

Florida Department of Health Trends and Conditions Narrative

Chronic Disease

Chronic diseases and disabling conditions such as heart disease, cancer, diabetes, and arthritis are among the most prevalent, costly, and preventable of all health problems. Chronic diseases develop over an extended period of time, often after prolonged exposure to one or more risk factors that are related to lifestyles and behaviors. Adopting healthy behaviors such as eating nutritious foods, being physically active and avoiding tobacco use can prevent or control the devastating effects of these diseases. In 2008, six of the top ten causes of death in Florida were chronic diseases. In addition, the leading cause of disability among adults in the U.S. is arthritis, limiting the activities of nearly 19 million persons.

The Department of Health provides a comprehensive statewide approach to address the number one cause of death in Florida, cardiovascular disease. In 2008, 54,107 deaths in Florida were due to cardiovascular disease. Deaths due to cardiovascular disease continue to decrease annually. The Department of Health develops legislative issues and provides materials and technical assistance to county health departments. The Department of Health also provides professional education to the health care providers of Florida specifically related to reducing and controlling the risk factors for cardiovascular disease and following clinical practice guidelines for treatment. Statewide public/private partnerships have been formed around the issues of cardiovascular health, employee wellness, physical activity and nutrition, and obesity prevention in an effort to maximize resources and to communicate consistent and persistent messages on the prevention of cardiovascular disease.

Among adults in Florida, in 2009, over 63% are overweight, including 26.5% who are obese. Since 1986, the prevalence of overweight has increased nearly 80% while the prevalence of obesity has doubled. In 2009, data among Florida high school youth show that 14.7% of high school students are overweight while 10.3% are obese. Chronic conditions such as heart disease, type 2 diabetes, stroke, osteoarthritis, gallbladder disease, and some cancers are a result of declines in physical activity and poor nutrition. Cancer is the second leading cause of death in Florida. Nationally, the American Cancer Society estimates about 1,529,560 Americans will receive a new diagnosis of invasive cancer in 2010. In 2008, 40,549 people died from cancer. Nearly one out of every four deaths (23.8%) in Florida was due to cancer. The Comprehensive Cancer Control Program was created to convene statewide partners, develop a comprehensive cancer strategic action plan for the state and assist with the implementing of prioritized goals and strategies. The Plan will address many types of cancer including breast, cervical, colorectal, lung, ovarian, prostate, and skin. The overarching goal for the Comprehensive Cancer Control Program is to implement a comprehensive cancer control program to reduce cancer mortality and morbidity in Florida through prevention, early detection, and access to optimal treatment and survivorship initiatives after the course of treatment.

Breast cancer has the highest cancer incidence for women in Florida. Florida ranks second in the nation in the number of new breast cancer cases per year and third in mortality due to breast cancer. Incidence and mortality rates of invasive cervical cancer are higher in Florida than the U.S. rates. Florida ranks fourth in the nation in the number of new cervical cancer cases per year and ranks third in the nation in the number of cervical cancer deaths. The goal of the Florida Breast and Cervical Cancer Early Detection Program is to reduce the number of deaths from breast or cervical cancer by diagnosing it at the earliest, most treatable stages. The program's focus is screening women ages 50-64 who are at or below 200% of the federal poverty level with no insurance coverage for breast or cervical cancer screening exams. In partnership with county health departments, the statewide program seeks difficult to reach ethnic, minority, or rural women through zip code level community based outreach activities. Public and professional education and continued outreach are essential components in the prevention and early detection of breast and cervical cancer. Women screened through the Florida Breast and Cervical Cancer Early Detection Program may be eligible for cancer treatment using Treatment Act funds, as determined appropriate by Medicaid.

Colorectal cancer is the second leading cause of combined male and female cancer mortality, resulting in 3,815 deaths in 2008. The Florida Colorectal Cancer Control Program Florida Screen for Life, established in 2009, seeks to increase colorectal screening among persons 50 years and older. Program efforts are two-fold: statewide promotion of colorectal screening among the general population and provision of limited colorectal screenings to targeted populations in three geographic areas of the

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state through partnering health facilities. Reducing barriers and exploring incentives to screening are being promoted in the disparate populations and those with lower screening rates.

In 2009, about 1.6 million Florida adults (10.7% of the adult population) reported having been diagnosed with diabetes. Between 1995 and 2009, the prevalence of diabetes has doubled from 5.3% of the adult population in 1995 to the 2009 rate. In 2008, diabetes was the sixth leading cause of death in Florida, accounting for 5,154 deaths with diabetes as the underlying cause. Research indicates that diabetes reported as the underlying or contributing cause of death is underreported. Between 1995 and 2008, Florida's diabetes age-adjusted death rate per year was stable. In 2006, the estimated cost of diabetes in Florida was 12.2 billion dollars. A significant proportion of mortality and morbidity related to diabetes could be prevented by addressing cardiovascular risk factors. Efforts to reduce complications among persons with diabetes should promote exercise, weight control, smoking prevention and cessation, hypertension prevention, glycemic control, and elimination of barriers to preventive care and treatment.

Certain populations have a disproportionate burden of diabetes. Compared with whites, African Americans have higher diabetes death rates, higher rates of hospital discharges with diabetes as the primary diagnosis, and higher non-traumatic lower extremity amputation rates. Persons 65 years of age and older have a higher prevalence of diabetes, and have higher rates of mortality and disability resulting from diabetes compared to their younger counterparts. Research indicates that the elder and minority populations will experience the most rapid growth in the number of people with diabetes. The Department of Health's diabetes statewide efforts include building partnerships to improve the performance of the diabetes health system; enhancing professional education; empowering those with diabetes to engage in self-care practices; building community capacity to improve diabetes outcomes; assessing changes in diabetes trends; proposing diabetes-related health policies; and reducing health outcome disparities.

More than 27 million adults in America have Osteoarthritis. This number is expected to increase with longer life expectancies, the obesity epidemic, and the first of the 78.2 million baby boomers reaching retirement age in 2011. Arthritis has a sizeable economic impact in Florida costing an estimated \$5.1 billion in medical expenditures and an additional \$2.5 billion in lost wages in 2003. In 2009, it was estimated that more than 3.7 million adult Floridians had doctor-diagnosed arthritis (27%). Two modifiable risk factors, overweight/obesity and physical activity, are associated with an increased prevalence of doctor-diagnosed arthritis. Activity limitation occurs frequently among people with arthritis and reduces quality of life, limits independence, and compromises health. The department provides materials and technical assistance to county health departments and community service providers to provide science-based self-management and physical activity programs, conducts health communications campaigns, collects prevalence data on arthritis, coordinates a statewide partnership and provides information and education to the general public. The programs goals are to improve mobility through physical activity, and increase self-help behaviors.

The Epilepsy Services Program has a broad statutory mandate to provide client services for the care and treatment of persons with epilepsy, maintain an educational program regarding epilepsy, and promote the prevention of epilepsy. The goal of the Epilepsy Program is to improve the quality of life and productivity of Floridians with epilepsy by providing services to maximize seizure control and education to prevent injuries that may lead to epilepsy. These services are implemented statewide by contracting with five agencies throughout the state covering all 67 counties.

Family Health Intervention Strategies and Initiatives

- Continue the Healthy Communities, Healthy People Program to focus on policy and environmental changes in the areas of heart disease and stroke, employee wellness, diabetes, physical activity, nutrition and overweight, and tobacco;
- Implement system-wide changes and public and professional education to increase prevention of all chronic diseases through clinical and community evidence-based programs;
- Increase the number of adults screened for hypertension;
- Increase the number of at risk individuals screened for colorectal cancer;

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- Implement the Centers for Disease Control and Prevention approved evidence based self-management programs such as Living Healthy and Enhance Fitness;
- Focus on increasing diagnoses of pre-diabetes throughout the state in an effort to prevent diabetes and on increasing participation in quality diabetes self-management education; a cost effective method of improving self care and health outcomes;
- Provide the health safety net providers the tools needed to compete and survive in the new environment, especially with more managed care penetration;
- Strengthen local safety nets (including county health departments and federally qualified health centers) by motivating safety net providers and government agencies at all levels to develop integrated safety net systems or consortia;
- Improve the quality and efficiency of clinical services at the local level through clinical technical assistance;
- Provide assistance with proper diagnostic and procedural coding to enhance third party reimbursement;
- Provide a central location to track and report the status of all clinical efficiency related projects including paperwork reduction and electronic medical records;
- Forge academic and community partnerships to assist in identifying data, models, and best practices necessary to advance efforts in clinical efficiency;
- Pursue grant opportunities related to clinical efficiency such as paperwork reduction, electronic health records, patient flow, cycle time;
- Improve alignment of health information systems and processes with other state agencies, community partners, and stakeholders in the delivery of public health services; and
- Continue investment and support for health literacy that enriches patients, families, providers, and healthcare systems.