Life Course Theory looks at health as an integrated continuum where biological, behavioral, psychological, social and environmental factors interact to shape health outcomes across the course of a person’s life. The adoption of the Life Course Theory into public health practice requires movement away from isolated efforts and encourages broader thinking about the factors impacting health. Instead of concentrating on one health disease or condition at a time, the Life Course Theory looks to social, economic and environmental factors as underlying causes of persistent inequalities in health.

The indicators in the report were calculated according to guidelines published by the Association of Maternal and Child Health Programs. For each indicator, a brief description of the topic and definition, connection to the Life Course Theory, and data source are provided in the report. When possible, a state-level estimate for each indicator was calculated with 95% confidence intervals (CI) and Florida’s status was compared to the nation. The indicators were then stratified by race/ethnicity when available and appropriate.

This section details the following life course indicators related to community health policy:

**LC-04.** Breastfeeding Support: Baby-Friendly Hospitals

**LC-05.** Community Water Fluoridation

**Suggested Citation:** Holicky, A., Phillips-Bell, G. (2016 December). Florida Life Course Indicator Report; Tallahassee, Florida: Florida Department of Health.
LC-04: Breastfeeding Support: *Baby-Friendly* Hospitals

Breastfeeding provides numerous lifelong benefits to both mothers and infants, including decreased risk of developing asthma and obesity, decreased risk of sudden infant death syndrome (SIDS) and decreased maternal risk of breast and ovarian cancers.\(^1\)

Breastfeeding can significantly impact the life course as exposure to breast milk as an infant influences health outcomes later in childhood and into adulthood. In the U.S. Surgeon General’s *Call to Action to Support Breastfeeding*, several community level actions were identified to help support mothers who choose to breastfeed.\(^1\) One such action was for more hospitals to incorporate the recommendations of the *Baby-Friendly* Hospital Initiative.\(^1\)

For a maternity hospital to be designated as *Baby-Friendly*, hospitals must implement the *Ten Steps to Successful Breastfeeding* developed by the World Health Organization (WHO) and United Nations Children’s Fund (UNICEF)\(^2\):

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in the skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within one hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
6. Give infants no food or drink other than breast milk, unless medically indicated.
7. Practice rooming in - allow mothers and infants to remain together 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no pacifiers or artificial nipples to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or birth center.

*Baby-Friendly* hospital policies can reduce health disparities within an institution because all infants are born into an environment that promotes breastfeeding. Disparities may still exist if the adoption of *Baby-Friendly* practices is not uniformly implemented across hospitals serving all populations.

**Data source:** 2014 Annual CDC Breastfeeding Report Card, 2011 data  
**Numerator:** Number of live births occurring at *Baby-Friendly* designated hospitals for a given year  
**Denominator:** Total number of live births for a given year

| Table 1: Percent of Live Births Occurring in *Baby-Friendly* Hospitals, 2011\(^3\) |
|---------------------------------|-----------------|
| Nation                         | Florida         |
| 7.8%                           | 2.6%            |

The percent of live births occurring in *Baby-Friendly* hospitals is lower in Florida when compared to the national average (Table 1). However, there are still several states that have no live births occurring in *Baby-Friendly* hospitals. According to Baby-Friendly USA, Inc., Florida currently has seven *Baby-Friendly* hospitals located in Sebring,
Celebration, Safety Harbor, Jacksonville, Clearwater, and Gainesville with designations occurring as recently as February 2015. Confidence intervals were unable to be calculated for this indicator.

**Florida Advocacy Spotlight**

Healthiest Weight Florida in the Bureau of Chronic Disease Prevention works with birthing facilities to promote the implementation of the 10 Steps to Successful Breastfeeding and the Baby Friendly Hospital recognition. In 2015, 24 hospitals in 15 Florida counties received funding for the Baby Steps to Baby Friendly Initiative. This initiative focused on increasing breastfeeding initiation and duration among Florida women and provided seed money for hospitals seeking formal recognition through Baby Friendly USA. Currently, there are 10 hospitals in Florida with the official Baby Friendly designation, with at least 9 additional hospitals working to achieve designation by 2017.

For more information, please visit: [http://www.healthiestweightflorida.com/activities/baby-steps.html](http://www.healthiestweightflorida.com/activities/baby-steps.html)

**LC-05: Community Water Fluoridation**

Community water fluoridation is considered one of the Centers for Disease Control and Prevention’s (CDC) Ten Great Public Health Achievements in the 20th Century. Exposure to fluoride has been shown to decrease dental caries in children and adults alike. Additionally, community water fluoridation provides substantial savings in averted dental expenditures and promotes health equity by providing fluoride to all members of most communities, regardless of socioeconomic status. Fluoridation of community drinking water is especially beneficial to those with limited access to dental care.

**Data source:** Water Fluoridation Reporting System, 2012 and Florida DOH’s Public Health Dental Program, 2015

**Numerator:** Population on community water systems that received optimally fluoridated water (fluoride concentration of 0.7-1.2 ppm) in a calendar year

**Denominator:** Total population on community water systems in a calendar year

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<thead>
<tr>
<th>Table 2: Percent (95% CI) of the Population on Community Water Systems Receiving Optimally Fluoridated Water</th>
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<td>74.6% (74.5-74.7)</td>
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According to the Water Fluoridation Reporting System, a partnership where states report water system data to the CDC, 74.6% the United State population served by community water systems was receiving optimally fluoridated water in 2012 (Table 2). Florida ranks 24th nationally for percentage of population receiving optimally fluoridated water and was higher than the national average. However, it is important to note that every state drinking water program develops its own method of estimating water system.
population. For 2015, the Florida DOH’s Public Health Dental Program used a different water system source and methodology than the CDC to estimate the proportion of the state’s community water system population with fluoridated water at 77.0%. This data produced by the state are also able to provide timely county-level estimates. The percent of population on community water systems receiving optimally fluoridated water varies by county in Florida (Figure 1).

For additional information on Florida water fluoridation statistics visit the Florida Department of Health’s Public Health Dental Program website at www.flhealth.gov/dental/fluoridation.
References


