHSS, voluntary organizations, physical activity coalitions, Nem	Ongoing Year 2 & ongoing for infrastructure and program development Year 3 & ongoing for
Make funding recommendations from the DCC. Identify potential funding opportunities to support physical activity and nutrition efforts from private and federal sources.	DCC DHSS, voluntary organizations, physical activity coalitions, Nem	Ongoing Year 2 & ongoing for infrastructure and program development Year 3 & ongoing for
Make funding recommendations from the DCC. Identify potential funding opportunities to support physical activity and nutrition efforts from private and federal sources. OBJECTIVE 7B: Increase regular and sustained physical activity for people Task/Action	DCC DHSS, voluntary organizations, physical activity coalitions, Nem of all ages.	Ongoing Year 2 & ongoing for infrastructure and program development Year 3 & ongoing for program implementation
Make funding recommendations from the DCC. Identify potential funding opportunities to support physical activity and nutrition efforts from private and federal sources. OBJECTIVE 7B: Increase regular and sustained physical activity for people Task/Action Support policies and plans to include physical activity when designing and refurbishing communities.	DCC DHSS, voluntary organizations, physical activity coalitions, Nem of all ages. Responsible party Voluntary health	Ongoing Year 2 & ongoing for infrastructure and program development Year 3 & ongoing for program implementation Timeframe
Make funding recommendations from the DCC. Identify potential funding opportunities to support physical activity and nutrition efforts from private and federal sources. OBJECTIVE 7B: Increase regular and sustained physical activity for people Task/Action Support policies and plans to include physical activity when designing and refurbishing communities. Support school policies to promote regular physical activity and healthy nutrition.	DCC DHSS, voluntary organizations, physical activity coalitions, Nem of all ages. Responsible party Voluntary health organizations, DCC DOE, voluntary health	Ongoing Year 2 & ongoing for infrastructure and program development Year 3 & ongoing for program implementation Timeframe Ongoing
Make funding recommendations from the DCC. Identify potential funding opportunities to support physical activity and nutrition efforts from private and federal sources. OBJECTIVE 7B: Increase regular and sustained physical activity for people Task/Action Support policies and plans to include physical activity when designing and refurbishing communities. Support school policies to promote regular physical activity and healthy nutrition. Develop a social marketing campaign to promote physical activity.	DCC DHSS, voluntary organizations, physical activity coalitions, Nem of all ages. Responsible party Voluntary health organizations, DCC DOE, voluntary health organizations, DCC Voluntary health	Ongoing Year 2 & ongoing for infrastructure and program development Year 3 & ongoing for program implementation Timeframe Ongoing Ongoing
Make funding recommendations from the DCC. Identify potential funding opportunities to support physical activity and nutrition efforts from private and federal sources. OBJECTIVE 7B: Increase regular and sustained physical activity for people Task/Action Support policies and plans to include physical activity when designing and refurbishing communities. Support school policies to promote regular physical activity and healthy nutrition.	DCC DHSS, voluntary organizations, physical activity coalitions, Nem of all ages. Responsible party Voluntary health organizations, DCC DOE, voluntary health organizations, DCC Voluntary health	Ongoing Year 2 & ongoing for infrastructure and program development Year 3 & ongoing for program implementation Timeframe Ongoing Ongoing
Make funding recommendations from the DCC. Identify potential funding opportunities to support physical activity and nutrition efforts from private and federal sources. OBJECTIVE 7B: Increase regular and sustained physical activity for people Task/Action Support policies and plans to include physical activity when designing and refurbishing communities. Support school policies to promote regular physical activity and healthy nutrition. Develop a social marketing campaign to promote physical activity. OBJECTIVE 7C: Promote healthy eating habits and proper nutrition.	DCC DHSS, voluntary organizations, physical activity coalitions, Nem of all ages. Responsible party Voluntary health organizations, DCC DOE, voluntary health organizations, DCC Voluntary health organizations, DCC	Ongoing Year 2 & ongoing for infrastructure and program development Year 3 & ongoing for program implementation Timeframe Ongoing Ongoing Year 2 & ongoing

GOAL 7: Encourage healthy lifestyles and reduce risk factors.					
Year 1 \$0	Year 2 \$1,150,000		Year 3 ,150,000		Year 4 \$3,150,000
OBJECTIVE 7D: Increase insurar	nce coverage for wellness progr	ams.			
Task/Action			Responsible party		Timeframe
Work with private insurance, unions and employers to cover wellness programs.		Voluntary health organiz IMPACT, DCC, DHSS	zations,	Ongoing	
Work with government insurance plans (such as Medicaid) to cover wellness programs.		Voluntary health organiz IMPACT, DCC, DHSS	zations,	Ongoing	
OBJECTIVE 7E: Promote other h	ealthy lifestyle practices.				
Task/Action			Responsible party		Timeframe
Reduce risks of skin cancer.			Voluntary health organizations, DHSS		Year 2 & ongoing
Promote limited alcohol use and the lin	k to cancer.		Voluntary health organizations, DHSS		Year 2 & ongoing

Action

Delaware Cancer Consortium

Early Detection and Prevention Committee

Tobacco & Other Risk Factors Committee

Environment Committee

Quality Cancer Care Committee

Quality of Life Committee

Insurance Committee

Workplace/Workforce Committee

Communication & Public Education Committee

Disparities Committee

Data Committee

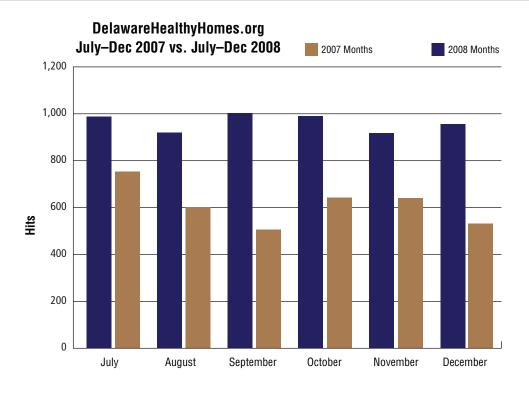


"Our dry cleaning business uses a 'wet' cleaning method. Other dry cleaners use the 'perc' method which uses perchloro-ethylene. The perc tanks can leak into the environment which can result in an expensive cleanup. Our method uses water, conditioners and soaps; like a washing machine, but it's very controlled. Dry cleaners use chemicals in a holding tank that are recycled. Ours is the first type of 'wet' dry cleaning operation in the state. But we have a big vision to take it statewide."

| Fernando N. Guajardo (left), Matt Parks (right)|

Year 1 Accomplishments

- Completed annual fish sample, lab analysis and human risk assessment and notified the public of potential hazards.
- Began analysis of source water for pharmaceuticals and radiological contaminants.
- Fourteen (14) buses in New Castle County were outfitted with diesel particulate filters.
- Conducted a statewide assessment of hazardous substances and carcinogens in the workplace.
- Implemented activities and training to reduce workplace exposure.
- Established the Delaware Healthy Workplaces website as a resource for employers and employees. In three (3) months, the Healthy Workplaces website had 875 visitors.
- Implemented education initiative per Delaware Code to inform the public and realtors of the requirement of realtors to distribute radon rights and risk information to potential homebuyers.
- Distributed over 800,000 pieces of literature informing the public of the Healthy Homes website.
- Updated Healthy Homes website to provide more details to the public on how to limit exposure to carcinogens in the home. The Healthy Homes website had over 7,500 visitors in FY '08.
- Developed a comprehensive database of dry cleaners in Delaware and their proximity to eateries, day care centers and residential buildings.

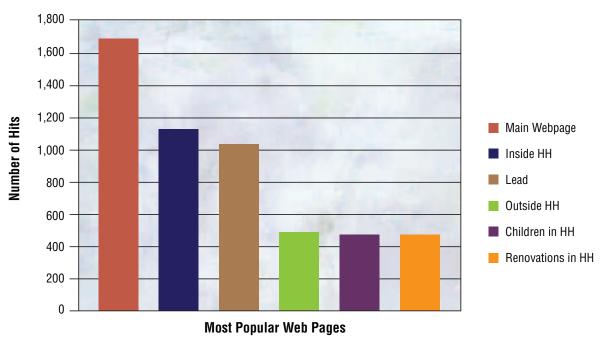


Committee Recommendations

The tables below describe a proposed four-year-long initiative. Year 1 has already been funded. Years 2, 3 and 4 will be funded at the discretion of the General Assembly.

Year 1 \$375,000	Year 2 \$450,000		ar 3),000	Year 4 \$130,000
OBJECTIVE 1A: Continue fish mo	nitoring and education campaign a	bout fish consu	umption advisories.	
Task/Action		Re	esponsible party	Timeframe
	ction of fish samples, laboratory analysis, risk a ormation, and issuance of fish advisories if nec	ssessment	NREC, DHSS	Ongoing
Education Campaign: Conduct outreach efforts including diradio ads to improve awareness of a	rect engagement, distribution of brochures dvisory information.		NREC, DHSS	Ongoing
OBJECTIVE 1B: Expand drinking	water research and monitoring to i	nclude pharma	ceuticals and other	carcinogens.
Task/Action		Re	esponsible party	Timeframe
Expand water monitoring to include and initiate research study that evalue pharmaceuticals found at elevated le	charmaceuticals and other carcinogenic su uates the types of cancers associated with eyels in drinking water.	bstances DF	HSS, DNREC	Ongoing

DelawareHealthyHomes.org—July-Dec 2008



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

DO

DO

Action

Delaware Cancer Consortium

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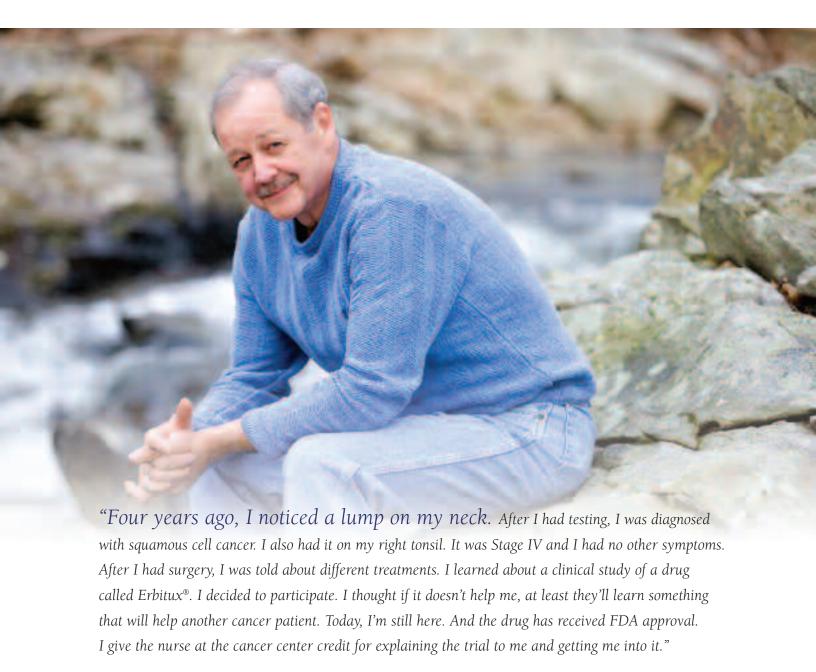
Workplace/Workforce Committee

Communication & Public Education Committee

Disparities Committee

Data Committee

Delaware Cancer Consortium



| Jasper McCoy, North East, Maryland |

Year 1 Accomplishments

- Established a subcommittee to determine an effective approach to promote cancer screening in primary care offices.
- Collaborated with Workplace/ Workforce Committee to determine cancer screening and treatment coverage provided by self-insured employers.
- Completed preliminary research related to projected oncology physician shortages.
- In preparation for the national quality measures review, performed preliminary analyses on study sample of colorectal cancer cases with a diagnosis date of January 1, 2003, through December 31, 2006.
- Held preliminary meetings with hospital personnel to both inform and gather further information related to facility promotion of clinical trials.
- Placed Cancer Care Coordinators in all Delaware hospitals. The Cancer Care Coordinators have helped 1,521 Delawareans obtain cancer services in FY '08.
- Created a focus group questionnaire to learn if patients were interested in continuing their relationships with the Cancer Care Coordinators beyond the treatment phase.
- Continued to operate and maintain the Delaware Cancer Registry.
- Conducted focus groups with those in the state who research or report on cancer to assess their information technology needs.
- Completed evaluation of web-based cancer data submission mechanisms by the Information Technology
 Task Force.
- Generated and published quality assurance reports on hospital cancer data submissions to the Delaware Cancer Registry.
- Established a newsletter to keep cancer registries up to date on latest developments in the field.



The tables below describe a proposed four-year-long initiative. Year 1 has already been funded. Years 2, 3 and 4 will be funded at the discretion of the General Assembly.

Year 1 \$80,000	Year 2 \$85,000	Year 3 \$15,000	Year 4 \$15,000
	creening in primary care practices.		1
Task/Action		Responsible party	Timeframe
 Identify means to approach primary care "Academic Detailing." Implement educational effort using star Track performance subsequent to educa Using previous study (by Texas Medical pre-/post-educational effort comparison 	dardized screening tool.	DPA, DCC	Years 1 & 2
		State Chamber of Commerce; self-insurers; interested members of both Quality and Workplace/Workforce Committees	Year 1
OBJECTIVE 1B: Assess availability	of health care providers.		
Task/Action		Responsible party	Timeframe
Assess statewide availability of appropria surgeons) especially in previously identifie	te health care providers (e.g., oncologists, cancer and key shortage areas.	DPH, University of DE and/or Health Care Commission	Year 1
OBJECTIVE 1C: Implement routine cancers (breast, colorectal, lung a	monitoring of quality measures for cancer nd prostate).	care, starting with the most	prevalent Delaware
Task/Action		Responsible party	Timeframe
Implement—via medical records review— (ASCO)/National Comprehensive Cancer N and Colorectal Cancers.	-the American Society of Clinical Oncology letwork (NCCN) Quality Measures for Breast	ACoS Delaware Commission on Cancer, DCC	Year 1
As ASCO/NCCN Quality Measures are pul and prostate cancers, check the quality of	olished, implement them for cervical, lung/bronchus ACoS-provided data by chart review.	ACoS Delaware Commission on Cancer, DCC, DPH	Years 2 & 3
Ensure Delawareans are aware of the result information on performance measures to all	s of cancer care quality measures by disseminating	DCC, DPH	Year 4

Year 1 \$60,000	Year 2 \$10,000	Year 3 \$100,000	Year 4 \$100,000
BJECTIVE 2A: Ensure Delaware	ans are enabled to participate in st	ate-of-the-art cancer clinical	trials.
ask/Action		Responsible party	Timeframe
Ensure Delawareans are aware of op distribution of educational materials	tion to participate in cancer clinical trials t to all patients newly diagnosed with cance	hrough Health care providers r.	Year 1 & ongoing
Assess need for and recommend statewid	e infrastructure to support clinical trial enrol	Iment. DCC	Year 2
Devote 1.0 Full-time Equivalent to provide infrastructure to support clinical trial enrollment.		nt. DCC	Years 3 & 4
Include clinical trial support and participat Objective 1C.	cion as a quality indicator in report cards me	ntioned in DPH, DCC	Year 4
OBJECTIVE 2B: Implement routing	e capture of information on patient	s contacted about entering cli	nical trials.
Task/Action		Responsible party	Timeframe
	or clinical trial information and enrollment.	DCC, DPH	Year 1
Meet with clinical trial point people t	o discuss tracking and data capture option	s. DCC, DPH	Year 1
Mode with difficult that point poople t			V2
	and monitor (via database) patient contact level on a quarterly basis.	and DCC, DPH	Year 2

NUMBER OF PEOPLE RECEIVING CARE COORDINATION SERVICES FISCAL YEAR 2008 (07/01/07–06/30/08)

Hospital	Number of Patients Receiving Services
A. I. duPont	99
Milford Memorial Hospital	363
Kent General	83
Beebe Medical Center	281
Christiana	149
Nanticoke	224
St. Francis	259
The VA	63
FY '08 Total	1,521

Year 1 \$800,000	Year 2 \$880,000		Year 3 901,000	Year 4 \$885,000
DBJECTIVE 3A: Continue impleme	ntation of the Cancer Care Coo	rdinator progra	am.	
Task/Action			Responsible party	Timeframe
Contract with vendors through RFP proces	ss to deliver Cancer Care Coordinator pro	gram services.	DPH	Year 1 & ongoing
DBJECTIVE 3B: Extend availability nto the survivor phase of care.	of Cancer Care Coordinator se	ervices beyond	the treatment phase, pro	moting continuity of car
Task/Action			Responsible party	Timeframe
valuate extent of interest among patient Coordinator beyond treatment phase of ca		Cancer Care	DPH	Year 1
 Ensure sufficient services of Cancer Cacancer who desire care coordination s Assess current level of effort. Determine extent to which unmet not recommend capacity required to full 	ervices are able to access them: eed exists.	ans with	DPH	Year 2
Evaluate level of additional effort requaccordingly.	ired; recommend staffing changes an	d additions	DPH	Year 1
Promote use of extended services among those receiving Cancer Care Coordinators' services.		tors' services.	Cancer Care Coordinators, cancer care coordination managers, DPH	Year 2
DBJECTIVE 3C : Expand and enhan	ce capture of Cancer Care Cod	ordinator patie	nt contact data.	
Task/Action			Responsible party	Timeframe
Contract with vendor through RFP to e Nurse Navigator database to include o Cancer Care Coordinators.	xpand current colorectal Cancer Scree :lient-specific, electronic database for	ening use by	DPH	Year 1
mplement client-specific, electronic datal	pase for use by Cancer Care Coordina	tors.	DPH	Year 1
mplement comprehensive satisfaction sur Coordinators and facilities/health care pro ervices, using existing, validated survey i	oviders whose patients received coord	lination	DPH, facility-based patient ombudsmen, Cancer Care Coordinators, cancer care coordination managers, physicians/health care providers	Year 3
conduct patient surveys among patients e.g., six months' post-care coordination		atus, level	DPH	Year 3
esults to client-specific database.	ce and evaluation of Cancer Ca	re Coordinato	r activities.	
esults to client-specific database. BJECTIVE 3D: Expand surveilland	ce and evaluation of Cancer Ca	are Coordinato	r activities. Responsible party	Timeframe
esults to client-specific database. DBJECTIVE 3D: Expand surveilland Task/Action Develop and implement comprehensive respectively details and supports analysis lient, Cancer Care Coordinator, demograph	porting system that leverages data ca of patient contact data by, for examp	aptured in		Timeframe Year 2

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

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

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

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

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

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

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

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

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

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

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

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

Action

Delaware Cancer Consortium

Early Detection and Prevention Committee

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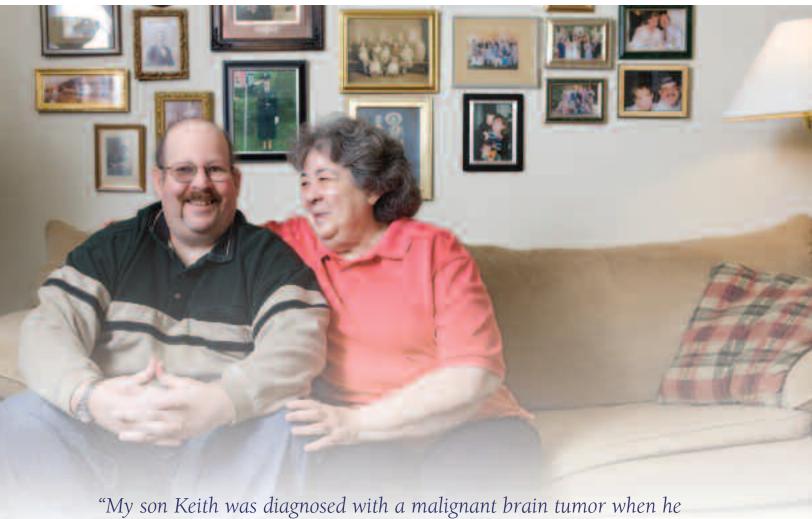
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Data Committee

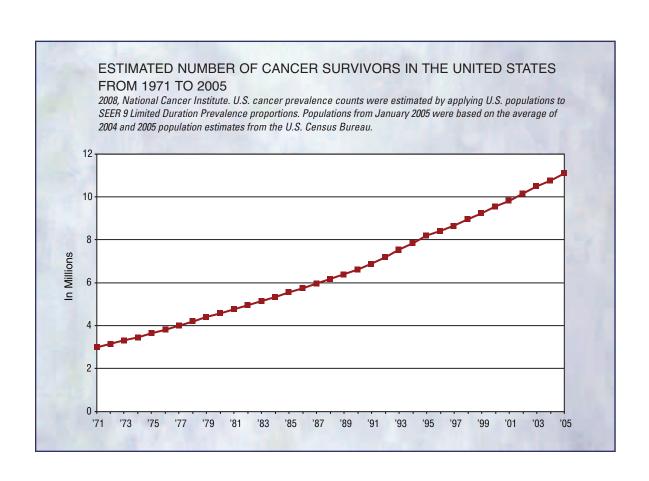


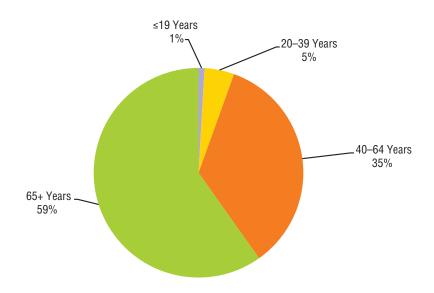
"My son Keith was diagnosed with a malignant brain tumor when he was 15. He is 45 now, but that diagnosis has dramatically impacted our lives. In the past 30 years there have been many highs and lows. He started college but the studies were too hard for him. Eventually he earned an associate's degree and for 14 years he was independent, working for the National Park Service. Then he began to have TIAs (mini-strokes) and it impacted his life beyond belief. He moved from a key job to custodial work. Shortly after that, he had a grand mal seizure, which left his vision and speech impaired. I was diagnosed with cancer in 2007. Neither of us is employed. Cancer has completely changed our lives."

| HELEN SHERMAN, CLAYMONT |

Year 1 Accomplishments

- Completed statewide needs assessment to determine gaps in quality-of-life services.
- Explored young adult survivorship and special adolescent and young adult retreats organized through the American Cancer Society.
- Coordinated with Delaware vocational rehabilitation office to determine available resources for cancer survivors.
- Collaborated with the Workplace/Workforce Committee to begin to examine patient challenges and barriers in maintaining employment during and following cancer treatment.
- Began development of a user-friendly, quick guide for clients containing explanations of cancer terminology and listing patient resources.
- Collaborated with the Communication and Public Education Committee to develop and distribute information for cancer survivors.
- 385 nurses trained in end-of-life care through the End-of-Life Nursing Education Consortium.

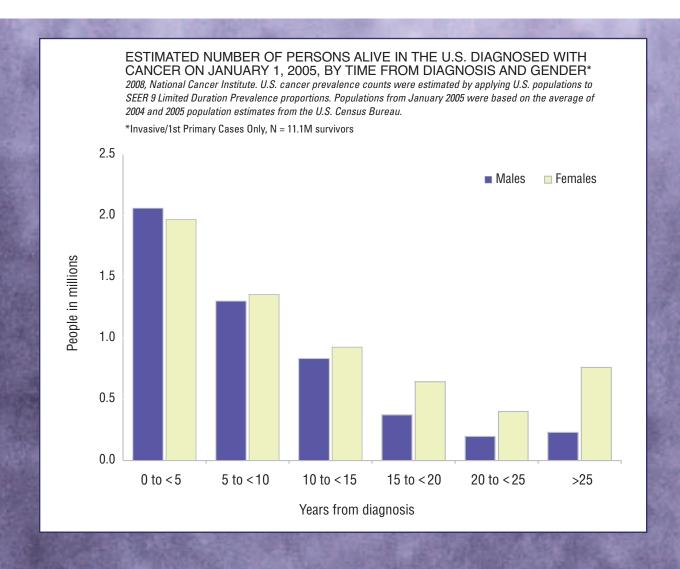




ESTIMATED NUMBER OF PERSONS ALIVE IN THE U.S. DIAGNOSED WITH CANCER BY CURRENT AGE*

2008, National Cancer Institute. U.S. cancer prevalence counts were estimated by applying U.S. populations to SEER 9 Limited Duration Prevalence proportions. Populations from January 2005 were based on the average of 2004 and 2005 population estimates from the U.S. Census Bureau.

*Invasive/1st Primary Cases Only, N = 11.1M survivors



Committee Recommendations

The tables below describe a proposed four-year-long initiative. Year 1 has already been funded. Years 2, 3 and 4 will be funded at the discretion of the General Assembly.

GOAL 1: Eliminate gaps in qua of-life care) to meet the needs	lity-of-life services (e.g., rehals of patients, survivors and co	oilitatio -surviv	on, survivorship, pallia ors without duplicatir	tive care and end- ng current services.
Year 1 \$25,000	Year 2 \$80,000		Year 3 80,000	Year 4 \$80,000
OBJECTIVE 1A: Perform a needs as:	sessment analysis.			
Task/Action			Responsible party	Timeframe
Research other needs assessments that could be used to inform the committee.	have been completed to determine if the re	sults	DCC Quality of Life Committee	Year 1
Conduct a statewide needs assessment.			DPH and contractor	Year 1
Validate the findings of the assessment current cancer patients.	by surveying cancer survivors, caregivers ar	d	DCC Quality of Life Committee	Year 1
OBJECTIVE 1B: Develop a comprehe competent services and programs.	ensive quality-of-life statewide prog	ram tha	at incorporates culturally a	nd linguistically
Task/Action			Responsible party	Timeframe
Assess best practices and other state m	odels.		DCC Quality of Life Committee	Year 1
Create or adapt a comprehensive quality-of-health care providers and caregivers statew		te to	DCC Quality of Life Committee	Year 2 & ongoing
OBJECTIVE 1C: Implement a holistic to cancer survivors and co-survivors	survivorship and rehabilitation prog s.	gram to	provide comprehensive c	I are and support services
		gram to	provide comprehensive c	are and support services Timeframe
to cancer survivors and co-survivor	s. ion services, including vocational rehabilitat			
Task/Action Examine existing survivorship and rehabilitat services, in the state to determine replication Collaborate with the DCC Workplace/Workplace/Workplace/workplacein maintaining employment	s. ion services, including vocational rehabilitat	ion es , and	Responsible party DCC Quality of Life	Timeframe
Task/Action Examine existing survivorship and rehabilitat services, in the state to determine replication Collaborate with the DCC Workplace/Workplace/Workplace/workplacein maintaining employment	ion services, including vocational rehabilitat n. rkforce Committee to examine the challenge both during and following cancer treatment courage employers and employees in this pr	ion es , and	Responsible party DCC Quality of Life Committee DCC Quality of Life Committee & DCC Workplace/Workforce	Timeframe Year 1

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

OBJECTIVE 4C: Provide training to nursing home staff.

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

Action

Delaware Cancer Consortium

Early Detection and Prevention Committee

Tobacco & Other Risk Factors Committee

Environment Committee

Quality Cancer Care Committee

Quality of Life Committee

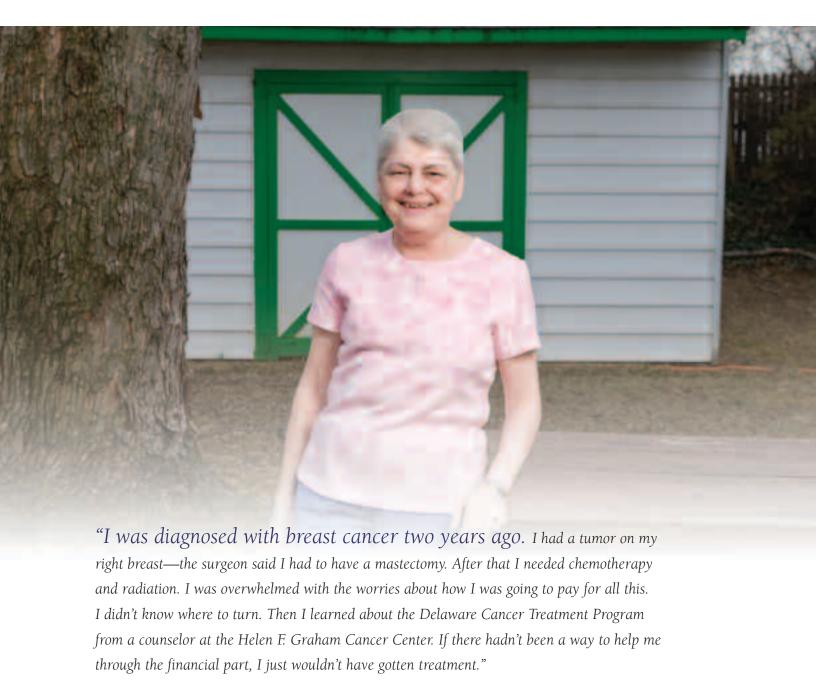
Insurance Committee

Workplace/Workforce Committee

Communication & Public Education Committee

Disparities Committee

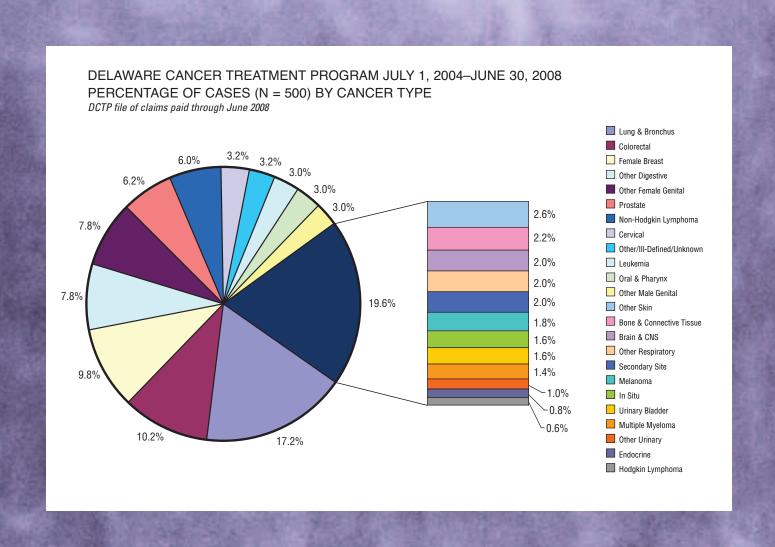
Data Committee



| CONNIE BLACKWELL, NEWARK |

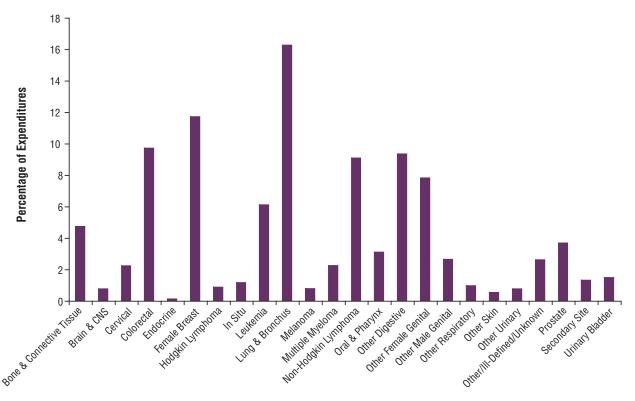
Year 1 Accomplishments

- Coverage for the Delaware Cancer Treatment program increased to 24 months.
- Providers were reimbursed \$5.35 million through the Delaware Cancer Treatment Program in FY '08.
- Efforts continue to monitor and evaluate our effective management of resources.

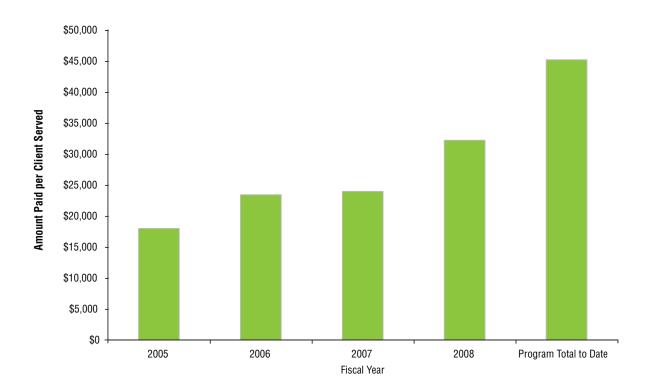


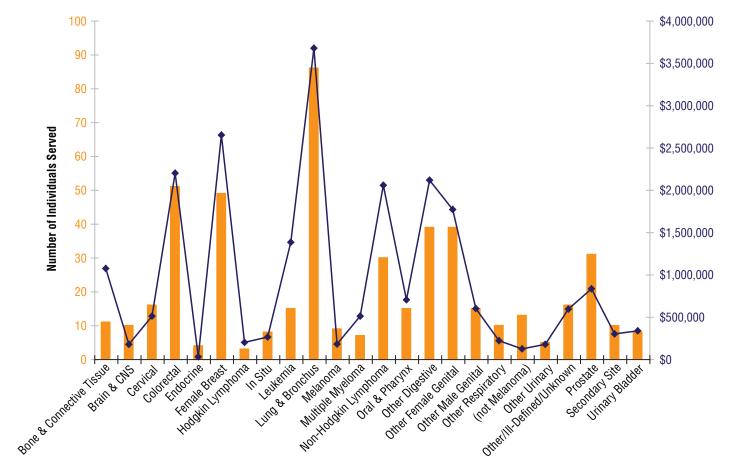
DELAWARE CANCER TREATMENT PROGRAM JULY 1, 2004–JUNE 30, 2008 PERCENTAGE OF CLAIMS PAID BY CANCER TYPE

File of claims paid through June 2008



DELAWARE CANCER TREATMENT PROGRAM, AVERAGE AMOUNT PAID PER CLIENT BY FISCAL YEAR, ALL CLAIMS PAID FROM JULY 1, 2004—JUNE 30, 2008 File of claims paid through June 2008





Committee Recommendations

The tables below describe a proposed four-year-long initiative. Year 1 has already been funded. Years 2, 3 and 4 will be funded at the discretion of the General Assembly.

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

	Year 1 \$7,000,000	Year 2 \$7,500,000	Year 3 \$8,000,000		Year 4 \$8,500,000	
	Task/Action			Responsible party		Timeframe
DO	Revise regulation for the Delaware Cancer Treatment Program (DCTP) to expand eligibility from 12 to 24 months.		General Assembly, Inst Commissioner	urance	Year 1	
DO	Reimburse providers enrolled in the MMIS system for costs related to cancer treatment for clients enrolled in DCTP.			DCTP administration, contractor		Year 1 & ongoing
DO:	Monitor and evaluate expenditures, controlled outcomes to ensure efficient resour	lient disposition (e.g., insurance eligibili ce utilization and quality care.	ty) and health	DPH		Year 1 & ongoing

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

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

Action

Delaware Cancer Consortium

Early Detection and Prevention Committee

Tobacco & Other Risk Factors Committee

Environment Committee

Quality Cancer Care Committee

Quality of Life Committee

Insurance Committee

Workplace/Workforce Committee

Communication & Public Education Committee

Disparities Committee

Data Committee

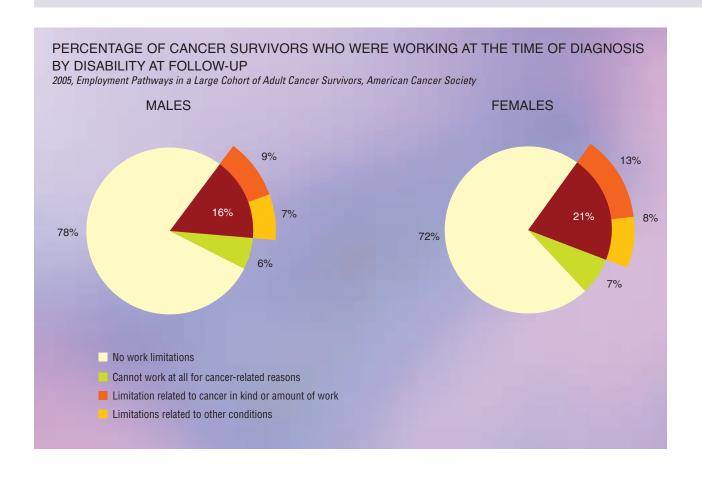


We ve made a commitment both to our employees and to the community to be involved in cancer awareness and prevention. We make sure our employees get screenings and that our health insurer provides preventative care. Both the employees and our company have been involved in Relay for Life for 12 years; last year alone we raised \$36,000. We're charter members of Cancer Care Connection. And on the home front, we make sure those who are fighting cancer have accommodating work schedules. It's not uncommon for our employees to cook meals for family members while the patient is being treated. It's just the way we operate here. We believe in helping."

| Tom Cloud, CEO, United Electric |

Year 1 Accomplishments

- Developed and distributed an assessment to ask employers how to better help them address the workplace needs of their employees who have been diagnosed with cancer.
- Developed content and scope of employer-focused web page on Delaware Cancer Consortium website.
- Distributed nearly 40 workplace wellness toolkits to employers and distributed educational materials at health fairs and conferences.
- Created pilot speakers' bureau collaborating with Communication & Public Education Committee.
- Hired a full-time Trainer/Educator III through the Division of Public Health to become a resource for employers to learn about and access Delaware cancer services.
- Developed a database of key contacts in the insurance industry in an effort to distribute employer and insurer related materials.
- Contacted insurance companies to determine practices in place that encourage members to follow recommended screening guidelines and provided them with a recommended list of screenings.
- Made employer-focused resources available on CD for easy distribution to employers.



Committee Recommendations

The tables below describe a proposed four-year-long initiative. Year 1 has already been funded. Years 2, 3 and 4 will be funded at the discretion of the General Assembly.

Year 1 \$10,000	Year 2 \$25,000		ar 3 5,000	Year 4 \$25,000
BJECTIVE 1A: Conduct a statewic mployers and those who are self-	le needs assessment to identify ginsured.	aps in knowle	edge and/or services a	mong small and larger
nsk/Action			esponsible party	Timeframe
Develop a needs assessment and colle	ct data from a representative sample of e	employers. D	PH	Year 1
Analyze results and use them to develo	p targeted initiatives for diverse employe		CC Workplace/Workforce ommittee	Year 1
BJECTIVE 1B: Create an employer	web page on the DCC website tha	nt provides int	eractive access to can	cer information resourc
nsk/Action		R	esponsible party	Timeframe
Create a new web page on the DCC we information; research, writing, design, of info and resources.	ebsite that links with existing sources of a HTML (or equivalent) building, etc., for 10) pages V	PH, DCC Workplace/ Vorkforce Committee, nedia contractor	Year 1 & ongoing
employers such as return on investment	as information on personalized services a (ROI) analysis for cancer screenings, lear programs and human resources training to	n-at-lunch	PH, media contractor	Year 1 & ongoing
BJECTIVE 1C: Distribute existing	employer guides on Delaware car	ncer programs	S.	
nsk/Action		R	esponsible party	Timeframe
Distribute guides through employer cor annual Advocates of Hope events.	ferences, chamber of commerce meeting	s and the V	PH, DCC Workplace/ Vorkforce Committee, nedia contractor	Year 1 & ongoing
BJECTIVE 1D: Create speakers' b	ureau to disseminate information	about the De	laware Cancer Consor	tium and cancer resou
sk/Action		R	esponsible party	Timeframe
medium and large employers.	us cancer-related topics of interest to sm	all, V	PH, DCC Workplace/ Vorkforce Committee, nedia contractor	Year 1 & ongoing
Establish a panel of speakers composed members.	of public health specialists and DCC chairs	ann I	PH, DCC Workplace/ Vorkforce Committee,	Year 1 & ongoing



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

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

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

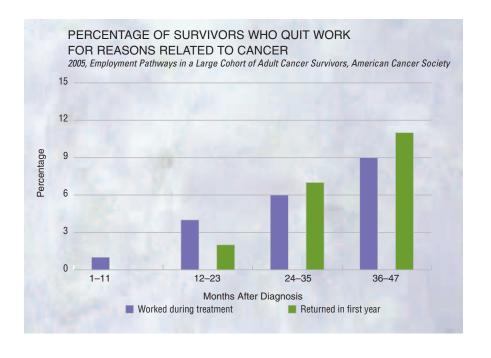
	Task/Action	Responsible party	Timeframe
N	Establish allocation for 1.0 Full-time Equivalent Trainer/Educator III.	General Assembly	Year 1 & ongoing
Ŋ	The Trainer/Educator III will implement Workplace/Workforce cancer prevention, screening, education and treatment programs for Delaware employers.	_	_

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

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

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

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



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

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

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

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

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

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

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

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

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

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

Action

Delaware Cancer Consortium

Early Detection and Prevention Committee

Tobacco & Other Risk Factors Committee

Environment Committee

Quality Cancer Care Committee

Quality of Life Committee

Insurance Committee

Workplace/Workforce Committee

Communication & Public Education Committee

Disparities Committee

Data Committee



| HEATHER HOMICK, MPH
PARTNERSHIP PROGRAM COORDINATOR
NCI'S CANCER INFORMATION SERVICE
ATLANTIC REGION (PA, NJ, DE) |

Year 1 Accomplishments

- Developed an infrastructure for a speakers' bureau in collaboration with the Workplace/Workforce Committee.
- Updated the DCC website to include links and reports, making cancer-related material and resources accessible to the general public.
- Implemented a method to review educational campaign materials proposed by all DCC committees.
- Addressed health risks and behaviors related to cancer at Partnership Council meetings with the Department of Education.
- For the past three years, conducted biannual trainings aimed at providing health care professionals and cancer survivors with the best practices and latest research in cancer prevention and treatment.
- Ensured social marketing materials were produced in both English and Spanish with the appropriate health literacy levels and cultural sensitivity.
- Reviewed media campaigns for accuracy and consistency in health promotion messages.



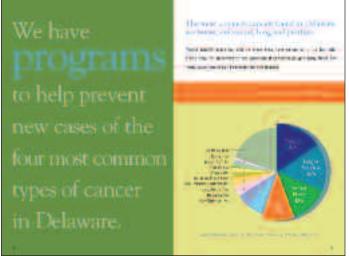
Concept Ranker

This online function was created so that members of the Delaware Cancer Consortium could provide feedback on educational materials.

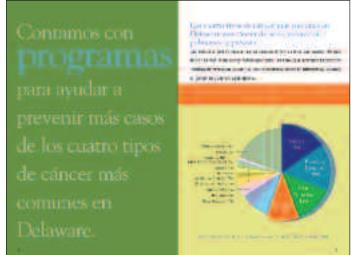
Delaware Cancer Consortium Product Booklet

To help people in Delaware prevent, get tested for and get treated for cancer. Educational booklets handed out to the public.









Committee Recommendations

The tables below describe a proposed four-year-long initiative. Year 1 has already been funded. Years 2, 3 and 4 will be funded at the discretion of the General Assembly.

Year 1 \$20,000	Year 2 \$22,000		Year 3 22,000	Year 4 \$22,000
	o Alliance members, members of ee, health literacy and translation			rs on health education
sk/Action			Responsible party	Timeframe
Conduct an annual Alliance Summit, networking.	with opportunities for training, sharing ar	nd	Communication & Public Education Committee and Alliance steering committee	Year 1 & ongoing
Conduct an annual half-day or whole-day skills development workshop. Communication & Public Education Committee and Alliance steering committee		Year 1 & ongoing		
	alth advocacy organizations and programs tunities to educate the public about cance		Communication & Public Education Committee and Alliance steering committee	Year 1 & ongoing
BJECTIVE 1B: Promote and imp	rove public education relating to o	cancer.		•
	-			
sk/Action			Responsible party	Timeframe
Develop a speakers' bureau and organ	ize other resources to disseminate informat		Responsible party Communication & Public Education Committee and Alliance steering committee	Timeframe Year 1 & ongoing
Develop a speakers' bureau and organ to public groups.	ize other resources to disseminate informat	ion	Communication & Public Education Committee and	
Develop a speakers' bureau and organ to public groups. Provide links to quality, trusted resource. Review and promote or endorse new		ion C website.	Communication & Public Education Committee and Alliance steering committee Communication & Public Education Committee and	Year 1 & ongoing
Provide links to quality, trusted resound Review and promote or endorse new cancer education.	rces for cancer education through the DC	ion C website. als related to	Communication & Public Education Committee and Alliance steering committee Communication & Public Education Committee and Alliance steering committee Communication & Public Education Committee and	Year 1 & ongoing Year 1 & ongoing

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

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

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

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

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

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

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

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

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

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

Action

Delaware Cancer Consortium

Early Detection and Prevention Committee

Tobacco & Other Risk Factors Committee

Environment Committee

Quality Cancer Care Committee

Quality of Life Committee

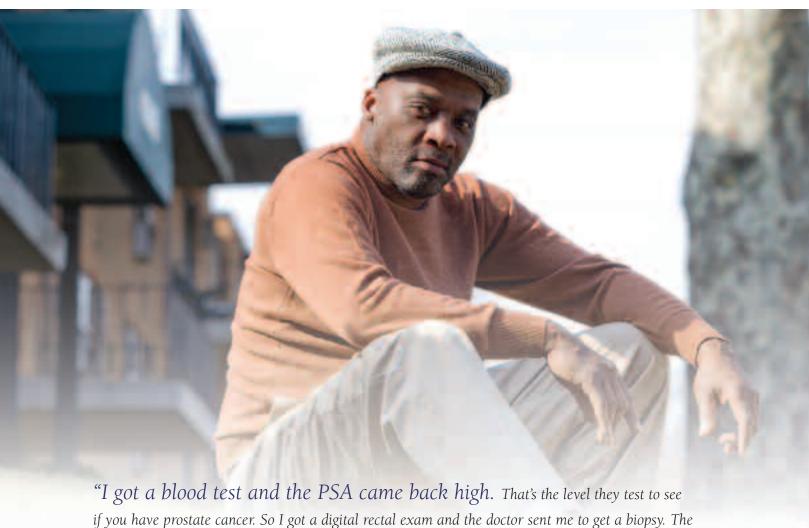
Insurance Committee

Workplace/Workforce Committee

Communication & Public Education Committee

Disparities Committee

Data Committee

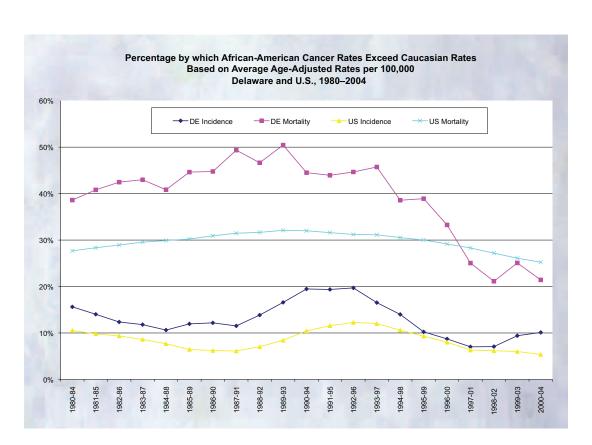


"I got a blood test and the PSA came back high. That's the level they test to see if you have prostate cancer. So I got a digital rectal exam and the doctor sent me to get a biopsy. The results came back. I had prostate cancer. I was 49 and I probably should have had it checked sooner. I had the seeds implanted and now they monitor my blood count. I tell every one of my friends, make sure you get that test. Schedule an appointment as early as possible. They tell me every man who's African-American should be tested at 40. It's the best chance you have to catch prostate cancer early."

| DEREK SMITH, WILMINGTON |

Year 1 Accomplishments

- Completed community-level surveys targeting communities with high percentage of minority populations, specifically Hispanic communities.
- Prostate cancer coverage added to Screening for Life (SFL) program. Through SFL, 48 men were screened for
 prostate cancer, eight (8) men were diagnosed with cancer and 15 biopsies were performed.
- Conducted research and initiated discussions with prostate cancer screening advocates to determine the best approach to implement an education program.
- Developed screening recommendations for high-risk populations.
- Educated Cancer Care Coordinators about the importance of promoting clinical trial participation to all clients.
- Developed a survey to gather information related to the effectiveness of DCC programs within disparate populations.
- Collaborated with other DCC Committees to assist in the elimination of the unequal cancer burden.
- Reviewed educational and promotional materials developed by other committees to ensure the messages are formulated to reach disparate populations.



Committee Recommendations

The tables below describe a proposed four-year-long initiative. Year 1 has already been funded. Years 2, 3 and 4 will be funded at the discretion of the General Assembly.

Year 1 \$75,000	Year 2 \$80,000	Year 3 \$80,000	Year 4 \$80,000
DBJECTIVE 1A: Conduct communincluding Hispanics).	ity-level health surveys targeting commu	ities with high percentage of	minority populations
ask/Action		Responsible party	Timeframe
Research existing surveys and adopt/	adapt as appropriate.	DPH	Year 1
Develop criteria for selection of comm	nunities to be surveyed.	DPH	Year 1
Approve criteria for selection of comm	munities to be surveyed.	Disparities Committee	Year
Select communities to be surveyed by	ased on approved criteria.	DPH, Disparities Committee	Year 1
Meet with key leaders in selected co	mmunities to gain support and answer questions.	DPH, Disparities Committee	Year 1
Pilot surveys in selected census tracts, analyze results and make recommendations for full implementation in Year 2.		DPH, Disparities Committee	Year 1
Conduct surveys, analyze results and dev	relop interventions based on results.	DPH	Year 2 & ongoing
DBJECTIVE 1B: Endorse and action mproving consistency and accur	vely promote the recommendations of the acy of race/ethnicity data.	Disparities Task Force; specif	ically those related to
ask/Action		Responsible party	Timeframe

DISPARITIES IN CANCER INCIDENCE: COMPARING AFRICAN-AMERICAN TO CAUCASIAN RATES IN DELAWARE, 2000–2004

Cancer Type	Incidence RR (95% CI)
All-Site	1.10 (1.06–1.14)
Female Breast	0.95 (0.86–1.05)
Colorectal	1.16 (1.03–1.30)
Lung	1.14 (1.03–1.25)
Prostate	1.70 (1.56–1.86)

Data Source: Delaware Cancer Registry

DISPARITIES IN CANCER MORTALITY: COMPARING AFRICAN-AMERICAN TO CAUCASIAN RATES IN DELAWARE, 2000–2004

Cancer Type	Mortality RR (95% CI)
All-Site	1.21 (1.15–1.29)
Female Breast	1.35 (1.10–1.65)
Colorectal	1.48 (1.24–1.77)
Lung	1.11 (0.99–1.24)
Prostate	1.99 (1.57–2.51)

Data Source: National Center for Health Statistics

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

 Year 1
 Year 2
 Year 3
 Year 4

 \$100,000
 \$100,000
 \$100,000
 \$100,000

OBJECTIVE 2A: Add coverage for prostate cancer screening to the Screening for Life program.

(Action steps to be carried out by Early Detection & Prevention Prostate Subcommittee)

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

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

NOTES: • Program design should build on Champions of Change program where appropriate.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

OBJECTIVE 6A: Ensure Delaware Cancer Consortium Committees are including focus on eliminating health disparities when developing and disseminating educational materials.

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

Action

Delaware Cancer Consortium

Early Detection and Prevention Committee

Tobacco & Other Risk Factors Committee

Environment Committee

Quality Cancer Care Committee

Quality of Life Committee

Insurance Committee

Workplace/Workforce Committee

Communication & Public Education Committee

Disparities Committee

Data Committee



| James E. Spellman, MD, Chairman, Data Committee |

Year 1 Accomplishments

- Began development of a pilot study with Blue Cross Blue Shield of Delaware to facilitate transfer of private
 claims data. In the first year, a pilot study of Delaware women diagnosed with breast cancer investigated the
 average length of time elapsed between abnormal mammogram and surgery. Future projects will establish data
 exchange agreements with other private insurance companies to analyze utilization rates of breast, cervical,
 colorectal and prostate cancer screenings among privately insured Delawareans.
- Reviewed available cancer screening items included in state and national surveillance efforts (e.g., the Behavioral Risk Factor Surveillance System [BRFSS]) while exploring the utility of initiating a Delaware-specific cancer screening survey.
- Provided methodological and statistical feedback to DCC committees, as well as DCC partners such as the
 Division of Public Health to ensure that cancer incidence and mortality rates were being calculated as
 accurately as possible.
- Assisted the Workplace/Workforce Committee in the development of a survey of Delaware business owners regarding availability of cancer-related services.
- Assessed cancer cluster methodologies used by the Division of Public Health and reviewed statistical findings related to the report, Average Annual Age-Adjusted Cancer Incidence Rates, 2000-2004, at the Delaware Sub-County Level.
- Began reviewing the methodology related to the Cancer Incidence and Mortality in Delaware report released annually by the Division of Public Health.
- Oversaw methods and analyses related to the Indian River community-level survey.
- Provided methodological input as Division of Public Health devised its cancer cluster investigation.

Cancer Clusters Update

Cancer Cluster definition (according to the Centers for Disease Control and the National Cancer Institute): A greater-than-expected number of cancers diagnosed among a population in a particular geographic area over a given period of time.

Causes **Cancer Clusters may arise because of:** Coincidence · Improved access to screenings · Unhealthy lifestyle behaviors · Environmental or occupational exposure to carcinogens Investigate

Cancer Clusters are investigated by:

- · Making contact with the area that requests investigation
- · Defining the case
- · Obtaining data from the Delaware Cancer Registry
- · Calculating expected number of cases
- Analyzing trends of expected cases and comparing them to those of the observed cases
- · Determining the difference
- · Reporting outcomes

Progress

Completed Cancer Cluster Investigations:

- Smyrna, 2008: all-site cancer and kidney cancer significantly elevated in census tract of concern
- · Lewes, 2008: bladder cancer elevated
- Wilmington, Feb 2008: no cluster confirmed
- · Wilmington, Nov 2007: melanoma elevated
- · Wilmington, Aug 2007: no cluster confirmed
- · Millsboro, Jan 2008: no cluster confirmed
- · Millville, 2007: all-site cancer elevated
- · Newark, 2007: no cluster confirmed

Committee Recommendations

The tables below describe a proposed four-year-long initiative. Year 1 has already been funded. Years 2, 3 and 4 will be funded at the discretion of the General Assembly.

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

of these data for Consortiur	n members/initiatives and pr	ovide for sys	stematic capture a	and ap	opropriate utilization.
Year 1 \$10,000	Year 2 \$50,000			Year 4 \$100,000	
OBJECTIVE 1A : Acquire and pro	cess initial "pilot" dataset.				
Task/Action			Responsible party		Timeframe
Develop data acquisition agreements and processing procedures.			DPH, Medicaid/other in representatives	nsurer	Year 1
Process, analyze and evaluate the data.			DPH		Year 1
Demonstrate proof of concept; that is, demonstrate value added for cost expended.			DPH		Year 1
OBJECTIVE 1B: Develop level-of	f-effort estimates for additional d	atasets, such	as ones from other in	nsurers	3.
Task/Action		Responsible party		Timeframe	
Ascertain volume of available, desirable data and requisite processing capacity.			DPH		Year 1
Estimate value added for cost expended.			DPH, DCC partners		Year 1
OBJECTIVE 1C: Implement routin	ne health insurer claims data acc	quisition, procε	essing, analysis and,	where	appropriate, integration.
Task/Action			Responsible party		Timeframe

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

Year 1 \$0	Year 2 \$10,000	Year 3 \$15,000	Year 4 \$25,000
JECTIVE 2A: Evaluate quality	and value of other supplementary electroni	c data.	
sk/Action		Responsible party	Timeframe
Obtain census data and develop SEP "profiles" by geography; for example, by census tract and ZIP codes.		DPH	Year 1
Research Claritas data for content and costs.		DPH	Year 1
Demonstrate proof of concept; that is, demonstrate value added for cost expended.		DPH	Year 1
DBJECTIVE 2B: Acquire/utilize o	data of proven value.		'
Task/Action		Responsible party	Timeframe
Maintain currency of census data—based SEP geographic "profiles."		DPH	Year 2 & ongoing
Analyze and incorporate data from other sources.		DPH	Year 2 & ongoing

Year 1 Year 2 Y		Year 3 \$0	Year 4 \$0
DBJECTIVE 3A: Prepare and distribu	te a ready reference of comn	non, useful data sources.	
Task/Action	Responsible party	Timeframe	
Compile/distribute table/listing of useful data sources.		DPH	Year 1 & ongoing
Maintain/update annually.	DPH	Year 2 & ongoing	
OBJECTIVE 3B: Assist other commit	tees of the DCC with their dat	a needs.	·
Task/Action		Responsible party	Timeframe
NE Leverage existing data to ensure maximum benefit.		DPH	Year 1 & ongoing
Respond to requests for assistance with data acquisition/utilization.		DPH	Year 1 & ongoing

Appendix

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

Communication & Public Education Committee

Chairperson:

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

Members:

Jeanne Chiquoine Jayne Fernsler

Surina Jordan, PhD Cathy Scott Holloway

M. Cary McCartin

John Ray

Michelle Sobczyk

The Honorable Liane Sorenson (Council Member)

Linda Wolfe

Disparities Committee

Chairperson:

John C. Carney, Jr. (Council Member)

Members:

Carlton Cooper, PhD

Naya Cruz-Currington

Lt. Governor Matthew Denn, Esq. (Council Member)

Robert Frelick, MD

P.J. Grier

Lolita Lopez

Jaime "Gus" Rivera, MD

Vicky Tosh-Morelli

Kathleen Wall

Early Detection and Prevention Committee

Chairperson:

Stephen Grubbs, MD (Council Member)

Members:

Heather Bittner-Fagan, MD

Victoria Cooke

Mary Farach-Carson, PhD

Susan Forbes

Paula Hess

Heather Homick

Nora Katurakes

Carolee Polek, PhD

Catherine Salvato

Kimberly Smalls

James Tancredi

Jo Wardell

Environment Committee

Chairperson:

Meg Maley (Council Member)

Members:

Deborah Brown

Kevin Eichinger

John A. Hughes (Council Member)

David Pyne

The Honorable Liane Sorenson (Council Member)

Ann Tyndall

Quality Cancer Care Committee

Chairperson:

Christopher Frantz, MD (Council Member)

Members:

Wendy Gainor

Susan Lloyd

Eileen McGrath

James Monihan

Nicholas Petrelli, MD (Council Member)

Cheryl Rogers

Ola Ruark

Edward Sobel

James Spellman, MD (Council Member)

Donna Stinson

Judy Walrath, PhD

Sandra Zorn

Quality of Life Committee

Chairperson:

Pamela Maier (Council Member)

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Mary Lou Galantino

Theresa Gillis, MD

Sean Hebbel

Madeline Lambrecht

Ann Lewandowski

Susan Lloyd

Judith Ramirez

Michelle Sobczyk

Patricia Strusowski

Janet Teixeira

Jo Wardell

Tobacco & Other Risk Factors Committee

Chairperson:

Patricia Hoge, PhD (Council Member)

Members:

Deborah Brown

Jeanne Chiquoine

The Honorable David McBride (Council Member)

John Ray

Cathy Scott-Holloway

The Late A. Judson Wells, PhD

Workplace/Workforce Committee

Chairperson:

Jeanne Mell (Council Member)

Members:

Theresa Gillis, MD

Susan Mayer

Valerie Pletcher

Jill M. Royston

Raymond Strocko, MD

Data Committee

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Members:

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Pat Grusenmeyer, ScD

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Srihari Peri, MD

Lee Swensson

Judy Walrath, PhD

Robert Wilson, PhD

Dennis Witmer, MD

Insurance Committee

Chairperson:

Lt. Governor Matthew Denn, Esq. (Council Member)

Members:

The Honorable Patricia Blevins

Alicia Clark

A. Richard Heffron

Jaime "Gus" Rivera, MD

Donna Stone

