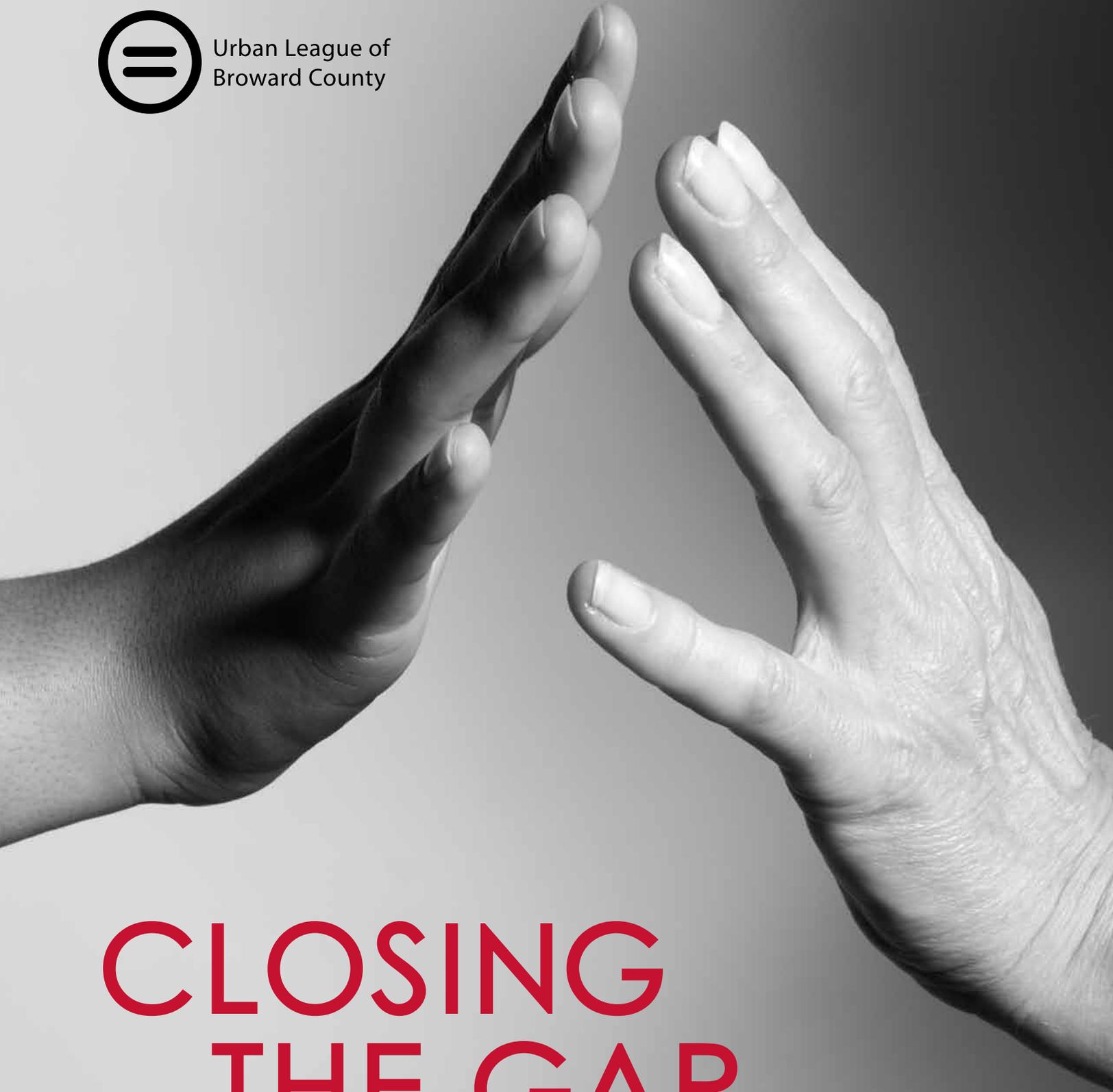




Urban League of
Broward County



CLOSING THE GAP

**THE STATE OF BLACK BROWARD:
HEALTH REPORT**

TABLE OF CONTENTS

- 1 Introduction
Chris Paterson,
President & CEO
Sunshine Health
- 2 From the President's Desk
Germaine Smith-Baugh, Ed.D.
President & CEO
Urban League of Broward County
- 4 The State of Black Broward: Health Overview of Equality Index
- 7 Maternal, Infant and Child Health
Babies Raising Babies
- 11 Health and Nutrition
Obesity: The Silent Epidemic
- 15 Disease Prevention
A World Apart
- 19 Health Equity
Shocking News
- 23 Appendices
Appendix A: Measuring Progress toward Health People 2020 Goals
Appendix B: Glossary of Terms

“Sunshine Health is proud to partner with the Urban League of Broward County to bring forward this seminal issue of *The State of Black Broward: Health Report*.”

You will find in this report some persistent and concerning themes that run across infant/maternal health, chronic disease prevalence, weight management and mental health/substance abuse, demonstrating that issues in these areas disproportionately affect minority populations. This report focuses us on where we need to improve so that we can eradicate these disparities for all Broward County citizens. And, to be sure, our entire community benefits when health outcomes improve for all residents.

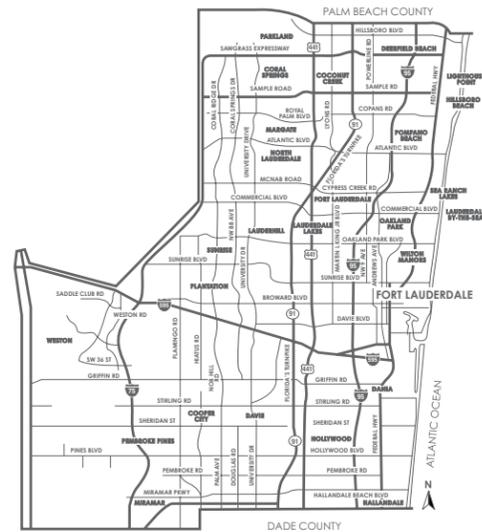
As a health care insurer for many economically disadvantaged people in Broward County, we at Sunshine Health are acutely aware of the need to better engage our fellow citizens and create opportunities for better health. In doing so, we believe a few principles are critical. First, we need all constituencies to work together — community organizations such as the Urban League, Children’s Services Council and the Health Foundation of South Florida; regulators; our school system; providers such as our community health and mental health centers; hospital/health systems; faith-based organizations; and payers. While individual efforts are important,

a fragmented approach cannot provide the interventions needed on the necessary scale to change Broward’s health landscape for economically disadvantaged individuals and move the needle on outcomes. We need to combine our resources and focus our aim in targeted areas.

We also have to be willing to do things differently. We need innovative, culturally competent approaches and new strategies that engage people and transform the delivery of healthcare services. There are great ideas yet to be harvested in Broward from those who understand our healthcare system and our underserved populations. Once we put those ideas into play, we must continue to measure progress through indicators such as those presented in this report to ensure that we are moving in the right direction and fast enough to make a difference.

We hope this report helps galvanize all stakeholders in our community around the issue of health equity and moves us toward sharing resources and expertise to create a web of activities and services that support all of Broward’s citizens on the road to health and wellness.

**CHRIS PATERSON
PRESIDENT & CEO, SUNSHINE HEALTH**



**CLOSING THE GAP:
THE STATE OF
BLACK BROWARD:
HEALTH REPORT**

EDITORIAL DIRECTOR
Danielle Doss-Brown

COPY EDITOR
Alicia Brown

QUANTITATIVE DATA ANALYSIS
Rebecca Walter, Ph.D.

FUNDER
Sunshine State Health Plan
(Sunshine Health)

“The health of our community goes beyond understanding the surface causes of disease. We must go deeper to understand both social and economic determinants, which are the root causes of well-being and illness.”

GERMAINE SMITH-BAUGH, ED.D.
PRESIDENT & CEO
URBAN LEAGUE OF BROWARD COUNTY

From the President's Desk



In the wake of the Supreme Court's ruling on health care reform and heated debates on the health of our nation, we face the glaring reality that many families are in need of extensive medical support. Chronic diseases such as diabetes, stroke and respiratory illnesses continue to affect minority populations at significantly high rates. Non-Hispanic Blacks, as well as Hispanic adults and children, have the greatest disparity when addressing issues of infant health, nutrition and access to care. Observably, we can identify with such facts. Through research, we understand that there are various contributing risk factors that influence health outcomes such as income and access to care. With an acute focus on the social and economic determinants of health, this report serves to reinforce a call to action for local community, government and business leaders to examine and address the underlying causes of health challenges.

Across sectors, we each serve or employ the same population — low-income families in dire need of health, education, housing and financial resources. Each entity does its proverbial best to address presenting problems, and we recognize that we are woefully lacking the depth and breadth of resources needed to help families achieve long-term, positive life outcomes. Nonetheless, we work tirelessly to provide comprehensive services that could lay a foundation for better health. Equipped with reliable, accurate data, we as a community are better prepared to make informed decisions that will build upon existing efforts to reduce health disparities.

If hope sees the invisible, feels the intangible and achieves the impossible, then our hope is that *The State of Black Broward: Health Report* will be added to the work of other local entities to highlight the challenges of access to care, food deserts and chronic diseases that plague our minority communities. Our hope is that we will put a face, a name, a story to the issues related to health disparities, and the term will not be simply bantered about in community conversations. Our hope would be that collectively, we — business, government, faith and community groups, families — can truly advocate for game-changing strategies in Broward County's impoverished communities to address the social and economic barriers to health care.

Yours in the movement,

Germaine Smith-Baugh, Ed.D.
President & CEO
Urban League of Broward County

Overview of Equality Index

INTRODUCTION

The *State of Black Broward: Health Report* provides a snapshot of the state of Blacks in Broward County. The report serves as an objective tool that can be used by political, business, civic, community and grassroots leaders to prepare for the future. The report measures the disparities that exist between racial/ethnic groups in Broward County and calls us to urgent action, if the data warrants such a response.

Similar to reports developed by the National Urban League and other affiliates, *The State of Black Broward: Health Report* has three primary objectives:

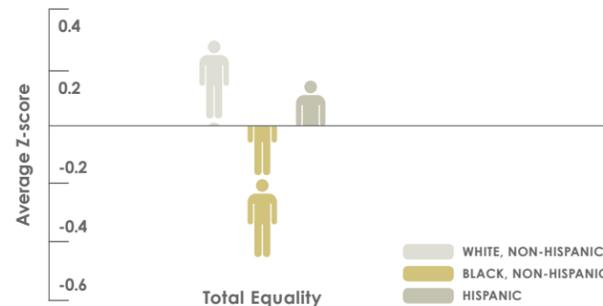
- **Data and Information:** Provides objective data on key health issues for the local area.
- **Call to Action:** Provides an opportunity for thought leaders to give recommendations and engage community in dialogue.
- **Benchmarks:** Provides data that can show trends over time based on actions or nonactions.

METHODOLOGY

In this report, a Health Equality Index (HEI) is utilized to summarize the health status of racial/ethnic groups across 22 indicators nationally identified as factors that significantly influence health outcomes. Given the demographic profile of Broward County, comparisons were made across three primary racial/ethnic groups: Non-Hispanic White, Non-Hispanic Black and Hispanic.

Each indicator falls into one of four categories: **(1) Maternal, Infant and Child Health**, **(2) Health and Nutrition**, **(3) Disease Prevention** and **(4) Health Equity**. **Maternal, Infant and Child Health** indicators capture information regarding fetal and infant mortality, low birth weight, preterm birth, teen birth rate and prenatal care. **Health and Nutrition** captures measurements of physical and mental health, nutrition and substance abuse. **Disease Prevention** includes indicators pertaining to the leading causes of death. **Health Equity** highlights disparities pertaining to access to health care measured by health insurance coverage. Not included are indicators of adult fruit and vegetable consumption and healthy food access. Exclusion of these indicators does not imply irrelevance, but rather the unavailability of recent, comparable data across racial/ethnic groups.

Health Equality Index



The Health Equality Index equally weighs all the categories and indicators. To accommodate different indicator scales and metrics, all values are reported as Z-scores, to quantify how many standard deviations — in a positive or negative direction — a group's status on a given indicator deviates from the average. The HEI for any racial/ethnic group is the simple average of its Z-scores for each of the 22 indicators. For example, Non-Hispanic Blacks have Z-scores of -1.1 (maternal, infant and child health), 0.15 (health and nutrition), -0.33 (disease prevention), and -0.45 (health equity). The Z-score for each category averages to -0.44, which is the overall HEI for Non-Hispanic Blacks in Broward County.

Data Analysis Snapshot

Data analysis suggests vast disparities between racial and ethnic groups in the following areas:

MATERNAL, INFANT AND CHILD HEALTH

- = Fetal deaths and infant mortality rates are approximately three times higher for Black infants, when compared to White and Hispanic infants.
- = The highest rates of teenage births occur among young Black teens (38.2%), followed by Hispanic teens (22.9%).

HEALTH AND NUTRITION

- = Approximately 53.1% of Black adults in Broward County are considered obese.

- = Among teens, Blacks and Hispanics are twice as likely to be overweight or obese when compared to White teens.

DISEASE PREVENTION

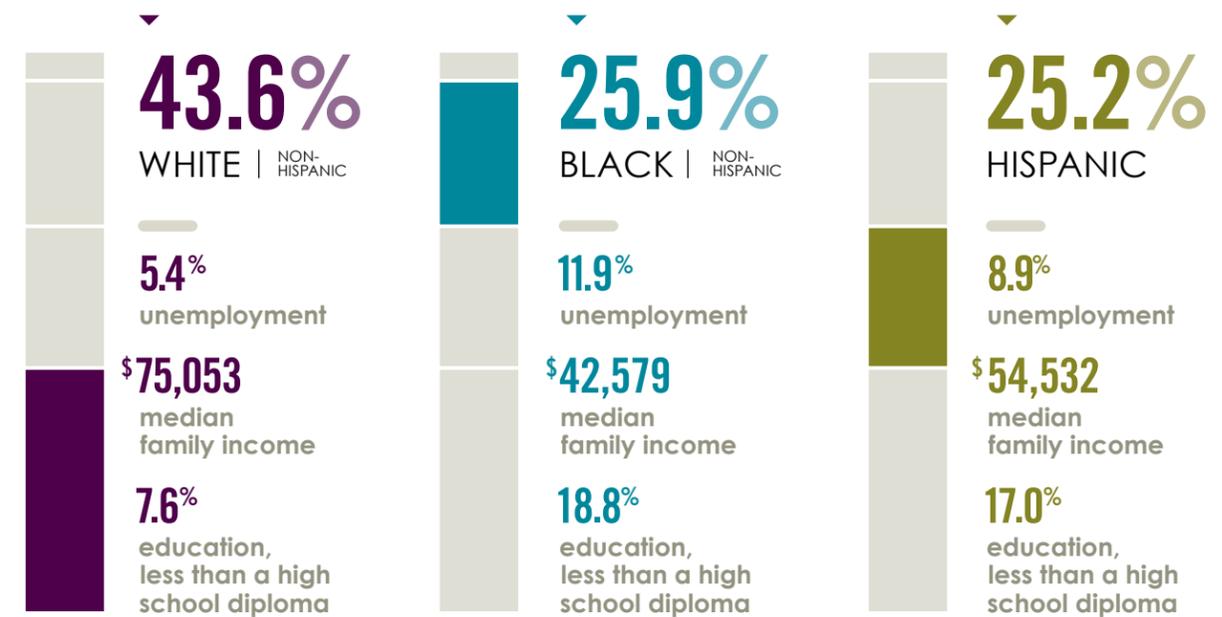
- = Non-Hispanic Blacks are six times as likely to die from HIV/AIDS when compared to Hispanics and Non-Hispanic Whites. In 2011, Non-Hispanic Blacks accounted for more than 60% of all deaths from HIV/AIDS in Broward County.

HEALTH EQUITY

- = Black and Hispanic children and adults continue to suffer from low rates of health insurance coverage at approximately two times the rate of Non-Hispanic Whites. In 2011, about 40% of Blacks and Hispanics lacked health insurance coverage compared to about 20% of Non-Hispanic Whites.

BROWARD COUNTY DEMOGRAPHIC PROFILE

TOTAL POPULATION: 1.7 MILLION



Source: U.S. Census Bureau, 2009 – 2011 American Community Survey

“The disparities highlighted in this report are a clear call to action for the entire community.”

It is vital that the energy and resources generated by shining a spotlight on these issues be used to grow the promising initiatives that are being undertaken in the community.

The Children's Services Council (CSC) is an active partner in several initiatives designed to address these disparities such as: T.O.U.C.H. (Transforming Our Community's Health), Pioneering Healthy Communities, The Fetal/Infant Mortality Review Team Community Action Committee and the Children's Strategic Plan.

I hope the public will engage with these efforts and once again demonstrate that collectively we can make positive change in our community.

CINDY J. ARENBERG SELZER
PRESIDENT & CEO
CHILDREN'S SERVICES COUNCIL

MATERNAL, INFANT AND CHILD HEALTH



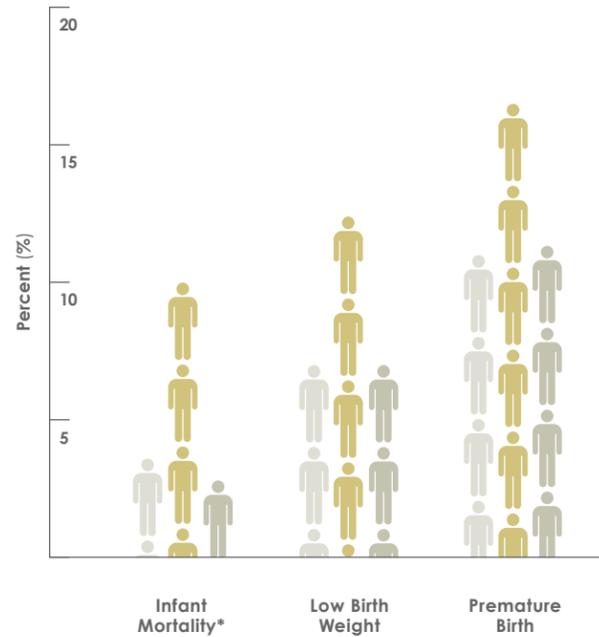
Maternal, Infant and Child Health Issues

= According to data from the Florida Department of Health, Non-Hispanic Black infants have the highest mortality rates and are more than three times as likely as Non-Hispanic White infants to die in their first year of life.

= Effective prenatal care is critical in reducing the low birth weight and preterm births. Despite this known fact, Non-Hispanic Black women are almost twice as likely to receive late or no prenatal care when compared to their Non-Hispanic White and Hispanic counterparts.

= Teen pregnancy and repeat births are of great concern among youths ages 15 -19. Nearly three times as many Non-Hispanic Black teens give birth each year compared to Non-Hispanic White and Hispanic teens. Children born to teenage mothers are more likely to have health problems due to the mother's lack of education, health insurance and financial stability.

Birth Outcomes

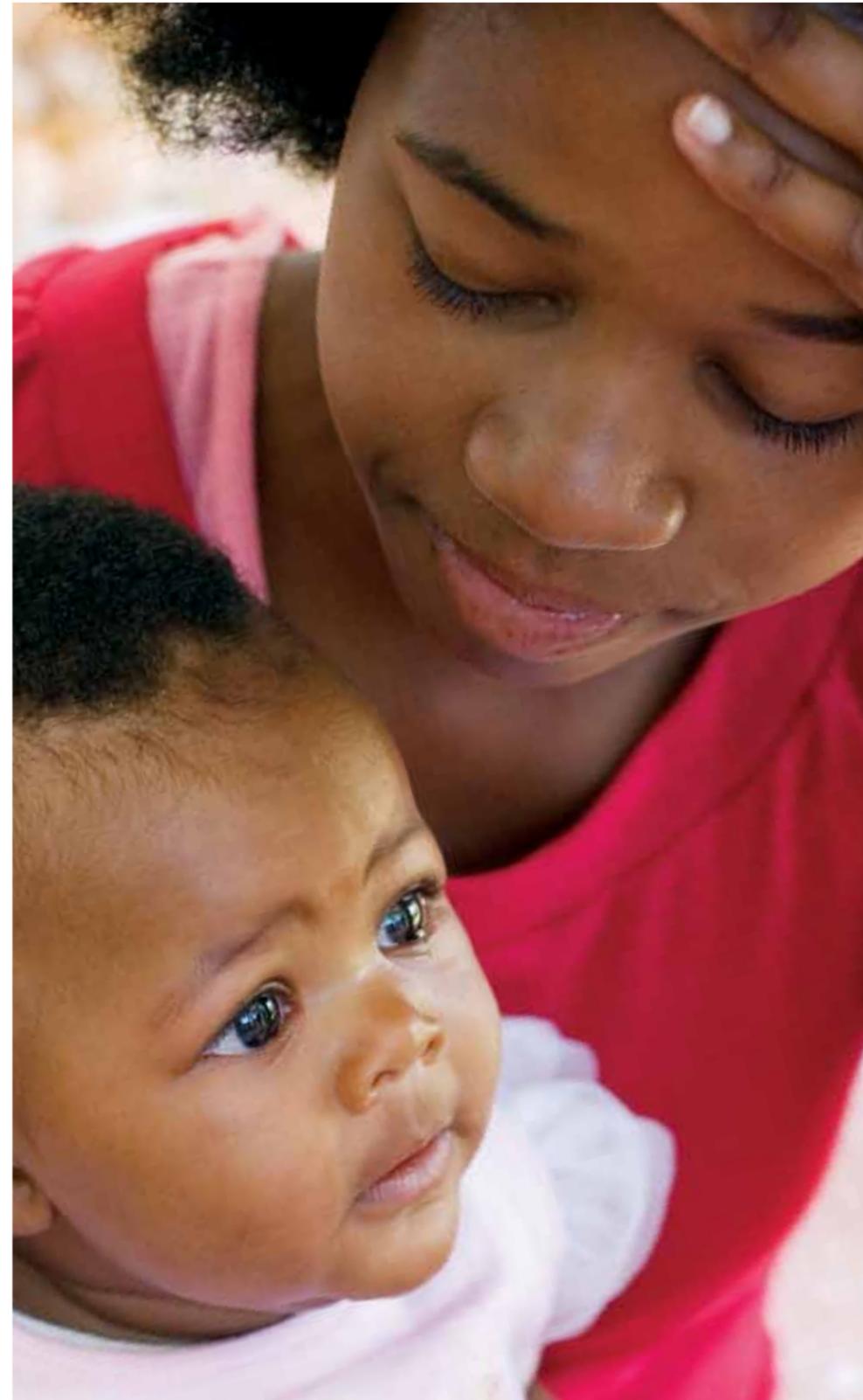


WHITE, NON-HISPANIC
BLACK, NON-HISPANIC
HISPANIC

*Infant mortality is measured by rate per 1,000 live births.



In Broward County, Black infants die at **three times** the rate of their White or Hispanic counterparts.



BABIES RAISING BABIES

MARY NICHOLS, AGE 19*

Without a job or support from her child's father, Mary relied on her mother and sister to get her through a difficult pregnancy.

At the time of her pregnancy, Mary was uninsured and the burden of her medical bills rested on her mother. In addition to the financial strain, Mary endured psychological stress, which developed into postpartum depression following the birth of her daughter.

Mary believes that teen pregnancy and its impact on young women in low-income communities is a topic often overlooked. She credits a small support group of family members as sources of strength getting her through the toughest times.

*Name, portrait and identifying details have been changed to protect the privacy of individuals.

“The School Board of Broward County is dedicated to creating an optimal learning environment that enables our students to do their best.”

We consider the health and safety of our students to be one of our primary goals. Reducing health disparities among children is an essential and moral responsibility of each individual.

Children of color who are underserved are disproportionately subject to lack of access to health care, chronic health conditions, and social, mental and behavioral issues. The school environment provides an opportune conduit to reduce the health disparities among children. Schools can facilitate healthy lifestyle changes by promoting healthy nutrition and activity and providing healthy meals in schools. Develop partnerships with stakeholders in building an infrastructure for students to have direct access to primary health care services with on-site school-based health centers; provide

preventive care such as immunizations, health screenings on school site; develop opportunities to ensure every child is enrolled in a health insurance plan.

We can achieve these goals in reducing the barriers among children of color by ensuring all children have equal access to health services, by working collaboratively with the Broward community in planning and implementation of services. Ultimately, collaborating and advocating at state and federal levels to implement policy and regulatory strategies to address the health service delivery system among racial and ethnic minority groups and promote practice guidelines are the key factors in reducing health disparities.

ROBERT RUNCIE
SUPERINTENDENT
BROWARD COUNTY PUBLIC SCHOOLS



HEALTH AND NUTRITION

Health and Nutrition

The overall health of an individual is influenced by various physical, mental and behavioral factors.

PHYSICAL HEALTH

- = Non-Hispanic Black and Hispanic teens are twice as likely to be overweight or obese as Non-Hispanic White teens.
- = Among adults, Non-Hispanic Blacks (53.1%) are two times as likely to be obese as Non-Hispanic White (23.1%) and Hispanic (23.5%) adults.
- = There is a strong correlation between obesity and diabetes. In Broward County, the highest rates of diabetes exist between I-95 and the Florida Turnpike in minority, low-income communities such as Lauderhill, Lauderdale Lakes, Fort Lauderdale, etc.

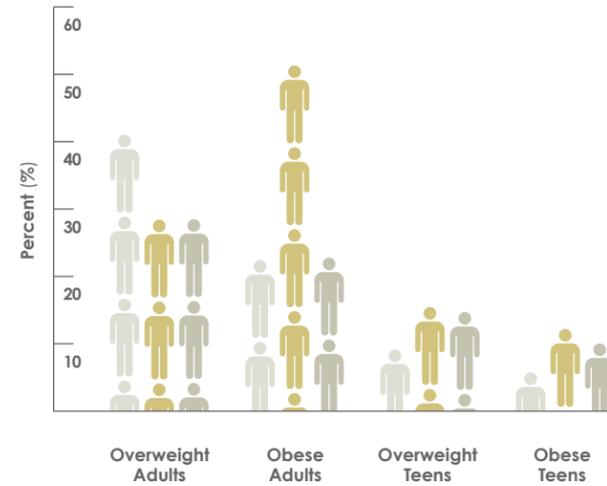
MENTAL HEALTH

- = At a rate of 4.9%, Non-Hispanic Black teens are more likely to attempt suicide compared to Non-Hispanic White teens, according to the 2011 Youth Behavioral Risk Factor Survey.

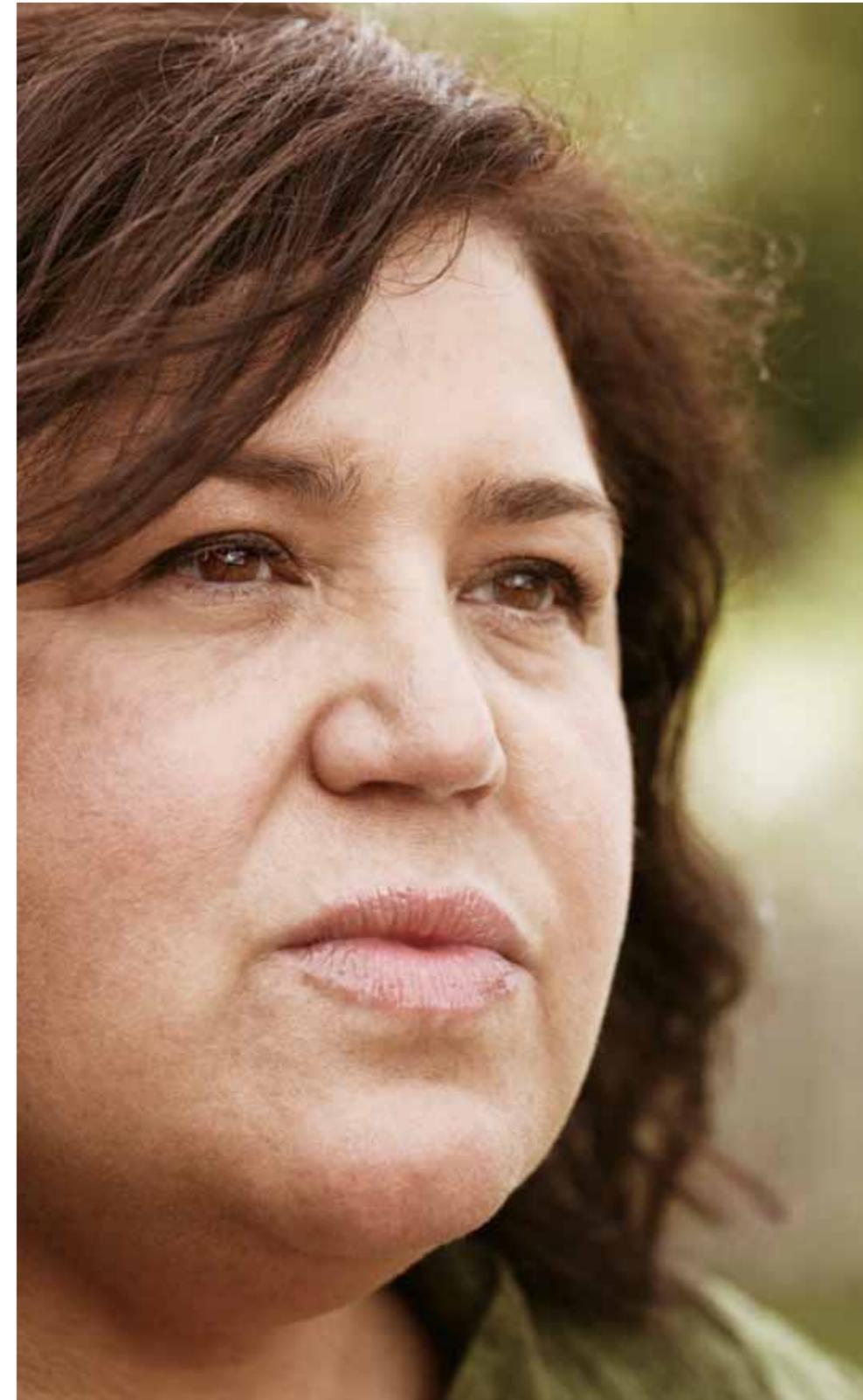
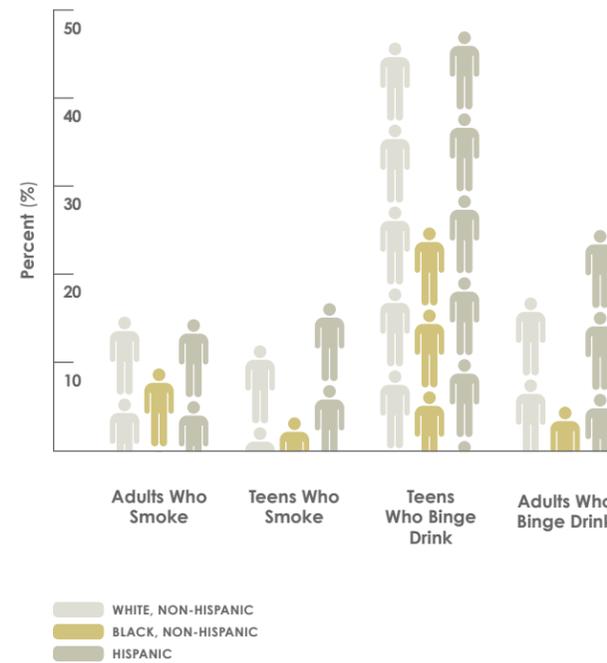
BEHAVIORAL HEALTH

- = Non-Hispanic White adults are three times as likely and Hispanics four times as likely to binge drink when compared to Non-Hispanic Blacks.
- = Approximately 44% of Hispanic teens report having used marijuana one or more times in their life — 10% of which tried the drug for the first time before the age of 13.
- = Research indicates that poor oral health is linked to major chronic disease such as cardiovascular disease, diabetes and stroke. According to the Florida Behavioral Risk Factor Surveillance System Survey, Non-Hispanic Black adults (60.2%) had a permanent tooth removed in 2010 because of tooth decay or gum disease.

Weight Issues



Substance Abuse



OBESITY: THE SILENT EPIDEMIC

SOPHIE HERNANDEZ, AGE 49*

Sophie suffers from multiple health issues, including obesity, thyroid dysfunction and breast cancer. Sophie thought her weight issues were solely a result of her lifestyle choices — eating habits and lack of exercise. However, she learned quickly that one health issue, such as her thyroid dysfunction, can influence other and often more serious problems.

As a result of her health issues, Sophie struggles to lose weight and has been advised to take a control medication for the rest of her life. Research indicates that obesity is linked to increased risk for cancers of the esophagus, breast (postmenopausal), endometrium (the lining of the uterus), colon and rectum, kidney, pancreas, thyroid, gallbladder, and others.

Lacking health insurance, Sophie pays out-of-pocket for each doctor visit. In addition to excessive health costs, the extra weight gain has also lowered her self-confidence, placing a strain on her marriage. In spite of this, Sophie remains optimistic about managing her weight and has committed herself a healthier lifestyle.

*Name, portrait and identifying details have been changed to protect the privacy of individuals.

Although chronic diseases are more common among older adults, they affect people of all ages.

If we make better lifestyle choices — the way we live, eat and think — then we will all live longer, healthier lives, and our health care system will save billions of dollars in preventable medical costs.

A close-up photograph of a female doctor with short dark hair, smiling warmly. She is wearing a white lab coat over a green collared shirt. She is holding a clipboard and looking towards a patient whose back is to the camera. The background is a soft-focus clinical setting.

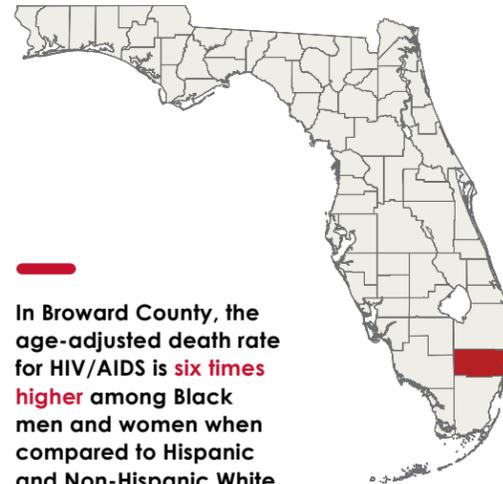
DISEASE
PREVENTION

Disease Prevention

= Cause-specific mortality gaps among Blacks, Whites and Hispanics are, in some cases, substantial; for example, the death rate from HIV-related disease is six times greater for African-Americans than for non-Hispanic Whites and Hispanics.

= Non-Hispanic Blacks experience disproportionately higher rates of breast, prostate and cervical cancer as well as diabetes — at two to three times the rate of Non-Hispanic Whites and Hispanics.

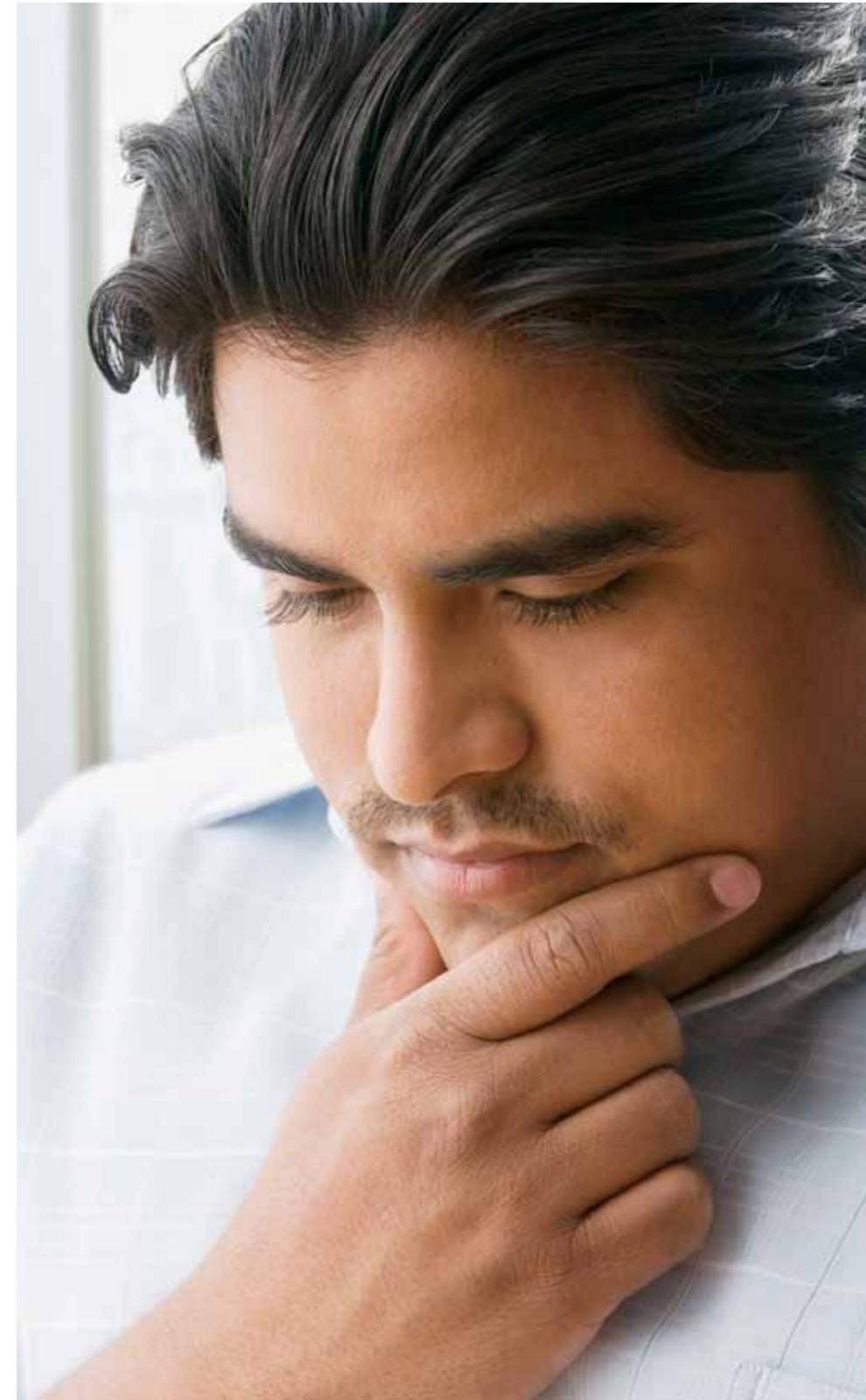
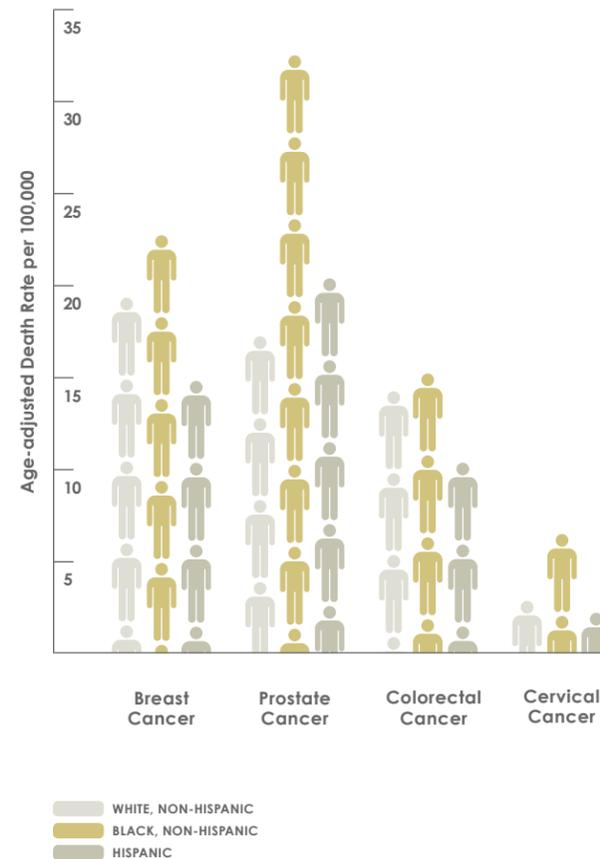
= Disparities in treatment options across racial and ethnic minorities contribute to high mortality rates.



HIV/AIDS Mortality



Cancer Mortality Rates



A WORLD APART

DAVID MARTINEZ, AGE 43*

At the age of 37, David Martinez learned that he was HIV positive. Suffering from drug addiction, David spent most of his adult life in and out of shelters. His support circle included associates at a structured group home for homeless men and women who are living with HIV/AIDS.

Although the shelter provided food and general resources for David, access to sufficient health care remained a critical barrier to living a healthy life. Studies support that persons infected with HIV/AIDS who have access to vital health care resources are likely to live longer, healthier lives.

Managing bouts of chronic illness without health insurance presents a challenge for David to obtain vital medication and continues to adversely affect his overall wellness.

*Name, portrait and identifying details have been changed to protect the privacy of individuals.

“The Health Foundation of South Florida funds organizations working to improve the health of underserved and underrepresented populations, in particular African-Americans.”

We applaud the Urban League of Broward County for identifying critical health disparities in the Broward County community. Beyond these disparities are issues relating to community wellness such as food deserts and access to safe and secure spaces for physical activity.

Now we need to have an action plan. Let us identify top priorities within this report and begin to develop effective strategies that will address deficiencies and improve health in many of the county's most affected neighborhoods.

STEVEN E. MARCUS, ED.D.
PRESIDENT & CEO
HEALTH FOUNDATION OF SOUTH FLORIDA

HEALTH
EQUITY

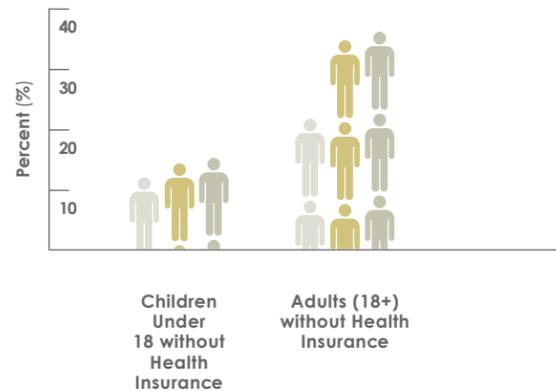


Health Equity

= Non-Hispanic Blacks make up about 26% of Broward County's population, but account for 33% of the uninsured — approximately 151,000 of the 418,000 uninsured people in 2010.

= According to the Florida Behavioral Risk Factor Surveillance System Survey, Non-Hispanic Blacks are two times as likely not to visit a doctor due to cost and Hispanics three times as likely, when compared to Non-Hispanic Whites in Broward County.

Health Insurance Coverage



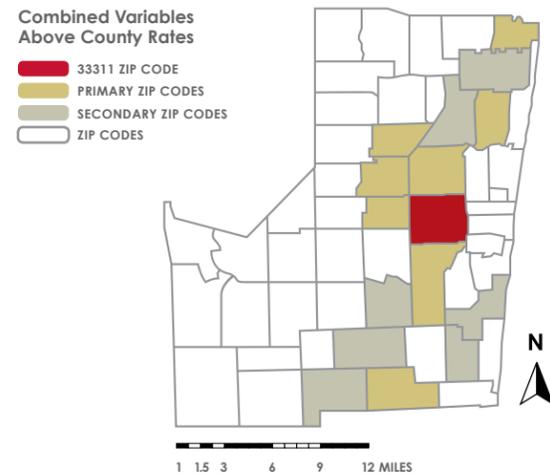
WHITE, NON-HISPANIC
BLACK, NON-HISPANIC
HISPANIC

Healthy Food Access

= Access to affordable, healthy food is largely influenced by social determinants of health such as income, education and housing (see map below).

= Lack of access to healthy food options (i.e., fresh-food farmer's markets, community gardens, supermarkets), coupled with lack of health insurance, places Non-Hispanic Blacks and Hispanics at a higher risk for obesity, diabetes and various chronic diseases.

Target Broward ZIP Codes



Composite map of highest percent of diabetes, unhealthy food index, percent Black population and Earned Income Tax Return rates. ZIP code 33311 (highlighted in red) has a diabetes rate at 210% times the county rate and an unhealthy food index at 111% times the county rate.

Above: Source, Broward Regional Health Planning Council, *TOUCH: Transforming Our Community's Health* — made possible with funding from the Centers for Disease Control and Prevention. **Disclaimer,** This image is from a publication supported by the Cooperative Agreement Award Number U58DP003661-01 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily reflect the official views of the Centers for Disease Control and Prevention.



SHOCKING NEWS

ANGELA FOSTER, AGE 65*

Having survived a triple bypass surgery in 2007, Angela was sure that her health concerns were over. However, in 2009 doctors informed her of a tumor located in the lower lobe of her left lung. Surgery quickly eased Angela's fear of having to undergo radiation and chemotherapy treatments.

Upon retiring at the age of 62, Angela's immune system began to weaken. In the absence of exercise and routine work, her body became more susceptible to viruses. Shortly thereafter, the cancer she thought was removed returned in a more aggressive form — small cell lung cancer. Almost all cases of small cell lung cancer are due to cigarette smoking, and although not strongly supported by research, those who have had a triple bypass could be at higher risk.

With the support of family, Angela is managing her illness and educating others about remaining positive in the face of adversity.

*Name, portrait and identifying details have been changed to protect the privacy of individuals.



Lack of access to fresh food is evident in high concentrations in the low-income, minority areas of Broward County.

APPENDICES

Appendix A: MEASURING PROGRESS TOWARD HEALTHY PEOPLE 2020 GOALS

MATERNAL, INFANT AND CHILD HEALTH					
Measures	Rate Type	Healthy People 2020 Target Goal	White, Non-Hispanic	Black, Non-Hispanic	Hispanic
PREGNANCY ISSUES					
Births to mothers with third trimester or no prenatal care	Percent of births with known PNC status	—	4.1	6.3	4.4
Births < 37 weeks of gestation (preterm)	Percent	11.4	11.0	16.5	11.3
Births < 2500 grams (low birth weight)	Percent	7.8	7.0	12.4	7.0
Births to females 15 – 19 years	Rate per 1,000 live births	—	14.2	38.2	22.9
Repeat births to females 15 – 19 years	Rate per 1,000 live births	—	15.9	19.8	15.5
DELIVERY ISSUES					
Fetal deaths (stillbirths)	Rate per 1,000 live births	5.6	5.3	13.9	5.4
Infant deaths (0-364 days)	Rate per 1,000 live births	6.0	3.6	10.0	2.9

Data Source: Florida Department of Health, Bureau of Vital Statistics, 2011

HEALTH AND NUTRITION					
Measures	Rate Type	Healthy People 2020 Target Goal	White, Non-Hispanic	Black, Non-Hispanic	Hispanic
PHYSICAL CONDITION					
Teens who are overweight	Percent	—	9.4	15.9	15.1
Teens who are obese	Percent	14.5	5.8	12.5	10.3
Adults who are overweight	Percent	—	42.4	29.3	29.4
Teens who are obese	Percent	30.5	23.1	53.1	23.5
Teens who did not eat vegetables	Percent	—	5.5	14.3	9.7
Teens who did not eat fruit	Percent	—	9.3	16.9	15.8
SUBSTANCE ABUSE					
Teens who smoke	Percent	—	12.0	3.8	16.7
Teens who binge drink	Percent	22.7	46.2	25.3	47.4
Adults who smoke	Percent	—	15.2	9.3	14.9
Adults who binge drink	Percent	—	17.4	5.1	25.1
MENTAL HEALTH					
Teens who attempted suicide one or more times	Percent	1.7	4.0	4.9	8.4

Data Source: Florida County-level Youth Online; 2011 High School Youth Behavioral Risk Factors Surveillance and 2010 Adult Behavioral Risk Factors Surveillance Telephone Survey conducted by the Florida Department of Health, Bureau of Epidemiology, Florida Department of Health, Bureau of Vital Statistics.

ACCESS TO CARE					
Measures	Rate Type	Healthy People 2020 Target Goal	White, Non-Hispanic	Black, Non-Hispanic	Hispanic
Adults (18+) with health insurance coverage	Percent	—	78.3	65.3	63.8
Children under 18 with health insurance coverage	Percent	—	88.1	86.2	85.8

Data Source: U.S. Census Bureau, American Community Survey — one-year estimates, 2011

DISEASE PREVENTION					
Measures	Rate Type	Healthy People 2020 Target Goal	White, Non-Hispanic	Black, Non-Hispanic	Hispanic
Deaths (all causes)	Age-adjusted death rate per 100,000	—	701.4	634.8	422.2
Diabetes deaths	Age-adjusted death rate per 100,000	65.8	12.3	25.1	8.1
HIV/AIDS deaths	Age-adjusted death rate per 100,000	3.3	3.3	19.2	1.6
Coronary heart disease deaths	Age-adjusted death rate per 100,000	100.8	99.7	83.2	52.4
Stroke deaths	Age-adjusted death rate per 100,000	33.8	31.1	48.0	28.7
Suicide deaths	Age-adjusted death rate per 100,000	10.2	15.9	3.3	7.5
Homicide deaths	Age-adjusted death rate per 100,000	—	2.3	7.9	1.1
Breast cancer deaths	Age-adjusted death rate per 100,000	20.6	19.1	22.5	14.6
Cervical cancer deaths	Age-adjusted death rate per 100,000	7.1	2.6	6.2	1.9
Colorectal cancer deaths	Age-adjusted death rate per 100,000	14.5	14.0	15.0	10.1
Lung cancer deaths	Age-adjusted death rate per 100,000	45.5	41.2	24.4	17.5
Prostate cancer deaths	Age-adjusted death rate per 100,000	21.2	17.0	32.3	20.2
Chronic lower respiratory disease deaths	Age-adjusted death rate per 100,000	—	35.0	16.9	18.7
Unintentional injuries	Age-adjusted death rate per 100,000	36.0	36.6	25.2	21.7

Data Source: Florida Department of Health, Bureau of Vital Statistics, 2011

Appendix B: GLOSSARY OF TERMS

BINGE DRINKING

Consuming four or more alcoholic drinks for women and five or more alcoholic drinks for men on one occasion.

CANCER

A class of diseases in which a cell, or a group of cells, displays uncontrolled growth, invasion and sometimes metastasis (spread to other locations in the body via lymph or blood).

CHRONIC LOWER RESPIRATORY DISEASE

A lung disease that makes it difficult to breathe.

DIABETES

A lifelong disease marked by high levels of sugar in the blood.

FETAL MORTALITY

The death of fetus or baby after 20 weeks' gestation.

HEALTH INSURANCE COVERAGE

Includes health insurance, prepaid plans such as HMOs and government plans such as Medicare.

HEART DISEASE

Any disorder that affects the heart's ability to function normally.

HIV/AIDS

Human immunodeficiency virus (HIV) is a retrovirus that causes acquired immunodeficiency syndrome (AIDS), a condition in humans in which the immune system begins to fail, leading to life-threatening infections.

HOMICIDE

Injuries inflicted by another person with intent to injure or kill, by any means.

INFANT MORTALITY RATE

Measures the risk of death during the first year of life.

LOW BIRTH WEIGHT

Refers to newborns weighing less than 2,500 grams (5 pounds, 8 ounces).

OBESE

Having a Body Mass Index (BMI) that is greater than or equal to 30.0. BMI is calculated using self-reported height and weight.

OVERWEIGHT

Having a Body Mass Index (BMI) ranging from 25.0 to 29.9. BMI is calculated using self-reported height and weight.

PRENATAL CARE

The education and counseling received during the first, second or third trimester of pregnancy. Late or no prenatal care refers to mothers who receive care after the second trimester or received no care.

PRETERM BIRTH

Births that occur before 37 weeks' gestation.

STROKE

An interruption of the blood supply to any part of the brain.

SUICIDE

Death by intentional self-harm.

UNINTENTIONAL INJURIES

Injury not intended as self-harm or as intentional harm to another person. It is a general term that refers to harm caused by accidents, falls, blows, burns, weapons, etc.

Acknowledgements

The Urban League of Broward County would like to thank all staff, volunteers and Board of Directors for supporting this important endeavor.

ADVISORY COMMITTEE

Joyce Larkin
Centene Corporation

Valerie Rawlston Wilson, Ph.D.
National Urban League
Policy Institute

Cyril Blavo, D.O., M.S., M.P.H. & T.M., F.A.C.O.P.
Nova Southeastern University

Brianna Black Kent, Ph.D., R.N.
Nova Southeastern University

CONTRIBUTORS

Children's Services Council
Cindy J. Arenberg Seltzer
Sue Gallagher, Ed.D.

Broward Regional Health Planning Council
Régine Kanzki
Teina Phillips

FHEED, LLC
Anthony Olivieri, MURP

Housing Authority of the City of Fort Lauderdale
Tam English

Nova Southeastern University
Kamara Salmon

Broward College
Tyiesha Edwards
Patrick Etienne
David Lopez
Gina Nicolaus
Latoya Pantone

Health Foundation of South Florida
Steven E. Marcus, Ed.D.

BOARD OF DIRECTORS

Chair
Doria M. Camaraza

First Vice Chair
Frederick Perry

Second Vice Chair
Marvin Dejean

Secretary
Charles Gordon

Treasurer
Shaun Davis

Member at Large
Albert Tucker

Past Chair
Dennis D. Smith

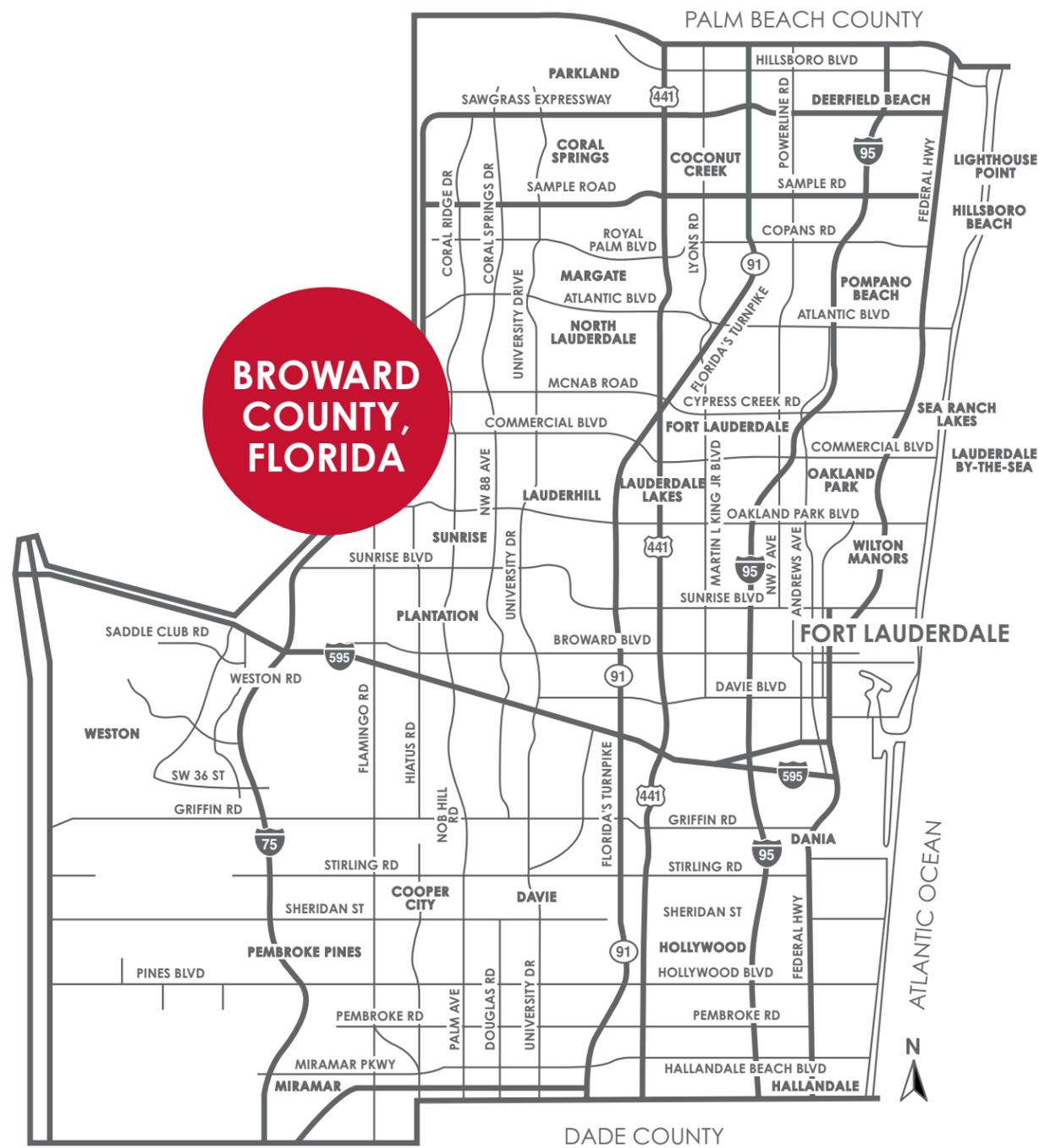
Directors

Corey Alston
Robert Beatty
Jean-Garnier A. Belizaire
Annette Daley
Sheila Dudley
Dr. Linda Howdyshell
Yolanda Cash Jackson
Sohail M. Kothari
Alan Levine
Alan Levy
Chris Madsen
Jim Notter
David Palmer
Chris Paterson
Robert Runcie
Hamish Reed
Dawn Stagliano
Holly Svekis
Elbert Waters, JD
Judge Elijah Williams

President and Chief Executive Officer
Germaine Smith-Baugh, Ed.D.

Additional Resources

For additional information on *The State of Black Broward: Health Report*, please visit ulbroward.org/stateofblackbrowardhealth.



Community Empowerment Center

560 NW 27th Avenue

Fort Lauderdale, FL 33311

TEL 954.584.0777 FAX 754.200.5750

ulbroward.org



Urban League of
Broward County