



Delaware Cancer Consortium
Cancer Risk Reduction Committee
October 9, 2017
Minutes-APPROVED
The Outlook at the Duncan Center
500 West Lookerman Street
Dover, DE

Attendees

Members

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| Did Not Attend | Barbara Barski-Carrow, Carrow Associates |
| Attended | Deborah Brown, American Lung Association of Delaware |
| Did Not Attend | Cynthia A. Canevari, Cancer survivor, volunteer with American Cancer Society |
| Attended | Marianne Carter, Delaware Center for Health Promotion |
| Attended | Jeanne Chiquoine, American Cancer Society Cancer Action Network |
| Attended | Terri Clifton, Nanticoke Health Services |
| Attended | Cassandra Codes-Johnson, Delaware Division of Public Health |
| Did Not Attend | Lt Governor Bethany Hall-Long Ph.D., RNC, University of Delaware |
| Attended | Dr. Patricia Hoge, Volunteer |
| Did Not Attend | Nicole Pickles, Cancer Support Community Delaware |
| Attended | Dr. Karyl Rattay, Delaware Division of Public Health |
| By Phone | Cathy Scott-Holloway, Delaware Breast Cancer Coalition |
| Did Not Attend | Janet Teixeira, Cancer Care Connection |

Staff

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| Attended | Lisa Moore – Delaware Division of Public Health |
| Attended | Heather Brown – Delaware Division of Public Health |

Public/Guests

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| Attended | Tricia Jefferson, YMCA of Delaware |
| Attended | Fred Gatto, Delaware Division of Public Health |
| Attended | Cassandra Codes-Johnson, Delaware Division of Public Health |

Review of Previous Meeting Minutes

Chair Patricia Hoge called the meeting to order at 10:00 am. Minutes from the July 10, 2017 meeting were approved with no revisions.

Old & New Business

Policy Updates

Ms. Lisa Moore, Ms. Deb Brown and Mr. Fred Gatto provided information on the corrective statements that the tobacco industry are required to make as a result of a lawsuit filed by the federal Department of Justice in 1999. The corrective statements will address the following topics: adverse health effects of smoking and exposure to secondhand smoke; the addictiveness of smoking and nicotine; a lack of significant health benefits from smoking low tar, light, ultra-light, mild and natural cigarettes; and the manipulation of cigarette design and composition to ensure optimum nicotine delivery. Print ads and television ads with the corrective statements will be coming out the week of November 26. The print ads will be placed in newspapers through March 2018. The television ads will run for one year.

Ms. Marianne Carter mentioned that the Truth Initiative has released their state rankings. The rankings highlighted that Delaware does not require insurance companies to cover smoking

cessation. Ms. Deb Brown stated that there is currently not any legislation that requires them to do so. However, the Delaware Insurance Commissioner was one of the first to issue guidance in the Affordable Care Act of the importance of ensuring that smoking cessation benefits are provided. The guidance also encouraged private employers to include smoking cessation benefits in every plan. Ms. Moore stated that free smoking cessation aids such as patches and gum are currently being offered to all Quitline participants regardless of income. All participants are able to receive free cessation aids due to a match in funds that Medicaid is providing for clients served by the Quitline.

ALA Lung Cancer Screening Campaign

Ms. Deb Brown gave a presentation on the American Lung Association's (ALA) new lung screening campaign in partnership with the Ad Council called "Saved by the Scan". The website is savedbythescan.org. The purpose of the campaign is to raise awareness about the benefits of lung cancer screening and drive high risk individuals to the website or facility that offers low dose CT scans. Ms. Brown reiterated that lung cancer is the leading cancer killer of men and woman and that for those that meet the eligibility criteria based on a discussion with their health care provider, the low dose CT scan is a powerful tool that needs to be used. The key is early detection which gives more options for treatment and a greater chance for survival when the cancer is caught early. If half of the 9 million Americans who are considered at risk got a lung cancer screening, it is estimated that approximately fifteen thousand lives would be saved. Eligibility guidelines include persons who: are 55-80 years old, (for Medicare covered individuals the eligibility age is 55-77); have a 30 pack year smoking history meaning 1 pack a day for 30 years; 2 packs a day for fifteen years; a current smoker or have quit within the last 15 years. For the campaign, ALA targeted former smokers because they make up half of the high risk group. Based on focus groups, many of those individuals that have taken the action to quit do not see themselves as a high risk population. The campaign launched on August 1. Campaign materials included television PSAs, print, social media posts and billboards. Some ads will be placed in Delaware pro bono.

Ms. Deb Brown reported that ALA is also working on a lung cancer screening implementation guide. Dr. Albert Rizzo is leading this effort. One focus will be on rural hospitals and encouraging a multi-disciplinary process to setting up a lung cancer screening program. It is anticipated that this will be launched within the next two months at the end of November or beginning of December in the fourth quarter. Additionally, Ms. Deb Brown stated that there is an article in the American Journal of Public Health titled "Does the Effectiveness of CT Scanning Screening translate Into Real World Benefits?" The article discusses how hospitals and physicians are still using chest x-rays versus the low dose CT scanning process. It acknowledges that screening guides need to be distributed to physicians so that they can be educated on the benefits and importance of this screening.

Ms. Heather Brown mentioned that lung cancer screening is a United States Preventive Task Force (USPSTF) recommended preventive screening just like breast, cervical and colorectal screenings. This means that if the individual meets the eligibility requirements, their screening is covered by insurance. Ms. Brown reported that when the Cancer Program ran their education campaign on lung cancer screening it was targeted to both providers and consumers. However, it was the consumers that were reaching out for more information on how to obtain lung cancer screening rather than providers referring to lung screening. The program had unique tracking phone numbers for both sides of the campaign. Ninety five percent of the calls came from the consumer side. With that evaluation measure, the program concluded that perhaps providers need more education on referring patients to lung cancer screening if they meet the high risk eligibility. Currently, there are lung cancer screening education materials for providers including a conversation guide on the

Delaware Cancer Consortium website www.healthyselaware.org under the provider marketing materials section. Ms. Brown also mentioned that on page seven of the new DCC cancer plan (referred to as the orange book) there is a testimonial of a gentleman from Delaware who saw the lung cancer screening advertisement and went to his doctor's office and asked to get the screening. His doctor originally told him that although he fit the eligibility criteria, he did not need the screening. However, he pushed further and contacted the cancer program and was referred to the lung cancer screening nurse navigator at Helen F Graham Cancer Center and obtained a screening. He did in fact have lung cancer and luckily it was caught early enough to have a positive treatment outcome.

Orange Book Initiatives

Ms. Lisa Moore provided an overview of the status of the action steps under the goals and objectives of the Cancer Risk Reduction Committee section in the new five year plan for the DCC.

Goal #1 addresses social marketing for tobacco prevention and physical activity, nutrition and obesity. Current activities to address Goal 1 include: a new Quitline brochure was recently printed; a new Quitline ad is being produced; and physicians can download fax referral forms and order Quitline materials on the marketing materials section of the DCC website (www.healthyselaware.org). Other activities include the promotion of the 15 year Clean Indoor Air Act anniversary; development of follow-up to the e-cigarette "Guinea Pig" campaign, new cigar/cigarillo commercial; conducting LGBT, African American, Hispanic and young adult focus groups; administration of the adult and youth tobacco surveys; working with the Maternal and Child Health Section on incorporating healthy eating and active living information in brochures that target early childcare and implementing an Memorandum of Understanding with the Department of Education for the purpose of FitnessGram data sharing. FitnessGram is a fitness assessment and reporting program for youth, first developed in 1982 by the Cooper Institute in response to the need for a comprehensive set of assessment procedures in physical education programs. The assessment includes a variety of health-related physical fitness tests that assess aerobic capacity; muscular strength, muscular endurance, and flexibility; and body composition

Goal #2 addresses policies to reduce tobacco use and exposure to secondhand smoke. Many of the actions were accomplished with the passage of House Bill 242 in June which increased the excise tax on e-cigarettes and other tobacco products, increased the retail tobacco license fee to \$50, established a tax on the liquid in e-cigarettes and required vape establishments to also obtain a tobacco retailer license.

Goal #3 addresses the prevention of initiation to tobacco and nicotine use. Some current activities to address Goal 3 include awarding 29 mini grants to local organizations to implement tobacco prevention programs in their communities. New this year is the requirement that mini-grant recipients also address physical activity, nutrition and obesity in addition to tobacco use. The American Lung Association oversees youth activities including Delaware Kick Butts Generation and Delawareans Against Nicotine and Tobacco Exposure (DANTE).

Goal #4 addresses tobacco cessation. Current activities to address Goal 4 include implementing an evidence based online training module on the 2 A's and R (Ask, Advise and Refer). The training helps providers identify individuals that are ready to quit tobacco. All of the medical assistants within 110 Christina Care Health System primary care offices were trained on the 2 A's and R online module.

Goal #5 addresses physical activity, nutrition and obesity prevention (PANO). Current activities to address Goal 5 include supporting FitnessGram by providing professional development to teachers and developing a toolkit for school administrators to incorporate best practices for physical activity into the school day. The PANO program is part of the PLANNERS4HEALTH grant that provides resources and technical assistance to communities in order to design built environments that include physical activity. The Division of Public Health is working with the Division for Visually Impaired on a Memorandum of Understanding for healthy items in all state owned vending machines.

Sharing time

Ms. Jeanne Chiquoine let the committee know that there is a Human Pappilloma Virus (HPV) workshop being held at Helen F. Graham on Monday, November 6th, 2017. The workshop will cover HPV policies from a clinical perspective, vaccine uptake initiatives as well as state level policies across the country. Bill Sherman from the American Cancer Society, Cancer Action Network (ACSCAN) will present the state and national overview. Ms. Chiquoine also reported that HPV screening rates in Delaware are relatively high at 70%.

Dr. Patricia Hoge shared that at the Advisory Council meeting, Nora Katurakes provided information about the lung cancer screening program. There have been over 3,088 screenings done. She was not clear if the number is individuals or if some of the people came back for their second or third screen. Out of that number, 58 lung cancers have been diagnosed. Most of them were at an early stage.

Ms. Cassandra Codes-Johnson shared that there is some work being done by the Delaware Department of Transportation (DELDOT), Department of Natural Resources and Environmental Control (DNREC) and Public Health. They are looking at opportunities to use the built environment to better address obesity.

Dr. Hoge tasked the committee to think about what should be done if granted additional funding (hypothetically, one million dollars). Ms. Marianne Carter recommended doing more with PANO since it has not been funded through the Consortium.

Adjournment

The meeting was adjourned at 11:30.

Meeting documentation is available on the DCC website (www.healthydelaware.org) or by contacting Lisa Moore (lisa.m.moore@state.de.us or 302-744-1010).

Future Meeting (s)

Next Meeting(s):

The Outlook at the Duncan Center

500 West Loockerman Street

Dover, DE 19901

Monday, January 8, 2018, 10:00 am - 11:30 am