Late cancer detection in Delaware is a key reason residents die so often from the disease, a yearlong News Journal investigation found.

Experts agree that a patient's chances of survival are best when cancer is diagnosed before it has spread.

But in Delaware, many patients are diagnosed late, especially low-income and black residents. Delaware had the highest death rate in the nation from 1971 to 2000, and the fifth highest in the most recent five-year period. The incidence of cancer in the state was only slightly higher than the nation.

The News Journal found that cancer is often diagnosed late because, in Delaware care sometimes is beyond the reach of poor and black residents. Some doctors won't accept new patients covered by Medicaid, the government insurance for the poor. And some low-income areas don't have enough doctors.

The newspaper analyzed the state's Cancer Registry and national cancer records. The state registry is a record of diagnosis, treatment and other information about every patient. For diagnosis, the registry specifies the stage at which cancer was detected: before spreading; after spreading to nearby organs, lymph nodes or tissues; or after spreading to distant nodes or organs.

Among the newspaper's findings for 1996 through 2000, the last five-year period for which comparisons are available:

- Detection in the latest stage occurred 8 percent more often in Delaware than nationwide. Detection of lung cancer, the No. 1 cancer killer, at the latest stage was 13 percent higher in Delaware. Only 3 percent of those with lung cancer detected in the latest stage survive for five years, the American Cancer Society reported last year.

- Delaware had 50 percent more cancer cases so advanced that doctors could not determine where they started. Delaware had 15.2 cases per 100,000 residents, compared with 10.1 cases nationwide. Experts called the rate an alarming indication of diagnosis problems in Delaware.

- Detection in the earliest stage occurred 3.5 percent more often nationally than in Delaware among all cancers for which comparable data is available. Colorectal cancer, the state's No. 2 cancer killer despite being relatively easy to detect and prevent, was diagnosed in the earliest stage 37 percent more often nationally than in Delaware.

- Black Delawareans fared worse than white residents, and worse than black people nationwide for some cancers. Stomach cancer in black people, for example, was found in its earliest stage twice as often nationwide as in Delaware.

- Black residents in low-income areas were 22 percent less likely than white residents in those areas to have their cancers caught in the earliest stage.

Impediments to care
Cancer is diagnosed in about 3,800 Delaware residents annually and kills about 1,700, making it the state's second-leading cause of death.

By some measures, Delaware should be diagnosing cancer earlier than the rest of the nation.

Screening rates for colorectal, breast and cervical cancers are above average in Delaware, based on federal surveys, and fewer Delawareans are poor or uninsured than nationwide, according to several national studies.

But many patients face impediments to receiving the routine medical care where cancer symptoms can be spotted early. The analysis showed:

- One-third of Delaware's primary care physicians do not take new patients with Medicaid, the government insurance for the poor.
- Low-income areas of Delaware are plagued by doctor shortages.
- The state has only three publicly funded community health centers, which receive less state money than centers nationwide.

State officials said despite limited budgets, they are trying to attract more doctors to areas with shortages, and have a program for some low-income residents that pays for tests to detect breast, colorectal and cervical cancer. But they acknowledge their efforts have reached only a fraction of those in need.

"Until everyone in Delaware has access to affordable, quality health care, our job is not done," said Paula Roy, executive director of the Delaware Health Care Commission, which advises the governor and Legislature on health issues.

Dr. M. Eileen Schmitt, who resigned as chief executive officer at St. Francis Hospital in Wilmington to treat the uninsured from a hospital-owned van, said the state must be more aggressive.

"The state has put in a few very good programs," Schmitt said. "But they're minimal."

Early detection efforts never reached Brenda Garcia, an uninsured housekeeper who had not heard of the state's programs.

Doctors diagnosed Garcia with cervical cancer in December 2002. She had never undergone the screening many women get annually. Short of money, she saw a doctor only after she began to hurt and bleed.

"It all has to do with money," said Garcia, 42, who is separated and lives near New Castle with her 17-year-old daughter. "It's a pretty messed-up world that it has to be that way."

**Doctors turn away poor**

People such as Brenda Garcia cannot find out whether they have cancer unless they get to a doctor.

Many Delaware physicians refuse to accept large numbers of uninsured patients or those with Medicaid.

Many people have a primary care physician they see for routine health care. Those doctors refer patients with suspicious symptoms to specialists, who usually make the diagnosis when a patient has cancer.

But a 2001 report by University of Delaware researcher Edward D. Ratledge found that 16 percent of Delaware's 740 primary care doctors did not take new patients. It said 34 percent of the 740 doctors did not take new patients with Medicaid.

No studies have been conducted in Delaware to determine how many specialists take new Medicaid patients.

The only national studies on the issue included primary care doctors and specialists. A 2001 survey of
12,000 doctors found that 21 percent of doctors did not take new Medicaid patients, according to a nonpartisan research group in Washington, D.C.

Experts said doctors avoid poor patients for several reasons: they often receive lower payments for office visits from Medicaid than private insurance; the uninsured often cannot pay at all; and appointments tend to last longer because many poor patients see a doctor infrequently and need more attention.

Subtle issues also come into play, said Dr. Claude E. Fox, director of Johns Hopkins Urban Health Institute in Baltimore. Fox said poor people are more likely to bring children into the doctor's office, causing disruption. They miss appointments or arrive late because of transportation or child care problems.

"These things drive private physicians crazy," Fox said.

Doctors said they treat as many poor patients as they can. About 400 doctors provide free or low-cost care for the uninsured through a partnership between the Medical Society of Delaware and the state Health Care Commission.

"The majority of physicians in Delaware provide free health care ... to patients that are indigent and can't afford health care," oncologist Stephen S. Grubbs said. "That's our commitment."

Doctors must limit the number of uninsured to stay in business, however, said Dr. Tutse Tonwe, a primary care physician in Dover who treats poor patients. "Doctors are being squeezed to the limit," he said.

Tonwe and other doctors said they have numerous financial obligations, including salaries for staff, payments for office space and malpractice insurance.

Physicians in private practice are in business for themselves, unlike doctors employed by hospitals, clinics or other health agencies.

In Delaware, two out of three doctors are in private practice - 12 percent above the national average - according to calculations by Ratledge and the American Medical Association.

Experts such as Jay Wolfson, professor of public health and medicine at the University of South Florida, said having a high percentage of doctors in private practice results in "commercial medicine" and fewer opportunities for the uninsured to get care.

'I couldn't get anybody'

Rita Davis of Bear, a breast cancer victim who did not have health insurance, said a doctor's office turned her away.

Davis, a former restaurant startup specialist, said her primary care doctor sent her to a specialist for colorectal cancer screening more than a year ago. Unlike other cancers, colorectal cancer can be prevented through screening because the test identifies precancerous polyps that can be removed before becoming cancerous tumors.

Davis said a staff member at the specialist's office instructed her on the procedure, made an appointment for a week later and handed her supplies, including a cup for a urine specimen. The employee asked her about insurance, she said, and when Davis said she had none, the woman told her the doctor did not see the uninsured, took back the supplies, and canceled the appointment.

Davis, 47, said she called several other doctors. "I couldn't get anybody to do it," she said. Months later, she found a physician who would.

Dr. Valerie Green, the primary care physician who referred Davis to the specialist, said she often gets patients who were rejected or dropped by other doctors because they lacked insurance or had Medicaid.

Green, who works at Westside Health clinic in Wilmington, urged doctors in Delaware to take more poor patients because obstacles like the one Davis faced can hinder a patient's chances of survival.
"There are probably more people who have succumbed to their illness because they didn't have the same resolve," Green said.

Access to medical care is also difficult because physicians are scarce in many low-income areas in Delaware.

The state has a shortage of primary care physicians for Wilmington's poorest neighborhoods and the poor in Kent and Sussex counties, according to the federal government.

Those areas have one physician for every 3,000 people or more, according to the federal government. There should be at least one doctor for every 1,250 people, said a panel of medical experts that advises the government.

Delaware started a program in 2000 to recruit doctors to practice in high-need areas, offering up to $100,000 to repay medical school loans for a four-year commitment. Through January, seven doctors were participating. Still, the shortages remain.

Littleton P. Mitchell, former head of the state NAACP, said that when he lived in Wilmington's East Side as a teenager, several doctors had offices in the neighborhood.

"There's nothing there today," Mitchell said. "Not a doctor, not a dentist, not anything."

Residents there have fewer opportunities to receive critical health messages, he said. "Without medical professionals in the neighborhood, people are not getting the information about cancer."

**Few government clinics**

Other states have numerous government-funded community health centers that provide low-cost or free care to the poor.

"They are the best model known," said Sara Rosenbaum, professor of health policy at George Washington University in Washington, D.C. "You have a place where people are guaranteed quality care."

Delaware has three community health centers - two in Wilmington and one in Dover. Georgetown's La Red clinic has applied to become the fourth.

But the number of people served annually by Delaware's community health centers equaled just 10 percent of the state's Medicaid and uninsured population in 2000-2001 - less than in nearby states. In Maryland, New Jersey, Pennsylvania and New York, the percentage ranged from 11 percent to 17 percent, government records show.

The centers have doctors and nurses who realize many patients face barriers to private care. They are located in poor areas, often near bus stops, and charge low fees. A checkup at Henrietta Johnson Health Center in Wilmington costs as little as $15.

State public health officials do not keep track of private clinics for poor adults, but estimated there were six, including the mobile van run by St. Francis. There is no way to compare these numbers with other states. And experts said most private clinics do not have as much money as government-funded clinics, nor must they meet the same requirements, such as providing comprehensive primary care, translation or transportation.

State support for community health centers is reflected in how much is spent on them - and Delaware has trailed the nation on this score.

In 2002, the latest year for which state-by-state statistics are available, the nation's 840 clinics received 14 percent of revenues from state and local governments through grants, contracts and indigent care programs. New Jersey provided 22 percent. But Delaware paid 4.8 percent, or $294,000.

During the 1990s, Delaware had budget surpluses of up to $214 million. Dr. Ulder J. Tillman, former Delaware public health director, said the state chose to pay for health centers in public schools instead
Outreach efforts increase

Also vulnerable are the 76,000 uninsured Delawareans. State health officials are trying to improve cancer diagnosis for them on two fronts: helping people find doctors and paying for some screenings.

State and federal money pays for the initiatives.

To ensure that more of the uninsured make routine doctor visits, the state launched a program in June 2001 aimed at finding doctors for low-income residents who earn too much money to qualify for Medicaid. Doctors and clinics that participate charge patients in the program low or no fees. As of January, about 22 percent of the target population - 3,256 residents - was enrolled.

The state also launched a program aimed at improving detection for the low-income uninsured. The Screening for Life program, begun in 1997, through mid-February has paid for 18,488 screenings for breast, cervical and colorectal cancer for certain low-income women and men. The program has caught 119 cancers, state officials said. Last year, the program reached 19 percent of eligible women.

Some states, such as New York, have an array of programs that help the poor get cancer screenings. A 2002 report from the nonprofit Urban Institute described New York's "tradition" of paying for an extensive health care system for its poor and uninsured, who are disproportionately black. For example, New York, which has a population 24 times as large as Delaware's, has more than 100 public clinics in the New York City area alone.

Cancer mortality for black New Yorkers was 19 percent below the national average from 1996 through 2000, while mortality for black Delawareans was 11 percent above average.

To reduce Delaware's high mortality, private hospitals offer free cancer screenings and outreach at fairs, chicken plants and churches.

Christiana Care Health System, for example, works with the state to take a van to impoverished areas for breast cancer screenings, and also has volunteers who have increased the number of black men screened for prostate cancer.

The St. Francis Hospital van visits poor neighborhoods and treats anybody without insurance. Dr. M. Eileen Schmitt said her patient load is at a 10-year high.

Doctors who serve the poor said private efforts cannot reach everyone who needs help.

"For everyone who comes to us, there's probably 10 more who don't go anywhere," Schmitt said. "People stay home and they're sick. We get them at that late stage."

Many poor people diagnosed late are left with little hope.

Brenda Garcia, the woman suffering with advanced cervical cancer, said her disease has continued to spread. She is undergoing chemotherapy, but Garcia said doctors told her they can't stop the cancer.

"I'm dying. I cry constantly."