

Closing the Gap

Florida Department of Health

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A Publication that addresses Racial and Ethnic Health Disparities

OBESITY ON THE RISE



Obesity rates have risen considerably among adults in the last 20 years. The National Center for Health Statistics shows that 30 percent of adults 20 years of age and older in the U.S. – over 60 million people – are obese. It is not just adults who have experienced this increase in overweight and obesity. The percentage of young people who are overweight has more than tripled since 1980. Among children and teens aged 6-19 years, 16 percent (more than 9 million young people) are considered overweight.

Florida has not been spared from this epidemic. In 2003, 58.6 percent of Florida adults were overweight or obese (BMI > 25 kg/m²)* based on self-reported height and weight. Among Florida adults, 19.9 percent were obese (BMI > 30 kg/m²)*. Overweight and obesity are increasing in men, women, and children of all races.

Most of the data on adults in Florida comes from the Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS is an on-going, state-based, randomly dialed telephone survey of civilian, non-institutionalized people aged 18 and over.

Among both men and women in Florida, the prevalence of obesity has increased dramatically from 1990 to 2003. According to the BRFSS, the prevalence among men has increased 79 percent, and among women the prevalence has increased by over one-third.

Non-Hispanic blacks have the highest obesity rates followed by Hispanics and non-Hispanic whites. The various races/ethnicities have all experienced tremendous increases in obesity from 1990 to 2002 to varying degrees. Hispanics have had the largest percentage increase at 73 percent. Non-Hispanic whites follow at 54 percent, with non-Hispanic blacks experiencing a 28 percent increase during this period.

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In terms of income, the percentage of overweight-but-not-obese adults did not vary significantly by income range. Those who earned less than \$15,000 were more likely to be obese than those who earned \$50,000 or more.

Why is it a problem?

In the simplest terms, obesity has increased the way it has because our energy input (what we consume as food) exceeds our energy output (physical activity). Larger portions, diets higher in fat, frequent meals away from home, higher calorie drinks, and sedentary lifestyles contribute to the problem. The Florida BRFSS data show that in 2003, only 23.6 percent of adults consumed five or more servings of fruits and vegetables a day – one indicator of healthy nutrition. The likelihood of being physically inactive was higher among non-Hispanic blacks and Hispanics compared to non-Hispanic whites and higher among women compared to men.

What is recommended?

Recently the United States Department of Agriculture released the 2005 Dietary Guidelines for Americans. **The dietary guidelines highlight how to:**

- Make smart choices from every food group
- Find a balance between food and physical activity
- Get the most nutrition out of your calories

The recommendations emphasize:

- Consuming fruits, vegetables, whole grains, and fat-free or low-fat milk and milk products
- Selecting leaner meats, poultry, fish, beans, eggs, and nuts
- Consuming meals that are lower in saturated fats, trans fats, cholesterol, salt (sodium), and added sugars

Soon after the 2005 Dietary Guidelines were published, the MyPyramid Food Guidance System was released. The MyPyramid provides food-based guidance to help implement the recommendations of the 2005 Dietary Guidelines for Americans. MyPyramid recommends total amounts rather than servings and is more specific about the types and amounts of foods to eat than the previous Food Guide Pyramid. For more information on the 2005 Dietary Guidelines and MyPyramid, go to www.mypyramid.gov.

Scientific evidence shows that physical activity done at a moderate intensity level can produce health benefits (USDHHS, 1996). Sedentary people can improve their health and well-being with regular, moderate levels of activity each day. The Centers for Disease Control and Prevention recommends for adults

- 30 minutes of moderately intense physical activity 5 or more days of the week or
- 20 minutes of vigorous physical activity 3 or more days a week.

“Moderate intensity” is defined as any activity that causes increases in breathing and heart rate, including walking briskly, mowing the lawn, dancing, swimming, or bicycling on level terrain, for example. “Vigorous physical activity” is defined as any activity that significantly increases breathing and heart rate. For example, jogging, mowing the lawn with a non-motorized push mower, participating in high-impact aerobic dancing, swimming continuous laps, or bicycling uphill all are considered vigorous physical activity. For children and adolescents, the recommendation is 60 minutes of moderate physical activity on most days of the week, preferably daily.

What is Florida doing?

In the fall of 2003, the Governor’s Task Force on the Obesity Epidemic was formed to make recommendations for Floridians. The 16 appointed members heard more than 450 recommendations from national experts and concerned citizens. From this input came 22 recommendations that target physical activity and healthy nutrition and are broken into six focus areas, family setting, community setting, health care, public health, schools, and worksites. These recommendations can be found on the Department of Health’s Web site at www.doh.state.us.fl. Floridians are encouraged to review this report to learn about opportunities for healthy lifestyles.

To continue the work initiated by the Governor’s Task Force on the Obesity Epidemic, Dr. John Agwunobi, Secretary of Health, began planning for the “Secretary’s Summits on Obesity.” In 2004-2005, the Florida Department of Health held four summits around the state. The goal of these summits was to generate dialogue to promote local action on this epidemic. The themes for the four summits were:

- Industry and Worksite Wellness Solutions, Orlando, October 2004,
- Solutions in the School Setting, Tallahassee, December 2004,
- Solutions in Health Care, Jacksonville, February 2005, and
- Solutions for Families, Community-based and Faith-based Organizations, Miami, May 2005.

National and local experts shared evidenced-based, practical solutions to the obesity epidemic that could be implemented on a local level.

Additionally, Dr. Agwunobi led the Florida Department of Health, Bureau of Chronic Disease Prevention to initiate ‘Step Up, Florida!SM’ an annual statewide physical activity campaign that takes place in February. This month-long event involves all 67

counties in a county-line to county-line relay where a fitness flag is passed through a county along a route designated by a local coordinator to raise awareness about the importance of physical activity and highlight opportunities in local communities to be physically active.

In 2005, the Step Up, Florida!SM, event saw over 67,000 people participate. Participants in many activities carried the fitness flag across the state, including walking, running, biking, swimming, canoeing, and horseback riding. The participants were equally diverse, with students from pre-school, elementary, middle, high school and college, employers, employees, and seniors all getting involved with sections of the route in their respective communities. Planning for the 2006 Step Up, Florida!SM event has already begun. To get involved in a local community event, contact your local county health department.

The Florida Interagency Food and Nutrition Committee will be launching a statewide nutrition education campaign called "Be Wise About Your Portion Size." This committee includes representatives from the major state agencies in Florida who provide nutrition, food security, and food safety education, programs, and services to the public.

The "Be Wise About Your Portion Size" campaign encourages Floridians to be aware of the size of the food portions they are consuming as well as their total daily intake of food in an effort to help reduce the incidence of overweight and obesity in Florida. The materials developed for this campaign incorporate recommendations from the new MyPyramid Food Guidance System. Educational resources will be provided to public schools, Area Health Education Centers (AHEC), WIC agencies, county health department health educators, Cooperative Extension offices, child care centers, Area Agencies on Aging, elder nutrition service provider agencies, and the Food Stamp program offices throughout the state. The "Be Wise About Your Portion Size" resources will be

available in July 2005. Please visit the following Web site for more information: <http://www.doh.state.fl.us/Family/obesity/index.html>.

What can you do today?

Take small steps towards a healthy lifestyle. Strive for more fruits and vegetables in your diet. Substitute whenever possible whole wheat bread and brown rice for white bread or white rice. Include three servings of low-fat dairy products in your diet everyday like fat-free or 1 percent milk, cheese, and yogurt. Limit the amount of high-fat and high-sugar foods you consume, like sodas, sweets, and fried foods. Also try to reduce portion sizes and plan to eat meals at home whenever possible.

To increase your level of physical activity, try taking the stairs whenever possible or parking your car a little further out in a parking lot. Also try walking to a destination that is under a mile from your location. Some other tips include turning off the television any night of the week and going out for a walk in a local park or walking trail in your community. Washing the car, doing the dishes, and gardening are all great ways to increase activity levels.

Whatever you do, start off by setting a few attainable goals for yourself, write up and sign a contract, and begin to make efforts for reaching your goals. Having a buddy to share new healthy lifestyle activities is always a good idea. Non-family social support like a church group, book club, or co-workers is a strongly recommended strategy by the Centers for Disease Control and Prevention (CDC) for success in engaging in a healthier lifestyle.

*Body mass index, or BMI, is used to classify weight. The BMI quantifies excess weight adjusted for height and is strongly correlated with body fat. BMI is calculated by dividing weight in pounds by height in inches squared then multiplying with the quotient by 703. Overweight and obesity are quantified as units of body mass index or BMI. It is a direct calculation and is not gender-specific.

health prevention

Women's Health in Florida

The Infant, Maternal, and Reproductive Health Unit of the Florida Department of Health (DOH) recently received notice that it is one of three agencies nationwide to successfully compete for a three-year women's health grant. The Integrated Comprehensive Women's Health Services grant is funded by the Department of Health and Human Services, Health Resources and Services Administration. It aims to improve coordination and collaboration on women's health services within the department and across state agencies through a variety of strategies. Grant objectives include developing a strategic plan for integrating women's health services in Florida; increasing awareness about women's health status, services, and related resources; and providing technical assistance and support to Florida communities to promote best practices at the local level.

The Florida Legislature also recognized that fragmentation limits women's health services and passed legislation creating an Officer of Women's Health Strategy within the Florida Department of Health, effective July 1, 2004. This landmark legislation created section 381.04015(2)(p), Florida Statutes, which aims to ensure the state's policies and programs are responsive to sex and gender differences and to women's health needs across their entire lifespan.

In collaboration with the Officer of Women's Health Strategy, the Integrated Comprehensive Women's Health Services grant convened an Interagency Committee on Women's Health in April, which was chaired by the Officer of Women's Health Strategy. A wide range of internal and external stakeholders who have a commitment to improving women's health were invited as well as representatives from all state agencies in Florida. This committee will assist DOH in developing a strategic plan for women's health and in carrying out many of the other activities related to the legislation.

Another very important group established by the grant is the Intra-agency DOH Women's Health Work Group. Representatives from all programs that touch women's lives were invited to the work group's first bimonthly meeting in May, and there was great support for continuing such a forum. The objectives of the work group are to increase knowledge

PhyTrust – A Minority Physicians Network

PhyTrust of Florida is committed as a Minority Physicians Network (MPN) to creating an opportunity to increase awareness about culturally competent healthcare issues among our patient population. Since January 2005, PhyTrust of Florida has implemented community and faith-based programming, health fairs, conferences, a speakers' bureau, and health education initiatives within four areas outlined in the Florida Department of Health's "Healthy People 2010 Program Implementation Report" (DEC 2004): Those initiatives include:

- A presentation at the 2005 Closing the Gap Summit in Orlando and the National Minority Health Month Forum in Fort Lauderdale. Presenters examined health disparities among minorities and non-minorities in relationship to the lack of minorities in health professions. The presentations also addressed the disparities that exist in the education and graduation of minorities in the medical profession.

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about programs serving women and to improve coordination and collaboration among those programs.

The women's health grant and legislation both seek to increase the availability of information and awareness of women's health issues through the creation of a DOH Women's Health Web site, which is under construction. Meanwhile, DOH has spearheaded several public education activities to promote women's health. They collaborated with the Legislative Women's Caucus to sponsor two Women's Health and History 2005 events. The first event was a kick-off breakfast featuring actress Cheryl Hines on March 10, 2005. The second event was a Women's Health Fair at the state Capitol on March 30, 2005. They also implemented a variety of health promotion activities for National Women's Health Week (May 9-13), including a Lunch-&-Learn series in Tallahassee.

Future women's health grant plans include supporting women's health initiatives at the local level by highlighting model projects on quarterly statewide Web-enhanced conference calls. By the end of 2006, DOH hopes to be able to provide incentive funds to local communities to establish women's health partnerships, facilitate local infrastructure building, and provide comprehensive women's health services. **For more information, call Cheryl L. Robbins, Women's Health Coordinator, at 850-245-4455, extension 2945.**

- Participation in the second annual Closing the Gap Health Care Conference that was held March 23, 2005, in Fort Lauderdale. Community Health Education Alliance and PhyTrust of Florida brought the community together to change the unacceptable statistics that exist in zip code 33311 where more than 17,000 people are without health insurance. Participants addressed how to close the gap in health care and major health issues affecting African Americans. Presenters were Kathy B. Jackson, Ph.D., "SB 1178-The Minority Health Bill"; Dr. Novelette Thompson, "Diabetes Mellitus in the Minority Community"; Dr. Karan Munaswamy, "Heart Disease in the Minority Community"; and Dr. Laurence Watkins, "Hypertension and Heart Disease in the Minority Community." As part of Colon Cancer Awareness Month, the American Cancer Society presented a talk about colon cancer.
- Participation with Florida Prostate Cancer Network and Community Health Advocacy Partnership in the sixth annual African American Men's Health Forum that was held in Tampa. The forum addressed health disparities that impact African Americans and individuals of Hispanic origin. It also provided over 2000 free health screenings and education on prostate and colon cancer, diabetes, and heart disease.
- Participation in Bethel's Worship Center Black History Month Celebration in North Lauderdale. Lowell Adkins, M.D., PhyTrust of Florida, presented on the importance of adopting everyday practices to combat congestive heart failure.
- "You've Got the Power: What you should know about Clinical Trials," produced by the National Medical Association, Project IMPACT (Increase Minority Participation and Awareness of Clinical Trials) was distributed to students studying health occupations in five Broward County high schools.
- Vanice Rolle, Florida Department of Health, and Reach 2010, Urban League of Broward County, reached more than 100 minority youth about HIV/AIDS, ways to combat risky health behavior, and the situation in Florida.
- The Division of Continuing Medical Education, University of Miami School of Medicine, provided the MPN with over 300 HIV/AIDS updates. This self instructional course consists of an up-to-date review of the evaluation and treatment of HIV/AIDS and is designed to provide essential information for physicians. This course fulfills the HIV/AIDS continuing medical education (CME) requirement for licensed Florida physicians.

- Professionals were educated culturally and linguistically about methods to reduce negative health consequences. The PhyTrust of Florida Pharmacy Program provides members with medically effective, safe, and cost-effective medications, which reduces pharmacy expenses.
- PhyTrust of Florida, which is under the auspices of the National Medical Association, collaborated with the African American Medical Network to deliver health programming in doctors' waiting rooms to educate patients on health issues and the latest in healthcare technologies which make treatment of patients easier. The new television network delivers advertiser supported educational programming through doctors' offices to millions of African American patients nationwide.

National Minority Health Month

In April 2001, National Minority Health Month was launched by the U.S. Department of Health and Human Services as a reincarnation of Booker T. Washington's 1915 initiative implementing a National Negro Health Week. National Minority Health Month has been recognized by the U.S. Congress as an important, well-organized effort to eliminate disparities across the country and increase the awareness of health disparities that impact minority and ethnic populations. Health disparities are differences in incidence, prevalence, morbidity and mortality of diseases, and other adverse health conditions that are not expected in the general population who have similar characteristics except, in this case, race.

Although Minority Health Month heightens the awareness of health disparities, the problem requires a concerted effort. Governor Jeb Bush has made it a top priority to eliminate the differences in health status and health outcomes. The Governor implemented a major initiative to improve the health outcomes of Florida's minority and ethnic populations—"Closing the Gap" grant program, which is administered by the Florida Department of Health. The program targets seven health disparities—cancer, cardiovascular disease, diabetes, adult and child immunizations, maternal and infant mortality, HIV/AIDS, and oral health care. Florida's goals are consistent with national goals – build public/private partnerships, foster cultural competency among healthcare providers, encourage health education and training, expand the use of state-of-the-art technology, and move from poor statistics to useful solutions.

The dramatic differences in health status and outcomes among minority populations can be attributed to a variety of factors, including the lack of access to high quality medical care. Disparities in the burden of illness and death continue to be experienced by blacks, Hispanics, Native Americans, and Asian/Pacific Islanders more than the state's population as a whole. To eliminate health disparities that impact Florida's minority and ethnic populations, programs must be specifically designed by and targeted for the community to teach prevention and education. Education increases knowledge and knowledge is power. Individuals must be empowered to make informed decisions, to make and keep medical appointments, to get regular check-ups and screenings, to make lifestyle changes in eating habits, to exercise regularly, to ask questions of their healthcare provider, and to perform self-exams. The single most important way to close the health gap and for an individual to stay healthy is to be an active member of his/her own health team.

Minority Health Month provides an opportunity for our political leadership, community organizations, churches, colleges, and individuals to raise the awareness of health disparities that exist in our communities and address the health needs of our minority and ethnic populations.

“Closing the Gap” in Jackson County – A Cardiovascular Disease Program

The Jackson County “Closing-the-Gap” cardiovascular disease program started in June 2000 and consists of collaborative partnerships with faith-based organizations and community and civic groups. The objective of the program is to achieve a significant reduction in cardiovascular disease in Jackson County’s minority and multicultural rural populations. The target population is African-American adults with some emphasis on youth through intergenerational activities. A program model was designed to provide access and availability to the Jackson County communities and outlying areas that are often missed. The service model is a community empowerment model that provides for service provision through sites that are faith based and socially aware.

Services are sub-contracted to faith-based organizations and include a referral and follow-up networking system which allows individuals to receive immediate attention by a health care provider. Services provided by the sub-contractors include body mass index (BMI), weight and blood pressure screenings, physical activity, nutrition, and smoking cessation education classes, seminars, and leisure time activities. These activities have resulted in 70 individuals with reduced blood pressure that have kept it under control, 50 individuals who lost weight, 62 new program participants, 120 referrals to the health department for hypertension, body mass index, and lipid services. The program has documented approximately 20 uninsured individuals per year. To equip the sub-contractors to provide effective services and ensure that the model works as designed, trainings are

provided by the program coordinator and community outreach workers on program management, partnership development, coordination of physical activity opportunities for the community, blood pressure and BMI, weight management, diabetes, screenings and referrals, program promotion activities to include marketing and media events, and nutrition education.

Latresha Pittman, Program Coordinator, and Karen Edwards, Senior Human Services Program Manager, explained the model in a presentation titled “Partnering with Non-Traditional Minority Settings to Establish Effective and Efficient Prevention Programs” at the National Rural Health Association and the DHPE/CDC National Conference on Health Education and Health Promotion, respectively. The presentation focused on how a traditional service provider has gone past simple partnering and into the realm of coalition building with several minority faith-based and community service partners. Simply put, the Jackson County Health Department partnered with faith-based and community partners to collaborate and provide services through programs initiated by the community to meet the health needs of individuals in the communities they serve. The model is used to connect traditional and non-traditional partners to serve and provide better access to health care to the minority and multicultural rural populations. The model is appropriate for service delivery as it can be adopted for populations in rural and urban areas and is not limited to one health disparity.

For additional information on this successful service model, contact Latresha Pittman or Karen Edwards at 850-526-2414 or via e-mail at Latresha_Pittman@doh.state.fl.us.



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I would like to receive “Closing the Gap,” which is a newsletter to inform individuals and communities of health disparities that exist among Florida’s racial and ethnic populations.

Name _____

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- To download copies of the newsletter go to: <http://www.doh.state.fl.us/equopp/ctg/indexctg.html>

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