

Child Health & Healthcare Quality in Florida: Focus on Childhood Obesity

Chartbook Executive Summary • September 2010



INTRODUCTION

Welcome to the Child Health and Healthcare Quality in Florida Chartbook: A Focus on Childhood Obesity, a comprehensive report on the quality of healthcare received by children and youth in Florida with an emphasis on childhood obesity. The Chartbook website (www.flchartbook.childhealthdata.org) provides descriptive information on child health status, health behaviors, utilization of health services, and the quality of those services. A new chapter provides a comprehensive look at health status and behaviors based on weight status and a qualitative analysis of childhood obesity prevention efforts in Florida.

APPROACH

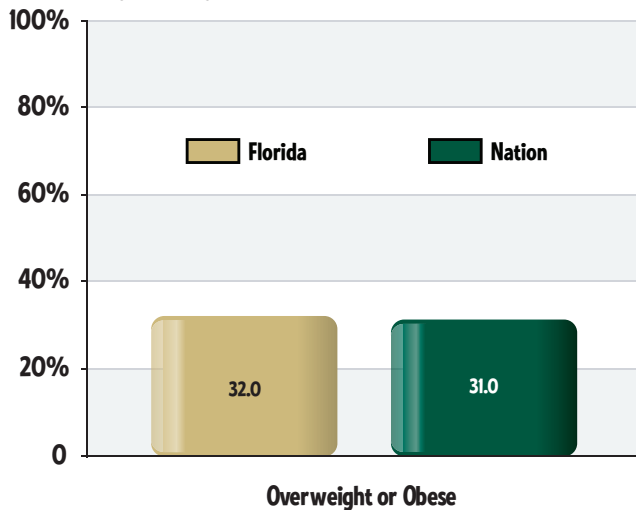
We used a mixed methods approach to the 2010 Chartbook update, analyzing several large datasets and conducting qualitative research which included focus groups and in-depth interviews with key stakeholders to assess current childhood obesity prevention efforts throughout Florida.

FINDINGS

Highlights of the numerous findings in this report include:

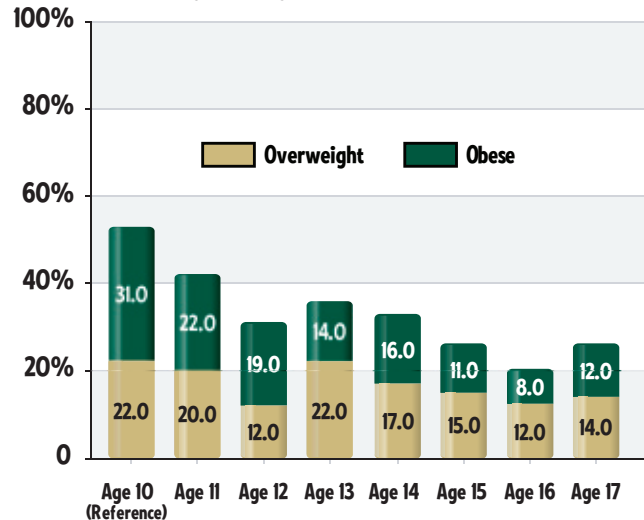
- Children who are obese in their preschool years may be more likely to be obese in adolescence and adulthood. In Florida, between 2006-2008, there was substantial variation among counties in overweight/obesity prevalence rates among children ages 2-4 years, from a low of 19.8 percent to a high of 39.2 percent. Less than 25 percent of children ages 2-4 years living in nine counties (Bradford, Brevard, Clay, Duval, Flagler, Monroe, Nassau, Okaloosa, Taylor) were overweight or obese. More than one in three preschool-aged children were overweight or obese in nine counties: Collier, Franklin, Gadsden, Hardee, Hendry, Manatee, Okeechobee, Sumter, and St. Lucie.
- Nearly one in three (32%) of children and youth ages 10-17 years living in Florida are overweight or obese (Chart 9-2).
- There appears to be a trend of increasing rates of overweight and obesity among younger children in Florida. Over half (53%) of 10 year olds are overweight or obese, compared to only 26 percent of 17 year olds (Chart 9-3).

Chart 9-2:
Percentage of children and youth who are overweight or obese, ages 10-17 years, Florida and the Nation, 2003 and 2007



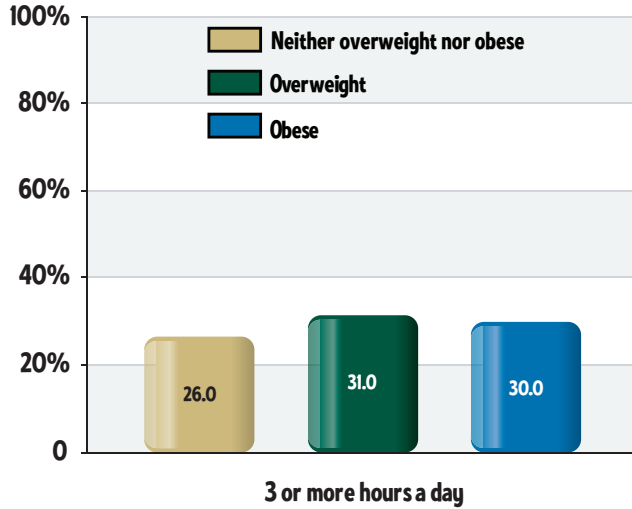
Data Source: National Survey of Children's Health (NSCH), 2007, 2003. All data are parent reported. For more information on the NSCH see www.childhealthdata.org.

Chart 9-3:
Weight status by age among children and youth ages 10-17 years, Florida, 2003 and 2007



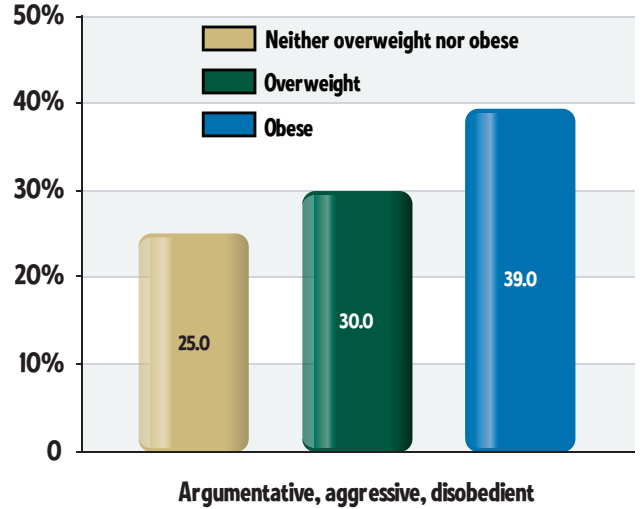
Data Source: National Survey of Children's Health (NSCH), 2007, 2003. All data are parent reported. For more information on the NSCH see www.childhealthdata.org.

Chart 9-11
Video game playing among high school students, Florida, 2007: by weight status



Data Source: Youth Risk Behavior Surveillance Survey (YRBSS), 2007. All data are youth reported. For more information on the YRBSS see www.cdc.gov/healthyYouth/yrbss.

Chart 9-30
Children and youth ages 10-17 years who are argumentative, aggressive, disobedient, Florida, 2003 and 2007: by weight status

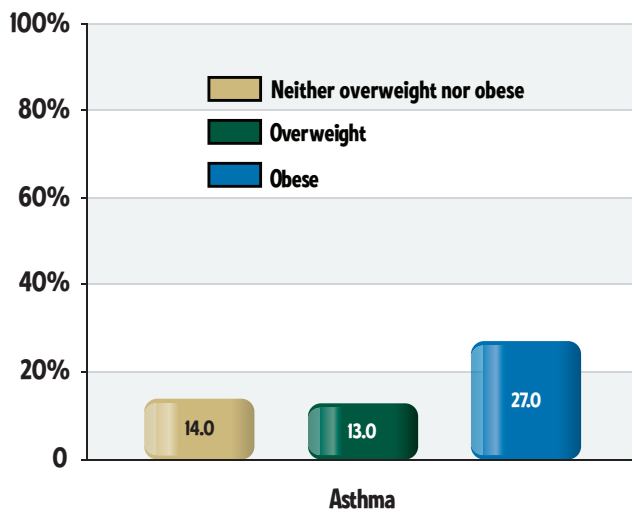


Data Source: National Survey of Children's Health (NSCH), 2007, 2003. All data are parent reported. For more information on the NSCH see www.childhealthdata.org.

- In Florida, 46 percent of children and youth who are overweight or obese watch three or more hours of television on the average school day compared to 37 percent of their peers who are neither overweight nor obese. Three or more hours of video game playing on school days is reported by 30 percent of high school students who are obese compared to 26 percent of youth who are neither overweight nor obese (Chart 9-11).
- While about eight in ten Florida high school students report drinking any amount of milk in the last week, one in five of them drinks at least two sodas daily.
- Asthma rates are highest among obese children and youth (27%) compared to 14 percent of their neither overweight nor obese peers (Chart 9-26).

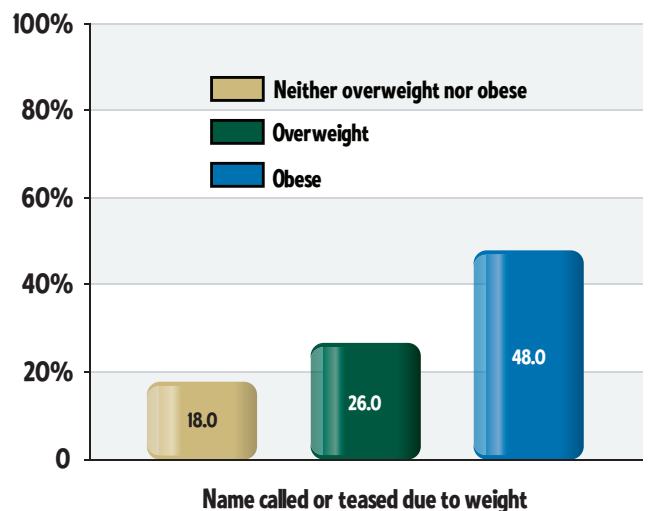
- Thirty-nine percent of obese children and youth in Florida are described as argumentative, aggressive, disobedient or sullen by their parents, while only 25 percent of their neither overweight nor obese peers experience interpersonal conflict or show disobedient behavior (Chart 9-30).
- Slightly more obese high school students (37%) report that someone living with them smokes cigarettes at home, compared to 32 percent of their neither overweight nor obese peers.
- In Florida, 48 percent of obese high school students report having been teased or called names because of their weight, which is higher than among overweight youth (26%), and even higher than among youth who are neither overweight nor obese (18%) (Chart 9-35).

Chart 9-26
Prevalence of asthma among children and youth ages 10-17 years, Florida, 2003 and 2007: by weight status



Data Source: National Survey of Children's Health (NSCH), 2007, 2003. All data are parent reported. For more information on the NSCH see www.childhealthdata.org.

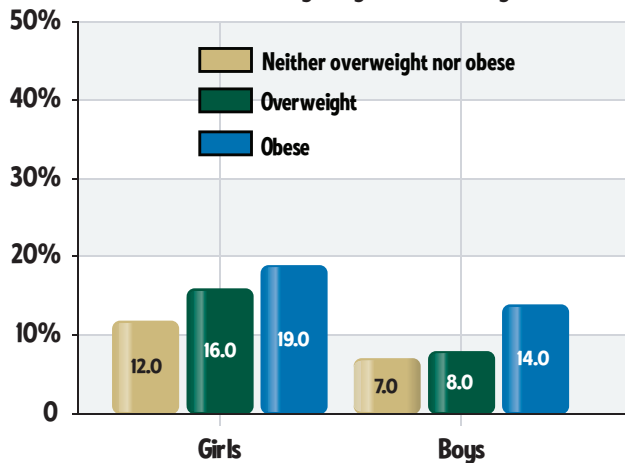
Chart 9-35
High school students who were teased or name called due to weight, Florida, 2007: by weight status



Data Source: Youth Risk Behavior Surveillance Survey (YRBSS), 2007. All data are youth reported. For more information on the YRBSS see www.cdc.gov/healthyYouth/yrbss.

- Over 40 percent of parents of obese children and youth have been contacted by the child's school about a problem the child is experiencing at school. This percentage is greater than for children and youth who are neither overweight nor obese (32%).
- Among high school students, 27 percent of obese youth report feeling sad or hopeless compared to 22 percent of their neither overweight nor obese peers.
- Florida high school students who are obese are more likely to have considered suicide (15%) than their peers who are neither overweight nor obese (9%). Girls are more likely to consider suicide than boys across all weight categories. This increased risk among girls is most pronounced among overweight girls with twice as many reporting having considered suicide compared to overweight boys (16% vs. 8%, respectively) (Chart 9-32). However, obese girls have the highest risk of having considered suicide (19%) – nearly one in five.

Chart 9-32
High school students who have considered suicide, Florida, 2007: by weight status and gender



Data Source: Youth Risk Behavior Surveillance Survey (YRBSS), 2007.
 All data are youth reported.
 For more information on the YRBSS see www.cdc.gov/healthyYouth/yrbss.

- Overweight and obese high school students are more likely to report trying unhealthy behaviors to control their weight, such as fasting or using diet pills.
- High school students report using cigarettes to control their weight. In fact, 21 percent of youth believe cigarette use helps control weight.
- Florida childhood obesity programs have many needs and challenges that must be overcome such as: limited funding, limited data and health care access, a lack of information, and financial barriers to healthier lifestyles for families.
- There are current efforts throughout the state to implement creative and interactive programs that involve the whole family in working toward preventing childhood obesity.

IMPLICATIONS

The interacting factors that cause obesity require integrated approaches targeting individual behavior change on the part of children, youth, and families within the context of a concerted strategy of policy changes to reshape community systems and environments.

These policy changes need to occur at all levels and include city planning, food costs, school health education and physical education policy, and federally funded health programs. Community providers of health services need to reach beyond traditional medical services to help build comprehensive programs that address the risk factors identified in this report. The findings in this report also help to target strategies for the most vulnerable children, families and communities where the burden of obesity is greatest.

Stakeholders in Florida are working at all levels and in multiple capacities to decrease the impact of childhood obesity in our state; collaboration and partnerships maintained at all levels have been one of the greatest strengths in the state. The critical challenge is to create population-wide change and policies that affect the schools, communities and families.

SPONSORS AND ACKNOWLEDGEMENTS

Thank you to the following organizations which served as sponsors for this effort.



We would also like to thank the Florida Department of Health providing information and data upon which the Chartbook is based. Any conclusions or interpretations of the data are those of the University of South Florida and the Child Policy Research Center.

ABOUT US

UNIVERSITY OF SOUTH FLORIDA (USF)

The College of Public Health at the University of South Florida (USF) collaborated with the Child Policy Research Center in Cincinnati to complete this Chartbook. Dr. Julie Baldwin, Professor and Chair of the Department of Community and Family Health at the USF College of Public Health led the USF Chartbook team in completing the childhood obesity-related section of the Chartbook (Chapter 9). A quantitative analysis of the current statistics on childhood obesity in Florida was conducted by Dr. Richard Smith, Associate Professor of Economics in the College of Business at the USF St. Petersburg campus, using several existing datasets on child health. Dr. Smith also conducted the analyses for updating Chapters 4 and 8 on hospital care for children. In addition, a qualitative study was conducted to understand the scope and challenge of addressing the childhood obesity epidemic in Florida from the perspective of health care and service providers. Ms. Tara Trudnak and Ms. Stephanie Melton conducted several focus groups and interviews with stakeholders who have expertise in childhood obesity. The focus groups were held in Tallahassee, Tampa and Miami, and interviews were conducted with individuals from other regions of Florida such as Orlando and Jacksonville. The participants represented various organizations and programs that are working toward preventing childhood obesity in Florida. A full qualitative report was completed and several aspects of the report are highlighted throughout the obesity chapter of the Chartbook.

THE CHILD POLICY RESEARCH CENTER (CPRC)

The Child Policy Research Center (CPRC) at Cincinnati Children's Hospital Medical Center served as a key partner in this update to the Chartbook. Lisa Simpson, MD, MPH, Professor of Pediatrics and Director of the Center and Marie-Rachelle Narcisse, PhD worked closely with the USF team in the design and execution of all aspects of the work, conducted the analyses to update chapters 2 – 6 and completed final edits and quality control on all chapters.

CHILD HEALTH AND HEALTHCARE QUALITY: FOCUS ON OBESITY ADVISORY BOARD

To assure that the scope and content of the data collected and analyzed were useful, timely and relevant, the research team convened an advisory board for counsel and guidance throughout the entire project. Members of the board included representatives from universities, health departments, schools, and other private and public organizations. The advisory board members reviewed all final data that were reported in this Chartbook. In addition, the advisory

board reviewed nominations and selected the recipient of the “Exemplary Practices in Childhood Obesity Prevention in Florida Award” showcased in the Chartbook.

IN DEVELOPING THIS REPORT, WE RECEIVED INVALUABLE SUPPORT FROM KEY INDIVIDUALS INCLUDING THOSE WHO SERVED ON THE CHARTBOOK ADVISORY BOARD:

- **Christina Bethell, PhD**, Director, Child and Adolescent Health Measurement Initiative, Oregon Health Sciences University
- **Carol Bryant, PhD**, Distinguished USF Health Professor and Co-director of the Florida Prevention Research Center, Department of Community and Family Health, University of South Florida
- **Robert Colnes, PhD**, Senior Program and Policy Analyst, Nemours Division of Health and Prevention Services
- **Rita DeBate, PhD**, Associate Professor, Department of Community and Family Health, College of Public Health, University of South Florida
- **Mary Decker Mahoney**, Director, Marketing, All Children's Hospital
- **Penny Detscher**, Director, Office of Healthy Schools, Florida Department of Education
- **Claude Dharamraj, MD, MPH, FAAP**, Director, Pinellas County Health Department
- **Kellie Gilmore**, Fit4Allkids Coordinator, All Children's Hospital
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- **Antoinette Meeks, EdD, CHES**, Assistant Director/Health Coordinator, Office of Healthy Schools, Florida Department of Education
- **Roy Miller**, President, The Children's Campaign
- **Karen L. Pesce, RN**, Executive Director, MORE HEALTH, Inc.
- **Cindy Rose**, Associate Vice President, Marketing and Community Relations, All Children's Hospital
- **Lee Sanders, MD, MPH**, Associate Professor of Clinical Pediatrics, University of Miami
- **Bill Sappenfield, MD, MPH**, State MCH Epidemiologist, Division of Family Health Services, Florida Department of Health
- **Betty Serow, PhD, MPH**, Office of Planning, Evaluation and Data Analysis, Florida Department of Health
- **Phyllis Sloyer, PhD**, Division Director, Children's Medical Services Network & Related Programs, Florida Department of Health
- **Angel Watson, MPH, RHIA**, WIC Epidemiologist Division of Family Health Services, Florida Department of Health
- **Lloyd Werk, MD, MPH**, Co-Director of the Healthy Choices Clinic and Chief of the Division of Consultative Pediatrics, Nemours Children's Clinic