

# Case Study

## Delaware's Cancer Consortium Develops Cancer Control Plan

### The Problem

Cancer incidence and mortality in Delaware was among the highest in the nation in 2002.

The task: to reduce cancer incidence and mortality. Governor Ruth Ann Minner, whose own family has been affected by cancer, formed the Delaware Cancer Consortium (DCC) in SB102<sup>1</sup>, originally formed as the Delaware Advisory Council on Cancer Incidence and Mortality, in March 2001 in response to Senate Joint Resolution 2.<sup>2</sup> The task force was established to advise the governor and legislature on the causes of cancer incidence and mortality and potential methods for reducing both.



### The Policy Makers and Other Players

The advisory council originally consisted of 15 members appointed by the governor and consisted of medical communities, practitioners, legislators, the division of public health and cancer patients to

<sup>1</sup> Delaware Cancer Control Budget, page 60: [http://cancercontrolplanet.cancer.gov/budget/budget\\_files/Delaware\\_Cancer\\_Control\\_Budget.pdf](http://cancercontrolplanet.cancer.gov/budget/budget_files/Delaware_Cancer_Control_Budget.pdf)

[www.delawarecancerconsortium.org/adx/adx/adxGetMedia.aspx?DocID=412,466,9,5,1,Documents&MediaID=1129&Filename=DCC\\_Year3\\_Progress\\_Report.pdf](http://www.delawarecancerconsortium.org/adx/adx/adxGetMedia.aspx?DocID=412,466,9,5,1,Documents&MediaID=1129&Filename=DCC_Year3_Progress_Report.pdf)

<sup>2</sup> Third-Year Cancer Report, page 71.

develop an actionable, measurable four-year plan.<sup>3</sup> Membership in the Consortium is open to organizations and individuals whose missions are not in conflict with its priorities. Members must provide annual reports about progress and accomplishments and be willing to coordinate and collaborate within its own organization and with other organizations to implement strategies that address DCC priorities.<sup>4</sup>

### The Product

The Consortium has implemented programs and services, driven awareness and education campaigns and many other activities to lessen the cancer burden in Delaware. Delaware's rate of improvement for cancer mortality now leads the country.<sup>5</sup> By the Third-Year Progress Report, the Consortium had many highlights to report:

- Delaware's reduction in mortality was nearly double the rate of the nation.
- Colorectal cancer screening rates are up. In 2005 there was a 38% increase in the

<sup>3</sup> Delaware Cancer Consortium Homepage: [www.delawarecancerconsortium.org/](http://www.delawarecancerconsortium.org/)

<sup>4</sup> DCC Membership Application Form: [http://www.delawarecancerconsortium.org/adx/adx/adxGetMedia.aspx?DocID=196,27,2,6,1,Documents&MediaID=754&Filename=DCC\\_Membership\\_Application.pdf](http://www.delawarecancerconsortium.org/adx/adx/adxGetMedia.aspx?DocID=196,27,2,6,1,Documents&MediaID=754&Filename=DCC_Membership_Application.pdf)

<sup>5</sup> Delaware Cancer Consortium Issues Third Progress Report: <http://www.dhss.delaware.gov/dph/dpc/consortium.html>

- number of African Americans who reported ever having a colorectal cancer screening.
- Funding continued for a comprehensive, statewide tobacco prevention program at levels recommended by the U.S. Centers for Disease Control and Prevention.
- The Tobacco Prevention and Control Program expanded tobacco cessation services to include the web-based QuitNet and more face-to-face counseling through the Quitline.
- The Delaware Cancer Treatment Program, the first of its kind in the country, served more than 221 patients.
- From 2002-2006, 1,317 colonoscopies were performed through Screening for Life.
- A promotional campaign for radon testing of Delaware homes generated a 300% increase in the number of public inquiries about radon.
- Screening for Life screened 1,412 uninsured or underinsured Delawareans, and removed polyps from 823 patients.
- An annual fund was established to train and place statewide cancer care coordinators who link patients with medical and support services.

- The Consortium continued to focus on closing gaps for disparity groups.<sup>6</sup>

### Developing a Plan for Action

The DCC began meeting in April 2001 with the shared understanding that their work would be focused on developing a clear and useable cancer control plan. Another shared priority was that extensive input would be needed from professionals in cancer control, as well as from Delaware citizens affected by cancer. With these priorities in mind, DCC worked on a system to create a shared awareness and agreement on the range of cancer control issues to be addressed now and in the future. They also wanted to create a structure and agenda for addressing these needs and enable Delaware to move forward with meaningful action for its citizens<sup>7</sup>.



To accomplish these goals, DCC heard from speakers on Delaware cancer statistics, including Dr. Jon Kerner from the National

Cancer Institute, and began monthly presentations featuring Delaware cancer survivors or family members who had lost a loved one

---

<sup>6</sup> Task Force Report:  
<http://www.delawarecancerconsortium.org/Task-Force-Progress-Reports>

<sup>7</sup> Year Three Progress Report, page 64.

to cancer. They provided valuable insight into some of the concerns and barriers faced by people battling cancer, the stress this disease places on all aspects of their lives, and ideas for ways that Delaware can help ease these burdens on its citizens.<sup>8</sup>

### **Involving the Public**

A unique project, called Concept Mapping, was also initiated to get input on cancer issues from Delaware citizens and to help DCC establish priorities and its scope of work. DCC invited more than 195 Delaware citizens who are living with the disease or have experienced its devastation to participate in the project<sup>9,10</sup>.

Both DCC and those invited completed the brainstorming phase, during which they provided their ideas on completing the statement: "A specific issue that needs to be addressed in comprehensive cancer control in Delaware is...." Over 500 statements were submitted, and editing of these to avoid duplication resulted in 118 ideas about controlling cancer in Delaware. These ideas were then rated, relative to each other, on importance and feasibility<sup>11</sup>.

---

<sup>8</sup> Year Three Progress Report, page 64.

<sup>9</sup> Recommendations of the Delaware Advisory Council on Cancer Incidence and Mortality APRIL 2002:

[www.delawarecancerconsortium.org/adx/adx/adxGetMedia.aspx?DocID=409,466,9,5,1,Documents&MediaID=1120&Filename=DCC\\_Task\\_Force\\_Report\\_2002.pdf](http://www.delawarecancerconsortium.org/adx/adx/adxGetMedia.aspx?DocID=409,466,9,5,1,Documents&MediaID=1120&Filename=DCC_Task_Force_Report_2002.pdf)

<sup>10</sup> Year Three Progress Report, page 64.

<sup>11</sup> Year Three Progress Report, page 64.

### **Development of Subcommittees and Recommendations**

From the results of the Concept Mapping activity and the numerous speakers, the DCC developed a clear set of priorities and established six subcommittees to address these issues. Each subcommittee, chaired by a member of DCC, was provided with a list of priorities in its focus area, from which specific recommendations were developed. The subcommittees meet regularly to address each specific goal and implement the work that is needed to succeed. For example, the Quality of Life Committee aims to implement a patient-driven treatment model that maximizes the opportunity for home-based care. To achieve this goal, the Committee will educate, empower and support patients and caregivers to receive home-based care when appropriate by tasking Cancer Care Coordinators to provide patient and caregiver education and facilitate access to home-based support; tasking itself with expanding the use of hospice services to situations other than those of crises, and redefine the ways and populations for whom hospice services can be presented; and tasking the Delaware General Assembly to provide funding for essential items that allow patient transfer to home care. The Committee is chaired by Delaware Representative Pamela Maier and includes representatives from community and non-profit groups and members of the health profession.



### Next Steps

Governor Minner says the next four-year plan, released in August 2007, strives toward new goals to further reduce cancer incidence and mortality rates in the First State. Already, the cancer incidence rate has decreased four times as much as the nation's rate, and the cancer death rate has declined twice as much as the national average. Borrowing on those successes, the Governor is expanding the outreach and identifying new preventive strategies.<sup>12</sup> William Bowser, Chairman of the DCC, says the task force will continue to work with health care professionals, legislators and the community to ensure that all Delawareans have access to the services they need to lower their cancer risks.<sup>13</sup>

*This case was developed by the University of Delaware's Conflict Resolution Program. Contact*

---

<sup>12</sup> Purple Book 12/26:  
[http://www.delawarecancerconsortium.org/adx/adx/adxGetMedia.aspx?DocID=465,467,9,5,1,Documents&MediaID=1218&Filename=PurpleBook\\_12.26.pdf](http://www.delawarecancerconsortium.org/adx/adx/adxGetMedia.aspx?DocID=465,467,9,5,1,Documents&MediaID=1218&Filename=PurpleBook_12.26.pdf)

<sup>13</sup> Delaware Cancer Consortium Issues Third Progress Report:  
<http://www.dhss.delaware.gov/dph/dpc/consortium.html>

*Kathy Wian, Director, or Shelley Cook for more information at [kwian@udel.edu](mailto:kwian@udel.edu).*



- ★ National
- ★ Policy
- ★ Consensus
- ★ Center

This case study is published jointly by the Policy Consensus Initiative (PCI) and its applied research and development arm, the National Policy Consensus Center (NPCC). PCI is a national nonprofit organization that promotes consensus building and effective problem solving in states. NPCC is a center of expertise on consensus building for public leaders.

For other case studies and information about collaboration, consensus and conflict resolution, visit the website: [www.policyconsensus.org](http://www.policyconsensus.org).

