



Florida Life Course Indicator Report

Family Well-Being



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 **family well-being**:

- LC-23. Adolescent Smoking
- LC-24. Adolescent Use of Alcohol
- LC-25: Children with Special Health Care Needs
- LC-26: Diabetes in Adults
- LC-27: Exclusive Breastfeeding at Three Months
- LC-28: Exposure to Secondhand Smoke in the Home
- LC-29: Hypertension in Adults
- LC-30: Illicit Drug Use
- LC-31: Intimate Partner Violence
- LC-32: Obesity
- LC-33: Physical Activity among High School Students

Suggested Citation: Holicky, A., Phillips-Bell, G. (2016 December). Florida Life Course Indicator Report; Tallahassee, Florida: Florida Department of Health.



LC-23: Adolescent Smoking

According to the CDC, smoking is the leading preventable cause of death in the United States.¹ Smokers are at a higher risk of developing heart disease, stroke and lung cancer than nonsmokers.¹ Because of the addictive nature of nicotine, public health efforts have been directed at both preventing cigarette smoking and stopping current cigarette smoking. Reducing and preventing adolescent smoking may have a particularly impactful effect on later health.² Most regular smokers smoke their first cigarette by age 18³ and those who begin smoking at an early age are more likely to develop a severe nicotine addiction than those who begin smoking later in life. Therefore it is important to prevent adolescents from becoming regular smokers. As childhood and adolescence is a critical period of growth and development, smoking during this time can produce significant health problems such as onset of respiratory disease, decreased physical fitness, and reduced rate of lung growth and lung function.⁴

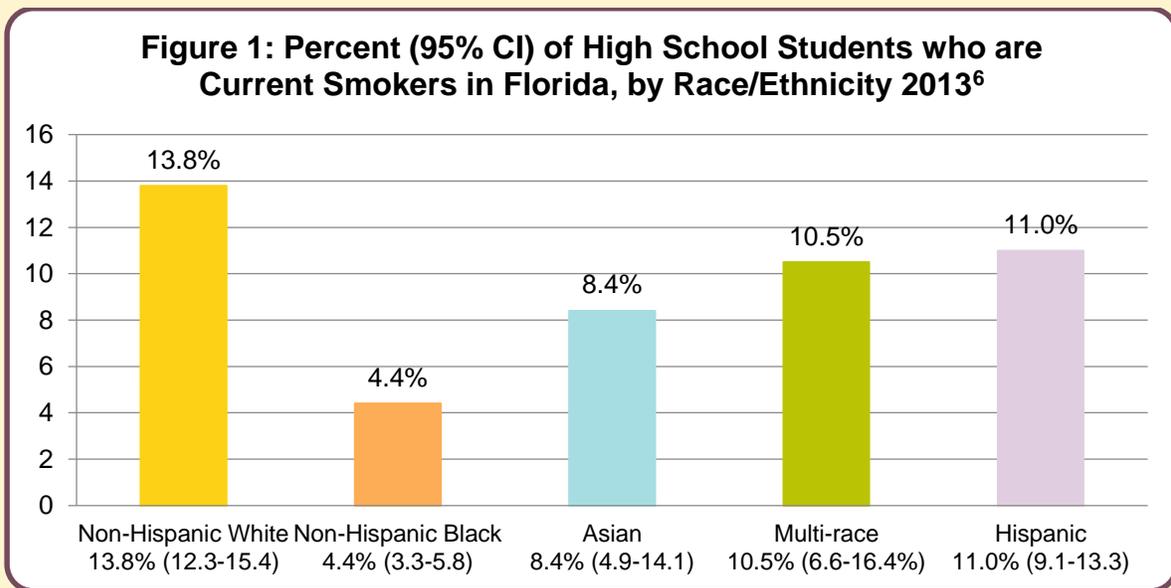
Data source: Youth Risk Behavior Surveillance Survey (YRBS), 2013

Numerator: Total 9th through 12th graders who smoked cigarettes on one or more of the past 30 days

Denominator: Total population of 9th through 12th graders

Table 1: Percent (95% CI) of High School Students who are Current Smokers, 2013	
Nation⁵	Florida⁶
15.7% (13.5, 18.1)	10.8% (9.7, 12.0)

In 2013, Florida high school students had a significantly lower percent of being current smokers when compared to the national average (Table 1). Male students had a significantly higher percent of reporting being a current smoker than female students, 12.2% (10.6-14.0%) vs 9.2% (8.2-10.4%) respectively.



Non-Hispanic White students had the highest percent of current smoking followed by Hispanic and multi-racial students (Figure 1). Non-Hispanic Black students have a significantly lower percent of being a current smoker when compared to Non-Hispanic White, Hispanic, and multi-racial students.

LC-24: Adolescent Use of Alcohol

More adolescents use alcohol than cigarettes or marijuana and alcohol remains the most widely used substance by adolescents today.⁷ Approximately 2.9 million adolescents aged 12 to 17 years reported being current alcohol users in 2013.⁸ In addition to the legal ramifications that may result from teen drinking, substance use and abuse can increase an adolescent’s risk for injuries, violence, HIV infection and other diseases.⁹ The association between teen drinking and motor vehicle accidents is of particular concern. Motor vehicle accidents are the leading cause of death for adolescents, and nearly one in four adolescents have ridden in a car with a driver who had been drinking.¹⁰ Research has shown that early initiation of alcohol use increases the risk of alcohol dependence later in life.¹¹ Additionally, those who engage in underage drinking are at increased risk for poor academic performance and long term adverse effects on brain development.¹¹

Data source: National Survey of Drug Use and Health (NSDUH), 2012-2013

Numerator: Number of adolescents aged 12-17 years who used alcohol during the past 30 days

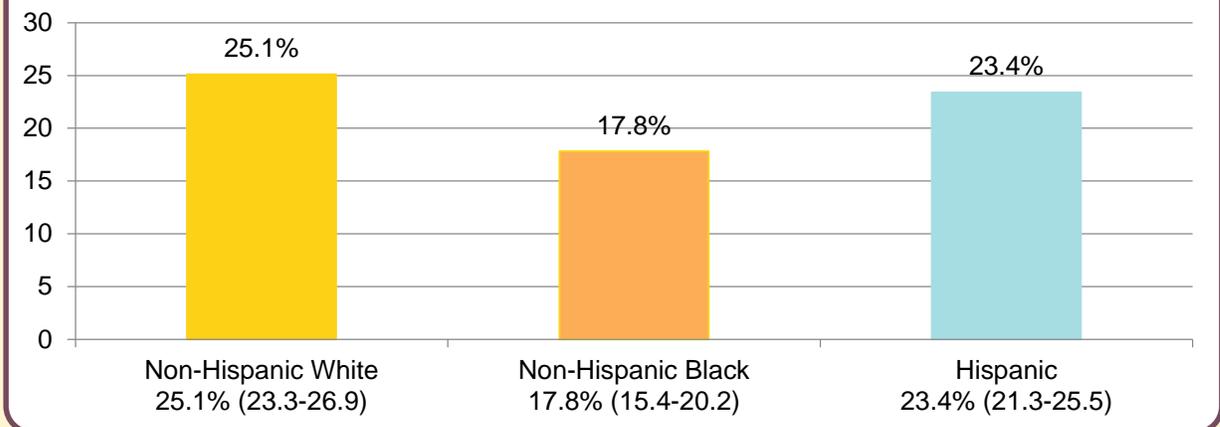
Denominator: Total adolescents aged 12-17 years

Table 2: Percent (95% CI) of Adolescents Aged 11-18 Years Using Alcohol in the Past 30 Days, 2012-2013¹²	
Nation	Florida
12.2% (11.8, 12.6)	12.8% (11.6, 14.1)

Approximately one in eight adolescents reported using alcohol in the past 30 days (Table 2). The percent of adolescents aged 12 to 17 years using alcohol during the past 30 days in Florida did not differ from the national average. Florida estimates stratified by race/ethnicity were not available from the NSDUH survey.

The Florida Department of Children and Families administers the *Florida Youth Substance Abuse Survey* which captures similar information for children aged 11-18 years and is available by race/ethnicity and other socio-demographic characteristics.

Figure 2: Percent (95% CI) of Adolescents Aged 11-18 Years with Alcohol Use in the Past 30 Days in Florida, by Race/Ethnicity 2013¹³



According to the 2013 survey, the percent of alcohol use in the past 30 days was significantly lower among non-Hispanic Black adolescents when compared to their Hispanic and non-Hispanic White counterparts (Figure 2).¹³ Female adolescents reported a higher percent of alcohol use in the past 30 days than male students, although this was not statistically significant.

LC-25: Children with Special Health Care Needs

The Maternal and Child Health Bureau defines children and youth with special health care needs (CYSCHN) as those who have one or more chronic physical, developmental, behavioral, or emotional condition and who also require health care and related services of a type or amount beyond that needed by children generally.¹⁴ CYSCHN are at risk for diminished health quality of life and their families devote significant time, effort, and resources to providing adequate health care. CYSCHN and their families may experience barriers to adequate and equitable health care throughout their lifespan. These barriers may be greater for minority CYSCHN who are exposed to poverty, inadequate health insurance, a lack of cultural competency in health care settings, language barriers and limited access to care.¹⁵ The act of eliminating health inequities of CYSCHN will improve their life trajectories as well as that of their families’.

Data source: National Survey of Children’s Health (NSCH), 2011-2012

Numerator: Children aged 0-17 years with a special health care need

Denominator: Total children aged 0-17 years

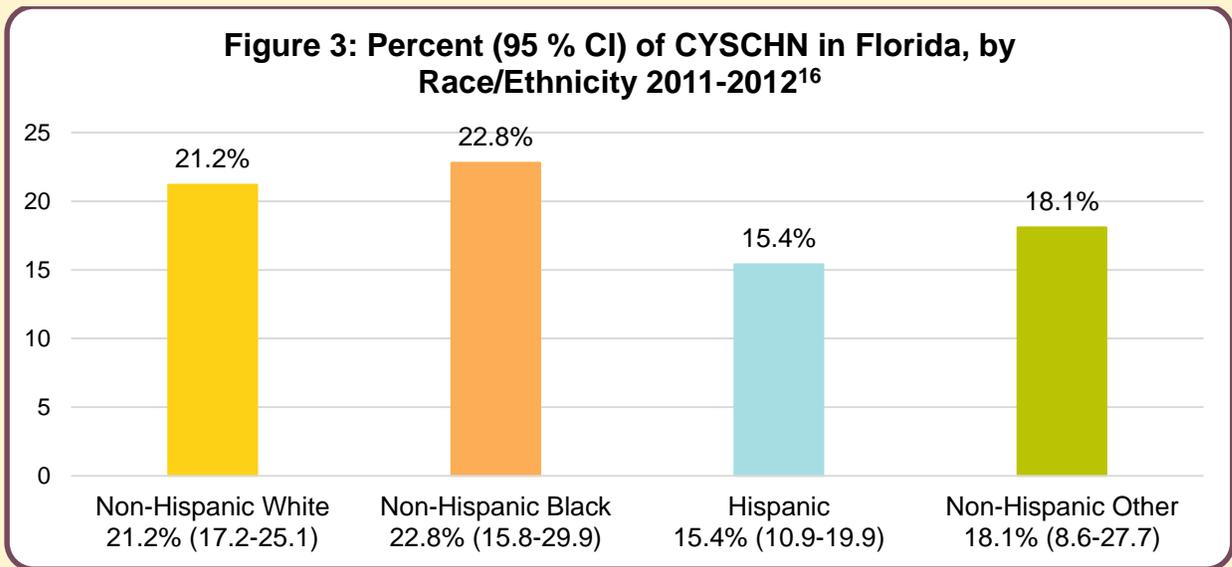
There are five screener questions that are used to determine if a child has a special health care need. Respondents must have answered yes to one or more of the following screening criteria to qualify as having a special health care need:

1. Functional limitation
2. Prescription medication
3. Specialized therapy

4. Elevated use of services
5. Ongoing emotional, development, or behavioral conditions

Table 3: Percent (95% CI) of Children and Youth with Special Health Care Needs, 2011-2012 ¹⁶	
Nation	Florida
19.8% (19.2, 20.4)	19.6% (16.9, 22.2)

Nationally, one in five children have a special health care need; this percent is the same for children in Florida (Table 3).



The percent of CYSCHN is highest among non-Hispanic Black children and lowest among Hispanic children (Figure 3) in Florida during 2011-2012.

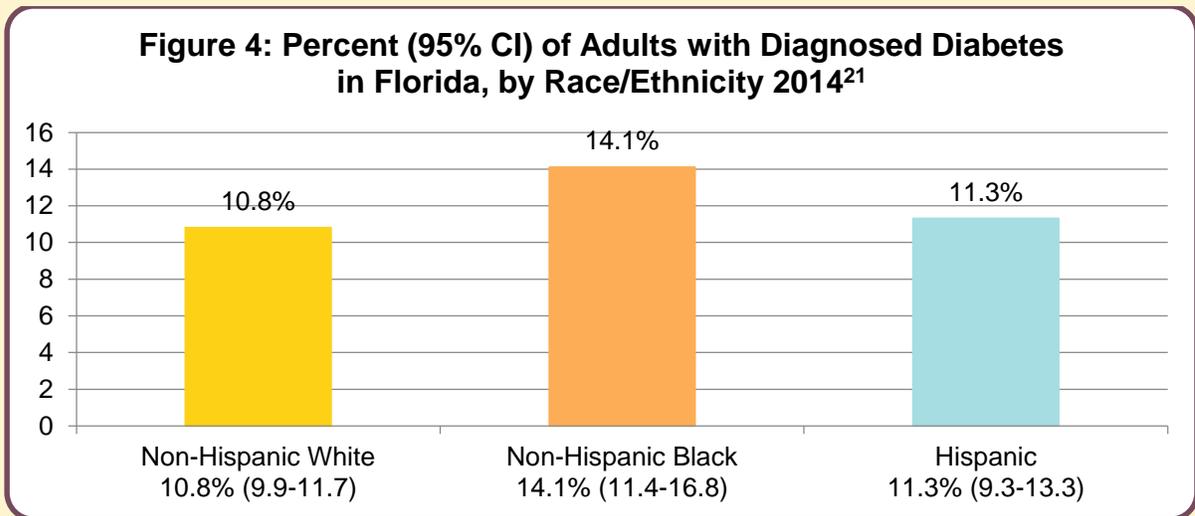
LC-26: Diabetes in Adults

Diabetes is a chronic condition characterized by the body's inability to use blood glucose for energy.¹⁷ There are two types of diabetes. Type I occurs when the pancreas doesn't make insulin.¹⁷ This is usually diagnosed during childhood/adolescence. Type II results from either the pancreas not making enough insulin or when the body is unable to use the insulin efficiently.¹⁷ Type II diabetes accounts for 90% to 95% of diagnosed diabetes cases in adults¹⁸ and is generally considered preventable. Risk factors for developing Type II diabetes include older age, obesity, a family history of diabetes, physical inactivity and race/ethnicity.¹⁸ Diabetes is becoming more prevalent in the United States; from 1980 to 2011, the number of Americans with diagnosed diabetes has more than tripled.¹⁹ In 2012, it is estimated that diabetes cost the United States \$245 billion in direct medical costs and indirect costs such as work loss.¹⁸ Prevention strategies should target increased physical activity, healthy eating and maintaining a healthy weight.

Data source: Behavioral Risk Factor Surveillance System (BRFSS), 2013
Numerator: Adult population (aged 18 years and older) with diagnosed diabetes
Denominator: Total adult population

Table 4: Percent of Adults with Diagnosed Diabetes, 2013 ²⁰	
Nation	Florida
9.7%	11.2% (95% CI: 10.5, 11.9)

The percent of diagnosed diabetes among adults was similar in Florida when compared to the nation in 2013 (Table 4). The risk of being diagnosed with diabetes increases significantly with age; the percent of diagnosed diabetes was 22.1% among adults 65 and older during 2014, the most recent state-level data year.²⁰



The percent of adults with diagnosed diabetes was highest among non-Hispanic Black adults in Florida during 2014 (Figure 4).

Program Spotlight

The Bureau of Chronic Disease Prevention helps Floridians access services to prevent or control diabetes. The bureau provides mini-grant funding to increase health care provider referral to one of the 35 Florida programs that are included on the CDC’s registry of Diabetes Prevention Lifestyle Change Programs. This increases provider awareness of evidence-based programs that are available for their patients who are at risk for Type II diabetes. Ten programs are currently receiving mini-grants.

The Bureau also provides mini-grant funding and professional mentoring to organizations wishing to provide quality Diabetes Self-Management Education (DSME) services. These mini-grants help DSME programs prepare for accreditation through the American Association of Diabetes Educators (AADE) or recognition through the American Diabetes Association (ADA). Seven programs are currently receiving mini-grants and mentoring assistance.

LC-27: Exclusive Breastfeeding at Three Months

Breastfeeding has many proven benefits to both mothers and infants. Breast milk is a source of hormones and antibodies that provide unique protection to the infant. Research shows that breastfed babies have a lower risk of asthma, ear infections, eczema, diarrhea and vomiting, sudden infant death syndrome and Type II diabetes.²² Health benefits for the mother include a lower risk of Type II diabetes, ovarian cancer and certain types of breast cancer.²² Breastfeeding has also been shown to improve bonding between mothers and their infants and to lower postpartum depression.²³

While 75 percent of new mothers in the United States start breastfeeding at birth, the percent drops considerably thereafter.²⁴ Furthermore, racial/ethnic disparities exist in that breastfeeding initiation and continuation for Black infants is approximately 50 percent lower than White infants.²⁵ Barriers to breastfeeding are not fully understood but the need to return to work earlier and lack of social support may play a role in the Black-White disparity. The promotion of breastfeeding and support of breastfeeding mothers should come from both the individual level (family, friends) and the system level (hospitals, employers).²⁵

Data source: National Immunization Survey (NIS), Among Children Born in 2011

Numerator: Number of children who were exclusively breastfed through three months of age

Denominator: Total number of children

Exclusive breastfeeding is defined as only breast milk, no solids, water, or other liquids. The World Health Organization and the American Academy of Pediatrics recommend exclusive breastfeeding through six months of age. Therefore, this indicator is not meant as guidance but can be used to identify where a drop-off in breastfeeding occurs at the state level.

Table 5: Percent (95% CI) of Infants Exclusively Breastfed through Three Months of Age, 2011 ²⁵	
Nation	Florida
40.7% (39.2, 42.2)	38.9% (31.4, 46.4)

The percentage of infants exclusively breastfed through three months of age did not differ in Florida when compared to the nation (Table 5). The rate of exclusive breastfeeding at three months of age increased with both maternal age and education at the national level.²⁵ Differences were seen by race/ethnicity at the national level in that non-Hispanic Black mothers have a significantly lower percent of exclusively breastfeeding at three months than all other race/ethnicities.²⁴ Data on this indicator were not available by maternal demographics at the state level from this source.

LC-28: Exposure to Secondhand Smoke in the Home

Secondhand smoke comes from burning tobacco emanating from the lighted end of a cigarette, pipe, or cigar as well as from the smoke exhalation of a smoker. Cigarette smoke is extremely carcinogenic and harmful, even in small amounts. Smokers are at a

higher risk of developing heart disease, stroke and lung cancer than nonsmokers.¹ Children, being at a critical period for growth and development, can be especially impacted by exposure to secondhand smoke. Exposure to secondhand smoke can cause new cases of asthma, exacerbation of asthma symptoms, Sudden Infant Death Syndrome (SIDS), pneumonia, bronchitis, and middle ear infections in children.²⁶ The simple removal of smoking in households where children are present can have a large role in improving the health outcomes of children.

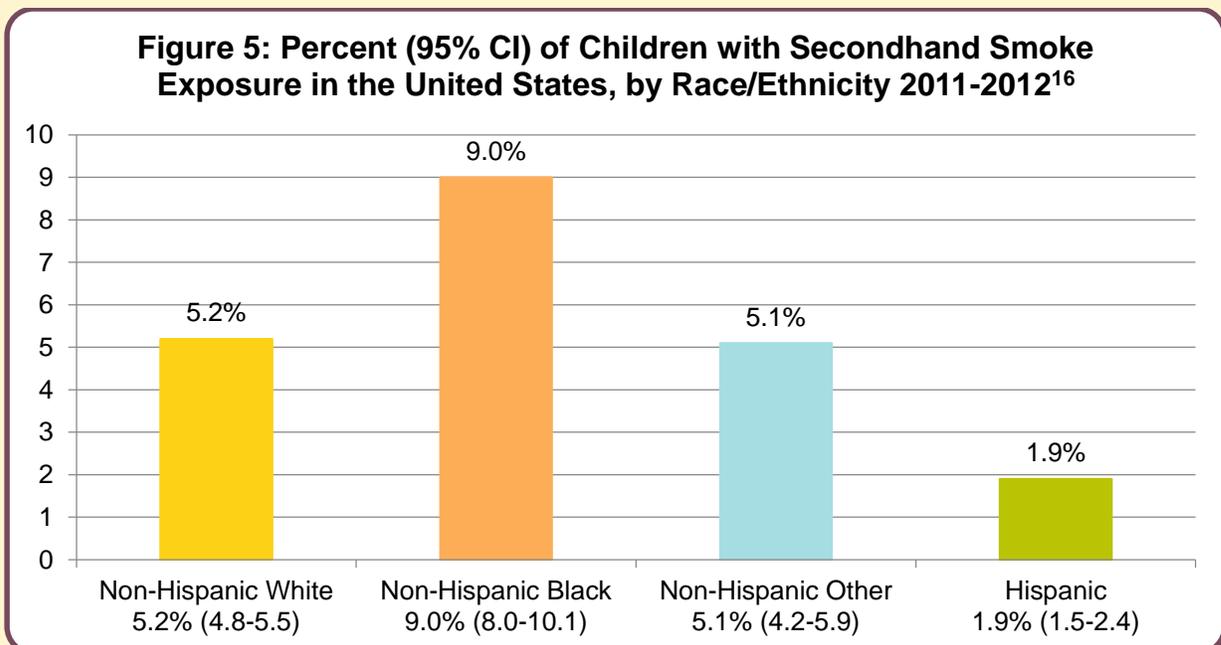
Data source: National Survey of Children’s Health (NSCH), 2011-2012

Numerator: Number of children aged 0-17 years who live in a household with someone who smokes and smoking occurs inside the home

Denominator: Total children aged 0-17 years

Table 6: Percent (95% CI) of Children with Secondhand Smoke Exposure, 2011-2012¹⁶	
Nation	Florida
4.9% (4.6, 5.2)	3.1% (1.9, 4.3)

Overall, the percent of children exposed to secondhand smoke in the home was significantly lower in Florida than the national average (Table G-6). Only 3 percent of children in Florida live in a home where secondhand smoke exposure occurs. Nationally, two of the strongest predictors for exposure to secondhand smoke in the home are socioeconomic status and race/ethnicity, and children living in lower income homes have a higher percent of being exposed to secondhand smoke in the home.¹⁶



Overall, non-Hispanic White people are more likely to smoke than non-Hispanic Black people. However, nationally Black children had a significantly higher percent than all other children to live in a household with someone who smokes (Figure 5). Cell sizes were too small to stratify Florida estimates by race/ethnicity for 2011-2012.

LC-29: Hypertension in Adults

Hypertension or high blood pressure means that the pressure of the blood in a person's blood vessels is higher than it should be.²⁷ Having hypertension increases the risk for heart disease and stroke which are both leading causes of death for adults in the United States.²⁸ There are several factors that increase the risk for high blood pressure including having diabetes, smoking, alcohol use, physical inactivity, obesity and unhealthy diet. High blood pressure can be prevented by making healthy choices and by managing any current health conditions. In particular, reducing the amount of salt or sodium in one's diet from 3,400mg to the recommended 2,300mg a day may reduce cases of high blood pressure by 11 million and save \$18 billion health care dollars every year.²⁹ Only half of people with high blood pressure have their condition under control³⁰ and as many as one in five Americans with high blood pressure do not know they have it.³¹

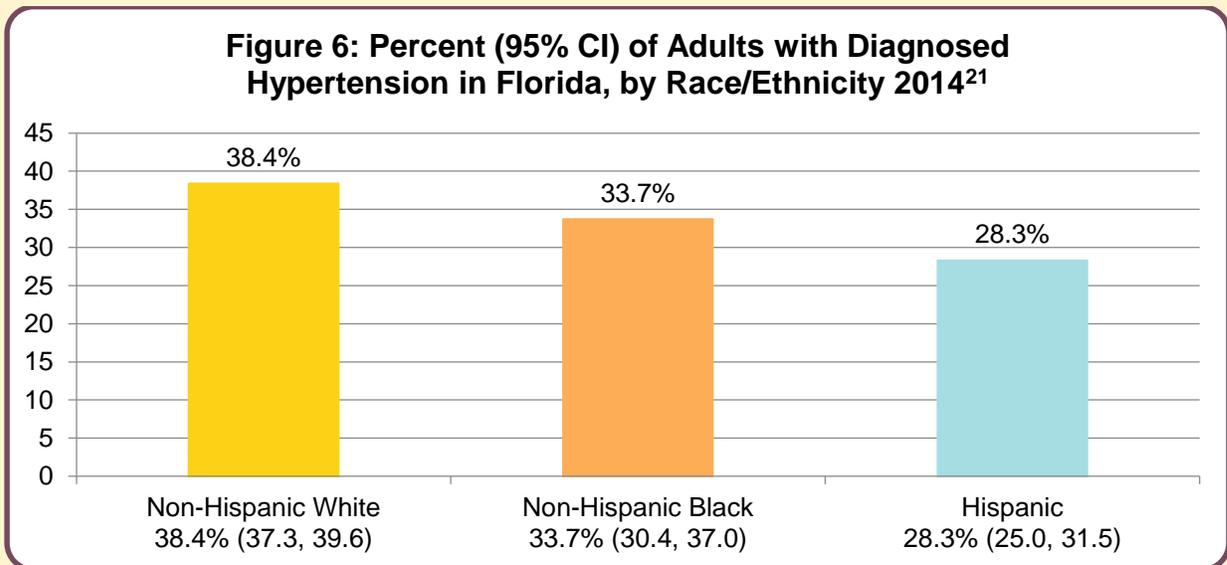
Data source: Behavioral Risk Factor Surveillance System (BRFSS), 2013

Numerator: Number of adults aged 18 years and older with diagnosed hypertension (have been told by a health professional that they have high blood pressure)

Denominator: Total adult population

Table 7: Percent (95% CI) of Adults with Diagnosed Hypertension, 2013	
Nation²⁰	Florida²¹
31.4% (31.2, 31.7)	34.6% (33.5, 35.7)

A higher percent of adults reported being diagnosed with hypertension in Florida when compared to the nation (Table 7). This difference was unable to be tested for significance.



During 2014, the percent of adults with diagnosed hypertension was highest among non-Hispanic White people (Figure 6).

LC-30: Illicit Drug Use

Illicit drug use is the non-medical use of a variety of drugs that are prohibited by international law.³² These drugs include amphetamine-type stimulants, marijuana, cocaine, and opiates (heroin and pain killers). Morbidity and mortality associated with illicit drug use depends on the dose, frequency of use, and route of administration. Studies show that problematic use of illicit drugs has been associated with an increased overall rate of mortality and an increased rate of the following causes of death: AIDS, drug overdose, suicide, and trauma.³² It is well-established that drug addiction and mental illness often occur in tandem.³³

Illicit drug use has been increasing in the United States and is a public health issue across the age spectrum.³⁴ However, illicit drug use among adolescents (12-17 years) is of particular concern as adolescent brains are still in a period of growth and development and are more susceptible to addiction and risk-taking, impulsive behavior. More than half of new users of illicit drugs were under 18 years of age in 2012.²⁷ Adolescent substance abuse is linked to accidental injury, declining grades, school absenteeism, acquisition of sexually transmitted diseases and HIV, conduct problems, and depression.³⁵

Data source: National Survey of Drug Use and Health, 2012-2013

Numerator: Reported illicit drug use in the past month (12 years and older)

Denominator: Total population aged 12 years and older

Survey respondents were asked about their use of the following drug categories: marijuana, cocaine, heroin, hallucinogens, inhalants, prescription-type pain killers, tranquilizers, stimulants and sedatives.

Age Group	Nation	Florida
12 Years and Older	9.3% (9.0, 9.5)	8.6% (7.9, 9.5)
12-17 Years	9.2% (8.8, 9.5)	9.4% (8.4,10.6)

The percentage of persons with self-reported illicit drug use in the past month in Florida did not differ appreciably from the nation (Table 8). Approximately 9 percent of Floridians self-report illicit drug use. The percent of illicit drug use among adolescents aged 12-17 years in Florida was 9.4% and did not differ from the nation. These data were not available at the state level by race/ethnicity.

Policy Spotlight

Neonatal Abstinence Syndrome (NAS) refers to a group of medical complications associated with the withdrawal process newborns typically experience after birth if their mothers have used addictive illicit or prescription drugs during pregnancy. In

response to increasing trends in NAS, the Florida Legislature established the Florida Statewide Task Force on Prescription Drug Abuse and Newborns in 2012.

In partnership with the Florida Department of Health (DOH), this task force recognized the importance of adding NAS to the *Table of Reportable Diseases and Conditions* to improve surveillance efforts.³⁶

For more information: <http://www.floridahealth.gov/diseases-and-conditions/neonatal-abstinence-syndrome/index.html>

LC-31: Intimate Partner Violence, Injury, Physical or Sexual Abuse

Intimate partner violence (IPV) is any violence or abuse inflicted by a current or former spouse or partner.³⁷ The four major types of IPV include physical violence, sexual violence, threat of physical or sexual violence and psychological/emotional abuse when there has also been a prior action and/or threat of physical or sexual violence.³⁷ The health consequences of experiencing IPV are complex and can have both an immediate and long lasting impact.

Examples of health consequences of IPV include:³⁸

- Physical: bladder and kidney infections, fibromyalgia, irritable bowel syndrome, chronic pain syndrome, headaches and migraines
- Reproductive: pelvic inflammatory disease, sexually transmitted infections, delayed prenatal care, unintended pregnancy, preterm birth
- Psychological: anxiety, depression, post-traumatic stress disorder, suicidal behavior in women, low self-esteem

IPV is also associated with a variety of negative health behaviors and research shows that the more severe the violence, the more likely the victim is to engage in negative health behaviors such as engaging in high-risk sexual behaviors, using harmful substances, unhealthy diet-related behaviors and overuse of health services.³⁹

Additionally, children may become injured during IPV incidents between their parents or adults in their home. Studies provide evidence of the co-occurrence of spouse abuse and physical child abuse.⁴⁰

Data source: Behavioral Risk Factor Surveillance System, 2007 and 2014

Numerator: Number of persons aged 18 years and older who reported intimate partner violence

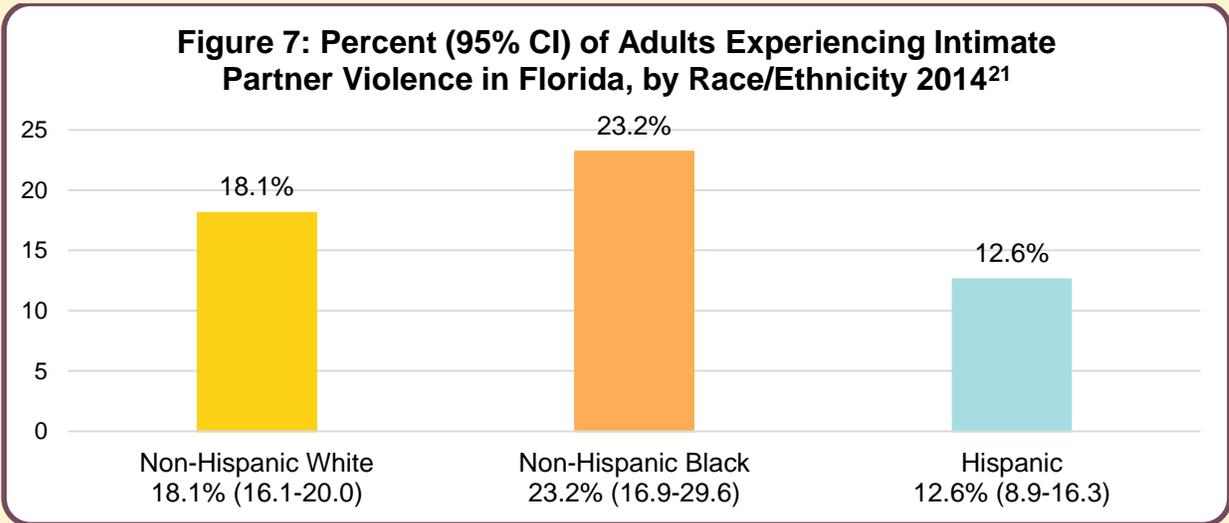
Denominator: Total population of persons aged 18 years and older

The CDC offers two optional modules to BRFSS, an eight question module on sexual violence and a seven question module on IPV. Those who responded “yes” to any of the

questions on the IPV module or “yes” to experiencing sexual violence perpetrated by an intimate partner were considered as having experienced IPV.

Table 9: Percent (95% CI) of Adults Experiencing IPV	
Nation, 2007²⁰	Florida, 2014²¹
9.6% (5.1, 14.0)	17.7% (16.0-19.4)

According to the 2007 BRFSS, approximately 9.6% of adults have experienced IPV (Table 9). In 2014, approximately 17.7% of Florida adults had been threatened with or experienced physical violence by an intimate partner.²¹ This was higher among women (21.7%) when compared to men (13.0%) in Florida.²¹



During 2014, the percent of adults experiencing intimate partner violence (threats or physical violence) was highest among non-Hispanic Blacks in Florida at 23.2% (Figure 7).

Program Spotlight

The Green Dot etc. strategy is a comprehensive approach to violence prevention that capitalizes on the power of peer influence across all levels of the socio-ecological model (e.g., individual, relational, community, society). The model targets all community members as potential bystanders. Using an expanded definition of bystander, it seeks to engage them, through awareness, education and skills-practice, in (1) proactive behaviors that establish intolerance of violence as the norm and, (2) reactive interventions in high-risk situations resulting in the ultimate reduction of interpersonal violence.

Green Dot focuses as much on how to create the desired change (across attitudes and knowledge), as opposed to historically focusing almost exclusively on what needs to be changed. Thirteen sites in Florida have been awarded contracts from the Department of Health’s Sexual Violence Prevention Program to implement the Green Dot strategy in either a high school, college, or community setting.

For more information: www.livethegreendot.com.

LC-32: Obesity

Overweight and obese are two labels used to describe weight that is greater than what is usually considered healthy for a given height.⁴¹ Rates of overweight and obesity have increased dramatically in the past two decades; currently, one in three U.S. adults and one in five U.S. children (aged 2-19 years) are obese.⁴² The causes of obesity are complex and multi-faceted. In the simplest terms, obesity results from an energy imbalance involving too much eating and not expending enough energy. Outside of behavior, genetics and the environment play large roles in causing people to be overweight or obese. For example, living in a neighborhood with sidewalks and parks makes it easier to exercise and having high socioeconomic status means more money for healthy food. Obesity is a life course issue because obese children are more likely to become obese adults.⁴² Additionally, maternal obesity has been linked to increased risk of spina bifida, birth defects and multiple anomalies.⁴³

The health consequences of being overweight and obese are similar for adults and children.

- Adults: coronary heart disease, Type II diabetes, cancers (endometrial, breast, colon), hypertension, stroke, sleep apnea⁴¹
- Children: high blood pressure, high cholesterol, insulin resistance and Type II diabetes, breathing problems, greater risk of discrimination (bullying) and low self-esteem⁴⁴

Obesity is typically measured by calculating a person's body mass index or BMI using their weight and height. BMI is an estimate of body fat.

LC-32A: Obesity among Children

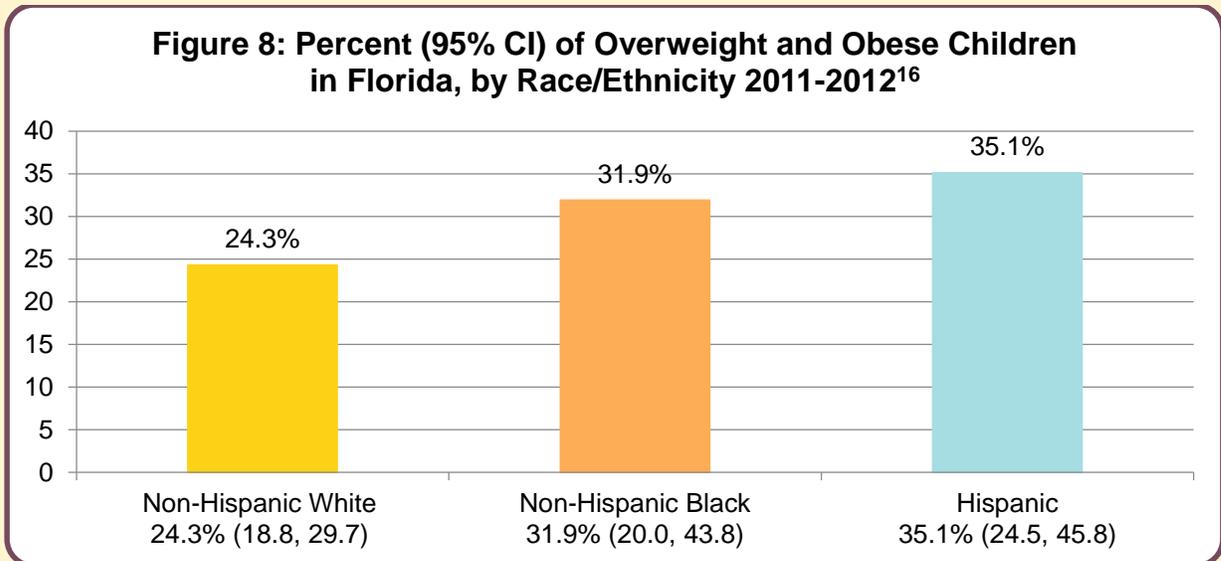
Data source: National Survey of Children's Health (NSCH), 2011-2012

Numerator: Number of children aged 10-17 years who are currently overweight or obese, based on Body Mass Index (BMI) for age and gender (at the 85th percentile or above)

Denominator: Children aged 10-17 years

Table 10: Percent (95% CI) of Children who are Overweight or Obese, 2011-2012 ¹⁶	
Nation	Florida
31.3% (30.3, 32.4)	27.5% (23.1, 31.9)

The percent of overweight and obese children in Florida was lower than the national average (Table 10). Approximately one in four children is currently overweight or obese in Florida.



The percent of being overweight/obese was highest among Hispanic children in Florida (Figure 8). Overweight and obesity status was more prevalent in male children (32.5%) than female children (22.0%) in Florida.

LC-32B: Obesity among Adults

Data source: Behavioral Risk Factor Surveillance System, 2013

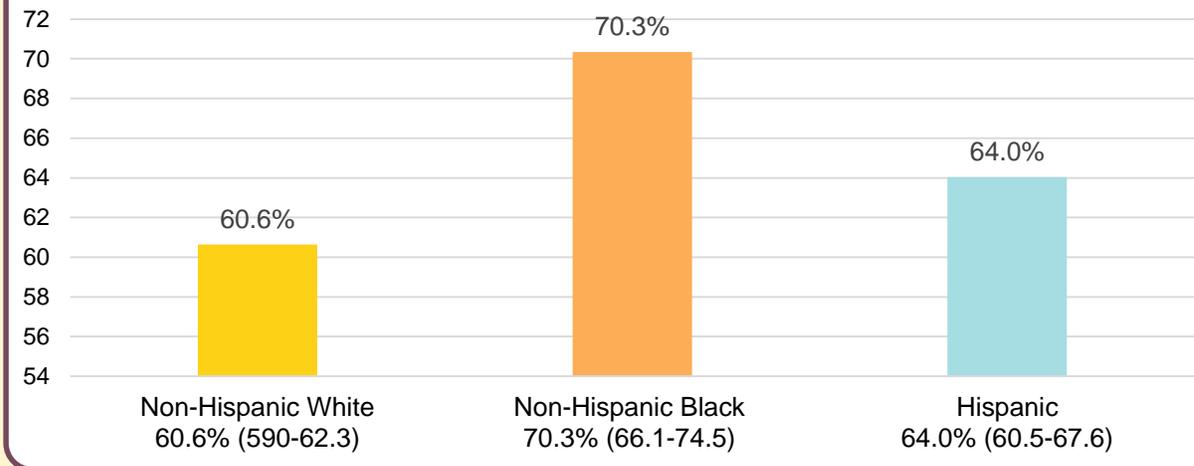
Numerator: Number of adults (aged 18 years and older) who are currently overweight or obese based on BMI (BMI of 25 or above)

Denominator: Total adult population (aged 18 years and older)

Table 11: Percent (95% CI) of Overweight and Obese Adults, 2013		
BMI Category	Nation²⁰	Florida²¹
Total: Overweight or Obese	64.8%	62.8%
Overweight	35.4%	36.4% (35.2, 37.6)
Obese	29.4%	26.4% (25.3, 27.4)

The percent of overweight or obese adults in Florida (62.8%) was slightly lower than the national average (64.8%) in 2013 (Table 11).

Figure 9: Percent (95% CI) of Overweight or Obese Adults in Florida, by Race/Ethnicity 2014²¹



The percentage of adults who were overweight or obese was 62.2% in 2014. Non-Hispanic Black adults had the highest percent of being overweight or obese in Florida during 2014 (Figure 9).

Program Spotlight

Healthiest Weight Florida is a private-public collaboration designed to bring together partners from across the state to help Floridians make choices to support healthy eating and active living to maintain a healthy weight. Launched by the Department in 2013, *Healthiest Weight Florida* is a response to the growing obesity epidemic as currently, only 36 percent of Floridians are at a healthy weight. The five strategies of the Healthiest Weight Florida initiative are: increase opportunities for physical activity, make healthy food available everywhere, promote health in the worksite, strengthen schools as the heart of health, and market what matters for a healthy life.

More information available at: <http://www.healthiestweightflorida.com/>

LC-33: Physical Activity among High School Students

Regular physical activity is an important protective factor against several chronic diseases such as hypertension, coronary heart disease, stroke, diabetes, cancer (breast and colon), and depression.⁴⁵ Regular physical activity also helps maintain a healthy weight and reduces obesity which is important across the lifespan, especially for women of child bearing age. Research on tracking of physical activity from childhood to adulthood has shown that a high level of school-age physical activity predicts a high level of adult physical activity.⁴⁶ This highlights the importance of developing physical activity habits early in life.

The Centers for Disease Control and Promotion (CDC) recommends that children and adolescents participate in 60 minutes or more of physical activity each day.⁴⁷ Children

and adolescents should participate in three types of exercise: aerobic activity (running or jogging), muscle strengthening (gymnastics or push-ups) and bone strengthening (jumping rope or running).⁴⁷

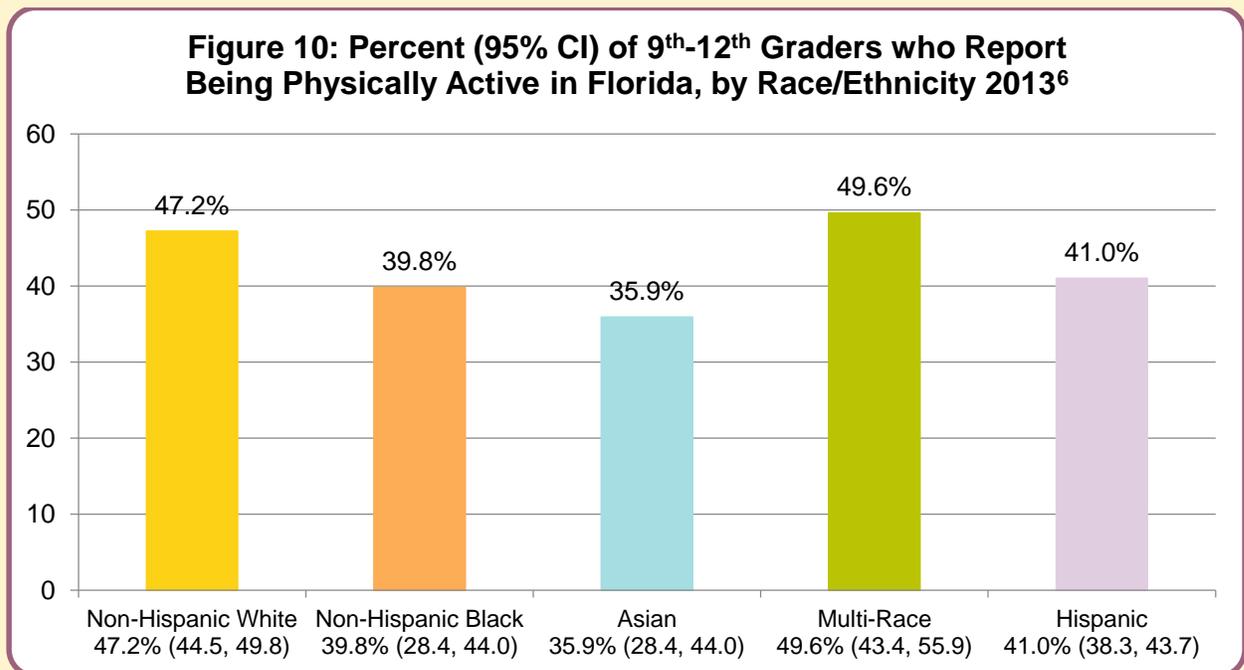
Data source: Youth Risk Behavior Surveillance Survey (YRBS), 2013

Numerator: Total 9th through 12th graders who reported being active for at least 60 minutes per day on five or more of the past seven days (will be referred to as physically active)

Denominator: Total population of 9th through 12th graders

Table 12: Percent (95% CI) of 9 th -12 th Graders who Report Being Physically Active, 2013	
Nation ⁵	Florida ⁶
47.3% (45.3, 49.2)	43.9% (42.1, 45.8)

Florida had a lower percent of high school students reporting being physically active for at least 60 minutes a day on five or more of the past seven days than the national average, however, the 95% confidence intervals overlap (Table 12). Reporting being physically active varied significantly by gender and race/ethnicity in Florida. More than half (54.7%) of male students reported being physically active compared to only one in three (33.1%) female students.



The percent of being physically active was highest among non-Hispanic White and multi-racial students (Figure 10) during 2013.

References

1. The Centers for Disease Control and Prevention. (2014, February 6). Health Effects of Cigarette Smoking. Retrieved from: http://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking/index.htm
2. Giovino, G.A. (2002). Epidemiology of tobacco use in the United States. *Oncogene*. 21:7326–7340.
3. American Lung Association. (2010, February). Kids and Smoking. Retrieved from: <http://www.lung.org/stop-smoking/smoking-facts/kids-and-smoking.html>
4. U.S. Department of Health and Human Services. (1994). *Preventing Tobacco Use among Young People: A Report of the Surgeon General*.
5. Kann, L., et al. (2014). Youth Risk Behavior Surveillance- United States, 2013. *MMWR*. 63. <http://www.cdc.gov/mmwr/pdf/ss/ss6304.pdf>
6. The Florida Department of Health. *2013 Youth Risk Behavior Survey Results*. Retrieved March 12, 2015 from <http://www.floridahealth.gov/statistics-and-data/survey-data/youth-risk-behavior-survey/reports/2013/ documents/cdc-sum-tables.pdf>
7. Johnston, L. D., O'Malley, P. M., Miech, R. A., Bachman, J. G., and Schulenberg, J. E. (2014). *Monitoring the Future national survey results on drug use: 1975-2013: Overview of key findings on adolescent drug use*. Ann Arbor: Institute for Social Research, the University of Michigan. Retrieved from: <http://www.monitoringthefuture.org//pubs/monographs/mtf-overview2013.pdf>
8. Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (September 4, 2014). *The NSDUH Report: Substance Use and Mental Health Estimates from the 2013 National Survey on Drug Use and Health: Overview of Findings*. Rockville, MD. Retrieved from: <http://store.samhsa.gov/shin/content/NSDUH14-0904/NSDUH14-0904.pdf>
9. The Centers for Disease Control and Prevention. (2014, June 12). Alcohol and Other Drugs Use. Retrieved from: <http://www.cdc.gov/healthyyouth/alcoholdrug/>
10. Centers for Disease Control and Prevention. (2014). Youth Risk Behavior Surveillance- United States, 2013. Morbidity and Mortality Weekly Report, 63(4). Retrieved from: <http://www.cdc.gov/mmwr/pdf/ss/ss6304.pdf>
11. United States Department of Health and Human Services: Substance Abuse and Mental Health Services Administration. *Report to Congress on the Prevention and Reduction of Underage Drinking*. Washington, D.C. November 2012.
12. Substance Abuse and Mental Health Services Administration. (2015). 2012-2013 NSDUH: Detailed State Tables retrieved from: <http://www.samhsa.gov/data/population-data-nsduh/reports?tab=33>
13. Florida Department of Health. (2014). 2013 Florida Youth Substance Abuse Survey: Confidence Interval Tables. Retrieved from: <http://www.dcf.state.fl.us/programs/samh/publications/fysas/2013Survey/2013FYSASConfidenceIntervals.pdf>
14. McPherson M., Arango P., Fox H., Lauver C., McManus M., Newacheck P., Perrin J., Shonkoff J., and Strickland B. A new definition of children with special health care needs. *Pediatrics*, 102(1):137–140, 1998.
15. Champions for Inclusive Communities. (n.d). Equality of Health for CYSHCN: Contributing factors and help for families and communities. Retrieved from: <http://www.eiri.usu.edu/projects/champions/factsheets/Disparities.pdf>

16. National Survey of Children's Health. NSCH 2011/2012. Data query from the Child and Adolescent Health Measurement Initiative, Data Resource Center. Retrieved from: www.childhealthdata.org
17. American Diabetes Association. (2014, April 7). Common Terms. Retrieved from: <http://www.diabetes.org/diabetes-basics/common-terms/>
18. Centers for Disease Control and Prevention. National Diabetes Statistics Report: *Estimates of Diabetes and Its Burden in the United States, 2014*. Atlanta, GA: U.S. Department of Health and Human Services; 2014.
19. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Health Interview Statistics. (2013, March). Diabetes Public Health Resource. Retrieved from: <http://www.cdc.gov/diabetes/statistics/prev/national/figpersons.htm>
20. Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Percent & Trends Data [online]. 2015. Retrieved from: <http://www.cdc.gov/brfss/brfsspercent/>
21. The Florida Department of Health. (2015). Florida Behavioral Risk Factor Surveillance System (BRFSS) 2014 Data Book. Retrieved from: http://www.floridahealth.gov/statistics-and-data/survey-data/behavioral-risk-factor-surveillance-system/reports/_documents/2014-brfss.pdf
22. Womenshealth.gov. (2014, July 21). Breastfeeding-why breastfeeding is important. Retrieved from: <http://www.womenshealth.gov/breastfeeding/breastfeeding-benefits.html>
23. Association of Maternal and Child Health Programs. (2013). Life Course Indicator: Exclusive Breastfeeding at Three Months. Retrieved from: http://www.amchp.org/programsandtopics/data-assessment/LifeCourseIndicatorDocuments/LC-27_EBF_Final-10-17-2013.docx.pdf
24. U.S. Department of Health and Human Services. Executive Summary: The Surgeon General's Call to Action to Support Breastfeeding. Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General; January 20, 2011.
25. The Centers for Disease Control and Prevention. (2014). *Breastfeeding among U.S. Children Born 2010-2011*. Retrieved from the National Immunization Survey (NIS) website: http://www.cdc.gov/breastfeeding/data/nis_data/index.htm
26. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. (2006). *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General: Secondhand Smoke: What It Means To You*.
27. The Centers for Disease Control and Prevention. (2015, February 19). Retrieved from: <http://www.cdc.gov/bloodpressure/index.htm>
28. Kochanek K., Xu J., Murphy S., Miniño A., and Kung H. (2011). Deaths: final data for 2009. *Nat Vital Stat Rep.* 60(3):1-117.
29. Palar K., and Sturm R. Potential societal savings from reduced sodium consumption in the U.S. adult population. (2009). *Am J Health Promot.* 24:49-57.
30. Nwankwo T., Yoon S.S., Burt V., and Gu Q. (2013). Hypertension among adults in the US: National Health and Nutrition Examination Survey, 2011-2012. NCHS Data Brief, No. 133. Hyattsville, MD: National Center for Health Statistics, Centers for Disease Control and Prevention, US Dept of Health and Human Services.
31. Mozaffarian D., Benjamin E.J., Go A.S., et al. (2015). Heart Disease and Stroke Statistics-2015 Update: a report from the American Heart Association. *Circulation.* E29-322.
32. Degenhardt, L., Hall, W., Warner-Smith, M., and Lynskey, M. (2004). Chapter 13: Illicit Drug Use. In *Comparative quantification of health risks: Global and regional burden of disease attributable to selected major risk factors*. Geneva: World Health Organization.

33. National Institute on Drug Abuse. (2011). Comorbidity: Addiction and Other Mental Disorders Retrieved from: <http://www.drugabuse.gov/publications/drugfacts/comorbidity-addiction-other-mental-disorders>
34. National Institute on Drug Abuse. (2014, January). Drug Facts: Nationwide Trends Retrieved March 17, 2015 from <http://www.drugabuse.gov/publications/drugfacts/nationwide-trends>
35. Crowe, A., and Sydney, L. (2000). Developing a policy for controlled substance testing of juveniles. Juvenile Accountability Incentive Block Grants Program Bulletin. Retrieved from: https://www.ncjrs.gov/html/ojdp/jaibg_2000_5_2/contents.html
36. Florida Office of the Attorney General. Statewide Task Force on Prescription Drug Abuse & Newborns: February 2013 Final Report. Available at: [http://myfloridalegal.com/webfiles.nsf/WF/RMAS-94LJPF/\\$file/Statewide_Task_Force_on_Prescription_Drug_Abuse_and_Newborns_Final_Report.pdf](http://myfloridalegal.com/webfiles.nsf/WF/RMAS-94LJPF/$file/Statewide_Task_Force_on_Prescription_Drug_Abuse_and_Newborns_Final_Report.pdf). Accessed June 24, 2013.
37. Breiding, M., Basile, K., Smith, S., Black, M., and Mahendar, R. (2015). Intimate partner violence surveillance: uniform definitions and recommended data elements, version 2.0. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Retrieved from: <http://www.cdc.gov/ViolencePrevention/intimatepartnerviolence/index.html>
38. The Centers for Disease Control and Prevention. (2015). Intimate Partner Violence: Consequences. Retrieved from: <http://www.cdc.gov/violenceprevention/intimatepartnerviolence/consequences.html>
39. Heise L, Garcia-Moreno C. (2002). Violence by intimate partners. *World report on violence and health*. Geneva (Switzerland): World Health Organization. 87–121.
40. Appel A.E., and Holden G.W. (1998). The co-occurrence of spouse and physical child abuse: A review and appraisal. *J of Family Psychol.* 12; 578–599.
41. The Centers for Disease Control and Prevention. (2012, April). Adult Overweight and Obesity. Retrieved from: <http://www.cdc.gov/obesity/adult/index.html>
42. Biro F.M., and Wien M. (2010). Childhood obesity and adult morbidities. *Am J Clin Nutr.* 91(5):1499S—1505S.
43. Watkins, M. L., Rasmussen, S. A., Honein, M. A., Botto, L. D., and Moore, C. A. (2003). Maternal obesity and risk for birth defects. *Pediatrics.* 111(Supplement 1), 1152-1158.
44. The Centers for Disease Control and Prevention. (2012, April). Childhood Overweight and Obesity. Retrieved from: <http://www.cdc.gov/obesity/childhood/index.html>
45. World Health Organization. (2015, January). Physical Activity Fact Sheet. Retrieved from: <http://www.who.int/mediacentre/factsheets/fs385/en/>
46. Telama R., Yang X., Viikari J., Välimäki I., Wanne O., and Raitakari, O. (2005). Physical activity from childhood to adulthood: a 21-year tracking study. *Am J Prev Med,* 28(3):267-73.
47. Centers for Disease Control and Promotion. (2015). Physical Activity-How much physical activity do children need? Retrieved from: <http://www.cdc.gov/physicalactivity/everyone/guidelines/children.html>