

Imagine

what we can accomplish now.



DELAWARE
CANCER
CONSORTIUM

The Next Five-Year Plan, 2017–2021
October 2017

Imagine



My fellow Delawareans,

In 2001, Governor Ruth Ann Minner signed a resolution to create the Delaware Advisory Council on Cancer Incidence and Mortality. That initiative became the Delaware Cancer Consortium. At the time, serving as lieutenant governor, I took a personal interest in making the work of the Consortium successful.

Then, as now, the volunteers who made the changes possible became invested in all we wanted to achieve. Through the years, we have seen remarkable progress. When we began our journey, we were among the states with the highest incidence and mortality rates.

Today, our cancer mortality rates continue to fall annually. In the 1990s, we were ranked second in the nation for all-site cancer mortality, and today we are ranked 16th. We are saving lives, renewing hope for those with cancer, and lessening the economic impact that this disease has on our state.

Much of our success is due to our state's dedicated, tireless efforts to boost early detection, and now we have some of the highest cancer screening rates in the country. We've become a national model for colorectal cancer screening programs. We're making progress on the diversity side, getting African Americans screened for colon cancer at rates similar to Caucasians. Our screening rates for mammograms are higher than the national average.

We're preventing more of our young adults from starting to use tobacco. In fact, our rate for adult tobacco use is also below national averages.

In short, we are making headway. We are saving lives. That's what this is all about.

I can't tell you how much pride I personally have in seeing so much of what we've worked hard to achieve come to fruition. Our efforts to change the cancer statistics in Delaware have made history, and our work must continue. We must stay on course — working smarter with less — to keep the numbers headed in the right direction.

The people of Delaware deserve to have a chance to lead healthier lives. It benefits all of us.

A handwritten signature in black ink that reads "John C. Carney". The signature is fluid and cursive, with a large initial "J".

John Carney
Governor of Delaware

Cancer history has been made here.

It didn't happen overnight. It took years, a remarkable number of dedicated hours from every health care sector, and a resolution to change the statistics. There have been milestones along the way that have defined our success.

This is the fourth plan to decrease cancer incidence and mortality in Delaware.

It builds on the past and sets new goals for the future that are, as always, ambitious and that require the kind of collaboration that we've become known for in our state.



Imagine what we can accomplish now.

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



THE BIG PI

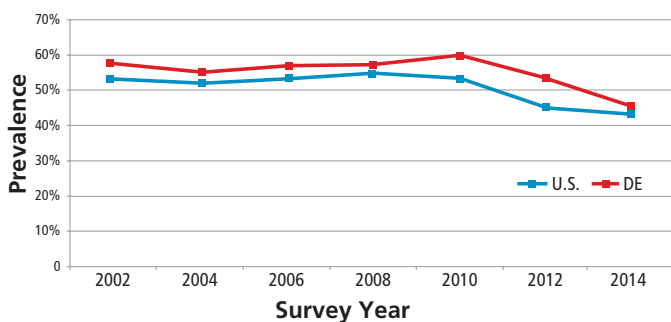
Today, Delaware’s cancer incidence and mortality rates continue to fall annually.

The work we’ve done to help get people screened and to stop using tobacco and exposing others to secondhand smoke has paid off in lives saved.

Our data, compared with national averages, speaks highly of what we’ve been able to accomplish.

Our statistical achievements are important. But in the coming five years, we have some unfinished business to tackle.

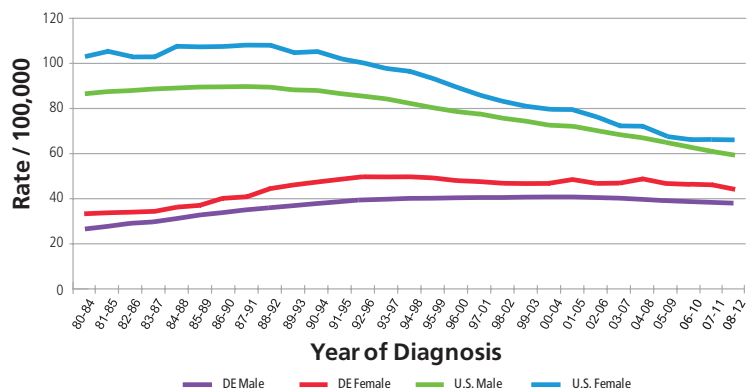
FIGURE 1. PREVALENCE OF MEN 40+ WHO HAVE HAD A PSA TEST DURING THE PREVIOUS TWO YEARS, DELAWARE AND U.S., 2002–2014



Source (DE): Delaware Health and Social Services, Division of Public Health, Behavioral Risk Factor Survey, 2002–2014.

Source (U.S.): Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2002–2014.

FIGURE 2. FIVE-YEAR AVERAGE AGE-ADJUSTED LUNG CANCER INCIDENCE RATES BY SEX, DELAWARE AND U.S., 1980–2012



*Rates are per 100,000 and age-adjusted to the 2000 U.S. standard population.
 Source (DE): Delaware Health and Social Services, Division of Public Health, Delaware Cancer Registry, 2016.
 Source (U.S.): Surveillance, Epidemiology, and End Results Program, National Cancer Institute, 2016.

CTURE

WHAT CAN BE DONE

- Lower our lung cancer incidence rates — by increasing screening, continuing to encourage people to stop using tobacco, and educating people of all ages, especially our youth, about the risks so they won't start.
- Lower the cancer risk by educating Delawareans about the cancer risks of obesity and lack of physical activity, and offering ways for them to eat healthier and become more active.
- Increase screenings of at-risk and underserved populations by identifying barriers to screening and then creating programs that overcome them.
- Help more minorities get screened for breast cancer by increasing our efforts through our partner relationships for screening opportunities.

Our focus on physical activity and nutrition is rooted in the knowledge we've gained from data indicating that obesity and cancer are related. The National Cancer Institute (NCI) reported that obesity is associated with increased risks of cancers of the esophagus, breast (postmenopausal), endometrium, colon and rectum, kidney, pancreas, thyroid, and gallbladder — and possibly other types of cancers.

The NCI also estimates that the future health and economic burden of obesity in 2030 will lead to about 500,000 additional cases of cancer in the United States. This analysis also found that if every adult reduced his or her BMI by 1 percent — which would be equivalent to a weight loss of roughly 2.2 pounds

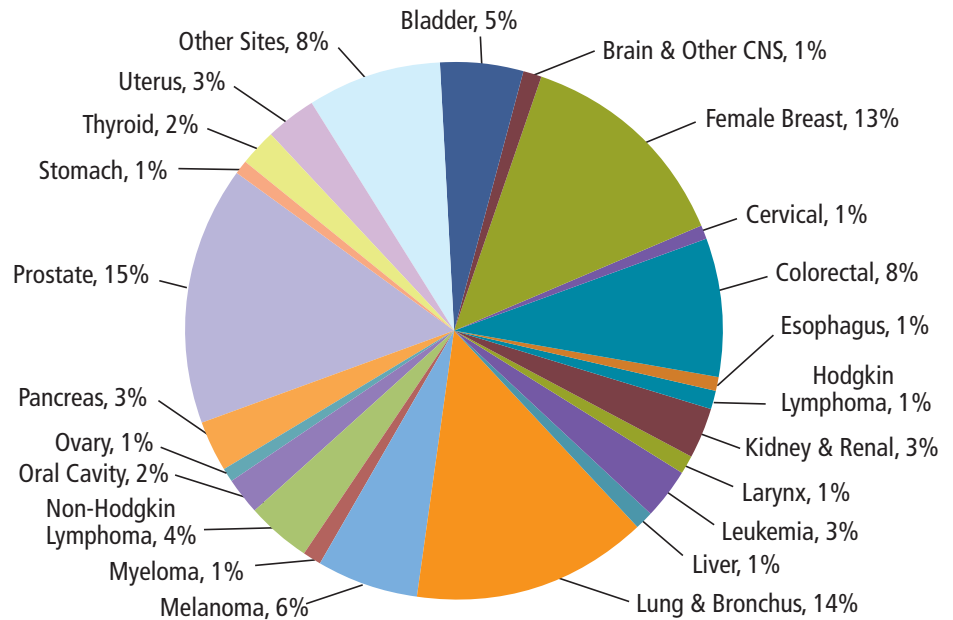
for an adult of average weight — we would prevent the increase in cancer cases and actually decrease the number by about 100,000.

Since 85 to 90 percent of lung cancer cases can be attributed to tobacco use, lung cancer screening and tobacco prevention continue to be priorities. Our efforts will be focused on keeping youth and young adults tobacco free, helping people who smoke to quit and getting smokers and former smokers to have low-dose CT scans to identify lung cancer before it becomes life threatening.

Behavior change requires not only awareness but also resources and opportunities to influence acceptance and adoption of new behaviors. In the coming five years, our goal will be to give Delawareans the knowledge they need to take charge of their health, and the resources they need to prevent cancer, detect it early, and access quality treatment options.

FIGURE 3. DISTRIBUTION OF CANCER CASES BY ANATOMIC SITE, DELAWARE, 2008–2012

Source (DE): Delaware Health and Social Services, Division of Public Health, Delaware Cancer Registry, 2016.



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Delaware Cancer Consortium

Early Detection & Prevention Committee

Cancer Risk Reduction Committee

Delaware Cancer Registry Advisory Committee



“ If I hadn’t seen that poster about the lung cancer screening, I wouldn’t have gotten the screening that found the mass in my lungs. If I had waited until symptoms appeared, it would’ve been too late. ”

Dr. Bishop Gordon, Wilmington

“ I smoked for many years. So when I saw a sign in the pharmacy about the new lung cancer screening, it immediately caught my attention. When I went to my provider, I asked to have the lung cancer screening. I just felt it was something I should do. I had a low-dose CT scan — the one that’s recently been approved to help diagnose early-stage lung cancer in people who smoke or smoked. I got a call from the cancer center afterward. I learned I had stage 1 lung cancer. There was a mass the size of an orange in my lower-right lung. I was immediately scheduled for surgery, and the mass was removed. The provider said what they took out of me would’ve threatened my life within the next five years if I hadn’t had the surgery. ”

Dr. Bishop Gordon, Wilmington

Why?

The Delaware Cancer Consortium (DCC) continues to be a voice and force for change in our state.

Building on past successes, our permanent council is staying focused on the goal of reducing cancer incidence and mortality in Delaware. Holistically, our role is to guide and support the work the DCC does, serving as a leader and resource. We feel privileged to be a part of this fourth plan. In it you will find a streamlined committee structure that enables us to more efficiently tackle all of the cancer-burden issues that challenge us — from education on the importance of early detection and prevention to increasing the number of Delawareans who stop using tobacco and nicotine products while ensuring quality of cancer care to all who reside in our state. We continue to be effective at accomplishing the goals we have set in the past, due to the quality of data collected by the Delaware Cancer Registry and being able to use that data in all targeted efforts.

Our efforts to change the cancer statistics in Delaware have made history.

Our cancer incidence and mortality rates continue to drop annually. In the 1990s, we were ranked second in cancer mortality. Now, we’ve dropped to 16th. We’ve made significant improvement in our rankings and major strides to reduce cancer incidence and mortality in our state.

In the coming years, we look forward to seeing even more progress. Preventing cancer and diagnosing it at earlier stages can make a difference. Lifestyle changes, screening, and education about both are current and future items on our to-do list. A healthier Delaware is possible when we all work together.

GOAL 1: Maintain a permanent council that reports directly to the Governor to oversee implementation of the recommendations and comprehensive cancer control; the council should have 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/Actions	Responsible Party	Data Source	Timeframe
Maintain a formal membership approval process; maintain a structured council and committees to ensure clear member roles/responsibilities and expectations are provided.	DPH	Membership List	Year 1 and ongoing
Coordinate a biennial retreat of the Consortium on the status of cancer and cancer-control activities in Delaware.	DPH	Dates of Retreat	Years 1, 3, and 5

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 Five-Year Plan 2012–2016, and spans from 2017–2021.

Task/Actions	Responsible Party	Data Source	Timeframe
Create and publish 2017–2021 cancer plan.	DPH	DCR, DCC	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	DCR, DCC	Year 3 and Year 5

Recommendations

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 Delaware Cancer Registry Advisory Committee, each committee will conduct studies as needed to investigate and respond to questions or concerns related to cancer.

Task/Actions	Responsible Party	Data Source	Timeframe
Using outlets such as traditional and nontraditional media, the DCC will inform the public about cancer prevention, early detection, and treatment.	DPH	Campaign Metrics and Reports	Year 1 and ongoing
The DCC will maintain a website with information and links to resources for the public.	DPH	Website Metrics	Year 1 and ongoing

GOAL 4: Reimburse the cost of cancer treatment for every eligible Delawarean for up to two years after diagnosis.

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

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Delaware Cancer Consortium

Early Detection & Prevention Committee

Cancer Risk Reduction Committee

Delaware Cancer Registry Advisory Committee



“ I would tell people that when it comes to getting a mammogram, the earlier the better — if there’s something there, get it detected. You start working on it then. If you find it, with all the technology, you can deal with it, live with it, and have a good life. ”

Pamela Holloman, Breast Cancer Survivor, Dover

“ I got laid off from my job in 2012. When I started looking for work, I had to get a physical, and the provider asked me when I last had a mammogram. I found out I could use Screening for Life to pay for a mammogram, since I wasn’t employed at the time. I had my mammogram in the mobile van. It showed that there was something in my breast that wasn’t normal, so I had to go back for more testing. My mother had breast cancer, and my grandmother and a cousin both died from breast cancer. So when the provider heard about my family history, there was more urgency for me to get biopsies. They found cancer in both of my breasts. I thought I would just have to do radiation and chemo, but they told me they had to take both breasts. I had a bilateral mastectomy in May 2013. It has been an emotional roller coaster. ”

Pamela Holloman, Breast Cancer Survivor, Dover

Why?

The efforts to discover cancer breakthroughs are a prime health care focus across the country and around the world. But we all have the power to control our cancer risk. We know that five-year survival rates are substantially lower for persons with advanced-stage disease.¹ Screening, leading to an early-stage diagnosis, reduces the burden of suffering and the severity of the effects of cancer, and greatly increases the chances of survival. Over the next five years, we will continue to aggressively promote screenings for five screenable cancers: breast, cervical, colon, prostate, and lung cancer. Our recommendations are heavily focused on screening and include additional strategies to help people avoid a late-stage cancer diagnosis. These include establishing relationships with providers to increase screenings; helping the public understand the resources available to them; encouraging health care providers to increase their screening efforts, reducing late-stage diagnosis; enhancing efforts to have women and men get the HPV vaccine to prevent certain cancers; partnering with other organizations to keep the screening message in people’s minds; targeting rarely or never-screened women with mobile screening services; identifying barriers to screening and working to remove them; and using data to understand and enhance all we do.

¹ “Fulfilling the Potential of Cancer Prevention and Early Detection.” Chapter 1; Institute of Medicine (US) and National Research Council (US) National Cancer Policy Board; Curry SJ, Byers T, Hewitt M, editors. Washington (DC): National Academies Press; 2003.

GOAL 1: Continue to promote breast, cervical, colorectal, lung, and prostate cancer screening.			
OBJECTIVE 1A: Achieve an 85% colorectal cancer screening rate among Delawareans 50 and older.			
Task/Actions	Responsible Party	Data Source	Timeframe
Support patient navigators to increase colorectal cancer screening.	DPH and FQHCs	Contracts	Year 1–5
Maintain current and establish new relationships with primary care providers and surgeons to increase screening of Medicare patients.	DPH and Navigators	MOU	Year 1–5
Enhance relationships with Medicaid and Federally Qualified Health Centers (FQHC) to increase screening rates.	DPH	Organization data	Year 1–5
Increase the number of cancer screenings performed in underserved communities.	Navigators	BRFSS	Year 1–5
OBJECTIVE 1B: Achieve a 50% increase in the number of men 50–75 (or older with a 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/Actions	Responsible Party	Data Source	Timeframe
Add questions to the Behavioral Risk Factor Surveillance System (BRFSS) questionnaire regarding the informed decision-making process for prostate cancer screening.	DPH	BRFSS	Year 2
Determine baseline number of men 50–75 (or older with a 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	BRFSS	Year 3
Disseminate the Delaware Cancer Consortium (DCC) prostate cancer screening recommendations to health care providers.	DPH	Number of providers receiving recommendations	Year 1 and ongoing
Re-evaluate data received regarding men 50–75 (or older with a 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	BRFSS	Year 4 and Year 5
Determine the feasibility of measuring the number of providers who initiate the informed decision-making process for prostate cancer screenings utilizing electronic health records.	ED&P Committee DPH	National Quality Forum	Year 1
OBJECTIVE 1C: Decrease the number of late-stage (distant) breast cancer diagnoses by 50%.			
Task/Actions	Responsible Party	Data Source	Timeframe
Determine baseline number of women in Delaware with late-stage breast cancer diagnosis.	DPH	DCR	Year 1
Support patient navigators to increase breast cancer screening rates.	DPH	Contracts	Year 1
Maintain current and establish new relationships with primary care providers and OB/GYN providers to increase breast cancer screening rates for Medicare patients.	DPH and Navigators	Screening for Life provider agreements, screening rates	Year 1–5
Enhance relationships with Medicaid and FQHCs to increase screening rates.	DPH	Organization Data	Year 1–5
Increase the number of screenings performed in areas where late-stage breast cancers are more predominately diagnosed.	FQHCs, Women’s Mobile Health, hospitals	BRFSS	Year 1–5

Recommendations

OBJECTIVE 1D: Decrease the number of late-stage (distant) lung cancer diagnoses by 20%.			
Task/Actions	Responsible Party	Data Source	Timeframe
Determine baseline number of late-stage lung cancers diagnosed.	DPH	DCR	Year 1
Support patient navigators to support lung cancer screening.	ED&P Committee and DPH	Contracts	Year 1
Maintain current and establish new relationships with primary care providers to increase screening rates for Medicare patients.	DPH and Navigators	MOU	Year 1–5
Enhance relationships with Medicaid and FQHCs to increase screening rates.	DPH	Organization data	Year 1–5
Increase the number of screenings performed in areas where late-stage lung cancers are more predominately diagnosed.	Navigators and DPH	Cancer Incidence and Mortality data	Year 1
Explore expanding lung cancer screenings to those with occupational exposure and/or those exposed to secondhand smoke.	DCC	National lung cancer screening guidelines	Year 3
Conduct targeted media campaign aimed at educating providers and consumers on the importance of lung cancer screening.	DPH	National lung data	Year 1 and ongoing
OBJECTIVE 1E: Reimburse breast, cervical, colorectal, lung, and prostate cancer screening for Delawareans who meet age and income eligibility guidelines.			
Task/Actions	Responsible Party	Data Source	Timeframe
Continue annual allocation for breast, cervical, colorectal, lung, and prostate cancer screening for men and women ineligible for federally funded screening.	General Assembly	State budget	Year 1 and ongoing
Reimburse providers through the Screening for Life program for services for cancer screening for men and women.	DPH	State and federal budget	Year 1 and ongoing

GOAL 2: Provide human papillomavirus (HPV) vaccines to girls, young women, boys, and young men ages 9–26.			
OBJECTIVE 2A: Conduct a multipronged approach targeting parents and physicians about the importance of the HPV vaccine for cancer prevention.			
Task/Actions	Responsible Party	Data Source	Timeframe
Form partnerships with the Department of Education (DOE) as well as programs across the Division of Public Health (DPH) spectrum to enhance messaging of the importance of HPV vaccination for boys and girls ages 9–26. Partners include Maternal and Child Health Program, Immunizations Program, Northern and Southern Health Services, and Health Equity.	DPH and DOE	MOU	Year 1
Disseminate messages statewide using trackable media tactics to both parents and physicians on the importance of HPV vaccination for boys and girls ages 9–26.	DPH and Contractor	Evaluation	Years 1–2
Conduct an evaluation of media tactics to determine the effectiveness, and refine as needed based on results.	DPH	Trackable media	Years 2–3
Work with the State Innovation Committees to add a discussion about the importance of HPV vaccine at all annual wellness visits at physician offices statewide, starting at age 9.	DPH	Trackable media	Years 3–4
Work with the State Innovation Committees to add the HPV vaccine discussion and distribution metrics to the provider scorecard statewide to measure change.	DPH	Provider scorecard	Year 4 and ongoing
Evaluate the provider scorecard to determine effectiveness.	State Innovation Committee	Provider scorecard	Year 5

OBJECTIVE 2B: Fund office visits related to HPV vaccine for Screening for Life (SFL)–eligible men and women ages 19–26.			
Task/Actions	Responsible Party	Data Source	Timeframe
Reimburse participating providers at Medicaid rates for delivery of HPV vaccine to SFL-enrolled men and women 19–26 years old.	DPH	State budget	Year 1 and ongoing

GOAL 3: Expand mobile cancer screening and other health screening services to include mobile mammography, cervical cancer screening, hypertension screening, and diabetes screening services, as well as health education services in target areas.

OBJECTIVE 3A: Provide breast and cervical cancer screening services to rarely/never-screened women.			
Task/Actions	Responsible Party	Data Source	Timeframe
Evaluate screening, incidence, and mortality data to target women for breast and cervical cancer screening in areas of low screening, high incidence and high mortality.	DPH, Women’s Mobile Health	Reports	Year 1 and ongoing
Monitor and track the number of women screened on the health van who are from target areas.	DPH, Women’s Mobile Health	Reports	Year 1 and ongoing
Monitor and track the number of women screened on the health van who are low income, uninsured, and underinsured.	DPH, Women’s Mobile Health	Reports	Year 1 and ongoing
Develop reporting metrics to determine the number of women who transition to a freestanding screening site.	DPH, Women’s Mobile Health	Reports	Year 1 and Year 2
OBJECTIVE 3B: Provide health screenings and education to women.			
Task/Actions	Responsible Party	Data Source	Timeframe
Ensure women receiving services on the mobile van receive tobacco cessation information if they smoke.	DPH, Women’s Mobile Health	Reports	Year 1 and ongoing
Ensure women receiving mammography or cervical services on the mobile van receive a hypertension and diabetes screening.	DPH, Women’s Mobile Health	Reports	Year 1 and ongoing
Ensure women receiving mammography or cervical services on the mobile van are provided health education related to healthy behaviors.	DPH, Women’s Mobile Health	Reports	Year 1 and ongoing

GOAL 4: Identify barriers to obtaining cancer screening and develop programs/services to assist in eliminating barriers to screen at-risk populations and underserved communities.

OBJECTIVE 4A: Review available data related to barriers to obtaining cancer screening in Delaware.			
Task/Actions	Responsible Party	Data Source	Timeframe
Outline barriers and potential ways to overcome barriers, such as health literacy, access, etc.	DPH	Report	Year 1
Identify funding to support programs and services that would assist in eliminating barriers.	General Assembly	State and federal budget	Year 1 and ongoing
Provide education and outreach to the general public regarding programs and services available that assist with removing barriers to screening.	DPH	Report	Year 2 and ongoing

Recommendations

GOAL 5: Analyze data in cancer screening databases.

OBJECTIVE 5A: Review available data.

Task/Actions	Responsible Party	Data Source	Timeframe
Review data elements available in the SFL Database and Delaware Lung Cancer Registry.	DPH	Database	Year 1
Expand and modify current database used to track screening activity in the SFL program and update as necessary.	DPH, Contractor	Database	Year 2 and ongoing
Evaluate screening data in both the SFL program and the Delaware Lung Cancer Registry.	DPH	Screening data	Year 1 and ongoing
Determine feasibility of developing and implementing a comprehensive cancer screening registry for Delaware.	ED&P Committee	Feasibility Results Report	Year 1 and Year 2

GOAL 6: Inform and educate health care providers and the general public on available resources.

OBJECTIVE 6A: Develop and implement evidence-based education campaigns for sustainability of cancer screening rates.

Task/Actions	Responsible Party	Data Source	Timeframe
Promote campaigns to public and businesses focusing on available resources.	DPH, Contractor	Campaign	Year 1 and ongoing
Provide updates to health care professionals through letters and personal outreach.	DPH, Contractor	Letters	Year 1 and ongoing

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“ I quit smoking, thanks to the Delaware Quitline. I feel that my success is due to the help I received from the counselors who understood what I was going through. ”

Debbie Moore, Wilmington

“ I smoked on and off since I was a teenager. I knew it wasn’t good for me. In fact, I had a sister who continued to smoke and was diagnosed with cancer. That was one of the reasons I decided to call the Delaware Quitline. I was assigned a counselor who was there to coach me through it. She encouraged me to stick with my goal to quit and gave me tips that helped me through weak moments. I feel good about quitting. I feel successful. It was an important thing for me to do. I think it’s great that the state makes these kinds of programs available to people who need them. ”

Debbie Moore, Wilmington

Why?

There are modifiable behaviors that can affect an individual’s cancer risk. We’ve known for many years about the cancer risk associated with smoking, secondhand smoke, and the use of other tobacco products. Quitting smoking can significantly reduce the threat of cancer and other diseases. Not only does it reduce our cancer risk, but it also keeps secondhand smoke from harming those around us. As we move forward over the next five years, we will work toward increasing the number of Delawareans who choose to quit using tobacco. We will continue to support policies and programs aimed at preventing young adults from starting to use tobacco, reducing tobacco use, and reducing exposure to secondhand smoke. In addition to tobacco use, what we eat and how much physical activity we get impacts our cancer risk. Eating healthy and being physically active can reduce the risk of cancer and other diseases. Therefore, we all have a chance to control and limit our risk for cancer. Goals for the next five years include the promotion of healthy lifestyles centering around initiatives that address physical activity, nutrition, and obesity prevention.

GOAL 1: Encourage healthy lifestyles and reduce risky behaviors.			
OBJECTIVE 1A: Develop, implement, and evaluate social marketing campaigns to support tobacco-free living.			
Task/Actions	Responsible Party	Data Source	Timeframe
Increase awareness of available cessation programs and resources.	DHSS tobacco program staff, IMPACT members, DCC	ATS and Quitline reports	Ongoing
Increase awareness of problems associated with secondhand smoke.	DHSS tobacco program staff, IMPACT members, DCC	ATS, YTS, BRFSS, and trackable media	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	ATS, YTS, and trackable media	Ongoing
OBJECTIVE 1B: Develop, implement, and evaluate social marketing campaigns to support healthy eating and active living.			
Task/Actions	Responsible Party	Data Source	Timeframe
Increase awareness of healthy eating and active living programs and resources.	DPH PANO staff, DE HEAL members, DCC	Website metrics	Ongoing
Increase awareness of the link between obesity and cancer.	DPH PANO staff, DE HEAL members, DCC	Website metrics	Ongoing
Provide information to inform individuals to make healthy choices.	DPH PANO staff, DE HEAL members, DCC	Website metrics	Ongoing
OBJECTIVE 1C: Educate the public about ways to lower their cancer risks.			
Task/Actions	Responsible Party	Data Source	Timeframe
Increase the percentage of health care practitioners (including OB/GYNs and pediatricians) who inquire about secondhand smoke exposure in homes and vehicles, and who counsel patients and their families regarding the dangers of secondhand smoke.	DPH tobacco program staff, IMPACT members, DCC	Physician survey, BRFSS, ATS, YTS	Ongoing
Develop partnerships with the Department of Education as well as various programs across DPH to increase awareness of the importance of physical activity, healthy eating, and problems associated with obesity in youth ages 6–17.	DPH PANO, Maternal & Child Health, Health Equity and Northern and Southern Health Services staff, DE HEAL members, DCC	YRBS, Fitnessgram	Year 1 and ongoing
Develop partnerships with the Department of Education as well as various programs across DPH to increase awareness of the problems associated with secondhand smoke.	DPH Tobacco Prevention Program, Maternal & Child Health, Health Equity and Northern and Southern Health Services staff, DCC	BRFSS, YTS, ATS and program data	Year 1 and ongoing
Develop, implement, revise, and evaluate evidence-based health promotion and prevention messages related to cancer prevention and control.	DPH Cancer Program, voluntary health organizations	Focus groups, trackable media	Year 1 and ongoing
Engage Delaware employers to promote cancer prevention and screening messages and to educate employees on existing health promotion and disease prevention programs.	DCC, voluntary health organizations, DPH Cancer Program	Website metrics and screening data	Year 1 and ongoing
Ensure evaluation is conducted on all programs and activities.	DCC, voluntary health organizations, DPH Cancer Program	Surveys, focus groups, trackable media	Year 1 and ongoing

Recommendations

OBJECTIVE 1D: Increase the number of people who don't allow smoking in their homes or vehicles.			
Task/Actions	Responsible Party	Data Source	Timeframe
Disseminate information about the harmful effects of tobacco and vape smoke to consumers and vulnerable populations through targeted multimedia campaigns and community outreach.	DPH, voluntary health organizations	Media tracker and ATS	Ongoing
Educate health practitioners through professional associations on the value of preventing exposure to secondhand smoke, including vapor emissions.	DPH, voluntary health organizations, IMPACT	Physician survey and program records	Ongoing
OBJECTIVE 1E: Promote other healthy lifestyle practices.			
Task/Actions	Responsible Party	Data Source	Timeframe
Reduce unprotected and/or excessive exposure to UV radiation (sunlight, tanning beds, or sun lamps).	Voluntary health organizations, DPH	Cancer data	Ongoing
Promote limited alcohol use and the link to cancer.	Voluntary health organizations, DPH	Website metrics	Ongoing
Reduce stress and educate on the link to cancer.	Voluntary health organizations, DPH	Website metrics	Ongoing
Provide information on policies and emerging issues to key stakeholders and community leaders.	Voluntary health organizations, IMPACT, DE HEAL, DCC	Program data	Ongoing
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	Campaign metrics	Ongoing

GOAL 2: Initiate and support policies and programs to reduce tobacco use and exposure to secondhand smoke.			
OBJECTIVE 2A: Increase excise tax on tobacco products.			
Task/Actions	Responsible Party	Data Source	Timeframe
Educate and inform legislators and decision-makers on the health and economic benefits of increasing the state excise tax on tobacco products and having a tax on e-cigarettes.	Voluntary health organizations, IMPACT, DCC	Legislation tracker	Ongoing
Educate and inform the general public on the many health and economic benefits of increasing the state excise tax on tobacco products and having a tax on e-cigarettes.	Voluntary health organizations, IMPACT, DCC	ATS and legislation tracker	Ongoing
Introduce and pass legislation to increase the excise tax on tobacco products.	Voluntary health organizations, legislature	Legislation tracker	Ongoing
Introduce and pass legislation to tax e-cigarettes.	Voluntary health organizations, legislature	Legislation tracker	Ongoing
OBJECTIVE 2B: Sustain and enforce Delaware's Clean Indoor Air Act (CIAA)			
Task/Actions	Responsible Party	Data Source	Timeframe
Monitor draft legislation for any potential changes to CIAA.	Voluntary health organizations, IMPACT, DCC, DHSS	Legislation tracker	Ongoing
Enforce laws pertaining to secondhand smoke from vape products.	DPH	CIAA log	Ongoing
OBJECTIVE 2C: Increase insurance coverage for cessation.			
Task/Actions	Responsible Party	Data Source	Timeframe
Work with public (Medicaid) and private insurance, unions, and employers to cover cessation counseling and products.	Voluntary health organizations, IMPACT, DCC, DHSS	Quitline, ATS, insurance plan data	Ongoing

OBJECTIVE 2D: Support development of policies by agencies who have similar goals in an effort to support National and Delaware Tobacco Policy initiatives.			
Task/Actions	Responsible Party	Data Source	Timeframe
Continue to recommend funding from Delaware Health Fund for tobacco prevention activities.	DCC, IMPACT	DHFAC recommendations	Annually
Identify potential funding opportunities to support tobacco prevention efforts from private and federal sources.	DHSS, IMPACT	Total amount of funding	Ongoing
Enact legislation to increase the age to 21 to purchase cigarettes and other tobacco products.	Voluntary health organizations, legislature	Legislation tracker	Year 2
Increase the cost of retail business license to sell tobacco from the current \$5.	Voluntary health organizations, legislature	Legislation tracker	Year 2 and ongoing
Enact legislation to require vapor establishments to have tobacco sale licenses.	Voluntary health organizations, legislature	Legislation tracker	Year 2 and ongoing
Support development of policies by agencies who have goals similar in effort to support national and Delaware tobacco policy initiatives.	Voluntary health organizations, IMPACT, DCC, DHSS	Survey data	Ongoing
Provide tobacco plan to agencies and organizations, and partner with them to achieve objectives.	DHSS, IMPACT, DCC	Program records	Ongoing
Review and update tobacco plan.	IMPACT, DHSS	Program records	Year 4
OBJECTIVE 2E: Reduce exposure to secondhand smoke in outdoor areas.			
Task/Actions	Responsible Party	Data Source	Timeframe
Support development of policies to not allow smoking near entrances or exits to buildings.	Voluntary health organizations, IMPACT, DCC, DHSS	Program records, mini grants	Ongoing
Support health care facilities, workplaces, agencies, and municipalities to develop smoke-free grounds policies.	Voluntary health organizations, IMPACT, DCC, DHSS	Survey data	Ongoing
OBJECTIVE 2F: Explore potential policies to reduce children’s exposure to secondhand smoke.			
Task/Actions	Responsible Party	Data Source	Timeframe
Identify new locations, including multihousing units, that will adopt no-smoking policies.	Voluntary health organizations, IMPACT	Survey data	Ongoing
Increase the percentage of health care practitioners who inquire about secondhand smoke exposure in homes and who counsel patients and their families.	Voluntary health organizations, IMPACT, DCC, DHSS	Survey data, provider scorecard	Ongoing

GOAL 3: Prevent initiation of tobacco, nicotine, and emerging products use among youth and young adults.			
OBJECTIVE 3: Fund youth and young adult tobacco prevention programs.			
Task/Actions	Responsible Party	Data Source	Timeframe
Implement evidence-based tobacco prevention programs for schools and communities.	DHSS tobacco program staff, IMPACT members, DOE staff	Program records, YTS	Ongoing
Conduct programs in colleges and workplaces that target young adults.	DHSS tobacco program staff, IMPACT members	Program records	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 at all school-affiliated functions, on and off school grounds.	DOE, IMPACT members	School profile reports (violations recorded)	Ongoing
Ensure evaluation is conducted on all programs and activities.	DCC, voluntary health organizations, DPH Cancer Program	Surveys, focus groups, trackable media	Year 1 and ongoing

Recommendations

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

OBJECTIVE 4A: Enhance available resources to help people quit use of tobacco and nicotine products.

Task/Actions	Responsible Party	Data Source	Timeframe
Provide qualified counseling services (Quitline/face-to-face).	DPH tobacco program staff	Quitline	Ongoing
Provide online information and resources.	DPH tobacco program staff	Quitline, web reports	Ongoing
Provide approved cessation products to program recipients.	DPH tobacco program staff	Quitline	Ongoing
Ensure evaluation is conducted on all programs and activities.	DCC, voluntary health organizations, DPH Cancer Program	Surveys, focus groups, trackable media, Quitline	Year 1 and ongoing

OBJECTIVE 4B: Reduce the use of tobacco and nicotine products by youth.

Task/Actions	Responsible Party	Data Source	Timeframe
Provide cessation programs specific to youth and young adults.	DPH tobacco program staff	ATS, YTS	Ongoing
Expand current programs to include youth.	DPH tobacco program staff	YTS	Ongoing

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

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

Task/Actions	Responsible Party	Data Source	Timeframe
Advocate for funding increases for the DCC.	DCC	DHFAC recommendations	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	Funding amounts	Ongoing
Collaborate with the DE HEAL (Delaware Coalition for Healthy Eating and Active Living) plan.	DHSS, voluntary organizations, state agencies	DE HEAL meeting minutes	Ongoing

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

Task/Actions	Responsible Party	Data Source	Timeframe
Support policies and plans to include opportunities for physical activity when designing and refurbishing communities.	Voluntary health organizations, DE HEAL, DCC	Town comprehensive plans	Ongoing
Support school policies to promote physical activity and healthy nutrition.	Voluntary health organizations, DE HEAL, DCC	School health profile and school districts	Ongoing
Encourage primary care practices to incorporate a comprehensive, coordinated approach to addressing the importance of physical activity, healthy eating, and problems associated with obesity with patients to include counseling and provision of linkages and referrals to community services.	Voluntary health organizations, DE HEAL, DCC	Provider scorecard	Year 1 and ongoing
Ensure evaluation is conducted on all programs and activities.	DCC, voluntary health organizations, DPH Cancer Program	Surveys, focus groups, trackable media, provider scorecard	Year 1 and ongoing

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

Task/Actions	Responsible Party	Data Source	Timeframe
Work with employers, health care providers, and insurers to promote the benefits of healthy eating.	Voluntary health organizations, DHSS	Program records	Ongoing

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Delaware Cancer Consortium

Early Detection & Prevention Committee

Cancer Risk Reduction Committee

Delaware Cancer Registry Advisory Committee



“Over the years, a lot of effort has gone into making sure that the data that’s submitted to the state tumor registry is accurate. It’s critical in developing strategies — such as the initiatives on healthy behaviors — that work.”

Nicholas Petrelli, MD, FACS, Medical Director, Helen F. Graham Cancer Center

“When you talk about a tumor registry, the critical component is accuracy of data entered into the database. Those sources can be varied. You have to make sure all of them are reporting data accurately. Much of the data comes from hospitals. So in the first six to seven years, providers from our committee visited them to view patient charts to see the accuracy of the data firsthand. The legwork really was doable because we are a small state. We were able to track the treatment of colon cancer, breast cancer diagnosis and treatment, and the timing and staging of them to understand what was happening. That data is the input for year-to-year incidence, mortality, and treatment statistics to learn where we've been and where we have to go.”

Nicholas Petrelli, MD, FACS, Medical Director, Helen F. Graham Cancer Center

Why?

Data is information. Ensuring the accuracy of that information is and continues to be our priority.

New goals are focused on increasing our efforts to facilitate how and where we collect data. Regulations updated in 2014 now require electronic data collection, which increases reporting from facilities such as outpatient centers, laboratories, and provider offices. Improving the quality of the data to understand what practices must be improved and to learn about any trends in patient outcomes. The dissemination and use of Delaware Cancer Registry (DCR) information is an additional focus. We want to increase the use of data to answer questions. Inform researchers, academics, and other stakeholders that the data is theirs to use. Improve our own communication channels between the DCR and our stakeholders. Most importantly, our goal of adhering to the standards of the National Program of Cancer Registries will allow us to maintain funding and ensure consistency of quality data collection as we move forward.

GOAL 1: Improve timeliness/completeness of reporting of cancer data.			
OBJECTIVE 1A: Move toward electronic data collection from all cancer reporting facilities.			
Task/Actions	Responsible Party	Data Source	Timeframe
Increase electronic reporting from physician offices, ambulatory surgery centers, and pathology laboratories per Centers for Disease Control-National Program of Cancer Registries (CDC-NPCR) standards.	DCR	DCR	Year 1 and ongoing
OBJECTIVE 1B: Make meaningful use of cancer reporting.			
Task/Actions	Responsible Party	Data Source	Timeframe
Work with eligible providers to utilize electronic health records for cancer reporting from non-hospital offices as required by the National Program of Cancer Registries.	DCR	DCR	Year 1 and ongoing
OBJECTIVE 1C: Meet goals of cancer registry standard setters for annual Delaware Cancer Registry (DCR) data submissions.			
Task/Actions	Responsible Party	Data Source	Timeframe
North American Association of Central Cancer Registries (NAACCR) Gold-Level Certification.	DCR	DCR	Annually
CDC-National Program of Cancer Registries (NPCR) Advanced Data Quality Standard for 12-Month Data.	DCR	DCR	Annually

GOAL 2: Improve data quality to enable the routine evaluation of treatment practices and patterns against patient outcomes.			
OBJECTIVE 2A: Move to improve quality of data using the Rapid Quality Reporting System (RQRS) of the Commission on Cancer and the Quality Oncology Practice Initiative (QOPI) for all hospitals in the state with subsequent public reporting.			
Task/Actions	Responsible Party	Data Source	Timeframe
Engage Delaware hospitals in posting Commission on Cancer standard of care quality reports for public review (i.e., CP3R reports).	Delaware Cancer Registry Advisory Committee (DCRAC)	Delaware hospital cancer registries	Year 1 and ongoing
OBJECTIVE 2B: Monitor completeness of Delaware Cancer Registry's (DCR) first course of treatment data.			
Task/Actions	Responsible Party	Data Source	Timeframe
Utilize annual NPCR submission data quality reports to assess completeness of treatment data.	DCRAC	NPCR	Annually
OBJECTIVE 2C: Implement a statewide All-Payer Claims Database (APCD) in Delaware.			
Task/Actions	Responsible Party	Data Source	Timeframe
Support efforts of the APCD committee, including linkage of databases, types of analyses, and rules and regulations on data release.	DCRAC	APCD	Year 1 and ongoing
OBJECTIVE 2D: Perform regular quality audits of Delaware Cancer Registry (DCR) and hospital data.			
Task/Actions	Responsible Party	Data Source	Timeframe
Perform one data quality audit per year.	DCR	DCR/ Delaware hospitals	Annually

Recommendations

GOAL 3: Increase the use of data to answer research questions.

OBJECTIVE 3A: Provide help to data users.

Task/Actions	Responsible Party	Data Source	Timeframe
Post and update data access guidelines on DCR webpage.	DCR	DCR	Ongoing
Monitor website hits on data access guidelines on DCR webpage.	DCRAC	DPH	Annually

OBJECTIVE 3B: Publicize availability of data for this purpose to inform researchers, academic institutions, and other stakeholders.

Task/Actions	Responsible Party	Data Source	Timeframe
Annually produce at least three articles, events, or reports publicizing availability of data.	DCRAC	DCR	Annually

OBJECTIVE 3C: Increase number of research projects using Delaware Cancer Registry (DCR) data.

Task/Actions	Responsible Party	Data Source	Timeframe
Monitor the projects using DCR data.	DCRAC	DCR	Annually
Review results of the Incidence and Mortality Report to generate ideas for research using DCR data.	DCRAC	DPH	Annually

GOAL 4: Develop routes of efficient and effective communication between the Registry and its stakeholders to inform stakeholders of reporting requirements and benefits of the Delaware Cancer Registry (DCR).

OBJECTIVE 4A: Make public NAACCR and NPCR findings regarding certification/quality of Delaware Cancer Registry (DCR) data.

Task/Actions	Responsible Party	Data Source	Timeframe
Update NAACCR and NPCR submission results on website once/year.	DCR	NAACCR, NPCR	Annually
Monitor website hits on the DCR webpage.	DCRAC	DPH	Annually

OBJECTIVE 4B: Produce one professional publication/article about the DCR per year.

Task/Actions	Responsible Party	Data Source	Timeframe
Publish article in the <i>Delaware Medical Journal</i> or other professional publication.	DCRAC	DCR	Annually

GOAL 5: Maintain NPCR funding through adherence to NPCR program standards for data use and data collection.

OBJECTIVE 5A: Per NPCR Program Standards, ensure use of cancer registry data for public health and surveillance research purposes in at least five of the following ways: 1) Comprehensive cancer control; 2) Detailed incidence and mortality by stage and geographic area; 3) Collaboration with cancer screening programs for breast, colorectal, and cervical cancer; 4) Health event investigation; 5) Needs assessment/program planning (e.g., Community Cancer Profiles); 6) Program evaluation; 7) Epidemiologic studies.

Task/Actions	Responsible Party	Data Source	Timeframe
Collaborate with other DPH programs, researchers, hospital cancer registries, advocacy organizations, and national organizations such as NAACCR and NPCR to accomplish this objective.	DCR	DCR	Year 1 and ongoing
Monitor the ways that DCR data is used to ensure adherence to NPCR program standards.	DCRAC	DCR	Year 1 and ongoing

OBJECTIVE 5B: Implement transition from Collaborative Staging to directly coded American Joint Committee and Surveillance Epidemiology on Cancer End Result Summary Stage data collection, according to guidance from the Centers for Disease Control and Prevention and other cancer registry standard setters.

Task/Actions	Responsible Party	Data Source	Timeframe
Provide guidance to reporting hospitals, including training sessions at meetings of the Delaware Cancer Registrars Association.	DCR	DCR	Year 1 and ongoing

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APPENDIX

DELAWARE CANCER CONSORTIUM COMMITTEES

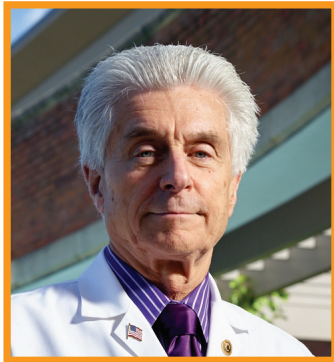
Chairperson: To be appointed by the Governor

Advisory Committee

The Honorable David Bentz
The Honorable Ruth Briggs King
The Honorable John C. Carney, Governor
The Honorable Bethany Hall-Long, RNC, PhD, Lt. Governor
The Honorable Shawn Garvin
Stephen Grubbs, MD
Patricia Hoge, PhD
Meg Maley, RN, BSN
The Honorable David McBride
The Honorable Kara Odom Walker, MD, MPH, MSHS
Nicholas Petrelli, MD
Rishi Sawhney, MD
James Spellman, MD, FACS, FSSO

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Lt. Governor, Co-chair
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Early Detection & Prevention Committee

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