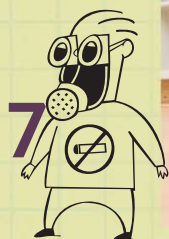


the health advisor

OFFICIAL NEWSLETTER OF THE FLORIDA DEPARTMENT OF HEALTH



FEATURES

- 2 | In Search of Healthy Food
- 3 | The Medical Reserve Corps Continues to Shine in Florida
- 4 | Early Steps Supports Families with the Youngest of Exceptional Children
- 5 | Respect is Required, Not Optional
- 6 | Charlotte County—the First Health Department in the U.S. Recognized as a Bicycle Friendly Business
- 7 | When it Comes to Secondhand Smoke, There are No Safe Levels
- 8 | School Environment Affects Diabetes Risk
- 9 | Colorectal Cancer Awareness Month

MISSION

To promote, protect, and improve the health of all people in Florida.

The Health Advisor aims to present health information to Floridians in a reader-friendly format. Pages are designed for posting or handouts. If there is a topic that you would like *The Health Advisor* to cover, contact us.

Our material is not copyrighted so please reprint our articles in your publication. Just include the writer(s), their division and agency, and send us a copy of your publication.

EDITOR-IN-CHIEF Angela Lynn
EDITOR AND DESIGNER Georgia Murphy
To submit an article, contact Georgia Murphy: 850.245.4444, ext. 2123; FAX, 850.488.6495; or e-mail, georgia_murphy@doh.state.fl.us.

The Health Advisor is published bi-monthly by the Office of Communications and Program Marketing and is available on the DOH intranet and Internet Web sites.

For the 2011 National Health Observances calendar visit: www.healthfinder.gov/nho/nho.asp.

In Search of Healthy Food

Eating healthy foods and being physically active is a proven prescription for a healthier life. But following a healthy diet is difficult for some people because they live in a food desert—an area that lacks access to affordable, healthy food.



by Connie Betterley, Division of Family Health, Florida Department of Health (DOH)

HEALTHY, LOW-COST FOOD Research shows that easy access to supermarkets is as important as individual preferences when it comes to healthy eating. The highest obesity rates are often in low-income neighborhoods that lack supermarkets but have a high number of convenience stores and small, independent stores. These stores usually have higher prices, a poor selection of healthy foods, and a wide selection of high-calorie, high-fat foods. For those who lack transportation to supermarkets in other neighborhoods, buying healthy, low-cost food can be especially difficult.

FOOD ENVIRONMENTS The Centers for Disease Control and Prevention (CDC) and other health advocates recommend that communities adopt policies to improve the community food environment, such as:

- Provide incentives to food retailers to open new stores and offer healthier food and beverage choices at existing stores in areas with few healthy food options.
- Improve zoning and transportation policies to make supermarkets, grocery stores, and farmers markets more accessible to low-income families, and limit the number of fast-food restaurants in low-income communities.
- Expand the availability of farmers markets near low-income neighborhoods and the ability of small farmers to accept electronic benefit transfer (EBT) payments.
- Create programs to promote farmers markets, community gardening, at-home food production, and smaller-scale markets that sell healthy foods in low-income areas.

THE LEON COUNTY FOOD POLICY COUNCIL The Leon County Health Department and other key partners received a grant from the Blue Foundation of Florida to assess the Leon county food environment and identify strategies to improve access to nutritious foods. As an outgrowth of this grant, a group of concerned citizens have formed the Leon County Food Policy Council with the goal to increase access to affordable food for low-income families. Mark Tancig, council leader and community volunteer, says that one way the council is beginning to address the issue is through community gardens.

In partnership with the Damayan Garden Project, a non-profit organization dedicated to teaching people how to grow their own food, at least five new community gardens have been started in the past year and more are on the way. City and county government officials are beginning to embrace the concept by passing ordinances that allow neighborhood community gardens and backyard chickens. According to Tancig, the council is also starting to work with local farmers to explore new ways they can market their foods directly to families and accept EBT. Tancig says, “We are starting small, but everything we do to improve access to healthy food will make a difference.”

Resources: Your Food Environment Atlas, www.ers.usda.gov/FoodAtlas/ and The Damayan Garden Project, www.damayan.org/.

WHEN DISASTER STRIKES, it is crucial that enough qualified and trained people are available to respond. The Florida Medical Reserve Corps (MRC) Network is comprised of 33 local MRC units that serve 60 Florida counties.

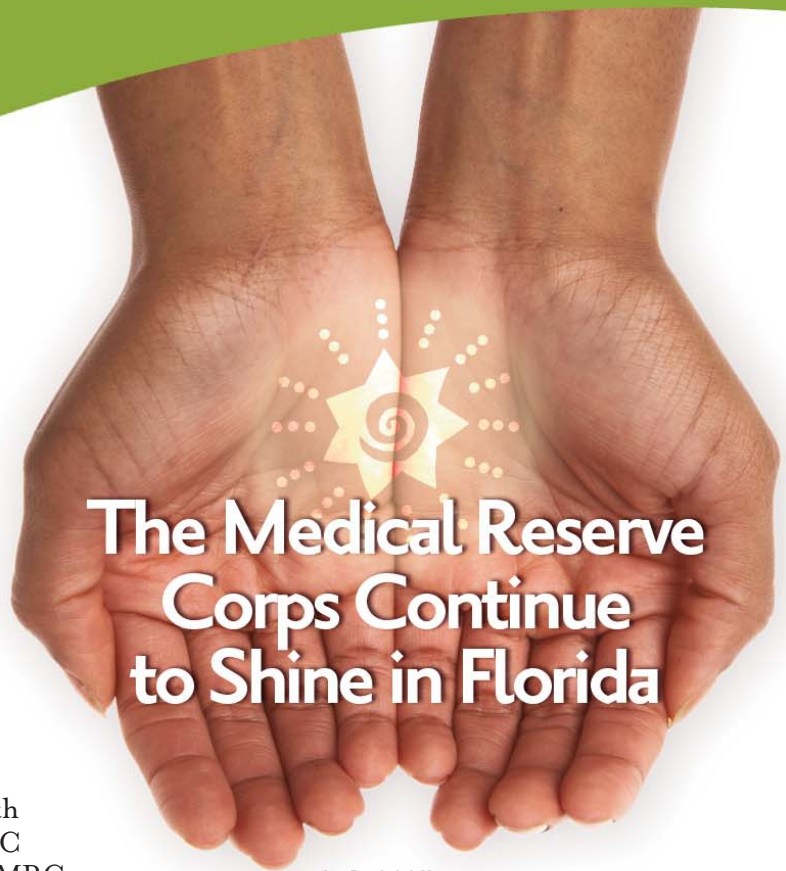
MRC volunteers—prepared and trained to support local, state, and national mission requests—had a very active year helping county health department staff during the Deepwater Horizon and H1N1 responses, carrying out local missions for Operation Haiti Relief, and presenting and assisting with training and exercises for our public health partners. During the H1N1 response, MRC coordinators reported the dollar value of MRC volunteer-provided services at \$502,300 with 1,340 MRC volunteers participating. Total MRC volunteer hours reported: 10,046.

The success of the MRC is made possible due to the guidance and support provided by Florida's county health departments' administrators and directors.

Local MRC coordinators and MRC volunteers continue to impress with both their dedication and accomplishments. Mr. Clark Hamilton, a MRC volunteer with the Southwest Florida MRC Unit, was presented with the National MRC Public Health Volunteer Award at the 2010 Integrated Summit.

Ashley Eckes Lee, the Palm Beach MRC coordinator, and Joan O. Gentgen, the Indian River County MRC coordinator, have completed the L449 course that certifies them to teach specific Incident Command System courses; Gentgen also completed the TEEX Threat and Risk Assessment Training, and last May completed her Masters in Emergency Management and Public Safety.

Susan MacKenzie, the Volusia county MRC coordinator, attended Special Needs Shelter Training in May and Crisis Response Training at Daytona State College in June.



The Medical Reserve Corps Continue to Shine in Florida

by Rick Miller,
Florida Medical Reserve Corp Network,
Florida Department of Health (DOH)

The Medical Reserve Corps (MRC) is a national network of local groups of volunteers committed to improving the health, safety, and resiliency of their communities. MRC volunteers include medical and public health professionals, and others interested in strengthening the public health infrastructure and improving the preparedness and response capabilities of their local jurisdictions. MRC units identify, screen, train, and organize volunteers to support routine public health activities and augment preparedness and response efforts.

➤ The MRC is always looking for volunteers that really want to get involved in their communities. If you know of someone who may be interested, registration is as easy as going to www.servfl.com. For more information on the Florida Medical Reserve Corps, contact Rick Miller or Bonnie Gaughan-Bailey at 850.245.4746. You can also visit www.floridamrc.com to learn more about the program.

Early Steps Supports Families with the Youngest of Exceptional Children

submitted by Children's Medical Services, Florida Department of Health (DOH)



Early Steps is administered by Children's Medical Services in accordance with the Individuals with Disabilities Education Act, Part C. Services are based on evaluations and your family's concerns, resources, and goals. The services your child may receive include:

- Assistive technology devices & services
- Audiology
- Counseling
- Family training
- Home visits
- Health services
- Medical services
- Nursing services
- Nutrition services
- Occupational therapy
- Physical therapy—including mental health & behavioral services
- Respite care
- Service coordination
- Sign language & cued language
- Social work services
- Speech language pathology
- Translation & interpretation
- Transportation & related costs
- Vision services



THE EARLY STEPS SYSTEM provides families with early intervention services and supports that are intended to improve a child's chances to achieve the developmental milestones of learning, speaking, and moving. These milestones, or stages of development, are essential: they lead to optimal abilities later in life so a child can reach their full potential. Families are eligible for early intervention services and supports if their infant or toddler—from birth to age three—has a developmental delay or an established condition that has a high probability of resulting in a delay.

Federal legislation requires that early intervention is provided in “natural environments” such as the child's home, and early care, education, and community settings.

Skills Build to Reach Overall Goal

Early childhood intervention supports families and caregivers to develop the competence and confidence to help their exceptional child learn—this approach strives to establish real and lasting skills. Each family is asked to identify specific measurable goals related to their child's development, then with guidance from professionals, identify and implement strategies throughout the day to address those goals. Developmental achievement and learning readiness is the overall goal.

Family Centered

Understanding that childhood learning takes place in the context of relationships and is critically affected by those relationships, a basic premise of Early Steps is the family-centered team approach. With team-based services,

Early Steps supports the family to help teach specific skills to the child so that development happens through everyday learning opportunities that are meaningful to the child and family.

Early Steps provides each family with a primary service provider, or coach, who keeps a cohesive, consistent team working towards the child's goals. The primary service provider uses coaching strategies to help family members and caregivers develop the unique skills they need to support their child's development. Additional team members may provide direct services or serve as consultants to ensure that family members and caregivers are given support to address all of the child's functional needs.

To facilitate the family-centered team approach of Early Steps, the roles and responsibilities of service providers working with families include:

- Participating in team-based evaluation and assessment to determine a child's eligibility for Early Steps and develop an Individualized Family Support Plan.
- Establishing relationships with the family and caregivers that support the development of functional outcomes and blends those outcomes into the child's and family's daily life.
- Coaching family members and caregivers to use strategies that support the child within the context of everyday routines, activities, and places.
- Consulting with other providers and representatives of community agencies.

➔ For more information, visit www.cms-kids.com/families/early_steps/early_steps.

Respect is Required, Not Optional

submitted by the Sexual Violence Prevention Program, Florida Department of Health (DOH)

A study conducted by the Centers for Disease Control and Prevention (CDC) in 2003 revealed that one in 11 high school students had experienced physical dating violence in the past 12 months—that's nearly 1.5 million high school students.

The study also found that teenagers who report dating violence are more likely to report binge drinking, suicide attempts, physical fighting, and high-risk sexual activity.

Findings from this and other research led the CDC to develop an initiative to help teens learn how to form healthy relationships and to prevent dating violence. Choose Respect, launched in 2006, helps adolescents ages 11 to 14 learn about respect, anger management, problem solving, negotiation and compromise, and assertiveness rather than aggression.

The DOH Sexual Violence Prevention Program (SVPP) partners with providers across the state to conduct primary rape prevention presentations in public and private schools, after-school programs, and community youth organizations.

“Unhealthy relationship behaviors that start early can last a lifetime,” says Annette Phelps, DOH division director of Family Health Services. “It is crucial for parents, schools, and communities to provide children and youth with positive encouragement, guidance, and skills to help them form healthy relationships.”

Choose Respect teaches the importance of respect through

➤ For more information on Choose Respect, go to www.cdc.gov/chooserespect. For more information about CDC's work in injury and violence prevention, go to www.cdc.gov/injury. For more information about SVPP, go to www.doh.state.fl.us/family/SVPP/index.

integrated skill-building techniques that provide information in a variety of formats for students, teachers, and parents. Materials, available in English and Spanish, include a 30-minute video with a discussion guide, and television and radio spots with teens that have experienced dating abuse. The initiative also offers posters, bookmarks, bracelets, and pocket-sized booklets customized for males, females, and parents.

The Choose Respect Web site includes additional resources, games, and interactive learning tools. Conversation starters such as e-cards are available, as well as clickable quizzes and activity ideas for parents and other adults who work with youth. Through streaming video clips, teens can make their own movies about healthy relationships.





Charlotte County—the First Health Department in the U.S. Recognized as a Bicycle Friendly Business

by Eric Stockley, Charlotte County Health Department, Florida Department of Health (DOH)

Bicycling provides undisputed health benefits, an alternative mode of transportation, and cost savings by reducing trips to the gas pump. Charlotte County Health Department (CHD) is proud to have received a Bicycle Friendly Business bronze medal award by The League of American Bicyclists.

Charlotte County is the first health department in the country to receive this recognition. “Since winning this award we have seen an increase in staff riding their bicycles to work,” says Mary Kay Burns, Charlotte CHD interim administrator. “With this award, we encourage other businesses in Charlotte County to make their businesses more bicycle friendly.”

The clinic in Port Charlotte offers the public conveniently located bike racks, and commuting staff has the use of secure bike lockers and showers. Newly hired staff are encouraged to ride to work and are provided with an information packet that includes a guide developed by experienced bicycle commuting staff called “Tips for Successful Bicycle Commuting.” The packet also includes the Florida Bicycling Association’s (FBA) guidelines to laws that apply to cyclists, FBA’s guidelines for safe cycling practices, and a map of Charlotte county’s bike paths.

Charlotte CHD partners with Commuter Services, a free service of the Florida Department of Transportation that offers staff incentives to commute by bicycle. One incentive is a free taxi ride home if staff are unable to bicycle home at the end of the workday because of rain. Participants in this commuting program also receive free helmets and bicycle lights (11 staff at Charlotte CHD recently became certified to fit bicycle helmets so all new helmets issued to staff are custom fitted to ensure optimal protection).

“This Bicycle Friendly Business is making a difference for employees, customers, and communities,” says Bill Nesper, director of the Bicycle Friendly America Program. “Charlotte County Health Department promotes bicycling as a viable form of transportation and gives their employees choices and options that make biking to work easy, fun, and healthy.”

➔ Visit the Charlotte CHD bike page for information on bicycle clubs, trails, maps, and safety: www.CharlotteCHD.com/biking.

When it Comes to Secondhand Smoke, There are No Safe Levels

submitted by the
Bureau of Tobacco Prevention Program,
Florida Department of Health (DOH)

SINCE THE ENACTMENT of the Florida Clean Indoor Air Act (FCIAA) in 1985 and the 2002 passage of Amendment 6 that prohibits smoking in indoor workplaces, many Floridians believe that their exposure to secondhand smoke has decreased. The truth is, the presence of secondhand smoke continues to infiltrate everyday life: there is the whiff of tobacco smoke drifting into your airspace as you walk behind a smoker on a crowded street, or the cloud of tobacco smoke hanging over smokers taking a break outside.

Smoking rates among U.S. adults have stalled in recent years according to a recent report by the Centers for Disease Control and Prevention (CDC). The report found that in 2009, 20.6 percent of adults in the U.S. still smoked. But a separate CDC report released in early

September found that 88 million nonsmokers are exposed to secondhand smoke and that more than half of children between the ages of 3 and 11 showed chemical signs of secondhand smoke in their blood. These troubling numbers indicate that while we are making progress in tobacco-related policies and public perception, there is still much work to be done to end the tobacco epidemic—particularly involuntary exposure to secondhand smoke.

So what exactly defines secondhand smoke? Simply stated, it's the combination of smoke from the burning end of the cigarette and the smoke exhaled by smokers. When you breathe

secondhand smoke, you passively smoke, and are exposed to many of the toxins that the smoker is inhaling. Whether you are young or old, healthy or sick, exposure to secondhand smoke adds up. If you think smoking only hurts smokers, think again: women who live with smokers have a 30 percent greater risk of developing lung cancer. Individuals exposed to secondhand smoke absorb nicotine and more than 250 chemicals. The toxic chemicals include: arsenic (used in pesticides), lead (formerly found in paint), chromium (used to make steel), and cadmium (used to make batteries).

Secondhand smoke is particularly dangerous for children. It has been linked to SIDS, ear infections, frequent and severe asthma attacks, and respiratory symptoms such as coughing, sneezing, and shortness of breath. Furthermore, cats, dogs, birds, and fish exposed to secondhand smoke can also be harmed.

There is no safe level of exposure to secondhand smoke, and it remains important to establish smoke-free environments to prevent exposure.

STEPS YOU CAN TAKE

- Advise friends and family to make their homes and cars 100 percent smoke free, 24/7.
- Know someone who wants to quit? Suggest that they speak with a health care professional who can help create a comprehensive and personalized quit plan.
- Work with your doctor to create a plan and also ask your family to support your quit attempt—it takes an average of 8–11 quit attempts to finally quit for good so don't give up.
- Call Florida's Quitline at 1.877.U.CAN.NOW to speak with a counselor to get you started on your quit attempt.
- Send a letter to your local newspaper's editorial page in support of smoke-free policies, and work with your local schools and health care facilities to increase awareness about the dangers of secondhand smoke.

➔ For more information visit tobaccofreeflorida.com.



Centers for Disease Control and Prevention. CDC Online Newsroom. Division of Media Relations. "U.S. Adult Smoking Rates Remain Stalled." September 22, 2010. Web site: www.cdc.gov/media/pressrel/2009/r091112.

The Stop Smoking Guide. Chapter 3. "Second Hand Smoke" September 22, 2010. Web site: www.thestopsmokingguide.com/chapters/secondHandSmoke.php.

U.S. Department of Health and Human Services. *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2006.

"Smoking and Tobacco Use: Fact Sheet." September 22, 2010. Web site: www.cdc.gov/tobacco/data_statistics/fact_sheets/secondhand_smoke/general_facts/index.

Tobacco Facts, Cigarette Smoking Effects. "Secondhand Smoke Serious Health Risks to Children and Pets" September 22, 2010. Web site: www.tobacco-facts.net/2010/05/secondhand-smoke-serious-health-risks-to-children-and-pets.

2007 County Behavioral Risk Factor Surveillance System. October 1, 2010. Web site: www.floridacharts.com/charts/Display.

The Toll of Tobacco. "The Toll of Tobacco in Florida." October 1, 2010. Web site: www.tobaccofreekids.org/reports/settlements/toll.php?StateID=FL



Healthier foods at school, longer and more intense physical activity, and lessons in healthy lifestyles can reduce obesity and other risk factors for diabetes. These findings,

from an NIH-funded [National Institute of Health] study, suggest that school-based changes might help at-risk kids improve their health.

Nearly 1 in 5 school-age children in the U.S. is obese. This excess weight can lead to many health problems. The most serious is type 2 diabetes.

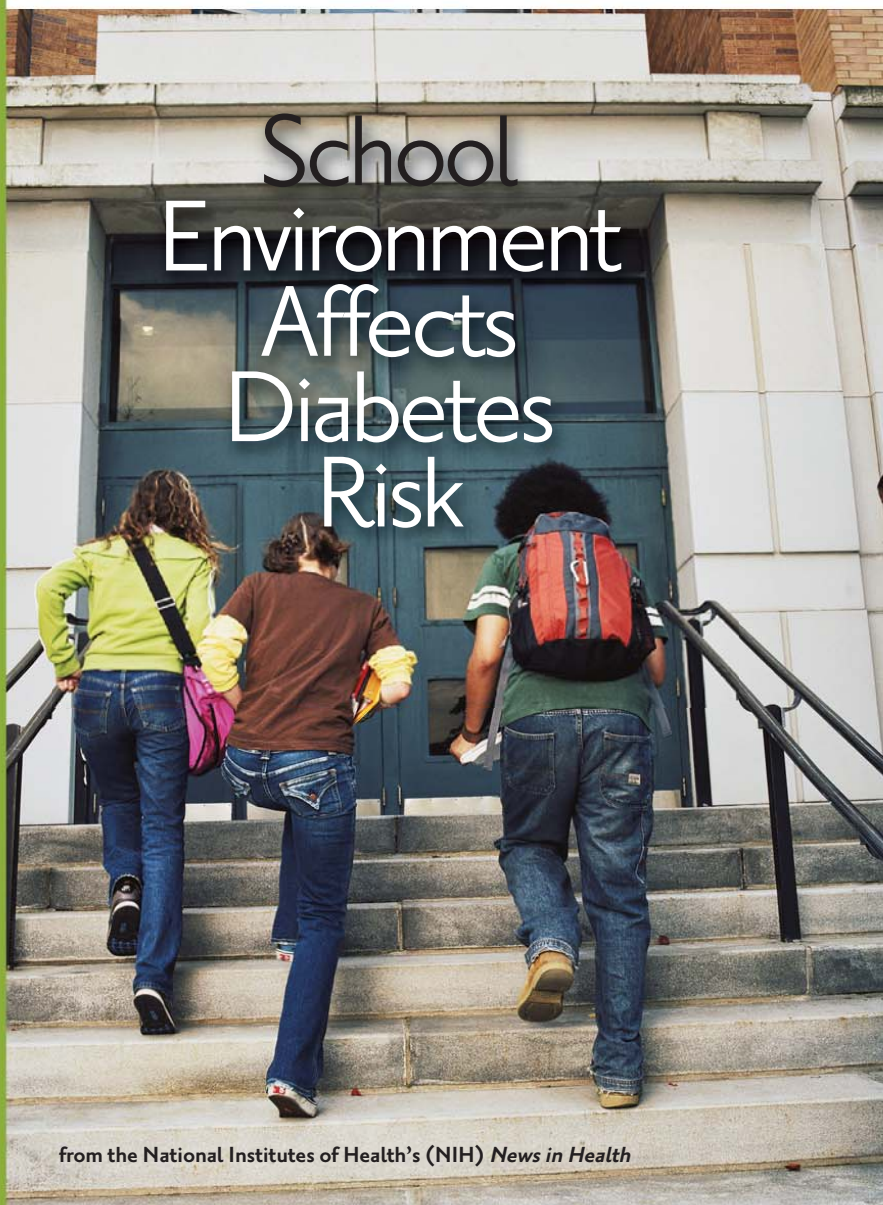
The new study was conducted at 42 middle schools where many students are minorities or from low-income families. Half the schools were randomly chosen to use the study's "intervention" program: longer gym classes, more nutritious foods, and education in healthy behaviors.

About 4,600 students were tracked from the beginning of 6th to the end of 8th grade. At the start, nearly half were overweight or obese. Many had other signs of high diabetes risk.

At the end of the study, kids who had been overweight or obese at the intervention schools had a 21 percent lower obesity rate than those at the comparison schools. Other diabetes risk factors, like larger waist size, also fell more at the intervention schools.

"The study shows that a school-based program can help lower obesity and certain risk factors for type 2 diabetes in youth at high risk for the disease," says Dr. Griffin P. Rodgers, director of NIH's National Institute of Diabetes and Digestive and Kidney Diseases.

School Environment Affects Diabetes Risk



from the National Institutes of Health's (NIH) *News in Health*

➔ For more information, visit these Web sites:

- www.healthystudy.org/
- diabetes.niddk.nih.gov/
- www.nhlbi.nih.gov/health/public/heart/obesity/wecan/
- www.cdc.gov/diabetes/



March

Colorectal Cancer Awareness

submitted by the Division of Family Health,
Florida Department of Health (DOH)

MARCH 2011 MARKS THE 12TH OBSERVANCE OF
COLORECTAL CANCER AWARENESS MONTH.

Colorectal cancer, or colon cancer, is a cancer
that occurs in the colon or rectum. Colorectal
cancer is the second leading cancer killer in the
United States, but it doesn't have to be.

According to the Florida Cancer Data System—
Florida's statewide, population-based cancer
registry—there were 10,199 colorectal cancer cases
diagnosed and 3,775 deaths in 2008 (the most
current year that data is available).

Colorectal cancer is one of the most
preventable cancers. If everyone age 50 years or
older were screened regularly by a health care professional, as many as
60 percent of deaths from this cancer could be avoided. If you are 50
or older, getting a colorectal cancer screening test could save your life.

Colorectal cancer usually starts from polyps in the colon or rectum.
A polyp is a growth that can progress into cancer over time. Screening
tests can find polyps that can be removed before they become cancer.
Screening tests also can find colorectal cancer early—when it is found
early, the chances of being cured are good. Talk to your health care
provider to decide which screening test is right for you.

Your risk for colorectal cancer may be higher than average if you or
a close relative have had colorectal polyps or colorectal cancer. People
at high risk for colorectal cancer may need earlier or more frequent
tests than others. Talk to your health care provider about when to begin
screening and how often you should be tested.

➔ For more information on colon cancer and prevention: visit the DOH Colorectal
Cancer Control Program's Web site at www.doh.state.fl.us/Family/cancer/crc/index,
or call 850.245.4330.

Also, visit these Web sites: The National Cancer Institute, www.cancer.gov; the
American Cancer Society, www.cancer.org; and the Centers for Disease Control and
Prevention, www.cdc.gov/cancer/colorectal.



Screenings Saves Lives

SCREENING TESTS INCLUDE:

- Every year, a Fecal Immunochemical Test: tests for blood in the stool.
- Every five years, a sigmoidoscopy: a procedure that examines the lower portion of the colon.
- Every 10 years, a colonoscopy: a procedure that examines the entire colon.

Aim for a Healthy Lifestyle

ACCORDING TO THE AMERICAN CANCER
SOCIETY, YOU CAN HELP PREVENT COLON
CANCER WHEN YOU:

- Maintain a healthy weight throughout life.
- Adopt a physically active lifestyle.
- Eat a healthy diet—with an emphasis on plant sources.
- Limit your intake of alcoholic beverages.
- Don't smoke.