

Health Promotion Disease Prevention Council

January 11, 2011
Eden Hill Medical Center
3rd Floor Conference Room
Dover, DE

Attendees

Members

Attended	Michael A. Barbieri	State Representative
Attended	Vickie K. George	Yes You Can Corporation
Did Not Attend	Bethany Hall-Long, RNC, PhD	State Senator
Attended	Sandra G. Hassink, MD, FAAP	Nemours Children's Clinic
Attended	Patricia P. Hoge, PhD	American Cancer Society
Attended	Paul Kaplan, MD	Blue Cross Blue Shield Delaware
Did Not Attend	Ed Kee	Delaware Department of Agriculture
Attended	Rita Landgraf	Delaware Department of Health and Social Services
Attended	Robert Laskowski, MD, MBA	Christiana Care Health Services
Did Not Attend	Alan B. Levin	Delaware Economic Development Office
Did Not Attend	Lillian Lowery	Delaware Department of Education
Attended	Kathleen S. Matt, PhD	College of Health Sciences at the University of Delaware
Did Not Attend	John G. Moore	United Way of Delaware
Did Not Attend	Collin O'Mara	Delaware Department of Natural Resources and Environmental Control
Did Not Attend	Vivian Rapposelli	Department of Services for Children, Youth and their Families
Attended	Paula Rose, MD, MPH	Allen Family Foods
Did Not Attend	Ann S. Visalli	Office of Management and Budget
Did Not Attend	Karen Weldin Stewart	Delaware Department of Insurance
Did Not Attend	Carolann Wicks	Delaware Department of Transportation

Public Attendees/Others

Attended	Kate Salvato	Bayhealth Medical Center
----------	--------------	--------------------------

Attended	Dewayne Phillips	Unison United Healthcare
Attended	Ilka Riddle	Center for Disabilities Studies, University of Delaware
Attended	Eileen Sparling	Center for Disabilities Studies, University of Delaware
Attended	Rich Killingsworth	Nemours
Attended	Jonathan M. Kirch	American Heart Association
Attended	Jo Wardell	Free and Clear, Inc.
Attended	Robert Doyle	DVI
Attended	Anthony	

Staff

Attended	Jill Rogers	Division of Public Health
Attended	Ray Bivins	DNREC State Parks
Attended	Dr. Paul Silverman	Division of Public Health
Attended	Brenda Lakeman	Office of Management Budget
Attended	Theresa Strawder	Office of Management Budget
Attended	Dr. Karyl Rattay	Division of Public Health
Attended	Fred Breukelman	Division of Public Health
Attended	Katie Hughes	Division of Public Health
Attended	Mary Kane	Concept Systems Inc.

Old and New Business

Welcome, Introduction and Charge

Dr. Sandra Hassink welcomed the council members and gave brief opening remarks. Dr. Hassink stated that Governor Markel established the council in response to tobacco use, physical inactivity and poor nutrition and the chronic diseases that result from those behaviors such as obesity, cardiovascular disease, and diabetes. She reminded the council members that they have been charged with making recommendations to the Governor and agencies that address these issues on how to effectively promote healthy lifestyles and reduce the burden of these chronic diseases.

Background and Data

Mr. Fred Breukelman and Dr. Hassink presented information to the Council on Health Promotion and Disease Prevention (CHPDP) on smoking, obesity and other risk factors in Delaware.

Mr. Breukelman stated the leading causes of death are all familiar. The council needs to look at the actual causes of these deaths. The two leading causes of death are tobacco use and poor diet/lack of exercise. He stated that while significant progress has been made to decrease smoking rates among adults and high school students there are new tobacco issues. Mr. Breukelman noted that he anticipates an increase in smoking rates in 2010 in part because the survey is catching up with technology, and they are now

performing cell phone interviews. Another cause for an increase in smoking is the poor economy. Times of recession and stress often result in high smoking prevalence rates. Other tobacco related issues include an increase in use of cheaper tobacco products, and efforts by the tobacco industry to target the African American community as well as college students.

Mr. Breukelman highlighted the impact of anti-smoking programs. Prior to the introduction of smoking programs in Delaware there was no decline in smoking rates, however once funding was established, tobacco cessation programs were implemented, and legislation such as the Clean Indoor Air Act was passed the rate of decline was 33%.

Mr. Breukelman stated that obesity is the second leading preventable cause of death in Delaware, and in the United States. The obesity rate doubled among Delaware adults from 1990-2007, and has been level since 2007. There has been an increase in obesity in every county in the State with the highest obesity rates found in Wilmington, and the lowest rates found in suburban New Castle County. Mr. Breukelman also presented data on the number of overweight and obese adults and children in Delaware. He reported that since the 1970's the obesity rate in children has tripled, and currently about 24% of all children in Delaware ages 2-17 are obese. Mr. Breukelman also shared information that showed that there is a significant disparity for obesity among African American adults. This disparity is mirrored in diabetes prevalence, for which obesity is a major contributor.

Dr. Paul Kaplan asked for data on obesity rates by income level. Mr. Breukelman stated that he did not have that data with him, but he could make it and any additional information requested available.*

Dr. Hassnik informed the committee that if current trends continue 1 in 3 Americans will develop diabetes during their lifetime. She stated that in 2009, about 54,400 Delaware adults had been told by a doctor that they have diabetes and 36,000 Delaware adults have been informed that they have pre-diabetes. For people with pre-diabetes, lifestyle changes including a 5% to 7% weight loss, and 150 minutes of physical activity per week can reduce the rate of onset of type 2 diabetes by 58%. Diabetes is no longer considered to be a condition of primarily adults, and it is becoming increasingly common among children.

The prevalence of tobacco use, obesity and diabetes is significantly higher among people with disabilities. She stressed that with 18.3% of Delaware adults reporting a disability of some type which limits their activities and 7.2% of the population reporting a disability which requires special equipment this is not a population that can be forgotten.

Dr. Hassink stated that fruit and vegetable consumption is low, but slightly up and that adult physical activity slowly but steadily increasing. However only 40.4% of high school students report being physically active for 60 minutes per day, and 38% of Delaware high school students reported watching three or more hours of TV per day on school days.

Representative Michael Barbieri asked if that rate included playing video games and computer use. Mr. Breukelman stated that they were separate questions, however the same kids are not necessarily playing video games and watching television. Some kids might be playing video games and not watching any television.

Dr. Hassink informed the committee that the health costs including loss of life, health care costs and productivity are astronomical, and could continue to increase. However, well designed interventions that

achieve improvements in lifestyle related risk factors could result in sufficient savings to offset intervention costs.

Dr. Hassink said that reduction in smoking prevalence and obesity work together to prevent many of the major chronic health problems. She reviewed the Center for Disease Control (CDC)'s MAPPs Strategies, and plans of action that currently exist in Delaware.

Mr. Breukelman concluded the presentation by reviewing some of the different strategies and programs that are currently being implemented in Delaware.

Proposed Process

Ms. Mary Kane presented information to the CHPDP on concept mapping for strategic planning. Ms. Kane reviewed the charge of the council, and introduced concept mapping as a tool that could be utilized by the committee to create a shared conceptual framework.

Ms. Kane informed the committee that concept mapping is a structured group process for building a consensus that preserves details while organizing and grouping the details into broad themes. She explained that concept mapping takes place in the following steps:

Planning: Council members develop a focus prompt and identify participants

Idea Generation: Communities of interest and expertise are identified and respond to the focus prompt with brainstorming ideas. The ideas are not limited by what seems feasible based on funding and resources, but are based on what needs to happen in order to accomplish real change.

Organizing: Participants sort the ideas into similar piles or themes and rate each idea based on feasibility and importance.

Analysis and Interpretation: A conceptual framework emerges and the council is able to focus on priorities indicated by the importance and feasibility ratings of each cluster.

Using the Results: Concrete recommendations are derived based on the clusters of the conceptual framework.

Ms. Kane provided the council with examples of how other groups and organizations have utilized concept mapping, and highlighted the benefits of concept mapping. She stated that concept mapping gathers ideas without requiring in-person meetings, values both expert and non-expert ideas equally, presents a unified framework, and facilitates planning, evaluation and implementation.

Dr. Robert Laskowski expressed concern that an individual might have a great idea, but that if other people didn't have the same or a similar idea that the idea would be lost in this process. Ms. Kane assured Dr. Laskowski that none of the ideas are deleted, and that a unique idea could surface as a priority during the sorting phase.

Concept Mapping

Ms. Kane provided the council with examples of guiding questions that other programs have used, and frequently used structures for focus prompts. She then instructed the council members to break into groups of two to three people to develop a guiding question that all participants would be able to answer, and that would elicit content that directly relates to the issues and priorities that the Council has convened to address.

Each of the groups shared their idea for a focus prompt with the rest of the Council members. The group then discussed the prompts. Ms. Kane said she would narrow the prompts down to two based on the feedback, and that the two prompts would be sent out to the committee members so that they had an opportunity to provide additional feedback. Ms. Kane stated that she would then narrow the prompts down to one prompt based on the additional feedback prior to the next meeting.

Ms. Kane concluded by asking the Council members to complete and submit a list of potential stakeholders that reflect specific groups of interest that will best inform the Council's recommendations for health promotion and disease prevention.

Public Comment

Ms. Eileen Sparling informed committee members that she submitted written comments to the CHPDP on behalf of the Center for Disabilities Studies at the University of Delaware. Ms. Sparling stated that individuals with disabilities disproportionately carry the burden of disease and preventable chronic conditions. She informed the committee that the prevalence rate for obesity, diabetes, and heart disease is significantly higher among individuals with disabilities than those without a disability. Ms. Sparling called upon the committee to develop health promotion strategies that are inclusive and accessible for individuals with a wide-range of abilities.

Follow Up

Action Item/Task	Responsible Party

Documentation

Meeting agenda and minutes are available at your request. Any requests for documents should be emailed to Katie Hughes at HughesKatherine@yahoo.com.

Future Meeting(s)

The next Health Promotion Disease Prevention Council meeting is scheduled for **February 15, 2011** at **Eden Hill Medical Center 3rd Floor Conference Room, Dover, DE.**

* From the 2009 Behavioral Risk Factor Survey (BRFS): Although obesity prevalence is somewhat higher among low-income adults, the differences are not statistically significant.

Total adult obesity prevalence	=	27.6% (CI=25.6-29.6)
Income < \$15,000 a year, obesity prevalence	=	32.6% (CI=25.7-39.5)
\$15,000-\$24,999	=	34.6% (CI=27.7-41.5)
\$25,000-\$34,999	=	33.5% (CI=25.3-41.7)
\$35,000-\$49,999	=	26.8% (CI=21.3-32.3)
\$50,000-\$74,999	=	27.7% (CI=22.6-32.8)
>\$75,000	=	25.1% (CI=21.8-28.4)

Note: "CI" means confidence interval (at 95% probability level). When confidence intervals overlap, the data differences are generally not statistically significant.

Presentations and handouts from the meeting are available on the CHPDP web page on the Division of Public Health web site at:

<http://www.dhss.delaware.gov/dhss/dph/dpc/chpdp.html>