

Center for Health Statistics Report

Women's Health

Importance

This report provides an overview of Women's Health, the major measures of poor health outcomes for women, and the major health issues for women in Duval County for which data is available.

Women in the U.S. currently rank 24th in the world for life expectancy.¹ Women's health covers an entire range of health issues over the course of a woman's entire life. Women and men have a lot of the same health concerns, such as cardiovascular disease and stroke, but their symptoms can be different and they may respond to treatments differently. To make the

issues more complicated, large disparities exist among white and black women, especially in years of potential life lost. Women in Duval County overall have a rate of 6,440 per 100,000 Years of Life Lost under age 75 and the death rate for women is 773.5 per 100,000 women.

Some medical concerns are more common in women than men such as depression, obesity, and osteoarthritis. Even though women live longer than males and are more likely than men to seek medical care, women have major problems accessing care due to the lack of job related health insurance. Women do have access to

This Issue:

Importance	1
Jacksonville Women's Health	2-3
Disparities in Women's Health	4
Focus on Women—Achieve a Healthier Future	6
Emergency Room Visits and Behavioral Health Services for Women at Duval County Health Department	8
Nutrition and Women's Health: World Breastfeeding Celebration	9

public health insurance (Medicaid) during child-bearing. Many women face similar access to
(continued on page 11)

Figure 1

Mortality Rates by Gender, Duval County 2006

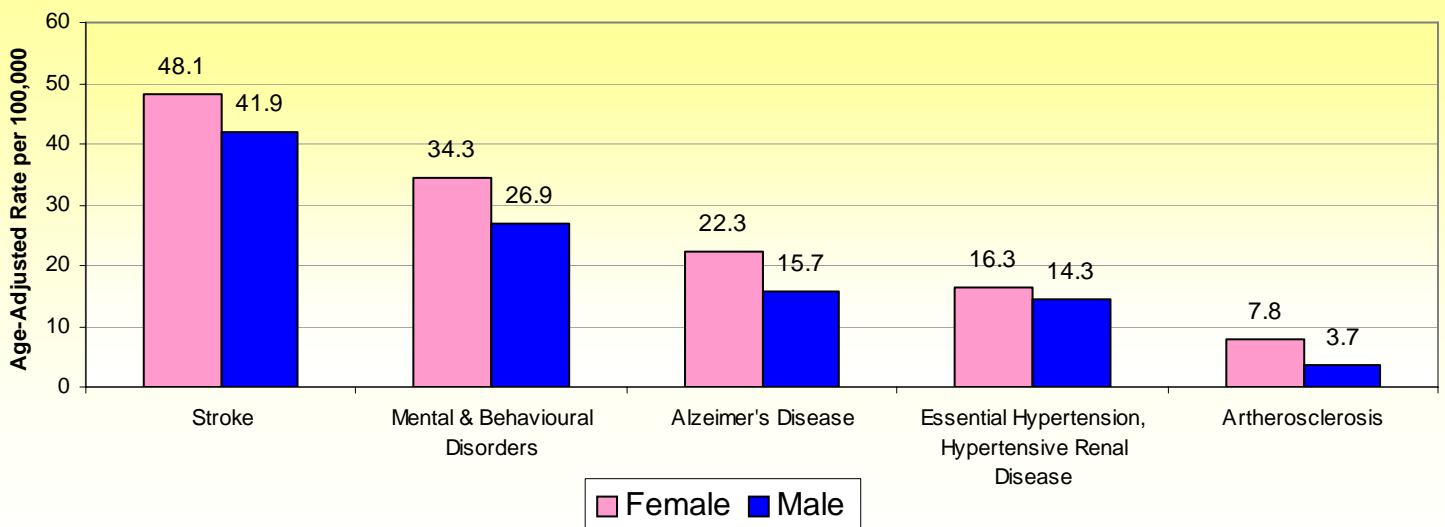


Table 1. Jacksonville Women's Health Report Card

Obj. #	Objective	U.S. ² (2005)	FL ¹ (2006)	Duval ¹ (2006)	2010 ² Target
Chronic Disease Deaths for Women					
3-01	Overall cancer (Age-Adjusted Rates Per 100,000)	155.6	140.3	171.6	158.6
3-02	Lung cancer (Age-Adjusted Rates Per 100,000)	40.5	38.3	52.7	43.3
3-03	Breast cancer deaths (Age-Adjusted Rates Per 100,000)	24.1	21.4	30.8	21.3
5-05	Diabetes-related (Age-Adjusted Rates Per 100,000)	66	40.5	72.7	46
12-01	Coronary heart disease (CHD) (Age-Adjusted Rates Per 100,000)	120	107.1	112.4	162
12-07	Stroke (Age-Adjusted Rates Per 100,000)	46	35.1	48.1	50
24-10	Deaths from chronic obstructive pulmonary disease (COPD, excluding asthma)	*103.4	35.2	43	62.3
Infectious Disease Deaths for Women					
13-14	HIV-infection (Age-Adjusted Rates Per 100,000)	2.3	6.3	9	.7
**	Sexually Transmitted Diseases (Rate Per 100,000)	DNA	487.2	1029.3	TNA
**	Influenza and pneumonia deaths (Rates Per 100,000)	23.2 ³	8.2	15.9	TNA

¹ Florida Department of Health, Office of Vital Statistics, Deaths 2006

² National Center for Health Statistics, CDC Wonder, <http://wonder.cdc.gov/data2010/>

³ http://www.cdc.gov/nchs/data/nvsr/nvsr56/nvsr56_10.pdf
TNA = Target Not Available

*U.S. data is higher as the rate is calculated per individuals age 45 and older
**Not a Healthy People 2010 Objective

Report Card Overview

The data report card provides a comparison between local, state, and national data for Healthy People 2010 objectives related to women's health. Healthy People 2010 targets are used as benchmarks for comparison with Duval County rates. The majority of data for this report include local, state, and national vital statistics and data from the Behavioral Risk Factor Surveillance System.

The overall death rate of women in Duval County in 2006 was 773.5 per 100,000 females compared to

868.3 per 100,000 females in Florida. Several objectives in the report card are leading causes of death in females. The highest death rate in Duval County was due to cancer at 171.6 per 100,000 females. The rate is 22.3% greater than Florida and 10.2% higher than the U.S. Women in Duval County also have higher rates of lung cancer, breast cancer, diabetes, stroke, and HIV infection than for Florida and the U.S.

Coronary heart disease followed the cancer deaths rate with a rate of 112.4 per 100,000 females. The local rate for female coronary heart disease is nearly 5% higher than the

state but 7% lower than for the U.S. The Healthy People 2010 objective has also been met with this disease. In addition, while the stroke rate is higher in Duval County than for the state and U.S., it is still lower than the Healthy People 2010 objective.

Also worth noting is the rate of HIV infection in Duval County, which is 43% higher than for Florida and 291% higher than for the U.S. In addition to deaths due to HIV infections, women in Duval County have a high rate of STDs, 1029.3 per 100,000 females compared to 487.2 for Florida.

(continued on page 3)

Table 2. Jacksonville Women's Health Report Card (continued from page 2)

Objective	U.S. ¹ (2007)	FL ¹ (2007)	Duval ¹ (2007)	2010 ² Target
Prevention Indicators for Women (PERCENT)				
Women who currently smoke	18.4	17.5	20.0	12+
Women who engage in heavy or binge drinking	DNA	12.4	12.6	TNA
Women with no leisure time physical activity	24.5	28.1	27.4	20+
Women who are obese	25.9	23.0	28.6	15++
Women who are overweight	29.7	30.2	29.8	TNA
Women who have been told by their doctor or health professional they have high blood pressure	26.4	27.6	26.5	14++
Women who have diagnosed high blood cholesterol	35.7	35.4	32.2	TNA
Women who have been told by their doctor they have diabetes	7.9	8.1	8.8	TNA
Women under 65 who have ever been tested for HIV	DNA	51.8	56.3	TNA
Women who have ever had a clinical breast exam	DNA	90.3	92.4	TNA
Women who have ever had a pap test	93.0 (2005)	94.5	95.8	97.0

¹ Behavioral Risk Factors Surveillance Survey, National Center for Chronic Disease Prevention and Health Promotion, 2007

² National Center for Health Statistics, CDC Wonder, <http://wonder.cdc.gov/data2010/>

+Age-Adjusted 18 years and over

++Age-Adjusted 20 years and over

TNA=Target Not Available; DNA = Data Not Available

Report Card Overview (continued from page 2)

The report card also includes prevention indicators from the Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS gathers data on health risk behaviors which are influential on morbidity and mortality. In 2007, data was collected on approximately 1800 Duval County residents. In 2007, 20.0% of Duval County female residents smoked which was higher than the percentage of female smokers nationally and statewide. Twenty-nine percent of Duval County women were obese, which was 24.3% higher than

Florida and 10.4% higher than the U.S. There was also a higher percentage of women in Duval County that were told by their doctor they have diabetes than Florida and the U.S.

As seen previously in the report card, Duval County's rate of deaths due to HIV infection for females was notably higher than Florida and the U.S.; however, a greater percentage of women in Duval County (56.3%) have been tested for HIV compared to Florida (51.8%).

Preventive screenings for breast and cervical cancer are recommended for women at varying ages. Data for the BRFSS reveals that a higher percentage of women in Duval County (92.4%) have had a clinical breast exam compared to Florida (90.3%). In addition, a higher percentage of women in Duval County (95.8%) have had a pap test compared to Florida (94.5%) and the U.S (93.0%). Sixty-seven percent of women had a pap smear within the past year.

Local Disparities In Women's Health

Racial, gender and geographic disparities in Duval County are numerous across many health and economic variables. Differences in health outcomes for women among race and location of residence are also notable. The death rate in 2006 was 860.8 per 100,000 for white females and 655.6 for black females, primarily due to the age distribution of the populations. Notable differences in mortality by race are seen with heart disease, HIV/AIDS, homicide, chronic obstructive pulmonary disease (COPD), intentional injuries and suicide. Mortality associated with older age effects whites more and deaths occurring in younger populations have greater effect on blacks. Consequently, years of potential life lost (YPLL) provide important insight into disparities. YPLL is an estimate of premature mortality that has been defined as the number of years of life lost

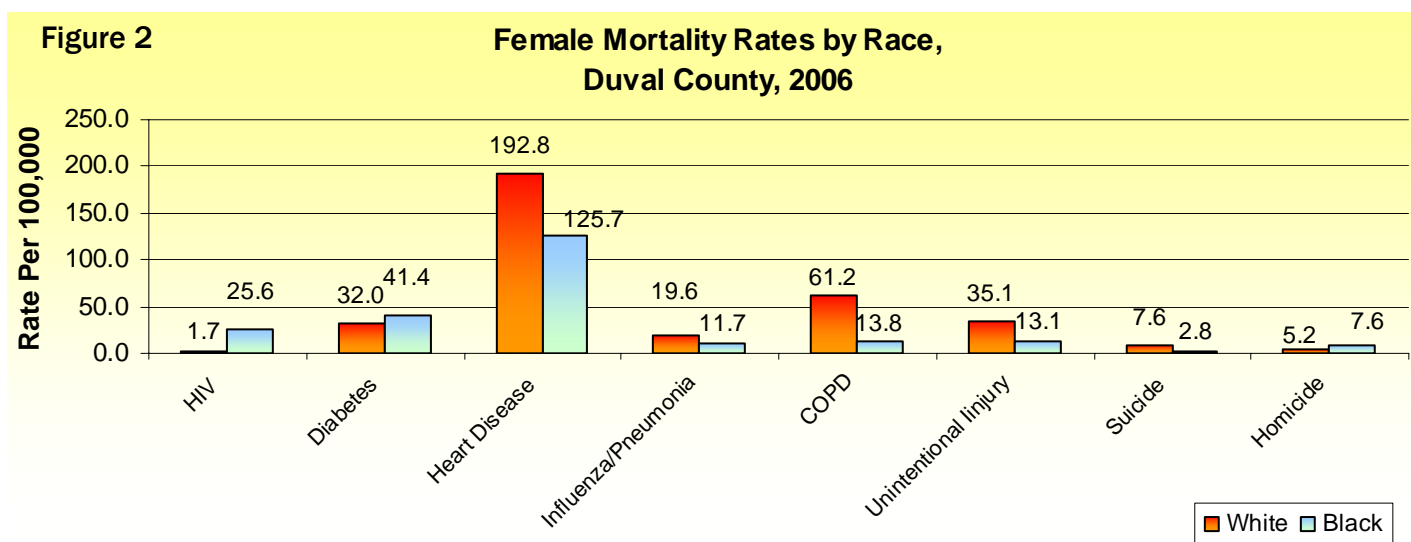
among persons who die before a predetermined age, which is 75 in the state of Florida.

The YPLL for white females in 2006 was lower, 5,757.9 per 100,000 YPLL, than for black females, 8,327.7 per 100,000 population less than 75 years of age. Notable disparities in YPLL between black and white women were perinatal period conditions (often occurring before 1 year of age), heart disease, HIV/AIDS, Homicide, intentional injuries and mental and behavioral disorders (see Figure 4). Differences in YPLL between races are not as significant in diseases where death typically occurs at an older age. However, deaths that occur in younger ages show more dramatic disparities. For example, the years of potential life lost due to HIV/AIDS was 946.2 per 100,000 black females under 75 years compared to 58.5 per 100,000 for white females, over 1,500% higher. Black women are also more likely to die earlier than white females

due to homicide with a rate of 530.3 and 119.8 per 100,000 YPLL, respectively. In contrast and also alarming, the YPLL due to mental and behavioral disorders among white females was 585.2% higher than for black females.

In addition to deaths, disparities in access to health care and disease prevention among race also exists (see Figure 3). According to the 2007 Behavioral Risk Factor Surveillance System (BRFSS), 17.9% of black women have no health care coverage compared to only 10.7% of white women, and 20.5% of black women have no personal health care provider compared to 13.1% of white women. In addition, 79% of black women had been screened for cholesterol compared to 83.9% of white women, 21.9% of black women have high cholesterol compared to whites (36.8%), and 31.7% of black women have high blood pressure compared to 27.4% of white

(continued on page 5)



Source: Florida Department of Health, Office of Vital Statistics, 2006

Prepared by: DCHD, Institute for Health, Policy and Evaluation Research, July, 2008

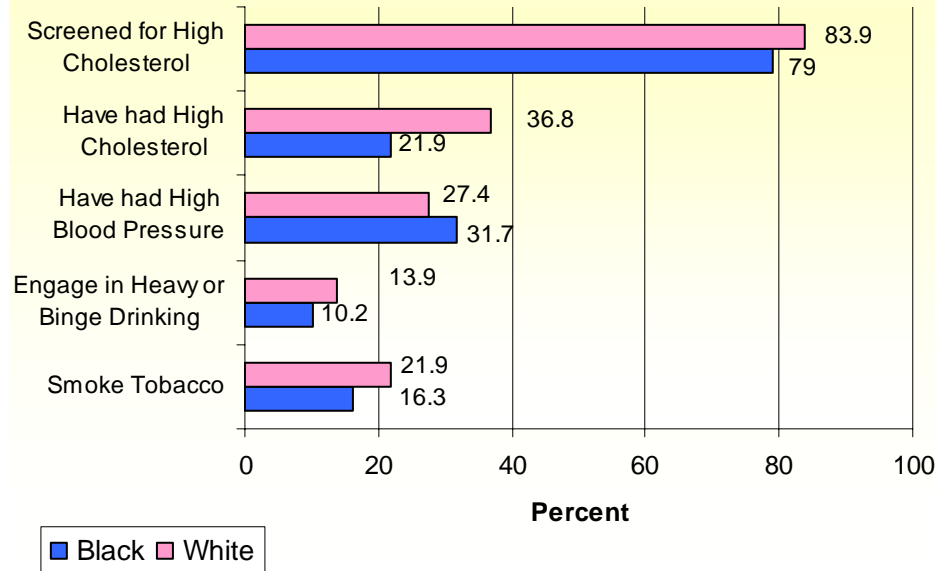
Local Disparities in Women's Health

(continued from page 4)

women. However, only 10.2% of black women engage in heavy or binge drinking compared to 13.9% of white women and only 16.3% of black women smoke tobacco compared to 21.9% of white women.

Disparities also exist regarding geographic residence. Females who live in Health Zone 1 are more likely to die from health problems such as heart disease, cancer, diabetes and even violence than in any other health zone. Specifically, the breast cancer death rate for women living in Health Zone 1 is 27.8% higher than the next highest health zone, Health Zone 5, and more than double the rate in Health Zone 3 (see Figure 8). The stroke death rate is highest in Health Zone 5, with a rate of 74.9 per 100,000

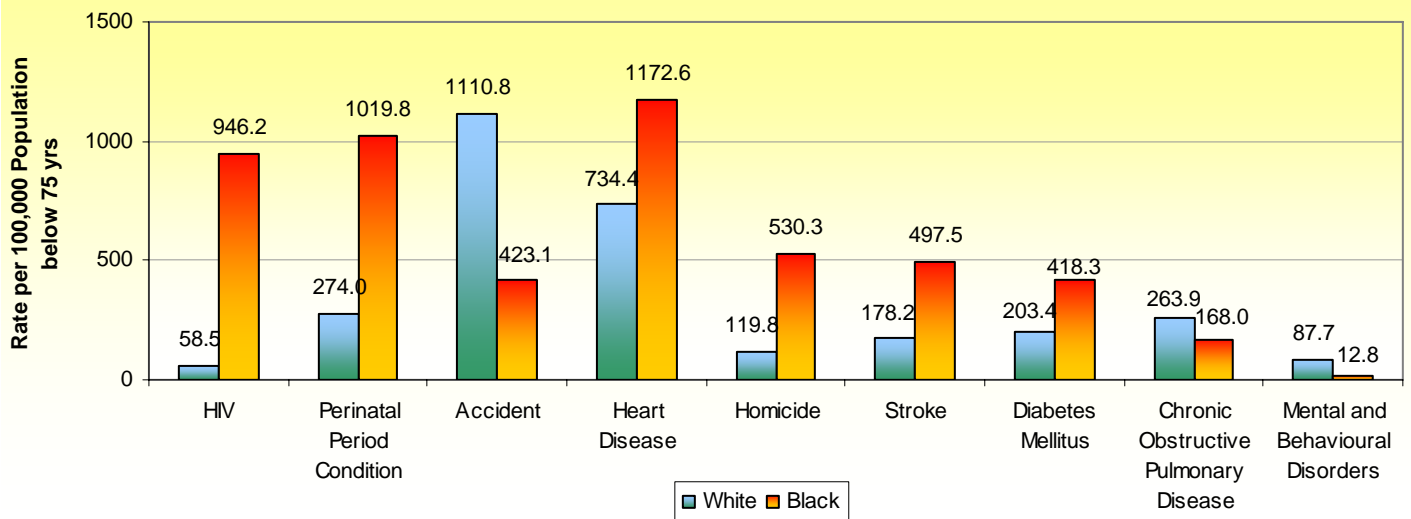
Figure 3 Behavioral Risk Factors for Females by Race, Duval County 2007



Source: Behavioral Risk Factor Surveillance System, 2007
 Prepared by: DCHD, Institute for Health, Policy and Evaluation Research, April 2008

compared to the 65.3 per 100,000 in the next highest health zone, Health Zone 1 (see Figure 9). Health Zone 1 also has the highest percentage of blacks, the lowest median income, and the highest poverty rates in Duval County than all other health zones.

Figure 4 Years of Potential Life Lost (below age 75) for Females by Race, Duval County 2006



Source: Florida Department of Health, Office of Vital Statistics, 2006
 Prepared by: DCHD, Institute for Health, Policy and Evaluation Research, April 2008

Focus on Women - Achieve a Healthier Future

Carol Ann Synkewecz, MPH, Maternal and Child Health Director,
Women's Health Liaison, Duval County Health Dept.

As infant mortality is an indicator of a community's health, women's health may be an indicator of generational health. Health from birth through senior years is a continuum of environmental, behavioral and genetic factors that have influence on one's life and the potential health for future generations.

Health problems can only be remedied if they are recognized. Women represent about half of the population nationally and locally with a growing diversity racially and ethnically distributed across all age groups. Beyond race and ethnicity, income and education are critical factors that contribute to women's health and access to health care. It is known that women, more likely than men, live in poverty and it is known that many poor health conditions are closely linked to family income.

Some selected statistics about women in Duval County can be partially described with these facts:

- In 2006, there were 454,567 females in Duval County.¹
- Whites accounted for 64% (291,009) of the female population whereas African Americans made up 31.8% (144,758) of the female population. Over 18,000 females were other races.¹
- Nearly 23% (47,954) of family households consisted of female heads of households.²
- The number of women between

the ages of 15 to 50 who had a birth in 2006 was 13,595.³

- Over 40% of women who had given birth were single.³

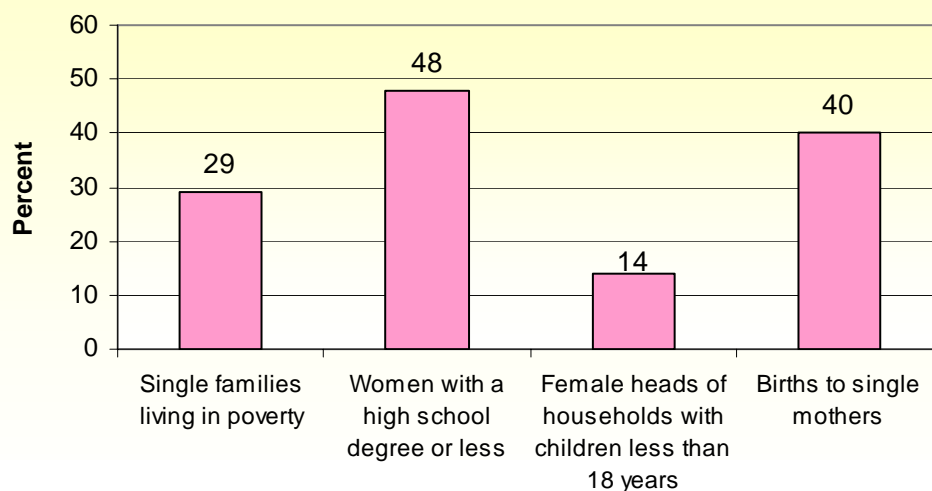
Increasing numbers of women strive to attend and complete college yet more need the opportunity to fulfill hopes beyond secondary school. Only 52% of women over 25 years in Duval County have more than a high school education.⁴ If societal conditions and beliefs are supportive and value women through the practice of equitable income, opportunity and education, the results will be far reaching. Possibly some of the many health conditions and diseases associated with poor nutrition, physical inactivity, lack of contraceptive use, smoking, al-

cohol, and depression, might be avoided or minimized.

Since the 1980's the medical community has recognized the need to study women's health separately. Women will still constitute the larger population in the future. Some health problems are unique to women like cervical cancer and others manifest themselves in women differently than men such as heart disease. Research topics now focus on the differential rates of disease between racial groups and explore how women experience disease and why. This report with other local and national data tools are key information sources to assist us to better understand the problems women face throughout their lives and to emphasize the significance of preventive care, education, and disparities in health status of women from all age groups and backgrounds. Opportunities for improved women's health exist from

(continued on page 10)

Figure 5 Selected Socioeconomic Factors for Females, Duval County, 2006



Source: U.S. Census Bureau, American Community Survey, 2006

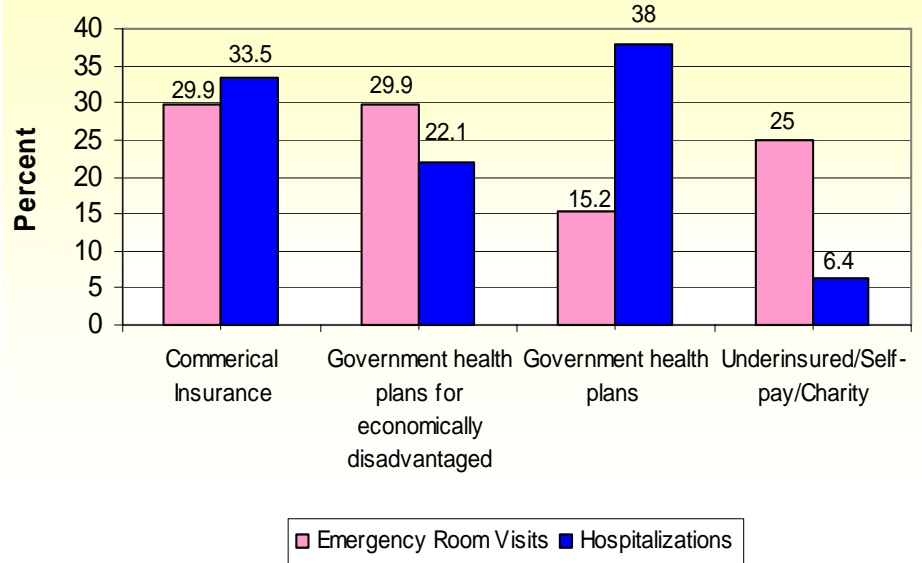
Prepared by: DCHD, Institute for Health, Policy and Evaluation Research, July 2008

Emergency Room Visits and Hospitalizations Among Women

In 2005, females accounted for 60% of all Emergency Room (ER) visits and 62% of all hospitalizations in Duval County. Leading causes of ER visits and hospitalizations include maternal causes and contribute significantly to the disparity between men and women (see Table 3). Injury was the leading cause of ER visits with a total of 31,327 cases. The second most common reason females visited the ER was for symptoms, signs, and ill-defined conditions such as headache, fever, and chest pain, with a rate of 78.7 per 1,000. Males went to the emergency room for the same reasons but at a much lower rate, 49.7 per 1,000.

Reflecting differences in access to primary care, black females utilize ER services more frequently than white females. For example,

Figure 6 Female Emergency Room Visits and Hospitalizations by Payer, Duval County, 2005



Commercial Insurance: self-insured and Blue Cross/ Blue Shield, Commercial HMO, Commercial PPO
Government health plans for economically disadvantaged: Medicaid, Medicaid HMO, KidCare
Government health plans: Medicare, Medicare HMO, Champus, VA, Other State/Local Govt, Workers' Compensation
Underinsured/ Self-pay/ Charity: includes those as titled and other

Source: Agency for Health Care Administration, 2005

Prepared by: DCHD, Institute for Health, Policy and Evaluation Research, July, 2008

black females went to the ER at a rate of 570.8 per 1,000 population which is 95.7% greater than the rate for white females, 291.36 per 1,000. The higher

rate of ER use among the black female population may be expected because of a larger number of underinsured residents who have reduced access to primary care are also black. There was little difference between black male and white male rates for hospitalization.

Twenty-five percent of females who were seen in the emergency room were either underinsured, paid outright for their medical bills, or had costs covered by charity (see Figure 6). Commercial insurance was used at the highest rate (33.5%) as the major source of reimbursement in the ER while government health plans were used at the highest rate (38.0%) for hospitalizations. Government plans for the economically disadvantaged were used more than any other type of payer source for black females with 38% while white females used commercial insurance the most with 34%.

Table 3. Leading Causes of Emergency Room Visits and Hospitalizations for Females, Duval County, 2005

Causes	Cases	Percent of admissions
ER		
Injuries	31,327	20.9
Symptoms, signs, ill-defined conditions	30,330	20.2
Maternal causes	14,159	9.4
Respiratory infections	6,787	4.5
Infections of the skin and subcutaneous tissue	4,858	3.2
Hospitalizations		
Maternal causes	13,432	23.1
Heart disease	5,515	9.5
Injuries	3,769	6.5
Symptoms, signs, ill-defined conditions	3,718	6.4
Other psychoses	2,131	3.7

Source: Agency for Health Care Administration, 2005

Prepared by: DCHD, Institute for Health, Policy and Evaluation Research, July, 2008

Behavioral Health Services for Women at Duval County Health Department

Donna W. Buchanan, LCSW, Division of Maternal & Child Health, Behavioral Health Services Program, Duval County Health Department

Women in Duval County are struggling with issues of poverty, unsafe neighborhoods and poor mental and physical health according to a recent report by Duval County Health Department (DCHD) Institute for Health, Policy, and Evaluation Research 2008.

The DCHD Maternal and Child Health (MCH) division is committed to addressing the needs of women in need of mental health services in Duval County. In 2004, Duval County Behavioral Health Services (DCBHS) became the first community mental health center within a local county health department in the state of Florida. A team of licensed professional and master's level practitioners provide counseling to women and their families, ages 6 and up. The licensed professionals include social workers, mental health counselors and psychiatrists. DCBHS provides therapy in 11 of the DCHD centers. All health centers are located in areas to serve high risk women. Medication management is available 24 hours per day and 7 days a week for emergency or urgent services.

Risk factors such as high stress often result in behavioral health problems, substance abuse and domestic violence. Research indicates that 50% of the women that come for medical appointments have under-

lying behavioral health disorders. Studies also show that 80% of the people seeking treatment for depression can be treated successfully. The individual's prognosis for recovery and adherence of other medical treatment is also increased by integrating behavioral health into primary care with our DCHD team approach. Early intervention and treatment is key for positive and effective health outcomes.

DCBHS was developed to bridge the gap a lack of mental health services and an already underserved population. One stop shopping at DCHD increases access to mental health treatment and reduces barriers to treatment as individuals are seen in an already familiar environment. The DCHD holistic ap-

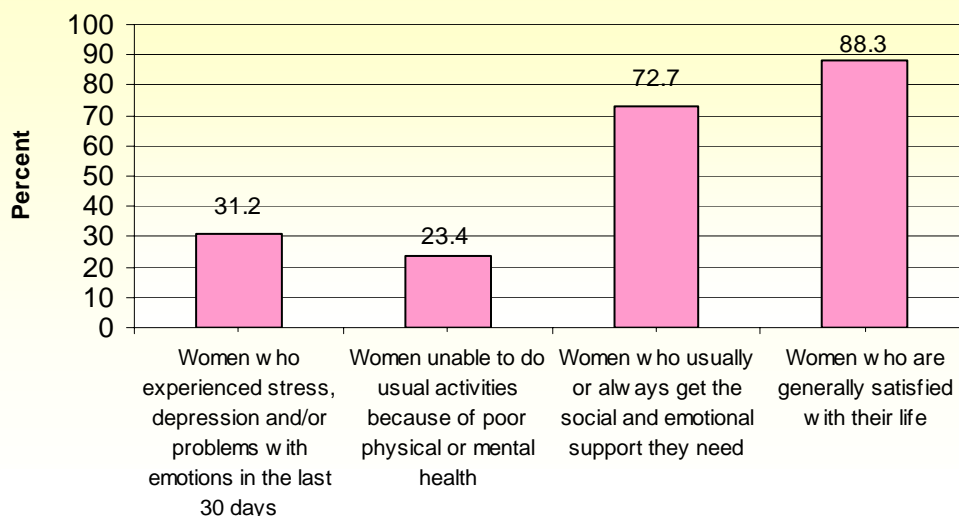
proach to care prevents individuals from falling between the cracks by medical providers being onsite to refer and consult with mental health providers regarding clients.

DCBHS staff specializes in a variety of areas in women's behavioral health. Women seen at DCBHS are screened for depression and postpartum depression using evidence based tools such as the Beck Depression Inventory and the Edinburgh Postnatal Depression Scale, both shown to be effective tools in screening minority women

In 2005, a PH.D. candidate in Public Health from Drexel University, Philadelphia, PA. interned in the Maternal and Child Health Division and assisted staff in analyzing and evaluating data on 195 pre and post partum women in the Healthy Start program. The women were screened for post partum depression with the Edinburgh Postnatal Depression Scale.

(continued on page 10)

Figure 7 Selected Mental Health Factors for Females, Duval County, 2007



Nutrition and Women's Health: World Breastfeeding Celebration

Peggy Ford, RD, IBCLC; Sharon Lutheran, MSH, RD, CLC, and Irmatine Bealyer, MHA, RD, LD/N

Theme 2008: *Mother Support: Going for the Gold. Everyone Wins When Babies Breastfeed*

2008 is the year of the Olympics. The Olympics is a symbol of the healthiest and most physically fit of the world's athletes. Human milk can be considered the "gold standard" for the best nutrition start that will last the baby a life time. Mother and baby win when the mother breastfeeds her baby. Women that exclusively provide human milk for their babies for the first six months of life, the health benefits are enormous for mother and baby. As health professionals and members of greater Jacksonville, we should support mothers in their decision to provide human milk for their infants for at least twelve months or longer.

Promoting and supporting breastfeeding in the community is critical. Support should include facilitating breastfeeding in the first hours of life, after discharge, and follow up for additional questions or concerns for families. Areas should be designated at worksites, faith-based institutions, malls, recreational facilities, daycares and other innovative locations to support mothers continuing breastfeeding and expressing milk if baby is not with mom.

The benefits of exclusively breastfeeding for the mother include:

- Mothers experience weight loss
- Helps the uterus to get back to its

original size and decreases blood loss after delivery.

- Mothers that breastfeed miss less work and infants are sick less often. Employer medical costs also are lower and employee productivity is higher.
- Delays the return of normal ovulation and menstrual cycles. However, the mother should still talk with her doctor or nurse about appropriate birth control choices.
- Lowers the risk of breast and ovarian cancers, and possibly the risk of hip fractures and osteoporosis after menopause.
- Breastfeeding makes life easier. It saves time and money. You do not have to purchase, measure, and mix formula. There are no bottles to warm in the middle of the night.
- When emergencies situations occur where there is no access to electricity or clean water or stores, mothers can still continue to breastfeed their infants.

•A mother can give her baby immediate satisfaction by providing her breast milk when her baby is hungry.

•Mothers that breastfeed can help a mother to bond with her baby. Physical contact is important to newborns and can help them feel more secure, warm and comforted.

•Breastfeeding mothers may have increased self-confidence and feelings of closeness and bonding with their infants.

•Mothers that breastfeed are helping the environment by using less manufactured resources such as packaging, fuel, etc.

•The benefits of human milk over artificial baby milk are well documented. Even moms that breastfeed a short period of time will benefit both the baby and mom.

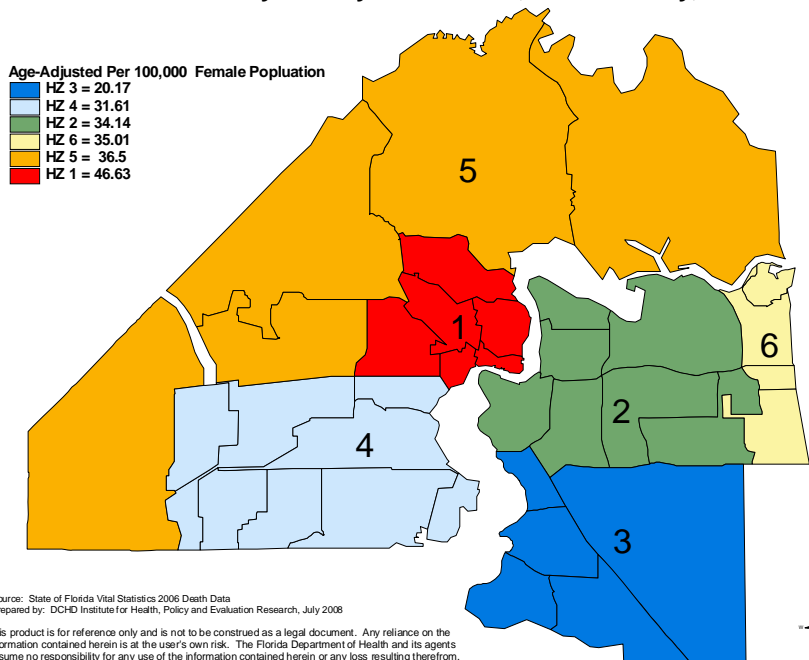
(continued on page 11)

The benefits of human milk for the babies:

- Human milk is the most complete

Figure 8

Breast Cancer Mortality Rate by Health Zone, Duval County, 2006



Source: State of Florida Vital Statistics 2006 Death Data
Prepared by: DCHD Institute for Health, Policy and Evaluation Research, July 2008

This product is for reference only and is not to be construed as a legal document. Any reliance on the information contained herein is at the user's own risk. The Florida Department of Health and its agents assume no responsibility for any use of the information contained herein or any loss resulting therefrom.

Focus on Women - Achieve a Healthier Future (continued from page 6)

preconception to senior years. From baby to mature women the quality of our lives is impacted by factors and behaviors which will also influence the generations beyond us. As babies, children, young adults, mature women, and finally the elder women the significance of education and income connected to decisions related to nutrition, exercise, social activity, health access, mental health, and safety cannot be overstated.

In the *Report to the Jacksonville Citizens, JCCI Study of Infant Mortality 2008*, some of the following conclusions are described: *“The cumulative, chronic stress faced by black women causes psychological and physiological harm not only to themselves and their unborn babies, but these effects are carried into the adult life of that baby and into the next generations. In addition to racism, sexism (the discrimination against and devaluing of people based on their sex rather than their individual merits) is another factor in the infant mortality rate.”* The Report continues to discuss the system issues to be repaired: *“Jacksonville lacks a holistic life-course approach to women’s and girl’s health, from early health and nutrition concerns, through puberty, to the time before, during, and after pregnancy. The health care and social service systems are fragmented, uncoordinated, and too often inaccessible or unaffordable.”*

The negative conditions associated with class and discrimination must be addressed if we want to remove their link to diseases that result from the impact of accumulated disadvantages over one’s lifetime. Reversing the pattern of personal, system and society negligence and advance the message of strong, healthy, positive role models for the women of today and tomorrow is critical.

Sources:

¹Florida Legislature’s Office of Economic and Demographic Research (EDR), 2006

²U.S. Census Bureau, American Community Survey, 2006

³Florida Department of Health, Office of Vital Statistics, 2006

²U.S. Census Bureau, 2000

Behavioral Health Services for Women at Duval County Health Department (continued from page 8)

The study revealed that a significant number of women, from all socioeconomic backgrounds, experienced clinical depression during pregnancy (70%) and after delivery (38%).

Counseling sessions were provided to over 538 women in 2007. The majority of women presented for treatment with multiple problems, i.e. stress and anxiety; stress during pregnancy, depression and post partum depression, anger management; grief and bereavement; sexual assault, living with HIV/AIDS, domestic violence and substance abuse. Many needed strategies for adjusting to unresolved childhood issues, interventions with foster parenting, adjust-

ing to parenting after incarceration and work. With a combination of cognitive behavior therapy and if needed a referral to our psychiatrist for medication the women make some progress after 5-7 months of treatment. Research has indicated that transportation and child care are barriers to low income women seeking mental health treatment. One stop shopping at DCHD helps to decrease barriers and increase access to treatment.

Behavioral Health Program outcomes have shown that women who are depressed have reported decreased depressive symptoms; improvement in their ability to work and perform other duties. Women who received medication also reported improvement in overall functioning and self-esteem. Women also reported improved ability to take care of their children better as evidenced by decreased emotional and verbal abuse with their children. Negative behaviors have been replaced with expressions of healthy emotions reflecting the women’s ability to show love, compassion and caring to their partners and children. Mothers leave abusive partners, reunite with their children and no longer live in violent home environments which brings stabilized families into our communities.

Women are able to make better choices and are able to see the significance of enrollment in Healthy Start to reduce the probability of low birth weight babies and infant mortality. Cognitive behavioral

(continued on page 11)

Importance (continued from page 1)

healthcare issues that other vulnerable populations face. For example, 10.1% of women in Duval County do not have health insurance and 21.8% do not have regular health care providers. Lifestyle factors, especially smoking, affect a woman's chance of developing diseases, that were previously thought to occur more in men.² Women's health not only includes diseases that may be genetic or behavioral in nature, women are also exposed to health risks associated with pregnancy and child birth. Women are also more likely to be victims of domestic violence and rape.

In addition to exercise, eating a healthy diet, not smoking, family planning, and managing stress to combat many health issues facing women, following screening guidelines for early detection of breast and cervical cancer is critical to a healthy and long life.

Sources:

¹Central Intelligence Agency, <https://www.cia.gov/library/publications/the-world-factbook/geos/us.html>

²Torpy, J.M, JAMA (2006), 295, 2474.

CDC, <http://www.cdc.gov/Women/improve/index.htm>

Behavioral Health Services for Women at Duval County Health Department (continued from page 10)

interventions are utilized to improve the care of mothers and their unborn child for healthy mother and child relationships. Women are able to show reductions in their un-

healthy responses to stress as evidenced by their ability to discuss and apply sound cognitive strategies to stress situations. Customer Satisfaction surveys and feedback from referral sources indicate that individual mental health has improved which indicates that the overall health of the community has improved.

For more information on Duval County Behavioral Health Services, contact 253-2708 or 253-1022.

Nutrition and Women's Health: World Breastfeeding Celebration (continued from page 9)

form of nutrition for babies. Human milk has just the right amount of fat, carbohydrate, protein, and water that is needed for a baby's growth and development. Babies digest breast milk easier. Formula fed babies experience more gastrointestinal problems.

- Exclusively breastfeed infant grow at an appropriate rate, including weight for length, and have lower incidence obesity later in life.
- Premature babies do better with human milk compared to premature babies who are fed artificial baby milk.
- Babies that are breastfeed or provided human milk score slightly higher on IQ tests, especially babies who were born prematurely.

The division of Community Nutrition Services would like people in the community to promote a circle of care (families, friends, other

mothers, healthcare professionals, employers, and community and emergency relief workers) for expectant mothers. New mothers can reach their breastfeeding goals when they receive gold level support from their circle of care.

Take the opportunity to research and display competent and appropriate information on breastfeeding in your work and community environments. The U.S. Surgeon General recommends breastfeeding support at varying levels, including healthcare agencies, workplaces, childcare facilities, public education and support, and marketing. See the Health and Human Services Blueprint for Action on Breastfeeding (<http://forwoman.gov/Breastfeeding/bluprntbk2.pdf>). Women often try to improve their diets while they are pregnant and should continue the same diet during breastfeeding. Mothers that breastfeed will produce healthy milk for their babies even if they don't eat well at all times. For more information on having a healthy diet, see the *Dietary Guidelines for Americans* (www.health.gov/dietaryguidelines).

By promoting and supporting women that breastfeed, the benefits extend further than mother and baby. It benefits society, environment and the overall health of the nation. For more information on breastfeeding contact the Division of Community Nutrition Services, Duval County Health Department at 904-253-1170.

Sources: <http://www.womenhealth.gov/breastfeeding>; www.cdc.gov/breastfeeding; www.health.gov/dietaryguidelines

Duval County Health Department
Institute for Health, Policy & Evaluation Research
900 University Blvd. North, Suite 604 (MC-99)
Jacksonville, Florida 32211
Phone: 904-253-1370
Fax: 904-253-2480

If you would like to receive this report
by email, please send an email to
DCHD_DataReports@doh.state.fl.us
and type the word subscribe in the subject line.



Visit our website!
www.dchd.net

Figure 9 **Stroke Mortality Rate by Health Zone, Duval County, 2006**

