

FLORIDA LIFE COURSE INDICATOR REPORT EXECUTIVE SUMMARY

December 2016

The Life Course Theory suggests that each life stage influences the next, **and together the social, economic and physical environments in which we live have a profound influence on our health and the health of our community.**

Florida, in collaboration with the Association of Maternal and Child Health Programs (AMCHP), a national expert panel, and six other states, applied the Life Course Theory to identify a standardized set of 59 program-relevant indicators that can be used to help improve the status of maternal and child health (MCH) nationwide.



FLORIDA'S LIFE COURSE INDICATOR REPORT

In order to apply the Life Course Theory to public health work, the Maternal and Child Health (MCH) field needs to build or enhance relationships with various other entities or sectors, including non-traditional partners. Thus, the intended audience of the Life Course Indicator report are program, data and policy staff from various sectors and agencies across the state that have a stake in improving the lives of women, infants, children and families.

The 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.¹ 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.²

4 Key Concepts of the Life Course Theory

As defined by the U.S. Department of Health and Human Services Health Resources and Services Administration's Maternal and Child Health Bureau.²

Timeline 

Health experiences across the life span are interconnected. Today's experiences and exposures influence tomorrow's health.

Timing 

There are critical or sensitive periods, such as early childhood or adolescence, that can influence health outcomes across the lifespan.

Environment 

All aspects of the community—biologic, physical and social—influence the ability to be healthy.

Equity 

Causes of health inequality extend beyond genetics and personal choice.



6. ECONOMIC EXPERIENCES

- LC-20: High School Graduation Rate
- LC-21: Mother's Education Level at Birth
- LC-22: Unemployment Rate

7. FAMILY WELLBEING

- LC-23: Adolescent Smoking
- LC-24: Adolescent Use of Alcohol
- LC-25: Children with Special Health Care Needs
- LC-26: Diabetes
- LC-27: Exclusive Breastfeeding at 3 Months
- LC-28: Exposure to Second Hand Smoke in the Home
- LC-29: Hypertension
- LC-30: Illicit Drug Use
- LC-31: Intimate Partner Violence, Injury, Physical or Sexual Abuse
- LC-32A: Obesity Among Children
- LC-32B: Obesity Among Adults
- LC-33: Physical Activity Among High School Students

8. HEALTH CARE ACCESS & QUALITY

- LC-34: Cervical Cancer Screening
- LC-35: Children Receiving Age Appropriate Immunizations
- LC-36A: Human Papillomavirus Immunization Among Adolescents
- LC-36B: Human Papillomavirus Immunization Among Young Adults
- LC-37: Medical Home for Children
- LC-38: Asthma Emergency Department Utilization
- LC-39: Inability of Delay in Obtaining Necessary Medical or Dental Care
- LC-40: Medical Insurance for Adults
- LC-41: Oral Health Preventive Visit for Children

Origins of AMCHP's Life Course Metrics Project

To aid in incorporating the Life Course Theory into practice, comprehensive measures were developed to track progress in using the life course approach to improve MCH. The Association of Maternal and Child Health Programs (AMCHP) launched a project to identify and promote a standardized set of indicators for use in programs using the Life Course Theory to improve maternal and child health (MCH). The resulting Life Course Metrics Project was guided by a national expert panel and the selection of life course indicators included a collaborative effort from seven state teams: Florida, Iowa, Louisiana, Massachusetts, Michigan, Nebraska, and North Carolina. A series of meetings and voting procedures reduced the initial 413 proposed indicators to the final set of 59. The subsequent 59 indicators were chosen based on the following qualities: implications for equity, public health impact, potential to leverage or realign resources, ability to predict an individual's health and wellness and/or that of their offspring, connection to life course consistent with current science, data availability, data quality, and simplicity.

The indicators come from a variety of national and state data sources including population-based surveys, such as the Behavioral Risk Factor Surveillance System (BRFSS) and the Pregnancy Risk Assessment Monitoring System (PRAMS), vital statistics, the U.S. Census, and the Florida Department of Health (Department) program data. Estimates are from the most recent year available for the data source at the time the report was developed. Detailed information on the indicators and data sources is available in their respective Life Course Subsection on the Department's website.

Maternal and Child Health Implications

Florida is a large and diverse state with over 19 million residents. It ranks fourth in the nation for the total number of births each year. The application of the Life Course Theory has potential to impact the health of current and future residents of Florida, as well as the nation.



The production of this report serves as the basis for initiating a statewide conversation about the Life Course Theory . . .

This report serves to establish a knowledge base about the Life Course Theory, to introduce the life course indicators to public health practitioners across Florida, and to provide baseline measures to gauge progress as the State moves forward in incorporating Life Course Theory into its public health efforts.

The life course indicators are diverse in subject matter; thereby providing a broad platform for partners to engage in collective action towards improving maternal, infant, child, and family health in Florida. As the Life Course Theory is largely community- or place-focused (i.e., social determinants of health), it is recommended that these indicators be calculated at the local level within states to understand how the singular or interactive effects of individuals, social factors, and place influence the health of communities.

The production of this report serves as the basis for initiating a statewide conversation about the Life Course Theory and its implications for improved population health in Florida. Most of the 59 indicators were calculated according to guidelines published by AMCHP.

Data Needed for Life Course Indicators

There were a few instances when the data necessary to calculate state-level estimates for Florida were not available. These data gaps result from the non-adoption of optional modules on state-based surveys administered by the Department and the Centers for Disease Control and Prevention (CDC) such as the BRFSS and PRAMS. The life course indicators affected include:

ADVERSE CHILDHOOD EXPERIENCES (ACE) AMONG ADULTS This indicator was included on the 2010 Florida BRFSS survey, however questions were asked for only five of the eight ACE categories used in indicator calculation.

RACISM Questions to measure experiences of race-based discrimination or racism among women could be added to the Florida PRAMS survey.

HPV VACCINE Only national estimates for the proportion of young adults aged (18-24 years) receiving the HPV vaccine are available from the National Health Interview Survey (the recommended source for this indicator). There is an optional “Adult HPV Vaccination” module for BRFSS and Florida added these questions to the 2015 BRFSS.

Florida vs. the Nation

Areas of Strength	Areas for Improvement	Comparable to Nation
<p>Indicators where Florida had BETTER estimates than the nation:</p>	<p>Indicators where Florida had WORSE estimates than the nation:</p>	<p>Indicators where Florida had SIMILAR estimates than the nation:</p>
<ul style="list-style-type: none"> Community Water Fluoridation—LC-05 Bullying Among Youth—LC-12 Adolescent Smoking—LC-23 Children Exposed to Second-Hand Smoke in the Home—LC-28 Depression Among Youth—LC-42 Suicide—LC-45 Data Capacity to Support Integrated Childhood Research—LC-47 Essential Actions Taken to Establish P-20 Longitudinal Data Systems—LC-48 Subsequent (Repeat) Teen Birth—LC-53 Teen Birth Rate—LC-54 	<ul style="list-style-type: none"> Substantiated Child Maltreatment—LC-03 Breastfeeding Support: Births in Baby-Friendly Hospitals—LC-04 Homicide Rate—LC-08 Living In Poverty, Below the Federal Poverty Line—LC-10 Racial Discrimination in Health Care—LC-15 High School Graduation Rates—LC-20 Diabetes—LC-26 Hypertension—LC-29 Intimate Partner Violence—LC-31 Physical Activity Among High School Students—LC-33 Cervical Cancer Screening—LC-34 Medical Home for Children—LC-37 Delay in Medical or Dental Care for Children—LC-39 Oral Health Preventive Visits for Children—LC-41 Mental Health Among Adults—LC-43 HIV Prevalence—LC-51 Preterm Birth—LC-55 Stressors During Pregnancy—LC-56 Incarceration Rates for Adults and Juveniles—LC-58 	<ul style="list-style-type: none"> Adverse Childhood Experiences Among Adults—LC-01 Adverse Childhood Experiences Among Children—LC-02 Homelessness—LC-07 Household Food Insecurity—LC-09 Perceived Experiences of Race or Ethnic Based Discrimination Among Children—LC-14 Early Childhood Health Screening—LC-19 Mother’s Education Level at Birth—LC-21 Adolescent Use of Alcohol—LC-24 Children with Special Health Care Needs—LC-25 Exclusive Breastfeeding at Three Months—LC-27 Illicit Drug Use—LC-30 Obesity—LC-32 Physical Activity Among High School Students—LC-33 Children Receiving Age Appropriate Immunizations—LC-35 Postpartum Depression—LC-44 Diabetes During Pregnancy (Gestational Diabetes)—LC-49 Early Sexual Intercourse—LC-50 Postpartum Contraception—LC-52 Fourth Grade Proficiency—LC-57

In particular, the areas of immunizations, access to oral health care, HIV incidence, obesity, tobacco use and exposure, breastfeeding, and teen birth reduction are of interest across the Department.

Alignment of Life Course Indicators and Department Priorities

9. MENTAL HEALTH

- LC-42: Depression Among Youth
- LC-43: Mental Health Among Adults
- LC-44: Postpartum Depression
- LC-45: Suicide

10. ORGANIZATIONAL MEASUREMENT CAPACITY

- LC-46: Capacity to Assess Lead Exposure
- LC-47: Data Capacity to Support Integrated Childhood Research
- LC-48: States with P-20 Longitudinal Data Sets

11. REPRODUCTIVE LIFE EXPERIENCES

- LC-49: Diabetes During Pregnancy
- LC-50: Early Sexual Intercourse
- LC-51: HIV Prevalence
- LC-52: Postpartum Contraception
- LC-53: Repeat Teen Births
- LC-54: Teen Births
- LC-55: Preterm Birth
- LC-56: Stressors During Pregnancy

12. SOCIAL CAPITAL

- LC-57: 4th Grade Proficiency
- LC-58A: Incarceration Rate Among Juveniles
- LC-58B: Incarceration Rate Among Adults
- LC-59: Voter Registration

There are several life course indicators that align with Department-wide priorities and are similar to measurable objectives used in statewide plans such as the *Florida State Health Improvement Plan (SHIP) 2012–2015* and the *Department Agency Strategic Plan 2016–2018*.⁴ In particular, the areas of immunizations, access to oral health care, HIV incidence, obesity, tobacco use and exposure, breastfeeding, and teen birth reduction are of interest across entities. The fact that statewide plans are addressing topics and using measures consistent with the Life Course Theory provides support for calculating and reporting these indicators in the future. This commonality demonstrates the value in using this model to improve the health of women, infants, children, and families across Florida.

Methodology

The 59 indicators in the report were calculated according to guidelines published by AMCHP. For each indicator, a brief description of the topic and definition, connection to the Life Course Theory, and data source are provided in their respective Life Course Subsection on the Department's website. When possible, a state-level estimate for each indicator was calculated and Florida's status was compared to the nation. The indicators were then stratified by race/ethnicity when available and appropriate. In total, there were 28 state and national data sources used to calculate the 59 indicators.

One major limitation to this report is data availability. To qualify as a life course indicator, the measure had to be currently available at the state level or have the ability to be captured at the state level, for example adding a new question to an existing survey such as PRAMS. National and Florida estimates were unable to be reported uniformly for all indicators. Additionally, there are instances where estimates were calculated or reported from different data sources and/or for different years. Lastly, significance testing between Florida and the nation was not performed. Background information on the selected indicators, as well as several national estimates, were largely pulled from data briefs available through AMCHP's Life Course Indicator Online Tool located on their website.⁵



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