



Guided by our legacy. Prioritizing healthy living.

The Next Five-Year Plan
2022–2026



DELAWARE
CANCER
CONSORTIUM

April 2022

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SINCE

YEARS

2001

DELAWARE CANCER
CONSORTIUM



My fellow Delawareans,

Twenty years ago, when we started our journey to reduce cancer incidence and mortality, we were driven by two things — dedication and determination. The dedication came from a deep-seated belief that we can do anything in the First State that we put our minds to. The determination was classic put-your-nose-to-the-grindstone Delaware fearlessness. The results? Just look at the data. We were second in the nation for cancer death rate when the Consortium started its work in 2001. Today, we rank 15th for all site-cancer mortality — our cancer death rate has decreased by 7% in the past reporting period alone.

There are many milestones we can be proud of.

Fewer young people are starting to smoke, and adults who smoke are getting help to quit. Since the Quitline started in 2001, more than 63,000 Delawareans have accessed cessation services.

We're addressing disparities and will continue to do so. In 2013-2017 all-site cancer mortality rates decreased 15% among non-Hispanic Caucasian males and 26% among non-Hispanic African American males. For the same period, there was a decrease in mortality rates of 15% among non-Hispanic Caucasian females and 12% among non-Hispanic African American females.

More breast cancer cases are being diagnosed in the earliest, most treatable stage. From 1980-1984 to 2013-2017, the percent of female breast cancer cases diagnosed at the local stage increased from 42% to 68%.

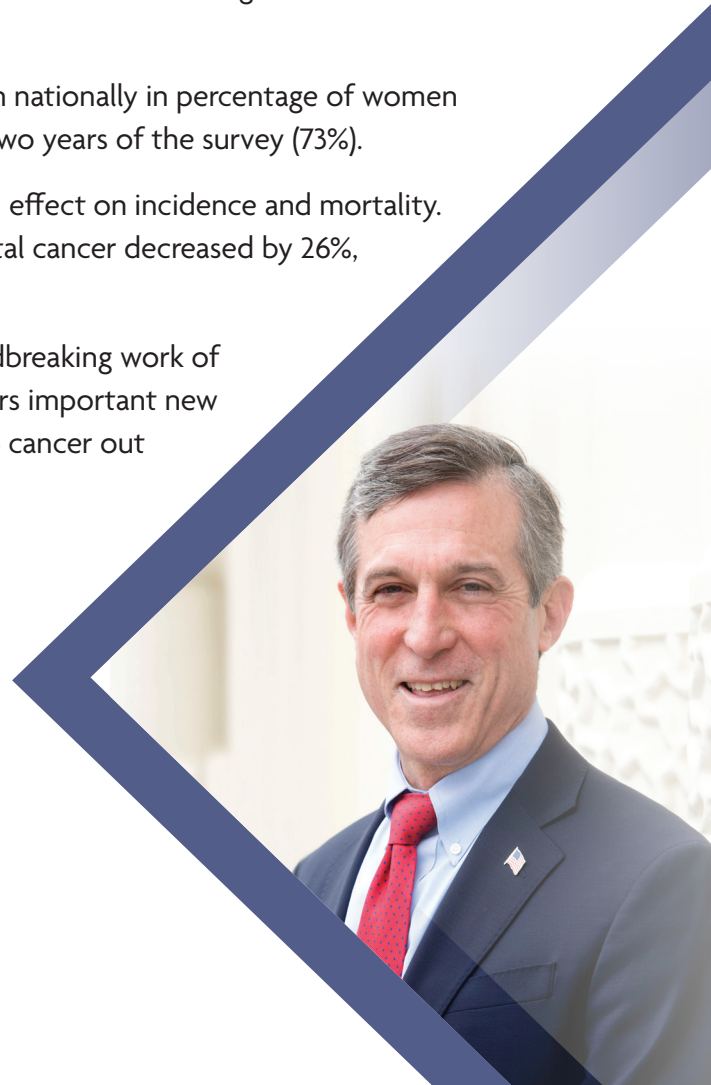
In the 2020 Behavioral Risk Factor Survey, Delaware ranked 17th nationally in percentage of women age 40 and older reporting having had a mammogram within two years of the survey (73%).

Our landmark colorectal cancer initiatives continue to have an effect on incidence and mortality. Between 2003-2007 and 2013-2017, incidence rates for colorectal cancer decreased by 26%, and mortality rates fell by 21%.

Those are just a few of the statistics that represent the groundbreaking work of the Delaware Cancer Consortium. This new five-year plan offers important new initiatives to help Delawareans learn what they can do to keep cancer out of their lives.

As we move ahead, I look forward to seeing what remarkable progress we will continue to make together.


John Carney
Governor of Delaware

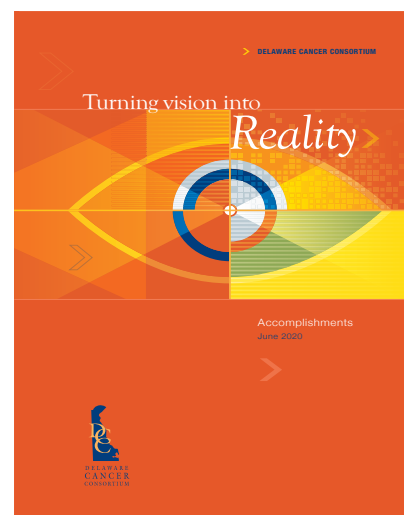
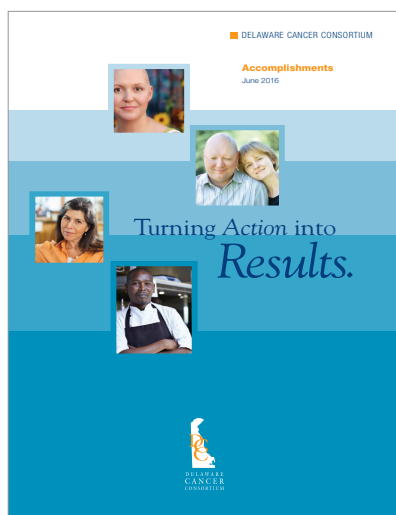
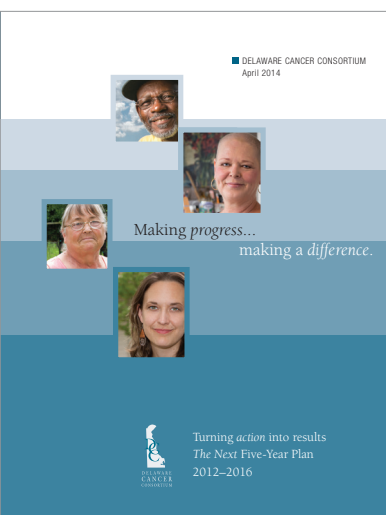
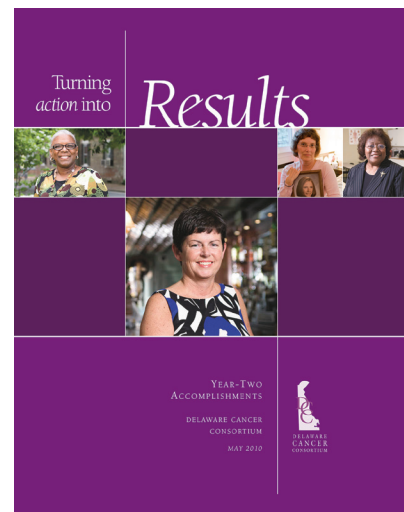
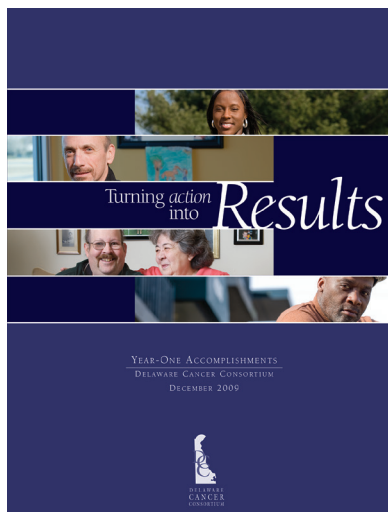
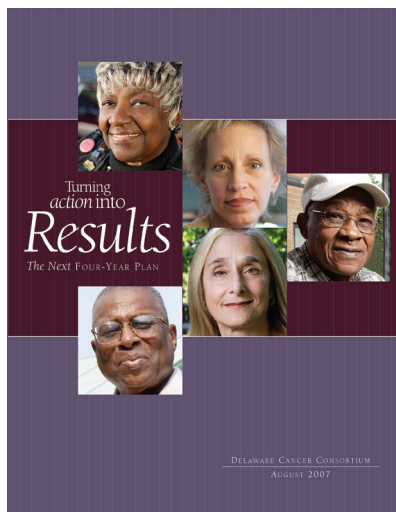
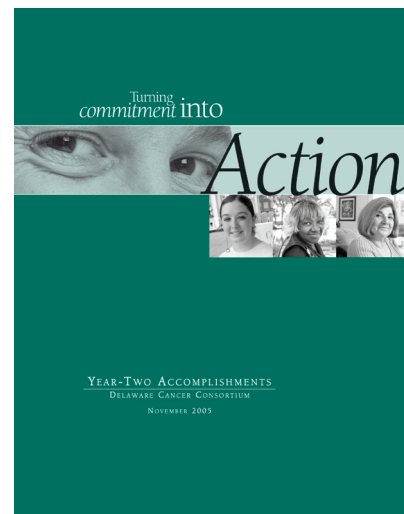


20 YEARS of progress, effort, and tireless dedication.

This is the fifth five-year plan for the Delaware Cancer Consortium. It signifies hundreds, if not thousands, of hours of volunteer work from nearly every health-care-related sector across the state. The most important result of all this work has been lives saved. Some cancers may have been prevented because of the work that has been done. People are conquering cancer and surviving, and it has been made possible because of changes that have started here.

This new plan is no less important than the first. With it, we begin anew to put even more groundbreaking ideas into action to change the statistics and save lives.

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



THE Big Picture

Cancer incidence and mortality rates continue to steadily decline in Delaware.

The numbers are trending down. But we know there are people we haven't reached. Cultural and health disparities affect cancer rates. Where people live and how they grow up influence not only attitudes but also access to care. The new five-year plan includes cultural inclusivity and health disparity initiatives to address those inequities. Education, appropriate language, and better access to quality care are addressed across the board.

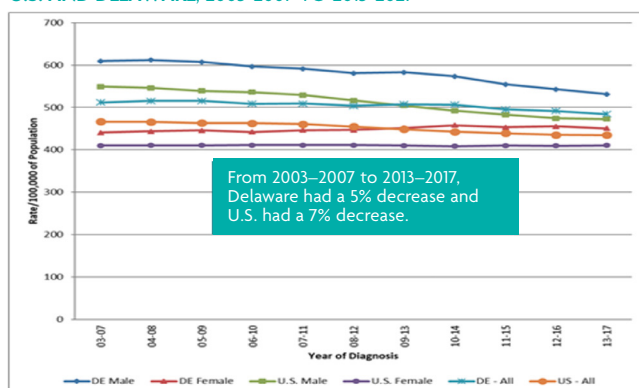
Because healthy eating and active living are so important in preventing chronic diseases like cancer, promoting healthy lifestyles will be the centerpiece message in all the work we do.

In the next five years, we'll work towards closing disparity gaps by supporting targeted programs and plans. We will continue to help people stop using tobacco, which is still the leading cause of preventable death in both Delaware and the nation.

INCIDENCE

Delaware remains ranked 2nd highest nationally for **cancer incidence** and we have been in this position since 2002-2006. In 2013-2017, Delaware had a significantly higher all-site cancer incidence rate compared to the U.S. (484.3 vs 435.0 per 100,000). However, over the years, cancer incidence has trended downward similar to the United States.

AGE-ADJUSTED ALL-SITE CANCER INCIDENCE RATES BY SEX;
U.S. AND DELAWARE, 2003-2007 TO 2013-2017

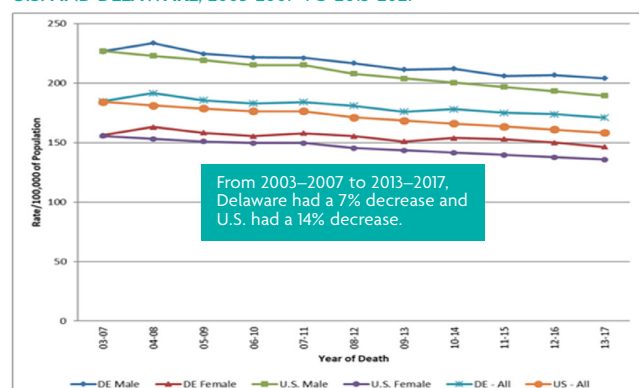


Source: Delaware Department of Health and Social Services, Division of Public Health, Cancer Incidence and Mortality in Delaware, 2013-2017, https://www.dhss.delaware.gov/dhss/dph/ca_stats.html.

MORTALITY

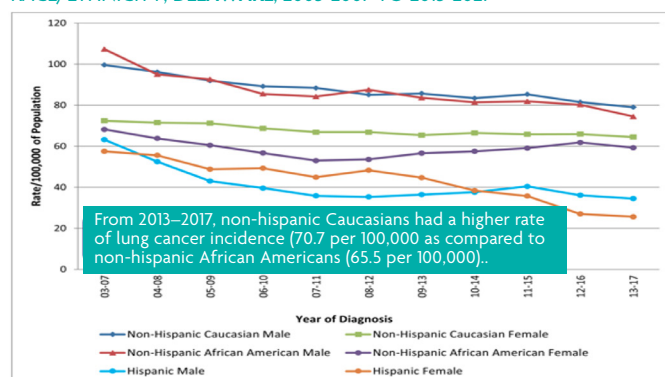
Delaware ranked 15th highest nationally for **cancer mortality** (ranked 18th in 2012-2016). In 2013-2017, Delaware had a significantly higher all-site cancer mortality rate compared to the US (171.0 vs 158.3 per 100,000). Similar to incidence, mortality rates have trended downward in Delaware similar to the United States.

AGE-ADJUSTED ALL-SITE CANCER MORTALITY RATES BY SEX;
U.S. AND DELAWARE, 2003-2007 TO 2013-2017



Although lung cancer incidence has trended downward in Delaware since 2003–2007, males have consistently been more affected than females. From 2013 to 2017, male incidence rates were higher (75.7 per 100,000) compared to females (61.3 per 100,000).

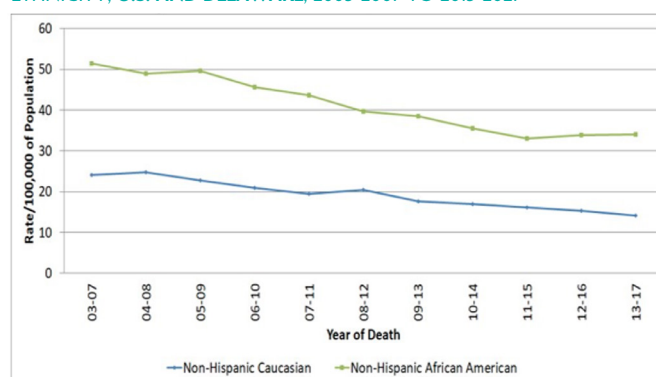
AGE-ADJUSTED LUNG CANCER INCIDENCE RATES BY SEX AND RACE/ETHNICITY; DELAWARE, 2003–2007 TO 2013–2017



Source: Delaware Department of Health and Social Services, Division of Public Health, Cancer Incidence and Mortality in Delaware, 2013–2017, https://www.dhss.delaware.gov/dhss/dph/ca_stats.html.

From 2013 to 2017, Non-Hispanic African American men died from prostate cancer at twice the rate compared to Non-Hispanic Caucasian men (34.1 vs. 14.2 per 100,000 people). This disparity gap has existed over time.

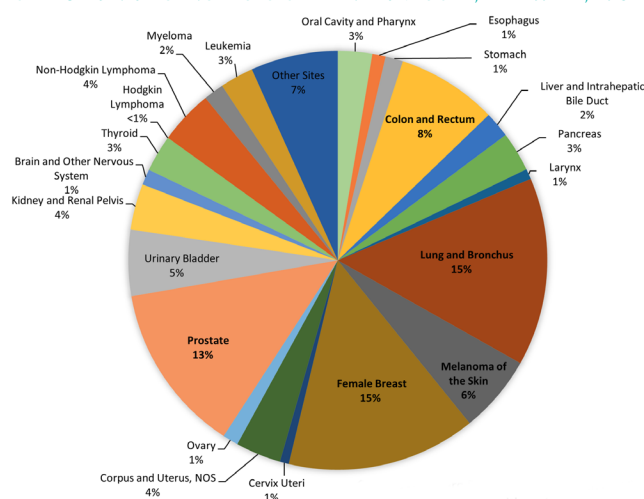
AGE-ADJUSTED PROSTATE CANCER MORTALITY RATES BY SEX AND RACE/ETHNICITY; U.S. AND DELAWARE, 2003–2007 TO 2013–2017



WHAT CAN BE DONE

- Continue to provide cancer screenings to underinsured and uninsured Delawareans and use culturally competent language to discuss and encourage screenings.
- Continue to offer free cancer treatment to those who qualify, for up to two years.
- Use culturally inclusive and equitable language and messaging to educate the public about ways to lower cancer risk and to help providers understand how to best work with culturally diverse patients.
- Continue to use data to identify areas in Delaware where there is a greater percentage of late-stage cancer cases to prioritize screening for these areas.
- Continue to initiate and provide programs to help prevent and reduce tobacco use.
- Promote healthy lifestyles, healthy eating, and active living as a means to prevent chronic disease.
- Continue to support patient navigators' patient engagement and health literacy efforts.
- Adopt methods to support cancer survivors to improve survival rates.
- Provide HPV vaccines to girls, boys, young women, and young men ages 9 to 26 to reduce the threat of cervical cancer later in life.

DISTRIBUTION OF CANCER CASES BY ANATOMIC SITE, DELAWARE, 2013–2017



Source (Delaware): Delaware Health and Social Services, Division of Public Health, Delaware Cancer Registry, 2022.

- Promote breast cancer screenings to women who have never or rarely been screened.
- Increase the number of African American and high-risk men who are age 50 to 75 who discuss prostate screenings with their health care provider.
- Implement comprehensive interventions to address physical activity, nutrition, and obesity prevention.

Action

Delaware Cancer Consortium

Early Detection & Prevention Committee

Cancer Risk Reduction Committee

Delaware Cancer Registry Advisory Committee

The Delaware Cancer Consortium will continue to be a guiding force and leader in cultural inclusivity.

WHY?

As established in 2002 by former Governor Ruth Ann Minner, the Delaware Cancer Consortium (DCC) guides the narrative to help lower incidence and mortality rates in the First State. From its infancy, the DCC has received widespread support from stakeholders across all health care disciplines, organizations, systems, and businesses. Partnerships and collaboration have made change possible.

New goals for the coming five years include maintaining oversight of the DCC as well as soliciting members of the community of target populations to join us and have input on the action plan initiatives. Inclusivity efforts are a prime focus.

Another key area of interest is cancer survivorship. According to the American Cancer Society, more than 16 million cancer survivors are living in the United States. One of the DCC goals for the next five years is to help support survivors through a culturally inclusive and equitable approach. By identifying the population with the poorest survival rates and adopting methods to reach and help them, we can improve survival rates.

In an effort to reach disparate populations, the DCC will also develop a plan to include those who have a low awareness of cancer screenings and services, using appropriate language and methods. The DCC will also serve as a leader and resource for cultural inclusivity.



Recommendations

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	Time Frame
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
Recruit committee members from communities of identified targeted populations.	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, cancer health disparities, and other relevant information into a state cancer plan; create a 2022–2026 plan for Delaware that builds on the previous plan — Imagine what we can accomplish now: The Next Five-Year Plan 2017-2021.

Task/Actions	Responsible Party	Data Source	Time Frame
Create and publish 2022–2026 cancer plan and translate publications into Spanish and Haitian Creole.	DPH	DCR, DCC	Year 1 and ongoing
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	Years 3 and 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 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	Time Frame
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
Ensure all campaigns (media, radio, and traditional) are available in Spanish and Haitian Creole, and take into account literacy levels of the targeted demographic.	DPH, marketing vendor	DPH	Year 1 and ongoing
The DCC will maintain a culturally inclusive website for the public with information and links to resources.	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.

OBJECTIVE 4: The committee will support equitable access to cancer treatment and assist with monitoring fee reimbursement for cancer treatment.

Task/Actions	Responsible Party	Data Source	Time Frame
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

GOAL 5: Support the health and well-being of cancer survivors.

OBJECTIVE 5: Improve survival rates for cancer survivors using a culturally inclusive and equitable approach.

Task/Actions	Responsible Party	Data Source	Time Frame
Identify focus populations that show decreased cancer survival rates.	DPH, DCR, DCTP	DCTP, DCR	Year 1 and ongoing
Identify and implement multicultural, inclusive, equitable, and evidence-based Survivorship initiatives.	DPH	DPH, contracted vendor	Year 1 and ongoing
Adhere to the CDC's recommended short, intermediate, and long-term outcome metrics when evaluating all survivorship initiatives.	DPH	DPH, contracted vendor	Year 1 and ongoing
Monitor efficiency of survivorship interventions based on evaluation methods and make recommendations for changes as needed.	DPH, DCR, DCTP	DPH, DCR, DCTP	Year 1 and ongoing

Action

Delaware Cancer Consortium

Early Detection & Prevention Committee

Cancer Risk Reduction Committee

Delaware Cancer Registry Advisory Committee

**We will be reaching people where they live —
increasing prevention education and screenings in
populations that haven't gotten the message before.**

WHY?

There are pockets of individuals in our state who simply don't know about or haven't realized the importance of cancer screenings and prevention. Those health inequities will be addressed in the next five years. We will identify populations who tend to have cancer diagnoses in late stages. We will increase outreach, educate the community, and engage their health care providers in discussion about early detection and prevention of cancer.

As we continue to offer Screening for Life services and enhance our Medicaid and Federally Qualified Health Center relationships, we have specific goals for prostate, breast, and lung cancer screenings. We want to achieve a 50% increase in the number of African American and other high-risk men age 50 to 75 who have discussed having a prostate cancer screening with their health care providers. We will promote breast cancer screening to women who have never or rarely been screened. And we want to achieve a 50% screening rate for lung cancer in smokers and former smokers.

We know the human papillomavirus (HPV) causes cervical cancer. The risk is dramatically reduced when girls, boys, young women, and young men receive the HPV vaccine. We will continue to promote and provide the vaccines to those age 9 to 26 as we educate parents and consumers about the value of the vaccine.

We will also intensify our efforts to increase patient engagement and advance health literacy. Understanding the importance of screenings and prevention benefits everyone.



Recommendations

GOAL 1: Incorporate health equity principles into preventative cancer screening initiatives.

OBJECTIVE 1A: Analyze and assess registry data, and identify populations affected by disparities with cancer diagnosis throughout the state.

Task/Actions	Responsible Party	Data Source	Time Frame
Review cancer registry data, highlighting disparaging populations that are diagnosed at higher rates, and are diagnosed at late stages.	ED&P Committee DPH	DCR	Year 1 and ongoing
Analyze individual data sets and identify populations affected by disparities specific to screening rates and screening adherence in the Screening for Life database.	DPH	SFL database	Year 1 and ongoing

OBJECTIVE 1B: Prioritize outreach, engagement, and campaign messaging to populations that identify as having the greatest disparities in cancer prevention and detection.

Task/Actions	Responsible Party	Data Source	Time Frame
Create and disseminate culturally inclusive preventative cancer screening messaging.	DPH, contractor	DPH, organizational data, campaign vendor	Year 1 and ongoing
Ensure outreach tactics focus on priority populations.	DPH, contractor	DPH, organizational data, campaign vendor	Year 1 and ongoing
Collaborate with grassroots community partners in each of the targeted populations.	DPH, contractor	DPH, organizational data, campaign vendor	Year 1 and ongoing

OBJECTIVE 1C: Educate and engage providers on Health Equity Principles for Preventative Cancer Screening.

Task/Actions	Responsible Party	Data Source	Time Frame
Disseminate health equity messaging through the Screening for Life provider network and the DCC.	DPH, contractor, ED&P	DPH, organizational data	Year 1 and ongoing
Provide resources to providers to assist with health-equitable approaches to preventative cancer care.	DPH, contractor, ED&P	DPH, organizational data	Year 1 and ongoing

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

Task/Actions	Responsible Party	Data Source	Time Frame
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 related to cancer screening for men and women.	DPH	State and federal budgets	Year 1 and ongoing

OBJECTIVE 2B: Achieve an 85% colorectal cancer screening rate among Delawareans 45 and older.

Task/Actions	Responsible Party	Data Source	Time Frame
Support patient navigators to increase colorectal cancer screening rates among populations with disparities.	DPH FQHC	Contracts BRFS	Year 1-5
Promote and provide education on change in guidelines for screening for colorectal cancer in men and women at age 45.	DPH, contractor	Trackable campaigns SFL database	Year 1
Maintain current and establish new relationships with primary care providers and surgeons to increase screening of Medicare patients.	DPH, navigators	MOU	Year 1-5
Enhance relationships with Medicaid and Federally Qualified Health Centers (FQHC) to increase screening rates in medically underserved populations.	DPH	Organizational data	Year 1-5

OBJECTIVE 2C: Achieve a 50% increase in the number of men 50-75 (or life expectancy of 10 years), African American/Black men, 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	Time Frame
Develop and implement a standardized process for informed decision-making process for prostate cancer screenings.	ED&P Committee DPH	Organizational data	Year 1 and ongoing
Disseminate the Delaware Cancer Consortium (DCC) prostate cancer screening recommendations to health care providers.	DPH	Number of providers receiving recommendations	Year 1 and ongoing
Evaluate data received regarding men 50-75 (or older with a life expectancy of 10 years, African American/Black men, and high-risk men (starting at age 40) who report having a shared decision-making discussion with their health care provider.	DPH	BRFS APCD	Year 1 and 2

OBJECTIVE 2D: Promote breast cancer screening services to rarely/never screened women.

Task/Actions	Responsible Party	Data Source	Time Frame
Evaluate screening, incidence, and mortality data to target women for breast cancer screening who reside in communities where incidence and mortality are elevated.	DPH, Contractor	BRFS	Year 1 and ongoing
Support patient navigators to increase breast cancer screening rates.	DPH	Contracts SFL database	Year 1 and ongoing
Maintain current and establish new relationships with primary care providers and GYN providers to increase screening of Medicare patients.	DPH, navigators	SFL provider agreements screening rates	Year 1-5
Enhance relationships with Medicaid and Federally Qualified Health Centers (FQHC) to increase screening rates in underserved populations.	DPH	Organizational Data	Year 1-5
Increase the number of screenings performed in areas where incidence and mortality are more predominate.	SFL providers, navigators	BRFS Organizational Data	Year 1-5

Recommendations

OBJECTIVE 2E: Achieve a 50% screening rate for lung cancer among eligible Delawareans.

Task/Actions	Responsible Party	Data Source	Time Frame
Determine baseline number of lung cancer screenings completed.	DPH	DCR	Year 1
Support patient navigators to increase lung cancer screening rates.	ED&P committee, DPH	Contracts	Year 1 and ongoing
Maintain current and establish new relationships with primary care providers to increase screening of Medicare patients.	DPH, navigators	MOU	Year 1 - 5
Enhance relationships with Medicaid and Federally Qualified Health Centers (FQHC) to increase screening rates.	DPH	Organizational Data	Year 1-5
Conduct targeted media campaign aimed at educating providers and consumers on the importance of lung cancer screening and changes in screening guidelines.	DPH	National lung data	Year 1 and ongoing

GOAL 3: Provide human papillomavirus (HPV) vaccines to girls, young women, boys, and young men ages 9-26.
OBJECTIVE 3A: Conduct a multitargeted approach to educate parents, providers, and consumers about the importance of the HPV vaccine for cancer prevention.

Task/Actions	Responsible Party	Data Source	Time Frame
Continue to strengthen partnerships with the Department of Education (DOE) as well as programs across the Division of Public Health (DPH) continuum to enhance message of the importance of HPV vaccination for boys and girls ages 9-26.	DPH DOE	MOU	Year 1 and ongoing
Disseminate gender-inclusive messaging statewide using trackable media tactics to both parents and health care providers on the importance of HPV vaccination for boys and girls ages 9-26.	DPH, contractor	Evaluation	Year 1 and ongoing
Conduct an evaluation of media tactics to determine their effectiveness. Refine tactics as needed based on evaluation results.	DPH	Trackable media	Year 2 and ongoing
Continue to evaluate provider scorecard to determine effectiveness of statewide changes.	State Innovation Committee	Provider scorecard	Year 1 and ongoing

OBJECTIVE 3B: 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	Time Frame
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 4: Analyze data in state databases related to cancer screening.**OBJECTIVE 4A: Review available data.**

Task/Actions	Responsible Party	Data Source	Time Frame
Review data elements available in the SFL database and all payer claims database.	DPH ED&P Committee	SFL database APCD	Year 1
Expand and modify current SFL database to provide a comprehensive data repository for chronic disease data.	DPH, contractor	SFL database	Year 1 and ongoing
Continue to evaluate screening data in both the SFL Database and the American College of Radiology.	DPH ED&P Committee	Screening data	Year 1 and ongoing

GOAL 5: Inform and educate health care providers and the general public on available resources.**OBJECTIVE 5A: Develop and implement evidence-based education campaigns for sustainability of cancer screening rates.**

Task/Actions	Responsible Party	Data Source	Time Frame
Promote campaigns to public and businesses focusing on available resources.	DPH, contractors	Campaign SFL database	Year 1 and ongoing
Provide updates to health care providers through letters and personal outreach.	DPH, contractors	Letters SFL database	Year 1 and ongoing

GOAL 6: Increase patient engagement and health literacy.**OBJECTIVE 6A: Continue providing cancer screening navigator services and support staff to promote cancer screenings.**

Task/Actions	Responsible Party	Data Source	Time Frame
Promote expansion of evidence-based patient navigator program to include support services.	ED&P Committee DPH	Organizational data	Year 1 and ongoing
Use targeted team approach and tailored communication to identify Delawareans eligible for screening and to minimize barriers to screening.	DPH	Contracts	Year 1 and ongoing
Assess barriers to patient-centered decision-making. Promote access where needed.	DPH, navigators	Contracts SFL Database	Year 1 and ongoing

Action

Delaware Cancer Consortium

Early Detection & Prevention Committee

Cancer Risk Reduction Committee

Delaware Cancer Registry Advisory Committee

The role healthy living plays in preventing chronic disease must be reinforced through every communications channel and in every initiative.

WHY?

There are far too many people who have unhealthy lifestyles — those who are inactive physically and have inadequate diets or who use or are exposed to tobacco products and secondhand smoke. These are leading contributors to cancer and other chronic diseases.

We will encourage healthy lifestyles; we will help identify the populations that are most vulnerable and provide them with information and resources to lower their cancer risks. We will support healthy lifestyle goals through partnerships, support of the programs such as the Lieutenant Governor's Challenge, and utilization of Policy, Systems and Environmental change (PSE) interventions.

We will support and encourage emerging state and national PSE interventions such as banning flavored tobacco products — which have disproportionately affected African Americans — expanding insurance coverage for cessation, encouraging individuals to make personal decisions to not allow smoking in their homes and vehicles, and assisting in the implementation of the Governor's Healthy Lifestyles recommendations related to cancer.

We will work toward health in all policies, which is an approach to policymaking that systematically considers the health implications of decisions across sectors in order to improve both population health and health equity.



Recommendations

GOAL 1: Encourage healthy lifestyles and reduce risky behaviors.

OBJECTIVE 1A: Develop, implement, and evaluate culturally inclusive and equitable social marketing campaigns to support tobacco-free living.

Task/Actions	Responsible Party	Data Source	Time Frame
Identify focus populations to enable targeted interventions.	DPH Tobacco Prevention and Control Program	DPH, BRFS, ATS	Year 1 and ongoing
Increase awareness of available cessation programs and resources.	DPH Tobacco Prevention and Control Program (TPCP), IMPACT members, DCC	ATS, Quitline	Ongoing
Increase awareness of problems associated with secondhand smoke.	DPH TPCP, IMPACT members, DCC	ATS, YTS, BRFS	Ongoing
Use “counter-marketing” to decrease the effectiveness of tobacco industry promotions and to increase knowledge of harmful effects of tobacco and nicotine use.	DPH TPCP, IMPACT members, DCC	ATS, YTS	Ongoing

OBJECTIVE 1B: Develop, implement, and evaluate social marketing campaigns to support healthy eating and active living.

Task/Actions	Responsible Party	Data Source	Time Frame
Identify focus populations to enable targeted interventions.	DPH PANO, DCC	BRFS, YRBS	Year 1 and ongoing
Increase awareness of healthy eating and active living programs and resources.	DPH PANO, DCC	BRFS	Ongoing
Increase awareness of the link between obesity and cancer.	DPH PANO, DCC	BRFS	Ongoing
Empower individuals to make healthy choices.	DPH PANO, DCC	BRFS, YRBS	Ongoing

OBJECTIVE 1C: Utilize culturally inclusive and equitable language and messaging to educate the public about ways to lower their cancer risks.

Task/Actions	Responsible Party	Data Source	Time Frame
Increase the percentage of health care providers (including OB-GYNs and pediatricians) who inquire about secondhand smoke exposure in homes and vehicles, and who counsel patients and their families on the dangers of secondhand smoke.	DPH TPCP, IMPACT members, DCC	Physician survey, BRFS, 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 Community Health Services staff, DCC	YRBS, physical fitness assessment tool	Ongoing
Develop partnerships with stakeholders, community partners, and members in the identified target populations.	DPH, PANO, DCC	DPH, PANO, DCC	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 PANO, Maternal & Child Health, Health Equity and Community Health Services staff, DCC	BRFS, YTS	Year 1 and ongoing
Develop, implement, revise, and evaluate evidence-based cancer health promotion and prevention messages.	DPH Cancer Program, voluntary health organizations	Focus groups, trackable media	Year 1 and ongoing
Engage Delaware employers to promote existing cancer prevention, screening, and treatment programs.	DCC, voluntary health organizations, DPH Cancer Program	HealthyDE.org hits, enrollment 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

OBJECTIVE 1D: Increase the number of people who don't allow smoking in their homes or vehicles.			
Task/Actions	Responsible Party	Data Source	Time Frame
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, ATS, BRFS	Ongoing
Educate health care providers through professional associations on the value of preventing exposure to secondhand smoke, including vapor emissions.	DPH, voluntary health organizations, IMPACT	Physician survey	Ongoing
OBJECTIVE 1E: Promote other culturally inclusive and equitable healthy lifestyle practices.			
Task/Actions	Responsible Party	Data Source	Time Frame
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 alcohol's link to cancer.	Voluntary health organizations, DPH	BRFS	Ongoing
Reduce stress and promote how stress is linked to cancer.	Voluntary health organizations, DPH	BRFS	Ongoing
Provide information on policies and emerging issues to key stakeholders and community leaders.	Voluntary health organizations, IMPACT, DCC	Program data	Ongoing
OBJECTIVE 1F: Support the CRRC Healthy Lifestyles Subcommittee Recommendations.			
Task/Actions	Responsible Party	Data Source	Time Frame
Enhance partnerships between Delaware state agencies and community stakeholders to support the CRRC Healthy Lifestyles Subcommittee, which addresses policy, system, and environmental strategies to improve health for all Delawareans.	DPH PANO, voluntary health organizations, Division of Social Services, DOE, Division of Human Resources	BRFS, program data	Ongoing
Endorse a "Health in All Policies" approach to focus on social and environmental justice, human rights, and equity in the development, implementation, and evaluation of all policies to ensure policy-oriented strategies for promoting health equity.	DPH PANO, affiliated state partners, affiliated community partners	BRFS, program data	Ongoing
Support the planning and implementation of state policy recommendations that address healthier lifestyles.	DPH PANO, affiliated state partners, affiliated community partners	BRFS, program data	Ongoing
OBJECTIVE 1G: Partner with the Office of the Lt. Governor to promote and educate Delawareans on the Lt. Governor's Challenge, which recognizes community organizations implementing policy, systems, and environmental change interventions.			
Task/Actions	Responsible Party	Data Source	Time Frame
Promote a healthier Delaware through the Lt. Governor's Challenge, which recognizes individuals, organizations, and institutions that implement policy, system, and environmental changes throughout the state that improve healthy living.	Lt. Governor's Office, DPH PANO	Program data	Ongoing

Recommendations

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	Time Frame
Educate and inform legislators and decision-makers on the health and economic benefits of increasing the state excise tax on all tobacco products.	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	Ongoing
Introduce and pass legislation to increase the excise tax on all tobacco products, including e-cigarettes and synthetic products.	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	Time Frame
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	Time Frame
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 national and Delaware tobacco policy initiatives.

Task/Actions	Responsible Party	Data Source	Time Frame
Work with public (Medicaid) and private insurance, unions and employers to cover cessation counseling and products.	Voluntary health organizations, IMPACT, DCC, DHSS	Insurance records, ATS	Ongoing
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
Support policies that prohibit sale of tobacco products in pharmacies and other retailers.	Voluntary health organizations, legislature	Legislation tracker	Year 2 and ongoing
Increase the cost of retail business license to sell tobacco from the current \$50.	Voluntary health organizations, legislature	Legislation tracker	Year 2 and ongoing
Enact legislation that will prohibit the sale of flavored tobacco products, including menthol.	Voluntary health organizations, legislature	Legislation tracker	Year 2 and ongoing
Support development of policies by agencies who are responsible for individuals under their jurisdiction.	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
Support policies that promote health equity and help reduce tobacco-related disparities.	Voluntary health organizations, legislature	Legislation tracker	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	Time Frame
Support development of policies that prohibit smoking near entrances or exits to buildings.	Voluntary health organizations, IMPACT, DCC, DHSS	Program records, mini grants	Ongoing
Support health care facilities, behavioral health facilities, substance abuse treatment centers, 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	Time Frame
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 3A: Fund youth and young adult tobacco prevention programs.			
Task/Actions	Responsible Party	Data Source	Time Frame
Implement evidence-based tobacco prevention programs for schools and communities.	DPH TPCP, IMPACT members, DOE	Program records, YTS	Ongoing
Target young adults through programs in colleges and workplaces.	DPH TPCP, 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/on 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	Time Frame
Provide qualified counseling services (Quitline/face-to-face).	DPH TPCP	Quitline	Ongoing
Provide online information and resources.	DPH TPCP	Quitline, web reports	Ongoing
Provide approved cessation products to program recipients.	DPH TPCP	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	Time Frame
Provide cessation programs specific to youth and young adults.	DPH TPCP	ATS, 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	Time Frame
Advocate for funding increases for the DCC.	DCC	DHAC recommendations	Ongoing
Identify and apply for potential funding opportunities to support physical activity, nutrition, and obesity prevention from private and federal sources.	DHSS, State- and community-based organizations, academia	Funding amounts	Ongoing

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

Task/Actions	Responsible Party	Data Source	Time Frame
Support policies and plans to include opportunities for physical activity when designing and refurbishing communities.	Voluntary health organizations, DCC, DPH PANO	Town comprehensive plans	Ongoing
Support school policies to promote physical activity and healthy nutrition.	Voluntary health organizations, DCC, DPH PANO	School districts	Ongoing
Encourage primary care practices to expand their comprehensive coordinated approach to helping patients understand the importance of physical activity and healthy eating as well as problems associated with obesity, to include counseling and provision of linkages and referrals to community services.	Voluntary health organizations, 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 in a culturally inclusive and equitable manner.			
Task/Actions	Responsible Party	Data Source	Time Frame
Work with employers, health care providers, and insurers to promote the benefits of healthy eating.	Voluntary health organizations, DHSS	Program records	Ongoing
Work within communities that are identified as focus populations to promote the benefits of healthy eating.	DPH, DCC, PANO	DPH, DCC, PANO	Year 1 and ongoing
OBJECTIVE 5D: Support evidence-based policies, systems, and environmental strategies to help Delawareans engage in regular physical activity and better nutrition to advance healthy lifestyles.			
Task/Actions	Responsible Party	Data Source	Time Frame
Work with public (Medicaid) and private insurance, unions, and employers to cover cessation counseling and products.	Voluntary health organizations, IMPACT, DCC, DHSS	Insurance records, ATS	Ongoing
Continue to recommend funding from Delaware Health Fund for tobacco prevention activities.	DCC, IMPACT	DHFAC recommendations	Annually



Action

Delaware Cancer Consortium

Early Detection & Prevention Committee

Cancer Risk Reduction Committee

Delaware Cancer Registry Advisory Committee

The Delaware Cancer Registry will continue to gather data and serve as a resource for information about cancer and the people it affects.

WHY?

The Delaware Cancer Registry (DCR) is a valuable resource that provides trustworthy, accurate data to monitor trends, guide policy decisions, and influence planning. The data helps to connect the dots between cancer incidence and mortality with gaps in screening, treatment, obesity prevention, and anti-tobacco programs. If we know a community in Kent County has a higher percentage of late-stage cancer cases, then we want to make sure to target cancer screening resources to that area. In short, when we know more, we can do more.

To continue to be a dependable resource, we must continue and improve upon two practices: 1) collect high-quality data; and 2) analyze data using epidemiologically sound methods.

- To ensure collection of high-quality data, the DCR will continue to follow standards by the National Program of Cancer Registries (NPCR) for data completeness and quality-control checks. To improve timeliness, the DCR began participation in the Data Modernization project led by the CDC and NPCR in 2021. This project assists registries in moving to a cloud-based data collection system to help eliminate the three-year data lag experienced by national cancer registries.
- To improve epidemiologically sound reporting, the DCR began participation in the National Cancer Institute (NCI)/North American Association of Central Cancer Registries (NAACCR) Zone Design Project in 2022. The goal of this project is to develop geographic areas for cancer reporting that are more optimal for analysis of cancer statistics. By aggregating census tracts to create sub-county zones, this will provide more stability in cancer rate calculations and yield more meaningful information on possible cancer clusters or “areas of concern.”

In the next five years, the DCR will also develop ways to communicate cancer data more effectively with stakeholders and the public. The DCR will produce cancer surveillance data briefs instead of lengthy reports. The DCR will also begin work to enhance data visualization by creating a web-based tool that will allow the public to interact with cancer data.

Recommendations

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	Time Frame
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: Develop and operationalize CDC/NPCR's Data Modernization Initiatives at the DCR.

Task/Actions	Responsible Party	Data Source	Time Frame
Work with CDC/NPCR to receive standardized ePath reports through the APHL/AIMS platform.	DCR	DCR	Year 1
Work with CDC/NPCR to onboard national, regional, and local pathology labs to report electronically to the CS-CBCP (APHL/AIMS platform or CDC/NPCR).	DCR	DCR	Year 1 and ongoing

OBJECTIVE 1C: Meet goals of cancer registry standard setters for annual DCR data submissions.

Task/Actions	Responsible Party	Data Source	Time Frame
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 as well as the Quality Oncology Practice Initiative (QOPI) for all hospitals in the state with subsequent public reporting.

Task/Actions	Responsible Party	Data Source	Time Frame
Engage Delaware hospitals in posting Commission on Cancer standard of care quality reports for public review (i.e., CP3R reports).	DCRAC	Delaware hospital cancer registries	Year 1 and ongoing

OBJECTIVE 2B: Monitor completeness of DCR's first course of treatment data.

Task/Actions	Responsible Party	Data Source	Time Frame
Utilize annual NPCR submission data quality reports to assess completeness of treatment data.	DCRAC	NPCR	Annually

OBJECTIVE 2C: Perform regular quality audits of DCR and hospital data.

Task/Actions	Responsible Party	Data Source	Time Frame
Perform one data-quality audit per year.	DCR	DCR, Delaware hospitals	Annually

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

OBJECTIVE 3A: Provide help to data users.

Task/Actions	Responsible Party	Data Source	Time Frame
Post and update data access guidelines on DCR webpage.	DCR	DCR	Ongoing
Monitor website hits on data access guidelines on DCR webpage and the number of requests for DCR data.	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	Time Frame
Annually produce at least three articles, events, or reports publicizing availability of data.	DCRAC	DCR	Annually

OBJECTIVE 3C: Increase number of research projects using DCR data.

Task/Actions	Responsible Party	Data Source	Time Frame
Monitor the projects using DCR data.	DCRAC	DCR	Annually
Produce annual all-site comprehensive cancer surveillance report.	DCRAC	DPH	Annually
Produce at least five one-page, cancer surveillance data briefs on different cancer types.	DCRAC	DPH	Annually
Utilize DCR, BRFS (Behavioral Risk Factor Survey), and census data sources to examine health disparities and address social determinants of health.	DCRAC	DPH	Annually
Improve data visualization of DCR data by creating a web-based tool accessible to public.	DCRAC	DPH	Annually
Share DCR data with My Healthy Community to make data more accessible to public.	DCR/DPH	DCR	Ongoing

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 DCR.

OBJECTIVE 4A: Make public NAACCR and NPCR findings regarding certification/quality of DCR data.

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

GOAL 5: Maintain NPCR funding through adherence to NPCR program standards for data use and 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	Time Frame
Identify focus populations disproportionately impacted by cancer incidence and mortality, and cross-pollinate information to the NBCCEDP and comprehensive cancer programs.	DCRAC	DCR	Year 1 and ongoing
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 are used to ensure adherence to NPCR program standards.	DCRAC	DCR	Year 1 and ongoing

OBJECTIVE 5B: Implement transition from collaborative staging to directly coded AJCC and SEER summary stage data collection according to guidance from the CDC and other cancer registry standard setters.

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



Appendix

Delaware Cancer Consortium Committees

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