



Making *progress...*
making a *difference.*



Turning *action* into results
The Next Five-Year Plan
2012–2016

TABLE OF CONTENTS

THE BIG PICTURE	2
DELAWARE CANCER CONSORTIUM.....	5
EARLY DETECTION & PREVENTION COMMITTEE.....	11
TOBACCO & OTHER RISK FACTORS COMMITTEE	19
ENVIRONMENT COMMITTEE.....	29
QUALITY CANCER CARE COMMITTEE	35
INSURANCE COMMITTEE	43
COMMUNICATION & PUBLIC EDUCATION COMMITTEE.....	49
HEALTH EQUITY & INCLUSION COMMITTEE.....	55
DATA COMMITTEE	63
APPENDIX.....	69



A message from Governor Markell

Being a difference-maker takes dedication and determination. When it comes to fighting cancer, Delaware has embraced that role for more than a decade.

Consider the headway we've made to date. More breast cancers diagnosed at earlier stages when they are most treatable. Increased emphasis on colorectal cancer screening and, consequently, an increase in screening rates—now higher than the national average. A 100 percent smoke-free state in non-hospitality workplaces, restaurants, and bars.

We must keep moving forward with public policies and personal decisions that support prevention, early detection, and healthy lifestyles. This comprehensive plan offers new strategies and tactics to reduce the prevalence of this horrible disease in our state. Its comprehensive approach recognizes the multitude of factors we must address to bring down cancer rates.

Many of our friends and neighbors have confronted this disease with courage and many survivors live among us with unique challenges. We must remain committed to fighting cancer in their names. And every Delawarean deserves our continued unwavering commitment to reducing the risk of cancer. By supporting the Delaware Cancer Consortium's mission, we can all make a difference.

Let's make it happen.

Sincerely,

Jack Markell

Jack Markell

In 2001, a watershed moment occurred. A consortium was born that set its sights on reducing cancer incidence and mortality in Delaware. It was composed of people who were both passionate and realistic. Who understood needs and were committed to the cause. Who, together, accomplished incredible feats—including developing a landmark cancer treatment program, free, for many Delawareans. Fast-forward to today. We are proud to present our five-year plan. Inside you'll see a dedication that is no less inspired and goals that are as ambitious as that first time we put forth our ideas. Although we have done a great deal, cancer is still taking the lives of people we care about. For all Delawareans, this is a cause that matters.

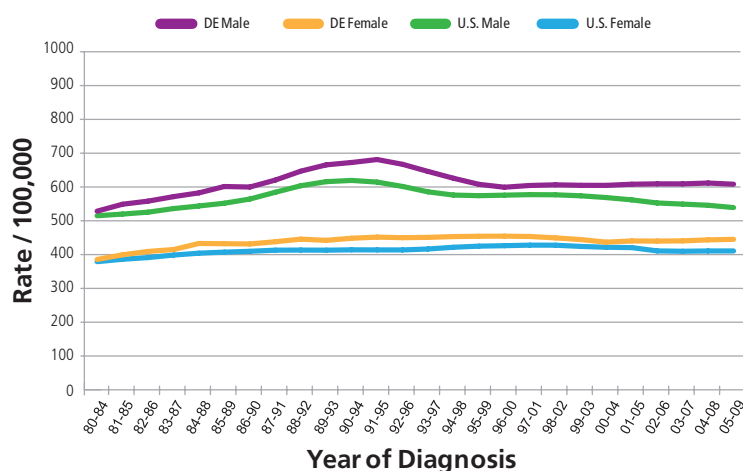
Our journey to reduce cancer incidence and mortality in Delaware has been chronicled in our progress reports.



THE BIG PI

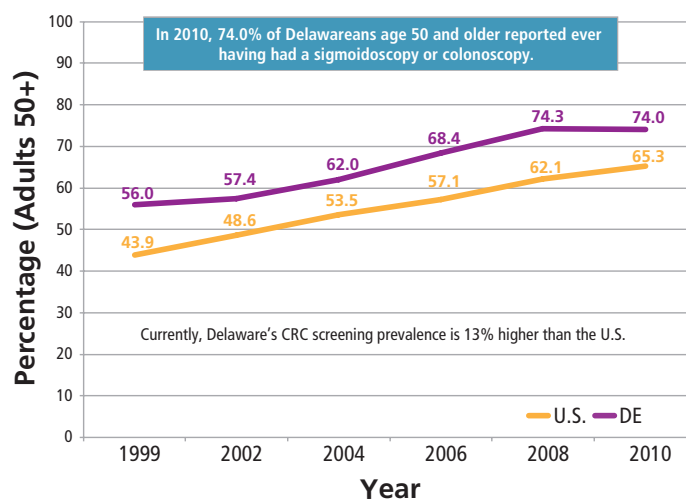
We are closing the gap between Delaware and U.S. averages on cancer incidence and mortality. The statistics tell the story of progress. In some instances we're surpassing the nation. The most stunning success has been with colorectal cancer—Delaware's colorectal screening prevalence is now 13 percent higher than U.S. screening prevalence rates. Because people are getting screened, colorectal cancer is being diagnosed at earlier stages in Delaware, when it's most treatable. Breast cancer mortality rates are also decreasing, particularly among African-American women. The risk of developing cancer increases with age; it should be no surprise that in Delaware those 65 years of age and older have the highest all-site cancer incidence rates. In fact, incidence rates overall can spike in Delaware periodically due to the aggressive screening initiatives. In a way that is good news. It means people are getting screened and getting diagnoses that, in most cases, will result in cancer treatment at early stages—which translates into survival. Regardless of these “wins,” we won't be satisfied until we have lowered Delaware's incidence and mortality rates below the U.S. averages. That has been our objective from the beginning. It continues to be the most prized but attainable goal at the top of our list.

FIVE-YEAR AVERAGE AGE-ADJUSTED ALL SITE CANCER INCIDENCE RATES* BY SEX; DELAWARE AND U.S., 1980–2009



*Rates are per 100,000 and age-adjusted to the 2000 U.S. standard population.
Sources: Delaware Cancer Registry, Delaware's Division of Public Health, 2010.
Surveillance, Epidemiology, and End Results Program, National Cancer Institute, 2010.

PERCENTAGE OF ADULTS AGES 50+ WHO HAVE EVER HAD A SIGMOIDOSCOPY/COLONOSCOPY, U.S. VS. DE, 2002–2010



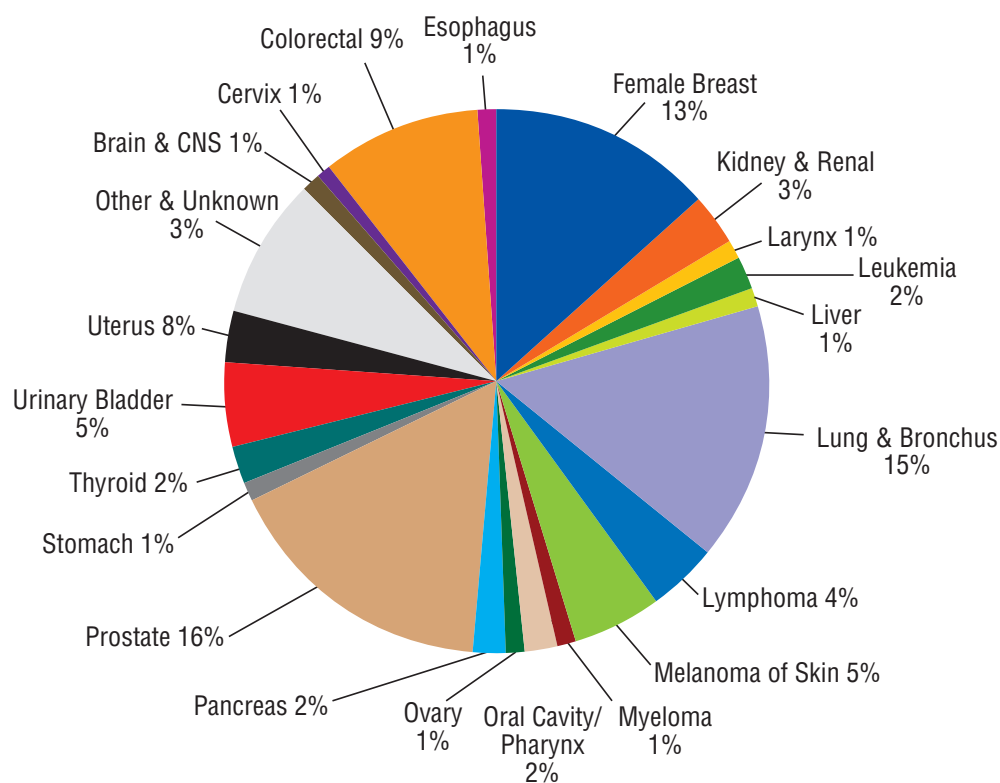
CTURE

WHAT CAN BE DONE

- Continue the Cancer Screening Nurse Navigator program—through a combination of private and public funding—that spearheads colorectal, prostate, breast, and cervical cancer screenings.
- Continue to reimburse eligible Delawareans for cancer screenings.
- Provide and fund the HPV vaccine to more girls, young women, and young men and provide education about the importance of getting immunized.
- Find ways to reach women who have never or rarely been screened for breast cancer and provide screenings for them.
- Review lung cancer screening guidelines that are emerging into clinical practice.
- Continue to fund the Delaware Cancer Treatment Program and make the services available to every diagnosed eligible Delawarean.
- Draft and pass legislation creating a statewide All-Payer Claims Database (APCD).
- Increase the tobacco excise tax on both cigarettes and other tobacco products.
- Continue to promote and encourage tobacco cessation counseling, tobacco cessation products, and nutrition counseling.

DISTRIBUTION OF CANCER CASES BY ANATOMIC SITE, DELAWARE 2005–2009

Percentages have been rounded to the nearest whole number.



- Ensure continued funds for tobacco prevention and cessation programs and physical activity, nutrition, and obesity programs.
- Reduce exposure to carcinogenic substances outdoors, in homes, and in the workplace.
- Improve and standardize cultural competency and health literacy for disparate audiences.
- Implement a Community Health Worker training curriculum.
- Educate Delawareans with cancer about the Affordable Care Act

Action

Delaware Cancer Consortium

Early Detection & Prevention Committee

Tobacco & Other Risk Factors Committee

Environment Committee

Quality Cancer Care Committee

Insurance Committee

Communication & Public Education Committee

Health Equity & Inclusion Committee

Data Committee



“There is still an enormous amount of work to be done to help people overcome this disease.”

| WILLIAM W. BOWSER, ESQUIRE, COUNCIL CHAIR, THE DELAWARE CANCER CONSORTIUM |

Successes.

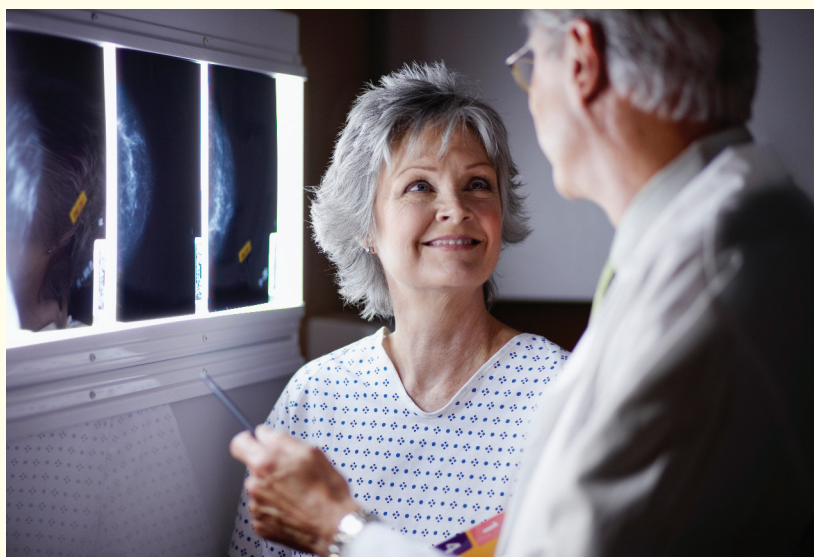
A great number of people are alive today in Delaware because of the cancer programs we initiated and because of the diligence and hard work of the cancer consortium. In the past few years, we've accomplished things we couldn't have dreamed of doing when we began our quest to reduce cancer incidence and mortality more than a decade ago. Those successes have not only saved lives, they've also helped us earn the confidence of both public officials and the public at large.

A few words of caution here: yes, we've been successful. But we can't afford to become complacent. There is still an enormous amount of work to do. We must continue to financially support our efforts even through tough economic times. The tobacco settlement, which is the sole source of our funding, is dwindling down. There are always competing priorities for available funds. But, with emerging health care reform, what we're doing is more important than ever.

One of our challenges is to tailor our efforts to meet the reform mandates, while maintaining our high standards and keeping up with a rapidly changing environment. We do see some positives, such as the ability to better control costs, which will make health care more cost-efficient.

We're at the top of our game in all of this because we know what works. We have the most experienced cancer consortium ever. We are excelling in areas others haven't even thought of. These successes give us momentum to continue to move forward. If we can find ways to subsidize our current support with federal dollars, we can do even more.

There is tremendous satisfaction in knowing thousands of people have been touched by these programs. Without the physicians, legislators, and congressman who actively participate in the consortium, none of this would be possible. It's the collaborative spirit of everyone, working together, that has taken on a life of its own. The goal of keeping cancer out of our lives is much bigger than all of us. That's why we keep coming back and working harder. To make a difference. To save more lives. That's why we're here.



Implementation of Recommendations

The tables below describe proposed initiatives. Years one, two, and three have already been funded. Years four and five will be funded at the discretion of the General Assembly.

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

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

Task/Action	Responsible party	Timeframe
Maintain a formal membership approval process; maintain a structured council and committees to ensure clear member roles/responsibilities and expectations are provided.	DPH	Year 1 & ongoing
Coordinate an annual retreat of the Consortium on the status of cancer and cancer control activities in Delaware.	DPH	Year 1 & ongoing

GOAL 2: Develop and implement a five year cancer control and prevention plan based on CDC guidelines and involve multiple stakeholders with assigned responsibilities.

OBJECTIVE 2: Compile recommendations for each committee of the Consortium, data on cancer, and other relevant information into a state cancer plan; create a plan for Delaware that builds on the previous plan, *Turning Action into Results: The Next Four Year Plan 2007–2011*, and spans from 2012 to 2017.

Task/Action	Responsible party	Timeframe
Create and publish 2012–2017 cancer plan.	DPH	Year 1
Develop two reports to the Governor and legislature on the status of current recommendations and the comprehensive cancer control plan and make additional recommendations as necessary.	DPH	Year 3 and Year 5

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

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

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

Action

Delaware Cancer Consortium

Early Detection & Prevention Committee

Tobacco & Other Risk Factors Committee

Environment Committee

Quality Cancer Care Committee

Insurance Committee

Communication & Public Education Committee

Health Equity & Inclusion Committee

Data Committee



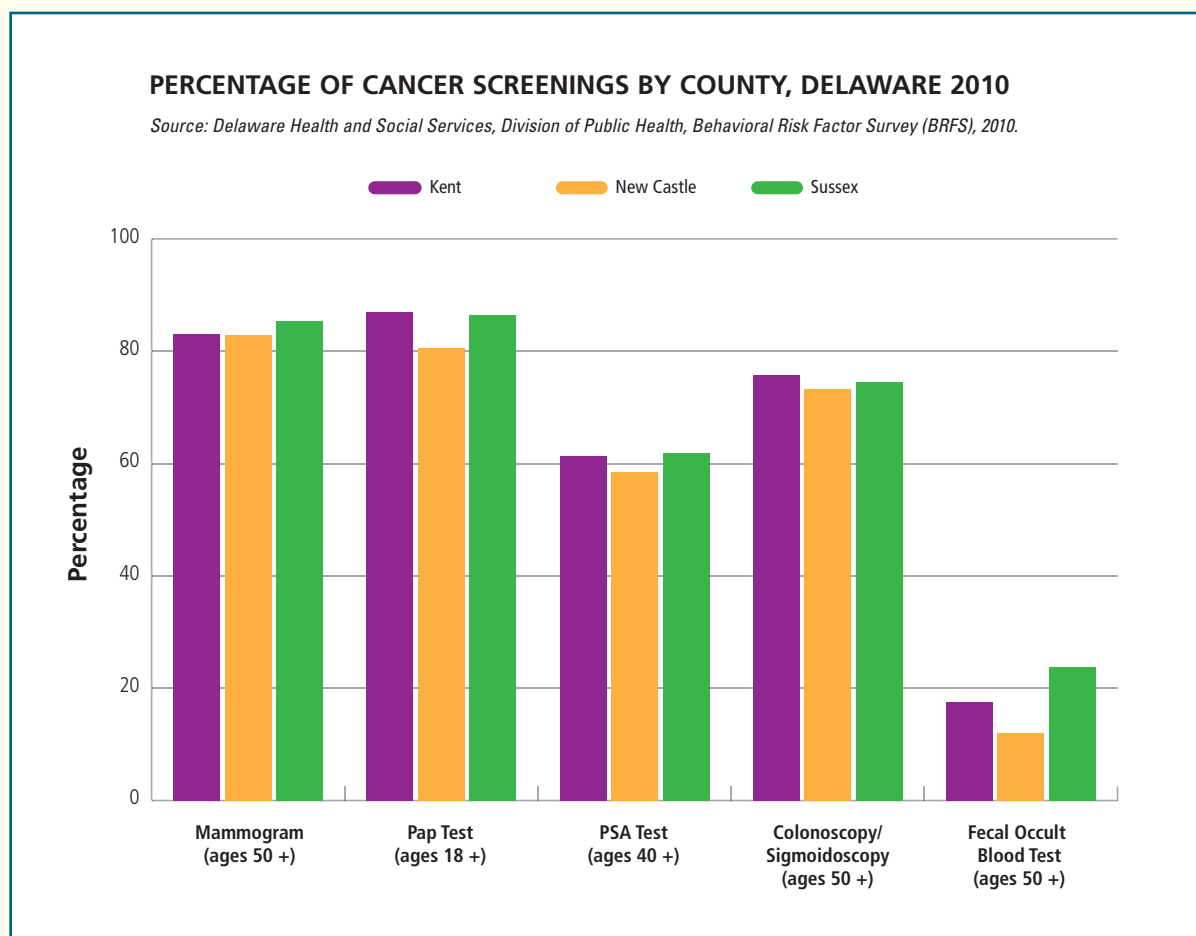
“I was surprised to receive a call from the Screening for Life program, asking if I’d like to schedule a mammogram. It was about eight years since I last had one, so I knew I was overdue. I said ‘yes’ right away, and they made an appointment for me at their mobile screening bus in Smyrna. Shortly after my mammogram, they called to say that they saw a suspicious area and that I needed to come back for additional testing. More x-rays confirmed a mass, so they helped me find a breast specialist and then a surgeon who performed a needle biopsy. Thankfully, the mass was benign, but I need to follow up again in six months. All my appointments and procedures were covered under the program, which is really important because I no longer have health insurance. I’m so glad they were able to do this for me.”

| DOROTHY CLEAVER, CLAYTON |

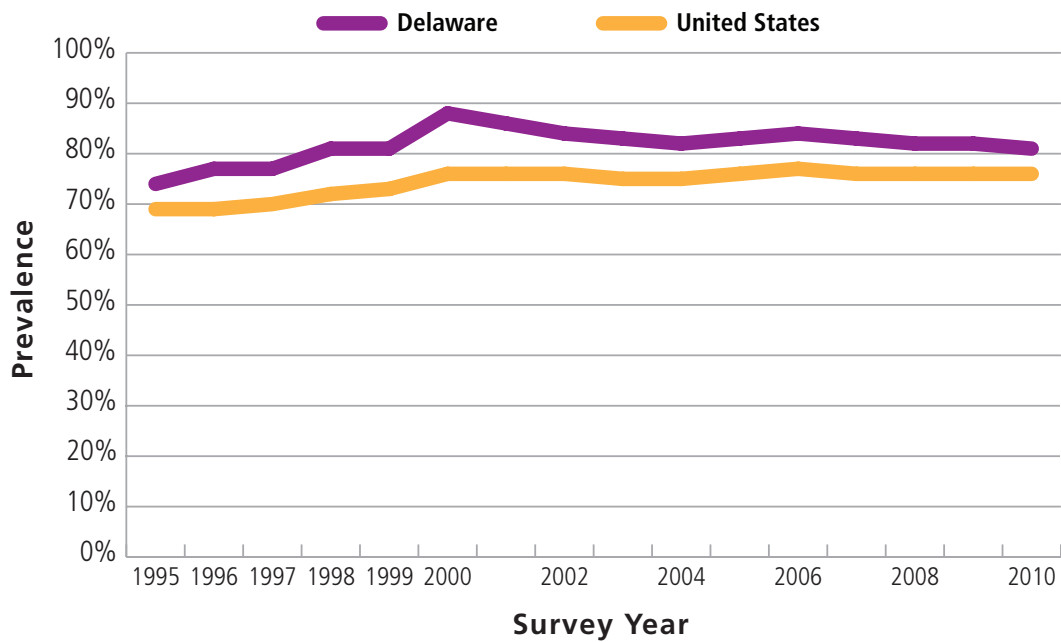
Why?

Healthy behaviors can greatly reduce a person's risk of developing cancer. One of those key behaviors is getting screened. Screenings increase the chances that Delawareans will avoid developing cancer—or that they will find it at an early stage when it's most treatable and curable. Our cancer screening early detection and

prevention program continues to play a vital role in increasing the percentage of colorectal screenings in Delaware—especially among the African-American population where early-stage detection has dramatically increased. An impressive 74 percent of our 50-and-over population reported having had a colorectal screening. We've set an ambitious but attainable goal of an 85 percent colorectal screening rate over the next five years. Other goals include increasing prostate cancer screening discussions by 50 percent; free HPV vaccines for not only young women but now young men; and linking mobile mammography services with cervical cancer screenings in areas of greatest need.

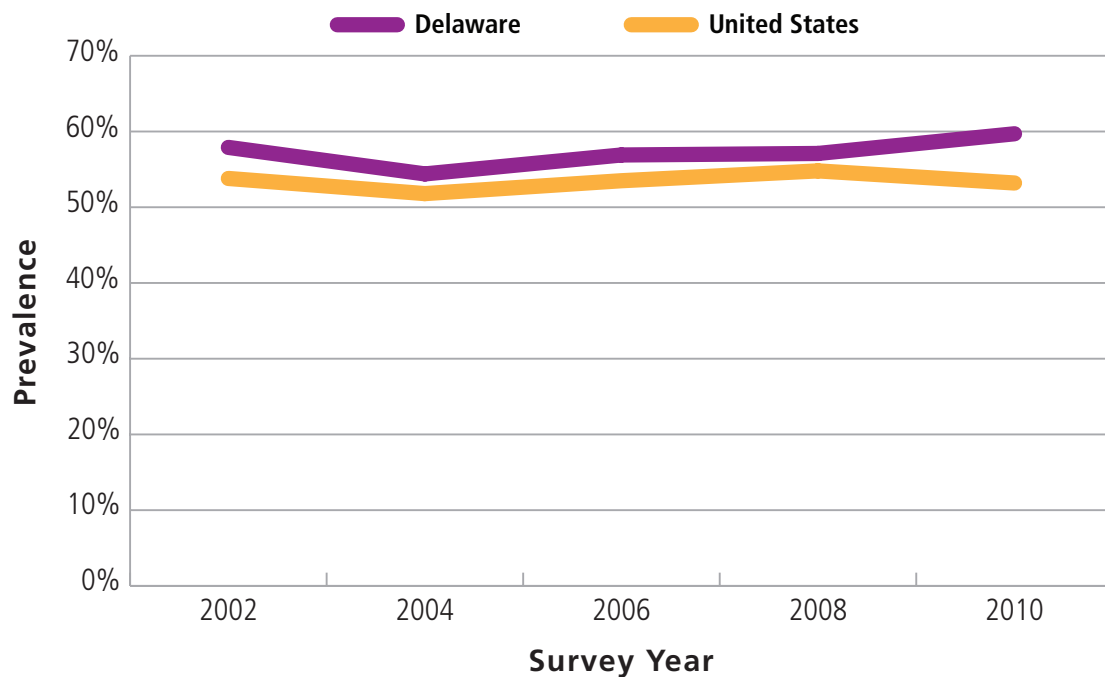


PREVALENCE OF WOMEN AGES 40+ WHO HAVE HAD A MAMMOGRAM DURING THE PREVIOUS TWO YEARS, DELAWARE AND UNITED STATES, 1995–2010



Sources: Delaware: Delaware Health and Social Services, Division of Public Health, Behavioral Risk Factor Survey (BRFS), 1995–2010.
U.S. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System (BRFSS), 1995–2010.

PREVALENCE OF MEN AGES 40+ WHO HAVE HAD A PSA TEST DURING THE PREVIOUS TWO YEARS, UNITED STATES AND DELAWARE, 2002–2010



Sources: Delaware Health and Social Services, Division of Public Health, Behavioral Risk Factor Survey (BRFS), 2002–2010.
U.S. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System (BRFSS), 2002–2010.

Committee Recommendations

The tables below describe proposed initiatives. Years one, two, and three have already been funded. Years four and five will be funded at the discretion of the General Assembly.

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

Total cost for this Goal over the 5 year period of this plan: \$7,500,000

OBJECTIVE 1A: Achieve an 85% colorectal cancer screening rate among Delawareans 50 and older.

Task/Action	Responsible party	Timeframe
Restructure Cancer Screening Nurse Navigator programs.	General Assembly	Year 1 & ongoing
Maintain current and establish new relationships with primary care providers and surgeons to increase screening of Medicare patients.	Navigators	Year 1 & ongoing
Maintain relationships with state service centers and federally qualified health centers to increase screening referrals.	Navigators	Year 1 & ongoing
Increase the number of screenings performed in underserved communities.	Navigators	Year 1 & ongoing

OBJECTIVE 1B: Achieve a 50% increase in the number of men 50–75 (or life expectancy of 10 years) and high-risk men starting at age 40 reporting that they have discussed prostate cancer screening with a health care provider.

Task/Action	Responsible party	Timeframe
Determine baseline number of men 50–75 (or life expectancy of 10 years) and high-risk men starting at age 40 reporting that they have discussed prostate cancer screening with a health care provider.	DPH	Year 1
Increase dissemination of DCC prostate cancer screening recommendations to health care providers.	DPH	Year 1 & ongoing
Reevaluate data received regarding men 50–75 (or life expectancy of 10 years) and high-risk men starting at age 40 reporting that they have discussed prostate cancer screening with a health care provider.	DPH	Year 2 & ongoing

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

Task/Action	Responsible party	Timeframe
Promote campaign to public and businesses focusing on available resources.	DPH	Year 1 & ongoing
Provide updates to health care professionals through letters and personal outreach.	DPH and Navigators	Year 1 & ongoing

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

Total cost for this Goal over the 5 year period of this plan: \$3,469,900

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

Task/Action	Responsible party	Timeframe
Reimburse providers through the Screening for Life program for services for cancer screening for men and women.	DPH	Year 1 & ongoing

OBJECTIVE 2B: 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 of 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, young women, boys, and young men ages 9–26.

Total cost for this Goal over the 5 year period of this plan: \$5,469,900

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

Task/Action	Responsible party	Timeframe
Use outlets such as television, radio, and print media to educate and inform parents, young men, and young women.	DPH	Year 1 & ongoing

OBJECTIVE 3B: Support Delaware’s Immunization Program infrastructure.

Task/Action	Responsible party	Timeframe
Provide funding to the program for purchase of HPV vaccine for young men and women.	General Assembly	Year 1 & ongoing
Monitor and track distribution and usage of vaccine.	DPH	Year 1 & ongoing

OBJECTIVE 3C: Fund HPV vaccine for Screening for Life (SFL)–eligible men and women 19–26 years old.

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

GOAL 4: Provide mobile cancer screening services to include mobile mammography services and linkage to cervical cancer screening services in target areas.

Total cost for this Goal over the 5 year period of this plan: \$250,000

OBJECTIVE 4A: Provide breast cancer screening services to rarely/never screened women.

Task/Action	Responsible party	Timeframe
Evaluate screening, incidence, and mortality data to target women for breast cancer screening in areas of low screening, high incidence, and high mortality.	DPH and mobile cancer screening van contractor	Year 1 & ongoing
Monitor and track number of women screened on the mammography van who are from target demographic.	DPH and mobile cancer screening van contractor	Year 1 & ongoing

OBJECTIVE 4B: Link women receiving mammograms on the mobile cancer screening van with cervical cancer screening services.

Task/Action	Responsible party	Timeframe
Provide information and assistance with obtaining cervical cancer screenings.	Mobile cancer screening van contractor	Year 1 & ongoing
Monitor and track number of women screened on the mammography van who also obtain cervical cancer screening.	DPH and mobile cancer screening van contractor	Year 1 & ongoing

GOAL 5: Identify barriers to obtaining cancer screening and develop programs/services to assist in eliminating barriers to screen at risk populations and underserved communities.

Total cost for this Goal over the 5 year period of this plan: \$150,000

OBJECTIVE 5: Review available data related to barriers to obtaining cancer screening.

Task/Action	Responsible party	Timeframe
Outline barriers and potential ways to overcome barriers, such as health literacy, access, etc.	DPH and ED&P Committee	Year 1
Identify funding to support programs and services that would assist in eliminating barriers.	DCC	Year 2
Provide education and outreach to general public regarding programs and services available that assist with removing barriers to screening.	DPH	Year 3

GOAL 6: Study incorporating lung cancer screening into clinical practice in Delaware.

Total cost for this Goal over the 5 year period of this plan: \$0

OBJECTIVE 6: Review available data related to lung cancer screening.

Task/Action	Responsible party	Timeframe
Determine if lung cancer screening should be incorporated into clinical practice.	ED&P Committee and DCC	Year 1
Determine if lung cancer screening should be added as a service offered through Screening for Life.	ED&P Committee and DCC	Year 2
If determined that lung cancer screening should be added to Screening for Life services, identify funding to reimburse providers for service.	General Assembly	Year 3

GOAL 7: Analyze data in cancer screening databases.

Total cost for this Goal over the 5 year period of this plan: \$80,000

OBJECTIVE 7: Review available data.

Task/Action	Responsible party	Timeframe
Review data elements available in both the Screening for Life (SFL) database and the Cancer Screening Nurse Navigator (CSNN) database.	ED&P Committee	Year 1
Expand and modify current databases used to track screening activity in the SFL program and the CSNN Program.	DPH and ED&P Committee	Year 2
Evaluate screening data in both the SFL program and the CSNN program.	DPH	Year 3
Develop reports illustrating the effectiveness of both programs.	DPH	Year 4

Action

Delaware Cancer Consortium

Early Detection & Prevention Committee

Tobacco & Other Risk Factors Committee

Environment Committee

Quality Cancer Care Committee

Insurance Committee

Communication & Public Education Committee

Health Equity & Inclusion Committee

Data Committee



“Several years ago, three students came to me upset about the smoke in the boys’ bathroom. We decided to do something about it. We applied for and were awarded a \$10,000 grant from the Delaware Health Fund to change the attitudes and behaviors of the students who either smoked or who were subjected to secondary smoke. We used the money to design and print posters that were clever and relatable and, most important, had a positive impact on the students. The grant has been renewed every year since then, and now, we’ve expanded our reach by visiting other schools. The students have developed unique ways of delivering our no-smoking message—through hip-hop dance and drum line performances. Today, we no longer have a smoking problem in our bathrooms, or anywhere else in our school.”

| BETH MATTEY, SCHOOL NURSE, MT. PLEASANT HIGH SCHOOL, NORTH WILMINGTON |

Why?

Lung cancer is unique among all cancers because it's highly preventable through behavior and lifestyle changes. Even those who smoke now can stop and potentially prevent the development of cancer. And although

incidences of lung cancer in Delaware have decreased 10 percent over the past few years, it continues to be one of the most often diagnosed cancers. Our work is focused on educating users about the dangers of smoking and the benefits of quitting, supporting their cessation efforts by providing counseling and products to help them quit for good, protecting innocent people from being carelessly exposed to toxic secondhand smoke, and preventing young people from ever getting started. We will continue our tobacco prevention and cessation efforts to drive down the incidence of lung cancer and other smoking-related respiratory diseases like emphysema. It's our plan to make cessation counseling and products accessible to everyone regardless of insurance status, to ensure that funding is available to support all national and state tobacco policy initiatives, and to educate citizens about the dangers of new tobacco and nicotine products.

What if

the excise tax was increased on all tobacco products in Delaware?

Then

some people will quit due to the economic impact of the cost of tobacco products.

We're making headway:

- Since 1999 we have helped reduce high school tobacco use by 36 percent[†] and have had great success in preventing new usage in both high school and middle school grades.
- Through state-sponsored cessation programs and other education outreach tools, we have helped decrease the number of adult smokers in Delaware by 20 percent* since 1999–2001.
- We've seen a shift in attitude toward smoking—and toward what's okay and what's not. Studies have shown that most adults agree that all people should be protected from secondhand smoke. In fact, 78 percent of people do not allow smoking inside their homes.

[†]Source: Delaware Youth Tobacco Survey, 2008

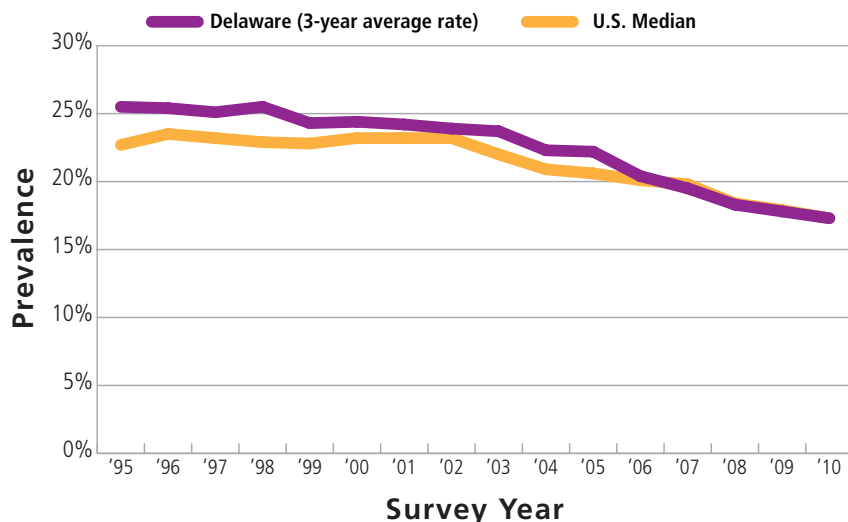
*Source: Behavioral Risk Factor Surveillance System, 2012

What if

every Delawarean was encouraged to increase regular and sustained physical activity?

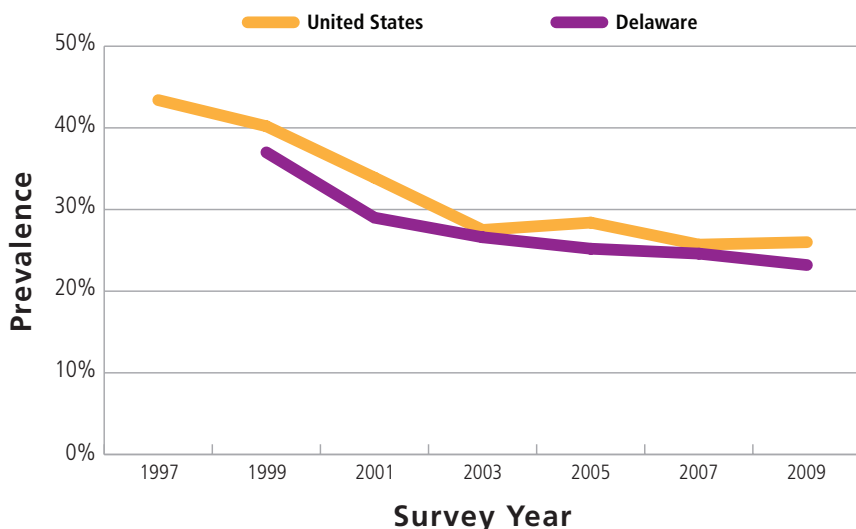
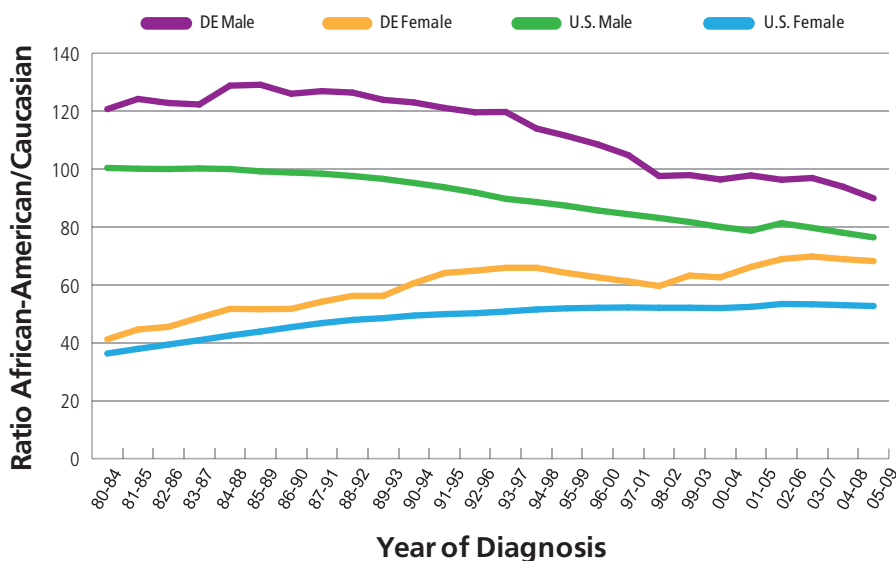
Then

people in Delaware will have a better chance of avoiding obesity and the health risks (including cancers) that are associated with it.



FIVE-YEAR AVERAGE AGE-ADJUSTED LUNG AND BRONCHUS CANCER INCIDENCE RATES* BY SEX: 1980–2009

*Rates are per 100,000 and age-adjusted to the 2000 U.S. standard population.
 Sources: Delaware Cancer Registry, Delaware Division of Public Health, 2012.
 U.S. Surveillance, Epidemiology, and End Results Program, National Cancer Institute, 2012.



Committee Recommendations

The tables below describe proposed initiatives. Years one, two, and three have already been funded. Years four and five will be funded at the discretion of the General Assembly.

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

Total cost for this Goal over the 5 year period of this plan: \$801,500

OBJECTIVE 1A: Increase excise tax on tobacco products.

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

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

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

OBJECTIVE 1C: Increase insurance coverage for cessation.

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

GOAL 1 (CONTINUED): Initiate and support policies and programs to reduce tobacco use and exposure to secondhand smoke.

Total cost for this Goal over the 5 year period of this plan: \$801,500

OBJECTIVE 1D: Support National and Delaware tobacco policy initiatives.

Task/Action	Responsible party	Timeframe
Continue to recommend funding from Delaware Health Fund for tobacco prevention activities.	DCC, IMPACT	Annually
Identify potential funding opportunities to support tobacco prevention efforts from private and federal sources.	DHSS, IMPACT	Ongoing
Provide tobacco plan to agencies and organizations and partner with them to achieve objectives.	DHSS, IMPACT, DCC	Ongoing
Review and update Tobacco Plan.	IMPACT, DHSS	Year 4
Support development of policies by agencies who are responsible for individuals under their jurisdiction.	Voluntary health organizations, IMPACT, DCC, DHSS	Ongoing

OBJECTIVE 1E: Reduce exposure to secondhand smoke in outdoor areas.

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

GOAL 2: Prevent youth initiation to tobacco and nicotine products and subsequent use of tobacco.

Total cost for this Goal over the 5 year period of this plan: \$850,000

OBJECTIVE 2: Fund youth and young adult prevention programs.

Task/Action	Responsible party	Timeframe
Conduct programs in communities and schools throughout the state.	DHSS tobacco program staff, IMPACT members, DOE staff	Ongoing
Conduct programs in colleges and workplaces that target young adults.	DHSS tobacco program staff, IMPACT members	Ongoing
Enforce Delaware Tobacco Regulation 877, which prohibits the use and distribution of tobacco products by all staff, students, visitors, and parents in school buildings, on school grounds, in school leased or owned vehicles and property, and all school affiliated functions, on and off school grounds.	DOE, IMPACT members	Ongoing

GOAL 3: Increase the number of Delawareans who stop using tobacco and nicotine products.

Total cost for this Goal over the 5 year period of this plan: \$1,625,000

OBJECTIVE 3A: Enhance available resources to help people quit use of tobacco and nicotine products.

Task/Action	Responsible party	Timeframe
Provide qualified counseling services (QuitLine/face-to-face).	DHSS tobacco program staff	Ongoing
Provide online information and resources.	DHSS tobacco program staff	Ongoing
Provide approved cessation products to program participants.	DHSS tobacco program staff	Ongoing

OBJECTIVE 3B: Reduce the use of tobacco and nicotine products by youth.

Task/Action	Responsible party	Timeframe
Provide cessation programs specific to youth and young adults.	DHSS tobacco program staff	Ongoing
Expand current programs to include youth.	DHSS tobacco program staff	Ongoing

GOAL 4: Encourage healthy lifestyles and reduce risky behaviors.

Total cost for this Goal over the 5 year period of this plan: \$5,700,000

OBJECTIVE 4A: Develop social marketing campaigns to support tobacco-free living.

Task/Action	Responsible party	Timeframe
Increase awareness of available cessation programs and resources.	DHSS tobacco program staff, IMPACT members, DCC	Ongoing
Increase awareness of problems associated with secondhand smoke.	DHSS tobacco program staff, IMPACT members, DCC	Ongoing
Use “counter-marketing” to decrease the effectiveness of tobacco industry promotions and to increase knowledge of harmful effects of tobacco and nicotine use.	DHSS tobacco program staff, IMPACT members, DCC	Ongoing

OBJECTIVE 4B: Develop social marketing campaigns to support healthy eating and active living.

Task/Action	Responsible party	Timeframe
Increase awareness of healthy eating and active living programs and resources.	DHSS PANO staff, DE HEAL members, DCC	Ongoing
Increase awareness of problems associated with obesity.	DHSS PANO staff, IMPACT members, DCC	Ongoing
Empower individuals to make healthy choices.	DHSS PANO staff, IMPACT members, DCC	Ongoing

OBJECTIVE 4C: Promote other healthy lifestyle practices.

Task/Action	Responsible party	Timeframe
Reduce unprotected and/or excessive exposure to UV radiation (sunlight, tanning beds, or sun lamps).	Voluntary health organizations, DHSS	Ongoing
Promote limited alcohol use and the link to cancer.	Voluntary health organizations, DHSS	Ongoing
Reduce stress and promote the link to cancer.	Voluntary health organizations, DHSS	Ongoing
Provide information on policies and emerging issues to key stakeholders and community leaders.	Voluntary health organizations, IMPACT, DE HEAL, DCC	Ongoing

GOAL 5: Implement a statewide plan to address physical activity, nutrition, and obesity prevention.

Total cost for this Goal over the 5 year period of this plan: \$8,340,000

OBJECTIVE 5A: Implement and sustain a comprehensive physical activity and nutrition program in DPH similar to the tobacco prevention model.

Task/Action	Responsible party	Timeframe
Advocate for funding increases for the DCC.	DCC	Ongoing
Identify and apply for potential funding opportunities to support physical activity, nutrition, and obesity prevention from private and federal sources.	DHSS, voluntary organizations, state agencies	Ongoing
Support the DE HEAL (Delaware Coalition for Healthy Eating and Active Living) plan.	DHSS, voluntary organizations, state agencies	Ongoing

OBJECTIVE 5B: Increase regular and sustained physical activity for people of all ages.

Task/Action	Responsible party	Timeframe
Support policies and plans to include physical activity when designing and refurbishing communities.	Voluntary health organizations, DE HEAL, DCC	Ongoing
Support school policies to promote regular physical activity and healthy nutrition.	DOE, voluntary health organizations, DCC	Ongoing
Work with employers, health care providers, and insurers to promote the benefits of active living.	Voluntary health organizations, DE HEAL, DCC	Ongoing

OBJECTIVE 5C: Promote healthy eating habits and proper nutrition.

Task/Action	Responsible party	Timeframe
Work with employers, health care providers, and insurers to promote the benefits of healthy eating.	Voluntary health organizations, DHSS	Ongoing

Action

Delaware Cancer Consortium

Early Detection & Prevention Committee

Tobacco & Other Risk Factors Committee

Environment Committee

Quality Cancer Care Committee

Insurance Committee

Communication & Public Education Committee

Health Equity & Inclusion Committee

Data Committee



“Living in an industrial area, I was concerned about the toxins and pollutants my three-year-old daughter was exposed to. Plus, living in an older home, I thought that it might contain health hazards like lead, mold, or asbestos. Together with other concerned citizens, I started a group called the Delaware City Environment Coalition to determine if we are at an increased risk of disease due to exposure to pollutants. Through this effort, I was introduced to the Delaware Healthy Homes Program. A representative of the program gave an informative talk at one of our meetings on pollutants in the home. We learned that indoor air could actually be more dangerous than outdoor air. He also told us that there are simple things we can do to make our home safer. I took advantage of the program’s free home assessment and was very impressed with the entire process.”

| SARAH BUCIC, DELAWARE CITY |

Why?

Cancer is complex with many causes but we do know that toxins in the environment can contribute. That's why it's important to monitor our natural resources for evidence of carcinogenic substances—and provide solutions for improving the safety of our

air, water, soil, and food sources. We also realize the importance of recognizing toxic substances indoors—and support education and home assessments to help people avoid associated risks.

WHAT CAN BE DONE

- Continue conducting statewide medication take-back days for the safe disposal of pharmaceuticals—refining our processes for the systematic collection of samples that will ensure that no areas are overlooked. Then, analyze and report results about the take-back days and other events to drive new educational opportunities and programs to clean up or prevent natural resource contamination.
- Continue the Healthy Homes campaign to help educate residents about exposure to cancer-causing substances in their indoor environment and ways to reduce their risk.
- Continue to offer free home assessments and guidance on achieving and maintaining a healthy home.
- Continue to monitor public water and well water.



Billboard

WHAT YOU SHOULD KNOW ABOUT LEAD

WHY IT'S BAD FOR YOU AND WHAT YOU CAN DO ABOUT IT.



What Are the Dangers of Lead?

- Exposure to lead can damage the kidneys, liver, brain and nervous system. Even small amounts are dangerous—particularly to pregnant women and small children.
- Workers in the construction, automobile and metal fabricating industries are at a higher risk of exposure. There are many other jobs where lead can be dangerous.
- You cannot see lead dust, but you can carry lead dust home on your shoes or clothing, harming your family too. Your child can swallow the lead dust and be poisoned.

How to Protect Yourself:

- Ask your employer if you work with lead. The law says your employer must tell you about any work that is dangerous. This includes lead.
- Protect your skin and lungs from contact with any lead. Wear personal protective equipment like gloves, face mask or respirator, and eye goggles to protect yourself from exposure.
- Keep work areas clean and wash your hands and arms frequently.
- Change your clothes at work before getting into your car to go home. Wash work clothes separately from other clothes.

The Occupational Health Program at the Delaware Division of Public Health offers workplace assessment information on potential workplace health hazards and strategies on how to minimize risk. Call 1-800-464-HELP (4357) or visit our website DelawareHealthyWorkplaces.org.

LIMIT YOUR EXPOSURE. REDUCE YOUR CANCER RISK. 1-800-464-HELP

DelawareHealthyWorkplaces.org

DELAWARE HEALTHY AND SOCIAL SERVICES
Division of Public Health
Health Systems Protection

Services Offered and Provided
Made possible with the support of the Delaware Cancer Consortium, and underwritten in part by the Delaware Health Fund.

Flyer campaign

How are the conditions at your workplace?

YOURSELF

Working in a lot of dust? Ask your employer for a dust mask and use it. Are you might be exposed to lead? Ask your employer how to avoid contact with it. Detect a chemical smell? Ask your employer what it is—and how to avoid breathing it. Do you work with your employer to improve the conditions where you work. The effects of daily exposure to hazardous materials—even slight amounts—can add up over time and cause serious health problems. This fact with hazardous materials is called "chronic exposure." You may not notice anything on any day, but after years on the job, the effects may become obvious. It's just like smoking or being in the car—nothing happens right away, but down the road? Either one can lead to cancer.

YOUR FAMILY

Exposed to dust or chemicals, you could be carrying hazardous materials home on your clothes. Change your work clothes before you come home, or change as soon as you get home, and wash your clothes. Uniforms or clothes around the house that have dust on them or smell funny. It could be harming your family—especially pregnant women and little children. Get information about the potentially harmful materials at your workplace, or your employer willing to work with you to limit your exposure to hazardous materials, call the Occupational Health Program at the Division of Public Health at 1-800-464-HELP (4357). Or visit our website: DelawareHealthyWorkplaces.org.


-464-HELP
DelawareHealthyWorkplaces.org

LIMIT YOUR EXPOSURE. REDUCE YOUR CANCER RISK.

DELAWARE HEALTHY AND SOCIAL SERVICES
Division of Public Health
Health Systems Protection

WHAT YOU SHOULD KNOW ABOUT WORKPLACE DUST

WHY IT'S BAD FOR YOU AND WHAT YOU CAN DO ABOUT IT.



- Workplace dusts are tiny solid particles scattered or suspended in the air that may also include chemical dust that is harmful to humans.
- Examples are silica, asbestos, and dusts that come from grinding metals or minerals.
- Exposure to dusts at work can cause problems ranging from permanent lung damage to even possibly cancer.

How to Protect Yourself:

- Your body has its own mechanisms for avoiding dust hazards, but you may need to use engineering controls such as wet processes, using vacuum cleaners instead of brooms, and good housekeeping.
- Personal protective equipment should be the last resort and is not a substitute for proper dust control.

The Delaware Division of Public Health wants you to be safe in your workplace. The Occupational Health Program offers services such as workplace assessments to inform you about potential hazards and minimize your risk. If you have a concern about hazardous substances where you work, call 1-800-464-HELP (4357) or visit DelawareHealthyWorkplaces.org.

LIMIT YOUR EXPOSURE. REDUCE YOUR CANCER RISK. 1-800-464-HELP

DelawareHealthyWorkplaces.org

DELAWARE HEALTHY AND SOCIAL SERVICES
Division of Public Health
Health Systems Protection

Services Offered and Provided
Made possible with the support of the Delaware Cancer Consortium, and underwritten in part by the Delaware Health Fund.

Cleaning solution or home pollution?

Get the facts at DelawareHealthyHomes.org



DELAWARE HEALTHY AND SOCIAL SERVICES
Division of Public Health
Health Systems Protection

Billboard


RADON GAS IS THE SECOND-LEADING CAUSE OF LUNG CANCER

TEST YOUR HOME!

1-800-464-HELP

DELAWARE HEALTHY AND SOCIAL SERVICES
Division of Public Health
Health Systems Protection

Made possible with the cooperation of the Delaware Cancer Consortium, and underwritten in part by the Delaware Health Fund.



Billboard

Committee Recommendations

The tables below describe proposed initiatives. Years one, two, and three have already been funded. Years four and five will be funded at the discretion of the General Assembly.

GOAL 1: Reduce exposure to carcinogenic substances in our food.

Total cost for this Goal over the 5 year period of this plan: \$150,000

OBJECTIVE 1: Educate communities on potential and known carcinogens in food.

Task/Action	Responsible party	Timeframe
Research and compile a list of potential and known carcinogens in food.	Environment Committee, DPH	Year 2 & ongoing
Provide education to communities via presentations, website, and written materials regarding known and potential carcinogens in food.	DDA, DPH	Ongoing

GOAL 2: Assess and reduce exposure to carcinogenic substances in our air, soil, and water.

Total cost for this Goal over the 5 year period of this plan: \$560,000

OBJECTIVE 2A: Conduct a statewide multimedia exposure study.

Task/Action	Responsible party	Timeframe
Develop sampling and testing protocols for pilot project.	DNREC, DHSS, DCC	Year 1
Collect environmental and biologic samples.	DHSS, DNREC	Year 1
Analyze and report results.	DHSS, DNREC	Year 1
Conduct follow-up sampling and testing.	DHSS, DNREC	Year 2
Analyze and report results.	DHSS, DNREC	Year 2
Take regulatory/policy action as appropriate based on results of testing.	DHSS, DNREC	Year 2

OBJECTIVE 2B: Continue campaigns related to safe disposal of pharmaceuticals.

Task/Action	Responsible party	Timeframe
Conduct statewide medication take-back days.	DHSS, DNREC	Ongoing
Develop and disseminate educational materials to key stakeholders related to the importance of safe disposal of medications.	DPH	Ongoing
Draft and pass legislation related to safe disposal of pharmaceuticals.	DCC, DPH	Year 3

OBJECTIVE 2C: Conduct statewide environmental testing of drinking water, soil, groundwater as determined and prioritized by committee each year.

Task/Action	Responsible party	Timeframe
Develop sampling and testing protocols for project.	DPH	Year 3
Collect and analyze samples.	DPH	Year 4
Publish report of findings, disseminate results to stakeholders, and modify/conduct additional program activities based on testing results.	DPH, DCC	Year 5

GOAL 3: Reduce home and workplace carcinogenic risk and exposure.

Total cost for this Goal over the 5 year period of this plan: \$1,915,000

OBJECTIVE 3A: Continue activities of the Office of Occupational Health to educate and provide technical assistance to public sector employers and employees.

Task/Action	Responsible party	Timeframe
Continue implementation of HB 219 through educational and “worker right-to-know” programs.	DHSS	Ongoing
Conduct voluntary assessments of and targeted technical assistance to employers and employees related to knowledge of and exposure to carcinogenic substances in the workplace.	DHSS	Ongoing

OBJECTIVE 3B: Continue Healthy Homes Campaign.

Task/Action	Responsible party	Timeframe
Using the Healthy Homes campaign, 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.	DHSS	Ongoing
Program evaluation to include a targeted way of determining if efforts are facilitating individual behavior change.	DHSS	Year 3 & ongoing

OBJECTIVE 3C: Reduce exposure to cancer-causing solvents used in dry cleaning.

Task/Action	Responsible party	Timeframe
Research what other state legislature changes have been made to reduce the use of perchloroethylene (PERC)	DCC, DHSS, DNREC	Year 2 & ongoing
Make recommendations to General Assembly or regulatory agency to reduce PERC use more aggressively than current regulations.	DCC, DHSS, DNREC	Year 3
Draft and pass regulations and/or legislation regulating the use of cancer-causing chemicals in dry cleaning.	DCC, General Assembly	Years 4 & 5

Action

Delaware Cancer Consortium

Early Detection & Prevention Committee

Tobacco & Other Risk Factors Committee

Environment Committee

Quality Cancer Care Committee

Insurance Committee

Communication & Public Education Committee

Health Equity & Inclusion Committee

Data Committee



“I found a small lump in my breast in February 2009, but wasn’t overly concerned because I’d always been so healthy and there’s no breast cancer in my family. I decided to wait to have it checked out at my annual mammogram appointment in April. But, when I started experiencing pain in my back, ribs, and spine, I knew I couldn’t put it off. A mammogram showed a mass and additional tests confirmed that I had Stage IV metastatic breast cancer. I was so overwhelmed and didn’t know what to do or how I would pay for treatment, since I didn’t have insurance. Luckily, at a local art event I met a nurse who told me about the Delaware Cancer Treatment Program. Through the program, I receive all my treatments—surgery, chemotherapy, and radiation. Everything has been top-notch. I’m still fighting this disease and I don’t know what the future will bring, but right now, I feel fantastic.”

| JACQUELINE M. CONNELL, WILMINGTON |

Why?

While no two experiences are the same, most cancer survivors attribute their success to having access to the right treatments, the best providers, and ongoing support services. From diagnosis to follow-up, a patient's best chance of beating cancer and maintaining a high quality of life depends on all aspects of care working together.

We know that this philosophy—a continuum of care—ensures that all of a patient's needs are met on every level. Whether a cancer patient is celebrating survivorship—and dealing with the unique challenges associated with it—or learning how to face life when the battle seems lost, we want to be there with help and solutions.

WHAT CAN BE DONE.

- We are dedicated to making a full spectrum of breast cancer services accessible to all women in Delaware. This effort has been largely responsible for the significant decline in breast cancer mortality rates. These rates are now in sync with the rest of the country—and decreasing each year.
- We will establish best practices for the transition of care so patients can feel confident that nothing will “fall through the cracks” when it's time for their primary care doctor to manage their care. A seamless transition from provider to provider is vital to maximizing outcomes and quality of life.
- We recognize that cancer survivorship poses unique challenges to patients and families. Educating health care professionals about how to best help patients overcome those challenges is another step in the transition process.
- Because not all cancers can be cured, we will educate health professionals in end-of-life and palliative services, giving patients and families comfort and support at a time of great need.
- Since the delivery of all quality-of-care services depends on demonstrated need and measurable results, accurate, complete data of cancer incidences and outcomes is critical. During the next few years, we will strive to ensure the availability of this information.

Committee Recommendations

The tables below describe proposed initiatives. Years one, two, and three have already been funded. Years four and five will be funded at the discretion of the General Assembly.

GOAL 1: Establish best practices for the transition of care from cancer centers or oncologists to primary care providers.

Total cost for this Goal over the 5 year period of this plan: \$200,000

OBJECTIVE 1: Create a partnership that includes but is not limited to: cancer care centers, hospitals, rehabilitation medicine, physicians including oncologists and primary care, nurse practitioners, physician assistants, nurses, patients, family members, and other health care providers. The partnership mission will be to develop, implement, evaluate, and revise transition of care practices.

Task/Action	Responsible party	Timeframe
Identify members for partnership.	DCRAC, DCC Quality Committee	Year 2
Conduct focus groups that result in the identification of information needed to enhance transition of care.	Partnership	Year 3
Develop a pilot transition of care project plan.	Partnership	Year 3
Implement the pilot transition of care project plan.	Partnership	Year 3
Monitor and revise project plan for transition of care resulting in best practices for transition of care.	Partnership	Years 3–4
Create education and promotion plan for best practices for transition of care that results in increased use of the practices throughout the state.	Partnership	Year 4

GOAL 2: Provide and support education efforts for health care professionals in survivorship, palliative, and end of life care.

Total cost for this Goal over the 5 year period of this plan: \$80,000

OBJECTIVE 2: Develop and implement educational opportunities for health care professionals to learn about best practices in survivorship, palliative, and end-of-life care.

Task/Action	Responsible party	Timeframe
Form a committee that will carry out a project plan that results in an educational opportunity for health care professionals to learn about best practices in survivorship, palliative, and end-of-life care.	DCRAC, DCC Quality Committee	Year 2
Create and implement a project plan that results in an educational opportunity for health care professionals to learn about best practices in survivorship, palliative, and end-of-life care.	Committee	Years 2–3
Identify funding sources to implement the project plan for the survivorship, palliative, and end-of-life care education session.	Committee	Year 2
Revise the project plan as needed for future implementation.	Committee	Year 3

GOAL 3: Ensure availability of accurate, complete data to allow effective surveillance of cancer incidence, care delivery, and treatment.

Total cost for this Goal over the 5 year period of this plan: \$1,516,015

OBJECTIVE 3A: Improve timeliness/completeness of reporting of cancer case data, through technological improvements resulting in increased reporting by non-hospital sources.

Task/Action	Responsible party	Timeframe
Reevaluate technological needs of the Delaware Cancer Registry (DCR).	DCRAC	Year 2 & ongoing
Form a technology project plan to implement evaluation results.	DCRAC	Year 2 & ongoing
Implement the technology project plan.	Delaware Central Cancer Registry	Year 2 & ongoing

OBJECTIVE 3B: Improve data quality.

Task/Action	Responsible party	Timeframe
Create a standard operating procedure to capture first course of treatment data to enable evaluation of quality of cancer treatment.	DCRAC	Years 2–3
Monitor completeness of DCR's first course of treatment data through chart review studies and other methods.	Delaware Central Cancer Registry	Years 2–3

OBJECTIVE 3C: Provide support to hospital cancer registries/cancer registrars and other reporting facilities in Delaware.

Task/Action	Responsible party	Timeframe
Create an annual evaluation tool for hospital cancer registries/cancer registrars and other reporting facilities in Delaware to provide feedback on the types of support needed.	Delaware Central Cancer Registry	Years 2–3
Develop and implement a support plan for hospital cancer registries/cancer registrars and other reporting facilities in Delaware.	Delaware Central Cancer Registry	Years 2–3
Create a marketing and promotion plan to educate hospital cancer registries/cancer registrars and other reporting facilities in Delaware about the support plan.	Delaware Central Cancer Registry	Years 2–3

OBJECTIVE 3D: Increase use of data to answer research questions.

Task/Action	Responsible party	Timeframe
Publish data access guidelines/policy and procedures to ensure consistent response to data requests.	Delaware Central Cancer Registry	Year 3
Provide help to data users.	Delaware Central Cancer Registry	Year 3 & ongoing
Publicize availability of data to inform researchers, academic institutions, and other stakeholders.	Delaware Central Cancer Registry	Year 2

OBJECTIVE 3E: Revise occupation/residency data collection and reporting procedures resulting in compliance with the Delaware Cancer Control Act.

Task/Action	Responsible party	Timeframe
Create committee to review Delaware Cancer Control Act and Occupation/Residency Data Collection resulting in suggested revisions for data collection and reporting.	Delaware Central Cancer Registry	Year 2
Create project plan to implement the revised data collection and reporting procedures.	Delaware Central Cancer Registry	Year 3

OBJECTIVE 3F: Engage stakeholders in communication with the Delaware Cancer Registry.

Task/Action	Responsible party	Timeframe
Conduct focus groups that result in the identification of information needed to enhance communication between the Delaware Cancer Registry and stakeholders.	Delaware Central Cancer Registry	Year 2
Create and implement a communications plan for the Delaware Cancer Registry and stakeholders.	Delaware Central Cancer Registry	Year 3
Revise and monitor communications plan as needed based on evaluation of the communications plan.	Delaware Central Cancer Registry	Year 4 & ongoing

GOAL 4: Support data collection useful for improving the quality of cancer care in Delaware.

Total cost for this Goal over the 5 year period of this plan: \$0

OBJECTIVE 4A: Support use of the Commission on Cancer Rapid Quality Reporting System by each Commission on Cancer-certified hospital in Delaware.

Task/Action	Responsible party	Timeframe
Create a recommendation statement for cancer committee chairs.	DCRAC	Year 2

OBJECTIVE 4B: Support use of the American Society of Clinical Oncology Quality Oncology Practice Initiative by each group oncology practice in Delaware.

Task/Action	Responsible party	Timeframe
Create and implement an informal assessment.	DCRAC	Year 2

Action

Delaware Cancer Consortium

Early Detection & Prevention Committee

Tobacco & Other Risk Factors Committee

Environment Committee

Quality Cancer Care Committee

Insurance Committee

Communication & Public Education Committee

Health Equity & Inclusion Committee

Data Committee



“I was never one to go to the doctor. I never took the time to get preventive care, but did go for my first prostate cancer screening when I was 50. They told me I had an enlarged prostate and to come back in three months. I didn’t go back for two years. Finally, something clicked and I knew I had to go for a follow-up. Through the Screening for Life program I had another test, and this time it came back as cancer. I knew I couldn’t put things off this time, but I didn’t have insurance so I wasn’t sure what to do. I called the Delaware Cancer Treatment Program hotline and got qualified for treatment. The Cancer Care Nurse Navigator has been such a blessing, helping me get everything in place. And the fact that I don’t have to worry about paying the bills is wonderful. Now, I’m scheduled for surgery and then will have radiation afterward. My doctor says my prognosis is excellent, so I’m anxious to get started with my treatment so I can move on with my life.”

| PHILLIP MITCHELL, WILMINGTON |

Why?

While we are committed to offering robust cancer screening and prevention programs, we know that we must also fight cancer by providing access to high-quality treatment options for the uninsured. We believe that affordability should never determine who gets better care. The uninsured and underinsured deserve to get the

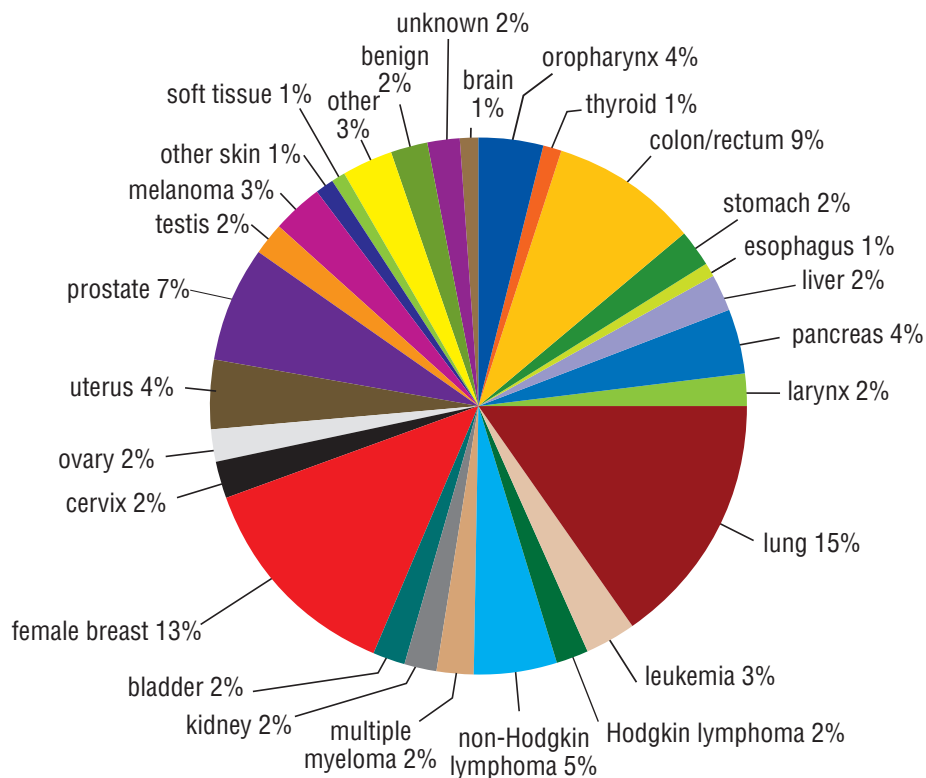
same lifesaving cancer treatment as those with comprehensive insurance. The goals we have set for the next five years reflect the commitment we have.

WHAT CAN BE DONE

- We will continue to ensure eligibility in the Delaware Cancer Treatment Program (DCTP)—the most comprehensive cancer treatment program in the nation—for up to 24 months.
- Providers participating in the Delaware Medical Assistance Program can count on our support and will receive reimbursements for their costs associated with the care of those enrolled in the DCTP.
- Continuing our work on developing an all-payer claims database will help us provide access to comprehensive, timely, and accurate data to help us make informed decisions. This initiative can transform the way we deliver health care in our state. A multidisciplinary committee—comprised of representatives from the Governor’s office, the Delaware Cancer Consortium, the Delaware Health Information Network (DHIN), hospitals, private insurers, the research community, and many others—has worked to bring this ambitious project to fruition. The Insurance Committee is tasked with the following goals: sourcing funding and providing governance, determining initial uses of the database, ensuring integration with existing health IT activities in Delaware, and building support among shareholders.

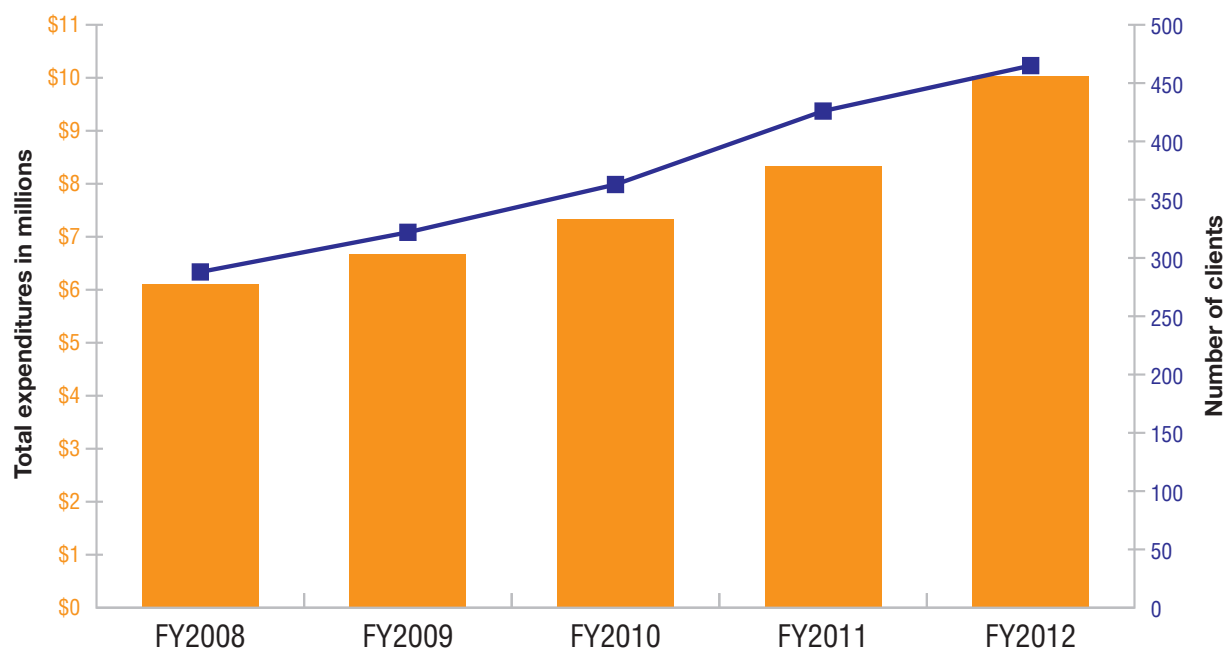
DELAWARE CANCER TREATMENT PROGRAM JULY 1, 2007–JUNE 30, 2012 **PERCENTAGE OF CLIENTS BY CANCER TYPE**

*File of claims paid through June 2012. Percentages have been rounded to the nearest whole number.
 Delaware Division of Public Health*



DELAWARE CANCER TREATMENT PROGRAM JULY 1, 2007–JUNE 30, 2012 **TOTAL EXPENDITURES AND NUMBER OF CLIENTS BY STATE FISCAL YEAR**

*File of claims paid through June 2012
 Delaware Division of Public Health*



Committee Recommendations

The tables below describe proposed initiatives. Years one, two, and three have already been funded. Years four and five 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.

Total cost for this Goal over the 5 year period of this plan: \$34,000,000

Task/Action	Responsible party	Timeframe
Maintain regulations for the Delaware Cancer Treatment Program (DCTP) to ensure eligibility for up to 24 months.	DPH	Year 1 & ongoing
Update DCTP regulations as necessary.	DPH	Year 1 & ongoing
Reimburse providers enrolled in the Medicaid Management Information System (MMIS) for costs related to cancer treatment for clients enrolled in DCTP.	DCTP administration, contractor	Year 1 & ongoing
Monitor and evaluate expenditures, client disposition (e.g., insurance eligibility), and health outcomes to ensure efficient resource utilization and quality care.	DPH	Year 1 & ongoing
Maintain contract with vendor who supports the MMIS to manage the day-to-day operations of the DCTP.	DPH	Year 1 & ongoing

Action

Delaware Cancer Consortium

Early Detection & Prevention Committee

Tobacco & Other Risk Factors Committee

Environment Committee

Quality Cancer Care Committee

Insurance Committee

Communication & Public Education Committee

Health Equity & Inclusion Committee

Data Committee




“Educating and empowering individuals to make informed health care decisions is in everyone’s best interest. It saves lives, enhances quality of life, and is a smart use of health care resources and dollars. As a member of the Communications & Public Education Committee for the past several years, I’ve had the opportunity to reach out to Delawareans at the local level to educate them on many aspects of cancer care—from prevention to survivorship. The Delaware Cancer Consortium’s 2011 Annual Cancer Education Summit brought together both researchers and clinicians whose main focus was to demonstrate the critical importance of cancer screenings, risk factor management, healthy living, and early detection in fighting cancer. Events such as these are wonderful opportunities to educate, share information, and, potentially, change lives.”

| JEANNE CHIQUOINE, DELAWARE GOVERNMENT RELATIONS DIRECTOR, AMERICAN CANCER SOCIETY |

Why?

Knowledge truly is power. With knowledge, we can make better decisions and take control of our lives. That's why it's so important that people understand the best ways to prevent cancer and know where to turn for screening, diagnosis, and treatment. We've made it our mission to educate all Delawareans

about what they can do to take charge of their health and the services available to help them to do it. We've made it a priority to get the message out. Prevention, screenings, and early detection are critical to lowering the cancer rate in our state. We will continuously evaluate our effectiveness and explore new ways of reaching underserved populations so everyone has the knowledge they need to take action.



You're INVITED

DELAWARE
CANCER
CONSORTIUM

Delaware Cancer Education Alliance Workshop

Walking the Talk: Steps Toward Lowering Cancer Risks

Wednesday, October 5, 2011, 8:30 a.m. to 3:00 p.m.
Delaware State University
Martin Luther King Student Center, Parlor C
Dover, DE 19901




Healthy breakfast and lunch provided

Speakers Include:

Nutrition, Physical Activity and Cancer: What's the Connection?
Colleen Doyle, MS, RD, Director, Physical Activity and Nutrition, National Home Office,
American Cancer Society

Opportunities and Challenges for Nutrition and Cancer Prevention
Dr. Nancy Emenaker, PhD, RD, Program Director, Nutritional Science Research Group,
Division of Cancer Prevention, National Cancer Institute

Local experts review Delaware data on physical activity, tobacco use, obesity and
cancer screenings.
Panel discussion on best practices for prevention in special populations, primary care
and the built environment.

Delaware Center
for Health Promotion

This program is co-provided with Bayhealth Medical Center and offers 4.5 nursing contact hours.
Bayhealth Medical Center is an approved provider of continuing nursing education by the Delaware Nurses Association,
an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.
The provision of continuing education credit by Bayhealth Medical Center, ANCC Commission of Accreditation, and DNA
does not imply approval or endorsement of any commercial products that may have been used in this presentation.

REGISTER BY SEPTEMBER 28

Event is free. To register contact Jeanne Chiquoine at 484-840-9138 or email jchiquoine@cancer.org.
Should you require reasonable accommodations to participate in this meeting, please contact Jeanne Chiquoine at
least ten (10) business days prior to the event at 484-840-9138.

Delaware Cancer Education Alliance Workshop Invite

WHAT CAN BE DONE

- Reach out to employers and the self-insured with a workplace campaign geared to promoting the state's prevention, screening, and treatment programs, encouraging them to use the DCC website as a resource for cancer care information and support.
- Encourage more collaboration among health care agencies, community partners, providers, and others across the state of Delaware.

Call for free cancer treatment.

1-800-996-9969.



You may never feel more alone than when you've been diagnosed with cancer. Especially if you don't have insurance. But we can help. Our special program provides free cancer treatment for up to 24 months for Delaware residents. Get all the details. Find out how you can get the treatment you need to fight cancer. There is hope.



**Delaware
Cancer
Treatment
Program**

Made possible with the cooperation of the Delaware Cancer Consortium, and underwritten in part by the Delaware Health Fund.

DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health
Comprehensive Cancer Control Program

Print ad

TAKE THE FIRST STEP TO DETECT CANCER EARLY.

Working hard but can't afford cancer tests? Get them FREE through Screening for Life.

You want to stay healthy. But it's not easy. Especially when it comes to paying for the cancer screenings you need. Screening for Life can help. Get free mammograms, Pap tests, prostate cancer tests and colonoscopies if you are uninsured or if your insurance doesn't cover preventive screenings. **Call 2-1-1 today to learn how you can take the first step to keeping cancer out of your life.**



BREAST	CERVICAL	COLON	PROSTATE
Clinical Breast Exam (CBE) —annually for women 18 to 39 Mammogram & CBE —annually for women 40 and older	Pap Test —every 3 years for women 21–64* Pelvic Exam —annually for women 21–64* HPV Test —every 5 years for women 30–64	Colonoscopy —every 10 years for men and women 50 and older	Prostate-Specific Antigen (PSA) Test with or without a Digital Rectal Exam (DRE) —annually for men 50 and older and African-American men 40 and older

* Talk with your doctor about individual screening recommendations.
 * Individuals 65 years of age and older who are not eligible for Medicare also may qualify for free screening.
 * Individuals with a family history of cancer may qualify for screening at an earlier age.

Print ad

Committee Recommendations

The tables below describe proposed initiatives. Years one, two, and three have already been funded. Years four and five will be funded at the discretion of the General Assembly.

GOAL 1: Maintain and provide oversight for the Delaware Cancer Education Summit (DCES).

Total cost for this Goal over the 5 year period this plan: \$25,000

OBJECTIVE 1: Implement a project plan that results in an annual educational summit for health care providers and other community partners that educates attendees about cancer care best practices.

Task/Action	Responsible party	Timeframe
Develop project plan for annual education summit.	Communication & Public Education Committee	Year 1 & ongoing
Identify volunteers to serve on the planning Committee for the annual education summit.	Communication & Public Education Committee	Year 1 & ongoing
Identify funding sources and fiduciary agent to support the annual education summit.	Communication & Public Education Committee	Year 1 & ongoing

GOAL 2: Educate the public about ways to lower their cancer risks.

Total cost for this Goal over the 5 year period of this plan: \$4,127,000

OBJECTIVE 2: Promote public education relating to cancer and promote healthy lifestyles and lifestyle choices.

Task/Action	Responsible party	Timeframe
Establish partnerships with DPH representatives, the department of education, universities, health care providers, faith-based organizations, and nonprofit groups to support and facilitate dissemination of evidence-based cancer prevention, treatment, and testing education and messaging.	Communication & Public Education Committee, DCC Subcommittee Partners, DPH	Year 1 & ongoing
Implement, evaluate, and revise the Delaware DPH's Cancer Education Plan. The plan should include linkages to treatment, health care homes, and other health activities to reduce service gaps.	DPH	Year 1 & ongoing
Develop, implement, revise, and evaluate evidence-based cancer health promotion and prevention messages.	Communication & Public Education Committee	Year 1 & ongoing
Develop, implement, evaluate, and revise a project plan to review, provide feedback, and assist in the dissemination of cancer prevention and screening messages to the public.	Partnership	Years 2–4
Expand partnership with the Department of Education and school districts to increase promotion of disease prevention, personal wellness choices, physical activity, and health education at the state, district, and school levels.	Communication & Public Education Committee	Years 2–4

GOAL 3: Engage Delaware employers to promote existing cancer prevention, screening, and treatment programs.

Total cost for this Goal over the 5 year period of this plan: \$3,490,000

OBJECTIVE 3A: Develop an employer and employee cancer control educational campaign.

Task/Action	Responsible party	Timeframe
Conduct a statewide cancer needs assessment that identifies gaps in knowledge and/or services among employers.	Communication & Public Education Committee	Year 1 & ongoing
Provide educational materials to employers to distribute to employees that includes the link to the DCC website (the link contains existing sources of cancer information, research, and other relevant cancer information) that results in increased hits on the website.	Communication & Public Education Committee	Year 1 & ongoing
Create a method for employers and employees to provide feedback regarding their needs for cancer education and resources on the DCC website.	Communication & Public Education Committee	Year 2 & ongoing
Develop a project plan to meet needs identified in the needs assessment.	Communication & Public Education Committee	Years 3–4
Create an information and resource distribution plan to meet the needs identified in the needs assessment.	Communication & Public Education Committee	Years 3–4

OBJECTIVE 3B: Partner with Delaware employers, the insurance industry, healthcare professionals, and employees to develop a wellness plan for employees.

Task/Action	Responsible party	Timeframe
Develop a cancer screening and employee wellness template/plan that can be distributed to employers throughout the state of Delaware.	Communication & Public Education Committee	Year 4
Form a subcommittee that includes members from the insurance industry, health professionals, employers, and employees to identify the barriers to wellness and cancer screenings.	Communication & Public Education Committee	Years 3–4
Create a recognition system for employers that offer wellness programs for employees.	Communication & Public Education Committee	Year 4

Action

Delaware Cancer Consortium

Early Detection & Prevention Committee

Tobacco & Other Risk Factors Committee

Environment Committee

Quality Cancer Care Committee

Insurance Committee

Communication & Public Education Committee

Health Equity & Inclusion Committee

Data Committee



“When I went for a checkup last year, my doctor said I should have a prostate cancer screening. I had never had one before and, at 62 years old, I was very overdue. Good thing I took his advice because the testing showed I had cancer. Without insurance, I knew I couldn’t afford the treatments. I was put in touch with the Delaware Cancer Treatment Program and I found out what I needed to do. My surgery and radiation treatment went well and everything is looking good. I’m very fortunate that it was caught when it was. I wish I could tell every man—especially black men, who don’t really go for cancer screenings as often as they should—to have their prostate and colon checked at an earlier age. You never know what’s going on and it may be too late if you wait. Even though I should have gone sooner, I’m glad I went when I did. It saved my life.”

| MARTIN SMITH, FRANKFORD |

Why?

There are people with disparities all around us. Those who have physical challenges. Those who are unfamiliar with our language and behaviors. Those who have financial constraints beyond any we can imagine. Some who can't work or are unable to find work. To them, preventive health care is either a concept they don't

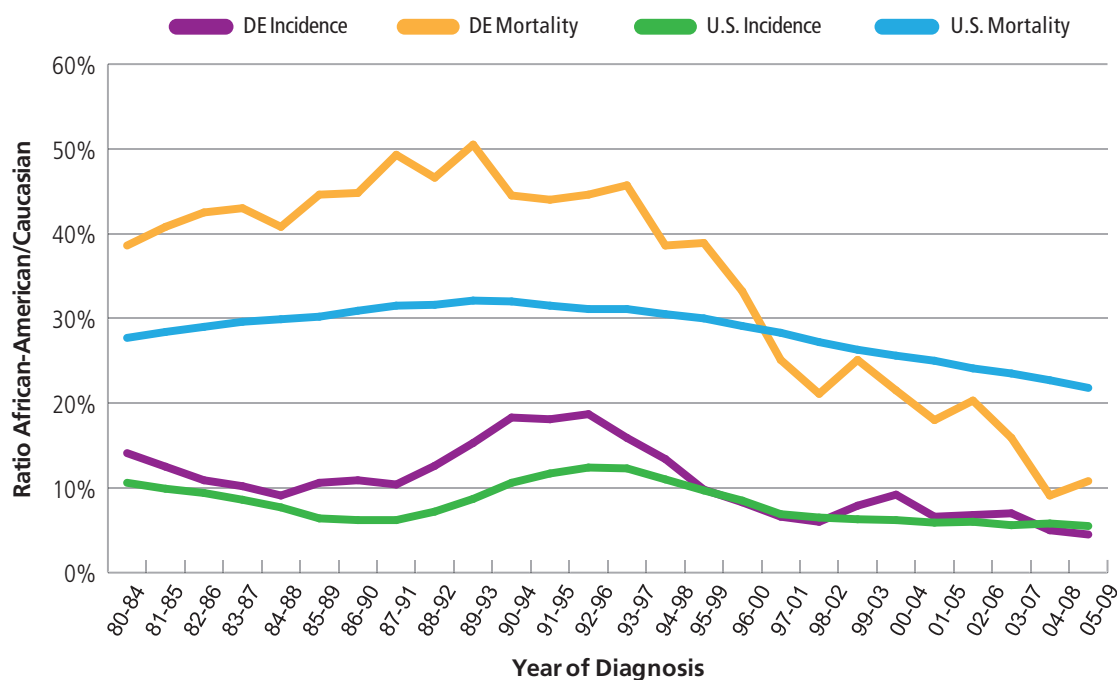
understand or a luxury they can't afford. In Delaware, we have made it our business to learn, through diligent data collection and behavioral research, the best ways to reach those who are considered disparate populations and to create appropriate engagement opportunities to reach them.

WHAT CAN BE DONE

- Use current data to understand the vulnerable communities within the state and develop ways to reach them.
- Provide culturally competent materials.
- Promote health literacy and provide training to all health care providers.
- Develop statewide Community Health Worker training and certification programs.
- Create a registry of certified interpreters.

PERCENTAGE BY WHICH AGE-ADJUSTED ALL SITE CANCER INCIDENCE RATES AMONG AFRICAN-AMERICANS EXCEED CANCER RATES AMONG CAUCASIANS, DELAWARE AND U.S., 1980-2009

Sources: Delaware Cancer Registry and Delaware Health Statistics Center, Delaware Division of Public Health, 2012;
U.S.: Surveillance, Epidemiology and End Results Program, National Cancer Institute and National Center for Health Statistics, 2012.



DISPARITIES IN CANCER INCIDENCE BETWEEN CAUCASIANS AND AFRICAN AMERICANS BY CANCER SITE, DELAWARE 2005–2008

Cancer Site**	Rate Ratio (95% CI)*	Confidence Interval
All Sites	1.04	(1.01, 1.08)
Female Breast	1.06	(0.96, 1.16)
Colorectal	1.06	(0.95, 1.20)
Lung	0.96	(0.87, 1.05)
Prostate	1.76	(1.63, 1.90)

DISPARITIES IN CANCER MORTALITY BETWEEN CAUCASIANS AND AFRICAN AMERICANS BY CANCER SITE, DELAWARE 2005–2008

Cancer Site**	Rate Ratio (95% CI)*	Confidence Interval
All Sites	1.11	(1.04, 1.17)
Female Breast	0.99	(0.79, 1.24)
Colorectal	1.13	(0.91, 1.37)
Lung	1.03	(0.92, 1.15)
Prostate	2.26	(1.78, 2.82)

Rate Ratio=age-adjusted rate (African-American)/age-adjusted rate (Caucasian)

*95 percent confidence interval

**Red lettering indicates incidence rate is statistically significantly higher among African Americans than among Caucasians.

Source: Delaware Cancer Registry, Delaware Division of Public Health, 2012

Rate Ratio=age-adjusted rate (African-American)/age-adjusted rate (Caucasian)

*95 percent confidence interval

**Red lettering indicates mortality rate is statistically significantly higher among African Americans than among Caucasians.

Source: Delaware Cancer Registry, Delaware Division of Public Health, 2012

Committee Recommendations

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

GOAL 1: Increase and analyze the data available on vulnerable (underserved) populations, to include but not be limited to: persons with disabilities; Hispanic residents; and lesbian, gay, bisexual, and transgender (LGBT) residents.

Total cost for this Goal over the 5 year period of this plan: \$250,000

OBJECTIVE 1A: Make existing data available and useful to the community.

Task/Action	Responsible party	Timeframe
Review and publish existing and new cancer data related to vulnerable (underserved) populations.	DPH	Years 1–5
Translate and interpret data to make it useful to vulnerable (underserved) communities.	DPH	Years 2–5

OBJECTIVE 1B: Endorse and actively promote standards for reporting data, specifically those related to improving consistency and accuracy of race, ethnicity, and disability data.

Task/Action	Responsible party	Timeframe
Actively encourage health care providers, health systems, advocacy organizations, nonprofit organizations, and state agencies to adopt uniform reporting of race, ethnicity, disability, sex, and primary language data (including but not limited to support for legislation, regulations, and funding to implement uniform reporting).	Health Equity and Inclusion Committee, DCC	Years 2–5
Review United States Office of Management and Budget (US OMB) and U.S. Department of Health and Human Services (DHHS), Office of Minority Health data standards for race, ethnicity, sex, primary language, and disability.	Health Equity and Inclusion Committee, DPH	Year 2
If agreed and applicable, implement DHHS data standards into data collected by the DCC-funded programs and state agencies.	Health Equity and Inclusion Committee, DCC, DPH	Years 3–5

GOAL 2: Endorse and actively promote cultural competency and health literacy in the delivery of health care.

Total cost for this Goal over the 5 year period of this plan: \$1,250,000

OBJECTIVE 2A: Improve and standardize cultural competency and health literacy.

Task/Action	Responsible party	Timeframe
Define cultural competency and health literacy.	Health Equity & Inclusion Committee	Year 2
Determine if cultural competency and health literacy training should be a requirement for renewal of professional health care licensure.	Health Equity & Inclusion Committee	Year 3
Identify appropriate cultural competency and health literacy training curriculum.	Health Equity & Inclusion Committee	Years 3–4
Actively encourage health care providers, health systems, advocacy organizations, nonprofit organizations, and state agencies to adopt policies related to required cultural competency and health literacy training for staff.	Health Equity & Inclusion Committee	Years 4–5

OBJECTIVE 2B: Implement a Community Health Worker training curriculum in Delaware.

Task/Action	Responsible party	Timeframe
Define Community Health Worker.	Health Equity & Inclusion Committee	Year 2
Review existing efforts in Delaware and other states related to Community Health Workers training and certification requirements.	Health Equity & Inclusion Committee	Year 2
Develop statewide Community Health Worker training curriculum and certification process in partnership with other organizations and education institutions.	Health Equity & Inclusion Committee	Year 3
Partner with the Department of State, Division of Professional Regulation to secure certification status and process for Community Health Workers.	Health Equity & Inclusion Committee	Year 4
Implement statewide Community Health Worker training and certification program.	Health Equity & Inclusion Committee	Year 5

OBJECTIVE 2C: Support the advancement of health care interpretation services in Delaware.

Task/Action	Responsible party	Timeframe
Review existing Health Care and Medical Interpreter training courses available in Delaware.	Health Equity & Inclusion Committee	Year 3
Determine the ability to routinely bring a Health Interpreter Certification testing site to Delaware.	Health Equity & Inclusion Committee	Year 4
Explore the feasibility of creating and maintaining an online registry of certified interpreters in Delaware.	Health Equity & Inclusion Committee, DPH	Year 4
Determine the need for and the ability to establish a Registry of Interpreters for the Deaf certification testing site in Delaware.	Health Equity & Inclusion Committee	Year 4
Encourage individuals to consider becoming certified health care interpreters by promoting the training and certification programs.	Health Equity & Inclusion Committee, DPH	Year 5
Explore and recommend other ways of interpretation and translation services using technology.	Health Equity & Inclusion Committee, DPH	Year 5

GOAL 3: Compile and analyze existing data on health disparities and cancer into a report.

Total cost for this Goal over the 5 year period of this plan: \$250,000

OBJECTIVE 3: Update the *Disparities in Cancer Incidence and Mortality* report.

Task/Action	Responsible party	Timeframe
Define and gather appropriate data.	DPH	Year 2
Develop the report.	DPH	Year 3
Publish the updated <i>Disparities in Cancer Incidence and Mortality</i> report.	DPH, DCC	Year 4

GOAL 4: Serve as a technical resource and provide information to other committees on the Consortium in the area of health disparities.

Total cost for this Goal over the 5 year period of this plan: \$0

OBJECTIVE 4: Ensure disparities are being addressed through the work of other committees.

Task/Action	Responsible party	Timeframe
Attend joint meetings with other committees.	Health Equity & Inclusion Committee	Years 1–5
As requested, review educational and promotional materials under development.	Health Equity & Inclusion Committee	Years 1–5

Action

Delaware Cancer Consortium

Early Detection & Prevention Committee

Tobacco & Other Risk Factors Committee

Environment Committee

Quality Cancer Care Committee

Insurance Committee

Communication & Public Education Committee

Health Equity & Inclusion Committee

Data Committee



“Data is the foundation of all we do. Throughout the health care system, data is used to make decisions, to write policies, to set standards of excellence. As a member of the Data Committee for almost four years, I’ve seen how the data we collect and analyze influences how the Delaware Cancer Consortium develops recommendations for reducing the incidence of cancer in Delaware. We look for patterns to see how well we’re doing and what educational opportunities exist. From very specific clinical data to population-wide statistics, this information is used to drive and support our efforts. Along with other key stakeholders, we are working to establish an ‘all-payer claims database.’ This statewide central repository of health information would provide an immense amount of data to be mined—and the outcome has the potential to transform all aspects of health care delivery.”

| RISHI SAWHNEY, MD, MEDICAL DIRECTOR, BAYHEALTH CANCER INSTITUTE |

Why?

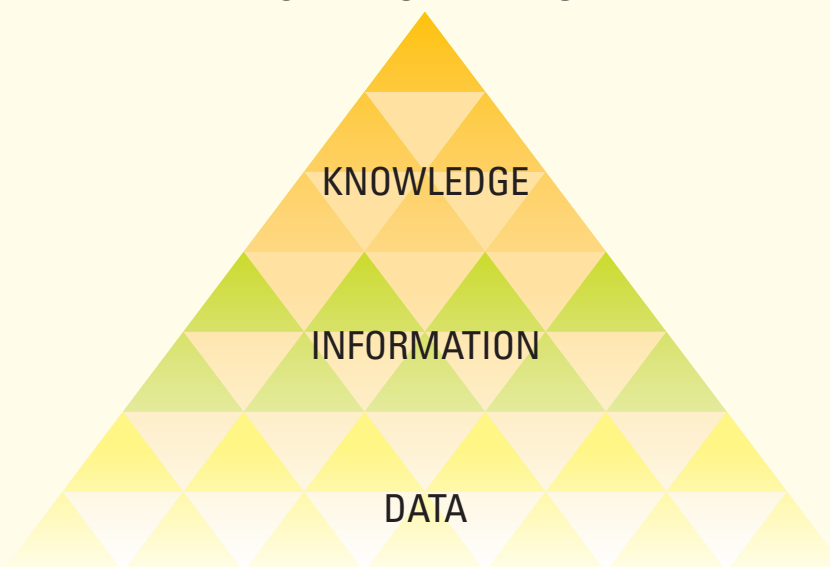
Transforming health care is an ambitious, enormously complex task, but it all begins with a number. How many people were diagnosed with colon cancer this past year? What percentage of those received chemotherapy? How many patients survived? The questions are many and the answers are invaluable. They can give us the data we need

to make decisions about cancer prevention, screening, diagnosis, treatment, and follow-up. Giving every Delawarean the best chance to prevent or conquer cancer—that's our goal.

WHAT CAN BE DONE

- Draft and pass legislation to establish a statewide All-Payer Claims Database (APCD) to allow access to health data that could transform the way we deliver health care in our state. Harnessing the power of the data is only possible if it's complete and correct. That's why we're focusing on educating and communicating with key stakeholders like health care providers, to ensure the integrity of the data.
- Develop tools to collect and catalog the data, to ensure that information we glean will be consistent and reliable.
- Using feedback, drive health recommendations within all our committees and—most importantly—improve health care access and delivery within our state.

UNDERSTANDING



Data is much more than numbers and facts.

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

Committee Recommendations

The tables below describe proposed initiatives. Years one, two, and three have already been funded. Years four and five will be funded at the discretion of the General Assembly.

GOAL 1: Ensure use of Delaware Cancer Registry (DCR) data for public health and surveillance research; e.g., time to treat, factors affecting Delaware's incidence and mortality trends, HPV related cancers.

Total cost for this Goal over the 5 year period of this plan: \$0

OBJECTIVE 1A: Make existing data available and useful to the research community.

Task/Action	Responsible party	Timeframe
Produce annual report on <i>Cancer Incidence and Mortality in Delaware</i> (I&M report).	DPH	Years 1–5
Review results of I&M report to generate ideas for research using DCR data.	DPH, Data Committee	Years 1–5
Keep apprised of recent cancer-related literature.	DPH, Data Committee	Years 1–5
Prepare one-page summaries of relevant information by cancer site category.	DPH, Data Committee	Years 3–4
Publicize availability of DCR data for research purposes.	Delaware Cancer Registry, Data Committee	Years 3–5

OBJECTIVE 1B: Develop ideas for using Registry data for research that will improve outcomes of individuals diagnosed with cancer.

Task/Action	Responsible party	Timeframe
Identify data sources for potential studies; i.e., epidemiologic, clinical, or informational purposes.	DPH, Data Committee	Years 2–5
Submit manuscripts (at least one per year) for publication in peer-reviewed journals.	DPH	Years 4–5

GOAL 2: Implement a statewide All Payer Claims Database (APCD) in Delaware that includes standardized collection of race and ethnicity data.

Total cost for this Goal over the 5 year period of this plan: \$0

OBJECTIVE 2A: Support efforts of the APCD committee.

Task/Action	Responsible party	Timeframe
Linkage of databases, types of analyses, rules, and regulations on data release.	APCD Committee	Ongoing
Develop and publish an annual report using Delaware APCD data.	APCD Committee, DPH, Data Committee	Years 4–5

OBJECTIVE 2B: Promote standardized collection of race and ethnicity data.

Task/Action	Responsible party	Timeframe
Actively encourage health care providers, health systems, advocacy organizations, nonprofit organizations, and state agencies to adopt uniform reporting of race and ethnicity.	Data Committee, Disparities Committee, DE Cancer Consortium	Years 1–5
Identify data sources for linkage to improve race, ethnicity, and other data items.	DPH, Data Committee	Years 1–5
Identify opportunities for federal funding and/or technical assistance to support implementation of new requirements.	DPH	Years 1–5

GOAL 3: Review data, create reports needed to demonstrate evidence of program progress, and provide evaluation support to improve programs.

Total cost for this Goal over the 5 year period of this plan: \$0

OBJECTIVE 3: Identify current data, reports, and evaluation mechanisms for DCC-recommended programs and projects.

Task/Action	Responsible party	Timeframe
Attend meetings of other DCC committees.	Data Committee	Years 1–5
As requested, review reports and educational materials under development by DCC committees.	Data Committee	Years 1–5

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

Advisory Committee

Chairperson:

William W. Bowser, Esq.

Members:

U.S. Representative John C. Carney, Jr.
The Honorable Matt Denn
Christopher Frantz, MD
Stephen Grubbs, MD
The Honorable Bethany Hall-Long, RNC, PhD
The Honorable Debra Heffernan
Patricia Hoge, PhD
The Honorable Ruth Briggs King
The Honorable Rita Landgraf
Meg Maley, RN, BSN
The Honorable David McBride
The Honorable Collin O'Mara
Nicholas Petrelli, MD
Rishi Sawhey, MD
The Honorable Liane Sorenson
James Spellman, MD

Early Detection & Prevention Committee

Chairperson:

Stephen Grubbs, MD

Members:

Mark J. Baumel, MD, MS
Heather Bittner-Fagan, MD
Victoria Cooke
Patricia Eddleman
Paula Hess, MSN, RN
Nora C. Katurakes, RN, MSN, OCN
Romie Lutz
Carolee Polek, RN, MSN, PhD
Robert Sikes, PhD
Coy Smith, ND, RN, MSN, NEA-BC, FACHE
Estelle H. Whitney, MD
Theresa Young

Tobacco & Other Risk Factors Committee

Chairperson:

Patricia Hoge, PhD

Members:

Deborah P. Brown, CHES
Marianne Carter
Jeanne Chiquoine
Suchitra Hiraesave
Sandra Marquez
Ayyappan Rajasekaran, PhD
Cathy Scott-Holloway

Environment Committee

Chairperson:

Meg Maley, RN, BSN

Members:

Deborah Brown, CHES
Debra Heffernan
William L. Holden, III
Collin O'Mara
David Pyne

Quality Cancer Care Committee

Chairperson:

Christopher Frantz, MD

Members:

Michelle Amadio
Kathleen A. Burt
Victoria Cooke
Sean Hebbel, LCSW, OSW-C
Anna Maloney
Eileen McGrath, CHES, MBA
James M. Monihan, MD
Nicholas Petrelli, MD
Judith Ramirez
Laura Simonelli, PhD
Michelle Sobczyk
Edward R. Sobel, DO
Donna Stinson
Janet Teixeira, MSS, LCSW

Insurance Committee*Chairperson:*

The Honorable Matt Denn

Members:

Patricia Blevins

Alicia Clark

Richard Heffron

Karyl Rattay, MD, MS, FAAP, FACPM

Donna Stone

Communication & Public Education Committee*Chairperson:*

The Honorable Bethany Hall-Long, RNC, PhD

Members:

Barbara Barski-Carrow

Jeanne Chiquoine

Patricia Eddleman

Susan Lalli-Ascosi, BSN, RN

Kathryn A. McKenzie, RN, MS

Cathy Scott-Holloway

Coy Smith, ND, RN, MSN, NEA-BC, FACHE

Michelle Sobczyk

Liane Sorenson

Eileen Sparling

Linda Wolfe

Health Equity & Inclusion Committee*Chairperson:*

The Honorable Rita Landgraf

Members:

Carlton Cooper, PhD

Bernice Edwards

Alan S. Greenglass, MD

Surina Jordan, PhD

Lolita Lopez

Kimberly Smalls, MS

Eileen Sparling

Vicky Tosh-Morelli

Data Committee*Chairperson:*

James Spellman, MD, FACS, FSSO

Members:

Rishi Sawhney, MD

Robert Wilson, PhD

Dennis Witmer, MD, FACS

Theresa M. Young



DELAWARE
CANCER
CONSORTIUM