

Interview with Deborah P. Brown

Elizabeth Healy, MPH

Deborah P. Brown is a 33 year employee of the American Lung Association of the Mid-Atlantic. She holds a BS degree in Public Health from West Chester University and an MS degree in Health Education from St. Joseph's University. She has been a Certified Health Education Specialist since 1993.

Ms. Brown began her career as a health educator responsible for the development, implementation and evaluation of adult and pediatric lung disease programs. She was later promoted to the position as program director, vice president of advocacy, mission and communication before being appointed president and CEO. She oversees an \$11 million budget for a six state and District of Columbia region, along with over 50 employees.

Her past experiences have included working on advocacy issues in the areas of tobacco, asthma, school health and healthcare, for the past 25 years. Passage of Delaware's Clean Indoor Air Act in 2002, the second comprehensive law in the country, is among her major accomplishments. Since then she has been involved in passage of the Pennsylvania Clean Indoor Air law, anti-idling legislation, and numerous environmental campaigns at both the state and federal levels. She has served as the chairperson for coalitions and partnerships throughout the Mid-Atlantic Region.

Ms. Brown has written curriculum and lesson plans for various health education programs and has developed and implemented training programs for school personnel throughout MidAtlantic Region. She also has extensive background in grant writing.

EH: You've been working with the American Lung Association for quite some time, what changes have you seen over this time with lung diseases, air quality, and associated issues?

DB: As far as lung disease, I think we're starting to see an increase, particularly, in the number of women with lung disease, I would specifically say lung cancer. It is the number one cancer killer of women and has been since 1987. At the American Lung Association we did a survey and only 1% of women, it was top of mind for them that lung cancer was the number one cancer killer, 87% said it was breast cancer. So I think one of the things I've seen happen is that women are more effected by lung cancer and COPD. I see that there is not the awareness that is created around some of the other cancers or other diseases, so I think one of the challenges we have is to make sure everyone is fully aware.

As far as tobacco use is concerned, one of the changes I have seen over the years is that we are no longer dealing with only tobacco cigarettes, we are now dealing with new emerging products, such as electronic cigarettes, snuff, new cigars, everyone is looking towards those newer products, and that has really taken a toll on the health of many of our citizens particularly here in Delaware and we've had to change our strategies for how we educate individuals on tobacco use.

EH: In Delaware, are there any major issues you see specifically, or throughout the Mid-Atlantic region as a whole, that citizens should be more aware of?

DB: Again, lung cancer is definitely something we're going to keep seeing arise... one of the things about diagnosing women is often COPD is misdiagnosed. Women go in, and anxiety is potentially one of the symptoms that go along with COPD, and so often the treatment doesn't happen until sometimes the individual is really incapacitated. I also think making sure that medications are tested on women; women react differently based on their make-up - estrogen plays a role in some of those things, their lung size - I think they are all issues we're seeing in Delaware, as well as the Mid-Atlantic region.

Tobacco control policy... I think Delaware has done a really good job over the years at making sure we have good policies in place.

Delaware's Clean Indoor Air Act... Delaware was the second state in the country to adopt a clean indoor air law and it is still considered one of the most comprehensive in the country, so a lot of other laws are modeled after this particular law. In July, the governor signed House Bill 5, which added electronic cigarettes to the Clean Indoor Air Act, with one minor flaw, which was the vaping establishments, but we were only the fifth state in the country to do that, and I think Delaware does a lot of good things, and one of the areas I think we're falling particularly in tobacco control policy is the prevention and cessation dollars.

Delaware has seen a dramatic decrease in the amount of dollars that has been spent on prevention cessation, and when I say that I mean our youth prevention programs, and all types of cessation programs whether it's telephonic, counseling, one on one, an online program, and as we start to see those dollars drop. Our fear at the American Lung Association is that we are going to see the number of people smoking increase. We've seen that in other states and Delaware needs to look at its investment in tobacco control and make sure that we are doing what we need to do to prevent young people from ever starting, and helping people who want to quit, quit. The other area in tobacco prevention that we're somewhat lacking is on our tobacco tax.

Delaware has adopted a '\$1.60 per pack act' on cigarettes and we really are right at the national average, so we need to increase that because we know when you increase the tobacco tax, young people are very price sensitive so they will likely not purchase these products, and we know adults are also price sensitive in that they will want to quit smoking. That's been proven, it's the best practice throughout the country, and we need Delaware to look at those two measures.

Another measure here in Delaware includes air quality; we have done a lot of great work to make sure that our air is clean and to make sure companies aren't polluting, and automobiles are doing what they need, but we also are at the mercy of some of our counter parts in other states. The air pollution can flow through Delaware, and we need to make sure we are supporting federal policies that protect Delawareans from air pollution, which we know also has a link to lung cancer and lung disease.

EH: Have you found that there are any areas in the state that have more polluted air than others, or have showed up as having more cases of lung related issues than others?

DB: I think that's hard to determine, certainly when you're living along the I-95 quarter, you're going to be exposed to more pollutants because of vehicle emissions. I don't think there's any one area, but the important thing to remember about air quality is that air travels, it doesn't stay

in one area. If a company spews something accidentally, everyone is affected by it, and I think we need to remember that. It's just not certain areas that are more susceptible to the poor air quality, we all are.

EH: You sent me some information about some programs in Delaware, do you think any programs have had a significant impact? Are there any programs that have been particularly successful?

DB: Yes, actually two programs, the first is our Kick Butts Generation, which is our teen youth empowerment program, which we use in tobacco control. We started with a handful of young people and we are now at 12,000 members, and I would say very vocal members. One of our goals is when you look at a pie chart of Delaware, you usually see Never Smoked, Former Smokers, Smokers, and one of the things we're seeing – which is so exciting and I truly believe some of the investment in the Kick Butts Generation has truly paid off – we are seeing that number of Never Smoked slowly increase and I would like to think that the American Lung Association and our work with the Division of Public Health on the Kick Butts Generation has made that difference.

The other program that's part of the Kick Butts Generation is called Teens Against Tobacco Use, and it really is the beginning for the Kick Butts Generation. They go out and use this program to educate younger children and their peers about the harms of smoking, and they do it in a variety of ways some are very creative. We've had a drumline, we've had people sing, we've had theater, and it really is a credit to the young people involved that they use the skill sets that they have to tell the message about the harms of tobacco and I think that what makes it so successful and endearing to people.

The other program is an asthma program, and it's something we've been doing for 20-25 years now, it's an asthma camp. It's for children ages 7-12 who have moderate to severe asthma and it gives them a week long opportunity, or weekend long depending upon which camp, to learn more about their asthma, but it also allows them to be a normal child in the summer and have fun at a camp that they might not otherwise get the opportunity to go to because their asthma or lung disease might be debilitating.

Those two programs have really made a difference, with the camp we were able to involve nurses, physician's assistants, respiratory therapists, respiratory therapy students, so it's a good opportunity for healthcare professionals to get involved in asthma management as well.

EH: Are there any new projects the American Lung Association is working on, or any projects that haven't gotten off the ground yet that people are looking forward to?

DB: We have something called Lung Force. Lung Force is really a new effort for us, it's been about a year and a half now, and it's really a program to engage women in particular, but patients, caregivers, healthcare providers, and really get them to look at lung cancer and the importance of making sure we educate people about what lung cancer is and that anyone can get it.

I think that's probably the most important point about lung cancer in general, is that you don't have to be a smoker, most people think only smokers get lung cancer, and that's not what we know, we know anyone can get it. And so that program is really what we've been kicking off.

Valerie Harper has been involved, Kellie Pickler has been involved, and so we've involved a lot of talented people who have circumstances that they've been affected by. We just really want to give hope to lung cancer patients that they're not going to be a statistic anymore and there is treatment out there that can help them.

EH: What are some of the more challenging parts of your job and what are some of the challenges you face when trying to get information and statistics out there to the general public?

DB: Well, I can think of two off of the top of my head; the first one is that most people, particularly here in Delaware, think that because we passed the Clean Indoor Air Law that all of our work with tobacco control is done, but as I mentioned before, one of the challenges is the new emerging products that are coming out on a regular basis. They create more challenges for us because there is a lack of understanding and in the case of electronic cigarettes, there's a lack of regulation. There are big stores popping up all over the state, and there is no regulation of those particular stores, so I think the challenge is that people think tobacco control is under control, and we still have a lot of work to do to make sure that the 'Never Smoked' number is going even further, so that would be challenge number one.

Number two is that a lot of people look at the stigma of lung cancer and say 'well they've done it to themselves because they smoke,' so I think it's our job to educate people that not everyone that gets lung cancer smokes, it could be occupationally related, it could be radon related, it could be air quality related, it could be genetically related, there are a lot of reasons, so not to look at that person like they did it to themselves.

On the flipside of that is if that person did smoke, it doesn't mean they don't deserve the proper treatment and help they should be getting. I don't think we do that with any other disease, so I don't think lung cancer or COPD should be put into that category.

EH: What are your thoughts about these e-cigarettes and vaping devices? What do you think the future will hold with these devices and how do you think organizations like the American Lung Association will handle the future of these devices?

DB: Well the American Lung Association supports electronic cigarettes being put into smoke free laws and ordinances and we think that they should be treated like tobacco products. We're really waiting for the FDA to begin oversight over these product, and we've been waiting 2 to 3 years now for them to step up and do that. But we are starting to see the number of young people utilizing e-cigarettes increasing, and the number of adults using them increasing. In states where they aren't as progressive as the state of Delaware and they don't have electronic cigarettes as part of indoor air laws, they're using them anywhere and everywhere they want- in restaurants, in workplaces, etc, and we don't know what people are being exposed to.

And maybe there is a clean indoor air law, so maybe they're using other tobacco products, something like snuff during the day, they're smoking cigarettes, and using electronic cigarettes, so I think what were going to see as a trend is these products are going to keep emerging and were going to hustle to try and keep up with times. Any help the FDA can give us in terms of regulations that helps us with the limited resources we have in public health helps us to better make policy decisions, but I think one of the things we're going to have to unfortunately wait and see on is these products are fairly new so we don't know all of the health consequences that

are associated. We are seeing an increase in poisonings, for example, because of the e-liquids used in electronic cigarettes. Are we going to see that increase even more? Are we going to have more adults burned by e-cigarettes? These are all things we're going to have to start addressing as public health organizations.

EH: As far as lung conditions are concerned, or issues related to air quality are concerned, have you seen any trends here in Delaware of concern?

DB: Again I think that probably with women and COPD were starting to see more of that, and some of that is women started smoking later than men, even though I said there isn't a stigma, the fact is women did start smoking later than men. And I think we're starting to see some of that come forth as COPD increases.

The other thing, as far as air quality, I really do think that Delaware has done a great job in terms of putting measures in place, and I do think we're at the mercy of our neighboring states maybe not putting the same measures in place. We all need to do our part: less driving, and fewer cars create less air quality issues, but I think we really need to remain strong on trying to get our counterparts and other states to take similar actions that Delaware has.

EH: Do you have any hopes for things that will change over the next 5-10 years, or any specific goals? You mentioned you'd like to increase that number of "Never Smoked", for example.

DB: Yes, as you said, bringing the smoking rates down in youth and adults, we want to make sure that nationwide everyone is protected by secondhand smoke, instead of 27 or 28 states having laws, every state needs to have a law that protects their citizens.

We want to do everything we can to protect the air we breathe, we want to protect the Clean Air Act which has had numerous attempts to be weakened at the federal level, and I think the other part of this is really just to make sure that everyone knows that regardless of who you are, lung cancer and lung disease can affect you on any given day.

EH: The Clean Indoor Air Act was quite an accomplishment and obviously took quite a process, how did you start to get involved with that and get the ball rolling?

DB: Well, I've been with the American Lung Association for 34 years and in 2002 when the clean indoor air act was passed, we had a grant from the Robert Wood Johnson Foundation which I was the lead on, so we were very active in making sure the Clean Indoor Air Act was passed here in Delaware. It was a natural time for us as an organization and to go back and work with some of the same legislators we worked with in 2002, to say we really need to make sure that all Delawareans are protected from second hand emissions and electronic cigarettes and it was really a natural progression for the American Lung Association to be involved in that policy.

EH: Anything else that you think the readers should know?

DB: The one other thing I did want to mention, and it is tobacco related, is a program at the American Lung Association we work with the Division of Public Health on, and it's called a mini grant program. I think it's important because last year we had 31 agencies receive mini grants, and they can range anywhere from one thousand to up to twelve thousand dollars. Those

mini grants really give communities an opportunity to do programs that are very community-oriented.

For example, a Boys and Girls Club in Sussex County has very specific needs and challenges, and [the mini-grant] allows them to develop the program so that it best fits the population there. When you go back to some of the successes that we've had in decreasing youth tobacco use I really do think that some of these programs have made a difference.

The other thing that I think is really unique to Delaware is that all of our beaches have smoke free policies in place. And it's not just beach areas, it's Delaware City, which a lot of people come to visit with Pea Patch Island and Fort Delaware, those are all smoke free areas. And so I think that Delaware has been very progressive in not only adopting a clean indoor air law, but branching that out into smaller communities and doing prevention and public policy and cessation programs and so I really do think that those things combined have made a difference. We know tobacco use is the single biggest preventable cause of death and disability and so I think that Delaware has done a good job of addressing that.

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