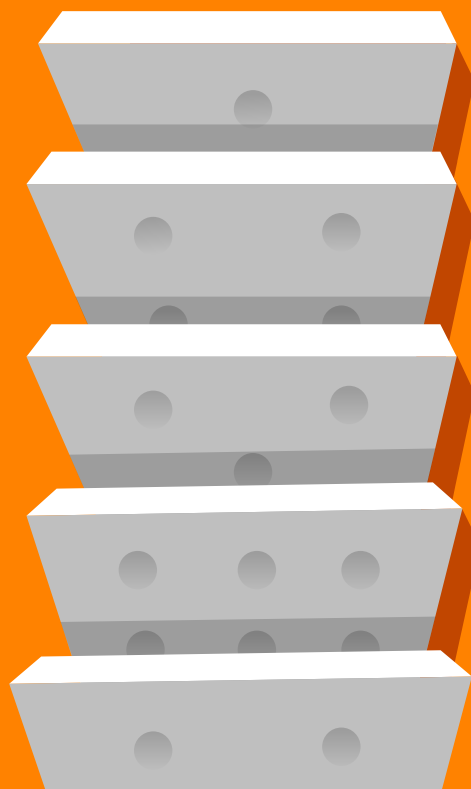


MAKING AN IMPACT

The Five-Year Plan for a
Tobacco-Free Delaware
2023–2027



JUNE 2023



WORKING TOWARD A TOBACCO-FREE DELAWARE

This plan is the result of efforts of the IMPACT Delaware Tobacco Prevention Coalition and others in our state who are interested in tobacco prevention and control. The IMPACT Coalition was formed in 1994 after Delaware received a Centers for Disease Control and Prevention (CDC) grant, which began as a planning agreement and grew to include funds for infrastructure and state tobacco programs. One of the requirements of the CDC grant was to develop a statewide tobacco prevention coalition.

OUR MISSION

The IMPACT Coalition's mission is to improve the quality of life of all Delawareans by reducing health risks related to tobacco use and exposure.

OUR VISION

A Tobacco-Free Delaware

OUR VALUES, BELIEFS, AND PRINCIPLES

Strength — Where members collaborate and share different perspectives.

Dedication, commitment, and resilience — Staying focused on our goals.

Knowledge and expertise — Focusing singularly on making an impact by preventing tobacco consumption.

Engagement — Involving the community and youth, and protecting health.

Advancement of health equity — Working to reduce health disparities.

Advocating and influencing public policy — Informing members on issues.

Earning respect and buy-in — Ensuring we are held in high regard by community organizations and the General Assembly.

RESPONDING TO NEW THREATS

Cigarette smoking reached a historic low in 2019.¹ But the tobacco industry isn’t deterred. Faced with lower smoking rates, tobacco manufacturers have a new playbook. Their portfolio includes e-cigarettes, vaping, cigars, menthols, and flavored tobacco, as well as oral nicotine pouches and lozenges. All are ways the tobacco industry is reinventing itself. These products threaten to undo all the progress that’s been made.

The tobacco industry is luring young people to secure its own salvation. The U.S. Food and Drug Administration made headway in curbing the epidemic use of e-cigarettes and other flavored tobacco products by introducing new proposed product standards in 2022. The new standards prohibit menthol as a characterizing flavor in cigarettes and prohibit all characterizing flavors (other than tobacco) in cigars.

But the use of flavored e-cigarettes has continued to grow among the nation’s youth, increasing by 81% from February 2020 to March 2022.² Should this FDA policy change become effective, it is expected to help prevent children from becoming the next generation of smokers.

Tobacco use has hit the Black community hard. In 2019, approximately 85% of Black adults who smoked used menthol cigarettes. A survey conducted between 2013 and 2015 showed that among Black adults who smoked, 93% used menthol cigarettes when they first tried smoking.³

The need for tobacco control resources is more critical than ever. Emerging health issues such as Coronavirus Disease 2019 (COVID-19) actually caused alcohol and tobacco use to increase, as people struggled to cope with resulting life changes. In the coming five years, we must restore focus on tobacco-free goals.

Our strengths are significant. Delaware’s programs are innovative, especially in reaching diverse audiences through the mini-grant programs. Collaboration between the Division of Public Health and nonprofits — with limited resources — has been solid and consistent in Delaware. Since our tobacco control programs were initiated in 2001, we have seen an overall decrease in Delaware adult smokers from 25% of the adult population to 16.5% today.⁴

But there is still work to do. Tobacco use is still the leading cause of preventable death in our state. Education, engagement, advocacy of policy change, data-supported decision-making, addressing health equity gaps, and continuing to work together — in all corners of the state — will make an impact that results in a tobacco-free Delaware.

ACCOMPLISHMENTS

Tax on e-cigarettes — Delaware residents pay five cents for each fluid milliliter of e-juice in the vapor products they buy.

Tobacco 21 law — Senate Bill 25, passed in 2019, increased the age for sales of tobacco products from 18 to 21.

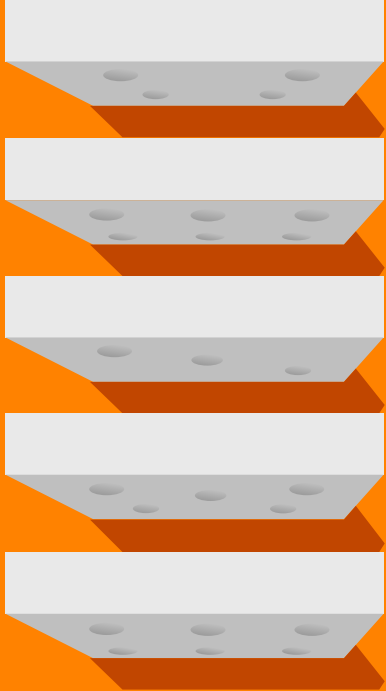
Quitline at 13 — People as young as 13 years of age can now access the Quitline to use cessation services.

¹ American Cancer Society, ACS Report: Cancer Prevention & Early Detection Facts & Figures, 2021–2022: May 19, 2021
² CDC Foundation & Information Resources, Inc., “Monitoring U.S. E-Cigarette Sales: National Trends”
³ CDC, Menthol Smoking and Related Health Disparities
⁴ Delaware Health and Social Services, Division of Public Health, Behavioral Risk Factor Survey, 2001–2009; CDC Current Smoking Among Adults in the United States, 2021

IMPACT COALITION MISSION AND VALUES	3
RESPONDING TO NEW THREATS	4
ACCOMPLISHMENT HIGHLIGHTS BY GOAL	6
BEST PRACTICES	8
PRIORITIES	9
CRITICAL ISSUES	10
GOALS, OBJECTIVES, AND ACTION STEPS	12
IMPACT COALITION MEMBERS	BC

ACCOMPLISHMENT HIGH LIGHTS BY GOAL

In the past five years, significant progress was made to address the goals of the prior strategic plan (2017–2022).



GOAL 1
PREVENT THE INITIATION AND USE OF TOBACCO AND EMERGING PRODUCTS AMONG DELAWAREANS

- Increased tobacco sales age from 18 to 21 years of age in 2019.
- All-time low prevalence of youth cigarette use.
- House Bill 242 increased the excise tax on cigarettes and other tobacco products in 2017, requiring e-cigarettes to be taxed, vape shops to have a tobacco retail license, and fees to be raised for tobacco retail licenses.

GOAL 2
INCREASE QUITTING AND QUIT ATTEMPTS AMONG DELAWAREANS WHO USE TOBACCO PRODUCTS

- Celebrated the 20th anniversary of the Quitline in 2021 — the only state-sponsored Quitline program to offer a face-to-face counseling option.
- Lowered the age to use the Quitline to 13 years of age in 2020.
- Added a behavioral health protocol to the Quitline in 2020.
- Provided systems change training for clinicians (Ask, Advise, and Refer) to help smokers quit.

GOAL 3
ELIMINATE EXPOSURE TO SECONDHAND SMOKE, VAPOR, AND OTHER EMISSIONS

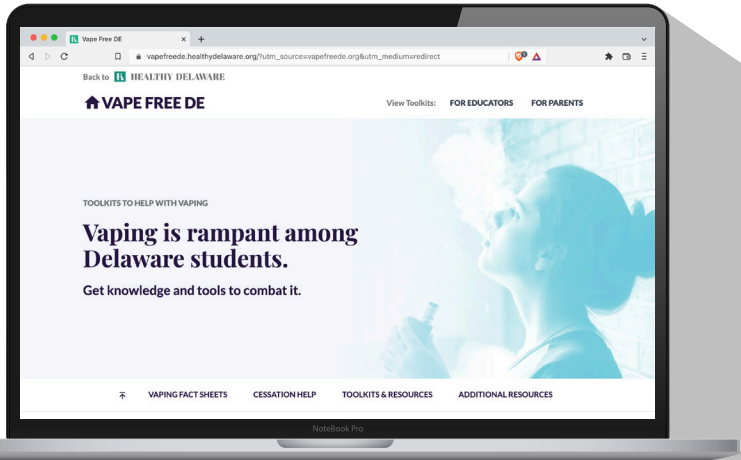
- Celebrated the 20th anniversary of the Clean Indoor Air Act in 2022.
- Thanks to HUD legislation and a Delaware State Housing Authority policy change, public housing was required to become smoke-free in Delaware in 2018.

GOAL 5
STRENGTHEN AND CULTIVATE DELAWARE’S LEADERSHIP IN ALL LEVELS OF COMPREHENSIVE TOBACCO PREVENTION AND CONTROL

- Celebrated the Delaware Cancer Consortium’s 20 years of work in 2021.
- Delaware Health Fund Advisory Committee recommendations for increased funding for tobacco control to match levels previously received made it into the governor’s FY23 recommended budget.

GOAL 4
DECREASE THE SOCIAL ACCEPTABILITY OF TOBACCO, E-CIGARETTES, AND EMERGING PRODUCTS

- Awarded 606 mini-grants totaling \$4.6 million to 140 organizations between 2003 and 2023.
- Funded advertisements of prevention and cessation messages targeted to the LGBTQ, Black, and youth populations and those with behavioral health conditions.



Through a collaboration of the Division of Public Health, the Department of Services for Children, Youth and Their Families, the Department of Education, the Division of Alcohol and Tobacco Enforcement, the American Lung Association, and Polytech, we developed VapeFreeDE.com in 2019, a toolkit to address vaping.

BEST PRACTICES GUIDE ALL WE DO

Understanding needs and threats, and working together to meet common goals, organizations across the state used proven practices to address critical issues. Best practices and other evidence-based strategies guide us and help us implement our programs and policies. Community resources are the foundation for sustained solutions to tobacco use and have been proven to effectively reduce tobacco use rates.

The following are examples of our integration of best practices:

- Multisector collaboration from the Division of Public Health, Department of Education, and Department of Services for Children, Youth, and Their Families to develop VapeFreeDE.com.
- Integration of outreach by the Kick Butts Generation (KBG) and Delawareans Against Nicotine and Tobacco Exposure (DANTE) — two powerful youth and young-adult movements working to end tobacco use.
- Evaluation and surveillance to understand trends through the use of tools such as the Youth Tobacco Survey.
- A combination of coaching and nicotine replacement therapy (NRT) offered via the Delaware Quitline to help people stop using tobacco.
- Development and launch of campaigns to address specific threats and diverse audiences:



Targeting cigar use



Addressing menthols and their dangers



Identifying and acknowledging the behavioral health connection with tobacco use and offering resources to quit



Alerting the LGBTQ community of widespread tobacco use among their population and addressing the need for change

PRIORITIES

We will continue to use best practices to address our newly identified priorities. Over the next five years we will:

- Maintain funding at the CDC-recommended level.
- Eliminate flavored e-cigarettes, including menthol tobacco products.
- Increase education and training for youth, parents, educators, schools, caregivers, providers, community members, legislators, and other stakeholders.
- Develop targeted messaging.
- Engage in partnerships to prevent youth tobacco use in underserved population groups; continue to expand engagement activities.
- Decrease e-cigarette and vape use.
- Eliminate health inequities and disparities.
- Promote health systems change and integration of programs.
- Advocate for evidence-based policy change, including tax equity, protection of the Clean Indoor Air Act, and policies to regulate the selling of tobacco and emerging products in brown and Black communities.
- Promote smoking cessation and prevention as well as expand accessibility to underserved populations.
- Provide data for decision-making.
- Support community empowerment and provide resources.
- Recruit and train more volunteers in the community.
- Keep the IMPACT Delaware Tobacco Prevention Coalition strong and increase its diversity.

CRITICAL ISSUES

Addressing the e-cigarette/vaping epidemic

E-cigarettes can be as addictive as heroin and cocaine, and they deliver even more nicotine than a combustible tobacco product. A 2021 study from the FDA and CDC reported that more than 2 million U.S. middle and high school students were using e-cigarettes. Vaping is a tobacco product, and we need the FDA to step up and take action.

Tobacco-related health inequities

We must address inequities as they relate to education, income, race and ethnicity, mental health disorders, LGBTQ status, housing security, and people with disabilities. We must ensure that health disparities are a part of the conversation and considered when developing tobacco control education materials.

Illicit tobacco products

Cigarettes are the most widely smuggled legal consumer product in the world.¹ Smuggled, bootlegged, illegally manufactured, and counterfeited cigarettes are getting into the hands of people in the U.S. This undermines efforts to prevent or curb youth smoking and eliminates the higher taxes that make cigarettes hard to afford, which contributes to people's decision to stop smoking.

Maintain or increase funding in Delaware for tobacco control and prevention

Annually, Big Tobacco spends \$39 million (80% to 90% is at the point of sale), compared with the \$2 million Delaware spends on tobacco prevention and control messages. Delaware should increase funding for tobacco control to what the CDC recommends, and ensure funding to support additional staffing.

Removal of flavored products

Flavored tobacco plays a significant role in enticing youth and young adults to use tobacco products.² Candy-, fruit-, and cocktail-flavored products are packaged to appeal to youth. Although some cigarettes are prohibited from including flavors, there are many other types of flavored tobacco products including open-system e-cigarettes, disposable e-cigarettes, menthols, smokeless tobacco, cigars, and hookah mixtures.

¹ Campaign for Tobacco-Free Kids

² truth initiative®, Flavored tobacco use among youth and young adults: June 28, 2021

GOALS, OBJECTIVES, AND ACTION STEPS



GOAL ONE

Prevent the initiation and use of tobacco and emerging products among Delawareans.



GOAL TWO

Increase quitting and quit attempts among Delawareans who use tobacco products.



GOAL THREE

Eliminate exposure to secondhand smoke, aerosols, and other emissions.



GOAL FOUR

Advance health equity by identifying and eliminating inequities and disparities related to commercial tobacco products.



GOAL FIVE

Strengthen and cultivate Delaware's leadership, and build partnerships and connections at all levels of comprehensive tobacco prevention and control.

GOAL 1

PREVENT THE INITIATION AND USE OF TOBACCO AND EMERGING PRODUCTS AMONG DELAWAREANS.

OBJECTIVES

- 1 Reduce the prevalence of tobacco use among people by 2027.
 - a. Reduce the initiation of tobacco use by young people.
 - b. Reduce the initiation in underserved populations.
- 2 Increase access to programs and services in underserved populations.
- 3 Promote, implement, and maintain evidence-based tobacco prevention programs for schools, parents, caregivers, providers, and communities.
- 4 Enact legislation for the elimination of flavored tobacco products, including menthol products.
- 5 Increase the excise tax of 33 cents to at least \$1.50 by 2027.
- 6 Create tax equity on all other tobacco products comparable to that on cigarettes.
- 7 Maintain or exceed the current level of law enforcement on the sale of tobacco products to individuals under the age of 21, and their access to such products, by 2027.

ACTIONS

1. Work with the administration and legislature to increase understanding of the health impacts of tobacco and emerging products among youth, and target structural changes.
2. Develop effective and innovative multimedia campaigns that address tobacco prevention and misinformation about e-cigarettes and emerging products.
3. Engage all schools — charter, private, parochial, alternative, and special needs — in evidence-based tobacco prevention programs, and increase programs in Kent and Sussex counties.
4. Work with school districts to increase opportunities to collect data.
5. Enforce Delaware tobacco regulation 877, which prohibits the use of tobacco products by all staff, students, visitors, and parents in school buildings and on school grounds, as well as in or at school-leased buildings, properties, and functions.
6. Provide funding resources and technical assistance to communities for evidence-based tobacco prevention programs, especially those targeting vulnerable and disparate populations.
7. Establish new policies restricting young people's access to retail establishments that sell cigarettes and other tobacco products.
8. Assess point-of-sale policies and restrictions, especially in areas of high retail density, and develop interventions as needed.
9. Increase the cost of a retail business license to sell tobacco from the current \$50.
10. Increase collaboration with other states in enforcing laws against illegal activity.
11. Reestablish funding for law enforcement assessments of retail establishments, led by the Division of Alcohol and Tobacco Enforcement, and seek new funding for law enforcement personnel.
12. Monitor and address black market distribution of tobacco products to minors.
13. Ensure evaluations are conducted on all tobacco programs and activities.
14. Use evaluation and surveillance data to identify disparities, health inequities, and underserved populations. Develop targeted messages, programs, and policies to reduce those inequities.
15. Fund tobacco prevention and control education and enforcement efforts at the CDC-recommended 2023 levels, \$13 million versus the \$9.7 million projected spending for 2023.



GOAL 2

INCREASE QUITTING AND
QUIT ATTEMPTS AMONG
DELAWAREANS WHO USE
TOBACCO PRODUCTS.

OBJECTIVES

- 1 Expand the integration of health system-based tobacco cessation interventions and practices.
- 2 Promote services, resources, and benefits of cessation to encourage quitting and improve barrier-free access to available programs and services for all Delawareans.
- 3 Ensure that cessation promotions, interventions, and services are culturally appropriate and reach populations disproportionately impacted by tobacco use.
- 4 Increase the number of tobacco users who have insurance that includes barrier-free coverage for proven cessation treatments.

ACTIONS

1. Continue to assess the effectiveness of the Delaware Quitline and obtain a demographic breakdown of consumers.
2. Collaborate with health system providers and conduct outreach efforts to community organizations to disseminate best practices on tobacco cessation.
3. Provide health care system providers and community organizations with up-to-date materials on available cessation resources in Delaware.
4. Provide training for health care system providers on state-of the-art cessation counseling and follow-up.
5. Establish statewide certification and training for tobacco treatment specialists.
6. Ensure information is available on insurance plan cessation coverage options.
7. Work with public (Medicaid) and private insurance, unions, and employers to cover cessation counseling and products.
8. Understand the health care provider and referral system as well as insurance system linkages and how they affect communication about the availability of cessation programs and resources for underserved populations.
9. Ensure evaluations are conducted on all programs and activities.
10. Use evaluation and surveillance data to identify disparities and vulnerable populations so that targeted messages and programs can be developed to address them.
11. Fund tobacco prevention and control education efforts at CDC-recommended levels.
12. Use evaluation and surveillance data to identify underserved populations and disparities and health inequities so that targeted messages, programs, and policies can be developed to address them.



GOAL 3

ELIMINATE EXPOSURE TO
SECONDHAND SMOKE, AEROSOLS,
SYNTHETIC NICOTINE, AND
OTHER EMISSIONS.

OBJECTIVES

- 1 Increase the number of indoor/outdoor locations and events declared and enforced as tobacco smoke-free and aerosol-free zones.
- 2 Increase the number of people who do not allow smoking and vaping in their homes.
- 3 Increase the number of people who do not allow smoking and vaping in their vehicles.

ACTIONS

1. Research current data about the harmful effects of vaping products and emerging tobacco products.
2. Identify vaping establishment locations and pursue a legislative approach for regulating and taxing them.
3. Enforce laws and policies pertaining to secondhand smoke and emissions from all tobacco products.
4. Sustain and enforce the Delaware Clean Indoor Air Act.
5. Disseminate information about the harmful effects of secondhand tobacco smoke and vape emissions to consumers and underserved populations through targeted multimedia campaigns.
6. Educate health system practitioners through professional associations on the importance of preventing exposure to secondhand smoke and vape emissions.
7. Identify new locations, including multi-unit housing, that will adopt no-smoking policies.
8. Enforce Delaware tobacco regulation 877, which prohibits the use of tobacco products by all staff, students, visitors, and parents in school buildings and on school grounds, as well as in or at school-leased buildings, properties, and functions.
9. Ensure evaluations are conducted on all programs and activities.
10. Use evaluation and surveillance data to identify disparities, health inequities, and underserved populations. Develop targeted messages, programs, and policies to reduce them.
11. Fund tobacco prevention and control efforts at CDC-recommended levels.



GOAL 4

ADVANCE HEALTH EQUITY BY IDENTIFYING AND ELIMINATING INEQUITIES AND DISPARITIES RELATED TO COMMERCIAL TOBACCO PRODUCTS.

OBJECTIVES

- 1 Implement policy, system, and environmental change interventions to influence health equity.
- 2 Develop health communications to address tobacco industry promotion and increase education on Big Tobacco tactics. Reduce tobacco promotion in Black and brown communities.
- 3 Utilize new and existing resources to identify and connect with communities that are affected by tobacco-related health disparities.
- 4 Create and disseminate health communications targeting specific populations experiencing tobacco-related health disparities that address the true impact of tobacco use and the tobacco industry's tactics to target these populations.

ACTIONS

1. Promote tax equity, restrict product placement, and adopt policies to reduce the number of tobacco retailers.
2. Increase the number of places that eliminate smoking or tobacco use.
3. Educate partners about health inequities and develop solutions for implementation.
4. Reach individuals who use tobacco products, including those who vape or use smokeless tobacco.



GOAL 5

STRENGTHEN AND CULTIVATE DELAWARE'S LEADERSHIP, AND BUILD PARTNERSHIPS AND CONNECTIONS AT ALL LEVELS OF COMPREHENSIVE TOBACCO PREVENTION AND CONTROL.

OBJECTIVES

- 1 Aggressively fund comprehensive tobacco prevention and control efforts at CDC-recommended levels, and seek public funds.
- 2 Effectively utilize funds to ensure and evaluate high-quality, innovative, and evidence-based comprehensive approaches to tobacco control.
- 3 Cultivate leadership in communities impacted by tobacco use so that coalitions, partners, and champions advocate for tobacco prevention and control efforts.
- 4 Establish Delaware as one of the top 10 states for lowest tobacco use prevalence by 2027.
- 5 Host a conference every other year to share the work and information with advocates, stakeholders, and the public.

ACTIONS

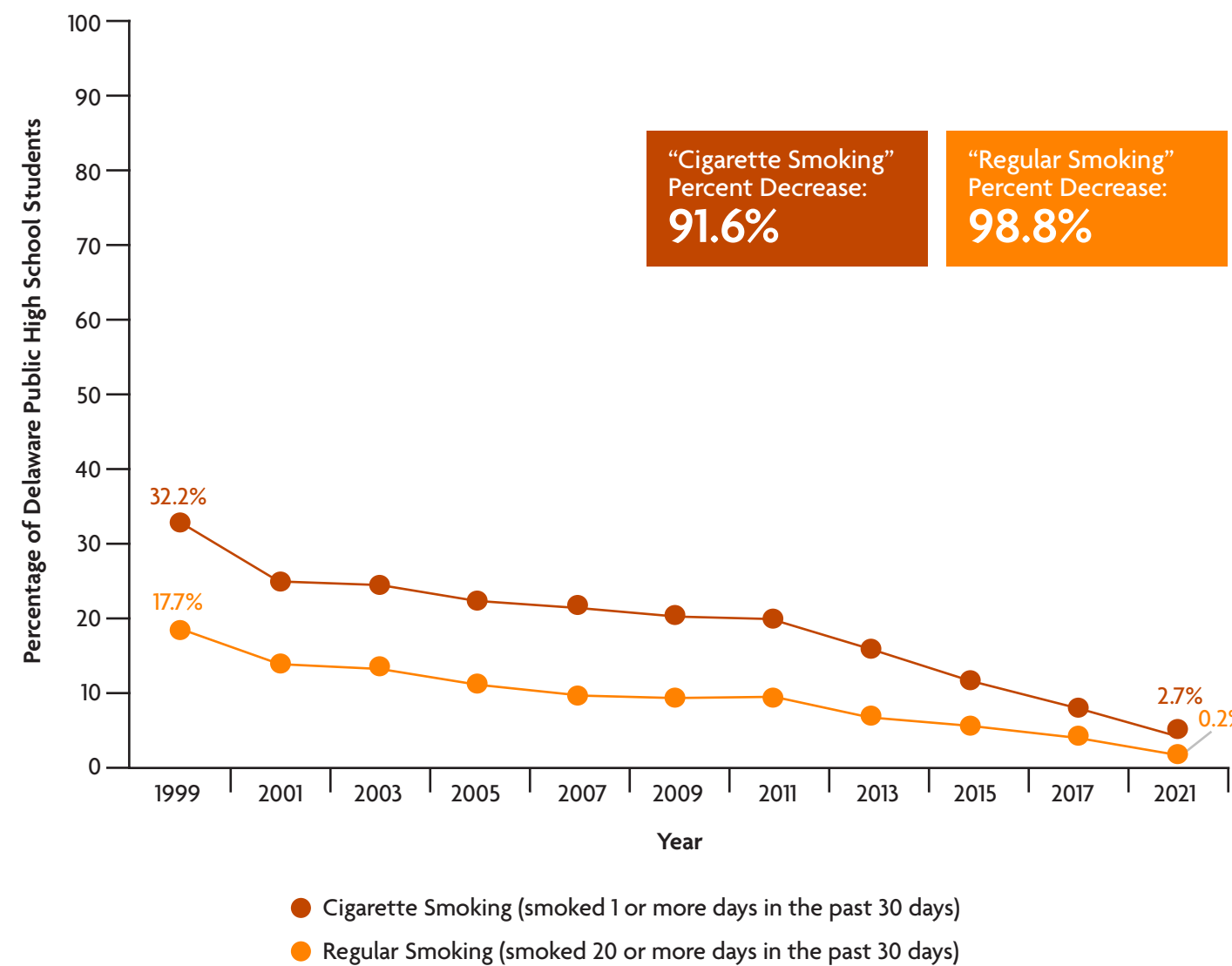
1. Identify, cultivate, and educate new legislative champions.
2. Identify grassroots leadership through the mini-grants program through the Delaware Tobacco Prevention and Control Program.
3. Analyze why CDC funding levels have not been met.
4. Seek, leverage, and enhance public and private resources and partnerships.
5. Provide and publicize a strategic plan and an evaluation of it.
6. Advocate for an increase in excise taxes on tobacco products.



DECREASE IN YOUTH SMOKING

Smoking continues to decrease among Delaware high school students, according to the Delaware Department of Health and Social Services, Division of Public Health 2021 Youth Risk Behavior Survey (YRBS).

FIGURE 1. Cigarette smoking prevalence among public high school students by days of use and year, Delaware, 1999–2021



Source: Delaware Department of Health and Social Services, Division of Public Health, Youth Risk Behavior Survey (YRBS), 2021

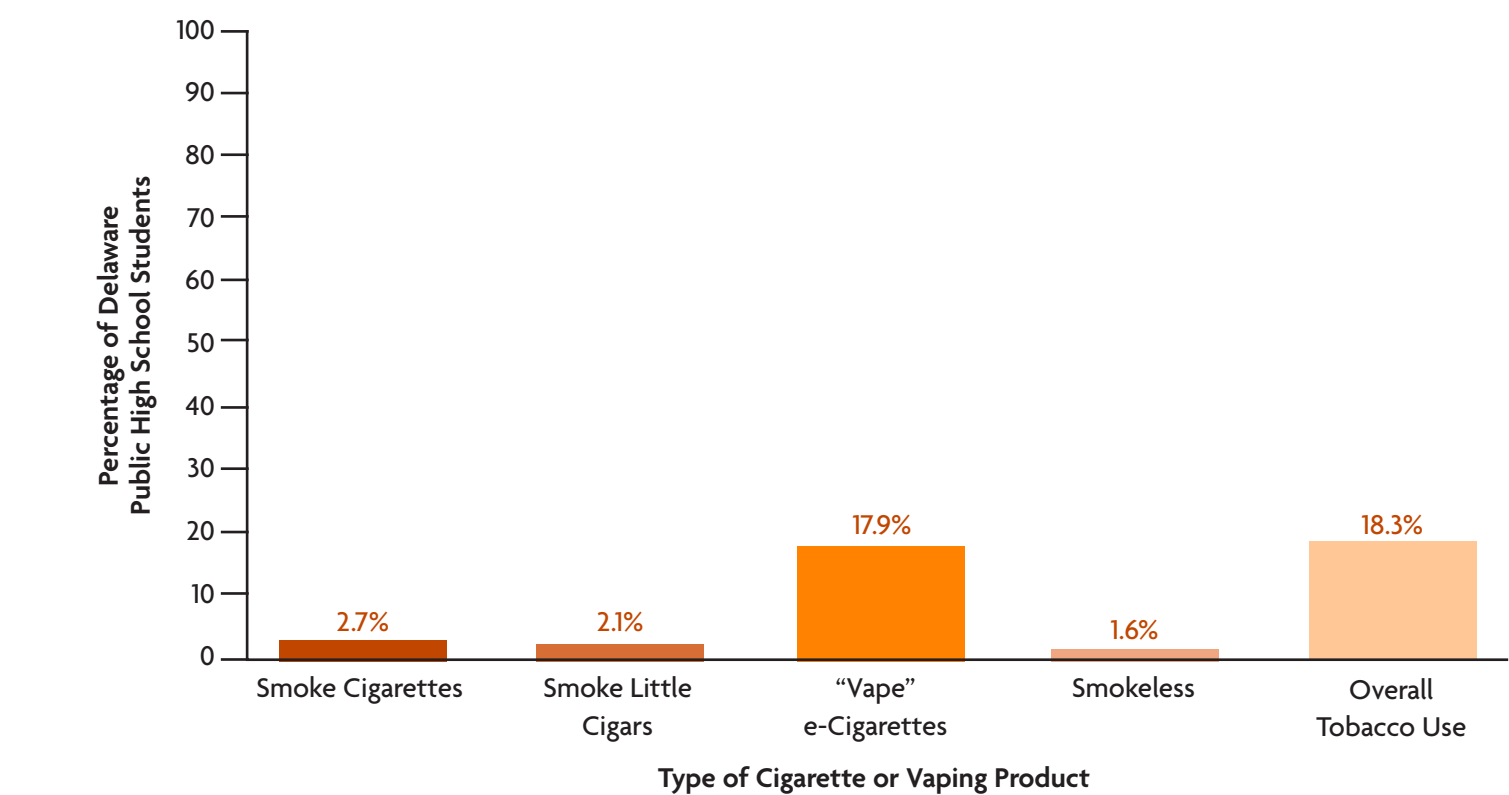
INCREASE IN USE OF OTHER TOBACCO PRODUCTS BY HIGH SCHOOL STUDENTS

According to the 2021 YRBS: Smoking cigarettes has declined among high school students, but the use of vaping products has remained steady.

E-cigarette usage now exceeds cigarette smoking prevalence:

- 33.4% of public high school students have tried e-cigarettes.
- 5.5% of high school students use e-cigarettes frequently (on 20 or more days out of 30 days).
- 3.9% of high school e-cigarette users use e-cigarettes daily.

FIGURE 2. Public high school student cigarette smoking prevalence* by product, Delaware, 2021



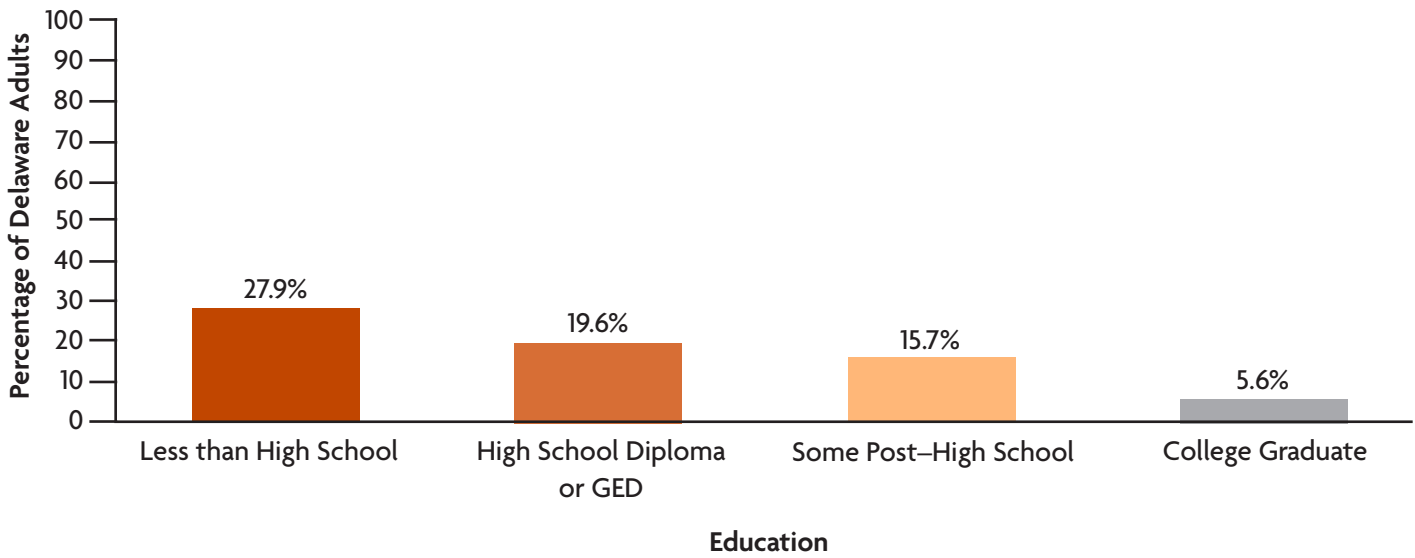
*Prevalence is defined as use on at least one day during the past 30 days.
Source: Delaware Department of Health and Social Services, Division of Public Health, Youth Risk Behavior Survey (YRBS), 2021

CERTAIN DELAWAREANS ARE AT HIGHER RISK TO BECOME SMOKERS

Some groups of Delawareans have a significantly greater risk of becoming smokers. According to the 2020 Delaware Behavioral Risk Factor Survey (BRFS):

- Of adults reporting 14 or more “poor mental health days” each month, 22.5% are smokers, according to the Division of Public Health’s 2020 BRFS. Only 12.0% of adults who reported no or few poor mental health days in 2020 are smokers. Among Delaware adults who reported having a depressive disorder to the 2020 BRFS, 22.4% reported smoking cigarettes. Only 11.4% of adults who reported not having a depressive disorder smoked.
- The 2020 BRFS reports that 20.4% of Delaware adults who reported having a disability also reported being a smoker. Only 10.9% of surveyed Delaware adults without a disability reported being a smoker.
- By income, the highest smoking prevalence (16.6%) is among adults with an annual income of less than \$25,000, according to the 2020 BRFS. Similarly, as education increases, the prevalence of smoking decreases. While 22.2% of adults with less than a high school education smoke cigarettes, only 5.4% of adults with a college degree smoke.

FIGURE 3. Smoking prevalence by education, Delaware, 2020

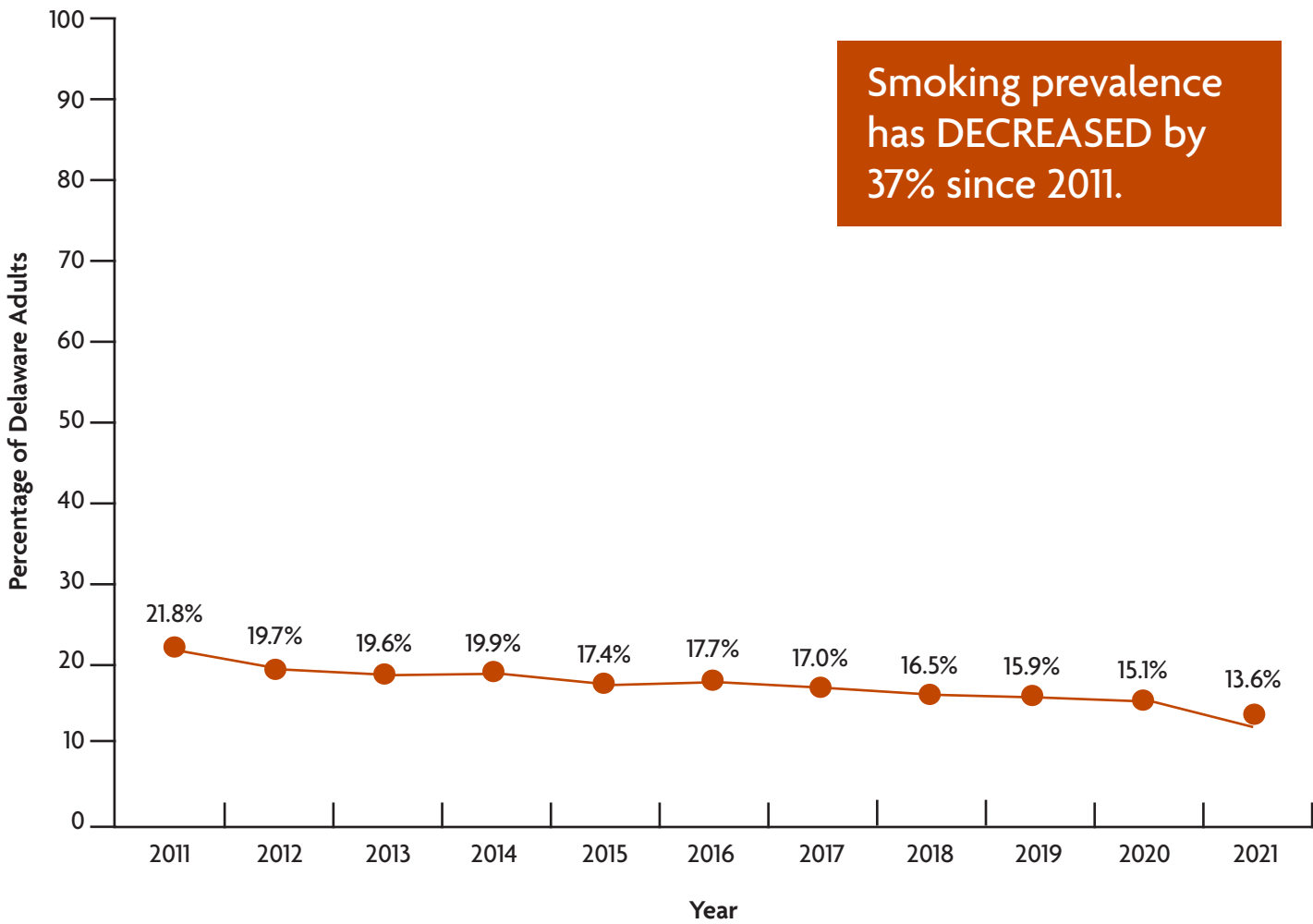


Source: Delaware Department of Health and Social Services, Division of Public Health, Behavioral Risk Factor Survey, 2020

DECREASE IN ADULT SMOKING

Smoking prevalence has decreased in Delaware at a percent that is close to the national average. According to the CDC, between 2011 and 2021, the number of adults who smoke in the United States has decreased by 39.2%. According to the National Institutes of Health (NIH), evidence-based strategies that have contributed to people quitting smoking include insurance coverage for treatments, cigarette prices, smoke-free and tobacco-free policies, and mass-media and educational campaigns. NIH also reports that in general, men use tobacco products at a higher rate than women, and smoking is highest among people ages 25 to 44.

FIGURE 4. Delaware Adult Cigarette Smoking Prevalence, 2011–2020



Source: Delaware Department of Health & Social Services, Division of Public Health, Behavioral Risk Factor Survey, 2011–2021

WE THANK THIS DEDICATED GROUP OF MEMBERS AND SUPPORTERS

IMPACT Coalition Members

Rochelle Brittingham, University of Delaware, Center for Drug and Health Studies

Deb Brown, American Lung Association

Yvonne Bunch, American Lung Association

Jocelyn Collins, American Cancer Society Cancer Action Network

Sabra Collins, Delaware Department of Education, Physical Education, Health, and Wellness

Mike Cordrey, AB&C

Dionne Cornish, Brandywine Counseling & Community Services

Matt Coyle, American Lung Association

Elizabeth Dubravcic, Delaware Department of Health and Social Services, Division of Public Health

Fred Gatto, Delaware Department of Health and Social Services, Division of Public Health

Dale Goodine, Delaware Department of Health and Social Services, Division of Public Health

Shebra Hall, Delaware Department of Health and Social Services, Division of Public Health

Suchi Hiraesave, PhD, Boys & Girls Clubs

Kimberly Jewells, Delaware Department of Health and Social Services, Division of Public Health

Kevin Jones, Department of Safety and Homeland Security, Division of Alcohol and Tobacco Enforcement

Alyson Lang, Delaware Department of Health and Social Services, Division of Public Health

Tamson Livanov, Southern New Castle County Communities Coalition

Lisa Moore, Delaware Department of Health and Social Services, Division of Public Health

Jonathan Rhodes, Department of Services for Children, Youth & Their Families

Laura Saperstein, Delaware Department of Health and Social Services, Division of Public Health

Scott Siegel, PhD, ChristianaCare

Jo Wardell, Delaware Quitline for Delaware Department of Health and Social Services, Division of Public Health

Cindi Wood, Department of Safety and Homeland Security, Division of Alcohol and Tobacco Enforcement

John Yeomans, Department of Safety and Homeland Security, Division of Alcohol and Tobacco Enforcement

George Yocher, Delaware Department of Health and Social Services, Division of Public Health

Consultant, Meeting Facilitator

Devona E. G. Williams, PhD, Goeins-Williams Associates, Inc.

