

Celebrating 100 years of public health in Manatee County

Our History

The **Florida Department of Health in Manatee County** was created by the Manatee County Commission in 1921 with a health officer, a nurse, and a clerk. The administrative office was on the second floor of the courthouse, the clinic was in the basement, and local physicians served as the public health officer. In 1947, the health department became affiliated with the Florida State Board of Health and Dr. William L. Wright became the full-time health officer, initially sharing his time with Sarasota.

Our Directors

William L. Wright, MD, 1947-1952

John S. Neill, MD, 1952-1958

Fredrick K. Allen, MD, 1959-1963

George Dame, MD, 1963-1970

Sam T. Simpson, MD, 1971-1976

John Ambrusko, MD, 1977-1989

Gladys Branic, MD, MPH, DSW, 1989-2009

Jennifer Bencie, MD, MSA, 2010-Present

Values

Innovation

We search for creative solutions and manage resources wisely.

Collaboration

We use teamwork to achieve common goals and solve problems.

Accountability

We perform with integrity and respect.

Responsiveness

We achieve our mission by serving our customers and engaging our partners.

Excellence

We promote quality outcomes through learning and continuous performance improvement.

Mission

To protect, promote & improve the health of all people in Florida through integrated state, county, & community efforts.

Vision

To be the *Healthiest State* in the Nation.

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ACKNOWLEDGMENTS

Building and maintaining a culture of health requires ongoing partnership among a wide range of partners from all sectors of a community. **Community ownership and broad participation are key components of effective Community Health Assessment (CHA) and Community Health Improvement planning (CHIP).** Thank you to all who serve on the Manatee Healthcare Alliance. The Florida Department of Health in Manatee County (DOH-Manatee), on behalf of the Manatee Healthcare Alliance, recognizes the residents of Manatee County who, from all corners of the county, participated in focus groups, completed community surveys, and other assessments, and participated in the evaluation of this Report. Our residents shared their perspectives on community themes and strengths, healthy and unhealthy behaviors, barriers to care, community assets and resources, and community health issues needing the most attention. The Manatee Healthcare Alliance's dedication and collective efforts have made this *2021-2023 Community Health Assessment* and the *Community Health Improvement Plan* possible. The Community Health Improvement Plan is presented in a separate report.

COMMUNITY PARTNERS

Age-Friendly Committee
Alzheimer's Association Florida Gulf Coast Chapter
Blake Medical Center
Brain Health Initiative
Brookdale Living
CareerEdge
CareerSource Suncoast
Centerstone
Drug Free Manatee
Early Learning Coalition of Manatee County
Florida Blue
Florida Department of Children and Families
Florida Department of Health in Manatee County (DOH-Manatee)
Giving Alliance of Myakka City
Gulfcoast South Area Health Education Center
Happy Feet
Health Council of West Central Florida
Healthy Start Coalition of Manatee County
Healthy Teens Coalition
Helping Hands Outreach
Hope Family Services
Jewish Family & Children's Service
Lake Erie College of Osteopathic Medicine
League of Women Voters of Manatee County
Manasota Black Chamber of Commerce
Manatee Chamber of Commerce
Manatee Chamber of Commerce, Health Care Committee
Manatee County Emergency Management

Manatee County Emergency Medical Services
Manatee County Housing Authority
Manatee County NAACP
Manatee County Government, Aging & Eligibility Services
Manatee County Government, Library Division
Manatee County Government, Neighborhood Services
Manatee County Medical Society
Manatee County Sheriff's Office
Manatee Memorial Hospital
Manatee YMCA
MCR Health
Meals on Wheels
Mission Made Possible
North River Prevention Partners
Police Athletic League
Realize Bradenton
Resonate Life Church
School District of Manatee County
Senior Connection Center
St George's Episcopal Church
St Joseph's Food Pantry
State College of Florida
Step Up Suncoast
Students Working Against Tobacco (SWAT)
Surrey Place Healthcare and Rehabilitation
The Center for Urgent Care
The Eye Associates
The Salvation Army
Tidewell
Tobacco Free Manatee
Turning Points of Manatee County
UF/IFAS Manatee County Extension
Unidos Now
United Way Suncoast
University of South Florida
We Care Manatee
Whole Child Manatee
Women, Infants & Children (WIC) Program, Manatee County

INTRODUCTION AND EXECUTIVE SUMMARY

A community health assessment (CHA) is a collaborative process of collecting and analyzing information for use in educating and mobilizing communities, developing priorities, garnering resources or using resources in different ways, adopting or revising policies, and planning actions to improve community health. A CHA is the basis for developing a community health improvement plan (CHIP).

The Florida Department of Health in Manatee County (DOH-Manatee) works with community partners and facilitates the CHA process. The previous process was conducted in 2015 and the resulting plan covered a five -year period. This CHA/CHIP will cover a three-year period to better respond to a rapidly changing landscape and to allow for coordination with community benefit planning efforts conducted by the non-profit hospital (Centerstone) in Manatee County.

To guide the process, a nationally recognized strategic planning framework for community health assessment and improvement planning was selected: Mobilizing for Action through Planning and Partnership (MAPP). A guiding theme of MAPP is that “Improving Health Requires Partners.” MAPP provides a framework to bring together all the different organizations, groups, and individuals that comprise the local public health system. The MAPP process defines a series of six sequential phases. Phases 1 to 3 guide the CHA process, and Phases 4 to 6 guide the CHIP process.

A cornerstone of successful community health assessment and community health improvement planning is community engagement. This is because the health of a community depends on coordinated efforts involving many different organizations and individuals. Broad community participation and collaboration are vital to identifying community needs, resources, and priorities, and to developing effective and sustainable strategies to improve community health.

In Manatee County, a solid foundation for collaborative community health assessment and improvement planning was established in 2010, with the formation of a community coalition of professionals and residents with an interest in health care. This coalition, the Manatee Healthcare Alliance., Inc. (MHCA), is a non-profit organization with the mission of “promoting and ensuring the health and well-being of Manatee County residents through fostering collaboration and partnerships, ensuring access to healthcare and promoting healthy behaviors.”

The organizational structure of the MHCA includes a Board of Directors and standing committees dedicated to strategic priorities.

In 2010, the MHCA initiated a collaborative process of community health assessment with a summit devoted to a review of county health data and visioning. The aim was to identify and prioritize key health challenges. This process was repeated in annual State of the County data reviews in 2011, 2012, 2013, and 2014. In late 2014, the Prevention and Wellness Committee accepted responsibility for steering a new community health

assessment of Manatee County in 2015, with emphasis on community engagement. In April 2016, the MHCA presented the 2015-2020 CHIP to the community. Community partners were recruited and engaged as active participants in identifying and prioritizing strategic issues. Next, CHIP subcommittees were formed to address nine key strategic issues over the period from 2015 to 2020:

- Adult Obesity
- Teen Pregnancy
- Substance Abuse
- Crime and Safety
- Infant Mortality
- Childhood Obesity
- Physical Activity
- Healthy Food Access
- Health Care Access

MCHA subcommittees were assigned to each strategic issue. These subcommittees developed goals, objectives, activities, and short- and long-term outcomes to address each strategic issue. Each subcommittee was charged with reporting progress regularly at MCHA meetings.

DOH-Manatee provided the administrative support, data collection, and reporting for this community driven effort to improve health and health outcomes. The MHCA holds annual CHIP reviews, with the most recent in November 2019. The annual update process is utilized as an opportunity to review progress toward achievement of each objective. Subcommittee leaders provide monthly updates and quarterly reports on progress and, as needed, propose revisions to goals, strategies, objectives, and activities for each of the nine Strategic Issues. The MCHA served as the guiding force for the 2020-2023 CHA/CHIP development.

Phase 1: Organize for Success & Partnership Development

Beginning in January 2020, a steering committee (committee) made up of six community partners was formed to guide and assist with community engagement that includes representation from residents, key stakeholders and other representatives of the local public health system. The committee began the process and had released a community survey when COVID-19 struck. Attention and resources were shifted to respond to the pandemic and for several months work on the CHA/CHIP was suspended. In September 2020, the committee was revitalized, and assistance was sought from staff of the Health Council of West Central Florida to complete the CHA/CHIP process in conjunction the staff from DOH-Manatee.

Phase 2: Visioning

An extensive visioning process was undertaken for the 2015 CHA/CHIP. For the 2021-2023 CHA/CHIP, the Manatee Healthcare Alliance met on November 21, 2019 and finalized the new vision statement: To be the Healthiest County in Florida.

Phase 3: The Four Assessments

The Assessments Phase consists of compiling and analyzing primary and secondary data through four individual assessments to evaluate the health of the community. The four assessments are: Community Health Status, Community Themes and Strengths, Local Public Health System Assessment and Forces of Change Assessment.

The Community Health Status Assessment provides quantitative data on the community's health condition. It answers the questions: *How healthy is the community? What does the health status of the community look like?*

The health assessment looks at secondary data from a variety of sources to answer the questions. Where feasible this report presents characteristics of Manatee County in relation to state and national benchmarks and targets, and to a group of peer counties. These peer counties were identified based on groupings presented at Community Health Status Indicators (CHSI) 2015, a web application offered by the Centers for Disease Control and Prevention (CDC). CHSI 2015 distinguishes 89 peer county groupings nationwide, identified in a cluster analysis of 19 county characteristics, namely: population size, population growth, population density, population mobility, percent children, percent elderly, sex ratio, percent foreign born, percent high school graduates, single parent households, median home value, housing stress, percent owner-occupied housing units, median household income, receipt of government income, household income, overall poverty, elderly poverty, and unemployment.

Manatee County's CHSI 2020 peer grouping included three counties from Florida (Collier, Pasco and Seminole) and a separate indicator for the nearest local health department (Sarasota). Special focus was placed on equity issues throughout this assessment, and the impacts of COVID-19 were discussed in multiple sections.

The Community Themes and Strengths Assessment identifies assets in the community and issues that are important to community members. It answers the questions: *What is important to the community? How is quality of life perceived in the community? What assets does the community have that can be used to improve community health?*

Three activities for primary data collection were undertaken for this assessment. First, a community survey was developed with the assistance of the steering committee in January 2020 and was launched in February. COVID-19 hit in March and resources were shifted to deal with the pandemic and the survey collection ceased. In September 2020, the survey was relaunched with a slight revision to include COVID-19 among responses. Data collected from the first survey period was not used in the final report. Members of MCHA and the steering committee reached out to other community partners to assist in promoting the on-line survey. 820 Surveys were completed in English and Spanish. Data collection ran from September 28 through November 9, 2020.

Focus groups were the second activity for primary data collection. Seniors, youth and young adults were selected as the target audiences for the focus groups and participants were recruited through The Healthy Teens Coalition of Manatee County, Manatee County YMCA and Meals on Wheels/Daybreak Adult Day Center. Three groups were held and provided insight into the needs and perspectives of the populations represented.

The third activity was key informant interviews. MHCA members, steering committee and DOH-Manatee staff prepared a list of potential key informants representing a variety of interests and expertise and approved the questionnaire. Fifteen interviews were conducted and summarized.

All three primary data collection efforts were collated and analyzed to determine the primary themes and strengths.

The Local Public Health System Assessment measures how well different public health system partners work together to deliver the Essential Public Health Services. *It answers the questions: What are the activities, competencies, and capacities of the local public health system? How are the 10 Essential Public Health Services being provided to the community?*

The MAPP model considers the local public health system, not just health departments and medical providers. A local public health system is a complex network made up of all public, private and voluntary entities that contribute to the delivery of essential services within a community. The 10 Essential Public Health Services as revised by the Centers for Disease Control and Prevention (CDC) in 2020, provide a framework for public health to protect and promote the health of all people in all communities.

During the last CHA/CHIP cycle in 2015 an intensive one-day event was held with representation from the larger public health system. This year, out of respect for our partners' time amid a pandemic and the inability to gather a large group together due to social distancing requirements, an on-line survey was developed with one broad question for each of the 10 essential services.

The Forces of Change Assessment identifies forces that may affect a community, and the opportunities and threats associated with these forces. It answers the questions: *What is occurring or might occur that affects the health of the community or the local public health system? What specific threats or opportunities are generated by these occurrences?*

A virtual Forces of Change Assessment was held on November 5, 2020. Participants broke into two groups and brainstormed the forces that were impacting or could impact the health of the community. Threats and opportunities were identified, and each group shared their discussion with each other. Information was compiled and can be found in this report. Forces of change are not necessarily things we can have a direct impact on, rather it is important to recognize and understand the forces at work when developing the goals and objectives of the CHIP.

The draft 2021-2023 Community Health Assessment was presented to the MHCA and DOH-Manatee Performance Management Council along with a survey link for feedback to be broadly disseminated within their networks and partners on December 7, 2020. The draft was also posted on DOH-Manatee Community Health webpage along with the survey link for feedback from the community. The survey link for feedback was open from December 7, 2020 to December 11, 2020. Feedback was incorporated before finalizing the CHA.

Community Health Improvement Plan Phases

Phase 4: Identify Strategic Issues.

This phase uses the information gathered from the four assessments to determine strategic issues a community must address in order to reach its vision.

Phase 5: Formulate Goals and Strategies.

This phase involves specifying goals for each of the strategic issues identified in the previous phase. Many communities create a community health improvement plan at the end of this phase.

Phase 6: The Action Cycle.

This phase includes planning, implementation, and evaluation of a community strategic plan.

The COVID-19 pandemic has had broad and deep impacts during this CHA/CHIP cycle. Finding new ways to engage community partners using technology and completing the activities on a greatly accelerated timeline was challenging. As a result, some voices may not have been adequately represented but will be sought as the action phase begins with committee recruitment. The MCHA is committed to continually assessing if the people being most impacted are included at the table. It is also apparent that the pandemic not only rose to a high level of importance in the assessments, but also help to increase awareness of health disparities in the county. In November, the Manatee County Commission declared racism as a public health crisis, opening the door for more significant and coordinated work around issues of equity and health disparities.

2020 Community Health Assessment Key Findings

The key findings in each of the four community assessments are summarized below.

Local Public Health System Assessment

The primary purpose of the Local Public Health System Assessment (LPHSA) is to promote continuous improvement that will result in positive outcomes for system

performance.

In the past the LPHSA was conducted as a day-long facilitated meeting, where attendees voted on how well each essential service was being fulfilled. For this CHA cycle, out of respect for our partner's time and inability to meet in person due to COVID-19, Manatee County decided to do a brief survey rather than a facilitated event. Participants were asked to rate the activity level for each of the 10 Essential Services using the following scale:

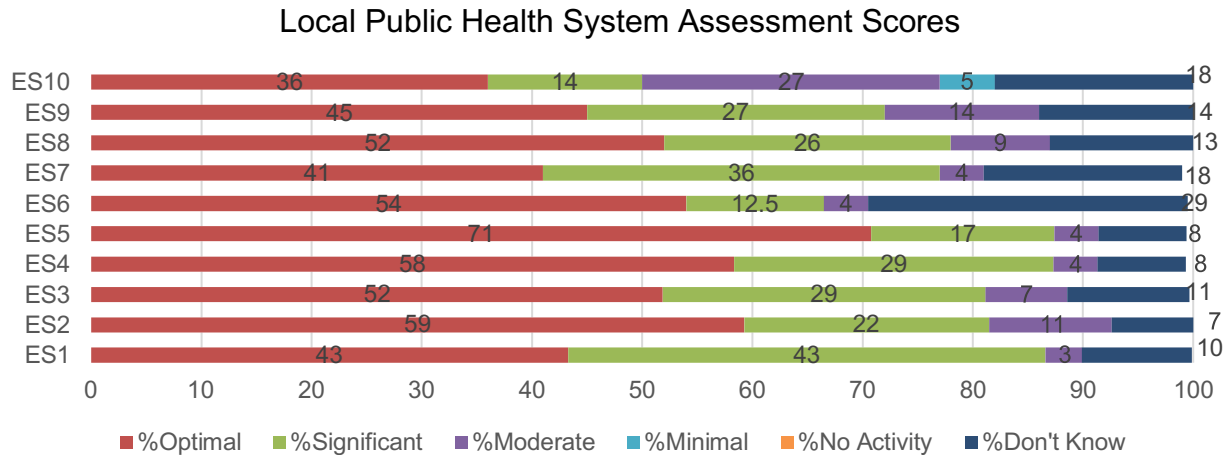
Optimal (76%-100%)	Greater than 75% of the activity described within the question is met
Significant (51%-75%)	Greater than 50% but no more than 75% of the activity described within the question is met
Moderate (26%-50%)	Greater than 25% but no more than 50% of the activity described within the question is met
Minimal (1%-25%)	Greater than 25% but no more than 25% of the activity described within the question is met
No activity (0%)	Absolutely no activity Don't Know-Unaware of these activities

10 Essential Public Health Services (revised 2020)

1. Assess and monitor population health status, factors that influence health, and community needs and assets
2. Investigate, diagnose, and address health problems and hazards affecting the population
3. Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it
4. Strengthen, support, and mobilize communities and partnerships to improve health
5. Create, champion, and implement policies, plans, and laws that impact health
6. Utilize legal and regulatory actions designed to improve and protect the public's health
7. Assure an effective system that enables equitable access to the individual services and care needed to be healthy
8. Build and support a diverse and skilled public health workforce
9. Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement
10. Build and maintain a strong organizational infrastructure for public health

A total of 32 people representing 14 partners in the Manatee local public health system participated.

Summary of Findings



Strengths of the Public Health System

- Essential Service 5- *Create, champion, and implement policies, plans, and laws that impact health* had the highest percent rating for “optimum” among the 10 essential services at 71%.
- Essential Services 1, 2, 3, 4 and 5 had combined “optimum” and “significant” scores in excess of 80% of responses.
 1. *Assess and monitor population health status, factors that influence health, and community needs and assets*
 2. *Investigate, diagnose, and address health problems and hazards affecting the population*
 3. *Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it*
 4. *Strengthen, support, and mobilize communities and partnerships to improve health*
 5. *Create, champion, and implement policies, plans, and laws that impact health*

Areas for Improvement of the Local Public Health System

The greatest variability in responses was in the following essential services:

- Essential Services 6 - *Utilize legal and regulatory actions designed to improve and protect the public’s health*; this had the highest percentage of “don’t know” responses
- Essential Service 9 - *Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement*
- Essential Service 10 - *Build and maintain a strong organizational infrastructure for public health*

Community Themes and Strengths

The Community Themes and Strengths (CTS) Assessment evaluates community members' thoughts, experiences, opinions, and concerns. It answers questions such as:

- How is quality of life perceived in the community?
- What is important to the community?
- What assets does the community have to improve community health?

For the CHA, three primary data collection efforts were undertaken to assess themes and strengths- a community survey, key informant interviews and focus groups with under-represented populations from the survey and key informant activities.

Community Survey

The steering committee approved a community survey and began deploying the survey in March of 2020, just prior to the COVID-19 outbreak. Approximately 300 electronic surveys were returned, when community health staff had to shift attention to the pandemic and data collection ceased. In September, the Health Council of West Central Florida was engaged to complete the CHA, and staff from both organizations met to discuss the survey. It was decided to start the process over, and the original survey instrument was modified slightly to include COVID-19 in response choices. The instrument was modified and was made available in both Spanish and English as was conducted electronically (See Appendix A or B for survey).

The survey was active from September 28, 2020 to November 9, 2020. Community partners were provided with links to each version with the survey, a flyer, images for social media and QR-codes. An e-mail was sent to the MHCA to distribute to clients and partners. Additional partners were recommended, and partners were reminded about the survey and updated on the distribution at regular meetings. In addition, a press release was distributed during the last week in October. DOH-Manatee distributed a press release to inform the community.

A total of 809 participants completed the survey in English and 11 in Spanish. Most respondents were White, Non-Hispanic Females in the age group of 46-65 living in a two-person household with an annual income of at least \$100,000 a year.

Survey participants were asked to select the three most important "health problems" in Manatee County by assigning a first, second and third rank.

Health Problems	Weighted Response Score	Weighted Rank
Addiction (alcohol and other drugs) (2,101)	1,257	1
Drug abuse or overdose	844	2
Mental health issues (Anxiety/Depression) (1,034)	775	3
Infectious disease (COVID-19, hepatitis, TB, etc.)	689	4
Aging problems (arthritis, hearing loss, falls, etc.)	534	5
Child abuse or neglect	305	6
Cancer	257	7
Heart disease	255	8
End of life care (assisted living, nursing homes, hospice, etc.)	240	9
Diabetes	234	10
Severe or persistent mental illness	203	11
Motor vehicle crash injuries (including bikes and pedestrians)	174	12
Dental issues	114	13
High blood pressure	113	14
Sexually transmitted diseases (STD/STI)	65	15
Elder abuse or neglect	57	16
Suicide	56	17
Teenage pregnancy	55	18
Respiratory or lung disease	43	19
Firearm-related injuries	29	20
Homicide	28	21
Obesity, weight and nutrition*	14	22
HIV/AIDS*	9	23
Infant deaths*	5	24
Homelessness*	5	24
Access/affordability of care*	4	26
Poverty/Financial wellness*	2	27
Osteoporosis*	2	27
Govt. Interference*	2	27
Domestic Violence/lack of shelters*	2	27
Discrimination LGBTQ*	2	27
Domestic Violence/lack of shelters*	2	27
Disabilities children and adults*	1	33
Trashy neighborhoods*	1	33
traffic/pedestrian deaths*	1	33
Specialty Care for children*	1	33
Social Media*	1	33
No health issues*	1	33
Lifestyle choices*	1	33

Isolated elderly/no access to services*	1	33
Hypothyroidism*	1	33
Food insecurity*	1	33
All the above*	1	33
Abuse of 9-1-1*	1	33
1 issue: personal relationship with God, everything else health wise can be helped and or prevented if you have that 1st*	1	33

Health problems listed with an * indicate responses written in the text box when participants selected “other” as one of their choices.

Survey participants were asked to select the three most important “unhealthy behaviors” in Manatee County.

Unhealthy Behaviors	Weighted Reponses	Weighted Rank
Adult drug/medication abuse	1,054	1
Being overweight	680	2
Criminal activity (human trafficking, theft, etc.)	592	3
Adult alcohol abuse	382	4
Lack of preventative care, such as screenings or vaccinations	297	5
Self-harm	297	5
Teen substance abuse	297	5
Impaired driving/distracted driving	296	8
Domestic violence	237	9
Poor eating habits	209	10
Tobacco, e-cigarette use, vaping	209	10
Bullying (including cyber bullying)	187	12
Discrimination	157	13
Lack of exercise	134	14
Rape or sexual assault	134	14
Youth dropping out of school	77	16
Unlicensed driving	57	17
COVID- Not wearing masks /lifting mask orders*	5	18
COVID-not allowing for herd immunity/forcing masks*	4	19
Homeless*	2	20
Discrimination LGBTQ*	2	20
Ignoring pandemic*	1	22
Pandemic policies*	1	22
Dental screenings for children/untreated cavities *	1	22
Medical Non-compliance*	1	22

Social Media*	1	22
Govt overtaking private medicine*	1	22
Uninsured drivers, speeding, hit and run on 64E*	1	22
All above*	1	22
Not familiar with the statistics*	1	22
Stress for families raising disabled children*	1	22

Unhealthy behaviors listed with an * indicate responses written in the text box when participants selected “other” as one of their choices.

Survey participants were asked an open-ended question as to what they thought were the most important changes needed to achieve a “healthy community” in Manatee County to improve health and quality of life.

A key word analysis was done on the open-ended questions and the top five topics were: Weight and Nutrition, Mental Health, Substance Abuse, Education (academic and health education), and access to care. Comments predominately supported the need for comprehensive, affordable and availability of services.

Key Informant Interviews

Key informant interviews were selected as a method to gather information about community perspectives as part of the Community Themes and Strengths Assessment informing the CHA. Fifteen interviews were conducted and lasted from 20 minutes to 90 minutes.

Key informants were asked to define the top health issues facing the organizations and populations they represent. At least seven out of the fifteen participants highlighted COVID-19 and mental health as the top issues in Manatee County.

Other issues discussed by multiple participants include drug/opioids use/addiction, obesity, heart disease, high blood pressure, and diabetes. Other issues discussed include social isolation, traffic, safety, breast cancer, teen pregnancy, prenatal care, sexually transmitted infections, dementia and oral health.

Contributing factors to a healthy community included affordability of care, health insurance, education, childcare, transportation and education. Barriers included poverty and low wage jobs that make it difficult to afford housing, lack of quality Medicaid providers, lack of education, cultural norms and stigma, language barriers, lack of trust in authority figures, lack of diversity in leadership positions, crime, lack of father figures in the community, COVID-19 challenges for working parents, and lack of knowledge of community resources.

Participants were asked to identify groups in Manatee County that struggle more than others with the issues they identified. Multiple participants discussed disparities existing in specific areas of the county, like Palmetto (34222), Ellenton (34208), and downtown

Bradenton (34208 and 34205). Low-income residents and communities struggle with crime and lack of facilities. Multiple participants discussed systemic racism as a challenge for Manatee County. Cultural norms in the Hispanic communities are taught to find a way to make ends meet; sometimes this means a young person will quit school in order to provide for their family. People from non-white cultures and those who speak languages other than English will struggle more. Single and teenage mothers, teens unable to access contraception and seniors who are low to moderate income face additional challenges.

Key informant participants were asked to discuss successes in Manatee County, such as programs, assets to the community, policies, partnerships and resources. Despite barriers to access, quality of healthcare in Manatee County was described by a participant as high-quality. Participants expressed a sense of interconnectedness between community agencies. One participant shared their perspective of a good transportation system and highlighted the many outdoor activities as an asset to Manatee County. Another participant praised the community for its resiliency as it relates to crisis specifically during hurricanes and other natural disasters. In their experience, people have reacted in a way that is uplifting during crisis and described a sense that community members are looking out for each other.

Several participants celebrated the natural resources in the community like the water, parks, beaches. The beach community and service industry are a strength bringing tourism to the community.

Resources in the community mentioned by participants include: United Way-211, Village Plan for Manatee County, Manatee Community Foundation, Women's Resource Center, Turning Point, Centerstone, Drug Free Manatee, and Handle with Care.

Focus Groups

Seniors, youth and young adults were selected as the target audiences for the focus groups and participants were recruited for three groups through The Healthy Teens Coalition of Manatee County, Manatee County YMCA and Meals on Wheels/Daybreak Adult Day Center.

Seniors had seven participants, youth had six participants and young adults had seven. All participants rated their quality of life between 6 and 10 on a zero to ten-point scale. Each of the three groups discussed the role mental health plays in their life versus physical health.

Assets in the community included good medical providers, outdoor activities and parks, free community classes, and adult day care program. Barriers included COVID-19, mobility problems in aging and osteoporosis, high crime neighborhoods, observation that the agencies providing services to the community appear to be overburdened, lack of health insurance in middle class families, seniors find selecting Medicare coverage as confusing (for Community Assets and Resources, see Appendix D).

Top Health Issues/Concerns/Diseases

- The seniors focus group agreed that diabetes, orthopedics (need for providers), mental health and osteoporosis as their top health concerns.
- In the conversation around diabetes, the senior group agreed that sugar levels are of concern. While they all expressed a preference for sugary foods, they discussed a loss of taste and appetite as a result of medications and possibly age. This has impacted their diets and the number of nutritious foods they consume and for some either gaining too much weight or losing too much weight.
- When asked about oral health, only one of the senior participants said that they regularly see a dentist. Two of the participants share that they wear dentures and as a result, assumed dental care was not necessary.
- Teens and young adults agreed that mental health, substance abuse and obesity/nutrition, and sexually transmitted infections (STIs) as the most critical health issues in Manatee County.
- One of the teens described a correlation between mental health, substance abuse, and obesity. In discussing mental health, a participant explained their observation of parents taking their stress out on their children creating a cycle of poor mental health.
- One of the teens shared their experience with two chronic diseases and their need to be extremely careful with sports. They explained that they were told they would need to work very hard to lower their stress level in order to safely engage in sports.
- Seniors and teens expressed concerns over road/driver safety as a threat to the health of Manatee County residents.

Forces of Change

The Forces of Change Assessment identifies forces that may affect a community, and the opportunities and threats associated with these forces. It answers the questions: *What is occurring or might occur that affects the health of the community or the local public health system? What specific threats or opportunities are generated by these occurrences?*

The Forces of Change Assessment was held on November 5, 2020. Twenty-nine people representing 18 distinct organizations including local government, education, non-profit sector, health care, and concerned citizens participated.

The impact of both COVID-19 and a national election with unknown outcome was woven through the discussion of many of the forces. Other common themes included racial and ethnic disparities in education, employment, income, access to care and health status; and the need for a proactive, long-term approach to funding so progress made isn't lost.

Selected opportunities and threats (see complete list in the Forces of Change section of this plan):

Climate change	Lack of coordinated approach and commitment at state and national level was seen as a threat. The opportunity is for local government to mitigate impacts through development regulations, attract new businesses that develop new technologies to address environmental threats, and improvements in agricultural practices.
Pandemic	Public mistrust and politicization of COVID-19, strain on economy, education and health care system were seen as a threat. Opportunities included learning new ways to work remotely, improvements in epidemiology (contact tracing), more cross-sector collaboration and new vaccines were opportunities,
Development to accommodate growth	Threats include environmental degradation, traffic, water quality issues (including red tide). Opportunities included Approval of the “Water Quality, Fish and Wildlife Habitat Preservation and Parks” initiative, opportunities to collaborate with Mote Marine labs, possibility to improve development regulations.
Racial, Ethnic and Economic Disparities	Threats included social unrest, lower graduation rates among Blacks and Hispanics, lower wages, and continued inequities in juvenile justice system prevents things from improving. Opportunities include implement community-based and employer education on social and economic disparities and how to improve opportunities for all, develop county-wide initiative to look for solutions, and identify specific interventions that can address inequities and implement programs that have shown success
Access to Care	Lack of health insurance due to cost or jobs that don't provide it, digital divide preventing use of telemedicine in low income communities, lack of health literacy were threats. Opportunities include increase the use of community health workers/peer educators, increase school-based health centers for both on-campus and surrounding community, leverage faith-based health ministries and free clinics, mobile clinics for homeless/migrant workers, expanding paramedicine program
Youth Development	Threats include increasing STI rates, comprehensive sexual and reproductive health information lacking, vaping. Opportunities include Millage increase to support schools and Children's services fund, SWAT (Students Working Against Tobacco)
Obesity	Rates are very high in minority populations; whites seem to be doing better Food deserts, no sidewalks in some neighborhoods so walking is dangerous, fast food consumption. Opportunities include recreation offerings improving in some areas, community gardens, strategies to increase participation in WIC and SNAP

Community Health Assessment

While Manatee County is fortunate in many ways regarding education, income, and clinical care, and although the County has improved its ranking under the Community Health Rankings, there are populations being left behind.

Blacks in Manatee County have higher disease incidence of nearly every chronic disease, higher death rates and hospitalization rates from chronic disease, poor birth outcomes, smoking, obesity, shorter life expectancy and greater number of years of potential life lost than Whites. Blacks have lower high school graduation rates, lower wages, lower rates of homeownership, are more likely to be disconnected youth, and are disproportionately represented in the Juvenile Justice system. Hispanics in Manatee County also face many of the same issues faced by Blacks in the county.

COVID-19 has exacerbated disparities that already existed in the County and on a positive note, awareness of underlying social determinates of health has increased. This awareness was evident in the four assessments and can be a catalyst to addressing disparities.

Housing insecurity on the rise due in part to COVID-19 and resulting loss or reduction of income. A larger housing crisis may be looming for renters who were protected under the evection moratorium but are now facing homelessness. Having an eviction on record can make it difficult to obtain housing even if employment has stabilized. Coupled with rising housing prices and stagnant wages, an estimated 45% of households in Manatee County are below the ALICE threshold.

Food insecurity is also increasing as a result of COVID-19 and subsequent job loss. People who have never sought assistance before are utilizing services of food banks. SNAP enrollment is increasing, and schools have taken on increased food distribution efforts to support children who are eLearning or on the hybrid school option. Seniors have lost the option of congregate dining that provided necessary social interaction and have switched to home-delivered meals. Foodbanks have quickly adjusted address the increasing needs and new methods of providing services.

Social isolation, drug use, and mental health problems are exacerbated by COVID-19. Manatee County has a large population over 65 years of age, who are more at risk for death or serious complications from COVID-19.

Highlights of indicators from the community health assessment are provided below.

Note: + Positive trend - Issue of Concern ! Additional Information to consider

	Indicator County Total Population		Equity/ Other Considerations
	Socioeconomic		
+	Higher % of population with bachelor's degree or higher	!	Blacks and Hispanics are less likely to have BA or higher
+	Median income above Florida Manatee County seniors have lower rates of poverty and higher rates of individuals with income in excess of 500% of the federal poverty level compared with Florida.	!	Median income 32% lower for Blacks, 28% lower for Hispanics, Blacks in Manatee lower than Blacks in Florida
+	Overall Manatee poverty rate lower than Florida and declining over time	!	Hispanics have highest rate of poverty followed closely by Blacks 45% of household's do not meet ALICE threshold
+	Unemployment has historically been lower than Florida (pre-COVID)	!	COVID impacts, service industry, tourism and retail a largest risk
-	Highschool graduation rates especially for Blacks and Hispanics	!	83.2% total, 74.9% Blacks, 77% Hispanic
-	Higher percent of population with disability compared with Florida		Manatee County is 12 th in number of people over age 65 in Florida- disabilities increase with age

Health Behaviors		
-	Manatee Adults who smoke greater than Florida Manatee County has higher rates of tobacco-related cancer deaths than Florida, and although rates are declining, Florida rates are declining faster than Manatee County	! Blacks are disproportionately affected by asthma, cancers, lung disease and other chronic illnesses that are exacerbated by smoking. In Manatee County and 21.3% are smokers compared with 12.4% of Blacks in Florida.
-	Youth Vaping in 2020, 25.6% of Florida high school students reported current use of electronic vaping – a 63% increase compared to 2017. Only about 4% of adults in Florida were using ENDS.	! Advertising for tobacco/ENDS concentrated in minority neighborhoods
+	In 2018 Manatee had lower rates of uninsured adults than Florida (12.7% vs 13.5%) (pre-COVID)	! Highest rate on uninsured is among people at 200% FPL or less (34.7% vs 30.9% Florida)
+	Violent Crime has been decreasing in Manatee County overall	! Violent crime has been identified as an area to explore in community health rankings
-	Healthy weight Manatee County has higher rates of overweight adults overall and among non-Hispanic Whites than Florida.	! Blacks and Hispanics, Manatee County has higher rates of obesity than Florida.
+	Overall Manatee County residents are less sedentary than Florida	! Black adults in Manatee County have higher rates of being sedentary than Blacks in Florida, as well as Whites and Hispanics in Manatee County and Florida. Females are more likely to report being sedentary than males in both Manatee County and Florida.
-	Manatee County has higher rates of obesity in mothers at time pregnancy occurs, than Florida	! Increasing trend in both the county and Florida
-	Drug overdoses- When comparing data from the first six months on 2020 with the same period of 2019 fatal overdoses from all drugs increased 8.8% in Manatee County and opioid overdoses remained the same. Non-fatal overdoses from all drugs increased 23.7% and non-fatal opioid overdoses increased by 34.6%.	! Impacts entire population
Chronic Disease		
-	Diabetes death rates are increasing in Manatee County overall, but rates are lower than Florida rates.	! Blacks and Hispanics have higher death rates than Whites, are more likely to be hospitalized, have an ER visit related to diabetes and higher rates of amputation of a lower extremity than Whites
-	Chronic liver disease and cirrhosis is a leading cause of death in Manatee County in the 45 to 54 years age cohort.	! Whites in Manatee County and Florida have higher rates of death from Chronic Liver Disease and Cirrhosis than Blacks. Hispanics have higher rates than non-Hispanics in Manatee County.

-	Overall, rates of Alzheimer's are increasing in Manatee County while remaining static in Florida for both Blacks and Whites.	!	Whites living in Manatee County have higher rates of death from Alzheimer's disease than Whites in Florida. Blacks in Manatee County have lower rates of Alzheimer's disease than Whites or Blacks in Florida
+	Manatee County has lower rates of death from coronary disease than Florida and rates are declining	!	Blacks in Manatee County have higher rates of death from coronary disease than Whites in both Manatee County and Florida, as well as higher rates than Blacks in Florida. However, the rate is decreasing over time.
Mental Health			
-	Suicide rates in Manatee County are higher than Florida and peer county average, and lower than the nearest local health department. Manatee County and Florida do not meet the Healthy People 2030 target.	!	In 2019, suicide death rates in Manatee County were highest in the 75 and older age cohort, with the second highest rates in the 45-54 age cohort.
-	Hospitalization rates for mental disorders among Manatee County residents between 65 and 74 years old were higher than Florida in 2018		
Unintentional Injury			
-	Manatee County has higher rates of hospitalizations for non-fatal falls when compared with Florida	!	Manatee has an older population than Florida. Whites have the highest rate of non-fatal falls when compared with Florida Whites and Blacks and Hispanics in both Manatee County and Florida
-	Death rate for unintentional injuries has remained higher than Florida's rate from 2013-2019.	!	Both Manatee County and Florida have seen an overall increase in the unintentional injury death rate. Manatee County has higher rates of death from unintentional injury than Florida for Blacks, Hispanics and Whites
-	Death rate from unintentional injury deaths by drug poisoning in Manatee County have been consistently higher than the state of Florida from 2013-2019.	!	See drug overdoses
Maternal and Child Health			
+	Manatee County's rate of births to teen mothers, age 15-19 is higher than the state rate, peer counties and the nearest local health department.	!	Rate is declining and current rate meets national target for Healthy People 2030. Blacks and Hispanics have higher rates than Whites
!	Manatee County has seen a rise in fetal deaths beginning in 2014-16 and in the most recent period has a higher rate than Florida.	!	Blacks experiencing a sharp increase beginning in the 2014-2016 reporting period, and exceeding rates among Black in Florida. Manatee Hispanics have higher rates of fetal death than Florida Hispanics

+	Infant death rate in Manatee County is lower than the Healthy People 2030 target, this only applies to White Non-Hispanic residents	!	Black infants are four times more likely to die than White infants in Manatee County. Even though Manatee County has a lower rate of infant mortality across the county, the infant mortality rate for black infants is 3.9 points higher in Manatee County than Blacks in Florida.
Communicable diseases			
-	Manatee County has higher rates of both early and infectious syphilis than per county average, nearest local health department and Florida.	!	Manatee County rates for gonorrhea, chlamydia and bacterial STDs are higher than peer counties and nearest local health department, but lower than Florida

Priority Setting

A crosswalk of issues identified in each of the four assessments and the community health rankings was developed, and the top ten areas of focus were identified (see additional information in Priority Setting Process on page 97). These included obesity/nutrition/diabetes, mental health, substance abuse, access/affordability of healthcare, disparities and equity, oral health, crime/traffic/safety, pandemic/Covid-19, youth and seniors.

Summary sheets were prepared highlighting data, threats and opportunities for each of the ten areas and on December 7, 2020 a prioritization meeting was held with members of the Manatee Healthcare Alliance. Members broke into four groups and discussed two to three issues each and reported back to the larger group. Following the large group discussion, the members voted to focus on the following four issues for the 2021-2023 CHIP cycle:

- Mental Health
- Obesity/Nutrition/Diabetes
- Youth Development
- Communicable Diseases

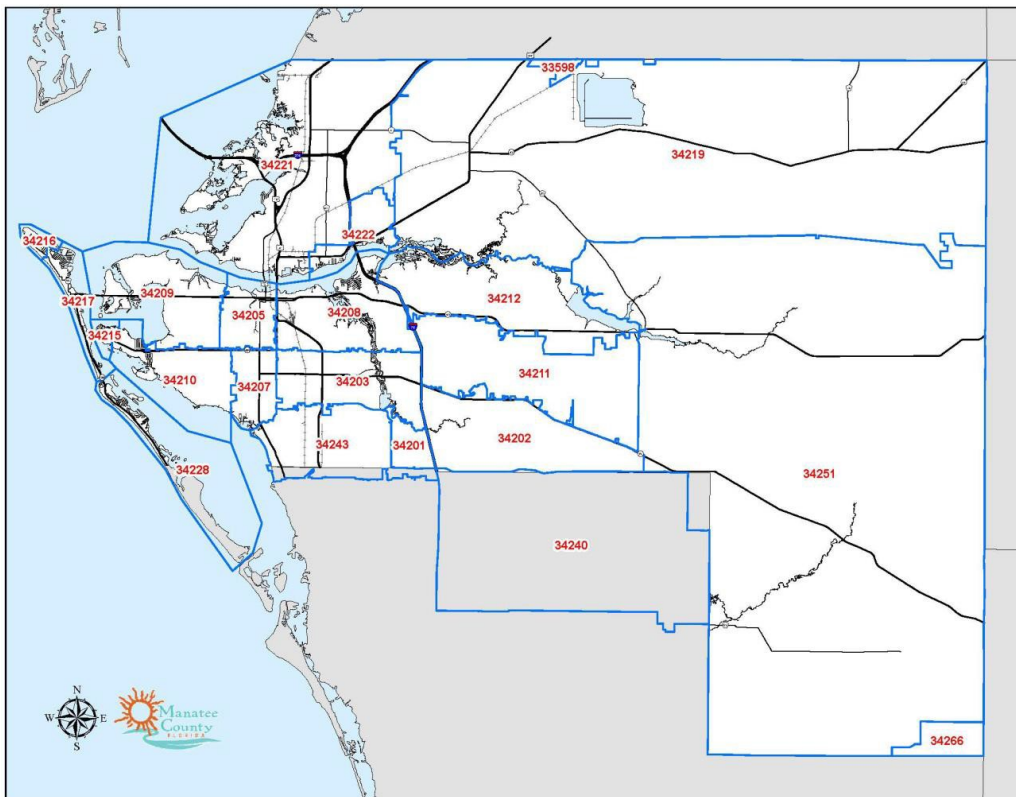
Four committees were formed to determine the specific strategic issues to be addressed as part of the CHIP process beginning the week after the prioritization meeting.

Manatee County and Florida Demographic Profile

Geography

Bordering the Gulf of Mexico on the west coast of Florida, Manatee County features a wealth of resources including public beaches and parks, sports and recreational amenities, a vibrant cultural community, a strong health infrastructure, an engaged business community, and an international airport and seaport. These resources make it an attractive environment for year-round residents, seasonal residents, and visitors from all over the world.

Containing 893 square miles with a 2020 population estimate of 413,253, Manatee County is the 14th most densely populated county in Florida out of 67 counties. The county includes six incorporated areas. The cities of Bradenton and Palmetto are located on the mainland. The four other incorporated areas – Anna Maria, Bradenton Beach, Holmes Beach, and Longboat Key – are located on barrier islands. Unincorporated areas include Ellenton, Parrish, Myakka City, Duette, and Lakewood Ranch, a master-planned community located southeast of Bradenton, and shared with neighboring Sarasota County.



Map courtesy of Manatee County Government

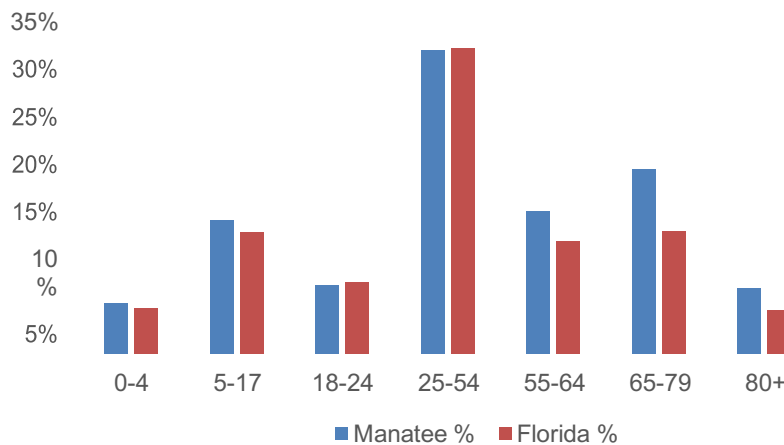
Population

According to the world population view, Manatee County had an estimated population of 413,253 in 2020. In addition, Manatee County has seasonal residents, tourists and migrant farmworkers. The National Center for Farmworker Health estimated 10,962 farmworkers in 2017 (most recently available data) and the Bureau of Economic and Business Research estimated approximately 41,387 (2018) seasonal residents. The Manatee County Tourist Development Council estimated that the number of visitors in 2019 was 772,500, up from 715,400 in 2018, generating over a billion dollars to the economy.

Age

Manatee County closely reflects the age distribution of Florida with the largest population in the 25-54 age cohort. Manatee begins having a higher percent of population than Florida beginning with the age 55 to 64 cohort and that continues through the 85+ cohort. Manatee County ranks 13th out of 67 counties in Florida for the percent of persons age 65 and older. In 2018, the median age in Manatee County was also higher than the State at 48.0 years vs 41.9 years. Likewise, Manatee County has a smaller percent of the population under age 5 than Florida (4.6% compared to 5.3%), and persons under age 18 (18% compared to 19.7%).

Figure 1: Percent Age Distribution Manatee County and Florida, 2019



Source: University of Florida Bureau of Economic and Business Research, Population Projections by Age, Sex, Race, and Hispanic Origin for Florida and Its Counties, 2020–2045, With Estimates for 2019; June 2020

Sex

In Manatee County 48.3% of the population across all ages are male and 51.7% are female which compares closely to Florida. Females account for 54% of the population in the 65 and older age cohort.

Race/Ethnicity

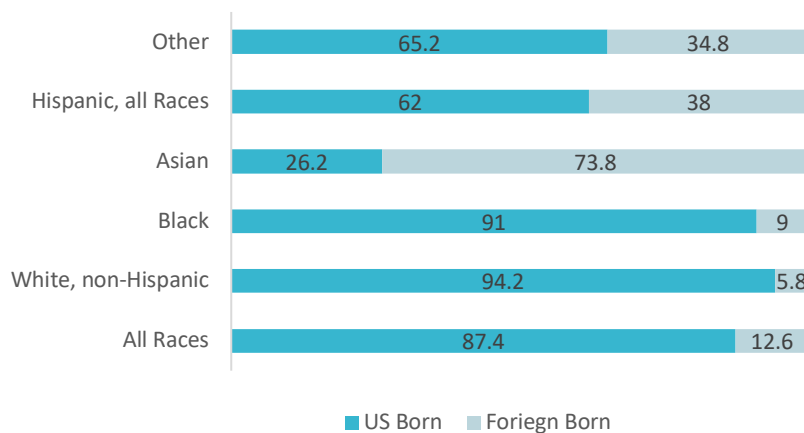
When comparing race and ethnicity, the population of Manatee County has a higher percent of White residents (86%) than Florida (77%); a lower percent of Blacks (9.3% compared with 16.9%), and a lower percent if Asians (2.3% compared to 3.0%). The Hispanic/Latino population is also lower in Manatee County at 16.9% when compared to Florida at 26.4%.

Nativity and Language

The U.S. Census Bureau uses the term foreign born to refer to anyone who is not a U.S. citizen at birth. According to the U.S. Census Bureau, approximately 12.6% of Manatee County's population is foreign born, a lower proportion when compared to Florida (20.5%).

Figure 2 shows the percent of US born and foreign-born residents by race and ethnicity. Asians, Hispanics and Other have the highest rates of foreign birth.

Figure 2: Nativity Manatee County 5-year estimates, 2018



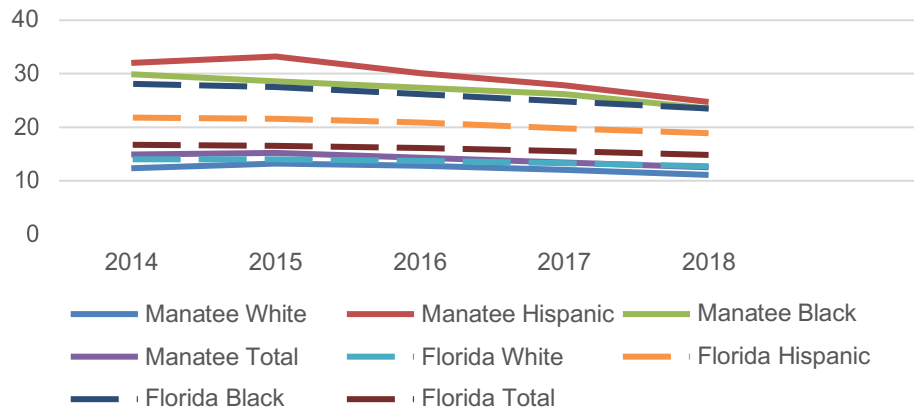
Source: US Census Bureau, 2018 American Community Survey 5-year estimates, B05003.

Manatee has fewer residents with limited English-speaking ability than the state with 6.4% of the population age 5 and older speaking English “less than very well” compared with 11.9% for Florida.

Poverty

Poverty rates have been declining in Manatee County from 2014 to 2018, with an estimate 12.5% of individuals living at or below the poverty level, which is lower than Florida at 16.1%. Whites in Manatee County and Florida have the lowest rates of poverty, Hispanics and Blacks in Manatee County have the highest rates of poverty in both the County and Florida (Figure 3).

Figure 3: Percent of Individuals Living Below Poverty Level, by Race, Ethnicity and Total Population, Manatee County and Florida, 2014-2018

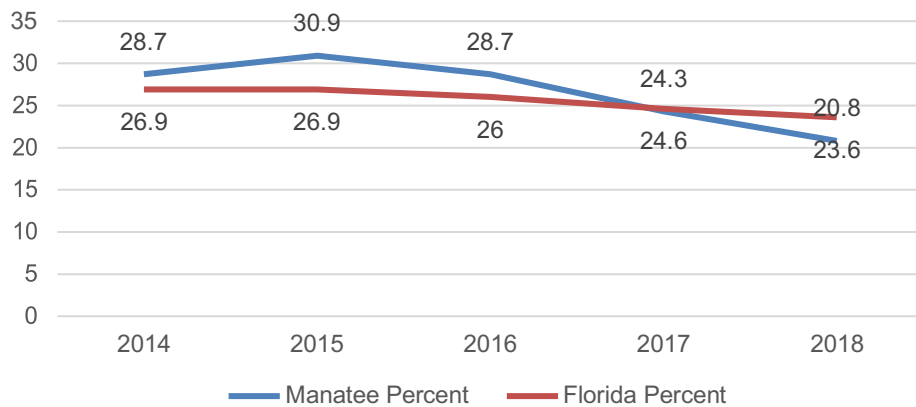


Source: US Bureau of the Census, American Community Survey, Table B17001

Figure 3 data	Manatee				Florida			
	White	Hispanic	Black	Total	White	Hispanic	Black	Total
2018	11.1	24.7	23.5	12.5	12.7	18.9	23.5	14.8
2017	12	27.8	26.2	13.4	13.3	19.8	24.8	15.5
2016	12.8	30.1	27.4	14.3	13.7	20.9	26.2	16.1
2015	13.2	33.2	28.6	15.2	14	21.6	27.5	16.5
2014	12.3	32	29.9	14.9	14	21.8	28.1	16.7

Poverty rates among children under the age of 5 in Manatee County are higher than within the total population with 23.6% of children living at or below the poverty level, which is slightly higher than Florida at 20.8% (Figure 4).

Figure 4: Percent of Children less than 5 years old Living Below the Poverty Level Manatee County and Florida, 2014-2018



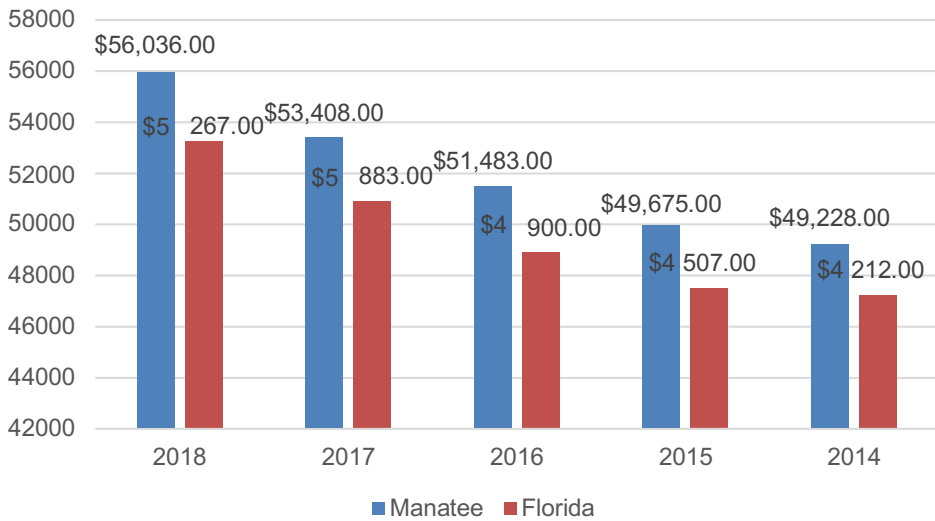
Source: US Bureau of the Census, American Community Survey, Table B17001

ALICE stands for Asset Limited, Income Constrained, Employed. These households earned above the FPL, but not enough to afford basic household necessities. The number of ALICE households is increasing in Florida as a result of rising costs and stagnant wages. There are more ALICE households than households in poverty, and the number of ALICE households is increasing at a faster rate. Forty-five percent of Manatee County households are estimated to be below the ALICE threshold.

Income

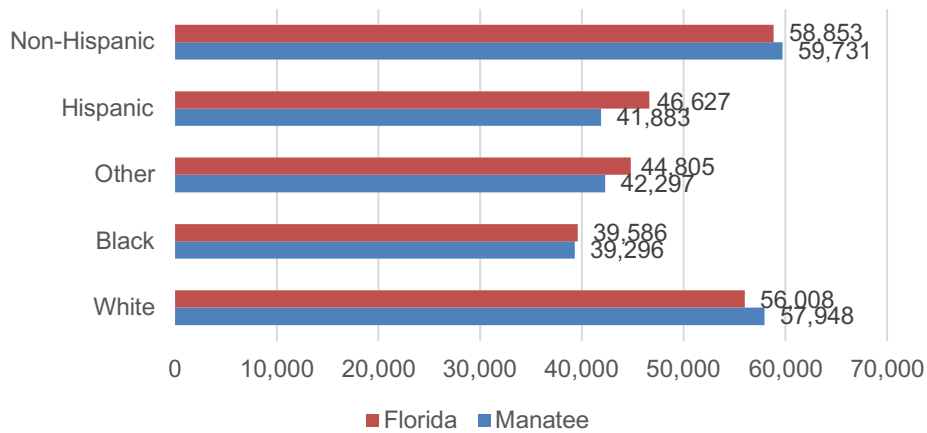
The median income in Manatee County as of 2018 is \$56,036 compared to Florida median income of \$53,267, which has typically been higher than Florida (Figure 5). However, median household income as of 2018 regarding race and ethnicity (Figure 6), shows lower incomes for Blacks, Hispanics and Others.

Figure 5: Median Household Income Manatee County and Florida 2014-2018



Source: US Bureau of the Census, American Community Survey, TableB19013

Figure 6: Median Household Income by Race and Ethnicity, Manatee County and Florida,

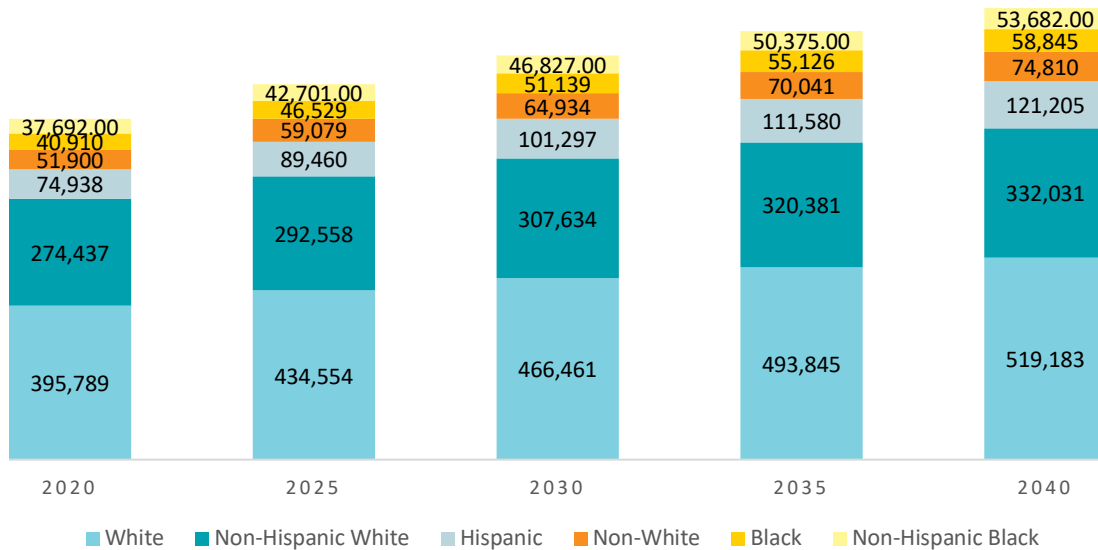


Source: US Bureau of the Census, American Community Survey, TableB19013

Population Projections

It is important to understand the changes of the population over time. For instance, some populations are experiencing higher rates of health disparities. As with much of Florida, the population of Manatee County is expected to increase 12% by 2025 and up to 34% by 2040. During the same time frame, the Hispanic population is projected to increase by nearly 62%, the Black and total non-white populations are projected to increase by nearly 44% each (Figure 7).

Figure 7: Manatee County Population Projections
2020-2040



Source: University of Florida Bureau of Economic and Business Research, Population Projections by Age, Sex, Race, and Hispanic Origin for Florida and Its Counties, 2020–2045, With Estimates for 2019; June 2020

Vulnerable Populations

Persons with access and functional needs include those with physical, cognitive, or developmental disabilities, persons with limited English proficiency, those who are geographically or culturally isolated, and individuals who are medically or chemically dependent. COVID-19 and natural disasters have increased focus on the need to develop better policies and strategies to meet the needs of these populations to address, mitigate and prevent poor health outcomes. Additional information can be found in the Access to Care section, page 260.

Table 1: Percent of Population with Access and Functional Needs

Population	Year	Manatee County		Florida	
		#	%	#	%
Civilian non-institutionalized population with a disability*	2018	52,321	14.1%	2,720,957	13.4%
Persons 18-64 with Independent Living Difficulty*	2018	7,335	3.6%	441,304	3.6%
Persons with Hearing Difficulty (18-64)*	2018	3,835	1.9%	216,126	1.7%
Persons with Vision Difficulty (18-64)*	2018	3,213	1.6%	235,564	1.9%
Seriously Emotionally Disturbed Youth**	2019	3,345	n/a	195,523	n/a
Seriously Mentally Ill Adults**	2019	11,443	n/a	613,027	n/a
Homeless***	2020	466	n/a	28,328	n/a

Source: *US Bureau of the Census, American Community Survey, Table B18102; **Estimates based on Department of Health and Human Services report Mental Health, United States, 1996; ***Suncoast Partnership to End Homelessness, 2020 Point-in-Time Count.

Industry and Employment

Florida Department of Economic Opportunity estimated workforce in Manatee County at 172,351 in August 2020. Key business sectors for job growth in Manatee County include advanced manufacturing, aviation, aerospace and defense, corporate headquarters, life science, logistics and distribution, sports performance and technology. Manatee County is within a one-hour drive from Hillsborough (Tampa) and Pinellas (St. Petersburg and Clearwater) Counties and can draw upon residents in those areas, in addition to Manatee County for skills sets needed for key sector jobs.

Services and retail trade make up over 56% of the Manatee County workforce, and these industries are impacted both positively and negatively by tourism. The top ten industries in Manatee County appears in Table 2 and the top private sector employers appears in Table 3.

Table 2: 2018 Industry Estimates for Civilian Employed Population 16 years and Over

Industry	% Manatee Employed
Services	37.5%
Retail Trade	19.1%
Finance/Insurance/Real Estate	7.1%
Manufacturing	6.4%
Construction	5.3%
Information	5%
Wholesale Trade	5%
Public Administration	4.3%
Agriculture/mining	2.6%
Transportation/Utilities	1.9%

Source: American Community Survey Table S2403 2018: ACS 1-Year Estimates

Table 3: Manatee Top Private Sector Employers

Company	Employment
Beall's Inc.	2,041
Tropicana Products	900
IMG Academy	862
Sun Hydraulics	718
TriNet	657
Pierce Manufacturing	524
SYSCO West Coast	468
Chris-Craft	345
Gettel Automotive Group	324
Air Products & Chemicals	300
Feld Entertainment, Inc.	250
Tropitone	240
SAFRAN Power USA	239
Design Concepts-Marine Concepts	224
Dental Care Alliance	223
Dentsply Sirona Orthodontics, Inc.	202
Hoveround Corporation	200
SUNZ Insurance	188
ItWorks! Global	175
Trident Building Systems	160

Source: Bradenton Economic Development Corporation, October 2020

Note: Employers in bold were updated March-August 2020. Employment is fluctuating at this time, so data should be used with caution.

According to the US Bureau of Labor Statistics data, the annual average rate of unemployment in Manatee County in 2019 was 3.1%. As a result of COVID-19, unemployment reached 11.8% in May of 2020, 9.5% in July 2020, and 6.3% in August 2020. Employment continues to be impacted and unemployment rates are fluctuating monthly. The result is not fully known at this time but may mean a long-term loss of jobs and individuals not returning to the work force or relocating for employment opportunities.

Average monthly employment and average quarterly wages by industry for the April 2020 through June 2020 are provided in Table 4.

Table 4: Quarterly Census of Employment and Wages, Manatee County, April-June 2020

Industry Title	Average Monthly Employment April - June 2020	Average Quarterly Wage April - June 2020
Total, All Industries	117,704	\$11,387
Service-Providing	94,777	\$11,148
Trade, Transportation, and Utilities	26,996	\$9,809
Education and Health Services	24,526	\$12,420
Goods-Producing	22,927	\$12,378
Retail Trade	18,356	\$8,129
Health Care and Social Assistance	16,445	\$12,239
Leisure and Hospitality	14,039	\$6,264
Professional and Business Services	13,231	\$14,085
Accommodation and Food Services	11,312	\$5,158
Construction	11,032	\$12,868
Educational Services	8,081	\$12,789
Manufacturing	8,011	\$14,218
Administrative and Waste Services	6,938	\$11,389
Durable Goods Manufacturing	5,521	\$12,652
Public Administration	5,476	\$13,884
Financial Activities	5,432	\$15,504
Professional and Technical Services	4,904	\$16,695
Transportation and Warehousing	4,734	\$9,640
Other Services	3,891	\$8,700
Natural Resources and Mining	3,884	\$7,188
Agriculture, Forestry, Fishing and Hunting	3,884	\$7,188
Wholesale Trade	3,632	\$17,430
Finance and Insurance	2,839	\$19,445
Arts, Entertainment, and Recreation	2,727	\$10,853
Real Estate and Rental and Leasing	2,592	\$11,187
Nondurable Goods Manufacturing	2,490	\$17,689
Management of Companies and Enterprises	1,389	\$18,334
Information	1,153	\$15,982
Utilities	273	\$24,285
Unclassified	35	\$9,512

Source: The Quarterly Census of Employment and Wages, Florida Department of Economic Opportunity, [Quarterly Census of Employment and Wages - FloridaJobs.org](https://www.floridajobs.org) accessed November 10, 2020

Housing

Table 5: Manatee County Housing Characteristics 2014-2018

Indicator	Measure
Median value of owner-occupied housing units, 2014-2018	\$218,900
# Occupied Housing Units	143,652
% Occupied Housing Units	76.7%
Owner-occupied housing unit rate, 2014-2018	71.6%
Renter-occupied housing	28.4%
Household size owner-occupied unit (people)	2.45
Household size renter-occupied unit (people)	2.89
Vacant housing units (%)	23.3%
Homeowner vacancy (%)	2.4%
Rental vacancy (%)	11.1%
Occupying Mobile home (%)	15.7%
Occupying Boat, RV, van, etc.	0.2%
Median selected monthly owner costs -with a mortgage, 2014-2018	\$1,521
Median selected monthly owner costs -without a mortgage, 2014-2018	\$518
Median gross rent, 2014-2018	\$1,102
Building permits, 2019	4,779

Source: US Census Bureau DP04 Selected Housing Characteristics

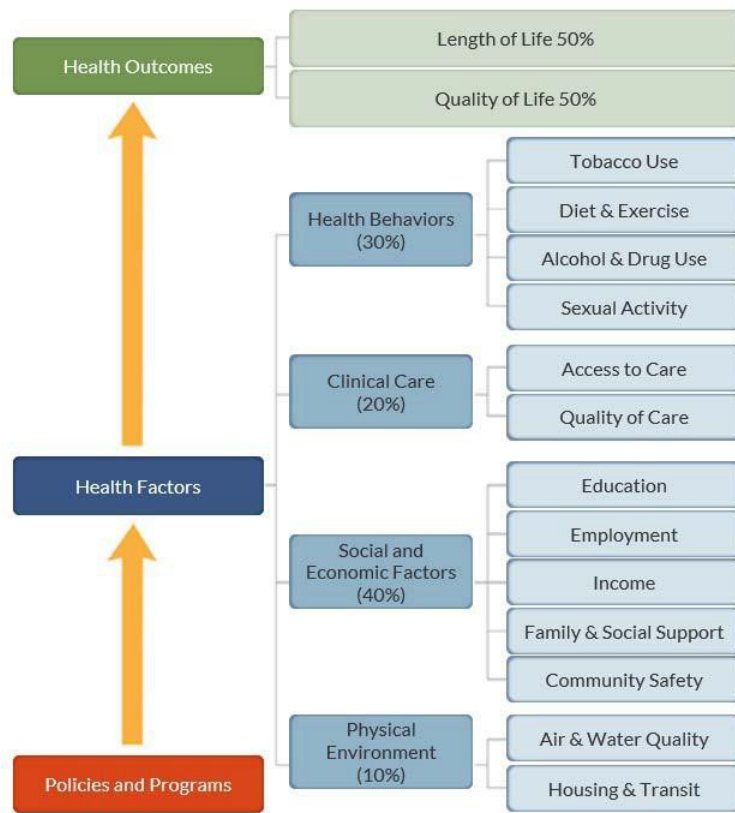
COUNTY HEALTH RANKINGS AND ROAD MAPS

The County Health Rankings and Roadmaps is a systematic approach to having a snapshot of the community's health. These massive efforts are undertaken using a collaborative approach between the Robert Wood Johnson Foundation and the University of Wisconsin's Population Health Institute. According to the County Health Rankings website, "the rankings are compiled using county-level measures from a variety of national and state data sources. These measures are standardized and combined using scientifically-informed weights."

DOH-Manatee and the Manatee Healthcare Alliance have used the County Health Rankings for many years as a guiding principle for the implementation of health initiatives within the community. The County Health Rankings model is a framework for the ranking process which emphasizes the multiple factors that influence how long and how well a

population lives. This model illustrates how certain health factors have a greater impact on health outcomes than others. For example, Social and Economic Factors have the greatest impact on length and quality of life.

Figure 8: County Health Rankings Framework



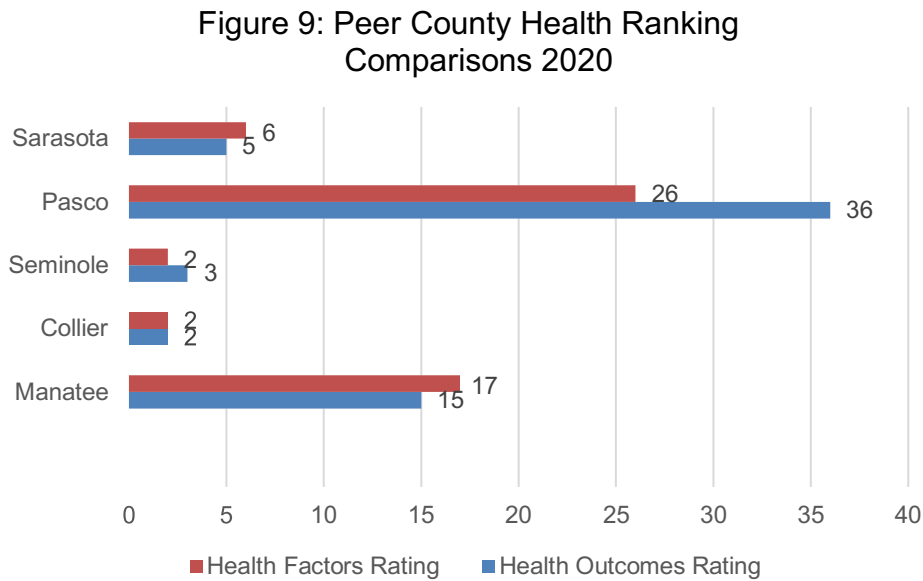
County Health Rankings Model © 2016 UWPHI

Table 6: Overall Rankings Health Outcomes and Health Factors Manatee County 2010-2020

Year	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Health Outcomes	17	21	20	21	22	23	24	21	17	19	15
Health Factors	21	24	23	23	20	20	15	21	23	20	17

Source: The County Health Rankings Report was accessed on 10/12/20 via www.CountyHealthRankings.org

Figure 9 shows the 2020 rankings of Florida peer counties of Collier, Pasco, and Seminole, and the closest local health department, Sarasota.



Source: The County Health Rankings Report was accessed on 10/12/20 via www.CountyHealthRankings.org

Manatee County’s areas of strength identified in the 2020 profile included

- preventable hospital stays
- percent of population with some college
- unemployment rates (pre -Covid-19).

Areas to explore as indicated in the 2020 profile included

- adult smoking
- adult obesity
- uninsured
- high school graduation
- violent crime

The rankings by sub-categories (those indicators which make up the overall County Health Rankings Report) for the past five years are presented for Manatee, FL in the table below. The ranking number refers to Manatee County ranking among the 67 counties in Florida. In order to reach the goal of becoming the healthiest county in Florida, improvement in length of life, clinical care and social and economic environment indicators will need more focus, while making sure to sustain quality of life, health behaviors, and physical environment progress.

Table 7: Sub-category Indicators Manatee County 2015-2020

Indicator/Year	2015	2016	2017	2018	2019	2020
Health Outcomes-Length of Life	31	30	30	34	30	25
Health Outcomes-Quality of Life	12	19	19	7	8	9
Health Factor- Health Behaviors	14	13	13	15	15	13
Health Factors- Clinical Care	18	20	20	26	22	22
Health Factors-Social and Economic Factors	34	22	22	29	26	24
Health Factors-Physical Environment	13	9	9	20	17	15

Source: The County Health Rankings Report was accessed on 10/12/20 via www.CountyHealthRankings.org

As presented above, Manatee County clearly continues to improve in various areas of the County Health Rankings. Improving the health of a community is a shared responsibility among the many organizations that make up the local public health system. These high standings reflect the priority that the community has placed on influencing length and quality of life for its residents. It is important to note that the County Health Rankings provide a snapshot of Manatee County’s standing in comparison to the other 67 Counties, the National Association of County and City Health Officials (NACCHO)’s Mobilizing for Action through Planning and Partnerships (MAPP) model is utilized to complete its Community Health Assessment (CHA).

COMMUNITY HEALTH ASSESSMENT PROCESS

A community health assessment (CHA) is a systematic examination of the current health status in the community, factors contributing to poor health outcomes in a community and to identify key resources available to address needs. The process includes comprehensive data collection and analysis and focuses on the broad system of services and organizations that contribute to the improvement of community health. The CHA is developed through a collaborative process and serves as a basis to identify priority issues and develop strategies to address those needs in measurable ways through the development of a community health plan (CHIP).

DOH-Manatee facilitates the CHA process every 3 to 5 years. The previous process was conducted in 2015 and the resulting plan covered a five-year period. This CHA/CHIP will cover a three-year period to better respond to a rapidly changing landscape and to allow for coordination with community benefit planning efforts conducted by non-profit hospitals in the county.

MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS

The Florida Department of Health in Manatee County (DOH–Manatee) utilized the National Association of County and City Health Officials (NACCHO)’s Mobilizing for Action through Planning and Partnerships (MAPP) model to complete its Community Health Assessment (CHA). The MAPP model is a community–driven strategic planning process for improving community health, and its framework helps communities to apply

strategic thinking to prioritize public health issues and identify resources to address them. The MAPP Process defines a series of six sequential phases. Phases 1 to 3 guide the CHA process and Phases 4 to 6 guide the CHIP process.

Community Health Assessment (CHA)

Phase 1: Organize for Success & Partnership Development

The first phase of the CHA/CHIP involves two critical and interrelated activities: organizing the planning process and developing the planning partnership. The purpose of this phase is to structure a planning process that builds commitment, engages participants as active partners, uses participants' time well, and results in a plan that can be realistically implemented.

Phase 2: Visioning

Visioning, the second phase, guides the community through a collaborative, creative process that leads to a shared community vision and common values. Vision and values statements provide focus, purpose, and direction to the CHA/CHIP so that participants collectively achieve a shared vision for the future. A shared community vision provides an overarching goal for the community -- a statement of what the ideal future looks like. Values are the fundamental principles and beliefs that guide a community-driven planning process.

Because visioning is done at the beginning of the CHA/CHIP, it offers a useful mechanism for convening the community and building enthusiasm for the process, setting the stage for planning, and providing a common framework throughout subsequent phases.

Phase 3: The Four Assessments

The Assessments Phase consists of compiling and analyzing primary and secondary data through four individual assessments to evaluate the health of the community. The Community Health Status Assessment provides quantitative data on the community's health condition. It answers the questions: *How healthy is the community? What does the health status of the community look like?*

The Community Themes and Strengths Assessment identifies assets in the community and issues that are important to community members. It answers the questions: *What is important to the community? How is quality of life perceived in the community? What assets does the community have that can be used to improve community health?*

The Forces of Change Assessment identifies forces that may affect a community, and the opportunities and threats associated with these forces. It answers the questions: *What is occurring or might occur that affects the health of the community or the local public health system? What specific threats or opportunities are generated by these occurrences?*

The Local Public Health System Assessment measures how well different public health system partners work together to deliver the Essential Public Health Services. *It answers the questions: What are the activities, competencies, and capacities of the local public health system? How are the 10 Essential Public Health Services being provided to the community?*

The MAPP model considers the local public health system, not just health departments and medical providers. A local public health system is a complex network made up of all public, private and voluntary entities that contribute to the delivery of essential services within a community. The 10 Essential Public Health Services as revised by the Centers for Disease Control and Prevention (CDC) in 2020, provide a framework for public health to protect and promote the health of all people in all communities.

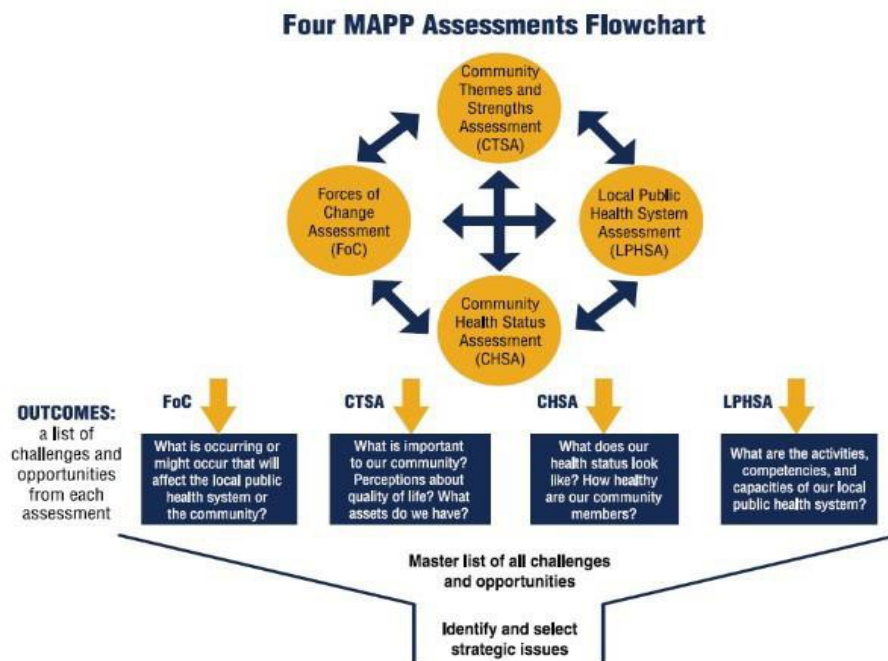


Figure X: Four MAPP Assessments Flowchart
(Source: NACCHO–MAPP user’s handbook, 2013)

Primary and Secondary Data Collection

Primary data is collected first-hand through surveys, interviews, focus groups or observation. The benefit of primary data is that it provides input on questions to address specific issues and provides a snapshot of a specific point in time. It helps to describe an issue, is explorative in nature, but it cannot be statistically analyzed. The downside of primary data collection is the responses can be uneven-sample sizes are generally small and are not always representative of a larger population.

Secondary data is information which is already collected and recorded by someone else and for another purpose, not related to the current issue. It is readily available, collected from various sources like censuses, government publications, internal records and reports, books, journal articles, and websites.

Secondary data offer several advantages as it is readily available, saves time and cost and can generally be quantified in numbers. One disadvantage associated with this type of data is that the usefulness of the data may be of limited relevance in answering “why” questions.

Both primary and secondary data are used in the development of the CHA. In the Community Themes and Strengths section information from the primary data collection efforts help to paint a picture of what people in Manatee County think about the status of health in the community. Primary data for the CHA included a community survey, focus groups with youth, young adults and senior citizens, and key informant interviews. The Local Public Health System Assessment and Forces of Change Assessment are also primary data sources.

Secondary data are included in the demographics, health outcomes and health factors section of the CHA. This data is collected from a variety of sources including:

American Cancer Society
American Community Survey
Baker Act Reporting Center
Bradenton Economic Development Corporation
Centers for Disease Control and Prevention (CDC)
Community Health Rankings 2020, University of Wisconsin Population Health Institute
District 12 Medical Examiner
Family Caregiving Alliance
Feeding America
Florida Agency for Health Care Administration (AHCA)
Florida Behavioral Risk Factor Surveillance System
FLHealthCHARTS
Florida Department of Children and Families
Florida Department of Education
Florida Department of Health, Bureau of Communicable Diseases
Florida Department of Health, Bureau of Immunization
Florida Department of Health, Bureau of Vital Statistics
Florida Department of Health, Division of Community Health Promotion
Florida Department of Health, Division of Medical Quality Assurance
Florida Department of Health, Public Health Dental Program
Florida Department of Health, WIC & Nutrition Services
Florida Department of Juvenile Justice
Florida Legislature, Office of Economic and Demographic Research (EDR)
Gerontology Institute, University of Massachusetts Boston
Kaiser Family Foundation

MacArthur Foundation
National Cancer Institute
National Institute on Drug Abuse (NIDA)
National Institute on Mental Health (NIMH)
Substance Abuse and Mental Health Services Administration (SAMHSA)
Suncoast Partnership to End Homelessness
University of California Irvine
University of Florida Bureau of Economic and Business Research
University of Florida Shimborg Center for Housing
US Bureau of the Census
US Department of Health and Human Services
US Bureau of Labor Statistics

PHASE 1: ORGANIZE FOR SUCCESS & PARTNERSHIP DEVELOPMENT

Beginning in January 2019, a steering committee made up of six community partners was formed to guide and assist with community engagement that includes representation from residents, key stakeholders and other representatives of the local public health system. The committee began the process and had released a community survey when COVID-19 struck. Attention and resources were shifted to respond to the pandemic and for several months work on the CHA/CHIP was suspended. In September 2020 the committee was revitalized, and assistance was sought from staff of the Health Council of West Central Florida to complete the CHA/CHIP process in conjunction the staff from DOH-Manatee.

PHASE 2: VISIONING

An extensive visioning process was undertaken for the 2015 CHA/CHIP. For the 2021-2023 CHA/CHIP, the Manatee Healthcare Alliance met on November 21, 2019 and finalized the new vision statement: To be the Healthiest County in Florida.

PHASE 3: COMMUNITY THEMES AND STRENGTHS

The Community Themes and Strengths (CTS) Assessment evaluates community members' thoughts, experiences, opinions, and concerns. It answers questions such as:

- How is quality of life perceived in the community?
- What is important to the community?
- What assets does the community have to improve community health?

For the CHA, three primary data collection efforts were undertaken to assess themes and strengths- a community survey, key informant interviews and focus groups with under-represented populations from the survey and key informant activities.

Community Survey

The steering committee approved a community survey and began deploying the survey in March of 2020, just prior to the COVID-19 outbreak. Approximately 300 electronic surveys were returned, when community health staff had to shift attention to the pandemic and data collection ceased. In September, the Health Council of West Central Florida was engaged to complete the CHA, and staff from both organizations met to discuss the survey. It was decided to start the process over, and the original survey instrument was modified slightly to include COVID-19 in response choices. The instrument was modified and was made available in both Spanish and English as was conducted electronically (See Appendix for survey).

The survey was active from September 28, 2020 to November 9, 2020. Community partners were provided with links to each version with the survey, a flyer, images for social media and QR-codes. An e-mail was sent to the MHCA to distribute to clients and partners.

Additional partners were recommended, and partners were reminded about the survey and updated on the distribution at regular meetings. In addition, a press release was distributed during the last week in October. DOH-Manatee distributed a press release to inform the community.

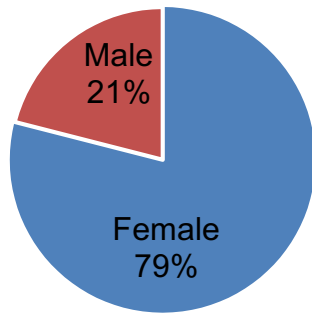
Weekly survey engagement updates to DOH-Manatee where demographics listed below were reviewed, including the number of participants in English and in Spanish:

- Age
- Gender
- Number of people living in household
- Veteran Status
- Town/City
- Zip code
- Year round/seasonal residency
- County lived in other than Manatee
- County of employment
- Race/ethnicity
- Highest grade or year of school completed
- Annual household income

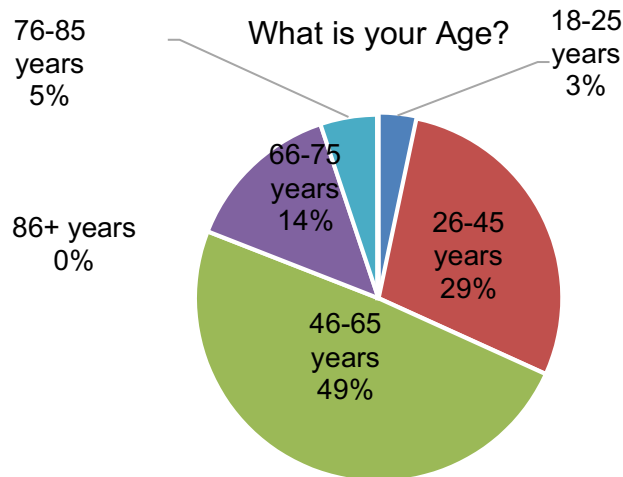
A total of 809 participants completed the survey in English and 11 in Spanish. Most respondents were White, Non-Hispanic Females in the age group of 46-65 living in a two-person household with an annual income of at least \$100,000 a year.

Females made up 79% of the respondents, and 21% of the respondents were male. Participants were also given the choice to select non-binary or transgender.

Which gender do you identify with?

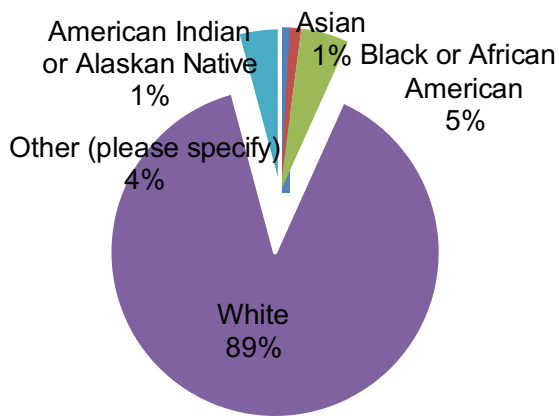


Almost half of the respondents selected the 46-65-year-old age group at 49%. The second most represented aged group was 26-45-year-olds at 29%, followed by 14% of respondents selecting the 66-75 age group. No participants selected 86 years and older for their age.

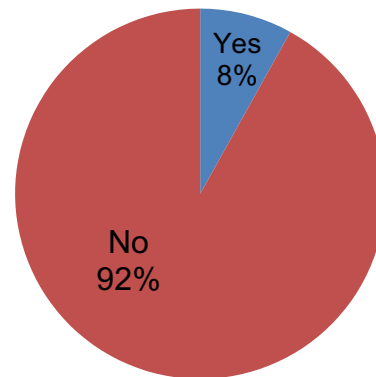


Participants were asked to select their race and were able to select more than one. White was at least one of the races selected by 89% of respondents, and 5% of respondents selected Black/African American as one of their choices. Other was chosen by 4% of respondents and Asian and American Indian/Alaskan Native were each selected by 1% of respondents. Only 8% of the respondents indicated identifying Hispanic, Latino/Latinx or Spanish origin.

Which one or more of the following would you say is your race? Select all that apply.



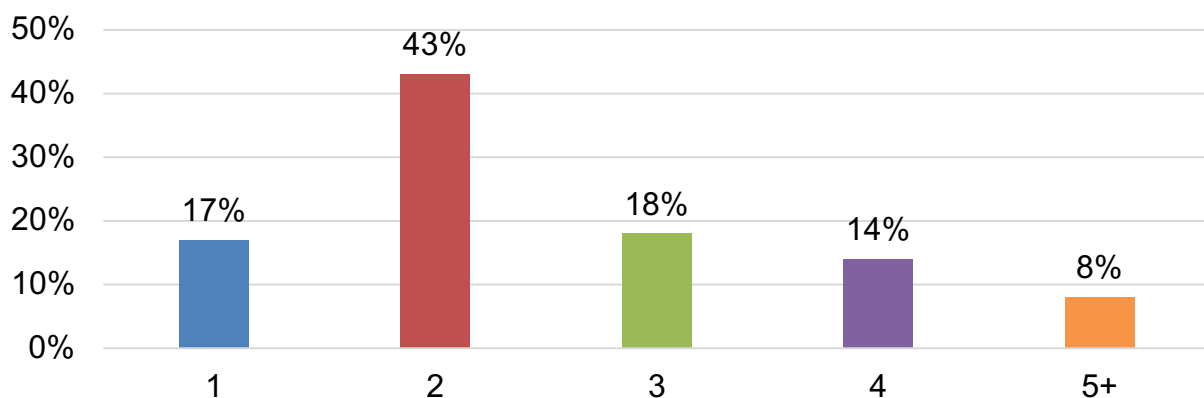
Are you of Hispanic, Latino/Latina, or Spanish origin?



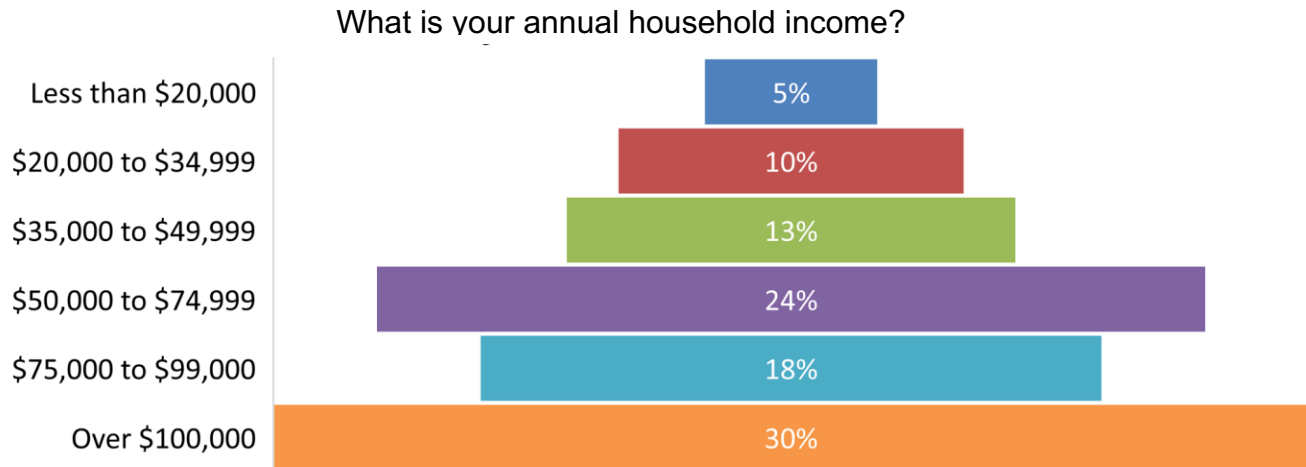
Survey respondents were not representative of the population in Manatee County for race or ethnicity. Whites were over-sampled (89% of respondents vs 86% of population), Blacks were under-sampled (5% of respondents vs 9.3% of the population), Asians were under-sampled (2.3% of respondents vs 3% of population) and Hispanics were under-sampled (8% of respondents vs 16.9% of the population).

The majority of respondents, at 43%, indicated that they live in a 2-person household. This was followed by a 3-person household at 18% and closely by 1-person households at 17%. Fourteen percent of participants live in 4-person households and 8% of respondents live in household of 5 or more. The average household size in Manatee county is 2.57 persons.

Including yourself, how many people live in your household?



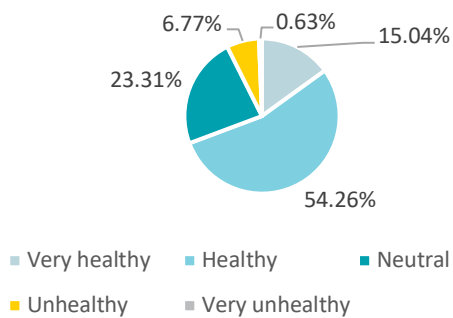
Thirty percent of survey respondents indicated their annual household income to be greater than \$100,000. This represents more participants than any other income level options in the survey. The second most represented income level was \$50,000 to \$74,999 at 24% of participants followed by 18% indicating their annual income to be \$75,000 to \$99,000. A combined 28% of individuals selected an annual income under \$49,999. The least represented income by 5% of respondents was less than \$20,000 annually.



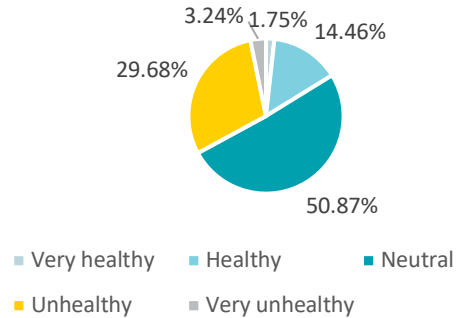
In rating overall community health 51% gave a neutral response, 29% rated it unhealthy, 14% rated it healthy. 3% rated it very unhealthy and almost 2% rated the community health as very healthy.

As to personal health, 54% rated it as healthy, 23% were neutral, 15% rated it as very healthy, and approximately 7% rated it as very unhealthy.

How would you rate your own personal health?

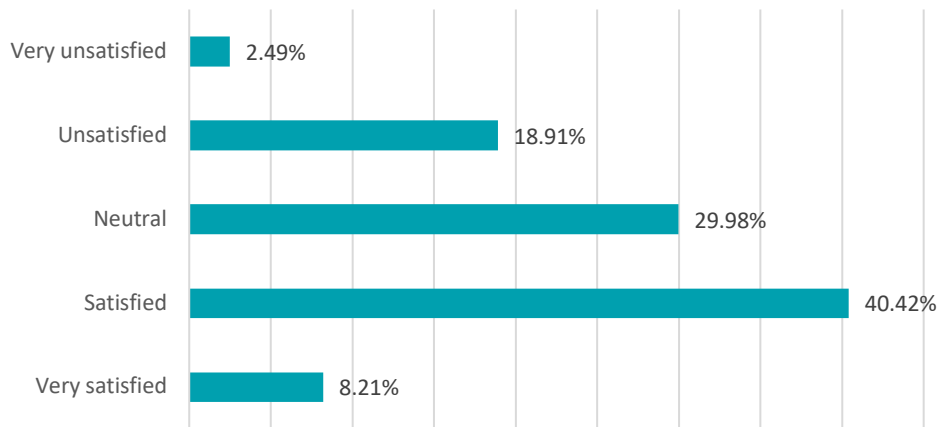


How would you rate the overall health of our community?



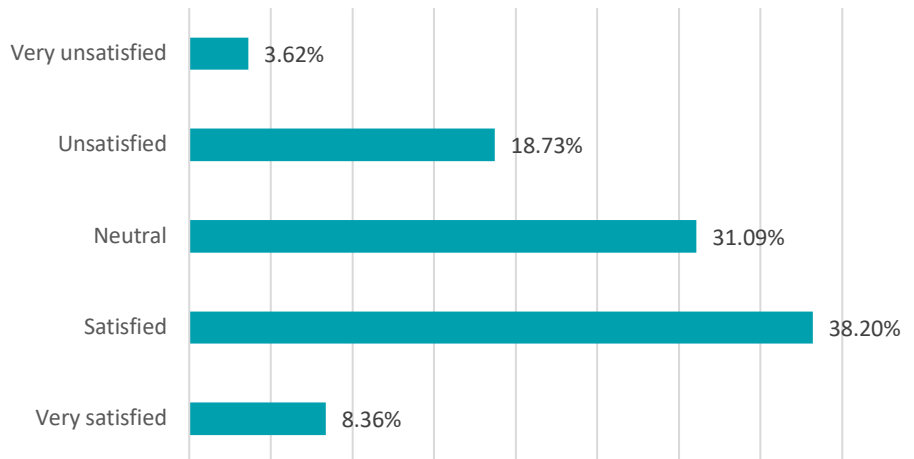
Regarding satisfaction with quality of life, over 48% rated it as satisfied or very satisfied. Approximately 30% rated it as neutral and 21% were unsatisfied or very unsatisfied with the quality of life in Manatee County.

How satisfied are you with the quality of life in Manatee?



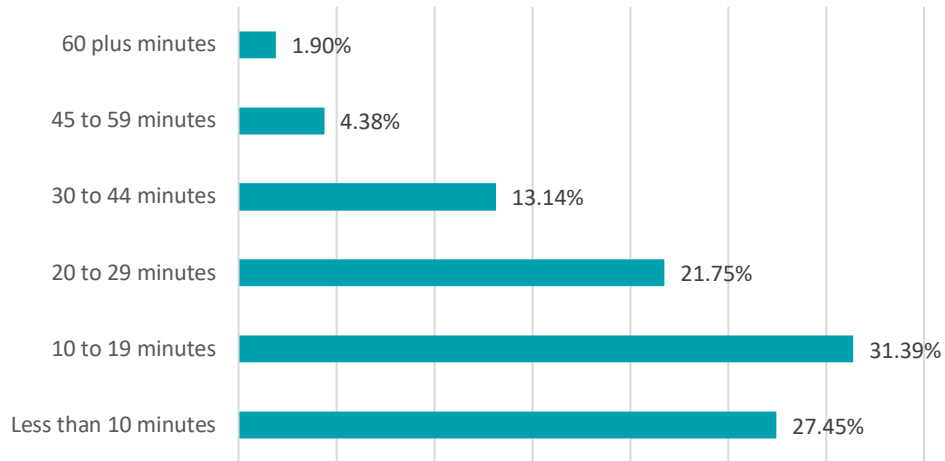
As to satisfaction with healthcare in Manatee County, approximately 47% rated if as satisfied or very satisfied. Thirty-one percent had a neutral response, and 22% were either unsatisfied or very unsatisfied.

How satisfied are you with health care in Manatee?



The majority (81%) of respondents indicated that they had a one-way commute of less than 30 minutes. Over 94% indicated that they had a car, approximately 1% each indicated that they walked or used public transit, and less than one percent reported walking to work.

Approximate commute time EACH WAY

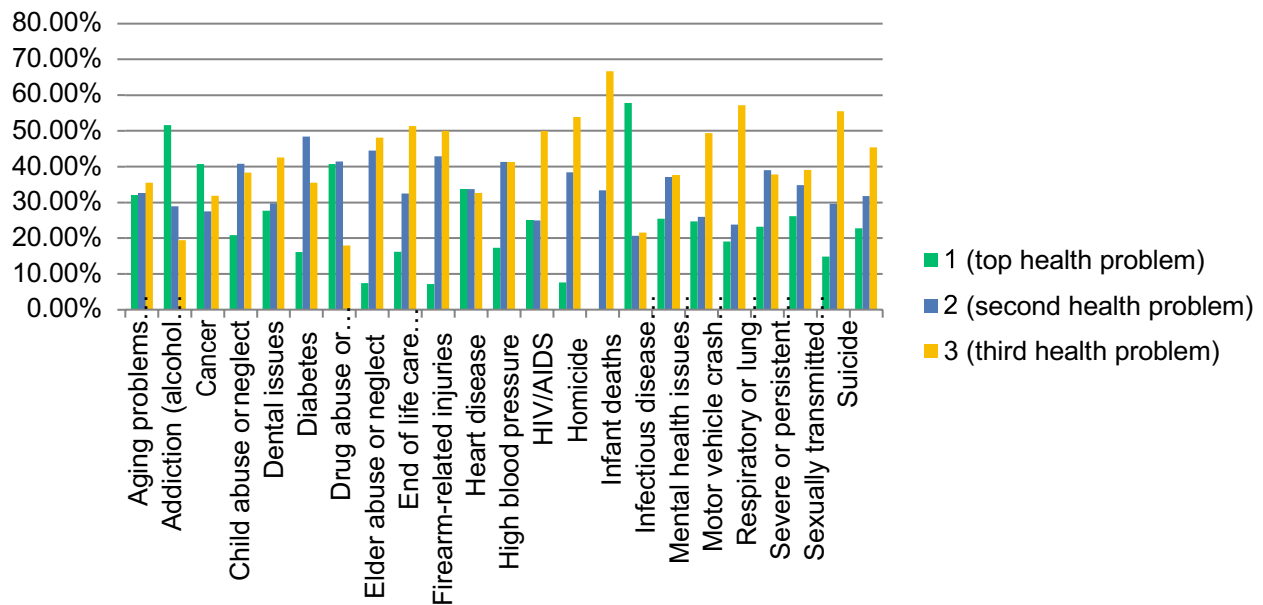


When asked the reasons why they had not seen a doctor in the past 12 months, inability to get an appointment in time and the respondents schedule not permitting it were the top cited reasons. Inability to afford care was the third most common reason for not obtaining care.

Reason	% Yes	# Yes
Can't afford	20.23	142
No doctor would take insurance	11.21	76
Didn't know where to go	18.57	127
Don't have health insurance	11.03	75
Could not get an appointment in time	28.97	206
Had no way to get there	2.84	19
My schedule didn't permit it	24.68	173

Survey participants were asked to select the three most important “health problems” in Manatee County by assigning a first, second and third rank. The percentage of the total respondents that identified each choice as their first, second or third selection appears below.

What do you think are the 3 most important “health problems” in Manatee County?



In order to be able to rank total responses, responses were weighted and then totaled. In all #1 choices were totaled and multiplied by 3, followed by #2 choices which were multiplied by 2 and then #3 choices which were multiplied by one. The totals were then ranked based on the weighted totals.

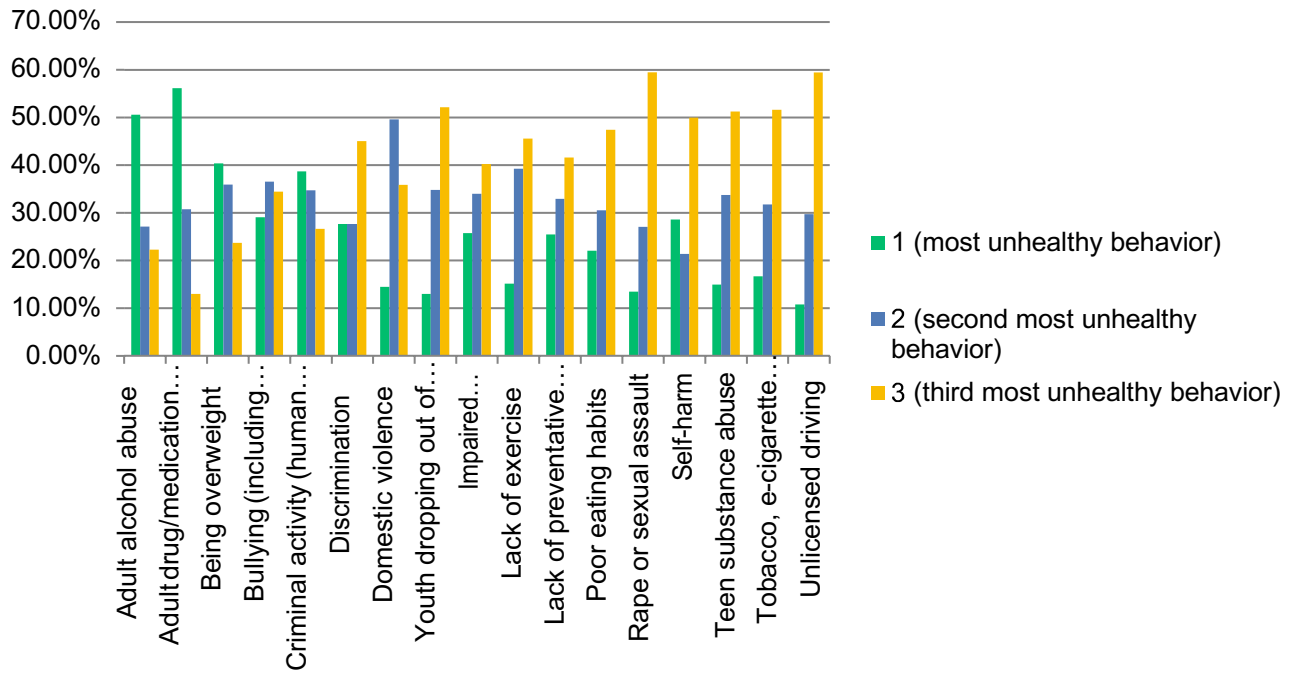
Health Problems	Weighted Response Score	Weighted Rank
Addiction (alcohol and other drugs) (2,101)	1,257	1
Drug abuse or overdose	844	2
Mental health issues (Anxiety/Depression) (1,034)	775	3
Infectious disease (COVID-19, hepatitis, TB, etc.)	689	4
Aging problems (arthritis, hearing loss, falls, etc.)	534	5
Child abuse or neglect	305	6
Cancer	257	7
Heart disease	255	8
End of life care (assisted living, nursing homes, hospice, etc.)	240	9
Diabetes	234	10
Severe or persistent mental illness	203	11
Motor vehicle crash injuries (including bikes and pedestrians)	174	12
Dental issues	114	13
High blood pressure	113	14

Sexually transmitted diseases (STD/STI)	65	15
Elder abuse or neglect	57	16
Suicide	56	17
Teenage pregnancy	55	18
Respiratory or lung disease	43	19
Firearm-related injuries	29	20
Homicide	28	21
Obesity, weight and nutrition*	14	22
HIV/AIDS*	9	23
Infant deaths*	5	24
Homelessness*	5	24
Access/affordability of care*	4	26
Poverty/Financial wellness*	2	27
Osteoporosis*	2	27
Govt. Interference*	2	27
Domestic Violence/lack of shelters*	2	27
Discrimination LGBTQ*	2	27
Domestic Violence/lack of shelters*	2	27
Disabilities children and adults*	1	33
Trashy neighborhoods*	1	33
traffic/pedestrian deaths*	1	33
Specialty Care for children*	1	33
Social Media*	1	33
No health issues*	1	33
Lifestyle choices*	1	33
Isolated elderly/no access to services*	1	33
Hypothyroidism*	1	33
Food insecurity*	1	33
All the above*	1	33
Abuse of 9-1-1*	1	33
1 issue: personal relationship with God, everything else health wise can be helped and or prevented if you have that 1 st *	1	33

Health problems listed with an * indicate responses written in the text box when participants selected “other” as one of their choices.

Survey participants were asked to select the three most important “unhealthy behaviors” in Manatee County. The data presented indicates the percentage of the total respondents that identified each choice as their first, second or third selection.

What are the top 3 “unhealthy behaviors” you are most concerned about in Manatee County?



As with the previous question, responses were weighted and then totaled and ranked.

Unhealthy Behaviors	Weighted Reponses	Weighted Rank
Adult drug/medication abuse	1,054	1
Being overweight	680	2
Criminal activity (human trafficking, theft, etc.)	592	3
Adult alcohol abuse	382	4
Lack of preventative care, such as screenings or vaccinations	297	5
Self-harm	297	5
Teen substance abuse	297	5
Impaired driving/distracted driving	296	8
Domestic violence	237	9
Poor eating habits	209	10
Tobacco, e-cigarette use, vaping	209	10
Bullying (including cyber bullying)	187	12
Discrimination	157	13
Lack of exercise	134	14
Rape or sexual assault	134	14
Youth dropping out of school	77	16
Unlicensed driving	57	17

Unhealthy Behaviors	Weighted Reponses	Weighted Rank
Adult drug/medication abuse	1,054	1
Being overweight	680	2
Criminal activity (human trafficking, theft, etc.)	592	3
Adult alcohol abuse	382	4
Lack of preventative care, such as screenings or vaccinations	297	5
Self-harm	297	5
Teen substance abuse	297	5
Impaired driving/distracted driving	296	8
Domestic violence	237	9
Poor eating habits	209	10
Tobacco, e-cigarette use, vaping	209	10
Bullying (including cyber bullying)	187	12
Discrimination	157	13
Lack of exercise	134	14
Rape or sexual assault	134	14
Youth dropping out of school	77	16
COVID- Not wearing masks /lifting mask orders*	5	18
COVID-not allowing for herd immunity/forcing masks*	4	19
Homeless*	2	20
Discrimination LGBTQ*	2	20
Ignoring pandemic*	1	22
Pandemic policies*	1	22
Dental screenings for children/untreated cavities *	1	22
Medical Non-compliance*	1	22
Social Media*	1	22
Govt overtaking private medicine*	1	22
Uninsured drivers, speeding, hit and run on 64E*	1	22
All above*	1	22
Not familiar with the statistics*	1	22
Stress for families raising disabled children*	1	22

Unhealthy behaviors listed with an * indicate responses written in the text box when participants selected “other” as one of their choices.

Survey participants were asked an open-ended question as to what they thought were the most important changes needed to achieve a “healthy community” in Manatee County to improve health and quality of life. Examples of tobacco cessation, and reduction/prevention of overweight/obesity were provided to participants. Six hundred twenty-six (626) participants provided responses. Spanish responses were translated and added to English responses. All responses were reviewed twice to get a sense of the comments received and key words were determined. Responses were then reviewed by key words and

summarized. If it was not clear what the intent of the response was it was omitted from the count and summary. Some comments covered multiple topics and those were broken up into single issues to the degree possible. Themes were identified and samples of comments were added to reflect actual statements.

Weight and Nutrition (key words: obesity, overweight, healthy weight, nutrition, fast food, exercise, physical activity, food, diet, food desert)

Total identified comments: 157

Themes and suggestions:

- Education-healthy eating, nutrition and weight control;
- Treatment of obesity-access, affordability, more community spaces for physical activity;
- Incentives-employer provided options or cost reductions for maintaining healthy weight;
- Lack of nutrition counseling availability;
- Improve access to fresh produce in low-income areas-mobile produce van.
- Climate-controlled areas to exercise in heat
- Sidewalks and safe places to walk in all neighborhoods
- More free or low-cost community exercise programs
- Senior-specific exercise opportunities
- Physical education in schools
- Social components of exercise-walking groups, family friendly, canine friendly

Participants' comments:

"Nutrition education would solve most lifestyle-related diseases."

"Fun & exciting healthcare events to participate in and promote better eating and more exercise."

"I would like to see community gardens so children can learn where food comes from."
"mobile fresh food pantries going into food deserts"

"make good food, exercise, and preventive health available to everyone"

"Access to affordable food-many people can't afford it even if they can get it"

Housing and Homelessness (Key words: housing, homeless, shelter)

Total identified comments: 53

- Themes and suggestions:
- Rapid response for housing assistance
- More affordable housing needed-low and moderate income
- Long term, short term and transitional housing needed

- May have people who never experienced homelessness before who will need help as result of pandemic
- More services for people who are homeless, address all associated needs, develop prevention programs

Participants' comments:

"Affordable/low income housing is a must for people to establish a safe environment for their family."

"Immediately address issues related to homeless adults. Rapid response to low income housing- especially for those of us that fall into the " in between " categories- age 45-62- not disabled- pregnant- caring for elderly!!! Do something about this NOW!! Lack of stable, safe, affordable housing leads to ALL other problems-"

"Need more support for homeless, including mental health and substance abuse treatment"

"Identify what root causes are and plan prevention programs around that."

Environment (key words: environment, development, infrastructure, air, water, pollution, transportation, traffic, noise, parks, sidewalks, paths, green space)

Total identified comments: 48

Themes and suggestions:

- More parks and better safety in parks (lighting, repairs, crime)
- Expansion of trails and bike paths into underserved areas
- Planned development to include recreational space, walkability and protection of air and water quality
- More shade in urban areas
- Expand bike lanes

Participants' comments:

"We could benefit from ppm air monitoring to protect us from respiratory illness. Manatee Cry only tests for ozone levels and not particulate matter in the air. Many residents have been exposed to brevetoxins from the massive fish kill."

"Create blue zone initiatives."

Mental Health (key words: mental health, depression, anxiety, mental illness, suicide, bullying; homeless; treatment; behavioral health, severe mental illness)

Total identified comments: 159

Themes and suggestions:

- Need more providers
- Need care that is affordable for everyone
- More screening for depression

- Growing need
- More/better coordination between law enforcement and service providers
- Public education and stigma reduction needed
- Mobile mental health response

Participants' comments:

"Mental health/depression/anxiety with COVID many people are having issues and don't know how to address them."

"Full time in person school, identification of kids who deal with parents with issues and anxiety/depression treatments available at school."

"I work with high school children on a daily basis. I see a huge lack of services available to address mental health specifically, but also general coping skills and areas of self-confidence and feeling competent."

"People don't seek care because of stigma. We have to work to address this."

"Community mental health care for those with severe illness. Long-term care options should be expanded."

"I think there should be better options for mental health for the uninsured. My daughter is going through a very bad time and because she has no insurance, she cannot get the help she needs. Do you have any idea what it is like to wait for that phone call your daughter jumped off the Skyway bridge? I do. Not just somewhere to get medication but just real help. People that care about others and want to help without it breaking your wallet when you live on minimum wage."

Substance Abuse (key words: substance use/abuse, drugs, tobacco, alcohol, prescription drugs, opioids, illegal drugs, overdose, vaping, drug treatment, needle exchange, smoking, cessation)

Total identified comments: 128

Themes and suggestions:

- Enforce prohibition of sales of tobacco and vaping supplies to minors.
- Ban alcohol sales at public events. Ban all tobacco use in public.
- Smoking cessation classes needed.
- Drug court to divert addicts away from criminal system.
- More education and awareness for prescription drug abuse
- Law enforcement to prevent illegal drugs from entering the County
- More treatment providers, expand continuum of care
- Need affordable treatment
- Stigma reduction needed

Participants' comments:

"Court diversion for drug users, better rehab availability for the un/underinsured"

"Increase penalties for using any tobacco product around children, indoors or outdoors - they can still be downwind from it."

"Drug abuse prevention education in K-12" "No smoking on streets and work"

"focus on healthy family education that includes treatment of mental illness and financial wellbeing courses to ensure that children are not being abused at home and feeding a cycle that leads to unsafe behaviors and addiction,"

"Need more treatment-wait time to get into it can be a problem"

Public Safety (key words: public safety, law enforcement, violence, crime, driving, traffic, police)

Total identified comments: 25

Themes and suggestions:

- Enforce traffic laws, provide driver education
- Focus on illegal drugs entering county
- Human trafficking needs more attention
- Crime prevention in neighborhoods
- Need shelter space for domestic violence
- Violence prevention education
- Training police officers better to interact with all members of the community including those with mental health issues
- Strengthen DUI laws

Participants' comments:

"Find and prosecute the human trafficking offenders. Provide more safe places for victims of abuse (young and old). We need more affordable counseling programs for victims of abuse and substance abuse."

"Change to DUI Laws (should not be a 2nd Degree Misdemeanor Office w/ a \$120 bond). Stricter laws on 2nd offenses."

"Stop impaired drivers."

"Motorcyclists and cars that pass on curbs or wrong lanes and cut people off in local streets and highways. They may not be the one in the accident, but I've seen where the reaction of the person they cut off causes an accident as a direct result of their careless driving. These people never seem to get caught."

"People need to put their phones down when driving."

"stricter driving regulations and no driving of Seniors who can't hear, can't see, can't turn

to see etc.”

COVID-19 (key words: COVID, pandemic, masks, social distance, testing, vaccine) Total identified comments: 43

Themes and suggestions:

- Mask mandate (for: 28; against 3)
- Find better ways to educate people about the facts
- Testing needs to be accessible and free
- Resources needed to address mental health impact of COVID
- Need consistent messaging and policies and enforcement of regulations
- Plan for vaccine deployment should be shared

Participants' comments:

“Consistent and regulated measures to control COVID-19. While that may not currently be a top health concern here, it is highly contagious and our local government’s general laissez-faire approach to controlling the spread of this disease and encouragement of super-spreader situations such as lack of capacity limits, distance measures and mask requirements at mega churches, stores, restaurants and political gatherings could quickly change that.”

“better Covid care (testing, hospitals, stronger protocols, etc.)”. “Unmask children at schools and stop perpetuating lies!”

“To achieve a healthy community, you must want to protect against this pandemic. Really shocked and disappointed in no mask mandate.”

“Mandate masks in all Bring back stricter COVID precautions such as mask requirement and actually enforce it. public areas.”

“Open the country back up, stop the covid madness”

“In order to achieve a healthy community, we need to care about the well-being of all people. Mandating masks is one way to help those put in harm’s way daily. Many people have underlying health conditions at all ages and we can help by continuing to practice social distancing and healthy habits.”

Education (key words, education, prevention, learning, children, health, school)

Total Identified comments:73

Themes and suggestions:

- Invest in early childhood education/childcare
- Have a variety of educational options including vocational, community college, universities, certificate programs to improve job opportunities for residents
- Health education on wide variety of topics, both in K-12 and in the community
- Public information campaigns to address health issues

- Need community, government, private sector and law enforcement education on equity issues
- On-the-job training programs
- Sex education in schools should be comprehensive and not be abstinence only
- Health education materials should be easy to understand

Participants' comments:

"More community involvement, including education and counseling to get to the root of the issues surrounding the unhealthy behaviors."

"Education in every aspect, A better educated community will do better in every aspect. The more kids who graduate HS and are willing to attend College, community College trade school the least will get in trouble."

"I think early and frequent education about healthy lifestyles such as food, exercise, peace of mind for all ages including community messages, education and building a culture of health."

"high STD rates and teen pregnancy says we are doing something wrong. We need to inform our kids about the facts AND give them the skills to navigate these decisions."

"free public education on healthy lifestyle (nutrition, exercise) to underserved populations"

"need to prepare kids for the jobs of tomorrow. Not everyone needs to go to college to make a decent living."

"Early childhood education sets a child up for success. What happens between 0-5 years has lasting impacts"

"Need quality childcare as well as education."

Access to health care

Total identified comments: 68

Themes and suggestions:

- Affordability of care and insurance is the most cited need
- Need to have access to care for those who can't afford it
- Loss of insurance with job losses
- Need a strong public health system and invest in it
- Improve access to dental care
- Educate people in how to use the healthcare system

Participants' comments:

"health insurance for preventative healthcare for those who can't currently afford it and use emergency rooms for problems better dealt with earlier in prevention settings."

"Equal access to medical care for everyone."

“More physician offices in northern manatee county”.

“A healthy community requires ALL residents have equal access to affordable health care and services availability of healthcare to uninsured, even if they have employment but can't afford insurance.”

“MES is bringing healthcare INTO the school. Not just physical, but mental help- for students and community. This is a fantastic idea and would be great to implement in other low socioeconomic areas.”

“Need to put more money into public health. Learned that lesson the hard way.”

“there are groups that make too much \$ to qualify for Medicaid and can't afford health related items.”

“Should have expanded Medicaid in Florida.”

“Expanded public health screenings for infectious diseases (STD's, HIV, COVID, etc.),”

“Prescription drug prices are so high-even with insurance”.

Economic (key words: economy, jobs, business, income, poverty, cost of living)

Total identified comments: 24

Themes and suggestions:

- Reduce income inequity
- Raise wages for service industry
- Attract new types of businesses to expand the economy beyond tourism
- Small business assistance needed

Participants' comments:

“Need good paying jobs and proper affordable housing.”

“good employment with good benefits, career tracks and personal satisfaction and pride.”

“There is a lot of poverty in this county and funding isn't making it to the people who need it.”

“Raising wages so people can afford healthy choices.”

“In reality the health/quality of life issues at hand are intertwined with the economy, the types of jobs which are available in the area”

“need to be smarter about how we spend public money-need to get it people who need it and reduce barriers to accessing funds”

“Small businesses can help the economy. Many need help and training in how to be profitable.”

Equity (key words: equity, disparity, unequal, race, ethnicity, culture, LGBT, gender, discrimination)

Total identified comments: 12

Themes and suggestions:

- Need for community dialogue around equity issues
- Need to have more diversity at decision-making level

Participants' comments:

“discrimination of any kind needs to be put at an end it has been going on for way too long they need to make salaries the same, they need to make all ethnic groups feel welcome and safe”

“Including more diverse voices at the table”

“Get rid of discrimination against LGBTQIA i.e. insurance exclusions in County insurance”

“Need to focus on disparities between Blacks and whites, low-income and high income. We make progress overall, but some are being left behind”

“Housing, health care, and jobs with livable wages will address those equity needs”

“Our community needs more awareness of cultural differences and to not be judgmental over differences”

Seniors (key words, aging, senior citizens, elderly, caregiver)

Total identified comments: 17

Themes and suggestions:

- Need for services for lower income seniors
- Better communication about available services
- Support for caregivers

Participants' comments:

“Elder help. The County doesn't do enough to promote their available services and there are so many seniors living alone or who need professional help. Most seniors can't afford the assisted living we have here and thus are stuck at home or living off relatives that are neither trained nor mentally capable of taking care of their elderly loved ones”

“Outreach services for mental health and citizens that need assistance doing everyday activities which become more difficult with aging”

“more affordable housing (for limited-income seniors)”

“Improved options for seniors needing long-term care including in-home/community”

“more support for caregivers”

“More programs for active seniors”

Community Building (no search criteria-comments only)

Participants’ comments:

“Development of Community Empowerment Centers”

“Participate in government—teach youth civic engagement and the responsibility to be informed.”

“Religion/prayer/church activities”

“You have to provide social infrastructure that encourages and makes possible healthy lifestyles”

“Improve communications between government and people” “Community leaders need to talk to the people they serve more.”

“A county referral service for our residents might be helpful. It can sometimes be difficult to find any sort of medical professionals here as there are so many. A referral service which residents could call to help pair them up with service providers who can offer the types of medical service might be useful. During this time of Covid, maybe the county to create a series of digital or in person presentations, the goal of which is to help educate our community about both the resources which we have in Manatee county.”

Key Informant Interviews

Key informant interviews were selected as a method to gather information about community perspectives as part of the Community Themes and Strengths Assessment informing the CHA. The Manatee Healthcare Alliance and DOH-Manatee staff developed a list of 20 potential community representatives and the Health Council of West Central Florida staff scheduled and conducted 15 interviews between October 12 and November 4, 2020 via Zoom Virtual Conferencing. Interviews lasted from 20 minutes to 90 minutes and were recorded to enable staff to review to ensure accuracy in the reporting process. Recordings were deleted upon the completion of the report. The questionnaire is provided in the Appendix.

Top Issues

Key informants were asked to define the top health issues facing the organizations and populations they represent. At least seven out of the fifteen participants highlighted COVID-19 and mental health as the top issues in Manatee County.

Other issues discussed by multiple participants include drug/opioids use/addiction, obesity, heart disease, high blood pressure, and diabetes. Other issues discussed include social isolation, traffic, safety, breast cancer, teen pregnancy, prenatal care, sexually transmitted infections, dementia and oral health.

Contributing Factors/Barriers

Multiple key informants identified affordability as a contributing factor restricting access to health. Participants discussed the dynamics of a lack of income and how it often results in an ability to afford housing, health insurance, childcare, transportation and education. Poverty was used to describe barriers to health. One key informant explained that there are jobs available, but they do not allow people to afford the costs of housing in Manatee County. Another participant referred to this as the income gap.

Transportation is available by bus and Medicaid transport, but both are unreliable often resulting in missed medical appointments. Even when people have a car, they may lack the funds for gas. Some families share one car and need to prioritize their trips between school, work, daycare, grocery shopping and medical appointments. Transportation is especially difficult for seniors due to mobility issues. The fixed route transportation system limits the number of trips people can take and require them to make decisions like choosing grocery trips or medical appointments. Another participant discussed appointment times as a barrier for healthcare. This was mentioned specifically with respect to pregnant and parenting students that are not able to attend appointments due to transportation challenges.

Access to health insurance and healthcare was highlighted by many of the key informants as factors contributing to the health of Manatee County residents. A participant highlighted the need for additional service funding from the county. One of the participants stated that the healthcare system has been largely driven by providers explaining that there is information that explains how the system works and offers alternative solutions. They explained that people don't like change and even when there is a desire to make positive change there is a disconnect with the decision makers describing an unwillingness to make changes happen. Similarly, a participant discussed the many different workgroups with the same goal but different drivers that need to consolidate their efforts in order to improve health outcomes.

One of the informants stated that those without insurance often don't prioritize their health until it becomes an emergency. One participant posed the question "how do you get healthcare if you don't have insurance or the money to private pay?" This participant went on to discuss a lack of resources for free or reduced services. They describe this gap between those who cannot afford healthcare or insurance, but do not qualify for government assistance either. It was mentioned that often patients do not know what their bill will be so they don't know if they can afford the care they need. The information is not available and due to poor experiences and unaffordable bills they received in the past; they are less likely to seek care. Co-pays, medicals and out-of-pocket costs were

highlighted as factor in the affordability and access of healthcare.

Participants discussed a lack of quality Medicaid providers stressing that providers that do accept Medicaid tend to have a very high volume of patients resulting in low quality. Many providers do not accept Medicaid because they are often not paid efficiently or sufficiently. There is only one hospital in Manatee County that accepts Medicaid and delivers infants so families much choose OBGYNs that deliver at that hospital. Participants also discussed the complexity of accessing Medicaid and other services. Lack of access to affordable dental care, specifically pediatric, was mentioned as a barrier to health.

Education, both academic and health education or lack thereof was noted as a contributing factor to poor health outcomes. One participant discussed that health education in schools has been marginalized and that there are too many ways for students to get out of the requirements that are in place. Students are released from physical education and health education classes if they play a sport, test out, take AP classes etc. One participant shared that due to the COVID-19 pandemic, community events are not possible which inhibits the access to community education. They have turned to holding virtual presentations however, there are barriers to access with this as well.

Cultural norms with respect to food and mental health stigma were mentioned as barriers to health. Language was also highlighted as a barrier to health for some Manatee County residents. Immigration status was another contributing factor whereas individuals without legal status do not seek healthcare or other resources because they do not want to give out their personal information. There is a lack of trust in authority, especially law enforcement, and immigrants will often forgo healthcare in fear of deportation. One participant mentioned that the people in power do not represent the real make-up of the community, so they represent few and not the greater good of the community.

One of the participants discussed the factor of a changing home environment where kids are home due to COVID-19 and have too much time on their hands. This participant also shared the perspective that parents are not providing sufficient structure in the home. They shared that youth crime has been increasing even before the onset of the pandemic and specifically mentioned youth shootings. Another participant discussed the lack of a father figure as a contributing factor to poor health outcomes.

They discussed that when there is no one leading them there is a “poor mentality.” This participant shared their perspective that there is sufficient access to food, transportation, income and that community members know where to go but they are “lazy,” and do not take advantage of the resources in their community. The individual expressed the opinion that there is sufficient healthcare access available to the community at the school clinic in the south east. They discussed that people may be hiding something like a drug addiction that results in this “laziness.”

Throughout the interviews, informants varied in their perspectives regarding the availability of resources and the community member's knowledge of those resources available to them. Participants mentioned that community members are not aware of the resources available to them. If they are not engaged in community activities, they do not find out about other opportunities available to them. The Chamber of Commerce works to provide resources to employers to share with their employees. One participant mentioned a free clinic next to the market that was never used.

Equity

Participants were asked to identify groups in Manatee County that struggle more than others with the issues they identified. Multiple participants discussed disparities existing in specific areas of the county, like Palmetto (34222), Ellenton (34208), and downtown Bradenton (34208 and 34205). Lakewood Ranch was given as an example of a beautiful community but not representative of the rest of the county. People that are homeless were identified by multiple participants as a group that struggles more than others in Manatee County. A participant shared the perspective that those with mental health and/or substance abuse challenges struggle more than others and that these issues often lead to homelessness.

High underemployment because of a near absence of accessible and affordable housing was highlighted to explain disparities in affordability that lead to lack of access. A participant described the disproportionately high rates of incomplete education (left high school or never finish college). It was mentioned that medium to small business owners are not required to provide employees with health insurance and if they do, it is typically at a high deductible.

One participant described their perception that the underserved have a "poor mentality," and that "it is not a sin to be poor, but it's a sin to make excuses." This participant discussed their opinion that no group in Manatee county has a greater challenge accessing income, housing, healthcare, education, or other services than any other group.

Underserved/Uninsured/Low-income (Underserved)

These families often struggle with adequate housing resulting in families doubling up in a home and creating a challenge to ensure a safe place for infants to sleep. This group also struggles with food insecurity. Food insecurity can lead to children not eating and since the schools provide them with meals, if they don't go to school they may not eat. When a family experiences food insecurity, they may resort to unhealthy food. The example was given that a \$5 pizza and a liter of coke can feed a family, therefore resulting in high caloric intake which can lead to obesity and/or diabetes. A participant talked about the impact COVID-19 has placed on communities including the inability to see patients face to face. While many have engaged in telehealth, underserved communities struggle with technology access. One participant mentioned that underserved individuals struggle to know how to find healthcare and transportation do they go without it.

One of the participants described those living under the threshold described as asset limited, income constrained, employed (ALICE). The participant talked about the pressures of those living under the ALICE threshold and that they often experience a reduced quality of life from poor physical and mental health.

Race/Ethnicity

Multiple participants discussed systemic racism as a challenge for Manatee County. One participant shared that systemic racism has led to disparities in wealth as minority races/ethnicities were not provided with generational wealth and/or businesses. In order to improve, these minority groups need a better structure in place like education and decent wages. This participant shared that in the Hispanic community, they are taught to find a way to make ends meet, sometimes this means a young person will quit school in order to provide for their family.

Palmetto was highlighted as a “hub” for black residents, and this participant discussed the perspective that socioeconomic status was a greater predictor of outcomes than race/ethnicity. A participant shared their friend’s experience being called the “N word” and described a culture lacking respect for others. They also shared the observation that people of different race/ethnicity are not working together, they are not in the same neighborhoods and experience a lack of respect.

When asked about specific challenges facing different races and ethnicities, language barriers were brought up by multiple participants. While translation services are available in the county, they are not available all the time or to every agency or resource in the community. Participants discussed lack of trust as an issue pertaining to people of different race and ethnicities. These minority populations often struggle with trusting law enforcement with respect to how their race is perceived and the realities of their immigration status. A participant shared that Mexican police are very corrupt and brutal leading to Mexican immigrants lacking trust in local law enforcement. Individuals that have a phone, they are often reluctant to give out their information. One participant suggested health clinics for the migrant population that often-live-in camps.

Components of different cultures can inhibit health outcomes negatively, for example, Hispanic cultures will eat lots of tortillas, so much so that they will exhaust their caloric intake with four tortillas at breakfast. Families are embarrassed that they cannot afford things that other people are able to afford. They are proud of their ability to do things for themselves and the culture has taught them not to ask for help but instead need to work more/harder.

A participant discussed teen pregnancy rates to be the highest in Hispanic migrant communities in Manatee County. They explained the cultural factors that contribute to these higher rates as older males with younger females, religious beliefs about contraception and lack of information about contraception.

Age/Gender

One of the participants highlighted the pressures facing mothers, especially single moms

as the sole care provider for infants and children. This is exacerbated in underserved communities and as pressures compound, mother's mental health is not sufficiently addressed. They are high risk for impaired access to food, formula, diapers and other basic needs.

A participant discussed the impact COVID-19 has placed on the pressures of women both at home and in the workplace. Children are home from school, and additional responsibilities primarily impacts mothers. Another participant added that women are not seen as equals and act as the "glue" holding families together.

A participant discussed challenges teens encounter in accessing care due to hours of operation and transportation. They shared the barrier that while school-based health services provide some access, teens cannot access sexual health services in these environments. The school health services cannot prescribe contraception, but they can give a referral for access at Manatee Rural Health. Children are completely reliant on their family and lack the capacity to control their own destiny with respect to their ability to access healthcare.

One of the participants shared the perspective that women are at a "prime" at a certain age and then they are no longer given the same opportunities as younger women. This participant also shared the observation that women discriminate against each other often becoming "catty" instead of lifting each other up. Another participant shared the opinion that anyone under 30-35 years old of any race is only out for themselves.

Seniors were highlighted as one of the more at-risk groups in Manatee county. One participant explained that a young person can stand out in the hot Florida sun for a bus, but seniors are not able to do this in order to access transportation. A participant described Manatee County residents to be of an overall older demographic and discussed a focus on retirement and tourism versus building up the workforce. Seniors on a fixed income experience greater challenges in accessing the care they need.

Healthy Community

As part of the key informant interviews, participants were asked to describe their idea of a healthy community. The responses include,

- Paid maternity leave
- Access to mental health services
- Parks for physical activity
- Residents having the knowledge of where to go for different resources
- Community members using resources
- Good mental health
- All different races collaborating moving forward for the greater good, embracing differences
- Economic growth as it relates to collaborating for next generation
- Green grass

- A population that supports each other
- Equal opportunities for all
- Prevention
- Access to nutritious food
- Empathy and compassion
- Involved faith community
- “We could live our whole lives in Bradenton and think oh, it's fantastic but you don't have to venture very far. to find the depressed areas.”-Participant response
- Access to quality healthcare
- Housing support
- Financial security for all, help for those without it/access to livable wage for meaningful work
- Organizational collaboration
- Education
- Natural resources
- Healthy activities
- Walkability
- Marketing of services

Suggested Strategies

1. Expand provider networks, including mental health providers.
 - a. Increase Medicaid plan options
 - b. Identify incentives for providers
 - c. Simplify Medicaid billing
 - d. Increase residency positions for both primary care and psychiatry.
2. Replicate to offer the Remote Area Medical Program on a regular basis.
 - a. A two-day effort where medical professionals volunteer and to provide free healthcare.
3. Diversify and increase marketing of programs and services including methods to overcome suspected barriers like transportation or affordability.
4. Collaborate between organizations, programs and systems.
 - a. Coordinate services to reduce duplication of efforts.
5. Develop affordable housing to support infrastructure.
6. Expand health access in schools, for example the existing school health clinics.
 - a. Include social workers and mental health providers.
7. Eliminate transportation as a barrier by establishing a transportation network for safe walking and biking.
8. Advocate for Medicaid expansion
9. Employ “Zero Initiative” approach to reduce homelessness. Fort Myers was able to eliminate veteran’s homelessness through this initiative.
10. Identify creative ways to take services to the community members to eliminate

barriers.

- a. Increase access and provide multiple services at once like food distribution, childcare, housing assistance, job placement etc.
11. Education
 - a. Educate community about the ability to turn in drugs to the Sheriff's department safely without facing any charges.
 - b. Expand Health Education (physical activity, nutrition, resources).
 - c. Support vocational training and include topics like how to be a good employee and how to maintain a job.
 12. Beautification of higher crime areas.
 13. Cultivate public/private partnerships where private entities are immersed in the community and have established trust and can elevate resources more efficiently.
 - a. Provide resources to businesses to distribute.
 14. Establish a community based mobile behavioral health model in order to improve flexibility and reach.
 15. Involve faith communities in reaching vulnerable populations.
 16. Establish an agreed set of data among partners
 - a. ALICE data
 17. Identify better solutions to enable small businesses to afford to offer medical coverage to employees.
 18. Establish a senior center, including activities for seniors in addition to support services like housing assistance, healthcare access, support for utilities, etc.

Successes

Key informant participants were asked to discuss successes in Manatee County such as programs, assets to the community, policies, partnerships and resources. Despite barriers to access, quality of healthcare in Manatee County was described by a participant as high-quality. Participants expressed a sense of interconnectedness between community agencies. One participant shared their perspective of a good transportation system and highlighted the many outdoor activities as an asset to Manatee County. Another participant praised the community for its resiliency as it relates to crisis specifically during hurricanes and other natural disasters. In their experience, people have reacted in a way that is uplifting during crisis and described a sense that community members are looking out for each other.

Several participants celebrated the natural resources in the community like the water, parks, beaches. The beach community and service industry are a strength bringing tourism to the community.

Resources in the community mentioned by participants include: United Way-211, Village Plan for Manatee county, Manatee Community Foundation, Women's Resource Center, Turning Point, Centerstone, Drug Free Manatee, and Handle with Care.

Success Stories

1. Grant was awarded to pilot a coordinated care system where home visiting agencies worked to ensure that they were not duplicating efforts and reaching different families and address all those in need.
2. The Remote Area Medical Program was a two-day effort where medical professionals volunteer and to provide free healthcare.
3. Teacher salary increases.
4. Manatee County Healthcare Advisory Board is working with the social service delivery models to expand primary care and reduce emergency room visits.
5. Approximately four years ago there was a task force to implement school-based health centers, the first was at Southeast High School a second was implemented at an elementary school. This was a successful partnership between Manatee Rural Health and the Manatee County School District.
6. Healthy Teens Coalition of Manatee works with peer educators/mentors to help fellow youth lead healthier happier lives. The peer educators/mentors go through a minimum of six weeks of extensive training. The Coalition has been a vital part of reducing the high rate of teen pregnancies in Manatee County and continues to address this issue and others important to the health of youth.
7. Programing has led to an increase in survival rate in drug overdoses.
8. Students from LECOM are engaged in offering free services to Manatee County residents. Third year dental students do a dental clinic for underserved/underinsured children. Medical students work with Turning Point, and pharmacy students assist EMS in ride-along to help identify the impact of medications.
9. Award winning Chamber of Commerce that is very involved in public health.

County Comparisons

While a number of the key informants shared that their work crosses into other counties, many of them felt they were not able to effectively compare Manatee County with the others they occasionally serve. Observations shared include a sense that Sarasota is more engaged with a focus on economic growth and attention to homelessness. This individual shared the perspective that Manatee County does not think that homelessness is a concern and have only 1-2 sites for homeless resources. Another participant stated the perception that Sarasota County is of a higher class than Manatee County and there is little travel across county lines. Sarasota County was described as more philanthropic than Manatee County and is supported by several foundations.

Additional Comments

As previously stated, there was some inconsistencies in perspectives regarding collaboration and coordination of agencies and organizations. Through the various conversations it became apparent that while there is collaboration between entities, there

is a desire to streamline activities and expand collaborations. Participants also expressed the desire to formalize and coordinate referrals in order reach all the needs of community members.

Participants often discussed the changes the community has experienced due to the onset of the COVID-19 pandemic. One participant discussed how the pandemic is impacting the world and needs are increasing every day. They acknowledged that there are unknown effects in every sector.

Key Informant Participants:

Tracie Adams

Human Services Program Manager-Senior Services
Manatee County

Robert Andrews

Lieutenant
Manatee County Sheriff's Department

Joshua Barnett

Healthcare Services Manager
Manatee County

Lauren Blenker

Director of Operations
Healthy Start Manatee

Tarnisha Cliatt

President/CEO
Manasota Black Chamber of Commerce
Manatee County NAACP

Luz Corcuera

Executive Director
Unidos Now

Jacki Dezelski

President and CEO
Manatee Chamber of Commerce

Amy Farrington

VP of Public Policy and Workforce Partnerships
Manatee Chamber of Commerce

Ron Gottlieb

Community Member and Retired Radiologist

Ruth Harenchar

Chairman of the Health Policy Committee

Member of the Board
League of Women Voters of Manatee County

Mary Ann Legler

Board Chair
Healthy Teens Coalition of Manatee County

Kim Mullins

Nurse
Meals on Wheels/Daybreak Adult Day Center

Jerry Parrish

Pastor
Resonate Life Church/Police Athletic League

Lisa Tavalalli

Director of Public Health Program
Lake Erie College of Medicine (LECOM)

Carol Whitmore

Manatee County Commissioner
Manatee Hospital Safety Committee
State Medical Examiners
Board of Nursing

Focus Groups

Focus groups typically take place with groups of individuals with similar characteristics meeting face-to-face allowing for conversations to emerge organically with the guidance of a qualified facilitator. By meeting in-person, body language becomes part of the experience and facilitators can more effectively lead the discussion. In the best interest of the participants and facilitators with respect to the continued threat of COVID-19 and recommended social distancing practices, it was determined that the focus groups would take place through video conferencing.

Seniors, youth and young adults were selected as the target audiences for the focus groups and participants were recruited for three groups through The Healthy Teens Coalition of Manatee County, Manatee County YMCA and Meals on Wheels/Daybreak Adult Day Center.

Group	Seniors	Teens	Young Adults
# Registered	7	6	7
# Participated	6	6	7
Male	0	2	1
Female	6	4	6
Age	65+	5 participants were under age 18 One was 18-24	6 participants were 18-24 One was 25-29
White/Caucasian	5	1	0
Black/African American	1	1	4
Hispanic/Latino	0	2	3
More than one race/ethnicity	0	2	0

Seniors

Seven females registered for the focus group that was held on Thursday, October 29, 2020 from 1:00pm-2:00pm, six individuals participated. Of the six women, five were white, one was black, and all were over the age of 65. Participants were recruited by the Manatee Family YMCA and Meals on Wheels/Daybreak Adult Day Center. A few of the participants received assistance from a caregiver in the case that they could not hear or needed help with the technology.

Teens

Six participants registered and attended the teen focus group on Wednesday, October 21, 2020 from 5:00pm-6:00pm. Four participants were female and two were male. Five participants were under the age of 18 and one participant selected 18-24 for their age group. One participant selected White/Caucasian, one selected Black/African American, two selected Hispanic/Latino and two selected more than one race/ethnicity. Teens were recruited through the Healthy Teens Coalition of Manatee County's Teen Health Educators. The Chair of the Board of Directors and the Program Manager for the Healthy Teens Coalition of Manatee County were present during the focus group but did not participate.

Young Adults

The young adult group contained 7 registered participants, all of which participated in the discussion. There were six females and one male present and of the group of seven, four selected Black/African American, and three selected Latino/Hispanic. Six participants selected the age group of 18-24 and one participant chose 25-29. Young adults were recruited through the Healthy Teens Coalition of Manatee County's Young Adult Leaders. The Chair of the Board of Directors and the Program Manager for the Healthy Teens Coalition of Manatee County were present during the focus group but did not participate.

Methodology

Focus groups were held through Zoom video conferencing and participants were asked to use their video capabilities if possible. Each session began with a short presentation about the purpose of the focus groups to inform Community Themes and Strengths Assessment portion of the MAPP process used to develop the Community Health Assessment.

The HCWF developed a set of questions to assess the perspectives of the focus group participants and shared them with the MHCA Steering Committee and DOH-Manatee for feedback that was incorporated into the questions.

Ice Breaker Question:

*What is your favorite thing about Manatee County?

Focus Group Questions:

1. One of the things we are wondering is about your quality of life – in other words, how healthy and happy you FEEL from day to day. In general, how would you rate your quality of life? (if need be, use 0-10 scale, 10 being you feel great every single day, 0 being you feel unhealthy and unhappy every single day).
 - a. Do you feel like you are affected more by physical or mental health?
 - b. How important is it to you to feel healthy?
 - c. What are the impacts of not feeling healthy on your family? Community?
 - d. Tell me about the quality of life in Manatee County?
2. Sometimes the neighborhood/area people live in can help them to be healthy or prevent them from being healthy.
 - a. What are the things in Manatee County that help you to be healthy?
 - b. What are the things in Manatee County that make it harder to be healthy?
 - c. PROMPT:
 - Access to healthy foods
 - Access to places for physical activity
 - Safety
 - Access to doctor's office
 - Exposure to lots of advertisements for alcohol/tobacco
 - Housing
3. What types of health problems/conditions/diseases do you see most often in Manatee County?
 - a. What are the top 3 health issues that you consider to be the most important in Manatee County?
4. What are the most urgent risks or risk-taking behaviors you see affecting health and safety in Manatee County?
 - a. PROMPT:
 - Diet
 - Exercise
 - Alcohol
 - Drugs

- Tobacco
 - Racism
 - Violence
5. Considering your own experiences, what are some things that have helped improve or maintain the health of you or your family?
 - a. PROMPT
 - Types of programs
 - Access to parks
 - Doctors/hospitals
 - Screenings
 6. What are problems or barriers you see in maintaining or improving you or your family's health?
 - a. PROMPT
 - Health insurance
 - Cost
 - Access to primary care/mental health dental
 - Living in a safe community
 - Access to grocery stores
 7. What can you suggest overcoming barriers to being healthy and happy in Manatee County?
 8. What do you think of when you hear the term 'health equity'? OR What does "health equity" mean to you'?
 9. Is there anything else that you would like to share before we end our discussion today?

Topics and Discussions

Quality of Life

Across all three groups, participants initially rated their quality of life between 6-10 (0=terrible, 10=perfect).

One of the teens discussed the diversity in Manatee County as an aspect of their quality of life.

- "You always meet somebody different there is such a variety of people you never really meet somebody that is the same and that can't really be said about other towns. You find all different kinds of cultures ethnicities and races, and that's not really something you see in other places."

As both the Teens and Young adults began to discuss their quality of life a few began to compare Manatee County to other places they have lived from out of state in California, to Florida communities like Miami-Dade County. In describing their experience moving from Miami Dade County to Manatee County, one of the teens made the following statements.

- "It's so annoying to have explain your whole being. Why I am just as American as they are but can have these other cultures, you don't have to explain yourself in Miami-Dade, like I do here."

Each of the three groups discussed the role mental health plays in their life versus physical health. Seniors expressed a very positive mental health status, and several went on to share that they live with their adult children who take very good care of them. The teens and the adults both expressed a high impact of mental health on their quality of life. The young adults discussed the impact the COVID-19 pandemic has placed on mental health by increasing anxiety. One young adult discussed the need for a reliable support system and how their support system has helped them manage stress. Young adults pointed out that children can get health insurance, but their parents cannot. They further explained that because the parents do not have health insurance, they only see a doctor if they are very sick. The teens discussed the pressures of managing school related stress as it impacts their mental health.

- "I think my mental health is a little more important than my physical health because that is where it all starts. If you have the willpower to do something than you are more inclined to take care of your body and your mind."

Community Health Assets

In discussing the assets to health in Manatee County, the seniors included health fairs, music, boating, a good source of doctors, and the adult day center many of them were recruited from. One of the seniors shared that she attends exercise classes in a park and belongs to the YMCA where she also exercises. Teens and young adults conversed over the many parks, preserves, trails, beaches and waterways.

Barriers to Health

Seniors expressed their frustration with the closure of the Adult Day Center due to COVID-19As a result, they are not able to be social and shared that they sit around all day. Three of the seniors explained their existing barriers to health like challenges breathing due to osteoporosis, arthritis resulting in the inability to be physically active. A senior participant shared their experience visiting a Manatee County hospital with a fractured knee and upon release, it took six days for her to receive follow-up care from an orthopedist. When the participant did see the orthopedist, they were told the brace that had been falling off was not applied correctly in the hospital. Another participant spoke about an experience she had as a patient due to continuous vomiting where she was denied food for six days.

The senior group discussed the role their family members play in their health from living with children to relying on children and neighbors/friends to take them to their medical appointments. Seniors were asked if they would be able to get to their medical appointments without the assistance of their family or friends and they all agreed that it would not be possible. One of the participants from this groups shared the community service available to seniors for free transportation to medical appointments.

Teen and young adult participants discussed safety as a barrier to health in Manatee County. A young adult shared their mother's desire to move from Ellenton so they could feel safe and she could "sleep at night." One of the teens described the apartment complex they live in as littered with trash and expressed confusion as to the differences between the beautifully clean areas of the county like Anna Maria Island and their own home. This individual discussed their desire to run regularly but inability to do so closeto

home. "If I don't go to Robinson Preserve, I don't go outside not even during the day because I don't feel safe going out. A month ago, a little kid got shot in my neighborhood." Another teen explained the need to carry pepper spray in order to feel safe.

One of the teens expressed their observation that the agencies providing services to the community appear to be overburdened.

- "Who deserves to be healthy? Is it only wealthy people that deserve to be healthy? Is there a certain socioeconomic standard that you have to meet to have a good healthy life? I think if our community would focus on making more of an effort to make these social programs so that it is not just one institution that is overwhelmed with people."

Another teen explained that while their family feels like they are "comfortable," they do not have health insurance. This teen expressed concern for their family in the case they were diagnosed with COVID-19 or were hurt. They discussed that while they cannot afford health insurance, they do not qualify for assistance and stated, "there is just something about it that doesn't seem right." The seniors also discussed challenges with health insurance in understanding programs to sign up for, and the cost of extra fees (copays, coinsurance etc.). One of the seniors explained that their adult child pays over \$1000 a month for health insurance. A young adult participant described their experience working in a health clinic and realized that many people do not know what they need to do in order to become a patient of that particular clinic. They explained that in order to be a patient, an individual needs to get a referral and many confusing layers of paperwork.

Two teens shared their experiences where parents struggled to find work. In moving from Michigan, one of the teen's mother had to stay behind for a year because they were unable to find work in Manatee County. The other teen explained that their parents looked at moving out of state to find work.

A teen participant explained a situation where a friend that relied heavily on the mental health medications, had to go without their prescription for two weeks.

- "I called a 24-hour counseling number, and nobody picked up. I called all the school counseling numbers and nobody picked up. This was for an abuse situation; this was for a domestic abuse situation. It took me 1-2 hours to get in touch with anyone. If it was anyone else, they might be dead."

Young adults discussed that despite schools assisting in distribution of food, there are many challenges, especially for people of color, to maintain healthy diets. A young adult participant stated, "access to many fast-food restaurants, if that's what you can afford that's what you will eat, leads to a less healthy lifestyle, it's not people's fault it's what they can afford." One of the young adult participants works in a pharmacy and shared their concern over the number of prescriptions they see as to combat addiction to harmful substances.

Top Health Issues/Concerns/Diseases

- The seniors focus group agreed that diabetes, orthopedics (need for providers), mental health and osteoporosis as their top health concerns.
- In the conversation around diabetes, the senior group agreed that sugar levels are of concern. While they all expressed a preference for sugary foods, they discussed a loss of taste and appetite as a result of medications and possibly age. This has impacted their diets and the number of nutritious foods they consume and for some either gaining too much weight or losing too much weight.
- When asked about oral health, only one of the senior participants said that they regularly see a dentist. Two of the participants share that they wear dentures and as a result, assumed dental care was not necessary.
- Teens and young adults agreed that mental health, substance abuse and obesity/nutrition, and sexually transmitted infections (STIs) as the most critical health issues in Manatee County.
- One of the teens described a correlation between mental health, substance abuse, and obesity. In discussing mental health, a participant explained their observation of parents taking their stress out on their children creating a cycle of poor mental health.
- One of the teens shared their experience with two chronic diseases and their need to be extremely careful with sports. They explained that they were told they would need to work very hard to lower their stress level in order to safely engage in sports.
- Seniors and teens expressed concerns over road/driver safety as a threat to the health of Manatee county residents.

PHASE 3: FORCES OF CHANGE ASSESSMENT

The Forces of Change Assessment identifies forces that may affect a community, and the opportunities and threats associated with these forces. It answers the questions: *What is occurring or might occur that affects the health of the community or the local public health system? What specific threats or opportunities are generated by these occurrences?*

The Forces of Change Assessment was held on November 5, 2020. Invitations were sent in advance to 70 people representing a wide variety of constituencies. Twenty-nine people representing 18 distinct organizations including local government, education, non-profit sector, health care, and concerned citizens participated in a virtual meeting facilitated by the Health Council of West Central Florida. A brief overview of the MAPP process and an introduction to forces of change was presented before breaking into two groups. Each group began with a brainstorming session. Responses were then categorized into forces and discussion of threats and opportunities posed by the forces were discussed. Results from both groups, as well as written comments received after the session, were collated and organized into the chart below.

The impact of both COVID-19 and a national election with unknown outcome was woven through the discussion of many of the forces. Other common themes included racial and ethnic disparities in education, employment, income, access to care and health status; and the need for a proactive, long-term approach to funding so progress made isn't lost.

Force	Threat	Opportunity
<p>Pandemic, New Disease Outbreaks</p>	<ul style="list-style-type: none"> ● Lack of political support and funding ● Public mistrust of science/politicization of response, ● Economic collapse High unemployment and loss of health insurance ● Increasing medical costs ● Long-term disability and higher death rates ● Strain on health care system and providers ● Small business failures ● Funding allocations not enough 	<ul style="list-style-type: none"> ● Collaboration with local experts, partners and regional responses ● Epidemiological improvements (testing, contact tracing, vaccination) Development of public responses based on experience to mitigate some impacts ● Use of technology to do things differently ● New vaccines in development
<p>Development to Accommodate Growth</p>	<ul style="list-style-type: none"> ● Loss of agricultural land ● Increased traffic and transportation needs ● Increased demand for county-provided services such as schools and social services ● Pollution from new industries ● Fertilizer run-off from trying to increase yields on less agricultural acreage ● Water quality reduction- more red tide Continuing to build in sensitive areas 	<ul style="list-style-type: none"> ● Approval of the "Water Quality, Fish and Wildlife Habitat Preservation and Parks" property tax funding referendum to increase preserved areas, ● Chance to implement better development regulations, ● Collaboration with Mote Marine Labs Bradenton long-range planning (Realize Bradenton) process implementation
<p>Public Mistrust of Science and Government</p>	<ul style="list-style-type: none"> ● Ignoring science results in degradation of quality of life in long run and makes it harder to accomplish things that would improve quality of life ● Continued underfunding of public health infrastructure ● Recently elected leadership may not have full understanding of issues and funding mechanisms ● Debate about ethics in public policy ● Legal challenges around elections undermine confidence in institutions 	<ul style="list-style-type: none"> ● Explore ways for more transparency ● Education of leaders/decision makers ● Provide more clarity in understanding of roles and responsibilities at local, state and national level to general public Recently elected leadership may be open to trying new things

Global Warming	<ul style="list-style-type: none"> • Fishing industry impacts • Beach erosion, rising sea levels and flooding • Increasing frequency and intensity of storms • Increasing droughts and fires • Higher temperatures • Food shortages • Migration away from coastal areas could reduce population in county and resources needed to address needs • Lack of commitment to addressing at a State and Federal level-being left to local governments 	<p>Opportunities to mitigate impacts through building code and development regulations</p> <ul style="list-style-type: none"> • Utilize technology to reduce carbon footprint • New industries and jobs to address impacts • Improved agricultural methods • Expanding FPL solar farm in Duette • More local government involvement for planning response • Encourage State and Federal leaders to get involved • New technology development
Population Growth	<ul style="list-style-type: none"> • Lack of funding to support services and infrastructure needs • Increased need for cultural and linguistic diversity among service providers • Increased number of people experiencing health disparities • More senior citizens -may need more health providers and resources • Services needed for migrant farmworkers 	<ul style="list-style-type: none"> • More volunteers among increasing senior population • Workforce and industry diversity to improve incomes Increasing tax base for revenue to address needs
Natural Disasters	<ul style="list-style-type: none"> • Loss of life • Loss of property • Increasing insurance rates • Loss or damage to public infrastructure • Homelessness • Inadequate shelter space in time of pandemic • Reduction in tax base • Hunger • High number of elderly- may not be able to evacuate without help 	<ul style="list-style-type: none"> • Build more resilience into infrastructure planning • Retrofit older properties for improved ability to withstand winds • Drainage improvements • Rebuild stronger after incidents • Improve communication/alert systems
Racial, Ethnic and Economic Disparities	<ul style="list-style-type: none"> • Social unrest • Lower graduation rates among minorities leading to lower earning capacity later • Inequity in juvenile justice system • Lower wages for minorities 	<ul style="list-style-type: none"> • Develop and implement community-based and employer education on social and economic disparities and how to improve opportunities for all • Develop county-wide initiative to look for solutions • Identify specific interventions that can address inequities and implement programs that have shown success

<p>Access to Health Care/Chronic Disease Management</p>	<ul style="list-style-type: none"> ● Possible changes to affordable care act resulting in higher numbers of uninsured and increased costs for insurance ● Digital divide among lower income populations make telehealth less accessible ● Fear of accessing services if undocumented or have certain diseases such as HIV/AIDS ● Cultural and language barriers (ex: women can't be alone with male provider) ● Not enough Spanish speaking providers ● Transportation barriers ● Wait times for an appointment and times office open can be a barrier for hourly workers and those without paid sick leave, ● Oral health is underutilized due to cost, fear and lack of insurance ● No Medicaid expansion in Florida ● Failure of County indigent health care sales tax ● Large number of employers that do not offer health insurance ● Males less likely to seek care resulting in late diagnosis and poorer outcomes ● People accessing care less often and may be skipping screenings due to COVID-19 ● Healthcare literacy needed. How to get what you need, how to use insurance, how to manage chronic conditions 	<ul style="list-style-type: none"> ● Improve affordable broadband access and computer access in low- income areas to improve telehealth options ● We have a large FQHC with multiple services and locations ● Increase the use of community health workers/peer educators ● Increase school-based health centers for both on- campus and surrounding community, ● Leverage faith-based health ministries and free clinics, ● Consider mobile clinics for homeless/migrant workers ● County government is now addressing indigent health care access through Health Care Advisory Board and the Manatee Alliance for Healthcare ● Legislature has taken up the issue of licensing dental therapists in Florida which could expand care options ● Lake Erie College of Medicine and other health profession educational institutions in Manatee County ● Expand paramedicine program ● Turning point medical and dental clinic ● Center place clinics for seniors in needed zip codes ● Offer more healthcare literacy training
<p>Economic</p>	<ul style="list-style-type: none"> ● Unemployment and under-employment as result of COVID-19 ● Tourism based economy is vulnerable to national and international economic downturns and travel bans ● Small businesses closing or struggling to stay afloat ● Increasing homelessness due to impending cancellation of moratorium on evictions ● Seasonal residents and tourists not coming to the area due to COVID-19 ● Home prices increasing ● Lack of investment in supporting needs of working-age adults 	<ul style="list-style-type: none"> ● Tax base revenue is improving ● Strong Chamber of Commerce and Economic Development Council ● Tourism and seasonal residents spend money locally ● Local economy is holding up so far ● Florida voters approved increase in minimum wage over the next six years to \$15/hour ● Mortgage rates are low ● Sports Performance Industry development though Bradenton Economic Development Council ● Local philanthropic support

		<ul style="list-style-type: none"> • CARES ACT funding
Youth Development	<ul style="list-style-type: none"> • STI rates increasing • Comprehensive sexual and reproductive health information lacking • Vaping increasing among youth Services still needed for families that are not fluent English speakers, despite reduction in number of • English language learners in school district 	<ul style="list-style-type: none"> • Millage increase to support schools and Children's services fund • SWAT (Students working against tobacco) • AHEC smoking cessation classes • Access to pre-K and head start in the county • Increasing recreational opportunities
Funding	<ul style="list-style-type: none"> • Inadequate funding of public health • Needs exceed resources • Shortfalls in State and federal budget-sales tax revenues down, diversion of resources to address COVID • "Whack-a-mole" approach to funding-reactive not proactive 	<ul style="list-style-type: none"> • Higher incomes support philanthropy locally • CARES ACT funding • Possible new funding streams from federal government • Millage increase to support schools and Children's services fund
Increased Mental Health needs	<ul style="list-style-type: none"> • Social isolation impacting everyone, particularly seniors • Inadequate funding to meet the needs • Stigma 	<ul style="list-style-type: none"> • Brain Health initiative • Senior centers will reopen at some point • Focus on the whole person-don't look at mental health in a vacuum
Increased Substance Abuse	<ul style="list-style-type: none"> • • Manatee County continues to have serious substance abuse issues • COVID-19 may be contributing to substance abuse as a coping mechanism 	<ul style="list-style-type: none"> • • Opioid taskforce • Approval for needle exchange risk reduction programs in the county
Crime	<ul style="list-style-type: none"> • Domestic abuse, sexual abuse and child marriage. May be more hidden during pandemic. • Racial inequities in prosecution and sentencing 	<ul style="list-style-type: none"> • Task force to look at inequities • Training community on domestic violence, human trafficking and child abuse
Sense of Community	<ul style="list-style-type: none"> • Growing gap between east and west county regarding access to services and resources • Social isolation undermining sense of community • Digital divide widens with libraries closed 	<ul style="list-style-type: none"> • History of collaboration • Increase in empathy, people more willing to talk and listen to each other • Increase in political/civic engagement • Robust non-profit, healthcare and philanthropy in the county • Small enough to be connected • School District making inroads to needy communities

Technology	<ul style="list-style-type: none"> • Digital divide leaves many behind • Seniors need education in basic computer skills • Working-age adults need new skills to be competitive in workplace • HIPPA can impact outcome research 	<ul style="list-style-type: none"> • Expanding remote working opportunities • Expanding telemedicine • Medical advances-new treatments • Pilot projects for health and senior citizens
Obesity	<ul style="list-style-type: none"> • Rates are very high in minority populations; whites seem to be doing better • Food deserts • No sidewalks in some neighborhoods so walking is dangerous • Fast food consumption 	<ul style="list-style-type: none"> • Recreation offerings improving in some areas • Community gardens • Strategies to increase participation in WIC and SNAP • Find way to do online cooking classes • Diabetes education • Program to focus on pre-conception weight for women
Leadership	<ul style="list-style-type: none"> • Top down approach is prevalent • Diversity is not well represented in leadership positions-need people who understand communities they serve 	<ul style="list-style-type: none"> • Collaborate with Sarasota County on issues for regional response • Improve understanding of diversity and inclusion in government and private sector

PHASE 3: LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT RESULTS

The 10 Essential Services of Public Health were developed by Public Health Functions Working Group, a committee convened by the Department of Health and Human Services with representatives from US Public Health Service agencies and major public health organizations in 1994.

10 Essential Public Health Services (revised 2020)

1. Assess and monitor population health status, factors that influence health, and community needs and assets
2. Investigate, diagnose, and address health problems and hazards affecting the population
3. Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it
4. Strengthen, support, and mobilize communities and partnerships to improve health
5. Create, champion, and implement policies, plans, and laws that impact health
6. Utilize legal and regulatory actions designed to improve and protect the public's health
7. Assure an effective system that enables equitable access to the individual services and care needed to be healthy

8. Build and support a diverse and skilled public health workforce
9. Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement
10. Build and maintain a strong organizational infrastructure for public health

The primary purpose of the Local Public Health System Assessment (LPHSA) is to promote continuous improvement that will result in positive outcomes for system performance. Local public health departments and their system partners can use the results of the LPHSA as a tool to:

- Better understand current system functioning and performances.
- Identify and prioritize areas of strength, weakness and opportunities for improvement.
- Articulate the value that quality improvement initiatives will bring to the public health system.
- Develop an initial workplan with specific quality improvement strategies to achieve goals.
- Take action toward achieving performance and quality improvement in one or more targeted areas.
- Reassess the progress of improvement efforts at regular intervals.



In the past the LPHSA was conducted as a day-long facilitated meeting, where attendees voted on how well each essential service was being fulfilled. For this CHA cycle, out of respect for our partner’s time and inability to meet in person due to COVID-19, Manatee County decided to do a brief survey rather than a facilitated event. Participants were asked to rate the activity level for each of the 10 Essential Services. A total of 32 people representing 14 partners in the Manatee local public health system participated.

Each Essential Service was scored using the following scale:

Optimal (76%-100%)	Greater than 75% of the activity described within the question is met
Significant (51%-75%)	Greater than 50% but no more than 75% of the activity described within the question is met
Moderate (25%-50%)	Greater than 25% but no more than 50% of the activity described within the question is met
Minimal (1%-25%)	Greater than 25% but no more than 25% of the activity described within the question is met
No activity (0%)-	Absolutely no activity Don't Know-Unaware of these activities

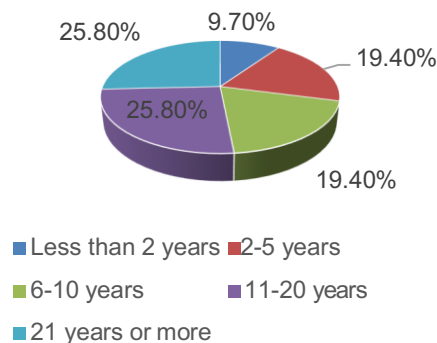
Participating Partners

Brain Health Initiative
Florida Department of Health in Manatee County
Ron Gottlieb
Health Council of West Central Florida
Healthy Teens Coalition of Manatee County, Inc.
Gulfcoast South Area Health Education Center
Lake Erie College of Osteopathic Medicine
Manatee County Probation Division
Manatee Memorial Hospital
Mission Made Possible
North River Prevention Partners
School District Manatee County
Suncoast Behavioral Health Center
United Way Suncoast

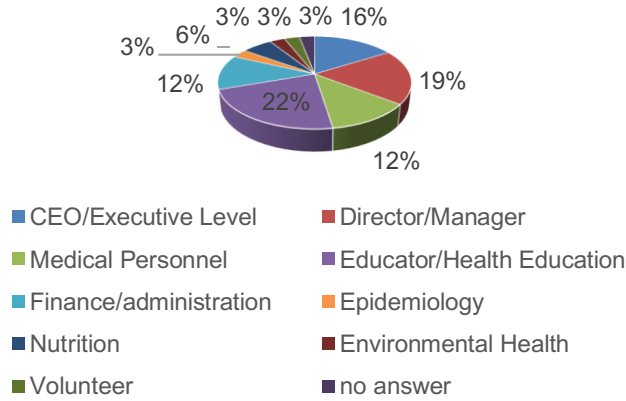
Respondents

Respondents worked in the LPHSA from less than two years to over 30 years with the greatest percentages being in the 11 to 20 years and 21 years or more.

How long have you worked in the public health system?

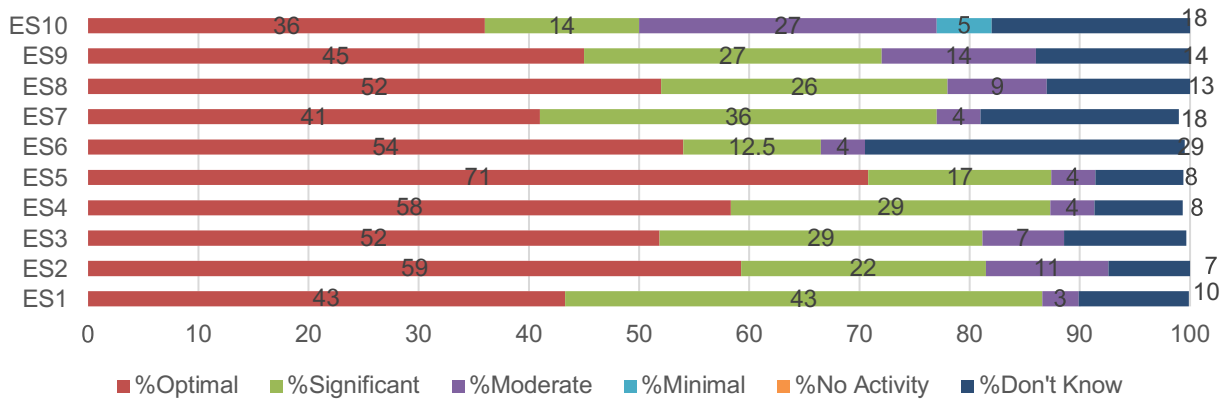


Respondents Role at Organization



Summary of Findings

Local Public Health System Assessment Scores



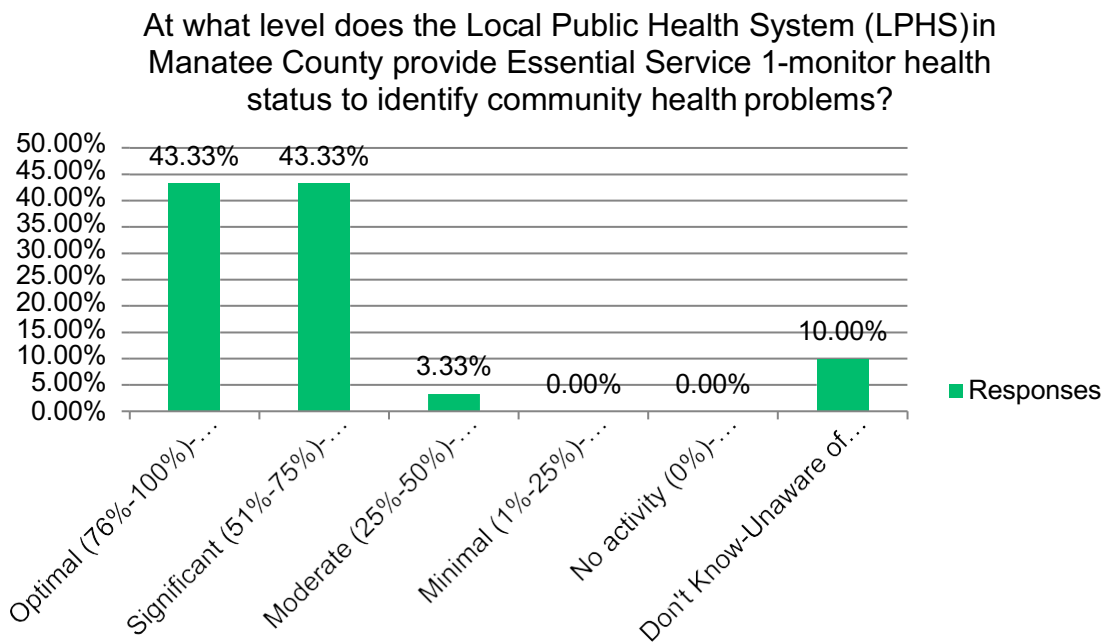
- Essential Service 5- *Create, champion, and implement policies, plans, and laws that impact health* had the highest percent rating for “optimum” among the 10 essential services at 71%.
- Essential Service 6- *Utilize legal and regulatory actions designed to improve and protect the public’s health* had the highest percent of “don’t know” responses at 29%.

Essential Services 6- *Utilize legal and regulatory actions designed to improve and protect the public’s health*; Service 9- *Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement* and Service 10- *Build and maintain a strong organizational infrastructure for public health* had the greatest variability in ratings.

- Essential Services 1, 2, 3, 4 and 5 had combined “optimum” and “significant” scores in excess of 80% of responses.

1. Assess and monitor population health status, factors that influence health, and community needs and assets
 2. Investigate, diagnose, and address health problems and hazards affecting the population
 3. Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it
 4. Strengthen, support, and mobilize communities and partnerships to improve health
 5. Create, champion, and implement policies, plans, and laws that impact health
- No services scored “no activity” and 5% of respondents rated minimal activity for Essential Service 10 “Build and maintain a strong organizational infrastructure for public health”.

Responses



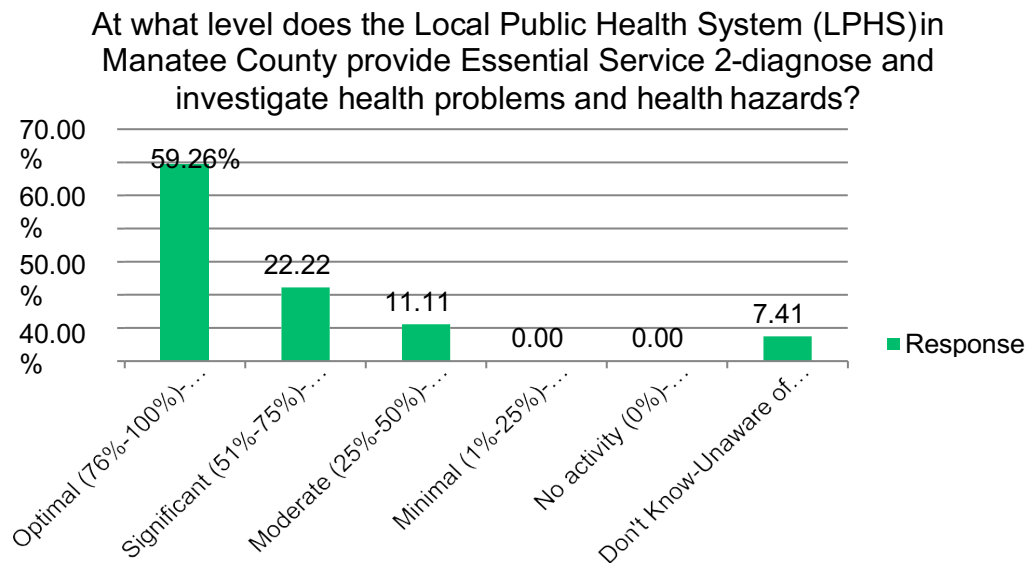
Responses tied between optimal and significant levels for the local public health system fulfillment of Essential Service 1

Comments:

- As an individual new to working with this region, I am just beginning to learn about services, needs, and impact. I look forward to learning with all of you.
- CHA is frequently mentioned at Staff Meetings with updates provided.
- They are great at what they do, however, there are some gaps in the information getting to all affected agencies.
- Much of the data that is shared from the periodic CHA assessment is what is used to drive initiatives and future projects at MMH and its partner

organizations.

- I do not work in community health therefore I am not sure of the methods used to obtain data.
- We have a lot of data available but have limited resources for using technology to display data.
- Once identified, those partners organize a response in order to deal with those issues and make the community healthier.
- Limited information is available to public or non-govt entities in the public domain. Need to host website with the critical county, county to county comparison, county to state comparison info. Need info by demographic segments. Need to better identify disparities and trends. Need to market where info is and send links frequently. Need to better engage community workers at the grassroots level. Sporadic updates.
- They are very in tune with what is going on in the community and work to improve conditions.
- Hope to find out more regarding these areas. Eventually hope to use these information sources or be able to suggest need for upgrades.
- Although challenged by COVID, the structure and format were well-established.



The majority of respondents (59.25%) reported that the local public health system fulfilled Essential Service 2 at an optimal level.

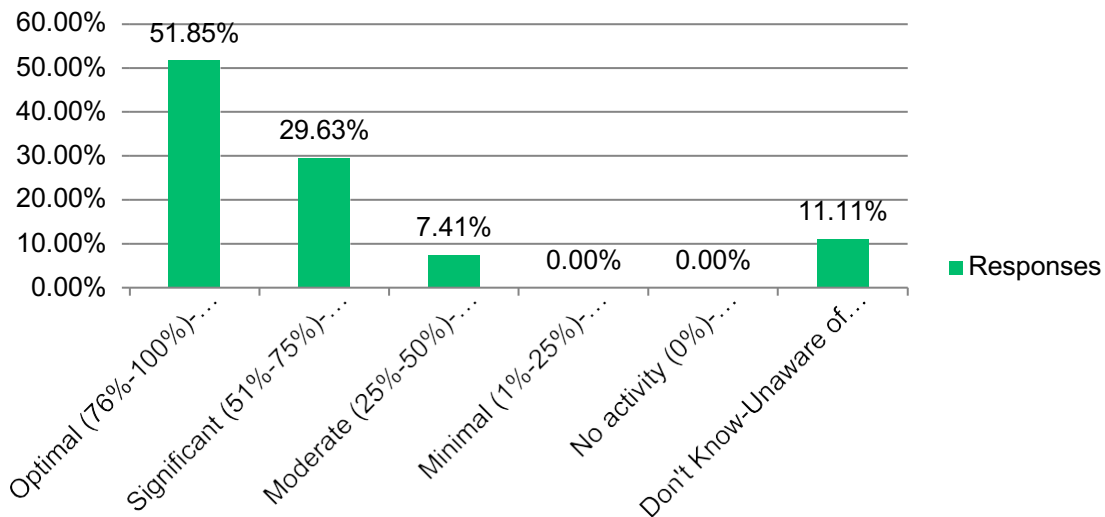
Comments:

- Frequent updates are provided by Preparedness Teams throughout response. Unsure on details of laboratory support.
- THE LPHS has been instrumental in coordinating and communication regarding testing guidelines, resource provisioning, overall community support during these past 8 months as we battle the COVID 19 pandemic.
- I can only speak about Environmental Health related activities. Our Department investigates sanitary nuisances until the nuisance no longer exists. We permit

septic systems with protection of the water table a very important factor to protect drinking water sources. We also conduct pool inspections which include determining the safety of the water both chemical and checking for required safety equipment (gates, fencing, and life-saving equipment). Additionally, public beach waters are sampled for determining the safety of the water the public is using.

- Environmental Health and the Epi staff address all of these.
- There are significant resources dedicated to data collection to analyze the needs of the community and identify problems as well. This means that partners share their collected data routinely in order to make better analysis of what is happening in the community.
- Don't know about laboratory at local level
- COVID-19 is an outlier. Much not within county control so any criticism would not be appropriate and more related to state than county. However, better job interacting and informing proactively decisionmakers and influences within county- govt, business, and others for measures that can be taken. Opportunity for improvement on testing, testing in hotspots, information and resources in hot spots, grassroot organizing, coordination of grassroot efforts, direct communication with county residents- mail, TV, social media etc. More public health, less politics.
- The county does a great job with this. Unfortunately, there are restraints at the state level that may hinder/limit proper procedures
- This answer draws only on my knowledge as an interested Manatee resident and my medical/public health training.

At what level does the Local Public Health System (LPHS) in Manatee County provide Essential Service 3-inform, educate, and empower people about health issues?

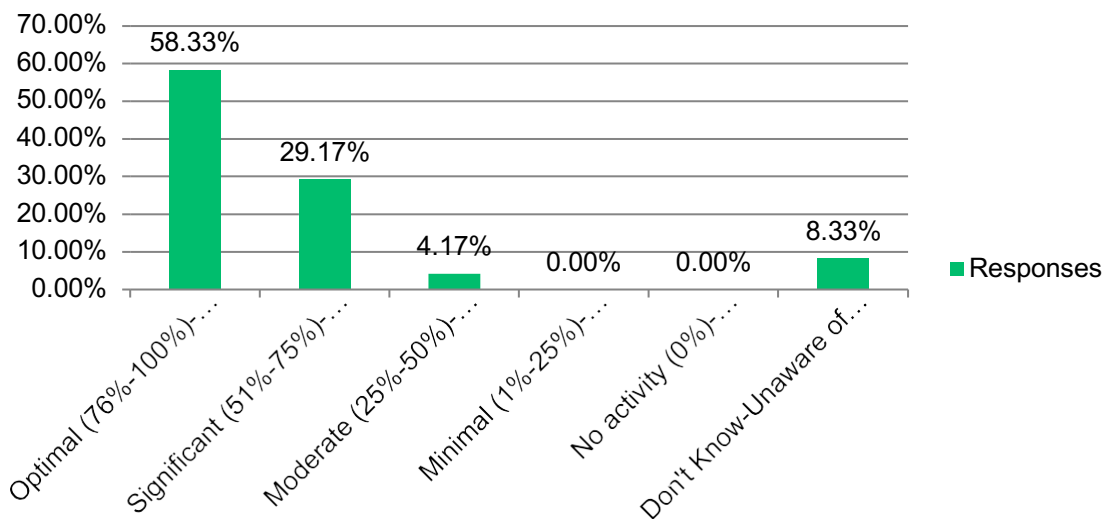


The majority of respondents (51.85%) reported that the local public health system fulfilled Essential Service 3 at an optimal level.

Comments:

- It would be optimal if all agencies in Manatee County were involved.
- The Manatee County LPHS has been the foundation for open communication by numerous community organizations especially highlighted during the COVID 19 pandemic but not limited to.
- Clients are informed of deficiencies regarding conducted inspections. Public complaints are performed, and the complainant is notified of the results. Educational opportunities are performed when we discuss public health issues of the facilities being inspected with both clients and the public.
- The health department does a good job in communicating health issues.
- Opportunity for improvement. Too much focus on drugs. Not enough focus on disparities. No coordinated media/marketing except for Hep C. People need more than health info they also need coordinated info and data on low-cost resources- programs, services, free or reduced rate. They need the info and then they need the info necessary to take action.
- Manatee County works to get word out and keep community members involved and informed
- Frequent updates are provided to community partners through email and to the public through press releases.

At what level does the Local Public Health System (LPHS) in Manatee County provide Essential Service 4-mobilize community partnerships to identify and solve health problems?



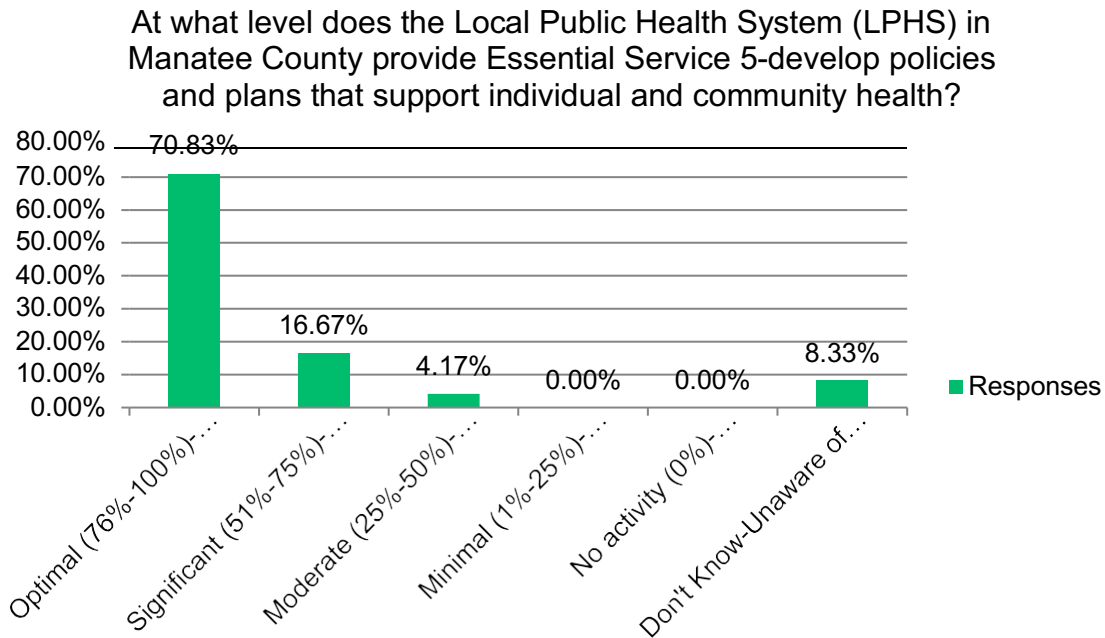
The majority of respondents (58.33%) reported that the local public health system fulfilled Essential Service 4 at an optimal level.

Comments:

- Broaden partnerships beyond the traditional go-to agencies. They all function independently rather than collaboratively. Require collaboration and coordination for grants. Set standards. Invest in BOTH health-related charity or immediate needs and so much for change/impact as they are NOT the same, but both are

needed. Many disparities are missed or not addressed with current system. Ask those impacted, ask those outside of traditional systems, be willing to LISTEN. Be willing to think outside the box.

- The members of the Manatee County LPHS are very engaged and involved in outreach as demonstrated by the Manatee HealthCare Alliance.
- I am aware of numerous community partnerships which work together to address community health concerns.
- We do this at multiple levels across a lot of different partnership groups.
- Excellent job, room for improvement to continue to engage more community partners.
- For Environmental Health: for example, we provided handouts to facilities inspected (for example food service facilities) to inform workers of the hazards of a local outbreak of Hepatitis A. The handout discusses precautionary measures, symptoms of disease, and reporting requirements. Other handouts are provided regarding safe food temperatures and proper employee hygiene (handwashing).
- Manatee County organizations work together at many levels to coordinate care and share programs with others throughout the community
- There is a strong network of partners as they work together to meet the needs of the community through effective program development.

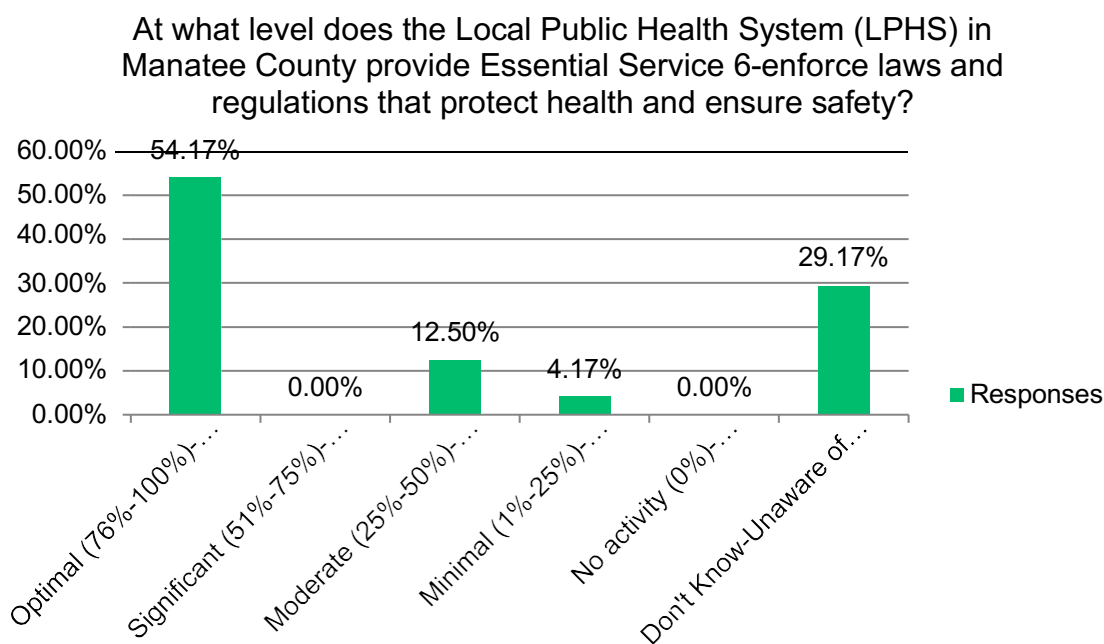


The majority of respondents (70.83%) reported that the local public health system fulfilled Essential Service 5 at an optimal level.

Comments:

- CHIP is mentioned frequently with updates provided. I am aware of policy development efforts and have participated in strategic planning efforts.

- Drills are conducted in regard to preparedness to ensure staff are ready to respond to natural disasters.
- Again, local agencies tied to decisions at state level, so COVID-19 response was very disappointing by county and FLDOH. Politics got in the way of public health and we have all suffered because of it. There are plans in place they just were not followed. Did not make use of mail or social media to get info out. Contest, grassroots, civic, etc.- clear simple engaging/motivating message- issue- plan- action- outcome
- It seems that adequate resources are available, but more can always be utilized. I cannot answer this for certain
- The CHA is instrumental in development of future policy. It is apparent that the LPHS understands this and is committed to gathering the needed data in order to make best decisions for the future of the community it serves.
- Local government have developed programs to provide for a healthier community with many of the programs being low-cost or no-cost to the community. In addition to that, partnerships have been formed to help market those programs to the public to ensure participation.



The majority of respondents (54.17%) reported that the local public health system fulfilled Essential Service 6 at an optimal level, however 29.17% indicated that they didn't know or were unaware of how well this essential service is functioning.

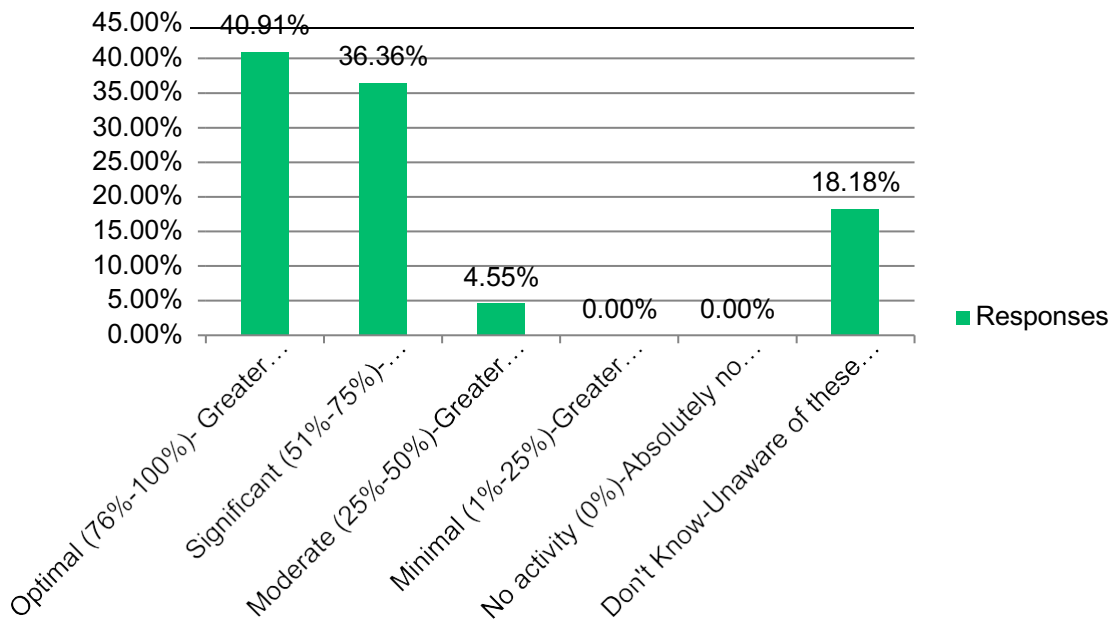
Comments:

- Laws and guidelines were not followed because politics were placed above public health and science. The issue starts at the top and with decisionmakers. They failed us.
- This year has been exceedingly challenging with the on-going pandemic and the

legal challenges it has placed on law enforcement. With so many legal changes due to masks and the closing of businesses, law enforcement has been making concerted efforts to educate the public and our partners about what to expect and the legal actions available to them.

- I feel that laws, regulations, and ordinances are not always effectively enforced in regard to public health.
- Sanitary nuisances are investigated. If the nuisance is not corrected timely the case is referred to the State Attorney's office for enforcement. Pool operators' pools are closed for safety violations or not paying for the permit fee when due.
- From those I have had the opportunity to work with, it appears that law enforcement and regulations work to protect the health and safety of the community.

At what level does the Local Public Health System (LPHS) in Manatee County provide Essential Service 7-link people to needed personal health services and assure the provision of healthcare when otherwise unavailable?

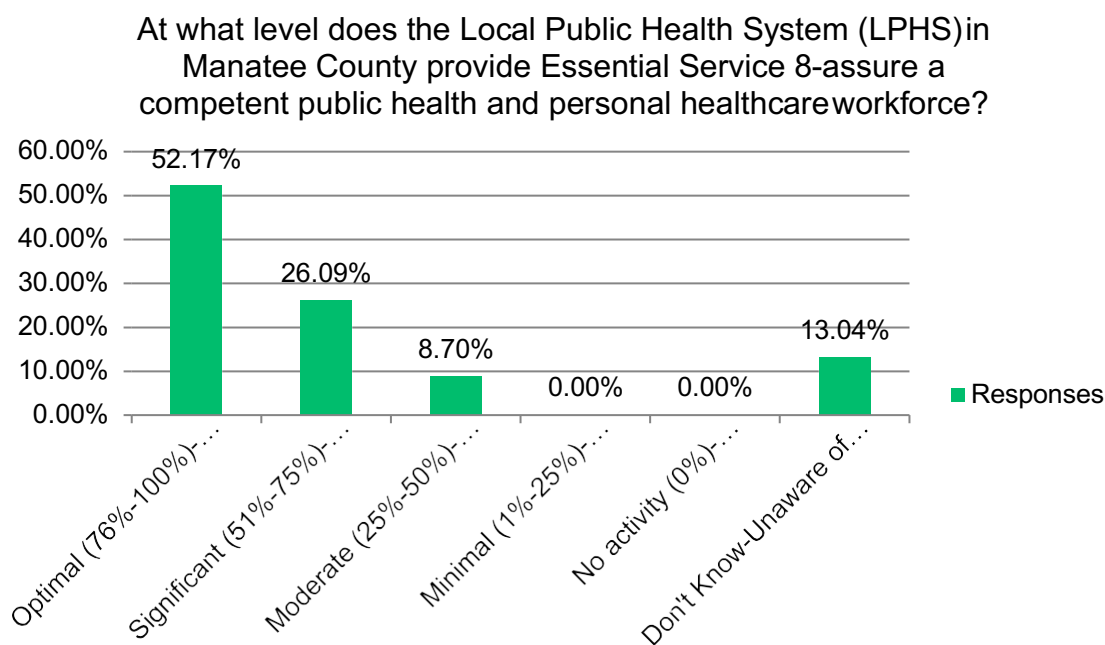


The majority of respondents (40.91%) reported that the local public health system fulfilled Essential Service 7 at an optimal level and 36.36% rated it at a significant level.

Comments:

- Manatee County does the best it can with the limited resources it has. Medicaid Expansion is what I would recommend to help offset this problem.
- As a law enforcement agency, we have significant access to programs that provide essential services to members of the community. This may include mental illness treatment, drug addiction, or the need for immediate medical treatment. Much of this response is done at the moment and long-term care is subject to the providers and the members assessment of need.

- Manatee County has an extremely effective referral network that helps ensure access to needed services.
- Current reliance on 211 as the single navigation source is concerning, the experience is also disappointing with unreasonable wait times for a call center in Orlando experience with someone unfamiliar with the area. We do not have local health navigators and there is little to no tracking. UniteUs is doing some of this in Sarasota County but I don't think they are in Manatee. The loop is not closed, and reporting does not currently require it but should. However, you would also need to know, understand and address socioeconomic reasons that may affect access and affordability.
- There is a great deal of collaboration and coordination of services offered to the Manatee county citizens at the guidance of our public health system.
- There are still people struggling to access healthcare in the county.
- The Department I work in regulates facilities that in turn provide services to clients. We mostly deal with regulated facilities and only have direct contact with the public for sanitary nuisances.



The majority of respondents (52.17%) reported that the local public health system fulfilled Essential Service 8 at an optimal level, and 26.09% indicated rated it at a significant level.

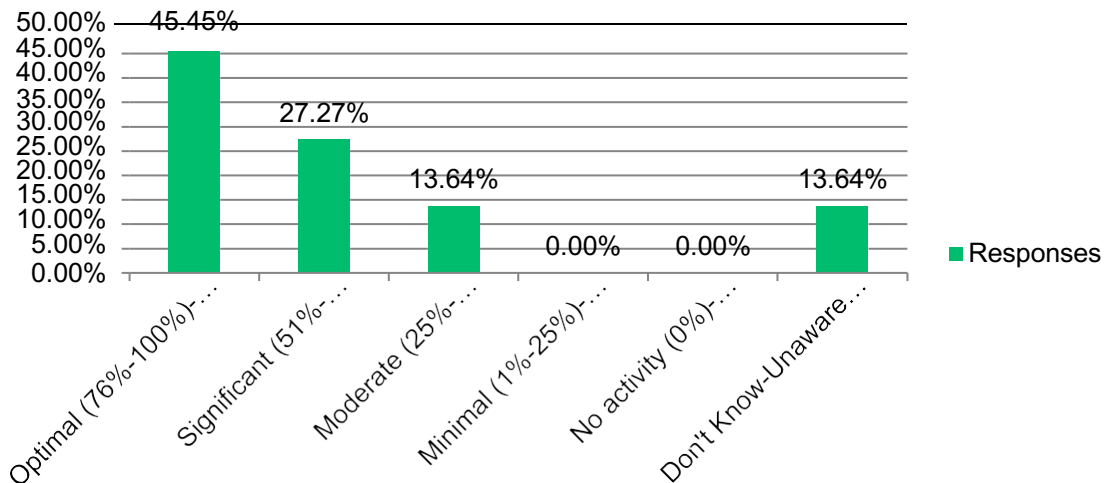
Comments:

- It appears to me that those leading the charge have the proper education and certification, but I cannot speak expertly on this topic.
- DOH-Manatee is actively involved in workforce development. Opportunities are presented for continuing education and leadership development. Standards are

upheld with frequent performance evaluations.

- Great team, very knowledgeable in every department I have encountered so far
- Many of us at MMH has firsthand knowledge and interaction with the staff of the LPHS and know them to be extremely competency and knowledge at their jobs as well as demonstrate the wiliness to go above and beyond when needed to support additional initiatives.
- The application process for some of the positions is overwhelming, especially DOH-Manatee. The hospitals are part of giant conglomerates and the process is also daunting. No active recruiting in early career planning is being done in HS, trade schools or other to prime the pipeline. No free CEU and classes at low-cost are offered to the general health care public to keep competence. Make grants that require this and include in projects. No diversity to address community or changing demographics in providers or workers. No DEI.
- To be a certified environmental health professional continuing education is required annually to maintain the certification. Trainings by the State of Florida to help ensure continuing education is available to employees.
- There is a lot of turnover in the public health and healthcare field, and concern that we may not have the future workforce that we will need.

At what level does the Local Public Health System (LPHS) in Manatee County provide Essential Service 9-evaluate effectiveness, accessibility, and quality of personal and population-base health services?



The majority of respondents (45.45%) reported that the local public health system fulfilled Essential Service 9 at an optimal level, and 27.27% indicated rated it at a significant level.

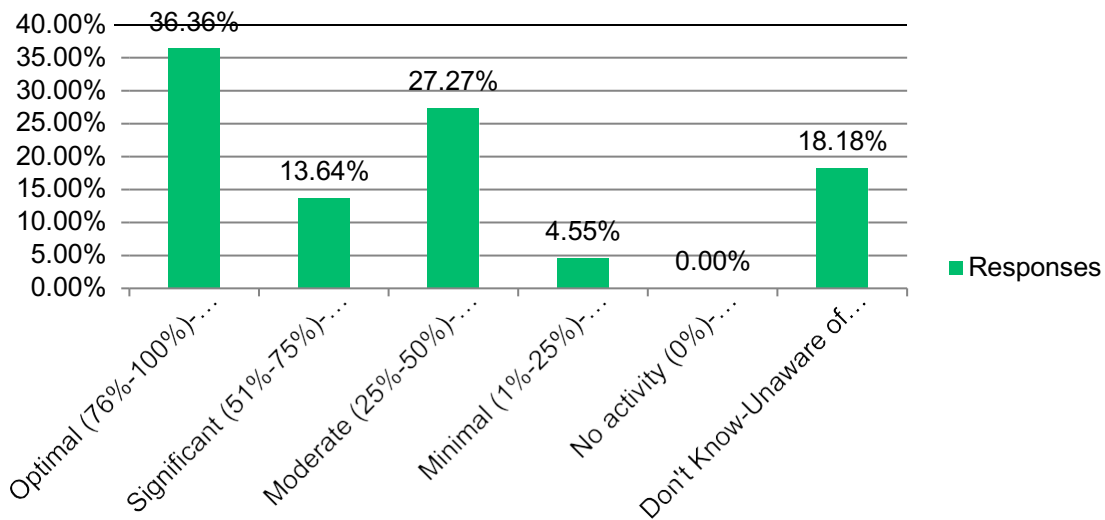
Comments:

- As part of the inspection process with Environmental Health, surveys are sent to the clients to rate our service.
- Customers are given opportunities to evaluate services. These opportunities are

not always taken, however, which can lead to gaps.

- Prior to COVID the public health community was very effective and aware of personal and population-based health services.
- It is through the CHA that these questions will be answered but given the quickly evolving circumstances we are currently facing; I can imagine that the Manatee County LPHS has had to be very adaptive.
- Quality improvement opportunity with care provided by FQHC. Working poor have few options, not eligible for Medicaid and over income requirement. No weekend or after hour care for low income. No dental. No targeted diversity efforts other than maternal/child.

At what level does the Local Public Health System (LPHS) in Manatee County provide Essential Service 10-research for new insights and innovative solutions to health problems?



The majority of respondents (36.36%) reported that the local public health system fulfilled Essential Service 10 at an optimal level, and 27.27% indicated it at a moderate level and 18.18% reported being unaware of how well this essential service is functioning.

Comments:

- New programs and software are being developed for a new data base program. The program is scheduled to be online within the next few months. Until the system is used it is not clear that it will be innovative.
- Manatee County has been involved in numerous innovative services that have promoted solutions to health problems. The few that I am aware of "Handle with Care", " Needle Exchange Program", and "pharmacist riding with EMS".
- Innovation is encouraged but opportunities are not always presented effectively. I am unaware of research partnerships.
- The LPHS has demonstrated an openness to innovative problem solution however, it is recognized that they also have to operate within the constraints of their regulator and financial limitations.

- Limited interest, support, action, funding, or recognition in new insights, solutions, or ideas unless it comes from current influencers, major providers, or decisionmakers. The last innovation was paramedics doing home visits. You will need to start asking different people, listening, offering financial support/incentive, offering access to resources or info, evaluating, communicating and rewarding.

Priority Setting Process

The identification of strategic issues is part of the Community Health Improvement Plan (CHIP) process which follows the completion of the Community Health Assessment (CHA). In order to begin to drill down the data collected in during the CHA, a crosswalk was developed of from issues raised in the four assessments and from the county health rankings.

Crosswalk of Identified Issues

Key Topics and Issues	Community Themes and Strengths			Local Public Health Assessment	Forces of Change	Community Health Status Assessment	County Health Rankings
	Community Survey	Focus Groups	Key Informant Interviews				
Mental Health	X	X	X	X	X	X	
Self-harm	X	X				X	
Substance Abuse/Addiction/Overdose	X	X	X	X	X	X	
Tobacco Use/e-cigarette/vaping	X				X	X	X
Weight/Nutrition/Obesity	X	X	X		X	X	
Lack of Exercise	X	X	X			X	X
Food Insecurity/food deserts	X		X		X	X	
Income/Unemployment/Underemployed	X	X	X	X	X	X	X
Housing/Homelessness	X	X	X		X	X	
Health Insurance	X	X	X	X	X	X	
Resource Awareness	X		X	X			
Transportation	X	X	X		X	X	
Lack of preventative care	X		X			X	
Oral Health	X	X	X	X	X	X	
Medical non-compliance	X						
Medicaid	X	X	X	X	X	X	
Number of providers		X	X		X	X	X
Prescription drug costs/access	X	X					
Childcare	X	X	X				
Academic Education			X			X	X
Youth dropping out of school	X		X			X	
Teen Pregnancy			X			X	
Impaired Driving/Distracted Driving/Unlicensed/Pedestrian deaths	X	X				X	
Domestic Violence/Child abuse	X	X			X	X	
Trust (immigration status/law enforcement)			X				
Rape/Sexual Assault/Violent Crime	X				X	X	X
Trashy neighborhoods	X	X					
Safety	X	X	X		X	X	
Crime/property/traffic	X	X	X		X		
Diabetes	X	X	X		X	X	

COVID/not wearing masks/lifting mask orders	X						
COVID-19/Infectious Diseases	X	X	X	X	X	X	
COVID/not allowing for herd immunity/forcing masks	X						
Pandemic	X	X	X	X	X		
Discrimination	X	X	X		X		
Cultural Norms		X	X		X		
Race/ethnicity	X	X	X		X	X	
Equity/Disparities	X	X	X	X	X	X	
Aging/Senior Health	X	X	X			X	
Cancer	X		X			X	
Disabilities	X	X				X	
Social Media	X		X				
Politics	X		X	X	X		
Lack of faith	X		X				
Sexually Transmitted Infections (STI)	X	X	X		X	X	X
Health Education	X	X	X	X		X	
Collaboration between agencies	X	X	X	X	X		
Environment/Climate Change	X	X	X	X	X	X	
Public mistrust of science					X		
Premature death						X	X
Vaccines	X		X	X		X	X

Themes were then identified and grouped together as health problems/outcomes and health factors to further assess overlap.

Top 10 Health Problems/Outcomes	Community Survey	Focus Groups-Seniors	Focus Groups-Youth	Key Informant Interviews	County Health Rankings	Mentioned in Forces of Change
1	Substance Abuse	Diabetes	Mental Health	COVID-19	Premature Death	Pandemic/COVID-19
2	Mental Health	Orthopedics	Substance Abuse	Mental Health		Mental health
3	Infectious Disease/Covid-19	Mental Health	STIs	Substance abuse		Obesity
4	Child abuse/neglect	Dental/Oral Health	Obesity	Social Isolation		Sense of Community
5	Cancer			Traffic/Safety		
6	Heart Disease			Breast Cancer		
7	End of life care			Teen Pregnancy		
8	Diabetes			STI		
9	Motor vehicle crashes			Dementia		
10	Dental/Oral Health			Dental/Oral Health		

Top 10 Health Factors	Community Survey	Focus Groups-Seniors	Focus Groups-Youth	Key Informant Interviews	County Health Rankings	Mentioned in Forces of Change
1	Substance Abuse	Nutrition	Racial, Ethnic and Economic Disparities	Affordability	Adult Smoking	Population Growth/Development
2	Weight/nutrition	Road safety/traffic	Nutrition	Homelessness/Poverty	Adult Obesity	Racial, Ethnic, Economic Disparities
3	Crime		Road safety/traffic	Provider Limitations (Medicaid)	Uninsured	Access to Healthcare/Chronic Disease Management
4	Mental Health			Mental Health (stigma)	High school graduation	Youth Development
5	Lack of Preventative care/vaccines and screening			Food insecurity	Violent crime	Environment
6	Discrimination			Laziness		Public Mistrust of science and government
7	Dropping out of school			Awareness of Programs/assistance		Economic
8	COVID-19					Funding
9	Homelessness					Crime
10	Oral Health					Technology

- Pink**-Obesity/Nutrition/Diabetes
- Yellow**-Mental Health
- Orange**-Substance Abuse
- Dark Green**-Access/Affordability
- Dark Blue**-Crime/Traffic/Safety
- Red**-Disparities/Discrimination/Population
- Gray**- Oral/Dental Health
- Light Blue**- Pandemic/COVID-19
- Purple**-Youth development
- Mint**- Seniors

Members of the Manatee Healthcare Alliance met on December 7, 2020 to identify the top three to four priority areas. Participants split into four groups and were assigned two to three issues to explore. Data was compiled for each of the 10 areas and participants were provided with the information related to their assigned topics. Following discussion, each breakout group reported back to the larger group and additional comments were provided from the larger group. The large group voted on the top issues that would guide the formation of committees that would then identify the strategic issues and develop goals and objectives for the CHIP. The four issues for the 2021-2023 CHIP cycle were:

- Mental Health
- Obesity/Nutrition/Diabetes
- Youth Development
- Communicable Diseases

PHASE 3: COMMUNITY HEALTH ASSESSMENT HEALTH OUTCOMES

Life Expectancy, Leading Causes of Death and Years Potential Life Lost

Average life expectancy in Manatee County is higher overall than for Florida, except for Blacks who live an average of 2.7 years less than Blacks statewide and 5.3 years less than Whites in Manatee County. Manatee County has lower age of life expectancy than the 3-peer county average and nearest local public health department.

Figure 10: Life Expectancy Manatee County and Florida, Three-year Rolling Rate 2017-2019

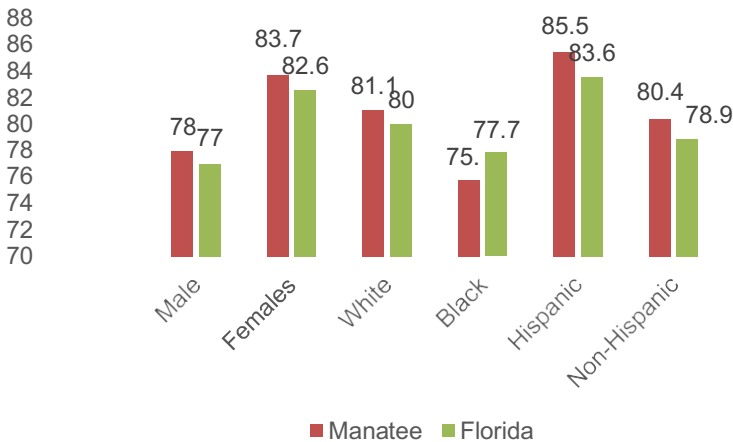


Table 8: Life Expectancy Comparisons, 2017-2019	
Manatee	80.4
Peer Avg.	85.3
Nearest LHD	81.6
Florida	79.8

Source: Florida Department of Health, Bureau of Vital Statistics, Three-year rolling rate (2017-2019)

Source: Florida Department of Health, Bureau of Vital Statistics
Peer counties: Collier, Pasco and Seminole, Nearest LHD-Sarasota

The top five causes of death in Manatee County are presented in Table 9. The concept of years of potential life lost (YPLL) involves estimating the average time a person would have lived had he or she not died prematurely and is calculated on deaths for people under the age of 75.

Table 9: Top 5 Causes of Death Manatee County, 2019

Gender/Race/Ethnicity	Age-adjusted Death Rate per 100,000 Population	Years of Potential life lost per 100,000 under 75 years
<i>Heart Disease</i>		
Male	177.7	10,775.9
Female	105.1	5,741.0
White	137.4	8,311.2
Black	186.4	9,945.5
Other	95.7	2,710.4
Hispanic	75.7	5,702.1
Non-Hispanic	143.6	8,694.2
<i>Cancer</i>		
Male	177.7	1945.1
Female	105.1	685.9
White	137.4	1308.0
Black	168.4	1547.2
Other	95.7	639.1
Hispanic	75.7	440.7
Non-Hispanic	143.6	1487.2
<i>Unintentional Injury</i>		
Male	144.1	1628.9
Female	115.7	1502.3
White	128.4	1678.5
Black	170.3	1186.8
Other	118.5	410.8
Hispanic	122.4	625.5
Non-Hispanic	129.9	1774.2
<i>Chronic Lower Respiratory Disease (CLRD)</i>		
Male	86.2	2497.5
Female	45.7	1136.2

White	70.6	1912.9
Black	46.0	1422.7
Other	17.3	627.7
Hispanic	49.3	1875.7
Non-Hispanic	67.4	1771.5
Stroke		
Male	30.4	193.8
Female	30.0	247.7
White	30.2	212.7
Black	29.9	360.4
Other	21.6	97.0
Hispanic	18.3	135.8
Non-Hispanic	30.6	239.7

Source: Florida Department of Health, Bureau of Vital Statistics

Health Disparities

- Blacks have higher rates of death from cancer, diabetes, heart disease and HIV/AIDS than other races or Hispanic/Latinos of any race.
- Whites have higher death rates from CLRD and stroke than other races or Hispanic/Latinos of any race.
- Blacks also have higher number of years of potential life lost than other races, but men overall have the highest number of years of potential life lost.

Manatee County has the highest number of years of potential life lost when compared to peer county average, nearest local public health department, and Florida.

Table 10: Comparison of Years of Potential Life Lost, 2017-2019	
Manatee	8,186.5
Peer Avg.	7,266.9
Nearest LHD	7,7,03.7
Florida	7,646.8

Source: Florida Department of Health, Bureau of Vital Statistics, Three-year rolling rate (2017-2019) Peer counties: Collier, Pasco and Seminole, Nearest LHD- Sarasota

Table 11: Leading Causes of Death by Age, Manatee County 2019

Age Cohort	Cause of Death in Rank Order
Under 1 year	Perinatal Condition Congenital Malformation Unintentional Injury
1 to 4 years	Unintentional Injury Congenital Malformation
5-14 years	Unintentional Injury Heart Disease CLRD
15-24 years	Unintentional Injury Homicide Suicide
25-34 years	Unintentional Injury Suicide Homicide Heart Disease Diabetes
35-44 years	Unintentional Injury Suicide Malignant Neoplasm (Cancer) Heart Disease Homicide
45-54 years	Heart Disease Malignant Neoplasm (Cancer) Unintentional Injury Liver Disease/ Cirrhosis Suicide
55-64 years	Malignant Neoplasm (Cancer) Heart Disease CLRD Cerebrovascular Disease Diabetes
75-84 years	Heart Disease Malignant Neoplasm (Cancer) CLRD Cerebrovascular Disease Alzheimer's Disease
85 + years	Heart Disease Malignant Neoplasm (Cancer) Alzheimer's Disease Cerebrovascular Disease CLRD

Source: Florida Department of Health, Bureau of Vital Statistics

Chronic Disease

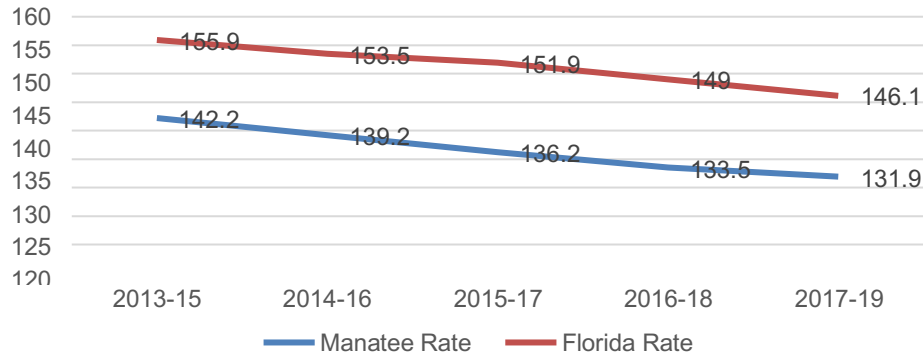
Cancer

Indicator: Age-adjusted death rates for cancer

Cancer is the 2nd leading cause of death in the United States and in Manatee County. According to the American Cancer Society, cancer death rates dropped 26% over 20 years, between 1999 and 2018. Lung cancer is the most common type of cancer.

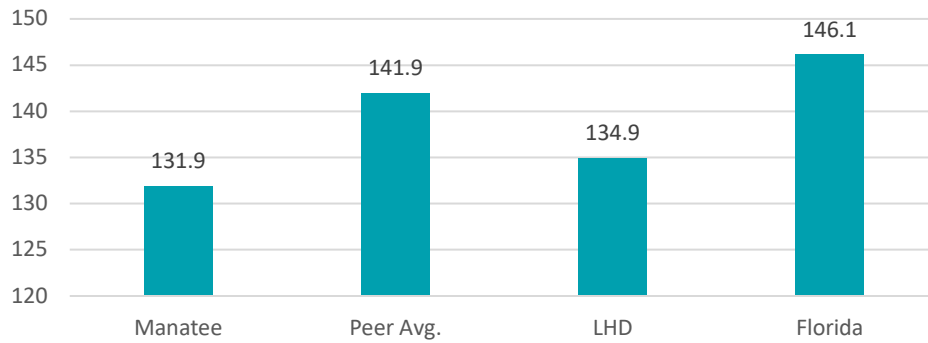
Figure 11 shows cancer deaths have been decreasing in Florida and Manatee County. Death rates in Manatee County are lower than Florida. Manatee County has lower death rates from cancer than Florida, peer county average or nearest local health department.

Figure 11: Age-adjusted Cancer Death Rate, 3- year Rolling Rate, Manatee County and Florida 2013- 2019



Source: Florida Department of Health, Bureau of Vital Statistics

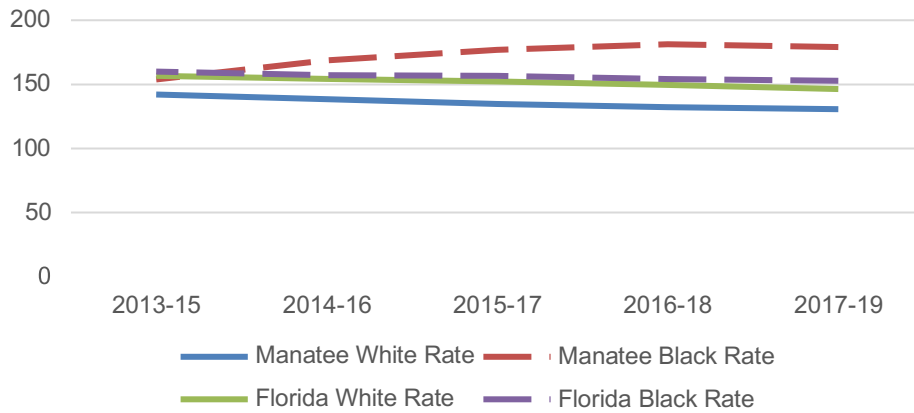
Figure 12: Cancer Death Rates Comparison 2017-2019



Source: Florida Department of Health, Bureau of Vital Statistics
Peer counties: Collier, Pasco and Seminole, Nearest LHD- Sarasota

Figure 13 shows cancer death rates for Blacks in Manatee County are higher than Blacks in Florida and Whites both in Manatee County and Florida. Rates are also increasing for Blacks in Manatee County, while rates for Blacks in Florida and Whites in both Manatee County and Florida are decreasing.

Figure 13: Age-adjusted Cancer Deaths, 3-year Rolling Rate per 100,000 Population, by Race, Manatee County and Florida, 2013-2019

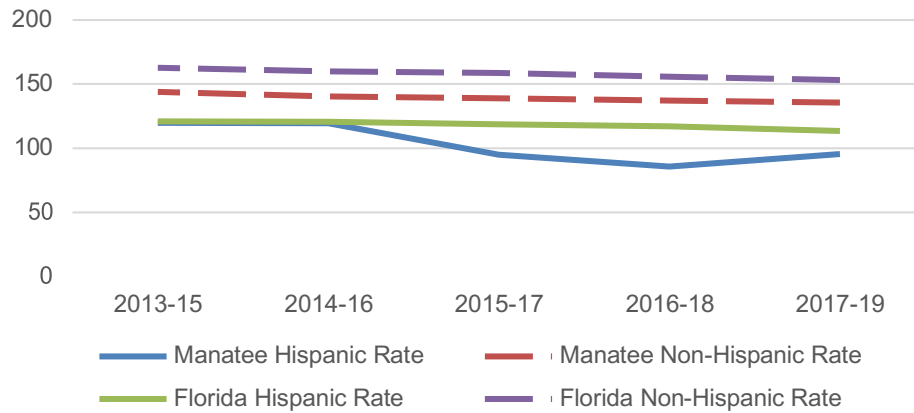


Source: Florida Department of Health, Bureau of Vital Statistics

Figure 13 Data	Manatee		Florida	
	White	Black	White	Black
Years	Rate	Rate	Rate	Rate
2017-19	130.6	179	146.2	152.7
2016-18	132.1	181.2	149.4	154
2015-17	134.7	176.9	152.2	156.5
2014-16	138.4	168.5	154	157.2
2013-15	142	153.8	156.5	159.9

Figure 14 shows death rates from cancer are lower in Hispanics in both Florida and Manatee County when compared with non-Hispanics.

Figure 14: Age-adjusted Cancer Deaths, 3-year Rolling Rate per 100,000 Population, by Ethnicity, Manatee County and Florida, 2013-2019



Source: Florida Department of Health, Bureau of Vital Statistics

Figure14 Data	Manatee		Florida	
	Hispanic	Non-Hispanic	Hispanic	Non-Hispanic
Years	Rate	Rate	Rate	Rate
2017-19	95.5	135.5	113.3	153
2016-18	85.6	137.2	116.9	155.6
2015-17	95	138.8	118.3	158.5
2014-16	119.3	140.3	120.4	159.9
2013-15	119.7	143.8	120.8	162.6

The Healthy People 2030 national health target is to reduce cancer deaths to 122.7 deaths per 100,000. Manatee County’s current rate of 131.9 has not yet met the national target.

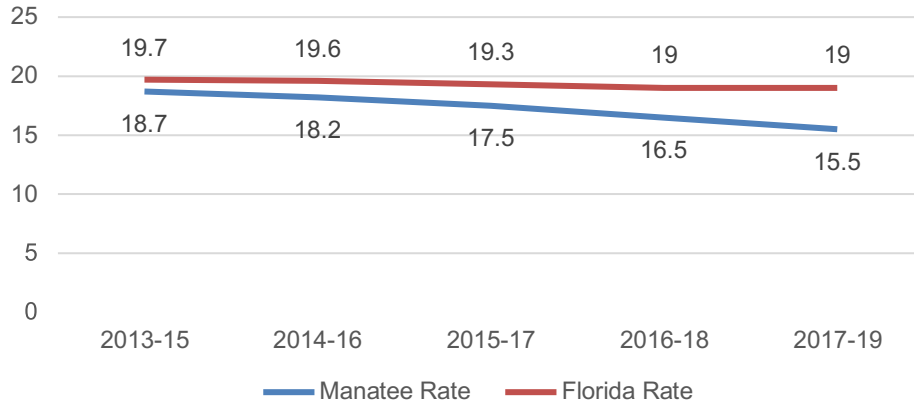
Breast Cancer

Indicator: Age-adjusted death rates for female breast cancer

Breast cancer is cancer that forms in the cells of the breasts. After skin cancer, breast cancer is the most common cancer diagnosed in women in the United States. Breast cancer can occur in both men and women, but it's far more common in women. Data presented reflects only females.

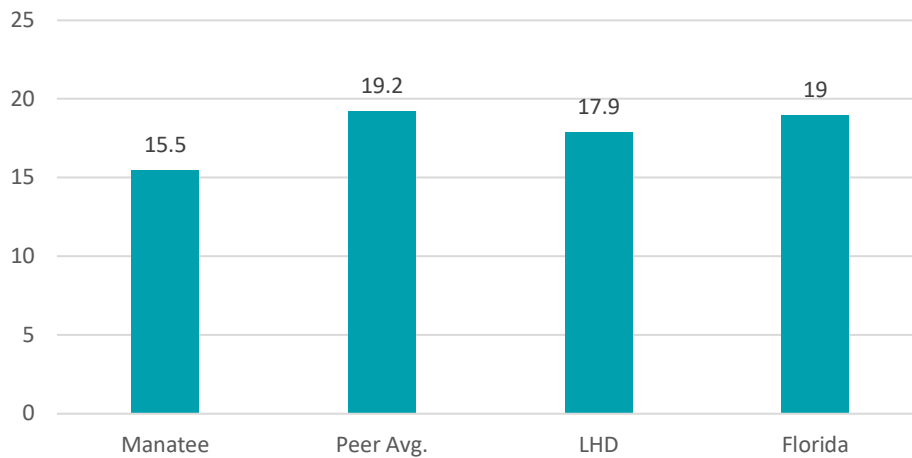
Manatee County has a lower rate of deaths from breast cancer than Florida, peer counties and nearest local health department, and that rates have been declining (Figures 15 and 16).

Figure 15: Age-adjusted Female Breast Cancer 3-year Rolling Average, Manatee County and Florida, 2013- 2019



Source: Florida Department of Health, Bureau of Vital Statistics

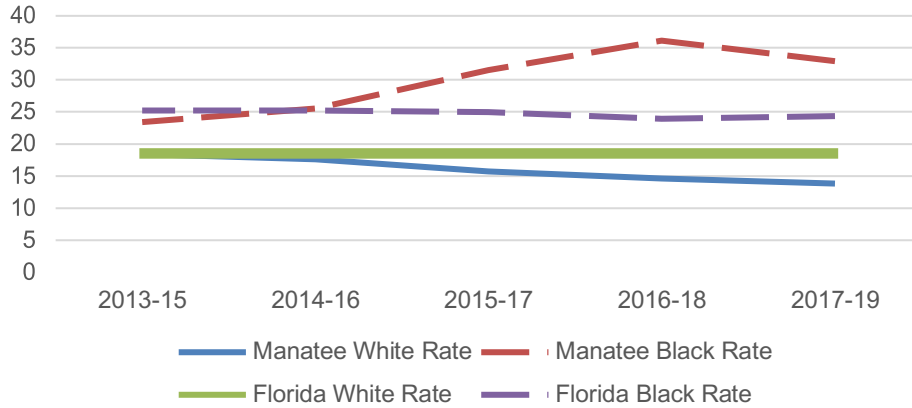
Figure 16: Female Breast Cancer Death Rates Comparison, 2017-2019



Source: Florida Department of Health, Bureau of Vital Statistics
Peer counties: Collier, Pasco and Seminole, Nearest LHD- Sarasota

Figure 17 indicates Black females in both Manatee and Florida have higher rates of death from breast cancer than Whites, and Manatee Black females have higher rates than Florida Black females.

Figure 17: Age-adjusted Female Breast Cancer Deaths, 3-year Rolling Rate per 100,000 Population, by Race, Manatee County and

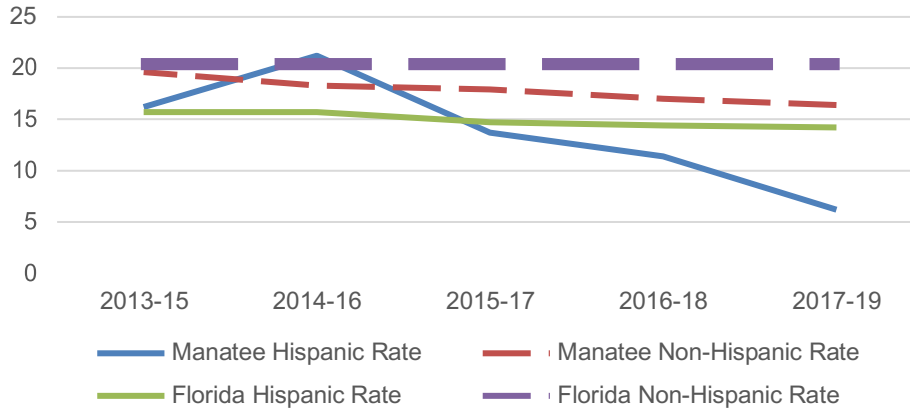


Source: Florida Department of Health, Bureau of Vital Statistics

Figure 17 Data	Manatee		Florida	
	White	Black	White	Black
Years	Rate	Rate	Rate	Rate
2017-19	13.8	32.9	18.2	24.3
2016-18	14.6	36.1	18.2	23.9
2015-17	15.7	31.5	18.5	24.9
2014-16	17.6	25.5	18.7	25.2
2013-15	18.4	23.4	18.9	25.2

Figure 18 shows that Hispanic females have lower rates of death from breast cancer than non-Hispanics in both Florida and Manatee County. Non-Hispanic females in Manatee County have lower death rates than non-Hispanics in Florida.

Figure 18: Age-adjusted Female Breast Cancer Deaths, 3-year Rolling rate per 100,000 Population, by Ethnicity, Manatee County and Florida, 2013-2019



Source: Florida Department of Health, Bureau of Vital Statistics

Figure 18 data	Manatee		Florida	
	Hispanic	Non-Hispanic	Hispanic	Non-Hispanic
Years	Rate	Rate	Rate	Rate
2017-19	6.2	16.4	14.2	20.3
2016-18	11.4	17	14.4	20.1
2015-17	13.7	17.9	14.7	20.4
2014-16	21.2	18.3	15.7	20.5
2013-15	16.2	19.6	15.7	20.7

The Healthy People 2030 national health target is to reduce female breast cancer deaths to 15.3 deaths per 100,000 females. Manatee County’s current rate of 15.5 has not yet met the national target.

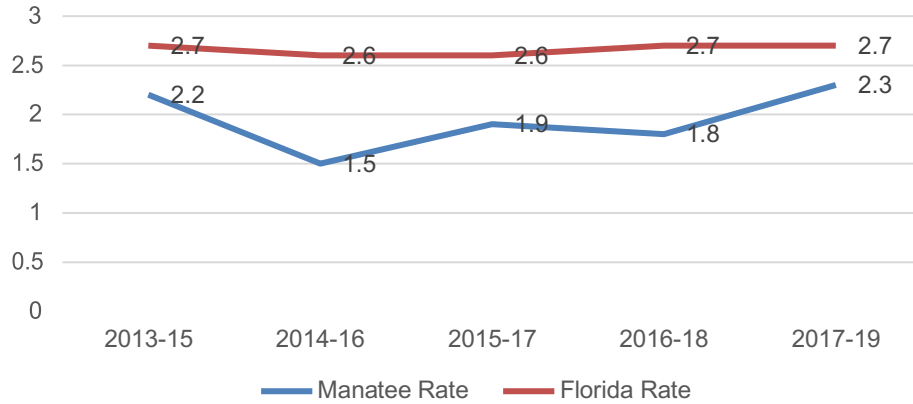
Cervical Cancer

Indicator: Age-adjusted death rates for cervical cancer

Cervical cancer is a type of cancer that occurs in the cells of the cervix — the lower part of the uterus that connects to the vagina. Various strains of the human papillomavirus (HPV), a sexually transmitted infection, play a role in causing most cervical cancer.

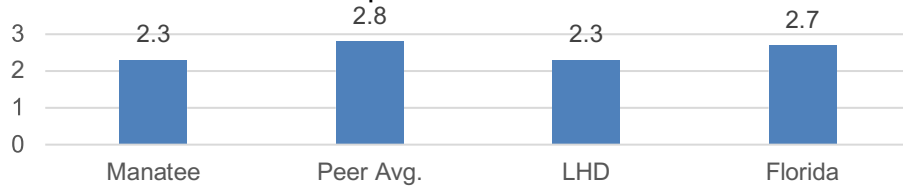
Figure 19 shows that Manatee County has lower rates of cervical cancer deaths than peer county average and Florida but has an upward trend since 2014-16. Manatee has the same rate of cervical cancer deaths as the nearest local health department.

Figure 19: Age-adjusted Death Rate from Cervical Cancer, 3-year rolling average, Manatee County and Florida, 2013-2019



Source: Florida Department of Health, Bureau of Vital Statistics

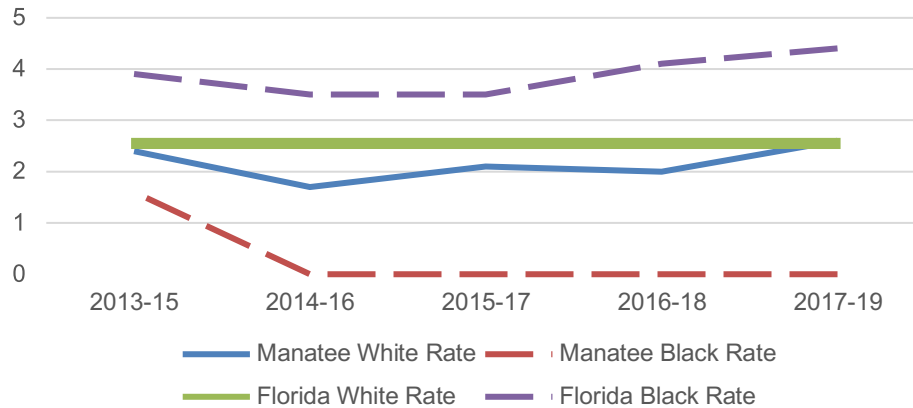
Figure 20: Cervical Cancer Death Rates Comparison 2017-2019



Source: Florida Department of Health, Bureau of Vital Statistics, 3-year rolling rate
Peer counties: Collier, Pasco and Seminole, Nearest LHD- Sarasota

Figure 21 indicates that both Blacks and Whites in Manatee County have lower death rates from cervical cancer than Florida. Blacks in Florida have higher rates than Blacks in Manatee County.

Figure 21: Age-adjusted Cervical Cancer Deaths, 3-year Rolling Rate per 100,000 Population, By Race, Manatee County and Florida, 2013-19

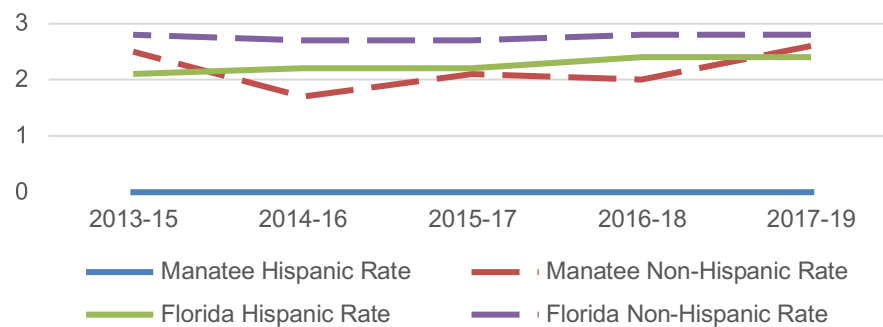


Source: Florida Department of Health, Bureau of Vital Statistics

Figure 21 data	Manatee		Florida	
	White Rate	Black Rate	White Rate	Black Rate
Years	Rate	Rate	Rate	Rate
2017-19	2.6	0	2.5	4.4
2016-18	2	0	2.5	4.1
2014-16	1.7	0	2.5	3.5
2013-15	2.4	1.6	2.6	3.9

Figure 22 shows that Hispanics in both Manatee County and Florida have lower rates of death from cervical cancer than non-Hispanics. Non-Hispanic rates in Manatee County are lower than non-Hispanic rates for Florida.

Figure 22: Age Adjusted Cervical Cancer Deaths, 3- year Rolling Rate per 100,000 Population, by Ethnicity, Manatee County and Florida, 2013-2019



Source: Florida Department of Health, Bureau of Vital Statistics

Figure 22 data	Manatee		Florida	
	Hispanic	Non-Hispanic	Hispanic	Non-Hispanic
Years	Rate	Rate	Rate	Rate
2017-19	0	2.6	2.4	2.8
2016-18	0	2	2.4	2.8
2015-17	0	2.1	2.2	2.7
2014-16	0	1.7	2.2	2.7
2013-15	0	2.5	2.1	2.8

Healthy People 2030 has not established a national target for cervical cancer deaths.

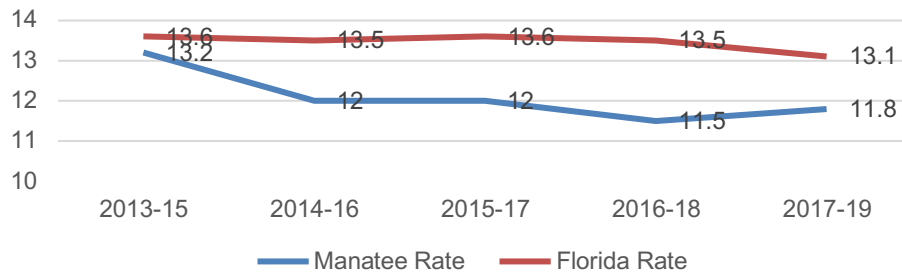
Colorectal Cancer

Indicator: Age-adjusted death rates for colorectal cancer

Colorectal cancer starts in the colon or the rectum. These cancers can also be called colon cancer or rectal cancer, depending on where they start. Colon cancer and rectal cancer are often grouped together because they have many features in common.

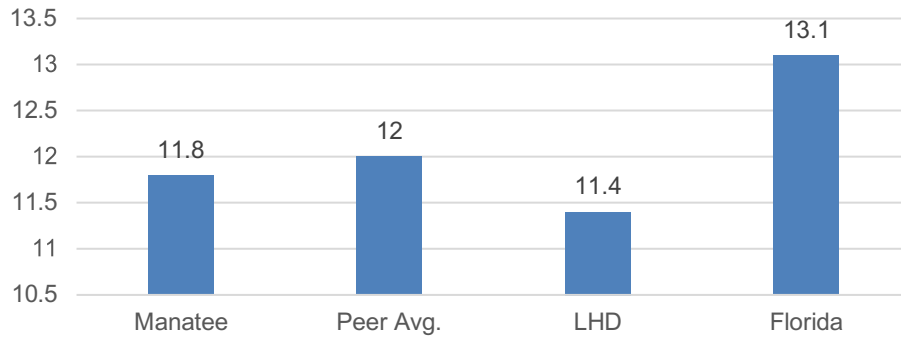
Health disparities in colon cancer incidence and mortality are well documented. according to a National Cancer Institute study, colorectal cancer disproportionately affects blacks, who have higher incidence and mortality rates compared to whites, in the United States. Figures 23 and 24 shows that Manatee County has lower death rates from colorectal cancer than peer counties and Florida, and higher than the nearest local health department.

Figure 23: Age-adjusted Death Rates from Colorectal Cancer, 3-year Rolling Averages, Manatee County and Florida, 2013-2019



Source: Florida Department of Health, Bureau of Vital Statistics

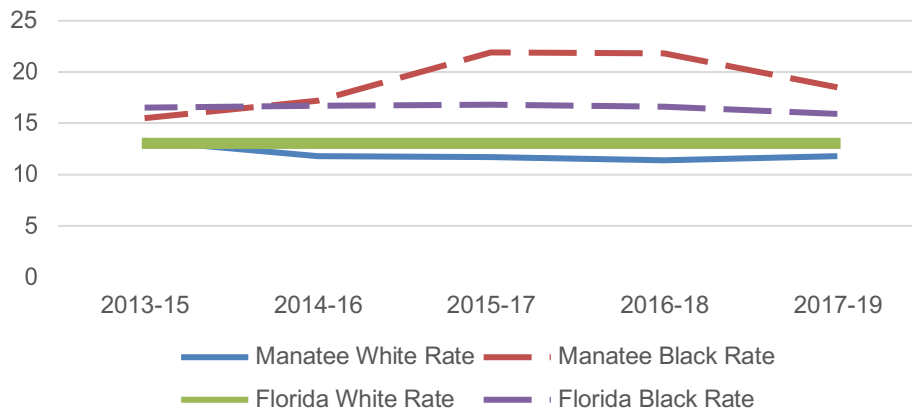
Figure 24: Colorectal Cancer Death Rates Comparison 2017-2019



Source: Florida Department of Health, Bureau of Vital Statistics, 3-year rolling rate
Peer counties: Collier, Pasco and Seminole, Nearest LHD- Sarasota

Figure 25 shows that Blacks have higher death rates from colorectal cancer than Whites in both Manatee County and Florida, and Manatee County Blacks have higher rates than Blacks in Florida.

Figure 25: Age-adjusted Colorectal Cancer Deaths, 3- year Rolling Rate per 100,000 Population, by Race, Manatee County and Florida,

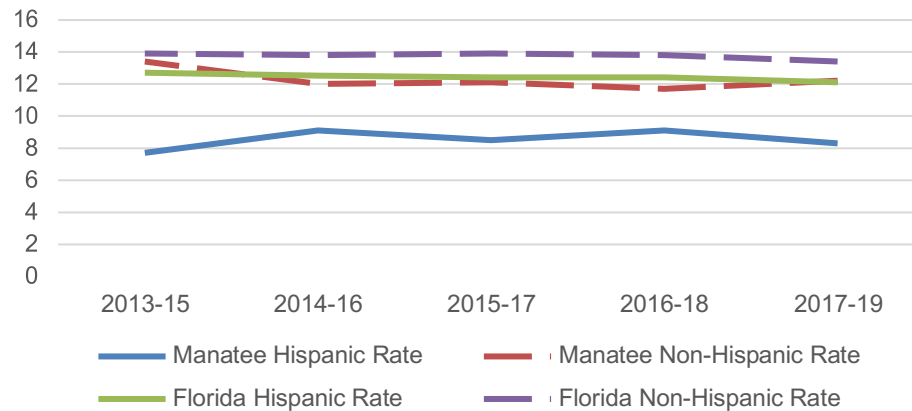


Source: Florida Department of Health, Bureau of Vital Statistics

Figure 25 data	Manatee		Florida	
	White	Black	White	Black
	Rate	Rate	Rate	Rate
2017-19	11.8	18.5	12.8	15.9
2016-18	11.4	21.8	13.2	16.6
2015-17	11.7	21.9	13.1	16.8
2014-16	11.8	17.2	13.1	16.7
2013-15	13.3	15.5	13.3	16.5

Figure 26 indicates that Hispanics in Manatee County and Florida have lower death rates from colorectal cancer than non-Hispanics.

Figure 26: Age Adjusted Colorectal Cancer Deaths, 3- year Rolling Rate per 100,000 Population, by Ethnicity, Manatee County and



Source: Florida Department of Health, Bureau of Vital Statistics

Figure 26 data	Manatee		Florida	
	Hispanic	Non-Hispanic	Hispanic	Non-Hispanic
Years	Rate	Rate	Rate	Rate
2017-19	8.3	12.2	12.1	13.4
2016-18	9.1	11.7	12.4	13.8
2015-17	8.5	12.1	12.4	13.9
2014-16	9.1	12	12.5	13.8
2013-15	7.7	13.4	12.7	13.9

The Healthy People 2030 national health target is to reduce colorectal cancer deaths to 8.9 deaths per 100,000. Manatee County’s current rate of 11.8 has not yet met the national target.

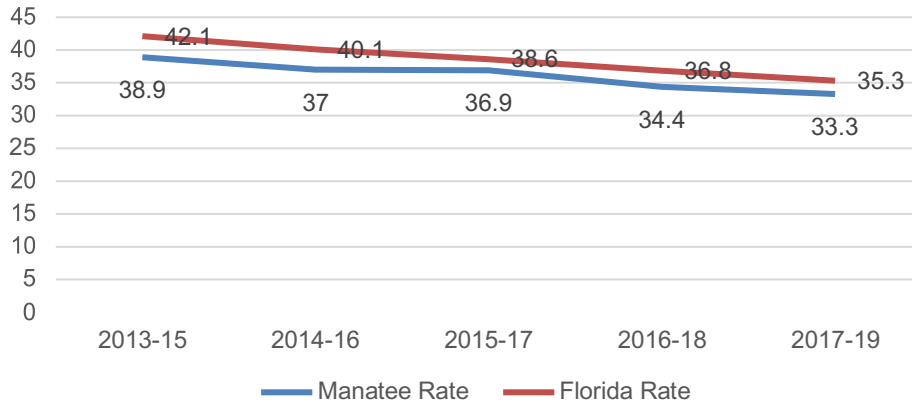
Lung Cancer

Indicator: Age-adjusted death rates for lung cancer

Lung cancer typically doesn't cause signs and symptoms in its earliest stages. Signs and symptoms usually occur only when the disease is advanced. Smoking is a frequent cause of lung cancer. Other causative agents include radon, asbestos and other heavy metals like cadmium and selenium, air pollution and second-hand smoke can also increase the risk.

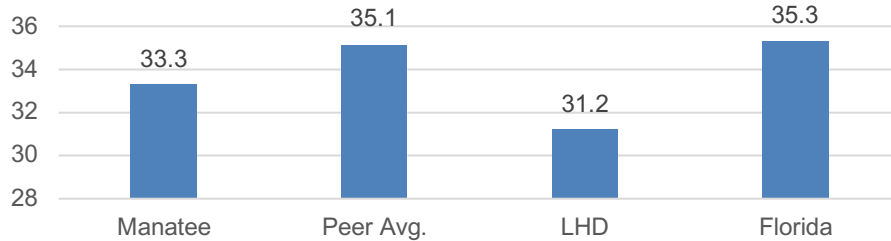
Figure 27 shows Manatee County death rate from lung cancer is lower than Florida and has been declining. Figure 28 shows Manatee has a lower lung cancer death rate than the peer county average and higher than the nearest local public health department.

Figure 27: Age Adjusted Death Rates from Lung Cancer, 3-year Rolling Average, Manatee County and Florida, 2013-2019



Source: Florida Department of Health, Bureau of Vital Statistics

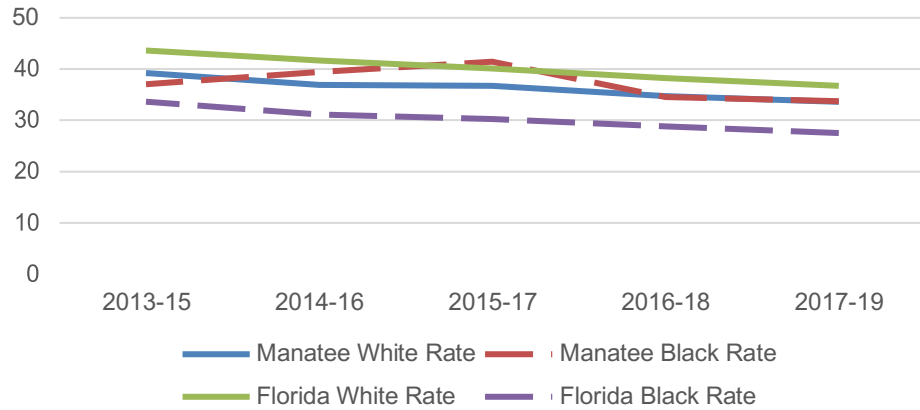
Figure 28: Lung Cancer Death Rate Comparison, 2017-2019



Source: Florida Department of Health, Bureau of Vital Statistics, 3-year rolling rate
Peer counties: Collier, Pasco and Seminole, Nearest LHD- Sarasota

Figure 29 shows declining rates of lung cancer deaths among both Blacks and Whites in Manatee County and Florida. Manatee Blacks have higher death rates than Florida Blacks, but are trending comparable with Whites in Manatee County since 2015.

Figure 29: Age-adjusted Lung Cancer Deaths, 3-year Rolling Rate per 100,000 Population, by Race, Manatee County and Florida, 2013-2019

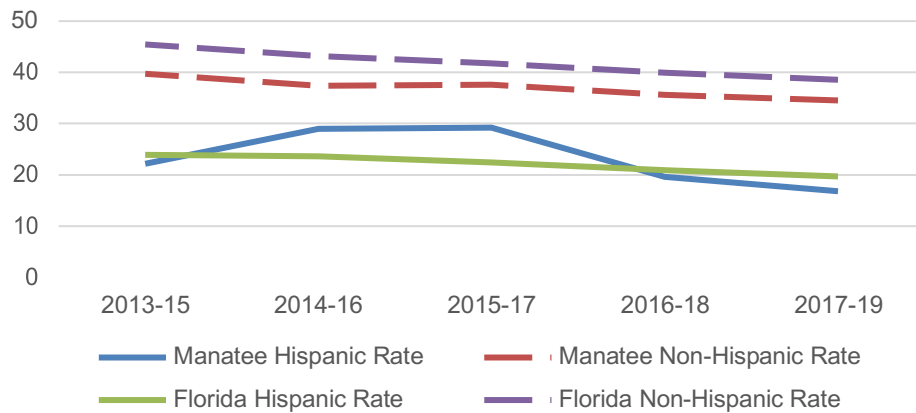


Source: Florida Department of Health, Bureau of Vital Statistics

Figure 29 data	Manatee		Florida	
	White	Black	White	Black
Years	Rate	Rate	Rate	Rate
2017-19	33.6	33.7	36.7	27.5
2016-18	34.7	34.5	38.2	28.8
2015-17	36.7	41.4	40.1	30.2
2014-16	36.9	39.4	41.6	31.1
2013-15	39.2	37	43.6	33.6

Figure 30 indicates that Hispanics and both Manatee County and Florida have lower rates of lung cancer deaths than non-Hispanics, and that rates are declining.

Figure 30: Age-adjusted Lung Cancer Deaths, 3- year Rolling Rate per 100,000 Population, By Ethnicity, Manatee County and Florida, 2013-2019



Source: Florida Department of Health, Bureau of Vital Statistics

Figure 30 data	Manatee		Florida	
	Hispanic	Non-Hispanic	Hispanic	Non-Hispanic
Years	Rate	Rate	Rate	Rate
2017-19	16.8	34.5	19.7	38.5
2016-18	19.6	35.6	20.9	39.9
2015-17	29.2	37.6	22.4	41.7
2014-16	29	37.3	23.6	43.1
2013-15	22.2	39.7	23.9	45.4

The Healthy People 2030 national health target is to reduce lung cancer deaths to 25.1 deaths per 100,000. Manatee County’s current rate of 33.3 has not yet met the national target.

Melanoma

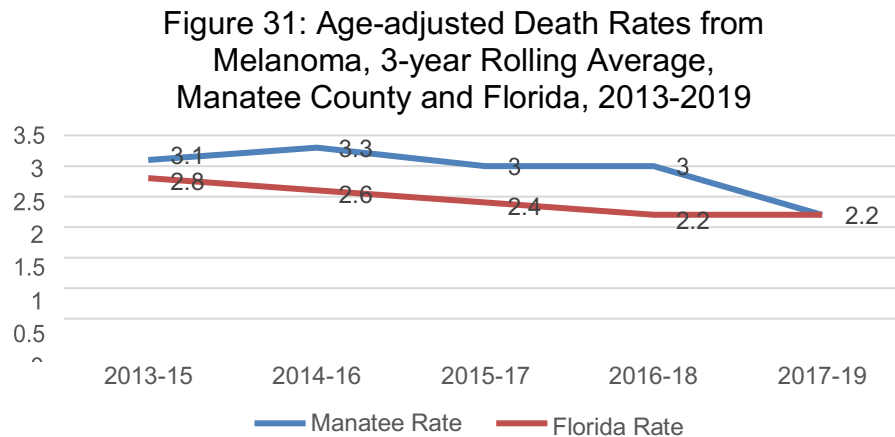
Indicator: Age-adjusted death rates for melanoma

Melanoma is a specific kind of skin cancer. It begins in skin cells called melanocytes. Melanocytes produce melanin, the substance that gives your skin color. Only about one percent of skin cancers are melanomas. Melanoma is also called malignant melanoma or cutaneous melanoma.

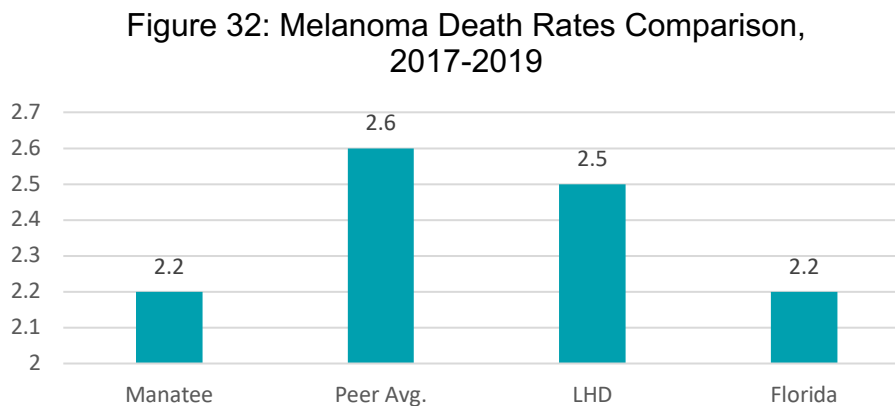
It's not entirely clear what causes melanoma, but exposure to the sun and other sources of ultraviolet light, like tanning beds, is a very important risk factor. Race is another risk factor-Whites are at higher risk than Blacks or Hispanics. Family history and age are also risk factors.

When melanoma is diagnosed in the early stages, most people respond well to treatment. But when not caught early, it spreads easily to other parts of the body.

Figure 31 shows Manatee County as having higher rates of death from melanoma than Florida and a lower death rate than the peer county average and the nearest local health department (Figure 32).



Source: Florida Department of Health, Bureau of Vital Statistics



Source: Florida Department of Health, Bureau of Vital Statistics, 3-year rolling rate
Peer counties: Collier, Pasco and Seminole, Nearest LHD- Sarasota

Healthy People 2030 has not established a national target for melanoma deaths.

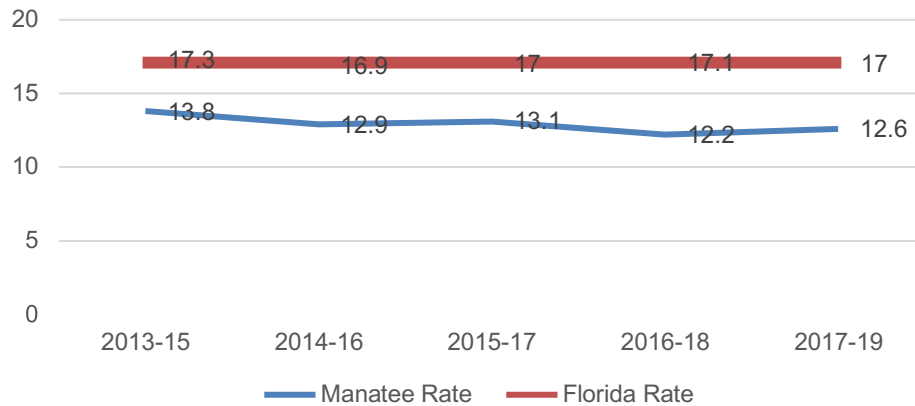
Prostate Cancer

Indicator: Age-adjusted death rates for prostate cancer

Prostate cancer is the most common cancer among men (after skin cancer), but it can often be treated successfully. About 6 in 10 cases of prostate cancer are found in men older than 65. Prostate cancer develops more often in Black men and in Caribbean men of African ancestry than in men of other races.

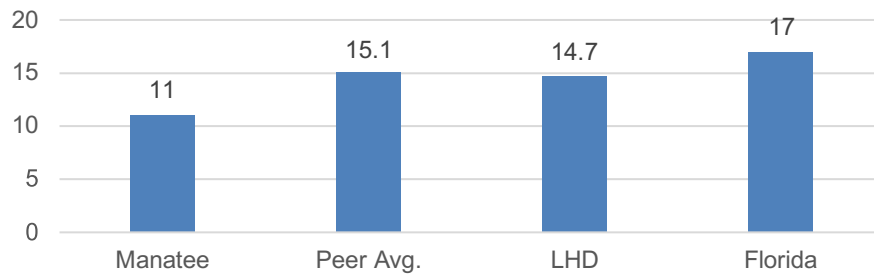
Figure 33 shows Manatee County has a lower death rate from prostate cancer than Florida as well as peer county average and nearest local health department.

Figure 33: Age-adjusted Death rate from Prostate Cancer, 3-year rolling Averages, Manatee County and Florida, 2013-2019



Source: Florida Department of Health, Bureau of Vital Statistics

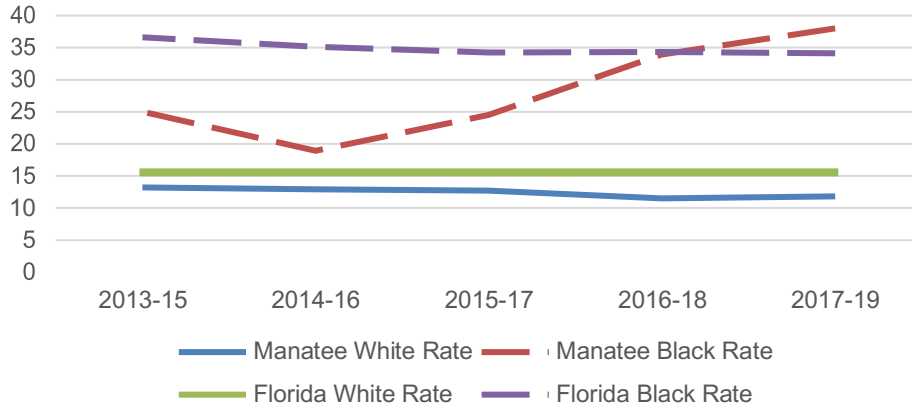
Figure 33: Prostate Cancer Death Rates Comparison 2017-2019



Source: Florida Department of Health, Bureau of Vital Statistics, 3-year rolling rate
Peer counties: Collier, Pasco and Seminole, Nearest LHD- Sarasota

Figure 34 shows that Blacks have higher rates of death from prostate cancer than Whites in both Manatee County and Florida. Manatee County Black death rates are increasing and surpassed Black rates for Florida at the 2016-2018 time period.

Figure 34: Age-adjusted Prostate Cancer Deaths, 3- year Rolling Rate per 100,000 Population, by Race, Manatee County and Florida, 2013-2019

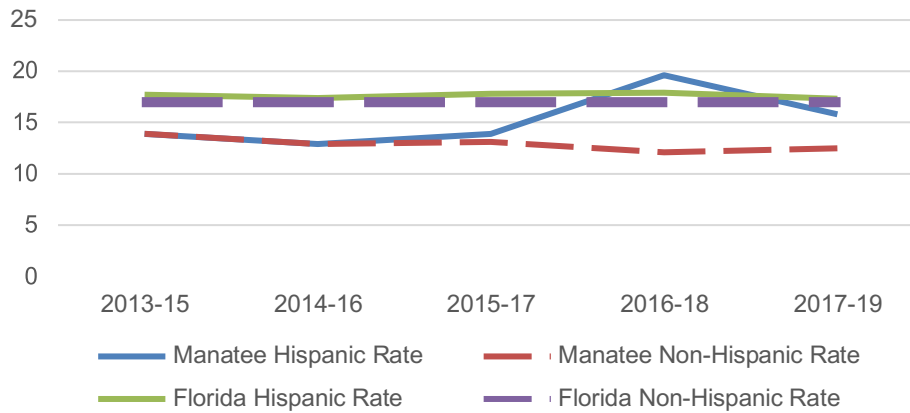


Source: Florida Department of Health, Bureau of Vital Statistics

Figure 34 data	Manatee		Florida	
	White	Black	White	Black
Years	Rate	Rate	Rate	Rate
2017-19	11.8	38	15.6	34.1
2016-18	11.5	33.9	15.7	34.3
2015-17	12.7	24.5	15.6	34.2
2014-16	12.9	18.9	15.4	35.1
2013-15	13.2	25	15.7	36.6

Figure 35 shows Manatee County Hispanics and non-Hispanics have lower rates of death from prostate cancer than Florida.

Figure 35: Age-adjusted Prostate Cancer Deaths, 3- year Rolling Rate per 100,000 Population, by Ethnicity, Manatee County and Florida, 2013-2019



Source: Florida Department of Health, Bureau of Vital Statistics

Figure 35 data	Manatee		Florida	
	Hispanic	Non-Hispanic	Hispanic	Non-Hispanic
Years	Rate	Rate	Rate	Rate
2017-19	15.8	12.5	17.3	16.9
2016-18	19.6	12.1	17.9	16.9
2015-17	13.9	13.1	17.8	16.8
2014-16	12.9	12.9	17.4	16.8
2013-15	13.9	13.9	17.7	17.2

The Healthy People 2030 national health target is to reduce prostate cancer deaths to 16.9 deaths per 100,000 males. Manatee County’s current rate of 12.6 meets the national target.

Cardiovascular Disease

Cardiovascular disease can refer to several conditions: coronary heart disease, heart attack, stroke, heart failure and arrhythmia.

Coronary Heart Disease

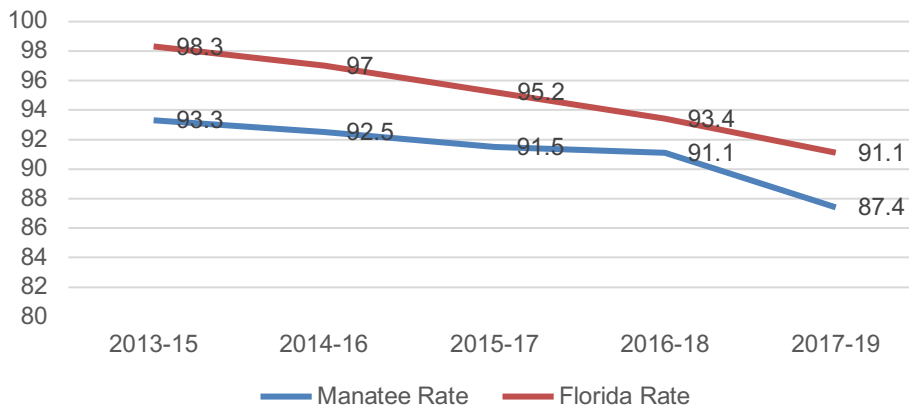
Indicator: Age-adjusted death rates for coronary disease

Coronary heart disease is often caused by the buildup of plaque, a waxy substance, inside

the lining of larger coronary arteries. This buildup is a process called atherosclerosis which can partially or totally block blood flow in the large arteries of the heart. Some types of this condition may be caused by disease or injury affecting how the arteries work in the heart. Coronary microvascular disease is another type of coronary heart disease. It occurs when the heart's tiny blood vessels do not work normally. Heart disease is the leading cause of death in Manatee County and in the United States, and among people in most racial and ethnic groups.

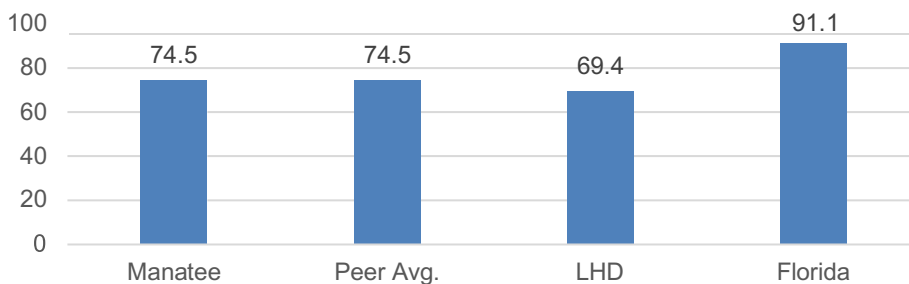
Figure 36 shows that Manatee County has lower rates of death from coronary disease than Florida and rates are declining.

Figure 36: Age-Adjusted Death Rates from Coronary Heart Disease, 3-year rolling rates, Manatee County and Florida, 2013-2019



Source: Florida Department of Health, Bureau of Vital Statistics

Figure 37: Heart Disease Death Rate Comparison 2017-2019

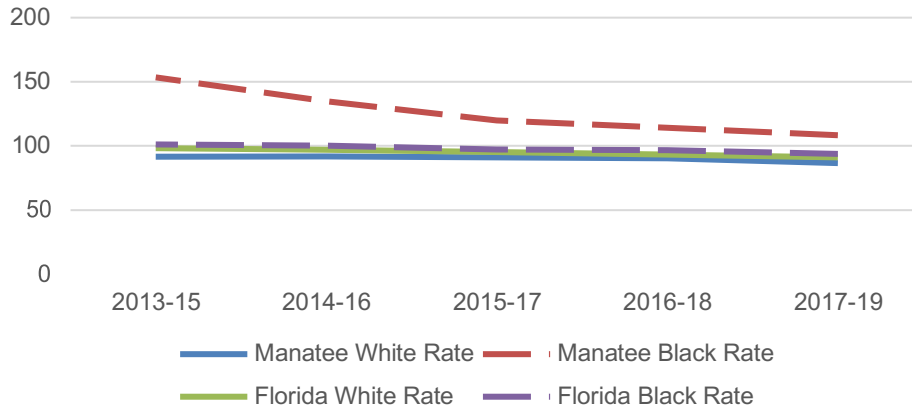


Source: Florida Department of Health, Bureau of Vital Statistics, 3-year rolling rate
Peer counties: Collier, Pasco and Seminole, Nearest LHD- Sarasota

Manatee County has the same death rate from Heart Disease as peer counties. The nearest local health department has lower rates than Manatee, and Florida has higher rates. (Figure 37).

Figure 38 shows that Blacks in Manatee County have higher rates of death from coronary disease than Whites in both Manatee County and Florida, as well as higher rates than Blacks in Florida. However, the rate is decreasing over time.

Figure 38: Age-adjusted Deaths from Coronary Heart Disease, 3-year Rolling Rate per 100,000 Population, by Race, Manatee County and Florida,

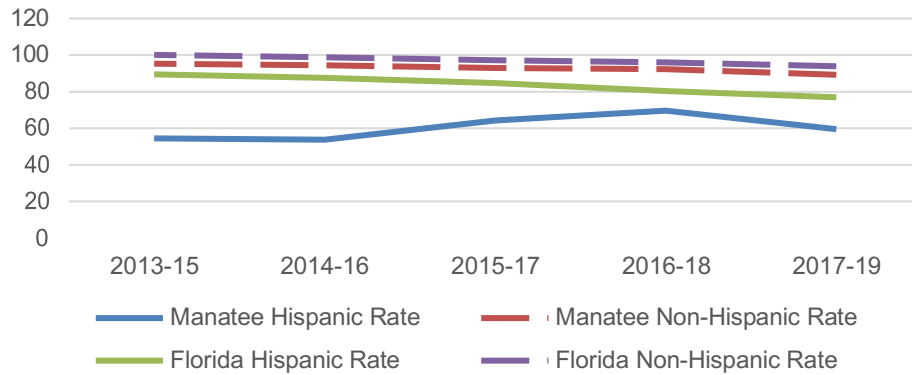


Source: Florida Department of Health, Bureau of Vital Statistics

Figure 38 data	Manatee		Florida	
	White	Black	White	Black
Years	Rate	Rate	Rate	Rate
2017-19	86.6	108.3	91	93.7
2016-18	90.5	114.2	93.2	96.7
2015-17	91.1	119.7	95.2	97
2014-16	91.8	134.8	96.9	100
2013-15	91.6	153.4	98.2	101.1

Figure 39 shows that Hispanics in both Manatee County and Florida have lower rates of death from coronary health disease than non-Hispanics.

Figure 39: Age-adjusted Deaths from Coronary Heart Disease, 3-year Rolling Rate per 100,000 Population by Ethnicity, Manatee County and Florida, 2013- 2019



Source: Florida Department of Health, Bureau of Vital Statistics

Figure 39 Data	Manatee		Florida	
	Hispanic	Non-Hispanic	Hispanic	Non-Hispanic
Years	Rate	Rate	Rate	Rate
2017-19	59.5	89.1	76.8	93.8
2016-18	69.6	92.2	80.3	95.8
2015-17	64.2	92.8	84.6	97.1
2014-16	53.7	94.3	87.4	98.7
2013-15	54.5	95.2	89.4	100

The Healthy People 2030 national health target is to reduce coronary heart disease deaths to 71.1 deaths per 100,000. Manatee County’s current rate of 87.4 does not yet meet the national target.

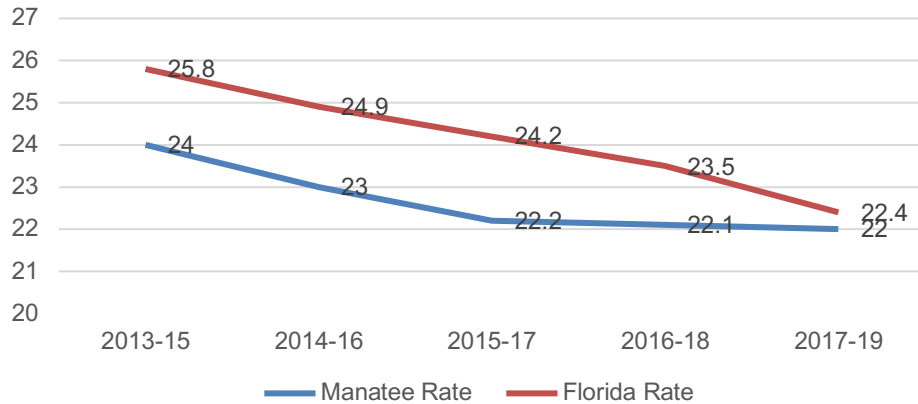
Heart Attack (myocardial infarction)

Indicator: Age-adjusted death rates for myocardial infarction

A heart attack occurs when the blood flow to a part of the heart is blocked by a blood clot. If this clot cuts off the blood flow completely, the part of the heart muscle supplied by that artery begins to die. Most people survive their first heart attack and return to their normal lives, enjoying many more years of productive activity. But experiencing a heart attack

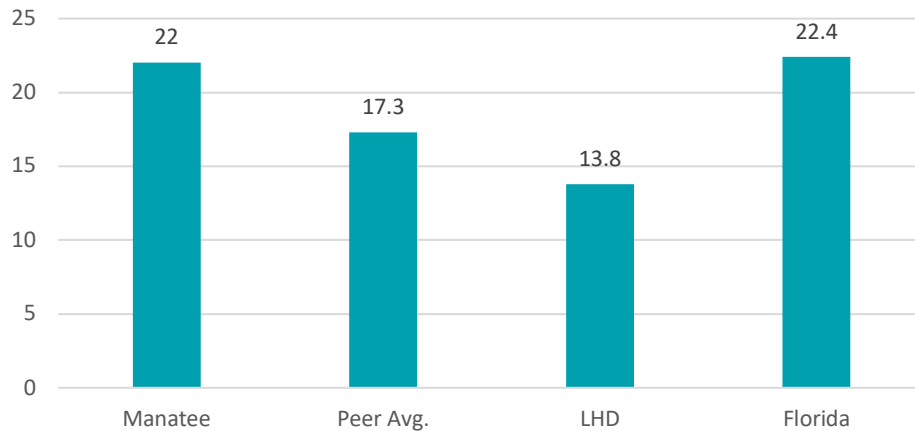
does mean that lifestyle changes and medications may be needed. Figure 40 indicates that Manatee County has had a lower rate of death from heart attack than Florida, but higher than peer county average and nearest local health department (Figure 41).

Figure 40: Age-adjusted Death Rate from Acute Heart Attack, 3-year rolling averages, Manatee County and Florida, 2013-2019



Source: Florida Department of Health, Bureau of Vital Statistics

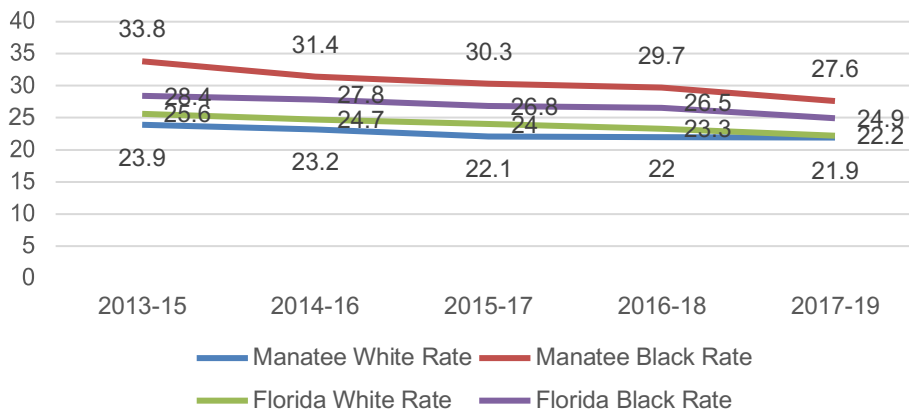
Figure 41: Heart Attack Death Rates Comparison, 2017-2019



Source: Florida Department of Health, Bureau of Vital Statistics, 3-year rolling rate
Peer counties: Collier, Pasco and Seminole, Nearest LHD- Sarasota

Figure 42 shows the Manatee County death rates from heart attack for Blacks is higher than for Whites or Blacks in Florida, and the death rate from heart attacks for Whites in Manatee is lower than Florida Blacks and Whites.

Figure 42: Age-Adjusted Death Rate for Acute Heart Attack, 3-year rolling averages, By Race, Manatee County and Florida, 2013-2019



Source: Florida Department of Health, Bureau of Vital Statistics

Healthy People 2030 has not established a national target for heart attack deaths.

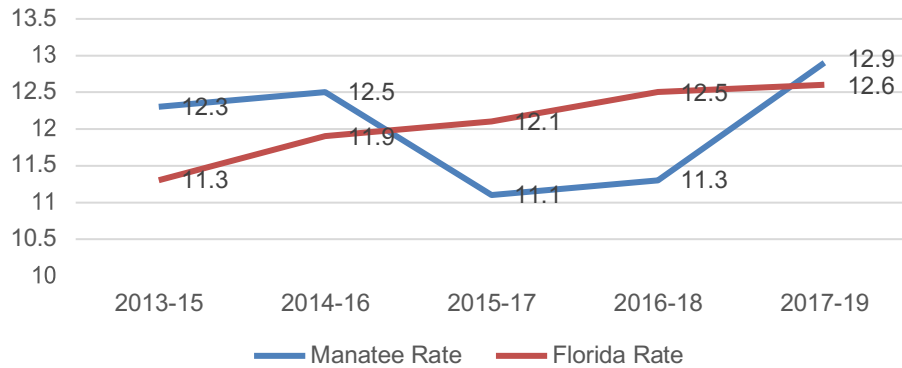
Heart Failure

Indicator: Age-adjusted death rates from heart failure
 Indicator: Hospitalizations among adults with heart failure

Heart failure, sometimes called congestive heart failure, means the heart isn't pumping blood as well as it should. Heart failure does not mean that the heart stops beating. Instead, the heart keeps working, but the body's need for blood and oxygen isn't being met.

Figure 43 shows the comparison of death rates from heart failure between Manatee County and Florida from 2013 -2019.

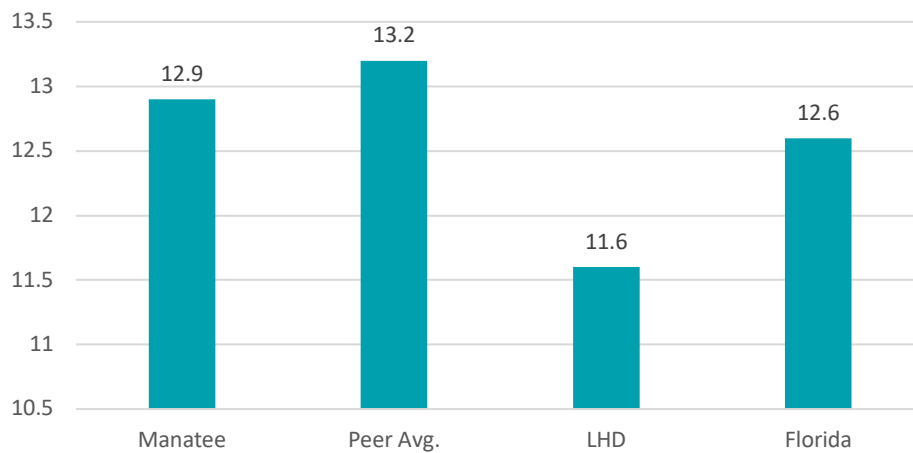
Figure 43: Age-adjusted Death Rate from Heart Failure, 3-year Rolling Averages, Manatee County and Florida, 2013-2019



Source: Florida Department of Health, Bureau of Vital Statistics

Manatee County has higher death rate from heart failure than the nearest local health department and is lower than the peer county average (Figure 44).

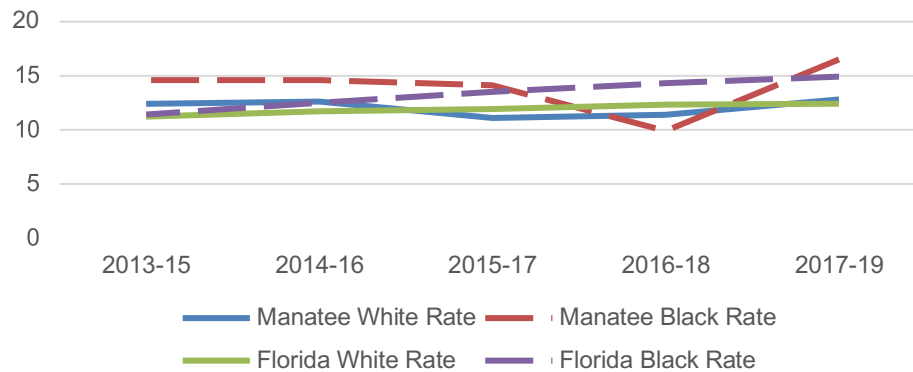
Figure 44: Heart Failure Death Rate Comparison, 2017-2019



Source: Florida Department of Health, Bureau of Vital Statistics

Figure 45 shows that deaths from heart failure have been increasing, and Manatee County Blacks are disproportionately impacted, having higher death rates than Blacks or Whites in Florida.

Figure 45: Age-adjusted Death Rates from Heart Failure by Race, 3-year Rolling rates, Manatee County and Florida, 2013-2019

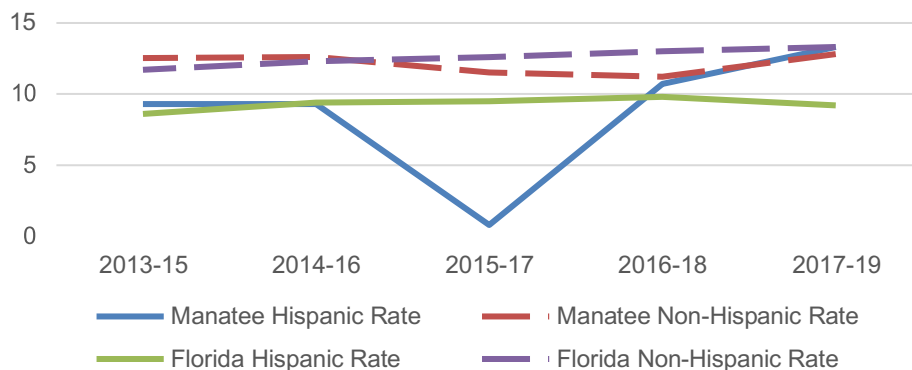


Source: Florida Department of Health, Bureau of Vital Statistics

Figure 45 data /Years	Manatee		Florida	
	White	Black	White	Black
2017-19	12.8	16.5	12.4	14.9
2016-18	11.4	9.9	12.3	14.3
2015-17	11.1	14.1	11.9	13.5
2014-16	12.6	14.6	11.7	12.5
2013-15	12.4	14.6	11.2	11.4

Figure 46 Shows non-Hispanics in Manatee County and Florida have higher death rates from heart failure than Hispanics. There appears to be an anomaly in the Manatee Hispanic rate occurring in 2015-2017-use caution in interpreting this data.

Figure 46: Age-adjusted Deaths from Heart Failure, 3- year Rolling Rates per 100,000 Population, by Ethnicity, Manatee County and

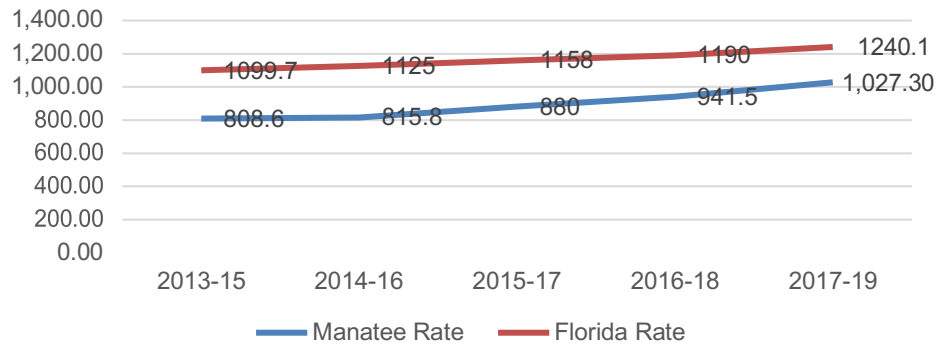


Source: Florida Department of Health, Bureau of Vital Statistics

Figure 46 data	Manatee		Florida	
	Hispanic	Non-Hispanic	Hispanic	Non-Hispanic
Years	Rate	Rate	Rate	Rate
2017-19	13.3	12.8	9.2	13.3
2016-18	10.7	11.2	9.8	13
2015-17	0.8	11.5	9.5	12.6
2014-16	9.3	12.6	9.4	12.3
2013-15	9.3	12.5	8.6	11.7

Figure 47 indicates that hospitalizations from congestive heart failure are increasing in both Florida and Manatee County, but Manatee County has lower rates than Florida.

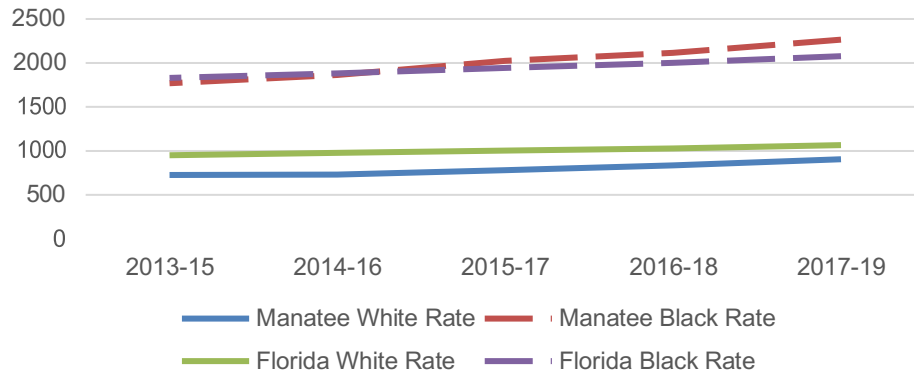
Figure 47: Age-Adjusted Hospitalizations from Congestive Heart Failure, Rate per 100,000 Population, 3-year Rolling Rate, Manatee County and Florida, 2013-2019



Source: Florida Agency for Health Care Administration (AHCA)

Figure 48 shows that Blacks in Manatee County and Florida have higher rates of hospitalization from congestive heart failure than Whites.

Figure 48: Age-adjusted Hospitalizations from Congestive Heart Failure, 3-year Rolling Rate per 100,000 Population, by Race, Manatee County and Florida, 2013-2019

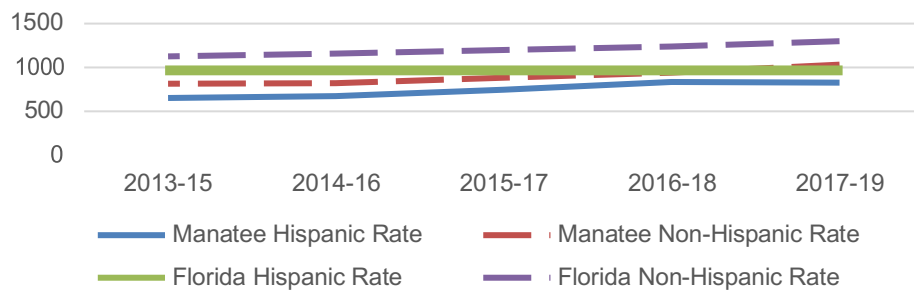


Source: Florida Agency for Health Care Administration (AHCA)

Figure 48 data	Manatee		Florida	
	White	Black	White	Black
Year	Rate	Rate	Rate	Rate
2017-19	904.5	2,264.20	1065.4	2076.3
2016-18	835.1	2,112.40	1026.7	1998.5
2015-17	780.4	2,021.80	1003.2	1942.5
2014-16	729.5	1,861.00	975.7	1881.1
2013-15	726.1	1,768.50	949.7	1828.4

Figure 49 indicates that Manatee Hispanics and non-Hispanics have lower rates of hospitalization from congestive heart failure than Hispanics and non-Hispanics in Florida.

Figure 49: Age-adjusted Hospitalizations from Congestive Heart Failure, 3-year Rolling Rate per 100,000 Population, by Ethnicity, Manatee County and Florida, 2013-2019



Source: Florida Agency for Health Care Administration (AHCA)

Figure 49 Data	Manatee		Florida	
	Hispanic	Non-Hispanic	Hispanic	Non-Hispanic
Year	Rate	Rate	Rate	Rate
2017-19	826.3	1,029.00	989.1	1297.1
2016-18	833	939.5	964.9	1236.7
2015-17	743.8	878.9	957.8	1197
2014-16	672.9	817.3	945.2	1155.1
2013-15	651.5	812.2	947.3	1123.8

The Healthy People 2030 national health target is to reduce hospitalizations among adults with heart failure to 319.7 per 100,000 adults. Manatee County’s current rate of 1027.3 does not yet meet the national target.

Healthy People 2030 does not have a national health target for deaths from heart failure.

Stroke

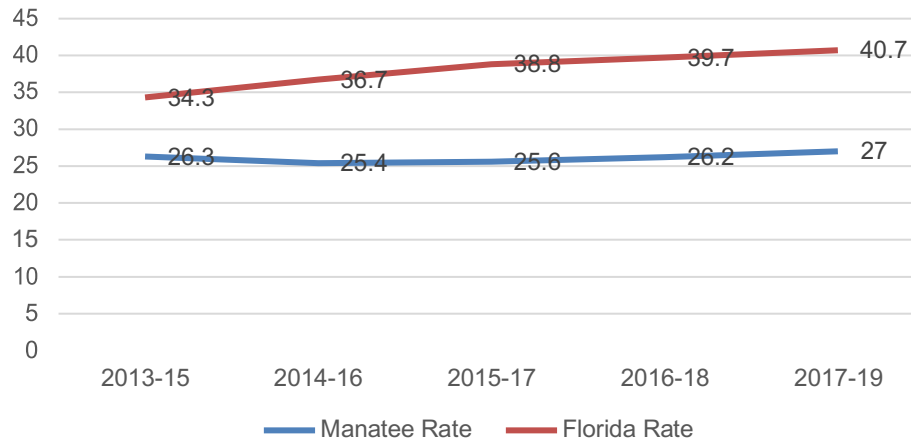
Indicator: Age-adjusted death rates from stroke

Stroke is the 5th leading cause of death in Manatee County and the United States. An ischemic stroke (the most common type of stroke) occurs when a blood vessel that feeds the brain gets blocked, usually from a blood clot. A hemorrhagic stroke occurs when a blood vessel within the brain bursts. This is most often caused by uncontrolled hypertension (high blood pressure).

When the blood supply to a part of the brain is cut off, some brain cells will begin to die. This can result in the loss of functions controlled by that part of the brain, such as walking or talking. This can lead to long-term disability.

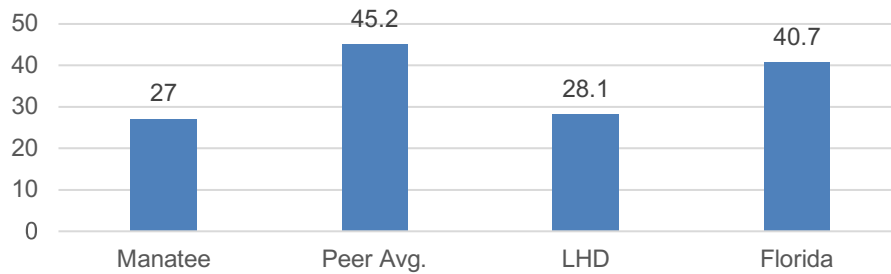
Figures 50 and 51 show that Manatee County has a lower rate of death from stroke than Florida, peer counties and nearest local health department, but there is a gradual trend that shows the rate increasing.

Figure 50: Age-adjusted Death Rate 3-year Rolling Average, Manatee County and Florida,



Source: Florida Department of Health, Bureau of Vital Statistics

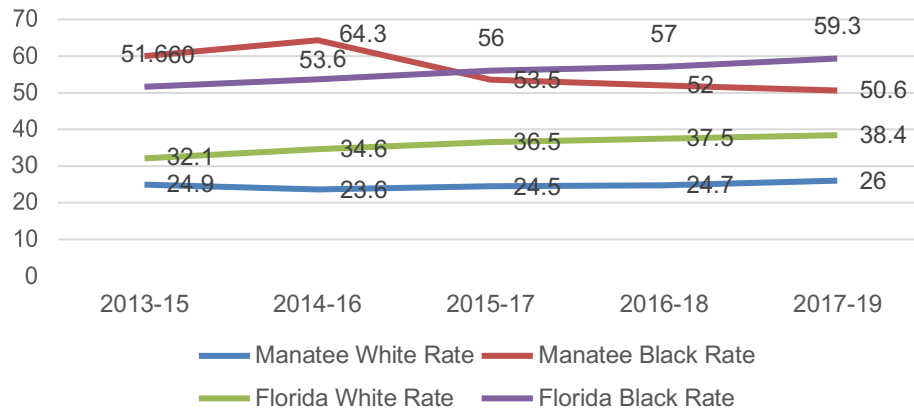
Figure 51: Stroke Death Rate Comparison 2017-2019



Source: Florida Department of Health, Bureau of Vital Statistics, 3-year rolling rate
Peer counties: Collier, Pasco and Seminole, Nearest LHD- Sarasota

Figure 52 indicates that Blacks in Florida and Manatee County have higher rates of death from stroke than Whites in Florida or Manatee County.

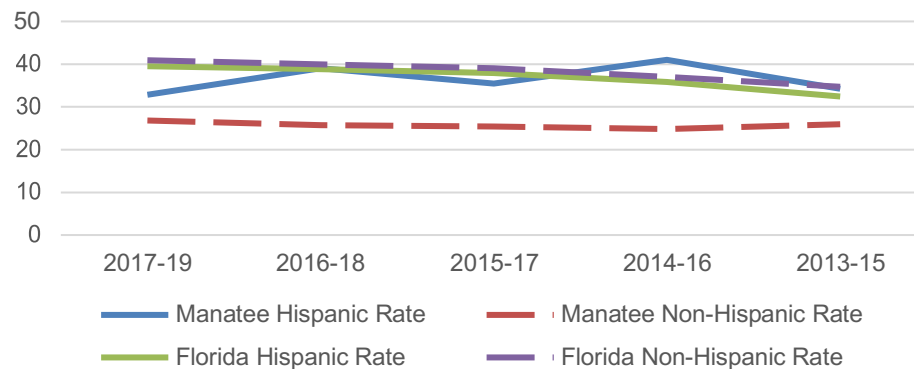
Figure 52: Age-adjusted Death Rate from Stroke, 3-year rolling Average by Race, Manatee County and Florida, 2013-2019



Source: Florida Department of Health, Bureau of Vital Statistics

Figure 53 shows that non-Hispanics in Manatee County have a lower rate of stroke death than Florida, as well as in comparison with Hispanics in Manatee County and Florida.

Figure 53: Age-adjusted Stroke Deaths, 3-year Rolling Rate per 100,000 Population, by Ethnicity, Manatee County and Florida, 2013-2019



Source: Florida Department of Health, Bureau of Vital Statistics

Figure 53 Data	Manatee		Florida	
	Hispanic	Non-Hispanic	Hispanic	Non-Hispanic
Years	Rate	Rate	Rate	Rate
2017-19	32.8	26.8	39.5	40.9
2016-18	39	25.7	38.8	39.9
2015-17	35.4	25.4	37.9	39
2014-16	41	24.8	35.8	37
2013-15	34.2	25.9	32.4	34.7

The Healthy People 2030 national health target is to reduce death from stroke to 33.4 deaths per 100,000 adults. Manatee County’s current rate of 27 meets the national target.

Diabetes

Indicator: Age-adjusted death rates from diabetes

Diabetes mellitus, commonly known as diabetes, is a metabolic disease that causes high blood sugar. The hormone insulin moves sugar from the blood into your cells to be stored or used for energy. With diabetes, your body either doesn’t make enough insulin or can’t effectively use the insulin it does make. Untreated high blood sugar from diabetes can damage your nerves, eyes, kidneys, and other organs.

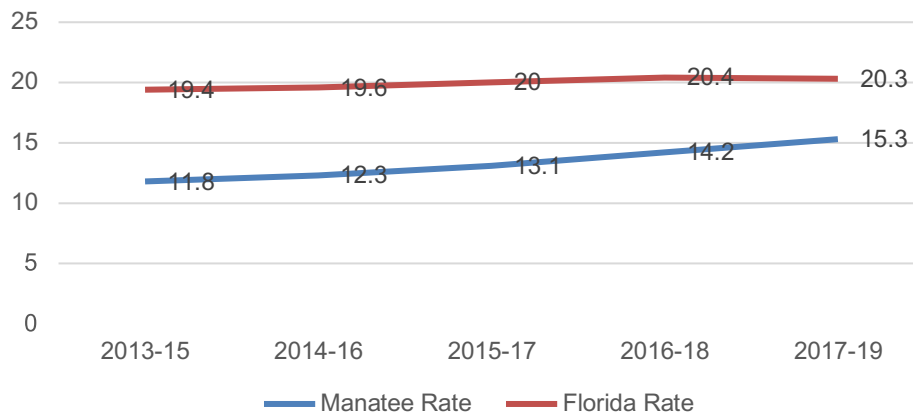
There are a few different types of diabetes:

- Type 1 diabetes is an autoimmune disease. The immune system attacks and destroys cells in the pancreas, where insulin is made. It’s unclear what causes this attack. About 10 percent of people with diabetes have this type.
- Type 2 diabetes occurs when your body becomes resistant to insulin, and sugar builds up in your blood.
- Prediabetes occurs when your blood sugar is higher than normal, but it’s not high enough for a diagnosis of type 2 diabetes.
- Gestational diabetes is high blood sugar during pregnancy. Insulin-blocking hormones produced by the placenta cause this type of diabetes.

In the United States, diabetes is the 7th leading cause of death and is the 6th leading cause of death in Manatee county. It is the leading cause of kidney failure, lower-limb amputations and adult blindness. In the past 20 years, the number of adults diagnosed with diabetes has more than doubled.

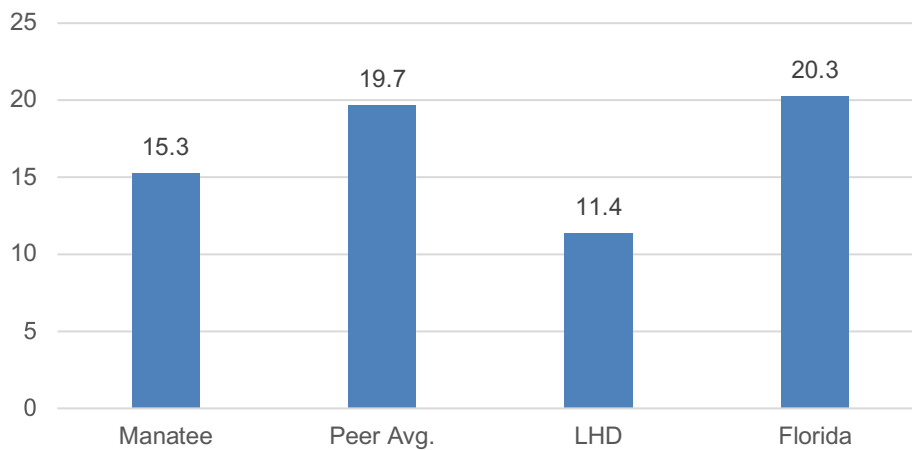
Figure 54 shows that diabetes death rates in Manatee County are lower than Florida but are increasing over time. Manatee County has lower diabetes death rates than the peer county average, but higher rates than the nearest local health department. (Figure 55).

Figure 54: Age-adjusted Death Rate, 3-year Rolling Rates, Manatee County and Florida, 2013-2019



Source: Florida Department of Health, Bureau of Vital Statistics

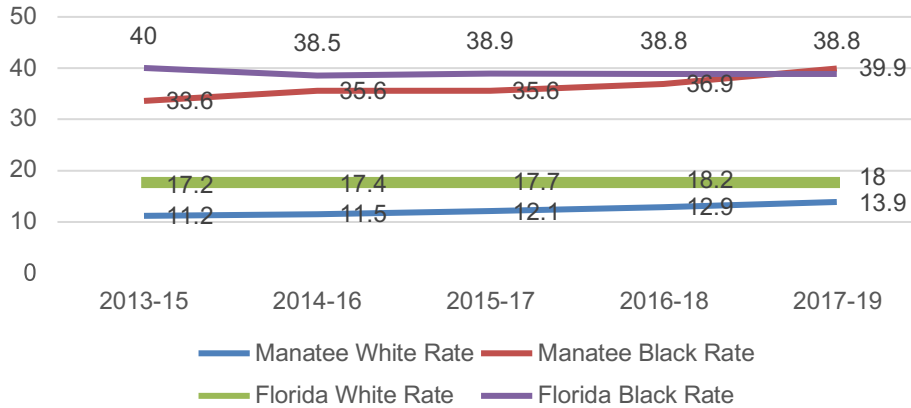
Figure 55: Diabetes Death Rate Comparison 2017-2019



Source: Florida Department of Health, Bureau of Vital Statistics, 3-year rolling rate
Peer counties: Collier, Pasco and Seminole, Nearest LHD- Sarasota

Figure 56 shows that Blacks in Manatee have higher death rates from diabetes than Whites, but the rate for Whites is increasing over time.

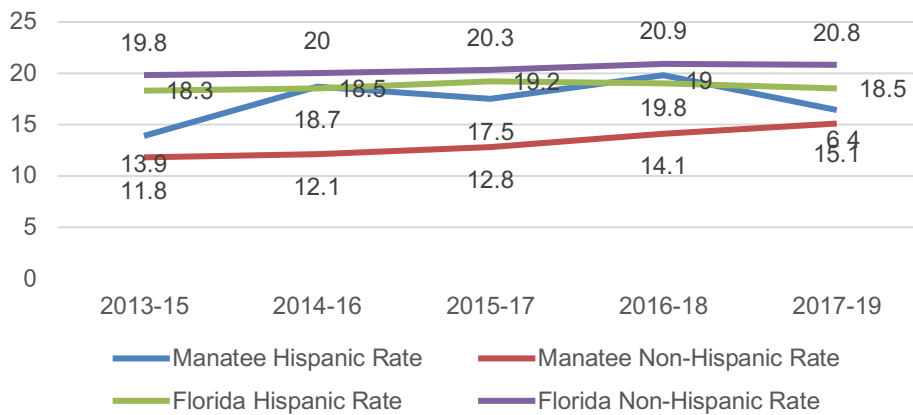
Figure 56: Age-adjusted Death Rate from Diabetes, 3- year Rolling Rates, by Race, Manatee County and Florida, 2013-2019



Source: Florida Department of Health, Bureau of Vital Statistics

Figure 57 shows Hispanics in Manatee County have higher death rates from Diabetes than non-Hispanics but are lower than Florida rates for Hispanics.

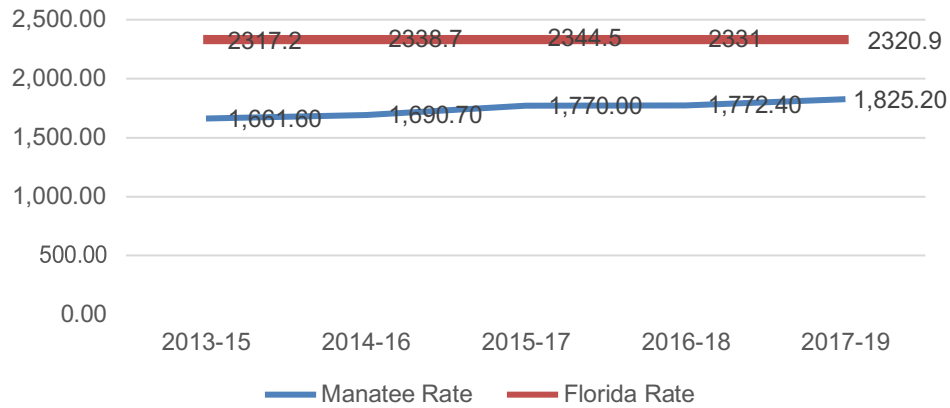
Figure 57: Age-Adjusted Death Rate from Diabetes, 3- year Rolling Rates, By Ethnicity, Manatee County and Florida, 2013-2019



Source: Florida Agency for Health Care Administration (AHCA)

Hospitalization rates for diabetes are lower in Manatee County than Florida (Figure 58) but Blacks and Hispanics have higher rates of hospitalizations than Whites in the county (Figure 59).

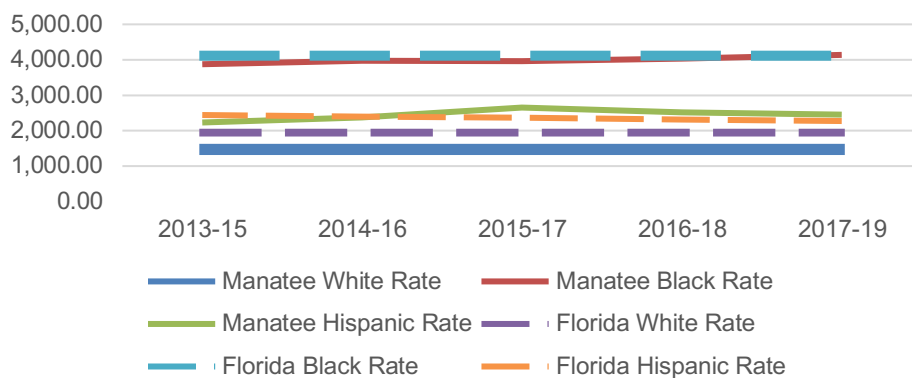
Figure 58: Age-adjusted Hospitalization Rates, 3-year Rolling Rates, Manatee County and Florida, 2013- 2019



Source: Florida Agency for Health Care Administration (AHCA)

Whites in Manatee County have lower rates of hospitalization from or with diabetes than Whites in Florida. Blacks and Hispanics in Manatee County have similar rates to Blacks and Hispanics in Florida. (Figure 60).

Figure 59: Age Adjusted Hospitalizations from or with Diabetes, 3-year Rolling Rate per 100,000, by Race and Ethnicity, Manatee County and Florida, 2013- 2019

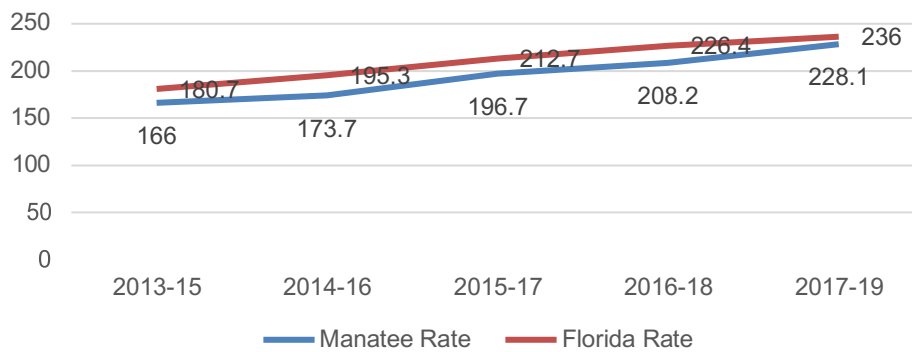


Source: Florida Agency for Health Care Administration (AHCA)

Figure 59 data	Manatee		Florida	
	Hispanic	Non-Hispanic	Hispanic	Non-Hispanic
Year	Rate	Rate	Rate	Rate
2017-19	2,457.90	1,743.40	2269.9	2342.9
2016-18	2,519.20	1,683.00	2307.6	2341.2
2015-17	2,651.00	1,659.80	2362	2343.9
2014-16	2,377.20	1,610.70	2395	2322.4
2013-15	2,230.70	1,600.70	2438.2	2289.4

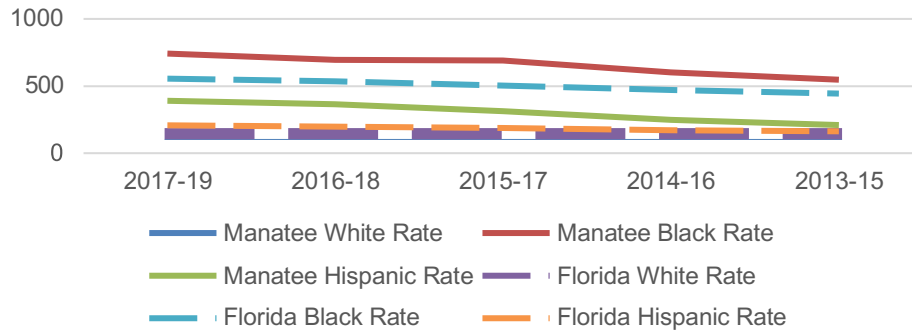
Manatee County has lower rates of emergency room visits due to diabetes than Florida, but rates are increasing (Figure 60). Whites in Manatee County and Florida have similar rates of emergency room visits for diabetes, but Manatee Blacks and Hispanics have higher rates than Blacks and Hispanics in Florida (Figure 61).

Figure 60: Age-adjusted Emergency Room Visits due to Diabetes, 3-year Rolling Rates per 100,000 Population, Manatee County and Florida, 2013-2019



Source: Florida Agency for Health Care Administration (AHCA)

Figure 61: Age-adjusted Emergency Room Visits due to Diabetes, 3-year Rolling Rate per 100,000 Population, by Race and Ethnicity, Manatee County and Florida, 2013-2019

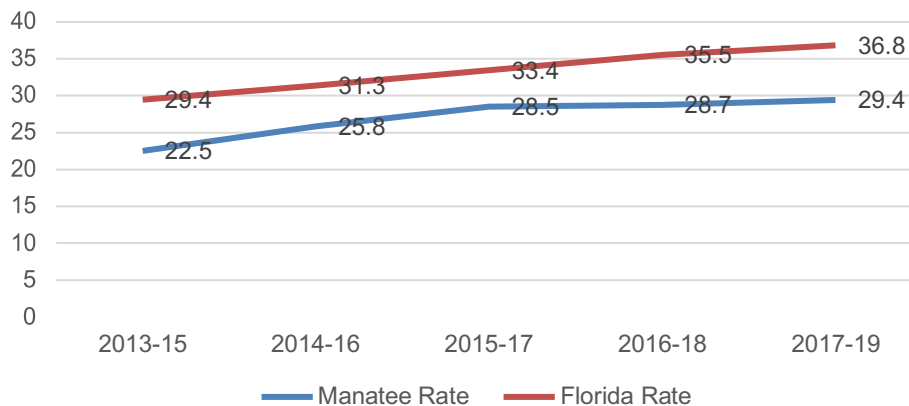


Source: Florida Agency for Health Care Administration (AHCA)

Figure 61 data	Manatee		Florida	
	Hispanic	Non-Hispanic	Hispanic	Non-Hispanic
	Rate	Rate	Rate	Rate
2017-19	389.5	208	207.4	247.6
2016-18	362.8	193	197.4	237.3
2015-17	311.5	187.1	187.8	221.6
2014-16	246	168.6	171.2	203.3
2013-15	208.7	165.8	161.5	187.3

Figure 62 indicates that while Manatee County has lower rate of amputation of lower extremity attributable to diabetes than Florida, the trend is increasing overall.

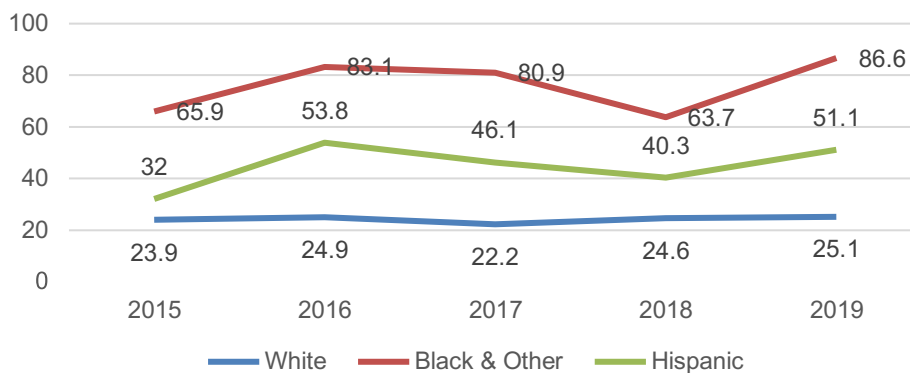
Figure 62: Age-adjusted Hospitalizations from Amputation of Lower Extremity Attributable to Diabetes, 3-year-Rolling Rate, 2013-2019



Source: Florida Agency for Health Care Administration (AHCA)

Figure 63 demonstrates higher rates of amputation of lower extremity attributable to diabetes for Blacks and Hispanics in Manatee County.

Figure 63: Age-Adjusted Hospitalizations from Amputation of a Lower Extremity Attributable to Diabetes, Rate per 100,000 Population, By Race and Ethnicity Manatee County, 2015-2019



Source: Florida Agency for Health Care Administration (AHCA)

Healthy People 2030 has established a variety of indicators for diabetes prevention, treatment and outcomes using data sets not currently accessible.

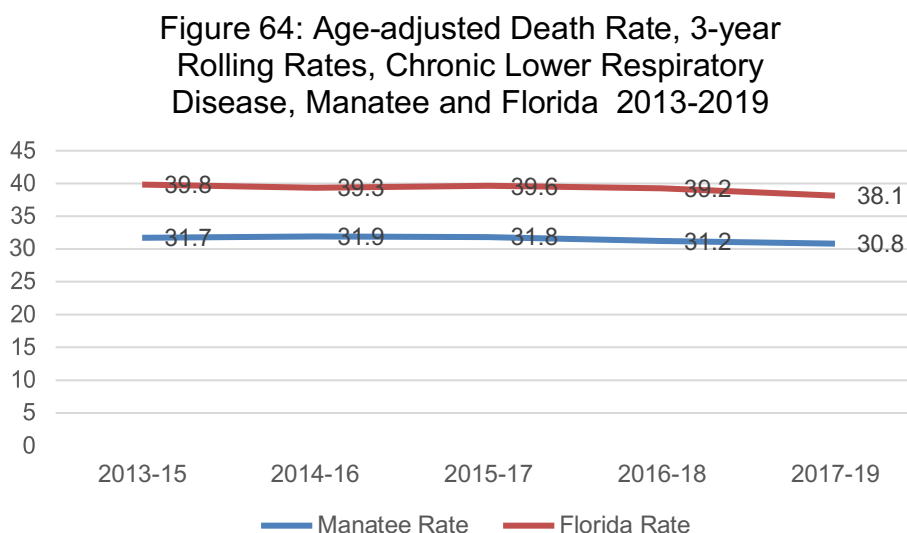
Respiratory Disease

Indicator: Age-adjusted death rates from CLRD.

Chronic lung diseases fall into one of two main classes: obstructive or restrictive. People with weakened lungs and immune systems are more vulnerable to infectious respiratory conditions.

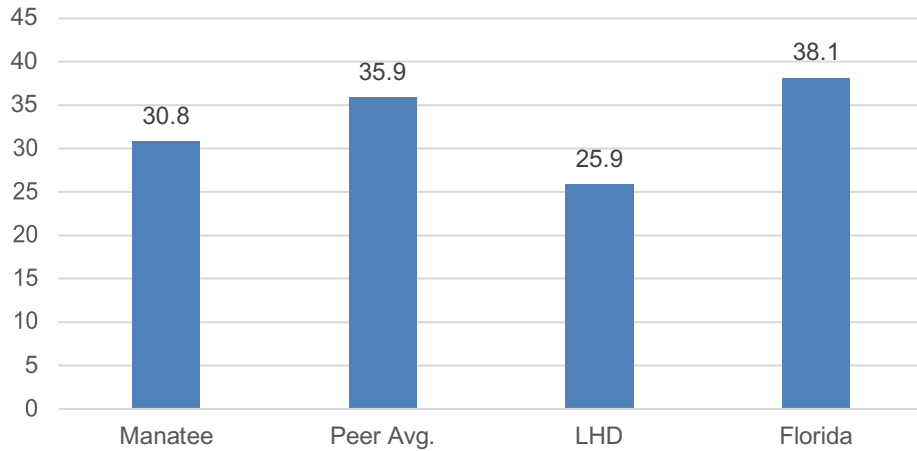
Chronic Lower Respiratory Disease (CLRD) is a group of conditions that affect the lungs and are considered the 4th leading cause of death in the United States and is the 3rd leading cause of death in Manatee County. CLRD encompasses chronic obstructive pulmonary disease (COPD), which includes emphysema and chronic bronchitis; as well as asthma, pulmonary hypertension, and occupational lung diseases. Cigarette smoking is the major cause of these illnesses, accounting for about 80% of cases. However, exposure to air pollutants in the home and workplace, genetic factors, and respiratory infections can also play a role in the development of chronic lower respiratory disease, according to the Centers for Disease Control and Prevention (CDC).

Figure 64 shows that Manatee County has lower death rates of CLRD than Florida.



Source: Florida Department of Health, Bureau of Vital Statistics

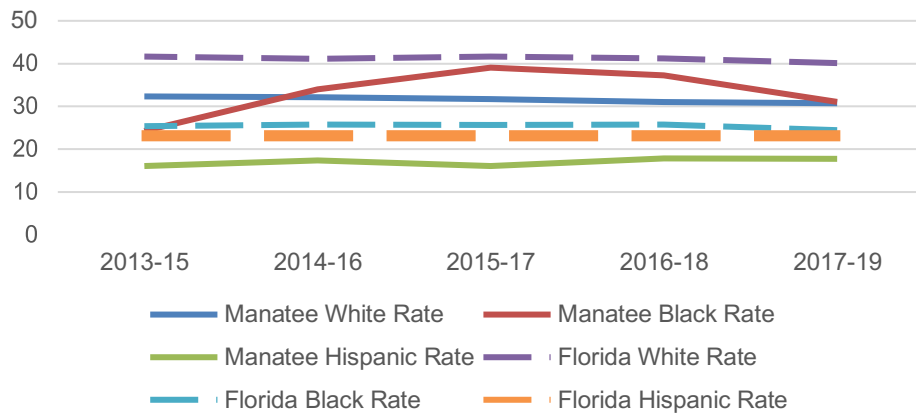
Figure 65: CLRD Death Rate Comparison 2017-2019



Source: Florida Department of Health, Bureau of Vital Statistics, 3-year rolling rate
Peer counties: Collier, Pasco and Seminole, Nearest LHD- Sarasota

Figure 66 shows that Whites have higher death rates from CLRD than Blacks and Hispanics in Manatee County and in Florida. Manatee County Black rates have been rising since 2015 and are closer to White rates in both Manatee County and Florida as of 2017-2019.

Figure 66: Age Adjusted CLRD Death Rate, 3-year Rolling Rates, by Race and Ethnicity, Manatee and Florida 2013-2019



Source: Florida Department of Health, Bureau of Vital Statistics

Healthy People 2030 does not have a national target for deaths from CLRD.

Asthma

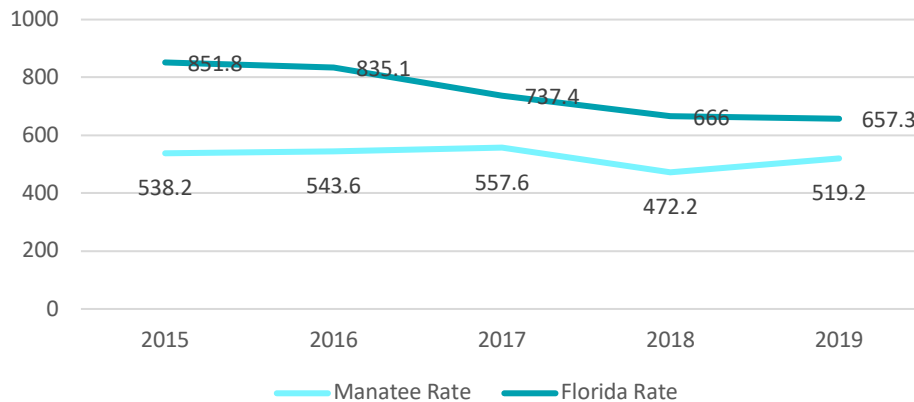
Indicator: Age-adjusted death rates from asthma.

Asthma is a condition in which your airways narrow and swell and produce extra mucus. This can make breathing difficult and trigger coughing, wheezing and shortness of breath. For some people, asthma is a minor nuisance. For others, it can be a major problem that interferes with daily activities and may lead to a life-threatening asthma attack.

Asthma is responsible for over 2.1 million emergency room visits annually in the United states. Asthma can be triggered by substances in the environment called allergens. Indoor allergens from dust mites, cockroaches, dogs, cats, rodents and molds are among the most important environmental triggers for asthma. Outdoor air quality can also trigger asthma symptoms.

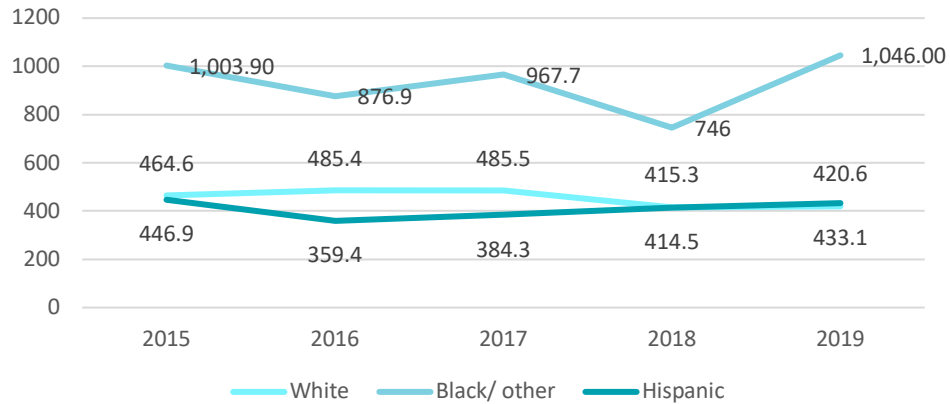
Figure 67 shows that Manatee County has lower rates of hospitalization from asthma than Florida. Figure 68 shows that Blacks in Manatee County have higher rates of hospitalizations from asthma than Whites and Hispanics.

Figure 67: Age Adjusted Hospitalizations from or with Asthma, Rate per 100,000 Population Manatee and Florida, 2015-2019



Source: Florida Agency for Health Care Administration (AHCA)

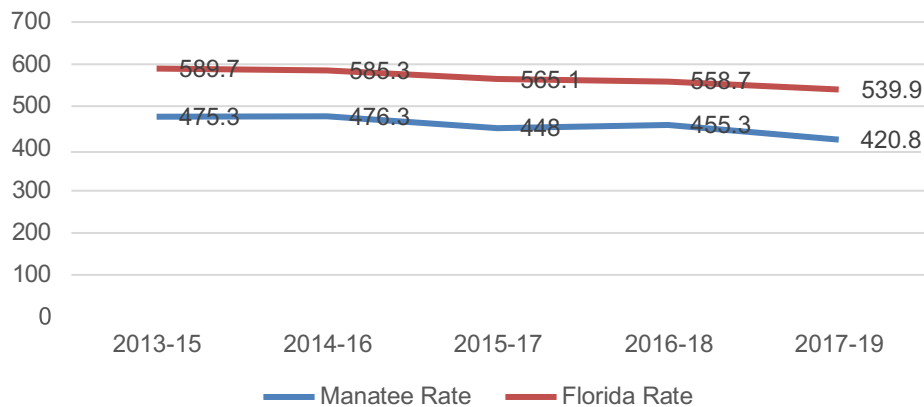
Figure 68: Age-Adjusted Hospitalizations from or with Asthma by Race and Ethnicity Manatee County 2015-2019



Source: Florida Agency for Health Care Administration (AHCA)

Manatee County also has lower rates of emergency room visits due to asthma than Florida and rates are declining. (Figure 69)

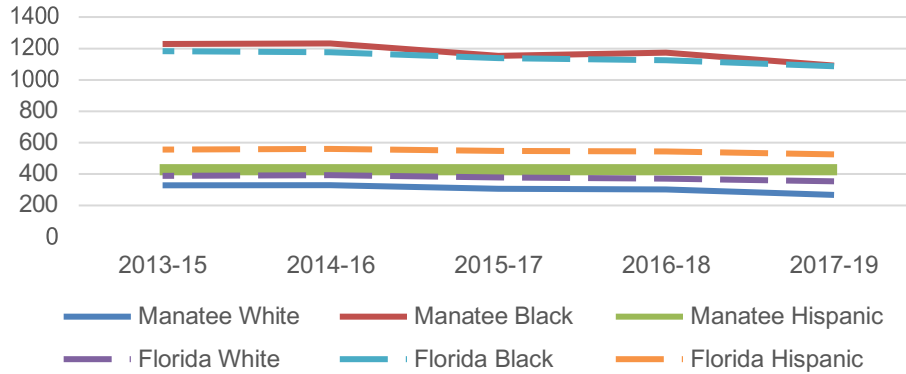
Figure 69: Age-adjusted Emergency Room Visits due to Asthma, 3-year Rolling Rate per 100,000 Population, Manatee County and Florida, 2013-2019



Source: Florida Agency for Health Care Administration (AHCA)

Blacks have the highest rate of emergency room visits due to asthma in both Manatee County and Florida when compared with Whites and Hispanics, and trend is closely mirrored for Blacks in Manatee County and Florida. Whites and Hispanics in Manatee County have lower rates than Whites and Hispanics in Florida. (Figure 70).

Figure 70: Age-Adjusted Emergency Room Visits due to Asthma, 3-year Rolling Rate per 100,000 Population, By Race and Ethnicity, Manatee County and Florida, 2013-2019

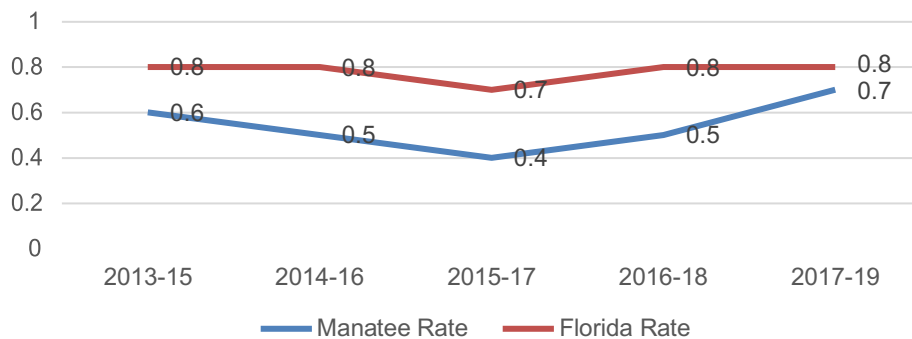


Source: Florida Agency for Health Care Administration (AHCA)

Figure 70 data	Manatee			Florida		
	White	Black	Hispanic	White	Black	Hispanic
2017-19	265.2	1,090.20	410.5	352.6	1085.7	524.3
2016-18	300.5	1,173.10	430	368.7	1122.8	543.4
2015-17	304.5	1,152.80	423	377	1138	547.1
2014-16	327.2	1,230.80	440.8	391.3	1175.2	558.8
2013-15	325.8	1,227.30	443.5	387.7	1181.4	555.4

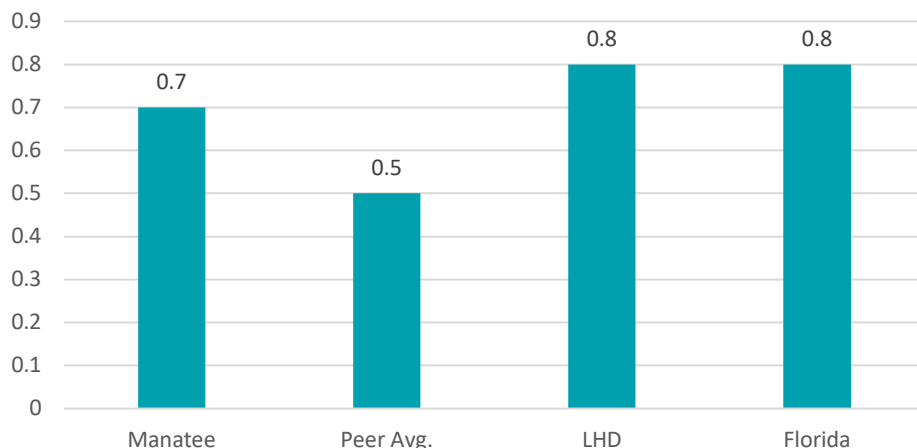
Manatee County has lower death rate from asthma than Florida (Figure 71) and higher rates than the peer county average (Figure72).

Figure 71: Age-adjusted Death Rates from Asthma per 100,000 Population, 3-year Rolling Rates, Manatee County and Florida, 2013-2019



Source: Florida Department of Health, Bureau of Vital Statistics

Figure 72: Asthma Death Rate Comparison
2017-2019



Source: Florida Department of Health, Bureau of Vital Statistics, 3-year rolling rate

The Healthy People 2030 national health target is to reduce death from asthma to 8.9 deaths per 100,000 population. Manatee County's current rate of .7 meets the national target.

Chronic Liver Disease and Cirrhosis

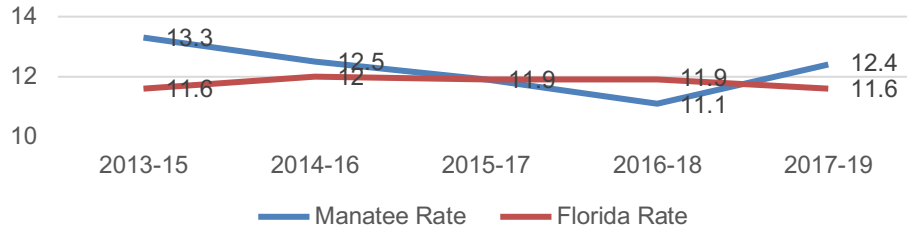
Indicator: Age-Adjusted death rate per 100,000 population due to chronic liver disease and cirrhosis.

Chronic liver diseases include health problems that primarily affect the liver and have the potential to cause long term damage to the liver if untreated. These include infections, diseases cause by the immune system, metabolic diseases, and inherited conditions. At their most advanced stage, CLDs often lead to the development of cirrhosis. With cirrhosis comes the risk for progressive liver dysfunction. Many patients with chronic liver disease are predisposed to malnutrition as a result of many factors, including inadequate intake and malabsorption. Chronic liver disease and cirrhosis are the leading causes of death with most preventable cases attributed to excessive alcohol, viral hepatitis, or non-alcoholic fatty liver disease.

People diagnosed with any type of chronic liver disease, should consider undergoing vaccination for hepatitis A and B to eliminate the chance of acquiring either of these infections.

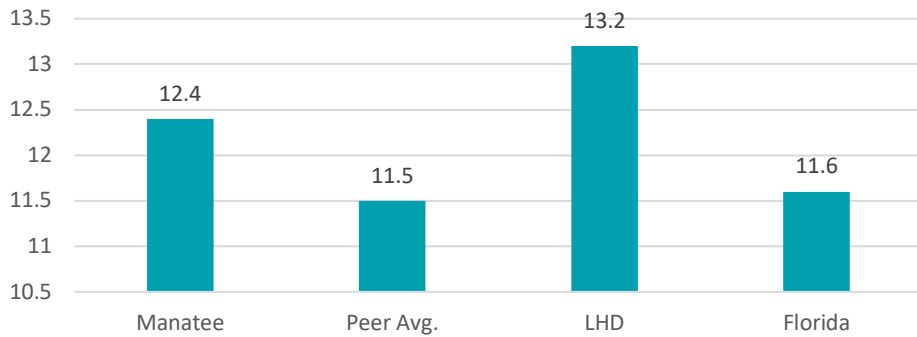
Chronic liver disease and cirrhosis is a leading cause of death in Manatee County in the 45 to 54 years age cohort.

Figure 73: Age-adjusted Death Rate, 3-year Rolling Rates, per 100,000 Population from Chronic Liver Disease or Cirrhosis, Manatee County and Florida 2013-2019



Source: Florida Department of Health, Bureau of Vital Statistics

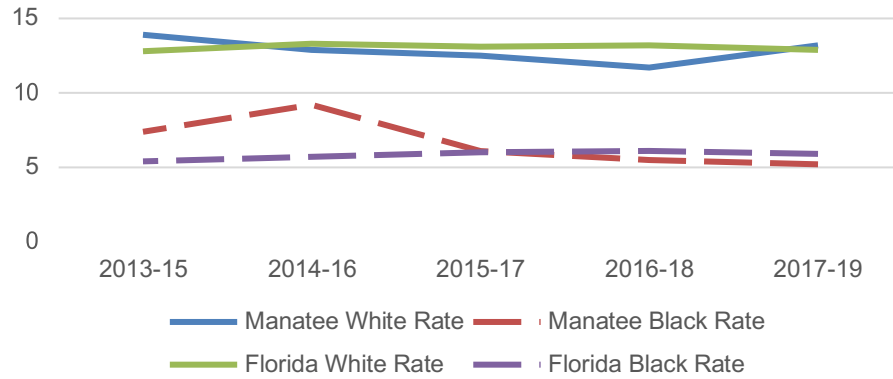
Figure 74: Chronic Liver Disease and Cirrhosis Death Rate Comparison, 2017-2019



Source: Florida Department of Health, Bureau of Vital Statistics, 3-year rolling rate
Peer counties: Collier, Pasco and Seminole, Nearest LHD- Sarasota

Figure 75 indicates that Whites in Manatee County and Florida have higher rates of death from Chronic Liver Disease and Cirrhosis than Blacks.

Figure 75: Age-adjusted Deaths from Chronic Liver Disease and Cirrhosis, 3-year Rolling Rates, by Race, Manatee County and Florida,

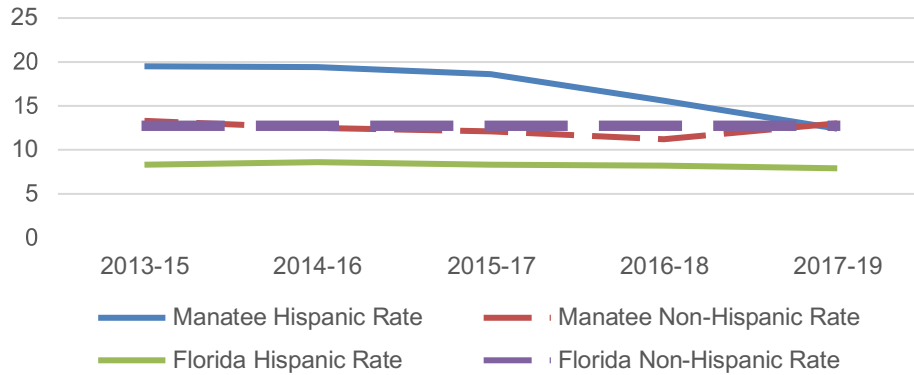


Source: Florida Department of Health, Bureau of Vital Statistics

Figure 75 data	Manatee		Florida	
	White	Black	White	Black
Years	Rate	Rate	Rate	Rate
2017-19	13.2	5.2	12.9	5.9
2016-18	11.7	5.5	13.2	6.1
2015-17	12.5	6.1	13.1	6
2014-16	12.9	9.2	13.3	5.7
2013-15	13.9	7.4	12.8	5.4

Figure 76 indicates that Hispanics in Manatee County have higher death rates from chronic liver disease and cirrhosis than non-Hispanics in both Manatee County and Florida, but the rate is declining.

Figure 76: Age-adjusted Deaths from Chronic Liver Disease and Cirrhosis, 3-year Rolling Rate per 100,000 Population, by Ethnicity, Manatee County and Florida, 2013-2019

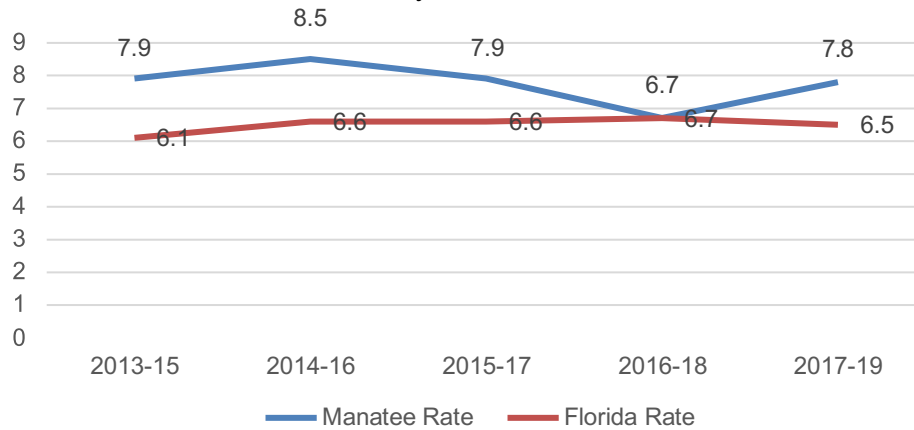


Source: Florida Department of Health, Bureau of Vital Statistics

Figure 76 data	Manatee		Florida	
	Hispanic	Non-Hispanic	Hispanic	Non-Hispanic
Years	Rate	Rate	Rate	Rate
2017-19	12.4	13	7.9	12.7
2016-18	15.6	11.2	8.2	12.9
2015-17	18.6	12.1	8.3	12.8
2014-16	19.4	12.5	8.6	13
2013-15	19.5	13.3	8.3	12.5

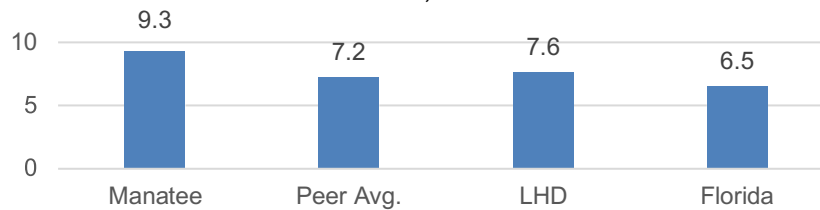
Figures 77 and 78 indicate that Manatee County has higher rates of death from alcoholic liver disease than Florida, peer county average and nearest local health department.

Figure 77: Age-adjusted Death Rate for Alcoholic Liver Disease, per 100,000 Population, 3-year Rolling Rate, Manatee County and Florida, 2013-2019



Source: Florida Department of Health, Bureau of Vital Statistics

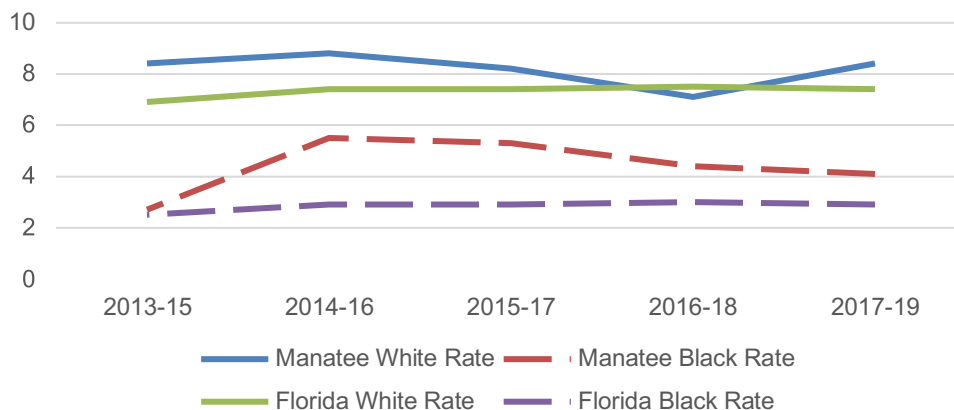
Figure 78: Comparison of Deaths from Alcoholic Liver Disease, 2017-2019



Source: Florida Department of Health, Bureau of Vital Statistics

Figure 79 indicates that Whites in both Manatee County and Florida have higher rates of death from alcoholic liver disease than Blacks. Blacks in Manatee County have higher rates of death from alcoholic liver disease than Blacks in Florida.

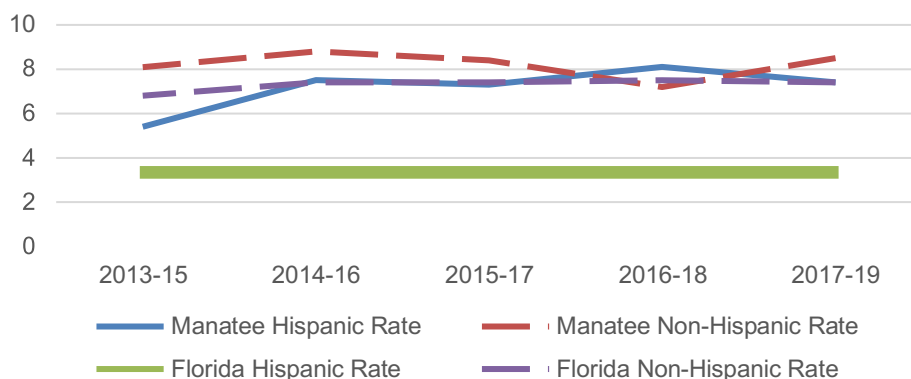
Figure 79: Age-adjusted Death Rates from Alcoholic Liver Disease, 3-Year Rolling Rates per 100,000 Population, by Race, Manatee County and Florida,



Source: Florida Department of Health, Bureau of Vital Statistics

Figure 80 shows Hispanics in both Manatee County and Florida have lower rates of death from alcoholic liver disease than non-Hispanics. Hispanics in Manatee County have higher rates than Hispanics in Florida.

Figure 80: Age-Adjusted Deaths from Alcoholic Liver Disease, 3-year Rolling Rate per 100,000 Population, by Ethnicity, Manatee County and Florida, 2013-2019



Source: Florida Department of Health, Bureau of Vital Statistics

The Healthy People 2030 national health target is to reduce death from cirrhosis to 10.9 deaths per 100,000 population. Manatee County's current rate of 12.4 does not yet meet the national target.

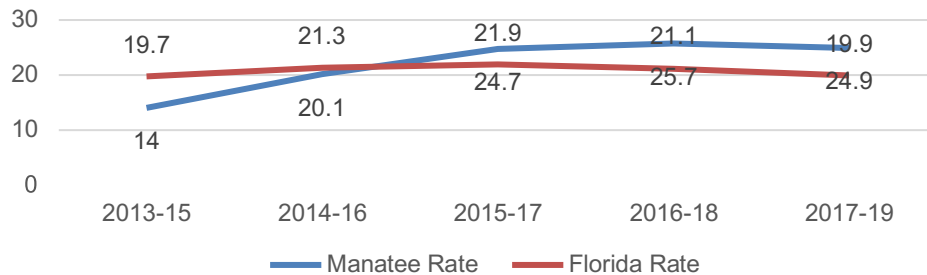
Alzheimer's Disease

Indicator: Age-adjusted death rate from Alzheimer's Disease.

Alzheimer's disease is a progressive disorder that causes brain cells to waste away and die. Alzheimer's disease is the most common cause of dementia — a continuous decline in thinking, behavioral and social skills that disrupts a person's ability to function independently. As the disease progresses, a person with Alzheimer's disease will develop severe memory impairment and lose the ability to carry out everyday tasks. In advanced stages of the disease, complications from severe loss of brain function such as dehydration, malnutrition or infection result in death.

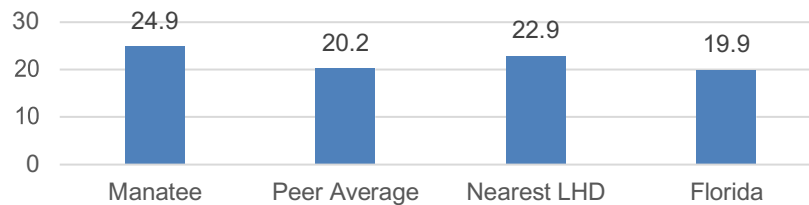
Alzheimer's is a leading cause of death in Manatee County for persons 75 years of age and older. Death rates in Manatee County are rising and are higher than Florida, peer county average and the nearest local health department. According to the Centers for Disease Control and Prevention (CDC), Alzheimer's disease death rates are on the rise nationally.

Figure 81: Age-adjusted Death Rate from Alzheimer's Disease, 3-Year rolling Average, Manatee County and Florida, 2013-2019



Source: Florida Department of Health, Bureau of Vital Statistics

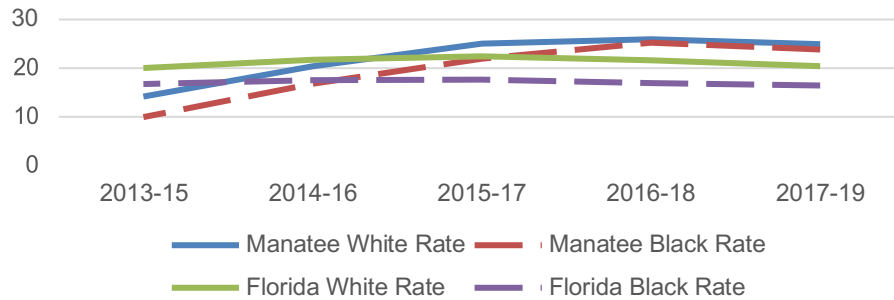
Figure 82: Comparison Death Rates from Alzheimer's Disease, 2017-2019



Source: Florida Department of Health, Bureau of Vital Statistics, 3-year rolling rate
Peer counties: Collier, Pasco and Seminole, Nearest LHD- Sarasota

Figure 83 shows that Whites living in Manatee County have higher rates of death from Alzheimer’s disease than Whites in Florida or Blacks. Blacks in Manatee County have higher rates of Alzheimer’s disease than Whites or Blacks in Florida. Overall, rates of Alzheimer’s are increasing in Manatee County while remaining static in Florida for both Blacks and Whites.

Figure 83: Age-adjusted deaths from Alzheimer's Disease, 3-year Rolling Rates per 100,000 Population, by Race, Manatee County and Florida, 2013-2019

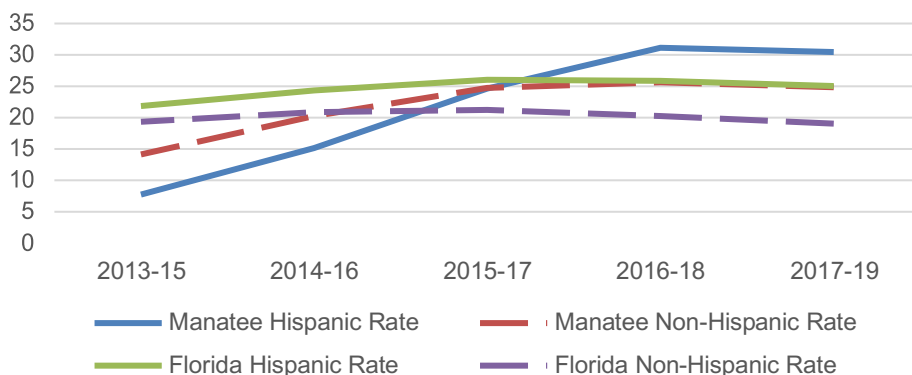


Source: Florida Department of Health, Bureau of Vital Statistics

Figure 83 data	Manatee		Florida	
	White	Black	White	Black
Years	Rate	Rate	Rate	Rate
2017-19	24.9	23.8	20.4	16.4
2016-18	25.9	25.2	21.6	16.9
2015-17	25	21.9	22.4	17.6
2014-16	20.3	16.8	21.7	17.5
2013-15	14.1	9.9	20	16.7

Figure 84 shows an increasing death rate from Alzheimer's among Hispanics in Manatee County, and that Hispanics in Manatee County have higher rates of Alzheimer's deaths than Hispanics in Florida.

Figure 84: Age-adjusted Deaths from Alzheimer's Disease, 3-year Rolling Rates per 100,000 Population, by Ethnicity, Manatee County and Florida, 2013-2019



Source: Florida Department of Health, Bureau of Vital Statistics

Figure 84 data	Manatee		Florida	
	White	Black	White	Black
Years	Rate	Rate	Rate	Rate
2017-19	24.9	23.8	20.4	16.4
2016-18	25.9	25.2	21.6	16.9
2015-17	25	21.9	22.4	17.6
2014-16	20.3	16.8	21.7	17.5
2013-15	14.1	9.9	20	16.7

Healthy People 2030 does not have a national target for Alzheimer's deaths.

Mental Health

Indicator: Age-adjusted suicide death rate per 100,000 population.

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from infancy, childhood and adolescence through adulthood.

Many factors contribute to mental health problems, including:

- Biological factors, such as genes or brain chemistry
- Life experiences, such as trauma or abuse

- Family history of mental health problems

Table 12: Mental Health Status and Complications, Manatee County, 2018

Indicator	Count / Percent
Estimated Seriously Mentally Ill Adults*	11,196
Estimated Seriously Emotionally Disturbed Youth Ages 9-17**	3,246
Children in Schools Grades K-12 With Emotional/Behavioral Disability	146
Percent of students, ages 11-17, who in the past year, did something to purposely hurt themselves without wanting to die***	9.7%
Percent of students, ages 11-17, who in the past year, felt sad or hopeless for two or more weeks in a row and stopped doing usual activities***	22.2%
Percent of students, ages 11-17, who did not go to school because they felt they would be unsafe at school or on their way to school in the past 30 days***	4.4%

Source: *Substance Abuse and Mental Health Services Administration. Behavioral Health Barometer: Florida,

**Estimates based on Department of Health and Human Services report Mental Health, United States, 1996.

***Florida Department of Health, Division of Community Health Promotion, Florida Youth Tobacco Survey (FYTS)

Table 13: Hospitalizations for Mental and Behavioral Health Disorders, Manatee County - 2019

Indicator	Drug and Alcohol-Induced Mental Disorders		Mood and Depressive Disorders		Schizophrenic Disorders		Eating Disorders		Hospitalizations Attributable to Mental Disorders	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate
Under age 18	0	0	353	498.09	12	16.93	18	25.4	417	588.39
18-21	13	90.05	137	949.03	49	339.43	<5		219	1517.06
22-24	18	163.16	70	634.51	55	498.54	5	45.32	154	1395.91
25-44	356	438.72	533	656.84	288	354.92	11	13.56	1229	1514.55
45-64	436	416.24	626	597.62	230	219.57	<5		1345	1284.03
65-74	66	114.49	146	253.27	32	55.51	<5		274	475.32
75 or older	31	63.46	81	165.81	19	38.89	6	12.28	250	511.76
Total	920	236.67	1946	500.61	685	176.22	52	13.38	3888	1000.18

Source: Florida Agency for Health Care Administration

Table 14: Access and Services, Manatee County - 2019

Indicator	County		State	
	Count	Rate per 100,000 Population	Count	Rate per 100,000 Population
Licensed Mental Health Counselors	160	41.2	11421	53.7
Licensed Psychologists	77	19.8	4886	23
Licensed Clinical Social Workers	167	43	9951	46.8
Total Behavioral/Mental Health Professionals	351	90.3	23403	110
Adult Psychiatric Beds	62	16.3	4377	20.9
Child and Adolescent Psychiatric Beds	20	5.2	644	3.1
Children Ages 1-5 Receiving Mental Health Treatment Services	208	1102.1	3279	284.8

Source: Licensed health care providers: Florida Department of Health, Division of Medical Quality Assurance. Hospital beds: Agency for Health Care Administration

Children ages 1-5 receiving mental health treatment services: Department of Children and Families

The Florida Mental Health Act of 1971, commonly known as the "Baker Act," allows the involuntary institutionalization and examination of an individual which can be initiated by judges, law enforcement officials, emergency medical technicians, physicians, or mental health professionals. There must be evidence that the person either:

- possibly has a mental illness, or
- is in danger of becoming a harm to self, harm to others, or is self-neglectful.

Examinations may last up to 72 hours after a person is deemed medically stable.

Table 15: Manatee County Involuntary Examinations Fiscal Year 2017/18, Percent Children and Adults, and Percent of Change Over 5 years

Number of Involuntary examinations	% Children under 18	% Adults	% Change from 5 years (FY13/14 to FY 17/18)
2,502	21.98	6.51	14.61%

Source: Baker Act Reporting Center, FY 2017-2018 Annual Report

Suicide Rates

According to the Centers for Disease Control and Prevention, suicide rates in the United States vary by race/ethnicity, age, and other population characteristics. The highest rates across the life span occur among non-Hispanic American Indian/Alaska Native and non-Hispanic White populations. Other Americans disproportionately impacted by suicide include Veterans and other military personnel and workers in certain occupational groups like construction and the arts, design, entertainment, sports, and media fields. Sexual minority youth bear a large burden as well, and experience increased suicidal ideation and behavior compared to their non-sexual minority peers.

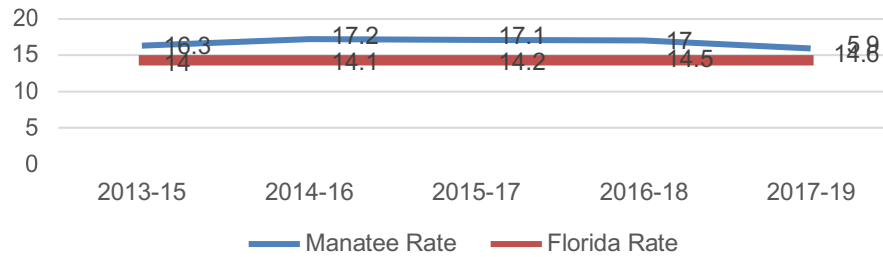
While men are more likely to die by suicide, women are more likely to try, according to the National Institute of Mental Health. That gap maybe narrowing, though: From 1999 to 2017, the suicide rate rose 53% among women, compared with 26% among men.

Suicide risk also varies by age: Among women, those 45 to 64 years old saw the highest suicide rate in 2017, while the rate for men was highest among those 75 and older.

The rising suicide rate has contributed to a falling life expectancy in the U.S. in recent years, as has an increase in drug-related deaths. It's unclear exactly why the rate has climbed, but health experts say alcohol and substance misuse, as well as isolation and poor family relationships, can be risk factors.

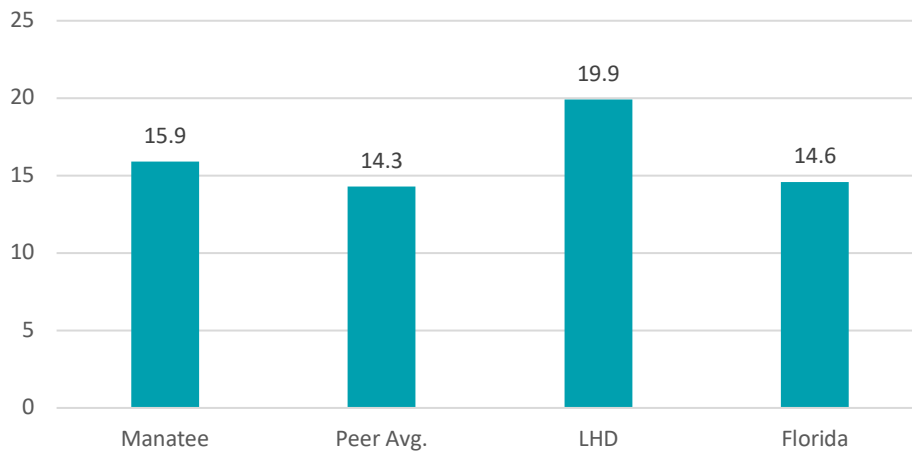
Suicide rates in Manatee County are higher than Florida and peer county average, and lower than the nearest local health department. (Figures 85 and 86).

Figure 85: Age-adjusted Death Rates from Suicide, 3- year Rolling Rates, Manatee County and Florida, 2013-2019



Source: Florida Department of Health, Bureau of Vital Statistics

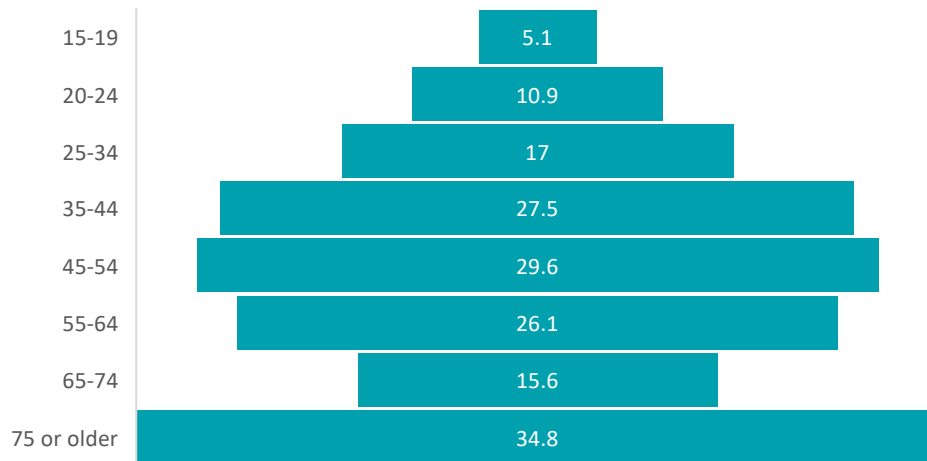
Figure 86: Suicide Death Rate Comparison 2017-2019



Source: Florida Department of Health, Bureau of Vital Statistics, 3-year rolling rate
Peer counties: Collier, Pasco and Seminole, Nearest LHD- Sarasota

In 2019, suicide death rates in Manatee County were highest in the 75 and older age cohort, with the second highest rates in the 45-54 age cohort. (Figure 87).

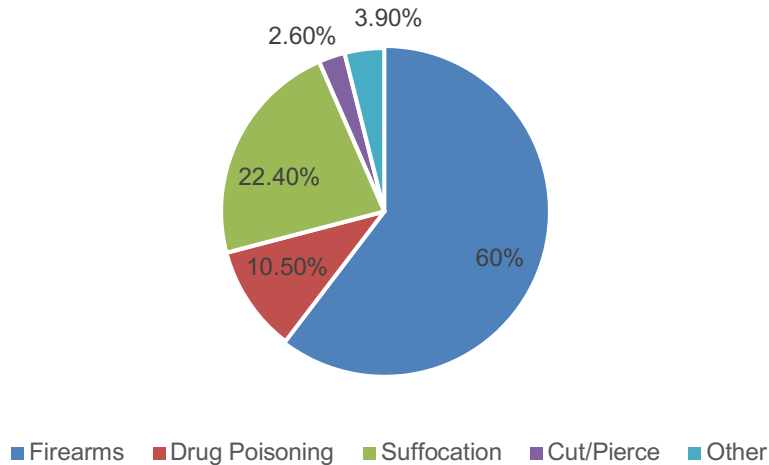
Figure 87: Suicide Death Rates by Age Manatee County, 2019



Source: Florida Department of Health, Bureau of Vital Statistics

Firearms were the most common method and drug poisoning was the second most common method across all age cohorts. (Figure 88).

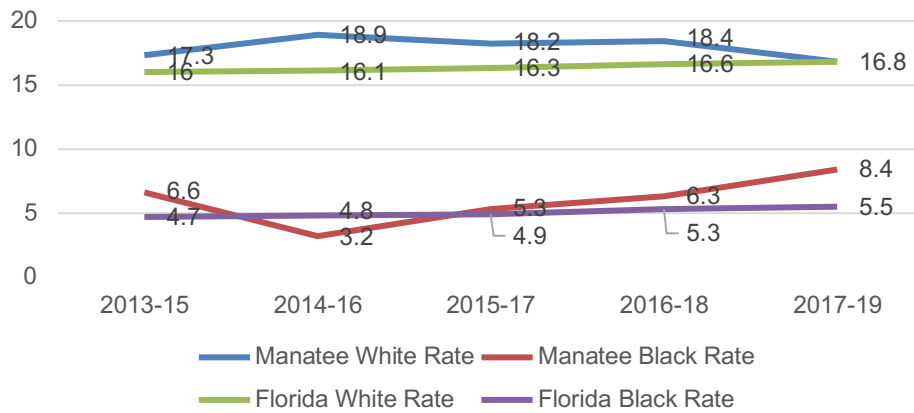
Figure 88: Suicides by Method, Manatee County



Source: Florida Department of Health, Bureau of Vital Statistics

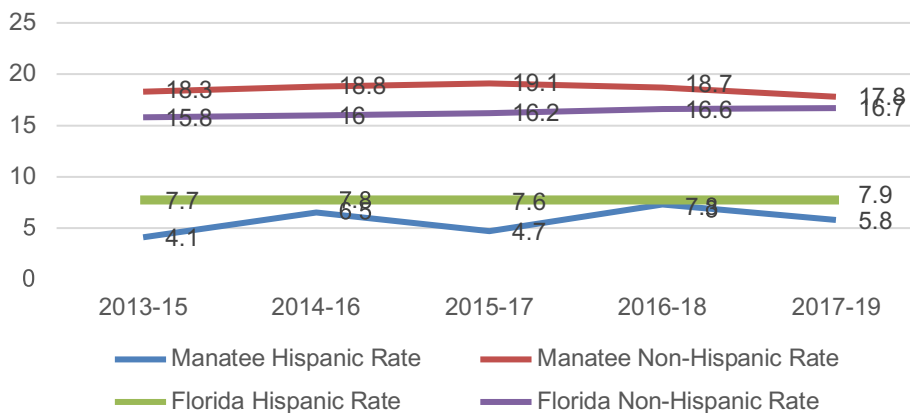
Figure 89 shows that Whites have higher rates of suicide in both Manatee County and Florida, than Blacks. Manatee County White rates are higher than Florida White rates. Figure 90 shows that non-Hispanics have higher rates of suicide than Hispanics in both Manatee County and Florida. Manatee Hispanics have a lower rate of suicide than Hispanics in Florida.

Figure 89: Age-Adjusted Suicide Deaths, 3-year Rolling Rate per 100,000 Population, by Race, Manatee County and Florida, 2013-2019



Source: Florida Department of Health, Bureau of Vital Statistics

Figure 90: Age-adjusted Suicide Deaths, 3-year Rolling Rates per 100,000 Population, By Ethnicity, Manatee County and Florida, 2013-2019



Source: Florida Department of Health, Bureau of Vital Statistics

The Healthy People 2030 national health target is to reduce death from suicide to 12.8 deaths per 100,000 population. Manatee County’s current rate of 15.9 does not yet meet the national target.

Maternal and Child Health

Indicator: Pregnancy rate per 1,000 females age 15-19 years.

Indicator: Healthy weight prior to pregnancy among women delivering a live birth.

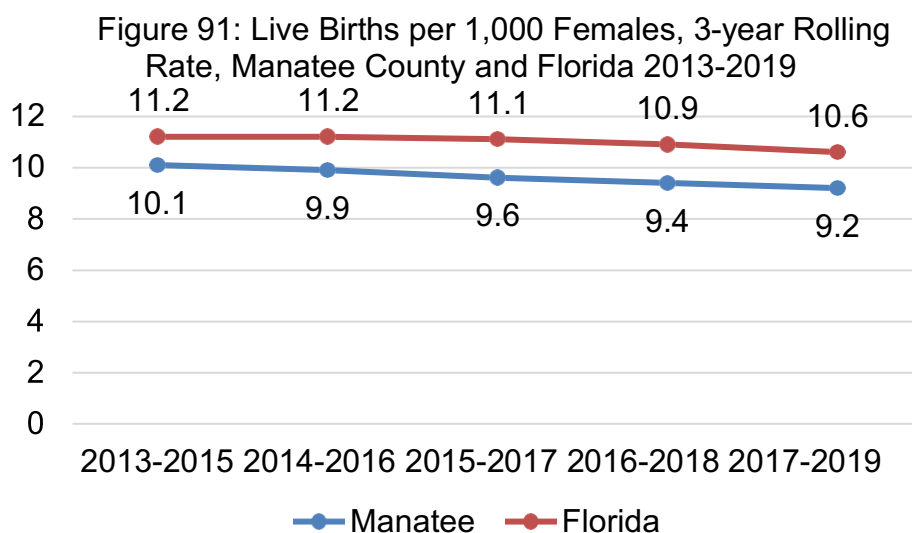
Indicator: Percent of pregnant females received early and adequate prenatal care.

Indicator: Infant deaths per 1,000 live births that occurred within the first year of life.

The health and wellness of a mothers, infants and children is an important indicator of the health of a community. The health of a mother before pregnancy, and adequate prenatal care can impact the health of the mother during and after pregnancy and the health of a baby at birth and for the rest of their life. Teen pregnancy and maternal health are important to the health of a community as a contributor to high school dropout rates among females, and as a catalyst for poor health outcomes over time.

Total live births per 1000 of total population

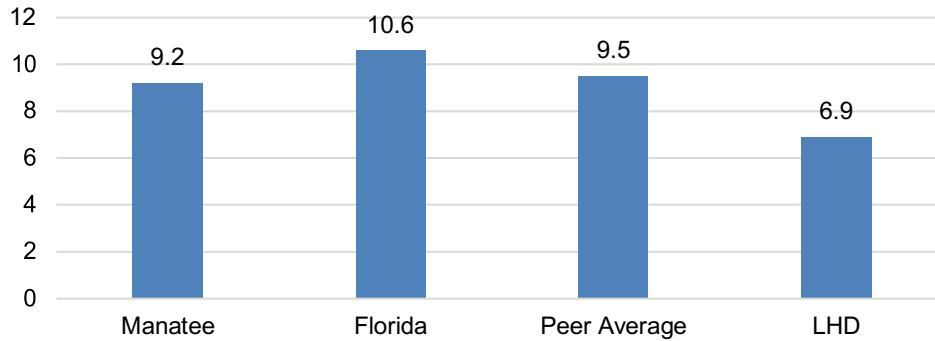
In 2019, there were 3,482 live births in Manatee County at a rate of 9.0 per 1,000 females. In Florida, there were 220,010 live births in 2019 at a rate of 10.3 per 1,000 females.



Source: Florida Department of Health, Bureau of Vital Statistics. Population estimates are from the Office of Economic and Demographic Research (EDR).

Manatee County had a lower birth rate than Florida and the peer county average, but higher than the nearest local health department during 2017-2019. (Figure 93).

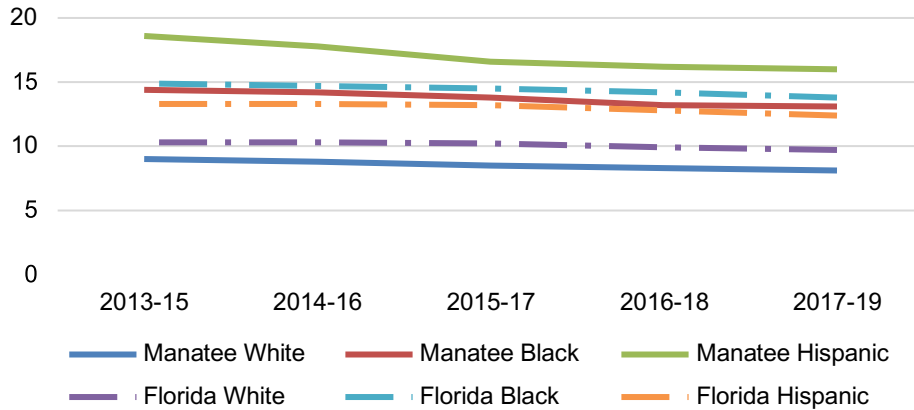
Figure 92: Comparison Birth rates per 1,000 Females, 2017-2019



Source: Florida Department of Health, Bureau of Vital Statistics

Birth rates among all races and ethnicities have been declining in Manatee County and in Florida. In Manatee County, Hispanics have the highest birth rates compared with Blacks having highest birth rates in Florida.

Figure 93: Birth Rates per 1,000 Females, by Race and Ethnicity, 3-year Rolling Rates, Manatee County and Florida, 2013-2019



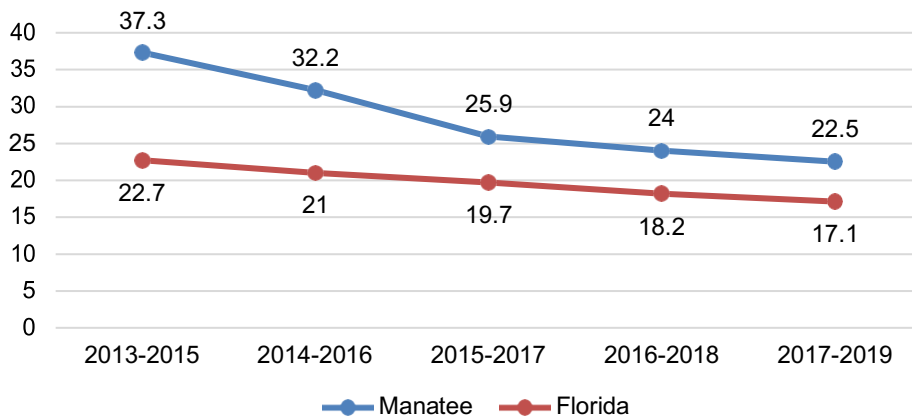
Source: Florida Department of Health, Bureau of Vital Statistics

Figure 93 data Year	Manatee White	Manatee Black	Manatee Hispanic	Florida White	Florida Black	Florida Hispanic
2017-19	8.1	13.1	16	9.7	13.8	12.4
2016-18	8.3	13.2	16.2	9.9	14.2	12.8
2015-17	8.5	13.8	16.6	10.2	14.5	13.2
2014-16	8.8	14.2	17.8	10.3	14.7	13.3
2013-15	9	14.4	18.6	10.3	14.9	13.3

Births to Teen Mothers

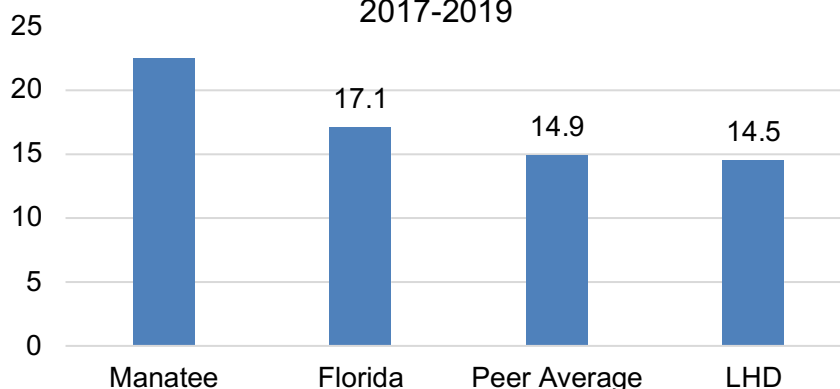
Manatee County’s rate of births to teen mothers, age 15-19 is higher than the state rate, peer counties and the nearest local health department. The rates of teen mothers 10-14 was too small to be displayed on a chart.

Figure 94: Births to Teen Mothers per 1,000 Age 15-19, 3-year Rolling Rate, Manatee County and Florida, 2013-2019



Source: Florida Department of Health, Bureau of Vital Statistics

Figure 95: Comparison of Births to Teen Mothers 2017-2019

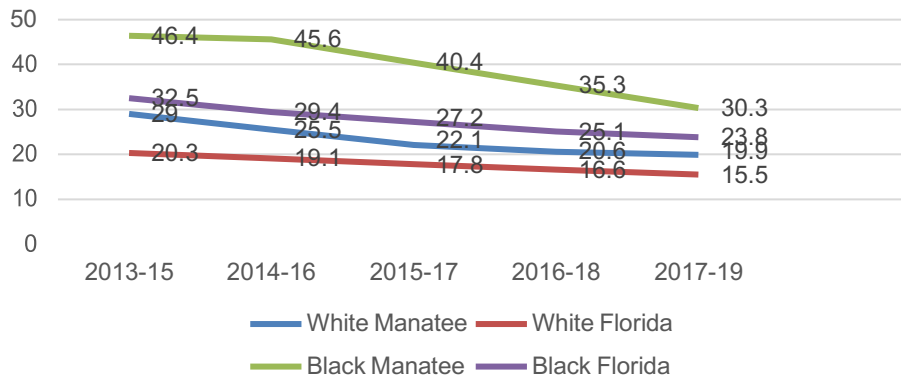


Source: Florida Department of Health, Bureau of Vital Statistics

The Healthy People 2030 national health target is to reduce pregnancies among adolescent females to 31.4 births per 1,000 females. Manatee County’s current rate of 22.5 meets the national target. While this goal has been met, the rate is still higher than the state, peer county average and nearest local health department.

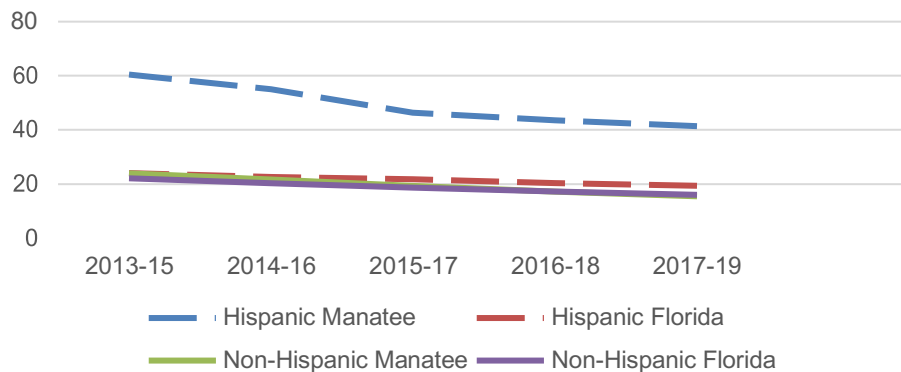
Figures 96 and 97 show a decline in birth rates to mothers ages 15-19 years for Blacks, Whites and Hispanics in both Manatee County and Florida. However, rates in Manatee County for Blacks and Hispanics are still higher than Florida. Non-Hispanic birth rates in Manatee County to mothers age 15-19 years, closely match non-Hispanic rates in Florida.

Figure 96: Births to Mothers Ages 15-19, 3-year Rolling Rate by Race, Manatee County and Florida, 2013- 2019



Source: Florida Department of Health, Bureau of Vital Statistics

Figure 97: Births to Mothers Ages 15-19, 3-year Rolling Rate by Ethnicity, Manatee County and Florida, 2013-2019

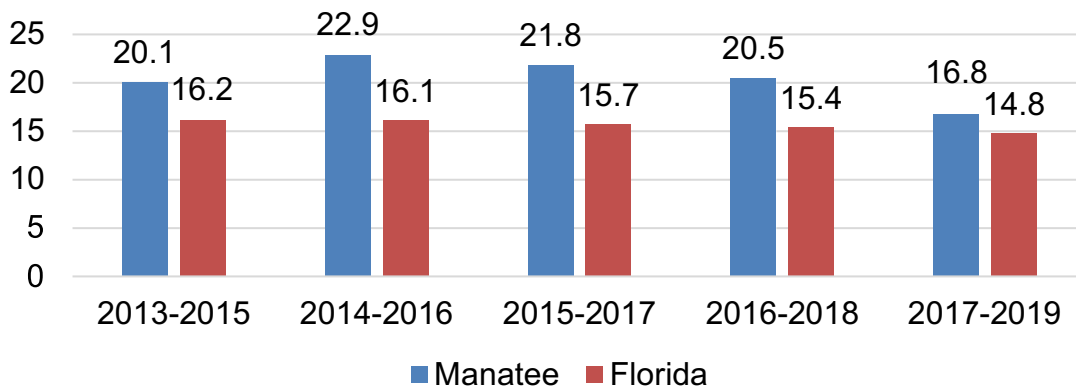


Source: Florida Department of Health, Bureau of Vital Statistics

Repeat births to teen mothers age 15-19

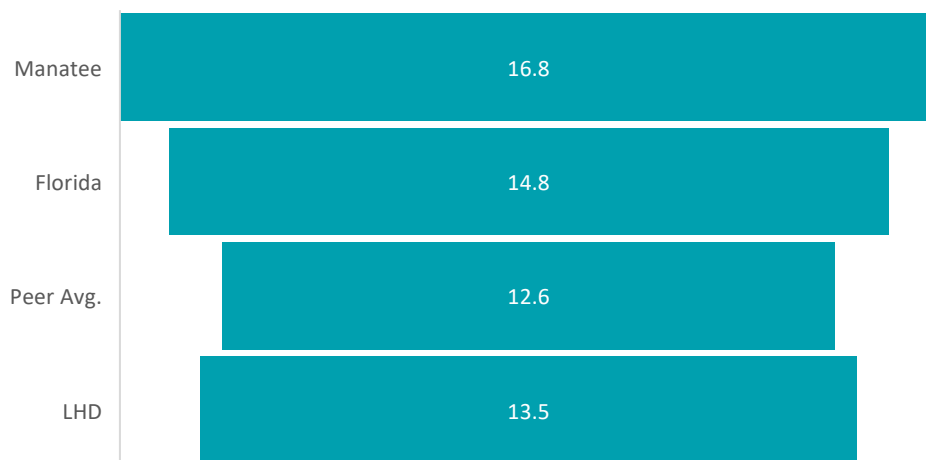
The rate of repeat births to teen mothers age 15-19 in Manatee County and Florida has declined overall since 2013. (Figure 98). These rates have been consistently higher in Manatee County than Florida over the last 7 years and the difference between Manatee County and Florida's rates is now at two percent as a result of effective interventions. In comparing the percentage of repeat births to teen mothers 15-19 across Manatee, Florida, peer counties and the nearest local health department, Manatee has the highest rates. (Figure 99). While there has been improvement over time, continued efforts aimed at reducing repeat teen births in Manatee County are needed.

Figure 98: Percentage of Repeat Births to Mothers Age 15-19, 3-year Rolling Rate, Manatee County and Florida, 2013-2019



Source: Florida Department of Health, Bureau of Vital Statistics

Figure 99: Percent of Repeat Births to Mothers age 15-19, 3-year Rolling Rate 2017-2019

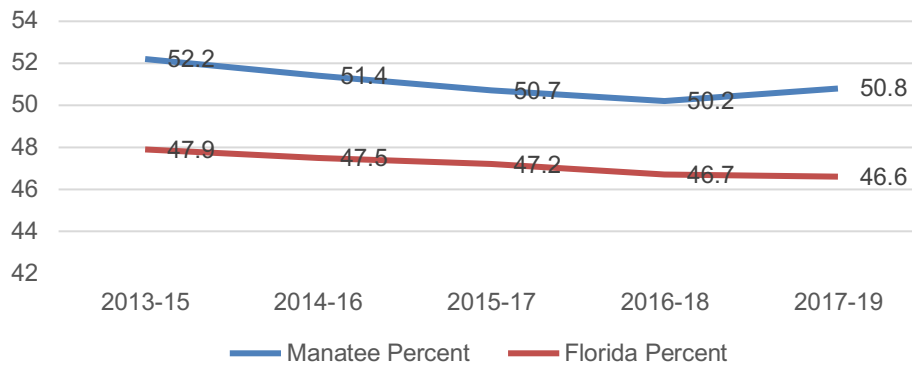


Source: Florida Department of Health, Bureau of Vital Statistics

Births to Unwed Mothers

Manatee County has higher rates of birth to unwed mothers age 15-44 than Florida (Figure 100).

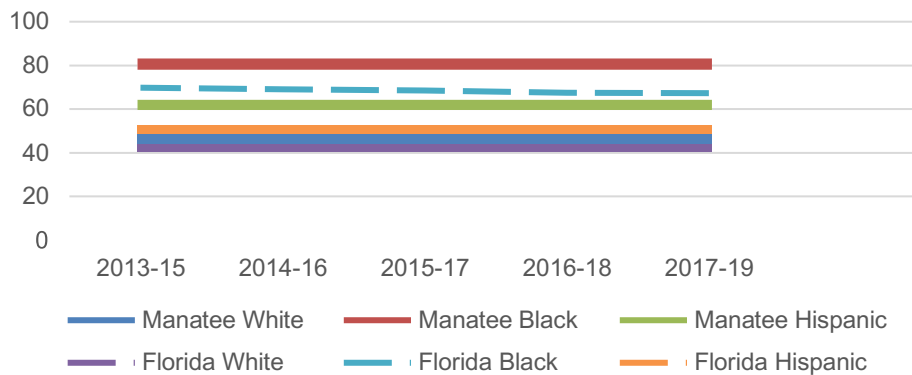
Figure 100: Percent of Births to Unwed Mothers Age 15- 44, 3-year Rolling Rate, Manatee County and Florida, 2013-2019



Source: Florida Department of Health, Bureau of Vital Statistics

Manatee County has higher Birth Rates than Florida in all races and ethnicity. Blacks have highest rates overall, followed by Hispanics. (Figure 101).

Figure 101: Percent of Births to Unwed Mothers Age 15- 44, 3-year Rolling Rates, by Race and Ethnicity, Manatee County and Florida, 2013-2019



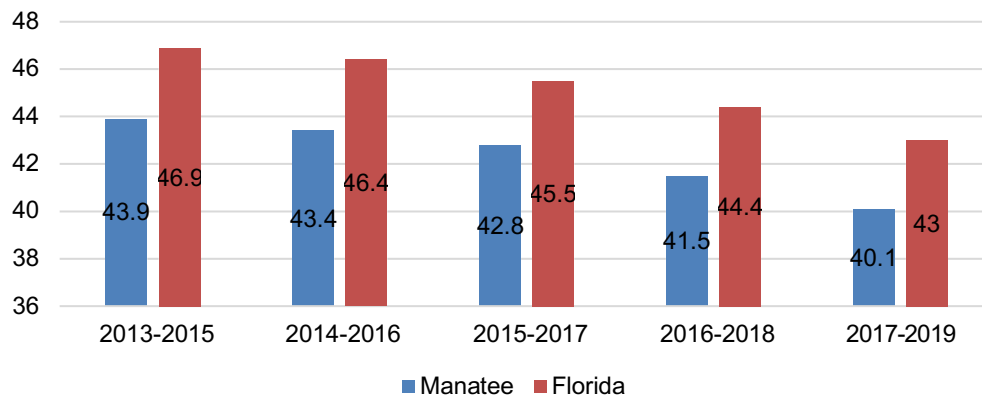
Source: Florida Department of Health, Bureau of Vital Statistics

Births to Mothers with Healthy Weight

A healthy pregnancy is determined by physical and behavioral measures, beginning with a healthy pre-pregnancy weight. A healthy body mass index (BMI) is between 18.5-24.9 and establishes a healthy foundation for mother and baby. For example, obesity during pregnancy is linked to high blood pressure and gestational diabetes in mothers — as well as stillbirth and preterm birth in infants.

Figure 102 shows that Manatee County has fewer mothers at healthy weight prior to pregnancy than Florida. Both Florida and Manatee County rates for healthy pre-pregnancy weight are decreasing over time.

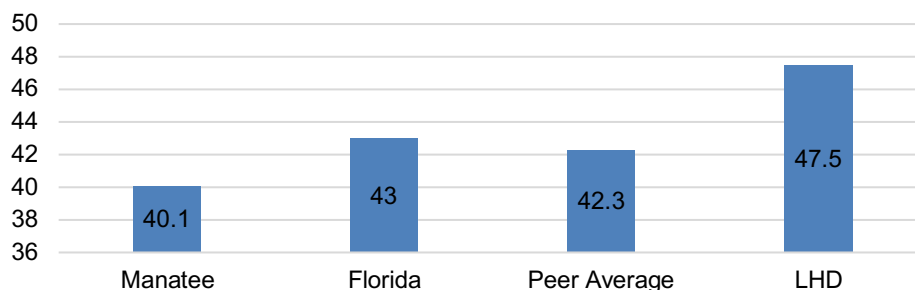
Figure 102: Births to Mothers with Healthy Pre-Pregnancy Weight, 3-year Rolling Rate, Manatee County and Florida, 2013-2019



Source: Florida Department of Health, Bureau of Vital Statistics

In comparing rates across Manatee, Florida, peer counties and nearest local health department, Manatee's rates of healthy weight before pregnancy are the lowest (worse).

Figure 103: Comparison Births to Mothers with Healthy Pre-Pregnancy Weight, 2017-2019



Source: Florida Department of Health, Bureau of Vital Statistics

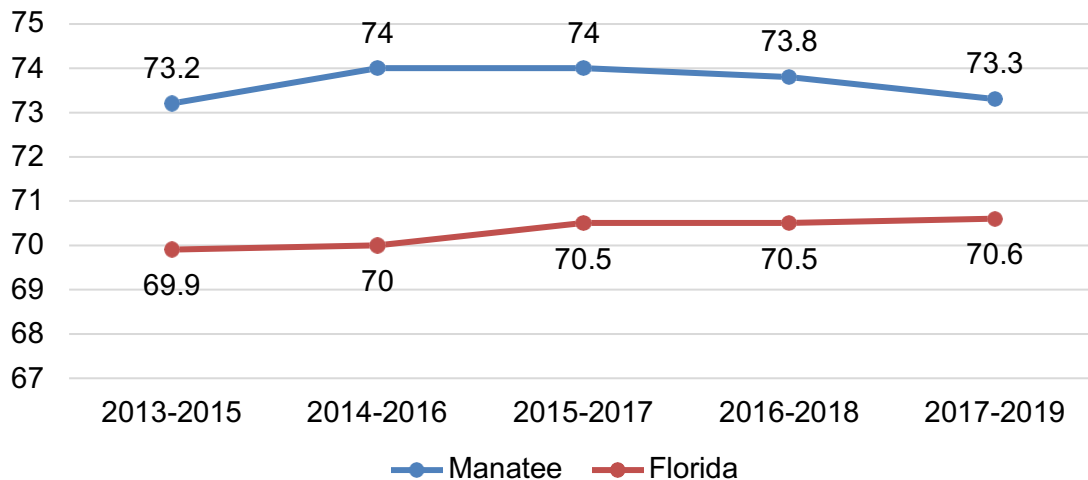
The Healthy People 2030 national health target is to increase the proportion of women who had a healthy weight before pregnancy to 47.1 percent. Manatee County's current rate of 40.1 does not meet the national target. Florida's current rate of 43 percent does not meet the national target either. The nearest local health department is the only one that meets the Healthy People 2030 goal for births to mothers with a healthy pre-pregnancy weight.

Births with Known Prenatal Care Status

The Kotelchuck index, also known as the Adequacy of Prenatal Care Utilization (APNCU) Index, describes the adequacy of prenatal care at various intervals important to the health of the mother and baby.

Manatee County has higher rates of adequate prenatal care than Florida (Figure 104).

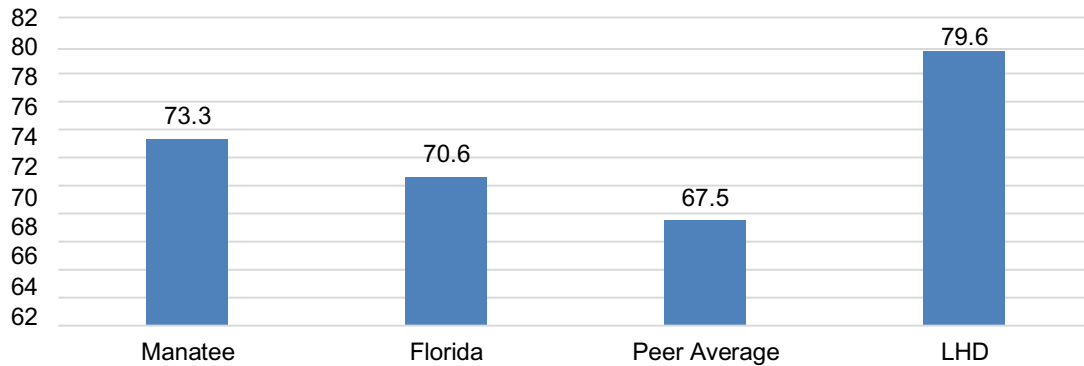
Figure 104: Percentage of Births with Known Prenatal Care Status (Kolchak index), 3-year rolling rate, Manatee County and Florida, 2013-2019



Source: Florida Department of Health, Bureau of Vital Statistics

Manatee County has higher rates of adequate prenatal care when compared with Florida and the peer counties. Manatee county lags behind the nearest local health department which is less than 1 percentage point away from the Healthy People 2030 target.

Figure 105: Percentage of Births with Known Prenatal Care Status (Kotelchuck index), 3-year rolling rate, Comparison, 2017- 2019



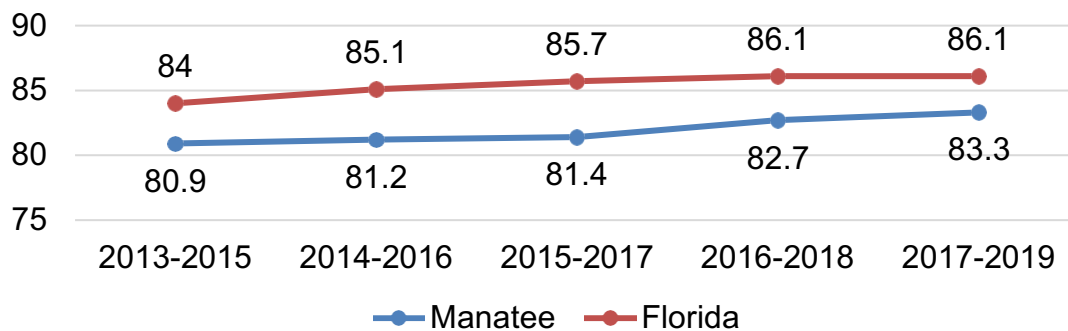
Source: Florida Department of Health, Bureau of Vital Statistics

The Healthy People 2030 national health target is to increase the proportion of pregnant women who receive early and adequate prenatal care to 80.5%. Manatee County's current rate of 73.3 percent does not meet the national target.

Breastfeeding

Breastfeeding is an important indicator for both the health of the mother and baby. The American Academy of Pediatrics recommends human breastmilk as it is less likely to cause allergic reactions, it is inexpensive, readily available and antibodies in breastmilk help protect a baby from infections. Mothers also benefit from breastfeeding with lower rates of breast cancer and improved ability to obtain a healthy weight.

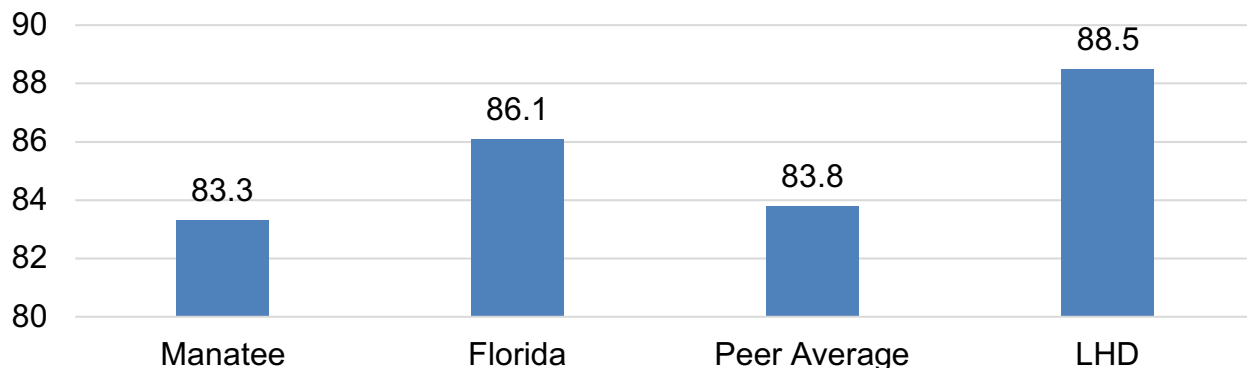
Figure 106: Percentage of Total Births, Mothers who Initiate Breastfeeding, 3-year Rolling Rate, Manatee County and Florida, 2013-2019



Source: Florida Department of Health, Bureau of Vital Statistics

The following figure shows a comparison between the rates of breastfeeding initiation in Manatee with Florida, peer counties and nearest local health department. Manatee County is .5 lower than the average of its three peer counties but trailing behind the breastfeeding initiation rate across the state and in the nearest local health department.

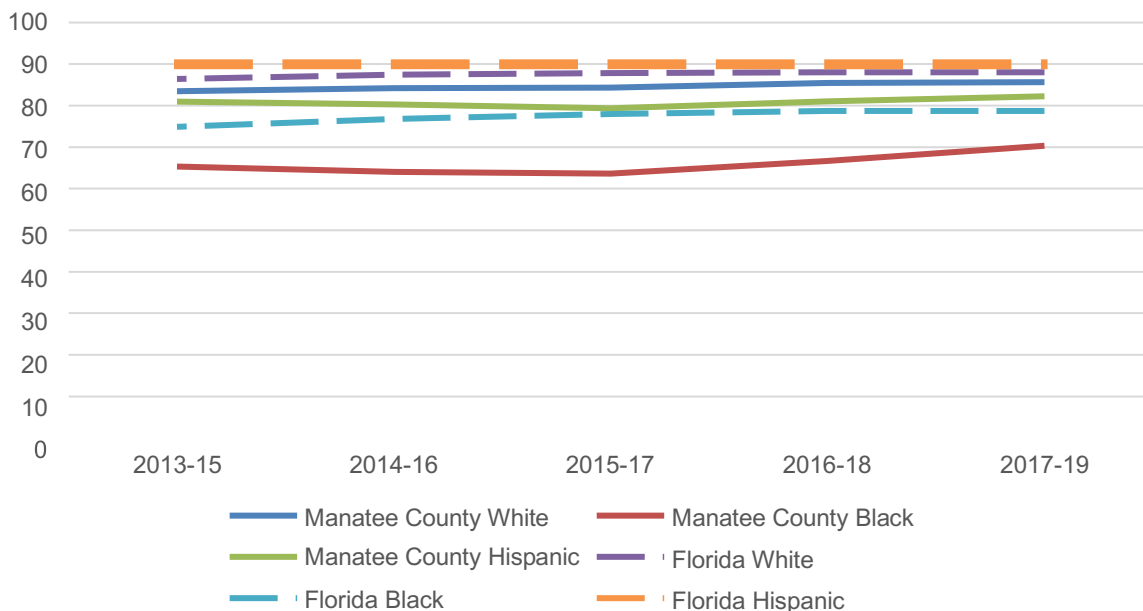
Figure 107: Comparison Mothers who Initiate Breastfeeding, 2017-2019



Source: Florida Department of Health, Bureau of Vital Statistics

Manatee County has lower rates of mothers who initiate breastfeeding among Whites, Blacks and Hispanics when compared with Florida. Blacks in Manatee County have the lowest rates of all groups.

Figure 108: Percent of Mothers who Initiative Breast Feeding, 3-year Rolling Rates, by Race and Ethnicity, Manatee County and Florida, 2013-2019



Source: Florida Department of Health, Bureau of Vital Statistics

Figure 108 data	Manatee County			Florida		
	White	Black	Hispanic	White	Black	Hispanic
2017-19	85.6	70.3	82.2	88	78.7	90.4
2016-18	85.4	66.6	81	88	78.7	90.4
2015-17	84.3	63.6	79.3	87.8	78	90.4
2014-16	84.1	64	80.2	87.4	76.8	90.2
2013-15	83.4	65.3	80.9	86.4	74.9	89.5

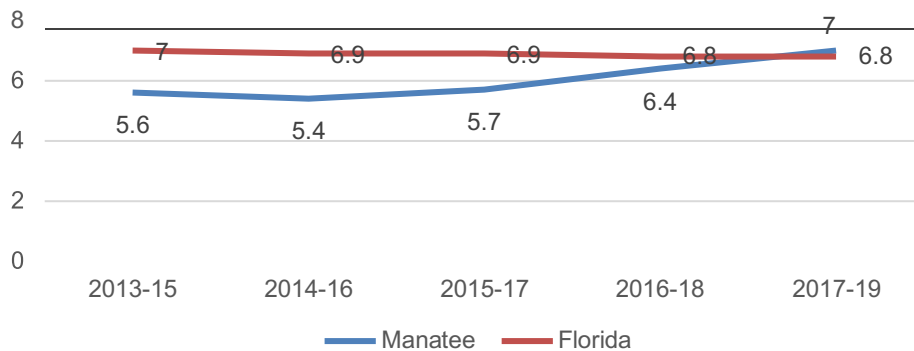
The American Academy of Pediatrics recommends exclusive breastfeeding for about 6 months, and then continuing breastfeeding while introducing complementary foods until a child is 12 months old or older. This provides ideal nutrition and supports growth and development. As of July 2020, 36.06% of women at Manatee WIC breastfed their infants for 26 weeks. This represents an increase from 26.29% in 2019.

Fetal Deaths

Fetal death refers to the spontaneous intrauterine death of a fetus at any time during pregnancy. Fetal deaths later in pregnancy (at 20 weeks of gestation or more, or 28 weeks or more, for example) are also sometimes referred to as stillbirths.

Manatee County has seen a rise in fetal deaths beginning in 2014-16 and in the most recent period has a higher rate than Florida. (Figure 109).

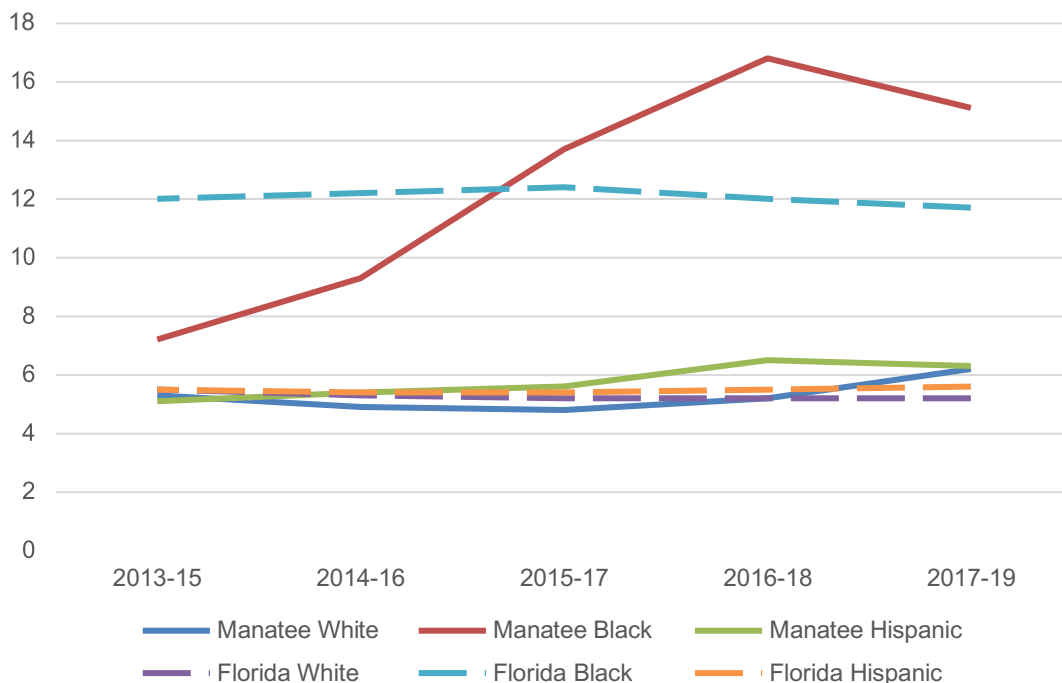
Figure 109: Fetal Deaths per 1,000 Deliveries, 3-year Rolling Rates, Manatee County and Florida, 2013- 2019



Source: Florida Department of Health, Bureau of Vital Statistics

Fetal death rates are higher for Blacks in both Manatee County and Florida, with Manatee Blacks experiencing a sharp increase beginning in the 2014-2016 reporting period, and exceeding rates among Black in Florida. Manatee Hispanics have higher rates of fetal death than Florida Hispanics and Whites in both Florida and Manatee County (Figure 110).

Figure 110: Fetal Deaths per 1,000 Deliveries, 3-year Rolling Rates, By Race and Ethnicity, Manatee County and Florida, 2013-2019



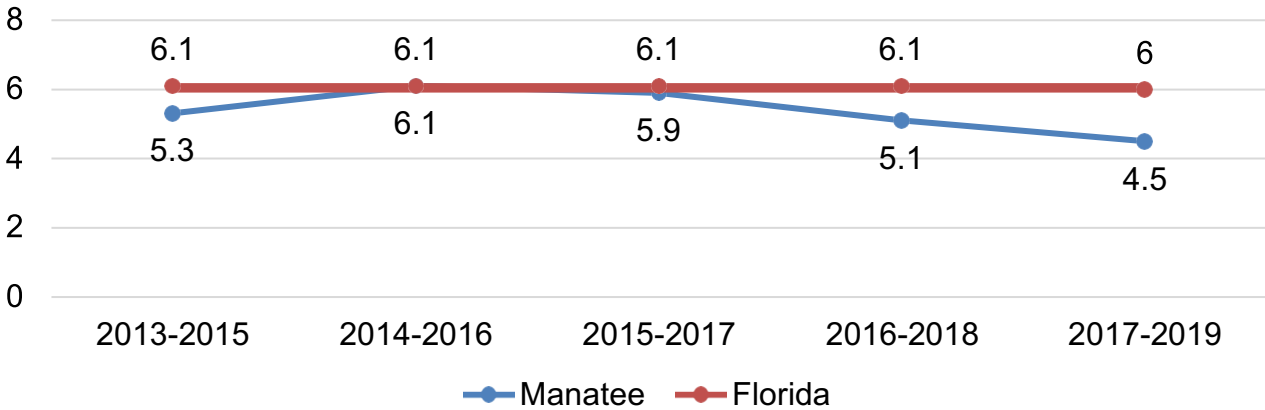
Source: Florida Department of Health, Bureau of Vital Statistics

Figure 110 data Years	Manatee County			Florida		
	White	Black	Hispanic	White	Black	Hispanic
2017-19	6.2	15.1	6.3	5.2	11.7	5.6
2016-18	5.2	16.8	6.5	5.2	12	5.5
2015-17	4.8	13.7	5.6	5.2	12.4	5.4
2014-16	4.9	9.3	5.4	5.3	12.2	5.4
2013-15	5.3	7.2	5.1	5.5	12	5.5

Infant Deaths

Infant death is defined as the death of a live baby during their first year or life. This measure reflects the health and well-being of women of reproductive age and their infants as well as the quality of the healthcare available.

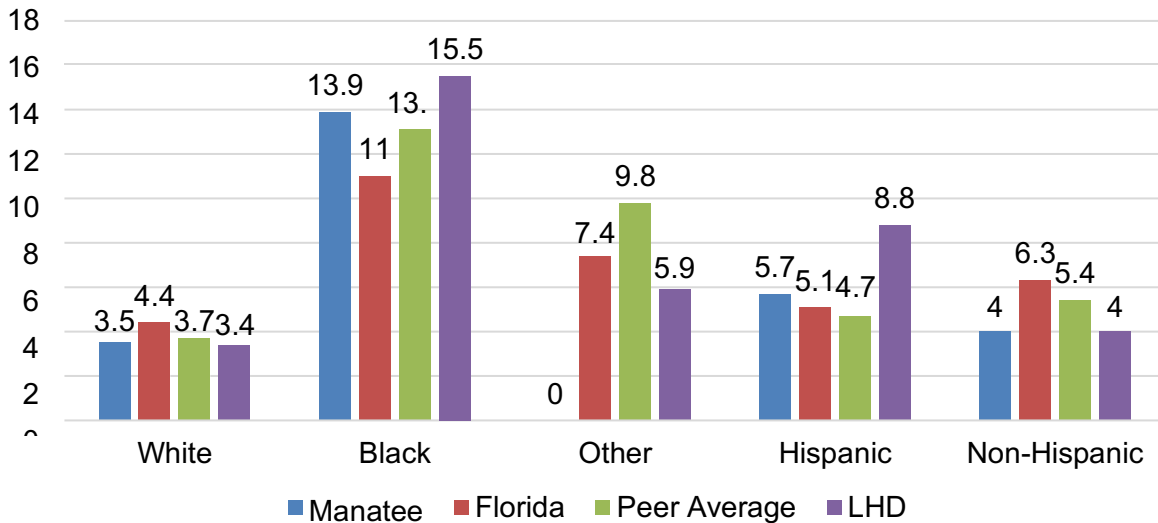
Figure 111: Infant Mortality Rate Per 1,000 Live Births, 3-year Rolling Rate, Manatee County and Florida, 2013-2019



Source: Florida Department of Health, Bureau of Vital Statistics

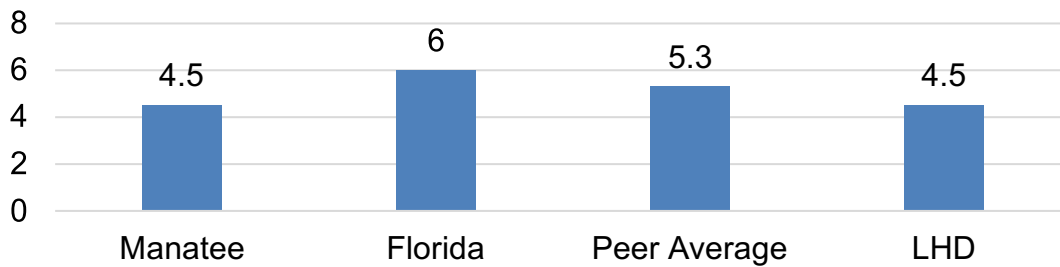
While the rate of infant deaths in Manatee County is lower than the Healthy People 2030 target, this only applies to White Non-Hispanic residents. Figure 112 below illustrates the health disparities across Manatee County, the state of Florida, peer counties and nearest local health department among non-whites and Hispanics. Black infants are four times more likely to die than White infants in Manatee County. Even though Manatee County has a lower rate of infant mortality across the county, the infant mortality rate for black infants is 3.9 points higher in Manatee County than the entire state.

Figure 112: Infant Mortality Rate by Race and Ethnicity per 1,000 live



Source: Florida Department of Health, Bureau of Vital Statistics

Figure 113: Comparison Infant Mortality, 2017-2019



Source: Florida Department of Health, Bureau of Vital Statistics

The Healthy People 2030 national health target is to reduce the rate of infant deaths to 5.0 infant deaths per 1,000 live births. Manatee County's current rate of 4.5 per 1,000 live births and fetal deaths meets the national target. While the goal has been met, the rate is less than the state and peer counties, but equal to the nearest local health department and is not met for Blacks, other and Hispanics in the County.

Unintentional Injury

Indicator: Unintentional Injury Death Rate

Indicator: Motor Vehicle Crash Deaths

Indicator: Drowning Deaths

Indicator: Suicides

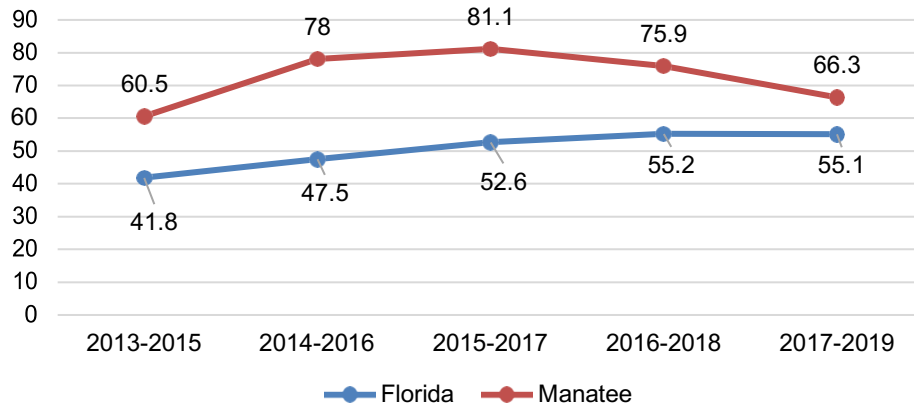
Indicator: Deaths due to Drug Poisoning

Unintentional injuries were the 4th leading cause of death in Manatee County according to 3-year age-adjusted rolling rates from 2017-2019. Unintentional injuries can result from motor vehicles, drownings, falls, firearms, sports, suicide and drug poisoning.

Unintentional Injury Death Rate

The age-adjusted death rate for unintentional injuries has remained higher than Florida's rate from 2013-2019. Both Manatee County and Florida have seen an overall increase in the unintentional injury death rate, however Manatee saw a peak rate of 81.1 between 2015-2017.

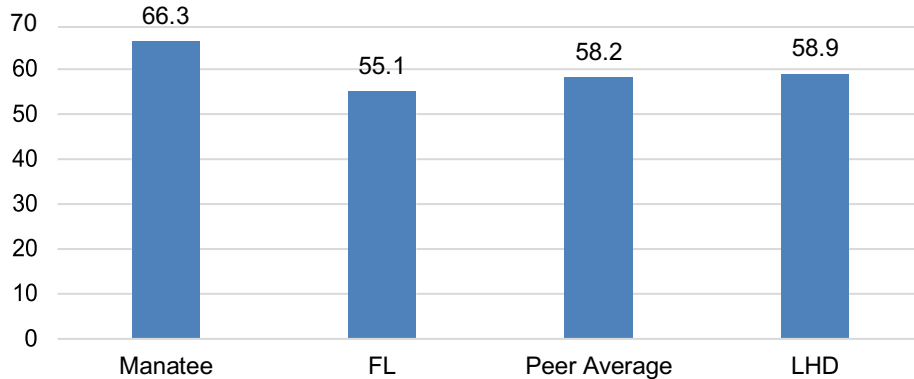
Figure 114: Unintentional Injury Age-Adjusted Death Rate per 100,000, 3-year rolling rates, Manatee County and Florida, 2013-2019



Source: Florida Department of Health, Bureau of Vital Statistics

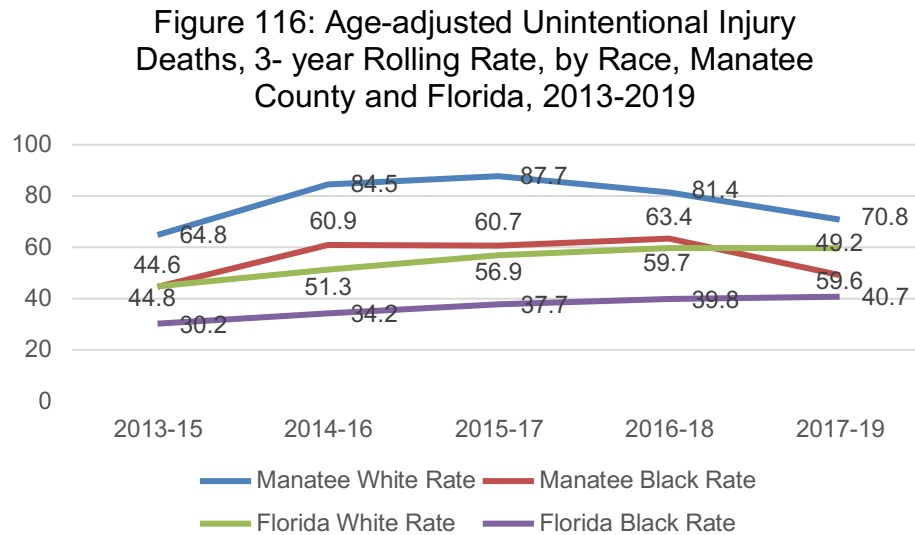
The total unintentional injury death rate in Manatee County was higher between 2017-2019 than the state of Florida at a rate of 55.1. Florida’s rate was lower than the peer counties rate of 58.2 and the nearest local health department with a rate of 58.9.

Figure 115: Comparison Unintentional Injury Age-Adjusted Death Rate per 100,000, 2017-2019



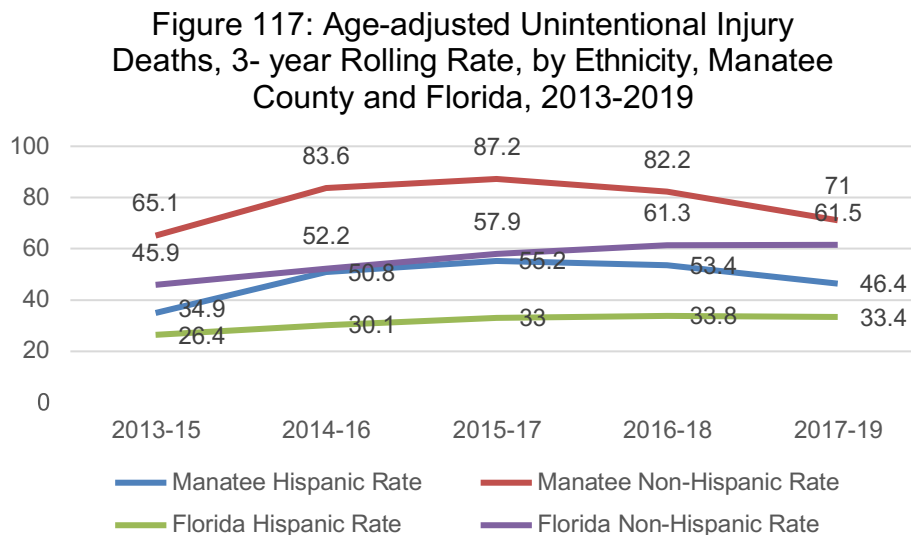
Source: Florida Department of Health, Bureau of Vital Statistics

Figure 116 shows that Manatee County has higher rates of death from unintentional injury than Florida for both Blacks and Whites.



Source: Florida Department of Health, Bureau of Vital Statistics

Figure 117 shows unintentional death rates in Manatee County are higher than Florida for both Hispanic and non-Hispanics.

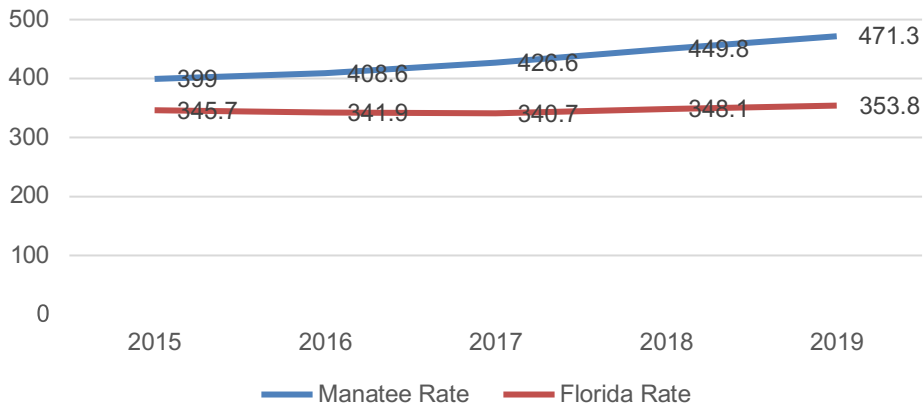


Source: Florida Department of Health, Bureau of Vital Statistics

Healthy People 2030 national health target is to reduce unintentional injury deaths to 43.2 deaths per 100,000. Manatee County’s current rate of 66.3 does not meet the national target.

Manatee County has higher rates of hospitalizations for non-fatal falls when compared with Florida. (Figure 118).

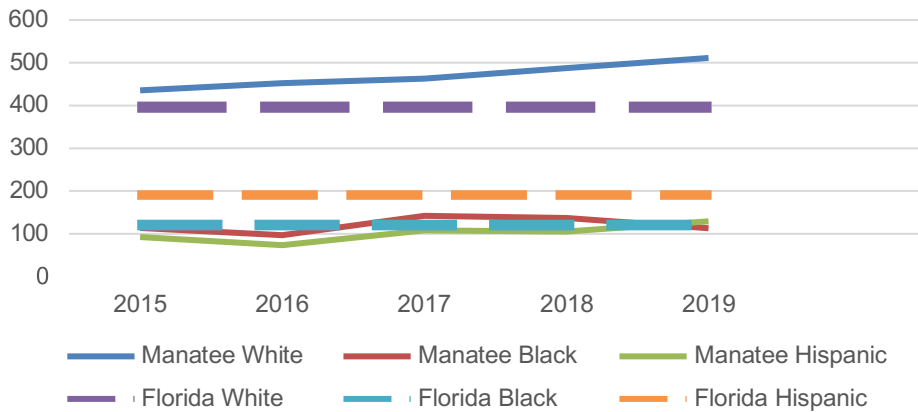
Figure 118: Hospitalizations for Non-fatal Falls, Single Year Rates per 100,000 Population, Manatee County and Florida, 2015-2019



Source: Florida Agency for Health Care Administration

Manatee County Whites have the highest rate of non-fatal falls when compared with Florida Whites and Blacks and Hispanics in both Manatee County and Florida. (Figure 119).

Figure 119: Hospitalizations for Non-fatal Falls, Single year Rate per 100,000 Population, by Race and Ethnicity, Manatee County and Florida, 2015-

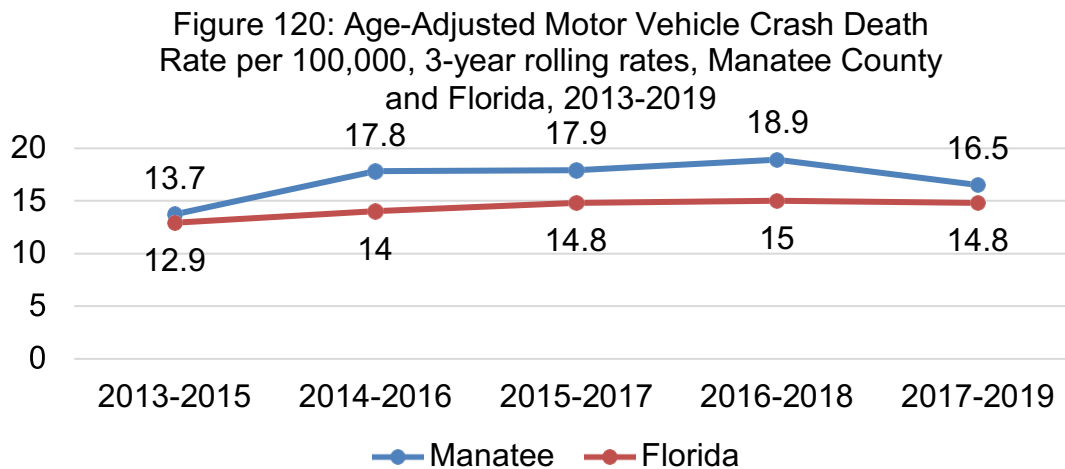


Source: Florida Agency for Health Care Administration

Figure 119 data	Manatee			Florida		
	Year	White	Black	Hispanic	White	Black
2019	511.2	112.5	129.1	402.2	125.9	192.3
2018	487.3	136.9	104.8	396.9	120	194.7
2017	462.8	141.8	108.2	390.1	121	186.6
2016	452.5	96.5	73.5	391.9	121.4	186.5
2015	435.4	113.6	92.7	395.5	115	192.5

Motor Vehicle Crash Deaths

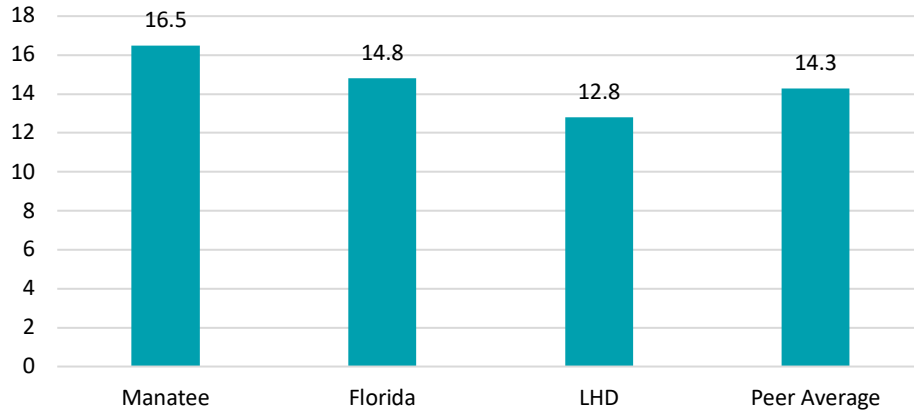
The age-adjusted motor vehicle crash death rate per 100,000 was consistently higher in Manatee County than the state of Florida between 2013-2019. Both Manatee County and Florida rates have increased since 2013 and peaked between 2016-2018. Rates decreased from 2017-2019 in both Manatee County and the state of Florida.



Source: Florida Department of Health, Bureau of Vital Statistics

At a rate of 16.5 per 100,000, from 2017-2019, Manatee County had more deaths from motor vehicle crashes than the state of Florida, the peer counties and the nearest local health department.

Figure 121: Age-Adjusted Motor Vehicle Crash Death Rate per 100,000, 3-year rolling rates, Comparison, 2017-2019



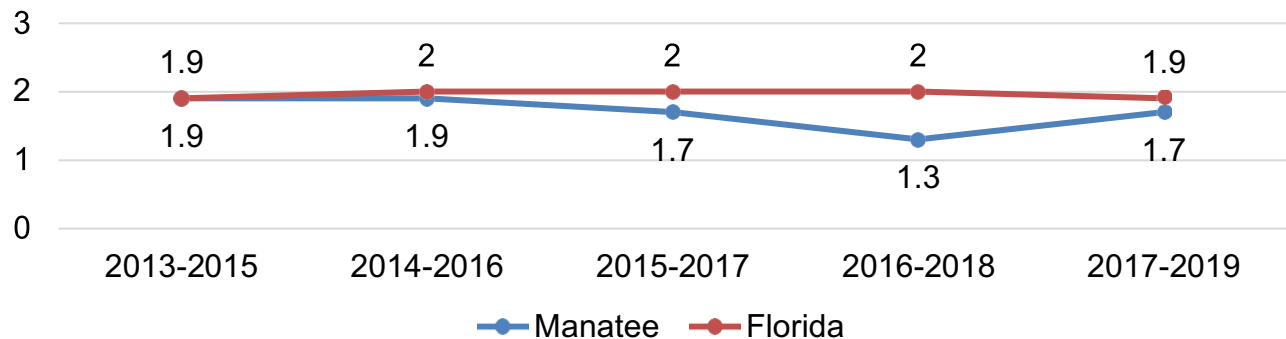
Source: Florida Department of Health, Bureau of Vital Statistics

Healthy People 2030 national health target is to reduce motor vehicle crash related deaths to a rate of 10.1 per 100,000 population. Manatee County’s current rate of 16.5 does not meet the national target.

Drowning Deaths

The unintentional drowning, age-adjusted death rate in Manatee County was 1.9 per 100,000 from 2013-2016 and then began to decline. The lowest rate of 1.3 occurred in between 2016-2018 and then began to rise again between 2017-2019 to a rate of 1.7. Over the course 7 years, the state of Florida fluctuated from a rate of 1.9 to 2.0, remaining at or above the rate of Manatee County.

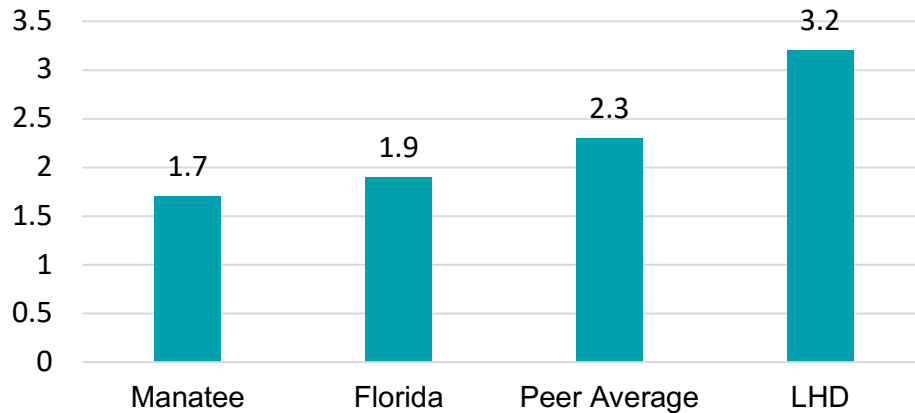
Figure 122: Unintentional Drowning Age-Adjusted Death Rate, 3-year rolling rates, Manatee and Florida, 2013-2019



Source: Florida Department of Health, Bureau of Vital Statistics

Manatee County age-adjusted unintentional drowning death rate was lower than Florida, peer counties or nearest local health department.

Figure 123: Unintentional Drowning Age-Adjusted Death Rate per 100,000, 3-year rolling rates, Comparison 2017-2019

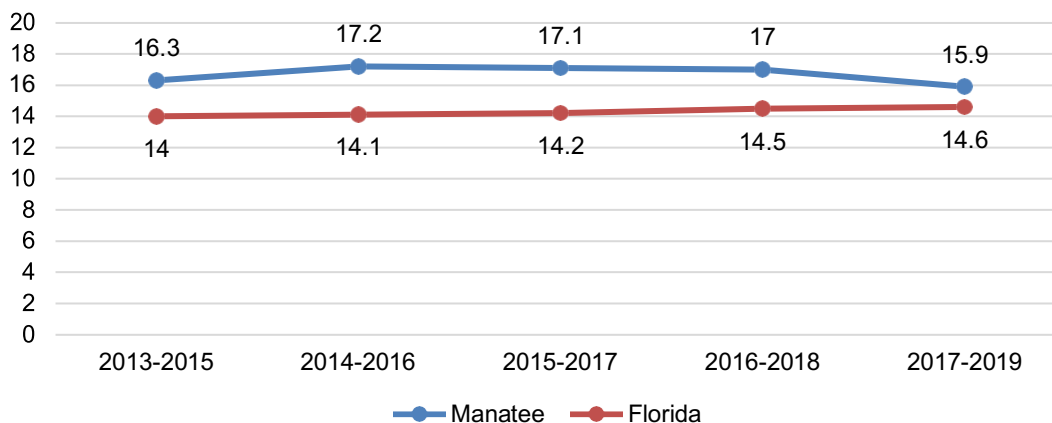


Source: Florida Department of Health, Bureau of Vital Statistics

Suicide

Between 2013-2019, Manatee County age-adjusted suicide rates per 100,000 have been consistently higher than the state of Florida. The suicide rate increase from 16.3 to a high of 17.2 between the years 2013-2015 and 2014-2016. Rates began to decrease between 2015-2017 reaching the lowest point between 2017-2019 of 15.9. The suicide rates across the state of Florida increased from 14 to 14.6 over the time period between 2013-2019. (Figure 124),

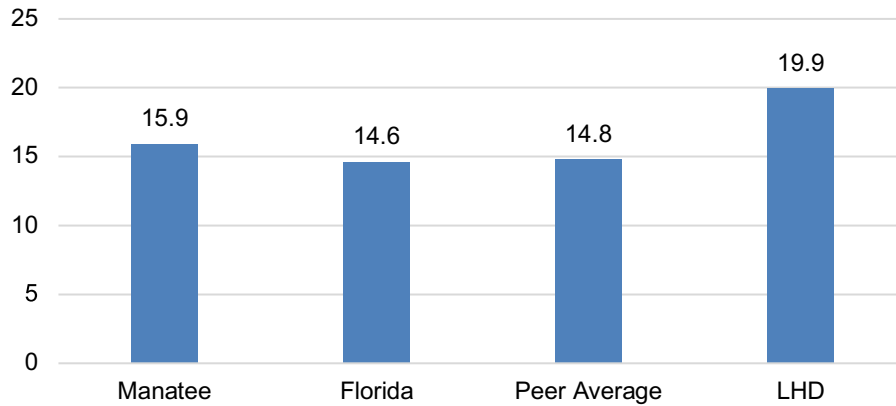
Figure 124: Suicide Age-Adjusted Death Rate per 100,000, 3- year Rolling Rate, Manatee County and



Source: Florida Department of Health, Bureau of Vital Statistics

From 2017-2019, the age-adjusted rate of 15.9 per 100,000 in Manatee County is higher than the rate in Florida and peer counties. The nearest local health department had the highest rate comparatively at 19.9. (Figure 125).

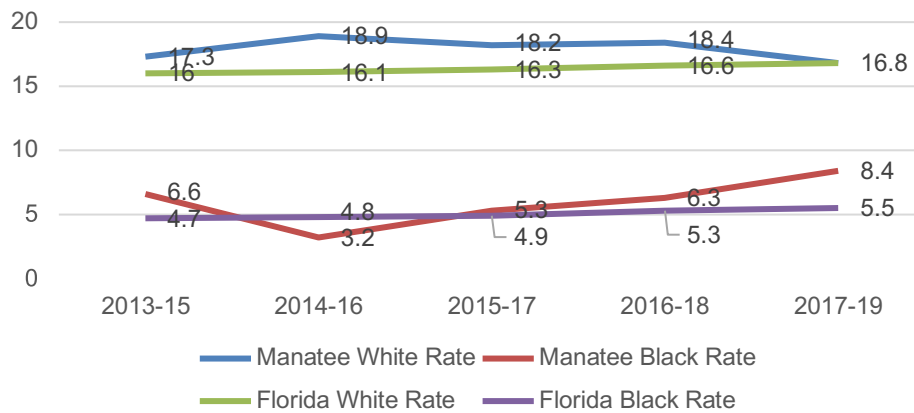
Figure 125: Suicide Age-Adjusted Death Rate, 3-year rolling rate, Comparison 2017-2019



Source: Florida Department of Health, Bureau of Vital Statistics

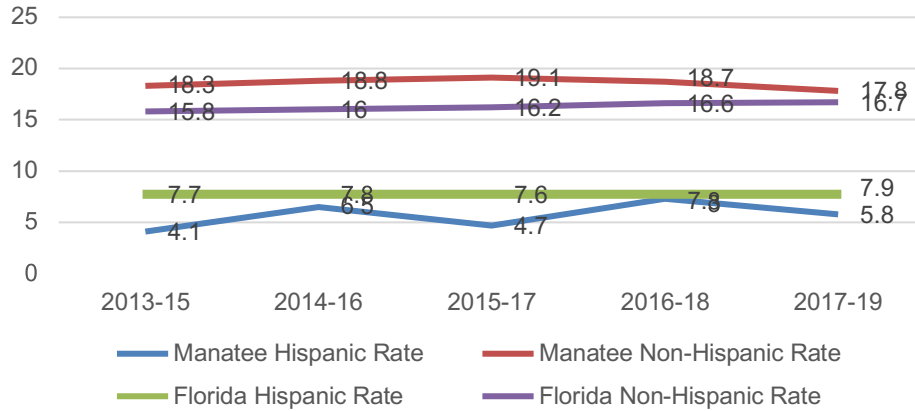
Figure 126 shows that Whites have higher rates of suicide in both Manatee County and Florida, than Blacks. Manatee County White rates are higher than Florida White rates. Figure 127 shows that non-Hispanics have higher rates of suicide than Hispanics in both Manatee County and Florida. Manatee Hispanics have a lower rate of suicide than Hispanics in Florida.

Figure 126: Age-Adjusted Suicide Deaths, 3-year Rolling Rate per 100,000 Population, by Race, Manatee County and Florida, 2013-2019



Source: Florida Department of Health, Bureau of Vital Statistics

Figure 127: Age-adjusted Suicide Deaths, 3-year Rolling Rates per 100,000 Population, By Ethnicity, Manatee County and Florida, 2013-2019



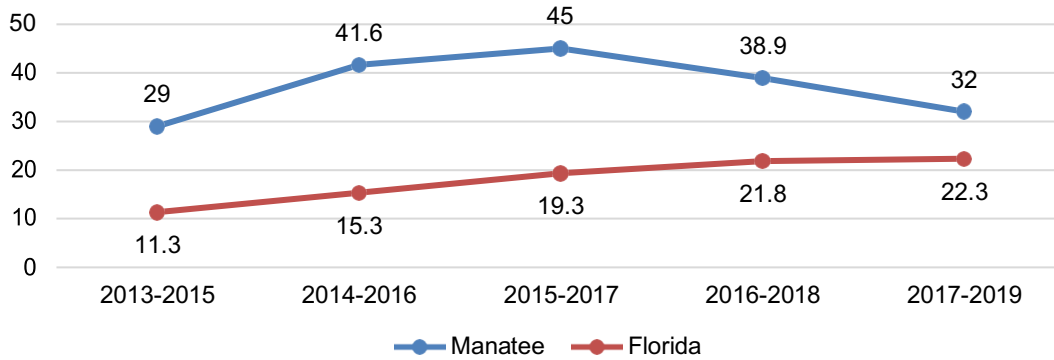
Source: Florida Department of Health, Bureau of Vital Statistics

Healthy People 2030 national health target is to reduce the suicide rate to 12.8 per 100,000 population. Manatee County’s current rate of 15.9 does not meet the national target. Florida’s current rate of 14.6 does not meet the national target nor does the peer county’s rate of 14.8 or the nearest local health department at 19.9.

Deaths Due to Drug Poisoning

The age-adjusted rate from unintentional injury deaths by drug poisoning in Manatee County have been consistently higher than the state of Florida from 2013-2019. Beginning in 2013-2015, the rate was at its lowest point of 29 and then reached a peak of 45 between 2015-2017. Manatee County rates began to decrease again to 38.9 from 2016-2018 and then down to 32 from 2017-2019. While consistently lower, the state of Florida has seen rates of unintentional poisoning deaths from 2013-2019. The lowest rate in Florida was 11.3 from 2013-2015, rising to the highest rate of 22.3 from 2017-2019.

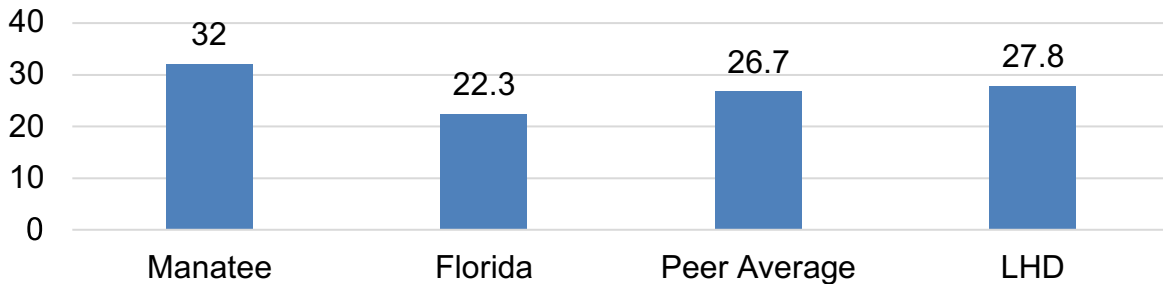
Figure 128: Age-Adjusted Unintentional Injury Deaths by Drug Poisoning, 3-year Rolling Rates Manatee County and Florida 2013-2019



Source: Florida Department of Health, Bureau of Vital Statistics

The rate of unintentional injury deaths by drug poisoning in Manatee County was 32 per 100,000 from 2017-2019. This is higher than the state of Florida during the same time period and was lower than that of the peer counties and the nearest local health department.

Figure 129: Age-Adjusted Unintentional Injury Deaths by Drug Poisoning, 3-year rolling rates, Comparison, 2017-2019



Source: Florida Department of Health, Bureau of Vital Statistics

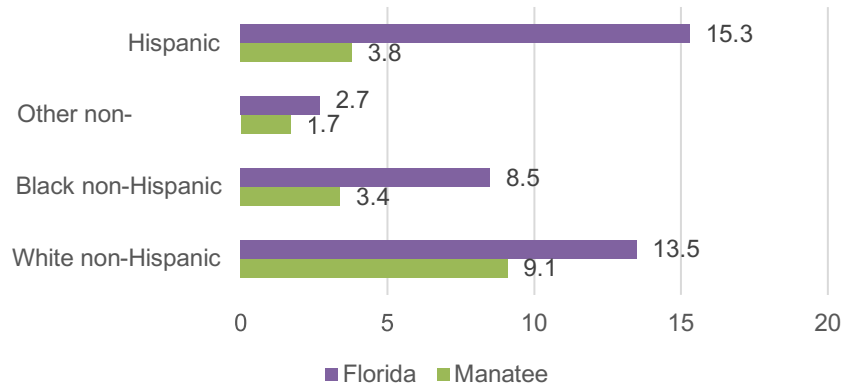
Healthy People 2030 national health target is to reduce drug overdose deaths to 20.7 per 100,000 population. Manatee County's current rate of 32 does not meet the national target.

Senior Health

Manatee County ranks 12th in Florida for percent of individuals 65 and older. 2018 population estimates for individuals age 65 and older in Manatee County was 102,252 which represents approximately 27% of the population.

Figure 130 shows Manatee County shows race and ethnicity of the 65 and older population compared with Florida.

Figure 130: Percent Population age 65+ by Race and Ethnicity, Manatee and Florida, 2018



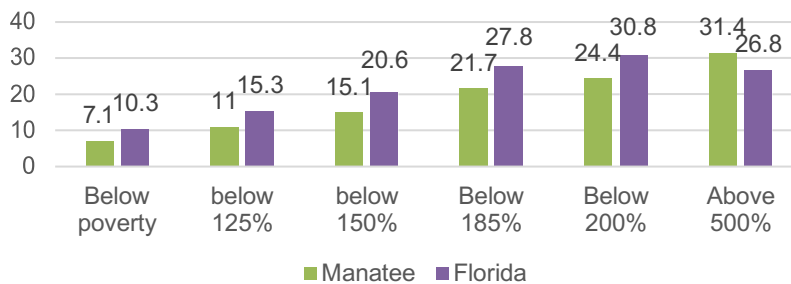
Source: Florida Legislature, Office of Economic and Demographic Research (EDR)

Income and poverty

Manatee County median household income among those 65 years and older was \$46,483 compared to \$42,639 for Florida in 2018.

Figure 131 shows Manatee County seniors have lower rates of poverty and higher rates of individuals with income in excess of 500% of the federal poverty level compared with Florida.

Figure 131: Income, Percent of Population Age 65+ Manatee County and Florida, 2014-2018



Source: US Bureau of the Census, American Community Survey, Table B17024.

Table 16: Poverty Rates, Persons Age 65 and Older, Manatee County and Florida, 2014-2018

People Age 65+	Manatee	Florida
Below 50% of Poverty	2.9	3.5
Below 75% of Poverty	4.2	6.1
Below 100% of Poverty	7.1	10.3
Below 125% of Poverty	11	15.3
Below 150% of Poverty	15.1	20.6
Below 175% of Poverty	19.9	25.8
Below 185% of Poverty	21.7	27.8
Below 200% of Poverty	24.4	30.8
Below 300% of Poverty	43.8	49.4
Below 400% of Poverty	58	63.2
Below 500% of Poverty	68.6	73.2
500% or more of Poverty	31.4	26.8

Table 17: Household Income with a Householder Age 65 or older, Manatee County and Florida, 2014-2018

Income	Manatee	Florida
Households with annual income less than \$20,000	17.2	21.7
Households with annual income \$20,000 - \$49,999	35.9	35.1
Households with annual income greater than or equal to \$50,000	46.9	43.2

Marital Status

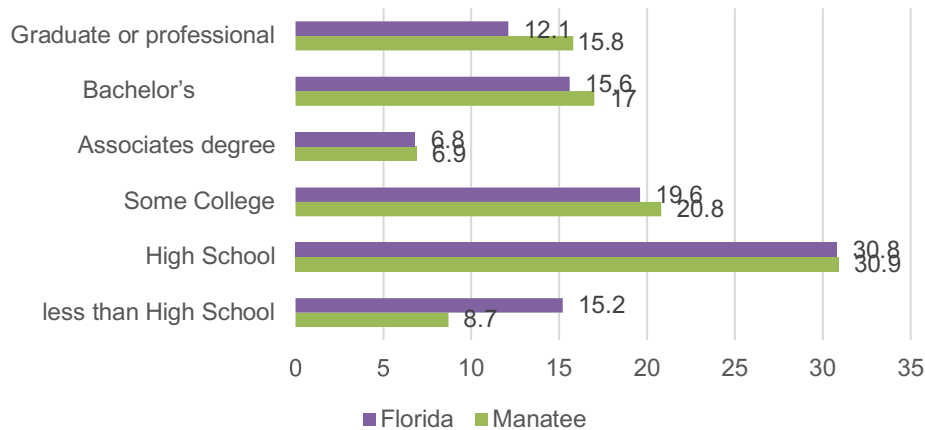
Table 18: Marital Status of Persons Age 65 and Older, Manatee County and Florida 2014-2018

Marital Status 65+	Manatee	Florida
Now Married	62.3%	55.6%
Widowed	21%	23.8%
Divorced	12.7%	14.6%
Separated	0.7%	1.4%
Never Married	3.3%	4.6%

Education

Figure 132 shows that Manatee County has a higher percent of seniors with some college, Associate degree, Bachelor's degree and advanced degrees than Florida.

Figure 132: Educational Attainment Manatee County and Florida, Age 65+ by Percent



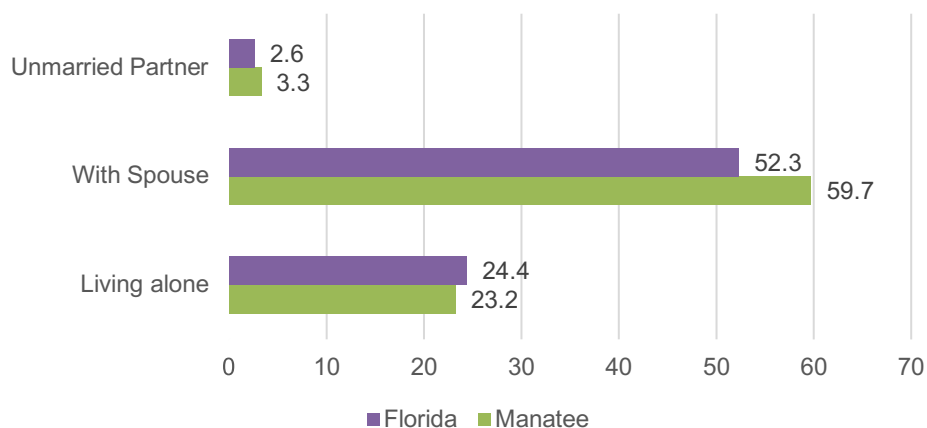
Source: US Bureau of the Census, American Community Survey, Table B15001

Housing and Living Arrangements

There are many reasons why a person might be living alone in their later years. The most common include the death of a spouse or partner, separation from a partner, or simply that a person has lived alone for most of their adult life and would prefer to continue doing so. Living alone can pose risks to health. Risk of falls and medical emergencies, not having someone to notice cognitive or physical decline, making errors asking medications properly, and the effects of social isolation

Figure 133 shows that Manatee County has a lower percent of individuals age 65+ living alone when compared with Florida.

Figure 133: Living Arrangements, Percent of Population Age 65+, Manatee County and Florida, 2014-2018



Source: US Bureau of the Census, American Community Survey, Table B17024.

Seniors may also live with or have responsibility for grandchildren. Manatee County seniors are less likely to live with grandchildren than Florida and are equally likely to have responsibility for their own grandchildren as Florida.

Table 19: Grandparents Living Arrangements	Manatee #	Manatee %	Florida #	Florida %
Total Number of Grandparents	25,7992		13,312,781	
Grandparents Living with Own Grandchildren	7,921	3.1	492,913	3.7
Grandparent Responsible for Own Grandchildren	2,740	1.1	149,817	1.1
Grandparent Not Responsible for Own Grandchildren	51,81	2	343,096	2.6
Grandparents Not Living with Own Grandchildren	250,071	96.9	12,819,868	96.3

According to the Shimberg Center for Housing Studies at the University of Florida estimated households with housing cost burden above 30% of income and income at or below 50% of the area median income for people 65 years of age and older in Manatee County was 14.1% compared with Florida at 19.7% in 2017.

The estimated income required in Manatee County to meet basic needs for a couple over the age of 65, who rents a one-bedroom and are in poor health is \$3,197 a month in 2019 dollars. For a couple over the age of 65 who rents a one-bedroom and are in excellent health would need an income of \$2,627 a month in 2019 dollars. The average social security payment in Manatee County is \$1,540.

Table 20: Monthly Income Required to Meet Basic Needs for 65+ with Excellent Health in 2019 dollars	Manatee	Florida
Single 65+ - Home owner without mortgage	1,521	1,534
Single 65+ - Home owner with mortgage	2,481	2,374
Single 65+ - Renter, one bedroom	1,926	1,944
65+ Couple - Home owner without mortgage	2,222	2,256
65+ Couple - Home owner with mortgage	3,182	3,096
65+ Couple - Renter, one bedroom	2,627	2,666
Monthly Income Required to Meet Basic Needs for 65+ with Poor Health in 2019 dollars	Manatee	Florida
Single 65+ - Home owner without mortgage	1,806	1,803
Single 65+ - Home owner with mortgage	2,766	2,643
Single 65+ - Renter, one bedroom	2,211	2,213
65+ Couple - Home owner without mortgage	2,792	2,794
65+ Couple - Home owner with mortgage	3,752	3,634
65+ Couple - Renter, one bedroom	3,197	3,204

Source: University of Massachusetts Elder Index <https://elderindex.org/>.

Homeowners without mortgages and who are in excellent health whether single or a couple, need less monthly income to live when compared with others. Manatee County and Florida have similar income needs across all categories.

Health and Healthcare

Table: 21 Health and Healthcare Availability, 2016	% Manatee	% Florida
Reported good, very good or excellent health status 65+	76	75.7
Reported fair or poor health status 65+	24	24.3
Meet aerobic activity recommendations 65+	55.4	45.7
Meet muscle strengthening recommendations 65+	44.2	31
Current smoker 65+	5.4	8.4
Engage in heavy or binge drinking 65+	10.9	8.7
Overweight 65+	48.6	39.7
Obese 65+	23.7	25.8
Have a personal doctor 65+	94.4	93.2
Could not see a doctor due to cost 65+	3.5	5.2
Received a flu shot in past year 65+	57.5	57.4
Ever received a pneumonia vaccine 65+	73.4	65.6
Visited a dentist or dental clinic in past year 65+	70.8	68.4
Permanent tooth removed because of tooth decay or gum disease 65+	69.5	70.2
Ever told they have a depressive disorder 65+	13	11.8
Poor physical health on 14 days or more of the last 30 days 65+	22.2	16.1
Poor mental health on 14 days or more of last 30 days 65+	11.8	7.3
Limited activities due to physical, mental or emotional problem 65+	33.9	27.1

Source: Florida Department of Health, Behavioral Risk Factor Surveillance System

Food Insecurity

Food insecurity means having limited access to enough nutritious food due to a lack of money. Food insecurity is strongly associated with income, but it is not limited to people living in poverty. In 2017, it was estimated that 12.7% of seniors in Florida experienced food insecurity. (Feeding America, The State of Senior Hunger in America, 2017)

Poor health can be both a cause and a consequence of food insecurity for seniors. Disability and disease contribute to employment instability and income challenges. Inadequate nutrition can increase the negative effects of disabilities and chronic health conditions.

Manatee County seniors have access to SNAP benefits, food banks, home delivered meals and three adult congregate dining sites to help meet their nutrition needs.

Across the nation, SNAP is an under-utilized benefit with 3 out of 5 eligible seniors not enrolled. Access to SNAP can reduce health care costs. Some older adults must make trade-offs that are likely to damage their health. That could mean resorting to skipping meals or reducing medication doses. A recent study of low-income Maryland seniors found that SNAP participants are 23% less likely to enter a nursing home and 4% less likely to be hospitalized in the year after receiving SNAP. Participating in SNAP was also linked to lower overall health care expenses and Medicaid/Medicare costs.

COVID-19 created challenges for senior nutrition programs. Congregate dining sites, which provide socialization and educational opportunities in addition to nutritious food, had to close. Food banks shifted to drive through options to limit contact creating access issues for those without a car or someone to drive them. Grocery stores became a risky proposition for seniors despite designated shopping times instituted at many stores. Home delivered meals depended upon volunteers -many of them seniors- to deliver food suddenly faced a shortage of people to meet the need.

Meals on Wheels Plus quickly adapted their service delivery model to meet the rapidly expanding need for food. Seniors that had been receiving services at congregate dining sites were shifted to home meal delivery, weekly check-in calls and provided classes through Zoom.

Drivers from the adult day care program that was closed, were shifted to meal delivery. Meals were not delivered every day, instead 7 days of frozen meals was provided weekly. Prior to COVID-19 there were 56 registered clients in adult day care. Thirty-nine clients began receiving home meals and having access to the Zoom classes. Home delivery of meals increased 50%, from 600 to 904 clients. Food Banks increased direct distribution through schools serving the larger community as well as meeting the nutritional needs of families, including hot meals.

Social and Emotional Support

Social isolation can contribute to poor mental health as well as placing someone at higher risk of physical injury, economic and physical abuse. Social isolation is associated with depression, cognitive decline, heart troubles, and a weakened immune system.

Among seniors, mobility issues can contribute to isolation. If it becomes difficult to walk for long distances, physical activity will decrease, possibly leading to weight gain and social interactions outside the home may be limited. Hearing and vision loss, cognitive decline, incontinence, caregiving for a spouse, living far away from family or living in a nursing home can all contribute to isolation.

Manatee County has lower rates of disability overall than Florida, and higher rates of hearing disabilities and probable Alzheimer's cases than Florida (Table 22).

Table 22: Percent of Population Age 65+ with Disability 2014-2018

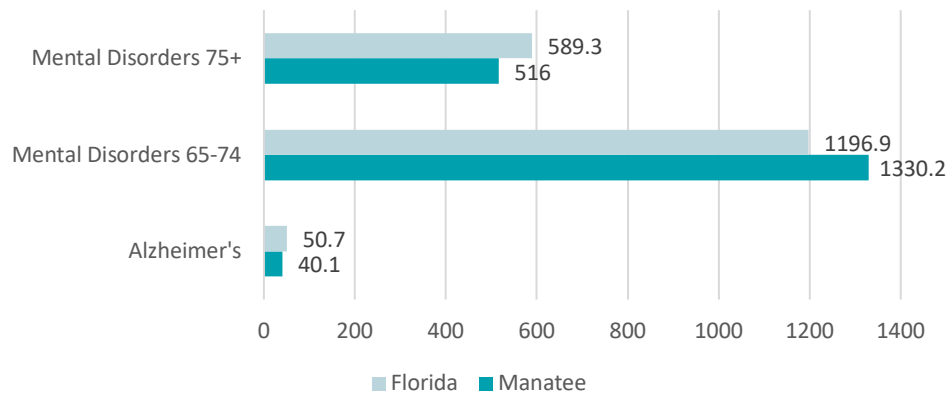
Disability	% Manatee	% Florida
With a Disability 65+	29.0	33.1
Hearing Disability 65+	13.9	13.6
Vision Disability 65+	4.4	6.1
Cognitive Disability 65+	6.1	8.5
Ambulatory Disability 65+	17.3	20.9
Self-Care Disability 65+	4.7	7.3
Independent Living disability 65+	10.1	13.2
Probable Alzheimer's Cases 65+	13.4	13.2

Source: US Bureau of the Census, American Community Survey, Table S1810.

Having a purpose is also essential in combating isolation. Volunteering can be an important component of satisfaction with life, and senior citizens make up approximately 25% of volunteers in the United States. In addition, the US Bureau of Labor Statistics estimated the 20% of Americans over age 65 were either looking for work or working in 2019 and that percentage is estimated to grow. Between 2014 and 2018, 12.6 % of Manatee County residents 65 years and older were estimated to be working, compared with 14.5% in Florida.

Figure 134 shows hospitalization rates for mental disorders among Manatee County residents between 65 and 74 years old were higher than Florida in 2018.

Figure 134: Hospitalization Rates for Mental Disorders and Alzheimer's Disease, Manatee County and Florida, 2018



Source: Florida Agency for Health Care Administration

COVID-19 has compounded issues of social isolation. Restrictions have made it more difficult for seniors to participate in volunteer work without risk to their health, or volunteer opportunities were no longer available. Those who were working may have elected to stop working or have been laid-off. Persons in nursing homes and assisted living facilities were unable to have in-person visits with family or friends, activities were curtailed or cancelled. Those living independently could not travel to family out of the area or receive visitors, and local support networks distanced to prevent the spread to older people.

Transportation

Lack of access to transportation, either by the loss of a driver's license or not having another source of transportation can make it difficult to get to medical appointments as well as social outings. In 2018 it was estimated the 81% of Manatee County residents age 65 and older had a driver's license. The number of drivers decreases as age increases.

Transportation through the Transportation Disadvantaged (TD) program is available to households that meet the following criteria:

- Income 200% FPL or less
- Manatee County Resident
- Transportation must be used for established trip priorities

Regular MCAT bus service is available for \$15 per month with unlimited travel. TD Handy Bus door-to-door services are available to those clients who cannot access and use the regular MCAT bus service, due to a disability. Services are limited to medical appointments and non-medical trips (life-sustaining, food, and nutrition) and reservations are required. Handy bus is either \$4 one-way trip or \$15 monthly.

Injuries

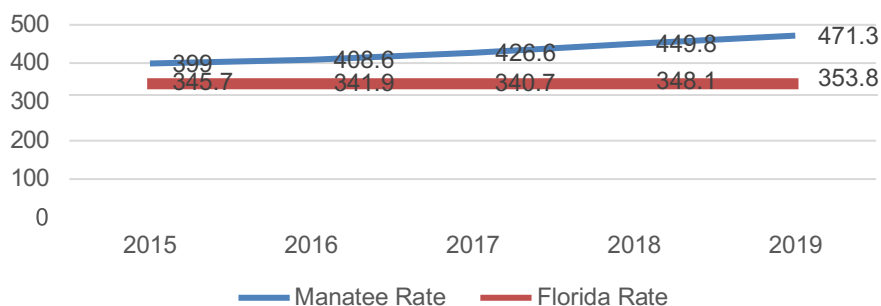
While people age 65 and older are more likely to die from chronic diseases, injuries from falls can have serious consequences. Falls are the leading cause of injury-related visits to emergency departments in the United States and the primary cause of accidental deaths in persons over the age of 65 years.

The mortality rate for falls increases dramatically with age in both sexes and in all racial and ethnic groups, with falls accounting for 70 percent of accidental deaths in persons 75 years of age and older. Falls can be markers of poor health and declining function, and they are often associated with significant morbidity. More than 90 percent of hip fractures occur as a result of falls, with most of these fractures occurring in persons over 70 years of age. One third of community-dwelling elderly persons and 60 percent of nursing home residents fall each year.

Falls can be an indicator of declining health including sensory problems, medication side effects, acute illness such as pneumonia or urinary tract infection, or a heart attack. Major injuries, including head trauma, soft tissue injuries, fractures and dislocations, occur in 5 to 15 percent of falls in any given year. Fractures account for 75 percent of serious injuries, with hip fractures occurring in 1 to 2 percent of falls. The psychological impact of a fall or near fall often results in a fear of falling and increasing self-restriction of activities. Falling and the fear of falling can lead to dependence and increasing immobility. While the data in Figures 137 and 138 are not exclusive to seniors, it is reasonable to assume that most of these non-fatal falls are among older residents, given the demographics of the county regarding age.

Manatee County has higher rates of hospitalizations for non-fatal falls when compared with Florida. (Figure 135).

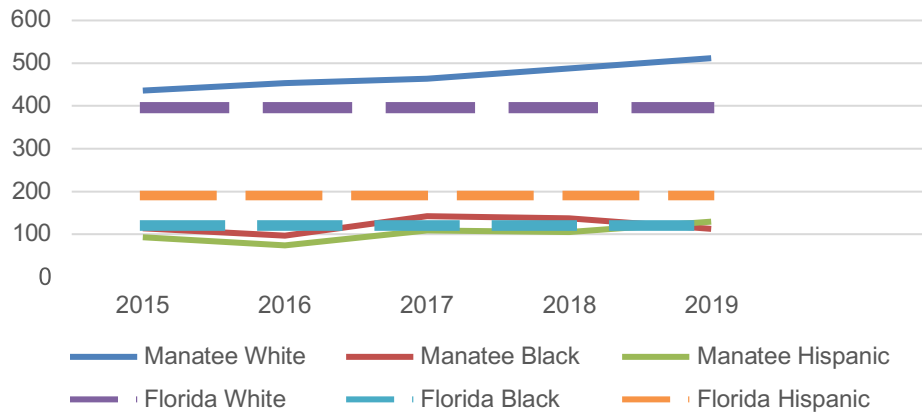
Figure 135: Hospitalizations for Non-fatal Falls, Single Year Rates per 100,000 Population, Manatee County and Florida, 2015-2019



Source: Florida Agency for Health Care Administration

Manatee County Whites have the highest rate of non-fatal falls when compared with Florida Whites and Blacks and Hispanics in both Manatee County and Florida. (Figure 136).

Figure 136: Hospitalizations for Non-fatal Falls, Single year Rate per 100,000 Population, by Race and Ethnicity, Manatee County and Florida, 2015-



Source: Florida Agency for Health Care Administration

Figure 136 data	Manatee			Florida		
	White	Black	Hispanic	White	Black	Hispanic
2019	511.2	112.5	129.1	402.2	125.9	192.3
2018	487.3	136.9	104.8	396.9	120	194.7
2017	462.8	141.8	108.2	390.1	121	186.6
2016	452.5	96.5	73.5	391.9	121.4	186.5
2015	435.4	113.6	92.7	395.5	115	192.5

Caregivers

More than 50 million people across the country currently provide an estimated \$306 billion in “free” caregiving services for a chronically ill, disabled or aged spouse, family member or friend during any given year. According to the Family Caregiving Alliance, there is a much higher likelihood of receiving care from a spouse than from an adult child. In fact, nearly one-quarter, 22 percent, of caregivers who are currently caring for a spouse are themselves over the age of 65.

Providing care is particularly stressful for a spouse because a person's prime source of support becomes a generator of stress, while limiting the ability to draw support from other relationships.

A study in the Journal of the American Medical Association found that caregivers who provide support to their spouse and are under stress are more than twice as likely to die within four years than spouses who are not serving as caregivers.

Other studies have shown that elderly spouses who serve as caregivers experience higher rates of influenza and pneumonia -- conditions that together constitute the fourth leading cause of death among persons aged 75 years or older. In addition, depressive symptoms are associated with the development of heart disease, and with poorer outcomes for patients who already have heart disease.

Spousal caregivers especially need to know and recognize the symptoms of burnout and how best to cope. It is a state of physical, emotional, and mental exhaustion that may be accompanied by a change in attitude — from positive and caring to negative and unconcerned. Burnout can occur when spousal caregivers don't get the help they need or if they try to do more than they are able — either physically or financially.

Services and Facilities

A continuum of care is essential for aging. Aging in place is defined by the U.S. Centers for Disease Control and Prevention (CDC) as "the ability to live in one's own home and community safely, independently and comfortably, regardless of age, income or ability level." In order to age in place, services such as adult day care, homemaker and companion services, and home health care provide critical assistance to allow people to remain in their communities and delay or prevent the need for more intensive and expensive services such as assisted living and nursing home care. End-of-life care provided through hospice services is also important to support both the patient and their loved-ones. Resources available in Manatee County are listed in Table 23.

Table 23: Licensed Providers for Aging-related Health Services

Service	Number of providers	Number of Beds/Capacity
Adult Day Care	1	100
Assisted Living	42	2,603
Home Health	38	n/a
Homemaker and Companion Service	42	n/a
Nursing Home	13	1,595
Hospice	1	n/a

Source: Florida Agency for Healthcare Administration, 2020

Communicable Diseases

Communicable diseases are illnesses caused by an infectious agent through direct or indirect transmission from an infected individual, or via an animal, vector or the inanimate agent to an animal or human host (CDC 2015). Surveillance and control of communicable diseases is an essential part of protecting public health. This section reports on four categories of communicable disease: vaccine preventable diseases; HIV/AIDS; sexually transmitted infections (STIs); and other communicable diseases.

Vaccine-Preventable Diseases

Vaccine-preventable diseases are diseases that can be prevented with immunization. Over the last 200 years, immunization with vaccines has had a tremendous impact on public health, reducing death rates and enhancing quality of life worldwide. In 2016-2018 no cases of measles, mumps or tetanus were reported in Manatee County

Table 24: Number Measles Cases 2016-2018

	2016	2017	2018
Manatee	0	0	0
Florida	5	3	15
Peer counties	1	0	0
Nearest Local Health Department	0	0	4

Source: Merlin, Florida's web-based reportable disease surveillance system

Table 25: Number of Mumps Cases 2016-2018

	2016	2017	2018
Manatee	0	0	0
Florida	16	74	55
Peer counties	0	12	3
Nearest Local Health Department	0	0	0

Source: Merlin, Florida's web-based reportable disease surveillance system

Table 26: Number of Tetanus Cases 2016-2018

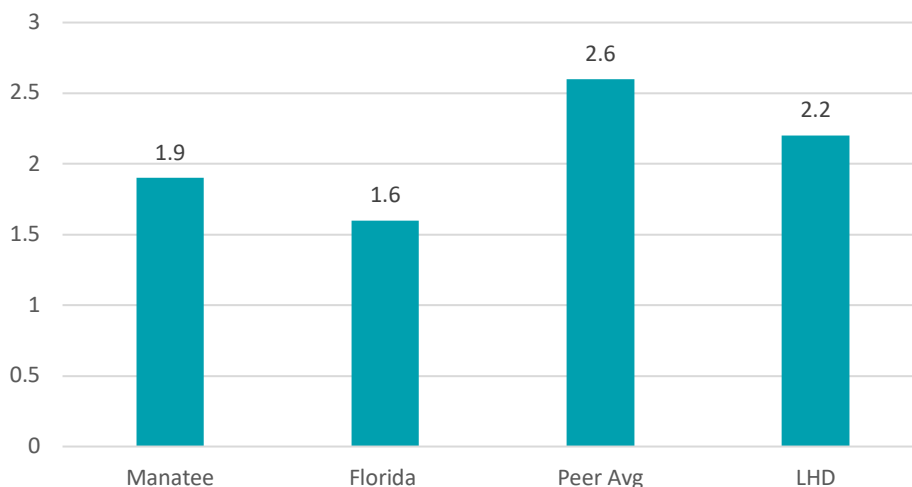
	2016	2017	2018
Manatee	0	0	0
Florida	5	2	1
Peer counties	0	1	0
Nearest Local Health Department	0	0	0

Source: Merlin, Florida's web-based reportable disease surveillance system

Other Vaccine-Preventable Diseases

Pertussis, or whooping cough, is a contagious respiratory disease known for violent coughing. It can be especially serious, and sometimes deadly, for babies under one year of age.

Figure 137: Comparison Pertussis Rates 2016-2018



Source: Merlin, Florida's web-based reportable disease surveillance system

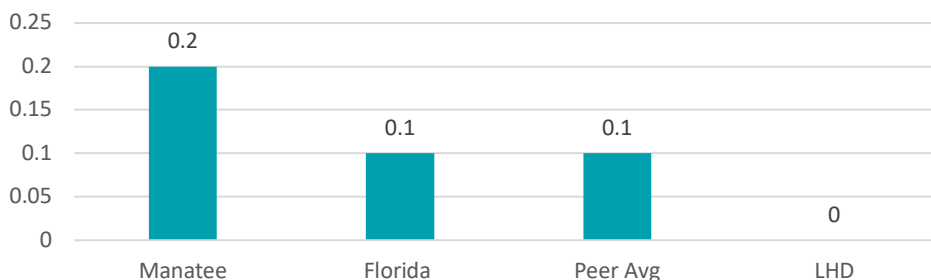
Figure 137 Data

Manatee		Florida		Peer Counties		LHD	
Count	Rate	Count	Rate	Count	Rate	Count	Rate
21	1.9	1018	1.6	104	2.6	27	2.2

Note: Peer counties are combined count, rate is average of the three rates
Peer counties, Collier, Pasco and Seminole, nearest local health department Sarasota

Meningococcal Disease refers to any illness that is caused by the meningococcus bacteria. These illnesses are often severe, including infections of the lining of the brain and spinal cord (meningitis) and infections of the bloodstream (bacteremia or septicemia). Meningococcus bacteria are transmitted through exchange of respiratory or throat secretions, for example by living in close quarters or kissing. Prompt medical attention is extremely important.

Figure 138: Comparison Meningococcal Diseases, 2016-2018



Source: Merlin, Florida's web-based reportable disease surveillance system

Data for Figure 138

Manatee		Florida		Peer Counties		LHD	
Count	Rate	Count	Rate	Count	Rate	Count	Rate
2	0.2	18	0.1	4	0.1	0	0

Note: Peer counties are combined count, rate is average of the three rates
Peer counties, Collier, Pasco and Seminole, nearest local health department Sarasota

Hepatitis A, B-Chronic and B-Acute Rates

Indicator: Rate per 100,000 Hepatitis A

Indicator: Rate per 100,000 Hepatitis B-acute

Hepatitis A is a liver infection caused by the Hepatitis A virus. It is usually transmitted through person-to-person contact or consumption of contaminated food or water. Hepatitis A is self-limited and does not result in chronic infection. In the US Hepatitis A rates have declined by 95% since a vaccine became available in the mid-1990s.

From January 1, 2018 through October 24, 2020, 4,838 hepatitis A cases were reported in Florida. The first declaration of a public health emergency for Hepatitis A was made August 1, 2019 and has been redeclared four times, with the most recent declaration being in March of 2020. Manatee County had a spike in cases in 2019 to 138 cases as opposed to 3 cases in 2018. The COVID-19 pandemic is affecting health care seeking behavior, which may be impacting the diagnosis and reporting of hepatitis A cases. Although there are only 3 cases reported between January 1 and June 13, 2020 in Manatee County, there is concern that cases are going undiagnosed and that another outbreak may occur.

Hepatitis B is a liver infection transmitted in bodily fluids from an infected person to someone who is not infected. This can happen through sexual contact; by sharing drug-injection equipment; or at birth from mother to baby. In some people, especially those infected at younger ages, Hepatitis B becomes a chronic infection that can lead to serious health problems such as cirrhosis or liver cancer.

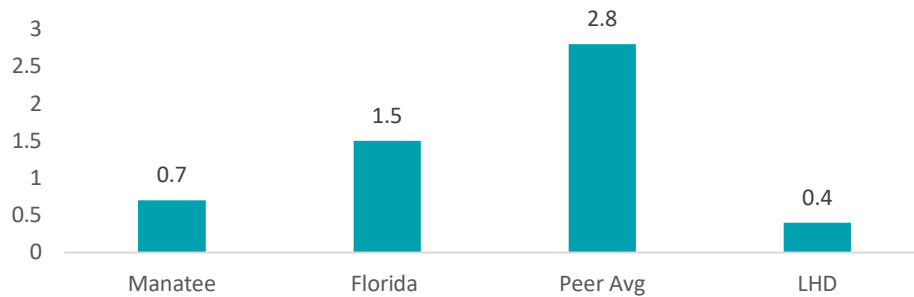
The number of cases of Hepatitis A, B-Chronic and B-Acute are presented in the chart below from 2018-2019. Rate per 100,000 is displayed for each category for Manatee County, Florida, peer counties and the nearest local health department.

Table 27: Hepatitis Profile and Comparisons

Hepatitis	Number of Cases Manatee County	3-year Rate per 100,00 Manatee County 2017-2019	Peer County Avg Rate	LHD Rate	Florida Rate
Hepatitis A	8	0.7	2.8	0.4	1.5
Hepatitis B-Chronic	182	16.4	18.6	14	23.7
Hepatitis B-Acute	28	2.5	5.9	1.6	3.6

Source: Merlin, Florida's web-based reportable disease surveillance system

Figure 139: Comparison Hepatitis A Rates, 2016-2018



Source: Merlin, Florida's web-based reportable disease surveillance system

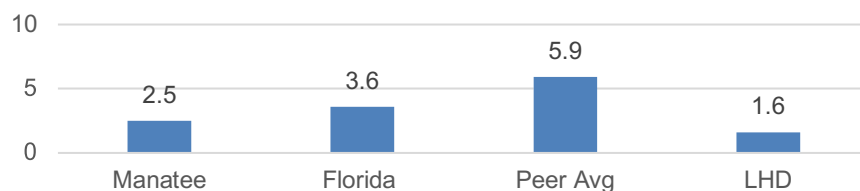
Data for Figure 139

Manatee		Florida		Peer Counties		LHD	
Count	Rate	Count	Rate	Count	Rate	Count	Rate
8	0.7	946	1.5	49	2.8	5	0.4

Note: Peer counties are combined count, rate is average of the three rates
Peer counties, Collier, Pasco and Seminole, nearest local health department Sarasota

Healthy People 2030 national health target is to reduce the rate of hepatitis A to 0.4 cases per 100,000. Manatee County's current rate of 0.7 does not meet the national target.

Figure 140: Comparison Hepatitis B-Acute



Source: Merlin, Florida's web-based reportable disease surveillance system

Data for Figure 140

Manatee		Florida		Peer Counties		LHD	
Count	Rate	Count	Rate	Count	Rate	Count	Rate
28	2.5	2237	3.6	262	5.9	20	1.6

Note: Peer counties are combined count, rate is average of the three rates
Peer counties, Collier, Pasco and Seminole, nearest local health department Sarasota

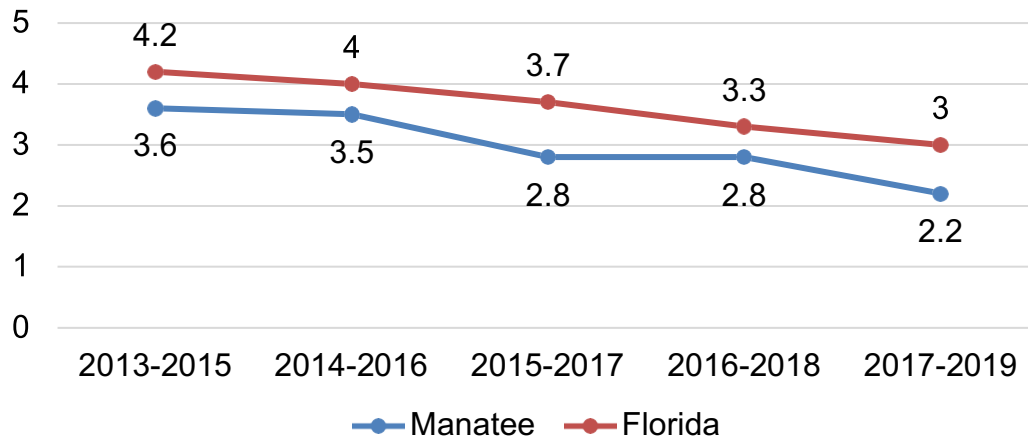
Healthy People 2030 national health target is to reduce the rate of hepatitis B-acute to 0.9 cases per 100,000. Manatee County’s current rate of 2.5 does not meet the national target.

HIV/AIDS

HIV stands for human immunodeficiency virus, which can lead to acquired immunodeficiency syndrome (AIDS). In the US HIV is transmitted mainly as a result of having sex with or sharing drug injection equipment with someone infected with the virus.

The HIV/AIDS age-adjusted death rate per 100,000 was consistently lower in Manatee County than the state of Florida from 2013-2019. Manatee County experienced its highest rate of 3.6 from 2013-2015 and the lowest rate of 2.2 from 2017-2019. The state of Florida decreased from a rate of 4.2 from 2013-2015 to a rate of 3 in 2017-2019.

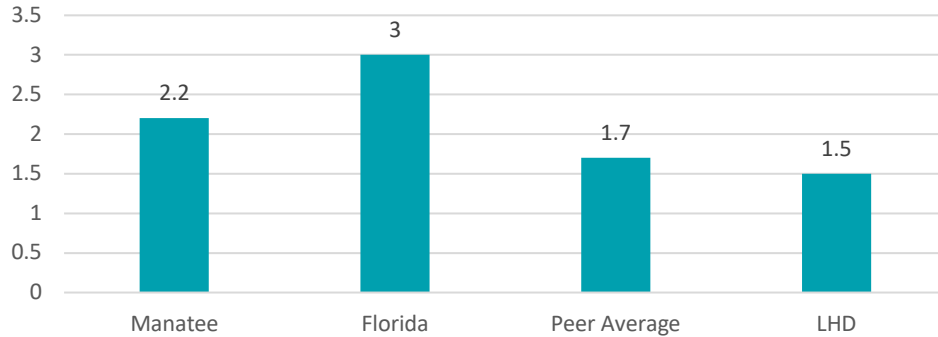
Figure 141: HIV/AIDS Age-Adjusted Death Rate per 100,000, 3- year Rolling Rate, Manatee County and Florida, 2013-2019



Source: Florida Department of Health, Bureau of Vital Statistics

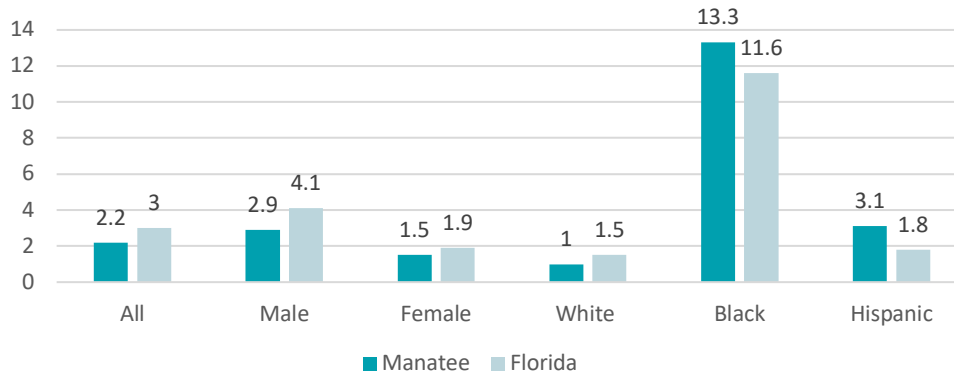
From 2017-2019, the death rate from HIV/AIDS was higher in the state of Florida at 3 per 100,000 than in Manatee County at a rate of 2.2. The peer counties rate was lower than Manatee County at 1.7 followed by the lowest rate of 1.5 for the nearest local health department.

Figure 142: Comparison HIV/AIDS Age-adjusted Death Rates, 2017-2019



Source: Florida Department of Health, Bureau of Vital Statistics

Figure 143: Age-adjusted Deaths from HIV/AIDS, Manatee County, 2017-2019



Source: Florida Department of Health, Bureau of Vital Statistics

Blacks are disproportionately impacted by HIV/AIDS in both Florida and Manatee County. Manatee death rates for Hispanics in Manatee County are higher than Florida. Overall, Manatee County has a lower death rate than Florida.

Sexually Transmitted Diseases

In the United States, recent data show that rates of sexually transmitted infections (STIs) reached an all-time high in 2018 among both females and males, and all racial and ethnic groups. According to the Centers for Disease Control and Prevention (CDC), the number of combined cases of gonorrhea, syphilis and chlamydia was more than 2.4 million in 2018, up from 1.8 million in 2013; half of these STIs are among youth. While these STIs have grown considerably over the past five years, human papillomavirus (HPV) remains the most common sexually transmitted infection in the United States, with 79 million Americans infected, most in their late teens and early 20s.

The current rise of STIs is a serious public health concern that requires immediate attention. If left untreated, STIs can lead to severe health complications, including pelvic inflammatory disease (PID), increased risk of getting HIV, certain cancers, and infertility.

Manatee County has higher rates of both early and infectious syphilis than per county average, nearest local health department and Florida. Manatee County rates for gonorrhea, chlamydia and bacterial STDs are higher than peer counties and nearest local health department, but lower than Florida

Table 28: Comparison Sexually Transmitted Diseases Summary, 3-year Rolling Average, 2017-2019

Sexually Transmitted Disease	Number of Cases Manatee County	3-year Rate per 100,00 Manatee County 2017-2019	Quartile ranking Manatee County	Peer County Avg Rate	LHD Rate	Florida Rate
Early Syphilis	399	35.1	4	13.7	24.3	31.3
Infectious Syphilis	236	20.8	4	6.2	12.9	13.5
Gonorrhea	1,626	143	3	88.9	88.4	161.7
Chlamydia	4,834	425.2	3	348.8	275.5	504.2
Bacterial STDs	7,074	622.2	3	457.7	396.6	716.8

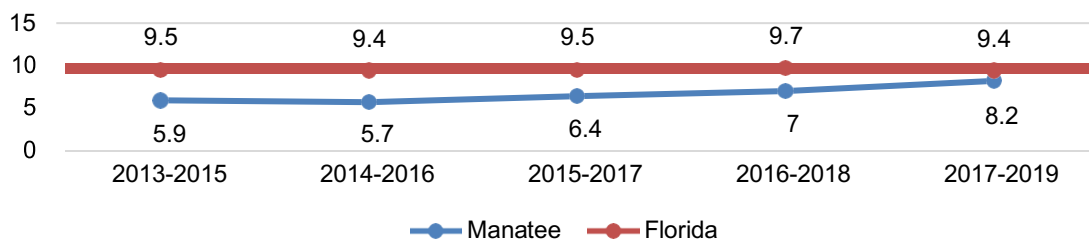
Influenza/Pneumonia

Indicator: Influenza and Pneumonia Age-Adjusted Death Rate
 Indicator: Hepatitis A, B-Chronic and B-Acute Rates

According to the CDC, during the 2019 season Florida has the fifth lowest percentage for children and third lowest for adults receiving annual flu vaccine at 55% for children and 38% for adults.

The influenza and pneumonia age-adjusted death rate in Manatee County increased from a low of 5.9 between 2013-2015 to a high of 8.2 from 2017-2019. Manatee County rates remained below the rates across the state of Florida from 2013-2019. The influenza and pneumonia age-adjusted death rate fluctuated between 9.4-9.5 from 2013-2017, and then increased to 9.7 from 2016-2018. From 2017-2019 the rate in Florida decreased to 9.4. (Figure 144).

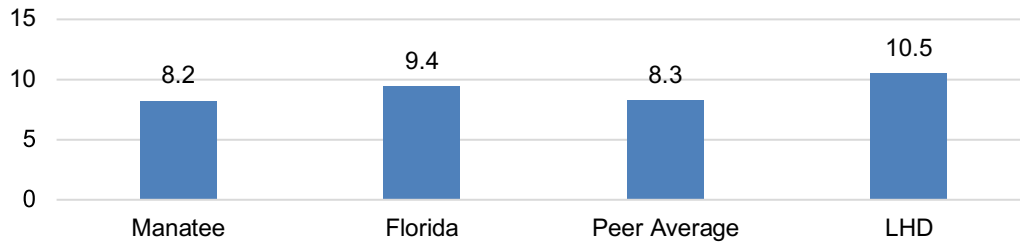
Figure 144: Influenza and Pneumonia Age-Adjusted Death Rate per 100,000, 3-year rolling rates, Manatee County and Florida, 2013-2019



Source: Florida Department of Health, Bureau of Vital Statistics

From 2017-2019 Manatee County had the lowest rate of influenza and pneumonia deaths at 8.2 compared with the State of Florida, peer counties and nearest local health department. (Figure 145).

Figure 145: Comparison Influenza and Pneumonia Age-Adjusted Death Rate per 100,000, 2017-2019



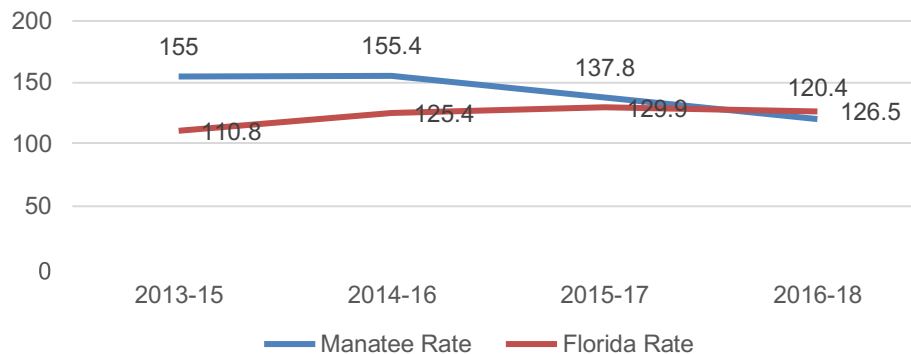
Source: Florida Department of Health, Bureau of Vital Statistics

Hepatitis C

Hepatitis C is a liver infection caused by the Hepatitis C virus. It is usually transmitted by shared drug injection equipment. For some people, hepatitis C becomes a chronic infection leading to long-term health problems or even death. Some people with hepatitis C do not know they are infected and may not notice symptoms. Effective Hepatitis C treatments are available that can cure the disease in many people, making testing for the disease an important screening tool.

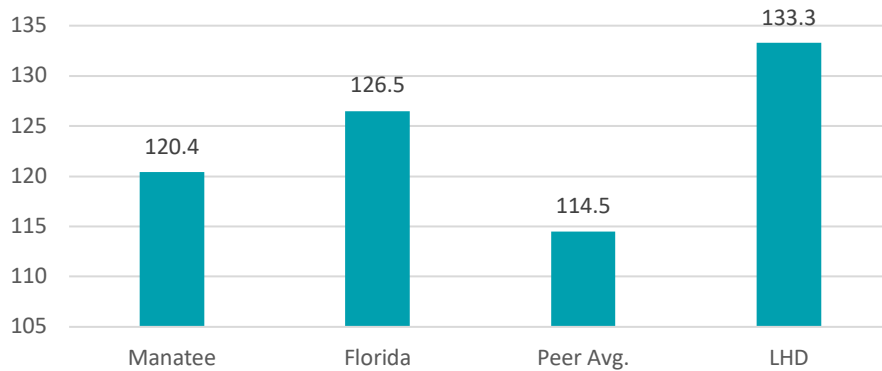
Hepatitis C is declining in Manatee County and is rising in Florida. As of the 2016-18 period, Manatee County's rate is below that of Florida. (Figure 146). Manatee County's rate is also below the nearest local health department but is higher than the peer county average. (Figure 147).

Figure 146: Chronic Hepatitis C (Including Perinatal) 3-year Rolling Rate per 100,000 Population, Manatee County and Florida 2013-2018



Source: Merlin, Florida's web-based reportable disease surveillance

Figure 147: Comparison Chronic Hepatitis C , 2016-2018



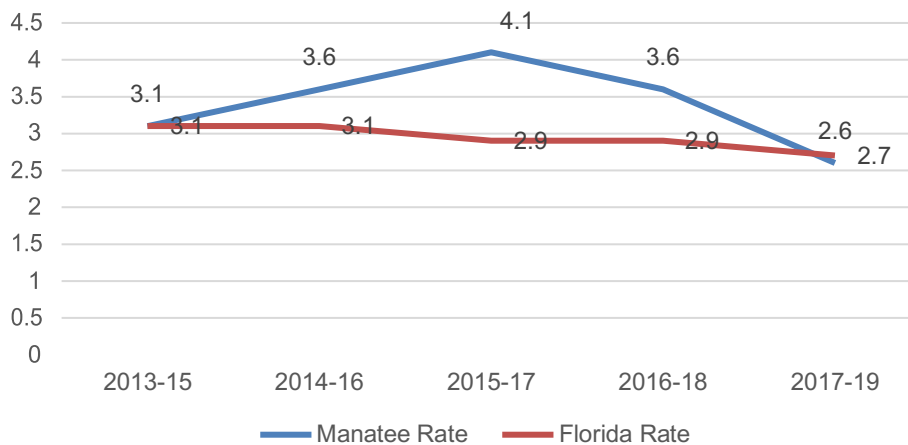
Source: Merlin, Florida's web-based reportable disease surveillance system

Tuberculosis

Tuberculosis, which is caused by the Mycobacterium tuberculosis bacteria, was once the leading cause of death in the US. Tuberculosis can attack the lungs or other body parts; it can cause death if not treated properly.

Manatee County has had higher rates of tuberculosis than Florida with a spike in the 2015-2017 period. Rates have been declining in the county since then and are now slightly below Florida case rates.

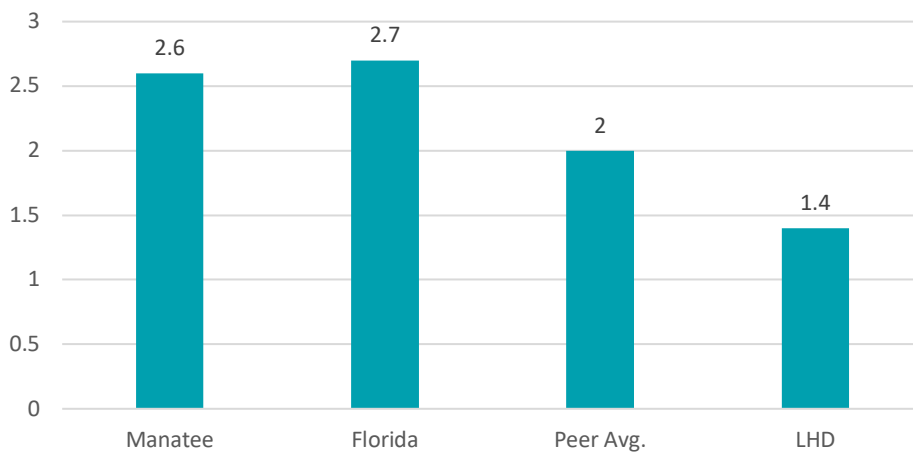
Figure 148: Tuberculosis Cases 3-year Rolling Rate, Manatee County and Florida, 2013-2019



Source: Merlin, Florida's web-based reportable disease surveillance system

Manatee County has higher rates of tuberculosis cases than the per county average and the nearest local health department.

Figure 149: Comparison Tuberculosis Cases
2017-2019



Source: Merlin, Florida's web-based reportable disease surveillance system

COVID-19

The impact of COVID-19 is being felt in nearly every aspect of life. It is impossible to quantify all the effects in this point in time since the pandemic is on-going. There are references throughout this Community Health Assessment report of impacts on social indicators of health, mental health and drug use and they are provided to frame issues that will continue for the foreseeable future and will ultimately impact the health of Manatee County residents.

The data in this section is being provided through November 10, 2020 in order to provide the most recent data possible while allowing time for publication to meet required deadlines.

Historical overview

December 31, 2019: The U.S. Centers for Disease Control and Prevention (CDC) became aware of cases in China and began developing reports for the Department of Health and Human Services (HHS) on January 1, 2020.

March 1, 2020: Florida becomes the 10th state to officially report its first two COVID-19 cases, in Manatee and Hillsborough counties. Governor DeSantis declared a public health emergency. There is evidence, however, that community spread of COVID-19 began in Florida much earlier, perhaps as early as the first week of January, with as many as 171 people in Florida who had shown symptoms now identified with COVID-19, prior to

receiving confirmation from the Centers for Disease Control and Prevention.

March 5, 2020: Two Florida deaths announced.

March 11, 2020: Limits placed on who can visit nursing homes.

March 17, 2020: Bars and nightclubs ordered to close for 30 days.

April 1, 2020: Governor issues statewide stay at home order.

April 2, 2020: Executive Order moratorium on evictions and foreclosures issued.

April 18, 2020: Announcement that schools will remain closed for the rest of the semester.

June 3, 2020: Phase 2 of reopening begins, except for the counties of Miami-Dade, Broward, and Palm Beach.

July 7, 2020: More than 40 hospitals in Florida maxed out or were nearing capacity of their intensive care unit beds.

July 14, 2020: Manatee County School Board votes to push back school re-openings for one week.

September 25, 2020: Phase 3 of reopening begins.

October 12, 2020: Florida reported a 13 percent increase over the past week in new cases. The total of 730,000 cases was approximately 1 case for every 29 Floridians.

October 17, 2020: Florida reported its highest coronavirus numbers in two months. The seven-day average was more than 3,300 cases.

October 23: Florida reported 16,500 deaths and moved past New Jersey to become 4th in the nation in the number of deaths.

November 13: CDC issues recommendation for no travel during Thanksgiving holiday.

Status of COVID-19 in Manatee County

Table 29: Testing as of November 10, 2020

# of Tests	127,805
# Positive	14,281
# Negative	113,591
% Positive	11.05%
% Population Tested	31.10%
% Positive in Last 14 days	6.40%
% Positive Last 7 days	6.10%

Source: Florida Department of Health, Division of Disease Control and Protection <https://floridahealthcovid19.gov/>, accessed November 13, 2020

Table 30: Cases, Hospitalizations, Deaths, Positivity Rate as of November 10, 2020

Indicator	Measure
Total Number of Cases (residents)	14,318
Total Number of Cases (non-residents)	162
Number Pediatric cases (residents under age 18)	1,683
Cases among residents and staff of long-term care facilities (including transfers)	895 (6% of all cases)
Hospitalizations (residents)	913 (7% of all cases)
Deaths	340 (2% of all cases)
Adult Positivity rate as of 11/9/20	5%
Pediatric Positivity Rate as of 11/9/20	11.6%

Source: Florida Department of Health, Division of Disease Control and Protection <https://floridahealthcovid19.gov/>, accessed November 13, 2020

Table 31: Zip codes with Highest Number of Cases as of November 10, 2020

Zip Code	Percent of Cases
34208	15.4%
34221	14.3%
34207	8.8%
34203	10.5%
34205	9.3%
34209	7.1%
Total % of Cases	65.4%

Source: Florida Department of Health, Division of Disease Control and Protection <https://floridahealthcovid19.gov/>, accessed November 13, 2020

Table 32: Total Positive Cases by Age Group

Age Group	% of Cases
Age 0-4	2%
Age 5-14	6%
Age 15-24	16%
Age 25-34	17%
Age 35-44	15%
Age 45-54	15%
Age 55-64	13%
Age 65-74	8%
Age 75-84	5%
Age 85 +	2%
Unknown	0%

Source: Florida Department of Health, Division of Disease Control and Protection <https://floridahealthcovid19.gov/>, accessed November 13, 2020

Table 33: Demographics of Positive Cases

Indicator	Measure
Median Age - total cases	40
Percent Male	46%
Percent Female	53%
Percent Black	10%
Percent White	55%
Percent Other	16%
Percent Race unknown	19%
Percent Hispanic	28%
Percent non-Hispanic	50%
Percent Ethnicity unknown	21%

Source: Florida Department of Health, Division of Disease Control and Protection <https://floridahealthcovid19.gov/>, accessed November 13, 2020

There are racial and ethnic disparities in documented COVID-19 cases. Blacks represent 9.3% of the population in Manatee County and 10% of cases. Hispanics represent 16.9% of the population and 28% of cases. While there are cases where race or ethnicity is unknown, it is reasonable to assume at least some of those cases are Black or Hispanic which would make disparities greater.

Table 34: Total Hospitalizations and Deaths by Race and Age through November 11, 2020

Race/Age	Hospitalizations	Deaths
% White	65%	71%
% Black	18%	16%
% Other	16%	11%
% Unknown race	2%	1%
Age 0-4	0%	0%
Age 5-14	1%	0%
Age 15-24	2%	0%
Age 25-34	5%	1%
Age 35-44	10%	3%
Age 45-54	10%	4%
Age 55-64	19%	14%
Age 65-74	20%	19%
Age 75-84	22%	31%
Age 85 +	11%	27%
Unknown	0%	0%

Source: Florida Department of Health, Division of Disease Control and Protection <https://floridahealthcovid19.gov/>, accessed November 13, 2020

Seventy-two percent of hospitalization are among people age 55 and older. Disparities in hospitalizations and death rates are also impacting Blacks and Others at higher rates than Whites proportional to the County’s population.

COVID-19 has also resulted in the delay of health screenings such as colonoscopies, mammograms and routine blood work due to fears of contracting the virus in a medical setting even for those with insurance. Elective surgeries have also been postponed and at times there have been shortages of ICU beds. In addition, some people with employer-sponsored health insurance may have lost coverage as a result of lay-offs and business closings. COVID-19 is impacting the health of everyone, not just those who contract the virus.

Social isolation is increasing among populations that may not have been impacted otherwise. The Kaiser Family Foundation (KFF) has conducted tracking polls beginning in March 2020 and some highlights of data collected to date include:

- In the tracking poll conducted in late March, over half of women with children under the age of 18 have reported negative impacts to their mental health due to worry and stress from the coronavirus.
- Until recently, roughly three in ten of their male counterparts reported these negative mental health impacts. In the latest, mid-July KFF Tracking poll, 49% of men with children under the age of 18 reported this negative impact on mental health.
- In general, women more often report negative mental health impacts due to worry and stress from the coronavirus than men (57% vs 50%, respectively, in the mid-

July KFF Tracking Poll.

- Existing mental illness among adolescents may be exacerbated by the pandemic, and with school closures, they do not have the same access to key mental health services. Additionally, substance use is a concern among adolescents as they may use substances to cope.
- People with low incomes have generally been more likely to report major negative mental health impacts from worry or stress over coronavirus. KFF polling conducted in mid-July found that 35% of those making less than \$40,000 reported experiencing a major negative mental health impact, compared to 22% of those with incomes between \$40,000 to \$89,999 and 20% of those making \$90,000 or more
- Research indicates that burnout in hospitals is particularly high for young registered nurses and nurses in hospitals with lower nurse-to-patient densities. Physicians are also prone to experiencing burnout and can consequently suffer from mental health issues, including depression and substance use.
- According to the CDC, people who have chronic illnesses such as chronic lung disease, asthma, serious heart conditions, and diabetes are among those with a high risk of severe illness from COVID-19. Research shows that mental health disorders are common comorbidities among patients with these and other chronic illnesses. KFF Tracking Polls conducted since April found that adults with fair or poor health status were more likely to report negative mental health impacts due to worry or stress related to the coronavirus compared to adults with excellent, very good, or good health status.

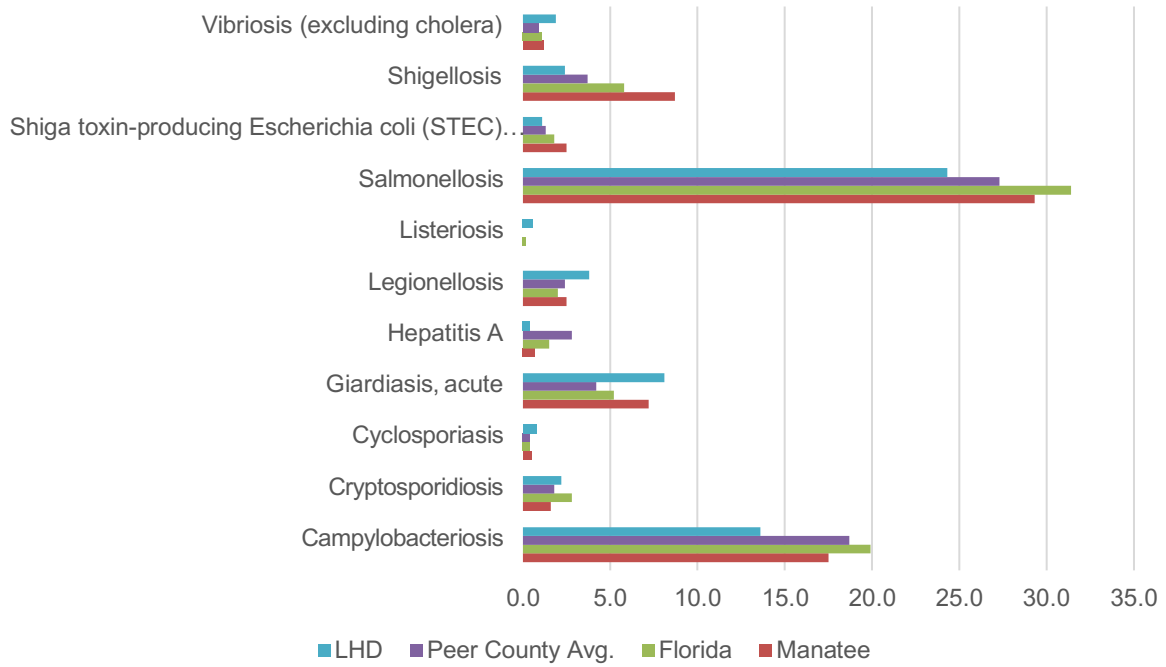
<https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>

Enteric, Food and Waterborne Diseases

Enteric diseases are caused by micro-organisms such as viruses, bacteria and parasites that cause intestinal illness. These diseases most frequently result from consuming contaminated food or water and some can spread from person to person. It is estimated that only a small proportion of enteric and food-borne illnesses are actually reported to public health departments. Proper hand washing and food handling can prevent enteric disease.

The most commonly occurring enteric diseases in Manatee County and Florida are Salmonellosis and Campylobacteriosis.

Figure 150: Comparison Enteric, Food and Waterborne Diseases, 3-year Rolling Rates per 100,00 Population, 2016-2018



Source: Florida Department of Health, Bureau of Epidemiology

Figure 150 data Enteric, Food and Waterborne Diseases	Manatee	Florida	Peer County Avg.	Sarasota
Campylobacteriosis	17.5	19.9	18.7	13.6
Cryptosporidiosis	1.6	2.8	1.8	2.2
Cyclosporiasis	0.5	0.4	0.4	0.8
Giardiasis, acute	7.2	5.2	4.2	8.1
Hepatitis A	0.7	1.5	2.8	0.4
Legionellosis	2.5	2	2.4	3.8
Listeriosis	0.0	0.2	0.0	0.6
Salmonellosis	29.3	31.4	27.3	24.3
Shiga toxin-producing Escherichia coli (STEC) infection	2.5	1.8	1.3	1.1
Shigellosis	8.7	5.8	3.7	2.4
Vibriosis (excluding cholera)	1.2	1.1	0.9	1.9

Health Equity

Health equity is achieved when every person can “attain his or her full health potential” and no one is “disadvantaged from achieving this potential because of social position or other socially determined circumstances.” Health inequities are reflected in differences in length of life; quality of life; rates of disease, disability, and death; severity of disease; and access to treatment.

One of the primary goals of CDC’s National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) is to achieve health equity by eliminating health disparities and achieving optimal health for all Americans.

Health equity arises from the social determinates of health. Individuals who have consistently been deprived of these determinants are significantly disadvantaged and face worse health outcomes than those who are able to access certain resources. It is not equity to simply provide every individual with the same resources; that would be equality. In order to achieve health equity, resources must be allocated based on an individual need-based principle.

Social and Economic Factors

Social Determinates of Health (SDOH)

The social determinants of health are the conditions in which people are born, grow, live, work, play, and age. These circumstances are shaped by the distribution of resources. The social determinants of health are responsible for the health inequities – the unfair and avoidable differences in health status seen across various measures of difference (e.g. race, age, disability status, etc.) in population. The conditions in the places in which people live, work and play affect their risk of experiencing poor health outcomes. These conditions are the result of many factors, which if improved, can help to make communities healthier.

SDOH can be grouped into 5 domains:

- *Economic Stability*- People with steady employment are less likely to live in poverty and more likely to be healthy, but many people have trouble finding and keeping a job. People with disabilities, injuries, or medical conditions may be especially limited in their ability to work. In addition, many people with steady work still don’t earn enough to afford the things they need to stay healthy.
- *Education Access and Quality*- People with higher levels of education are more likely to be healthier and live longer. Children from low-income families, children with disabilities, and children who routinely experience forms of social discrimination, like bullying, are more likely to struggle with math and reading. They are also less likely to graduate from high school or go to college. This impacts the ability to get safe, high-paying jobs and increases the likelihood of health problems

like heart disease, diabetes, and depression. In addition, the stress of living in poverty can also affect children's brain development, making it harder for them to do well in school.

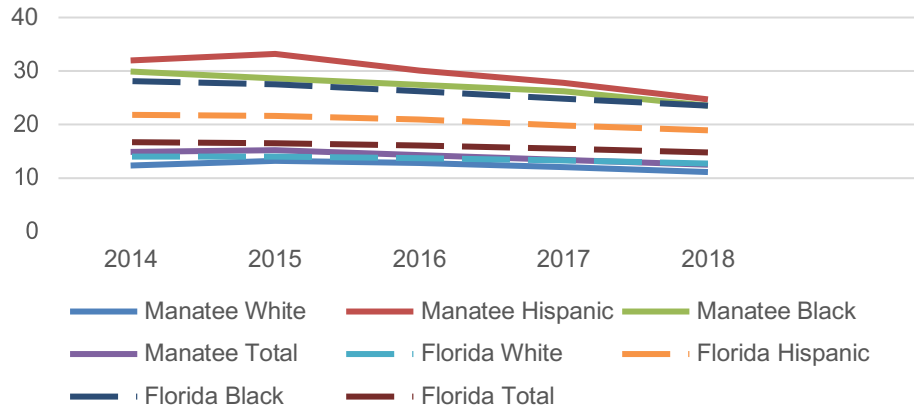
- *Health Care Access and Quality*- People without insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need. Lack of a primary health care provider can lead to not receiving recommended health care services, like cancer screenings and routine blood work. Lack of access can also include transportation issues and lack of providers nearby, particularly in more rural areas.
- *Neighborhood and Built Environment*- Many people in the United States live in neighborhoods with high rates of violence, unsafe air or water, and other health and safety risks. Racial/ethnic minorities and people with low incomes are more likely to live in places with these risks. In addition, some people are exposed to things at work that can harm their health, such as pesticides and chemicals, extreme sun exposure or loud noises.
- *Social and Community Context* - People's relationships and interactions with family, friends, co-workers, and community members can have a major impact on their health and well-being.

Poverty, Income and Affordability

Poverty is a social determinant of health. Families and individuals with incomes below the poverty level have difficulty meeting basic needs such as housing, food, clothing, transportation, etc. A higher percentage of families below poverty level indicates a greater need for assistance such as that provided by government and community-based services and programs. The federal poverty level for individuals in 2018 was \$12,140, increasing by \$4,320 for each additional person in the household- so the federal poverty level for a household of 2 members was \$16,460.

Poverty rates have been declining in Manatee County from 2014 to 2018, with an estimate 12.5% of individuals living at or below the poverty level, which is lower than Florida at 16.1%. Whites in Manatee County and Florida have the lowest rates of poverty, Hispanics and Blacks in Manatee County have the highest rates of poverty in both the County and Florida (Figure 151).

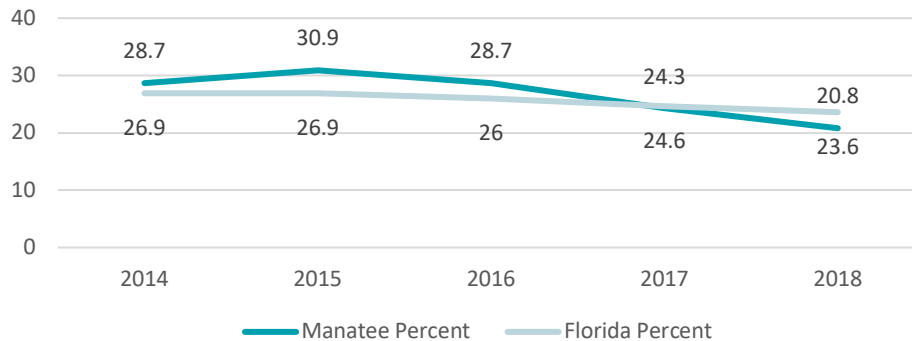
Figure 151: Percent of Individuals Living Below Poverty Level, by Race, Ethnicity and Total Population, Manatee County and Florida, 2014-2018



Source: US Bureau of the Census, American Community Survey, Table B17001

Poverty rates among children under the age of 5 are higher than within the total population with 23.6% of children living at or below the poverty level. (Figure 152).

Figure 152: Percent of Children less than 5 years old Living Below the Poverty Level Manatee County and Florida, 2014-2018

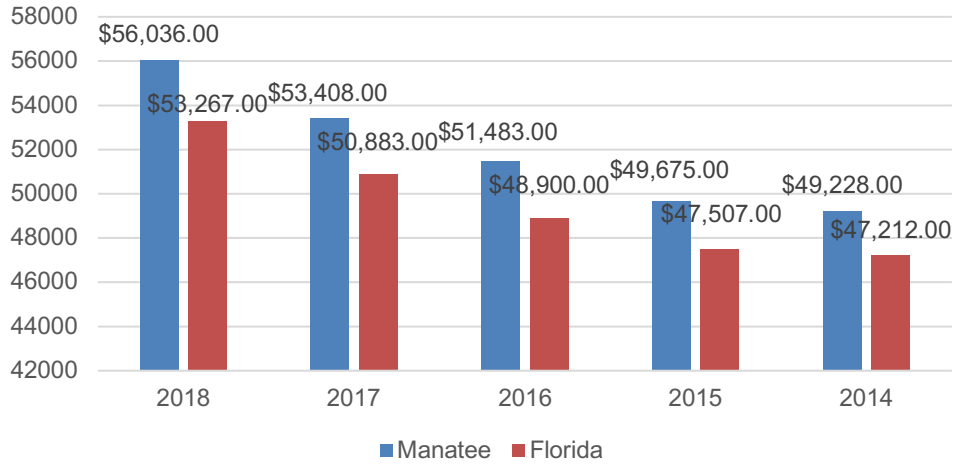


Source: US Bureau of the Census, American Community Survey, Table B17001.

The median income in Manatee County has typically been higher than Florida (Figure 153), however when examined by race and ethnicity, Manatee County Blacks, Hispanics and Others have lower incomes when compared with the same groups in Florida (Figure 154).

The median hourly wage for 2018 show significant disparities for Blacks and Hispanics in Manatee County with a wage gap of 43% between the lowest earners and highest earners (Figure 155).

Figure 153: Median Household Income Manatee County and Florida 2014-2018



Source: US Bureau of the Census, American Community Survey, Table B19013.

Figure 154: Median Household Income by Race and Ethnicity, Manatee County and Florida, 2018

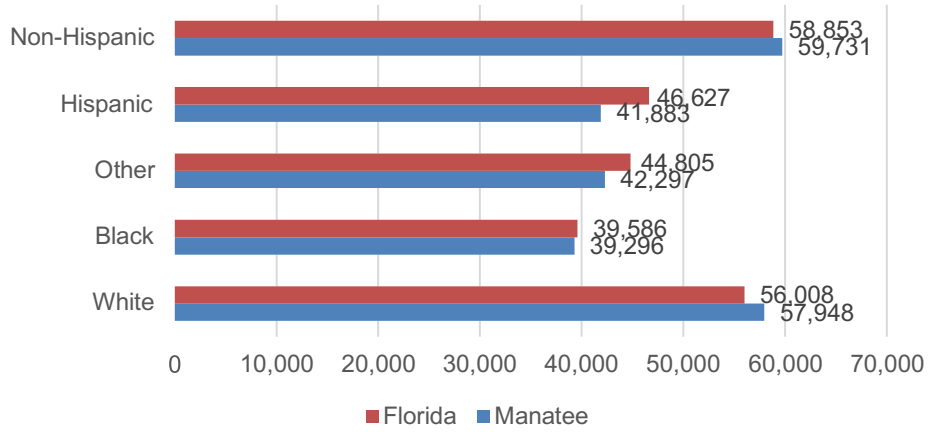


Figure 155: Median Hourly Wage Manatee County by Race/Ethnicity, 5-Year Average, 2018



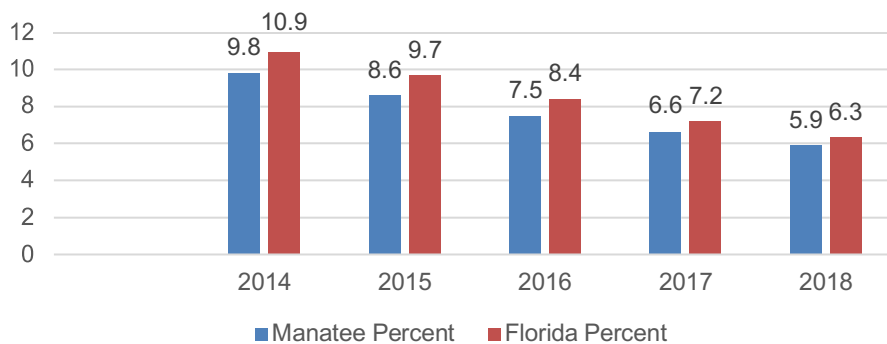
Source: 2018 5-year American Community Survey microdata file from IPUMS USA

In addition, many other households are struggling. The United Way released the ALICE report (Asset Limited, Income Constrained, Employed) that describes households that earn more than the poverty level, but less than the basic cost of living for the county. The household survival budget represents the bare-minimum and does not allow for any savings, leaving a household vulnerable to unexpected expenses. This modest amount for a single adult in Manatee County is estimated at \$20,809 and \$52,589 for a family of four, still far exceeds the poverty level. The ALICE Report estimated that 30% of households in Manatee County meet the ALICE criteria.

Unemployment Rates

Manatee County’s economy includes health care and social services, government services, agricultural, tourism, and retail employment. The unemployment rate in Manatee County has typically been lower than Florida. (Figure 156).

Figure 156: Unemployment Manatee County and Florida 2014-2018



Source: US Bureau of the Census, American Community Survey, Table DP03

According to the US Bureau of Labor Statistics data, the annual average rate of unemployment in Manatee County in 2019 was 3.1%. However, unemployment in 2020 reached 11.8% in May, 9.5% in July and 6.3% in August, as a result of COVID-19. Employment continues to be impacted and unemployment rates are fluctuating monthly. The result is not fully known at this time but may mean a long-term loss of jobs and individuals not returning to the work force or relocating for employment opportunities.

Housing Instability

Housing instability has no standard definition. It encompasses several challenges, such as having trouble paying rent, overcrowding, moving frequently, staying with relatives, or spending the bulk of household income on housing. These experiences may negatively affect physical health and make it harder to access health care.

Households are cost burdened if they spend more than 30% of their income on housing and severely cost burdened if they spend more than 50% of their income on housing. Cost-burdened households have little left over each month to spend on other necessities such as food, clothing, utilities, and health care. Nationally Black and Hispanic households are almost twice as likely as white households to be cost burdened.

According to the US Census Bureau American Community Survey the monthly median rent in Manatee County in 2019 was \$1,191 (American Community Survey, 2019 Table ID: DP04). This would require an annual income of at least \$47,640 to meet the 30% threshold for not being cost burdened.

The Florida Department of Children and Families, Office of Homelessness, Council on Homelessness Annual Report, Point-in-Time Count of Homeless People counted 466 persons as homeless in Manatee County in 2020.

A moratorium on evictions in Florida was issued on April of 2020 due to COVID-19. The state moratorium expired on September 1, 2020. Single-family homeowners with federally backed mortgages were also protected from foreclosure during this time, but that protection ended when the state moratorium expired. It is anticipated that housing instability will increase in the county in the immediate future.

The University of Florida's Shimberg Center for Housing Studies maintains The Assisted Housing Inventory (AHI), a database of subsidized developments that provide affordable rental housing in Florida. The AHI includes traditional public housing and properties subsidized by Florida Housing Finance Corporation, U.S. Department of Housing and Urban Development (HUD) multifamily programs, U.S. Department of Agriculture Rural Development (RD), and local housing finance authorities (LHFA). In exchange for subsidies, property owners provide affordable ("assisted") units with limits on tenant incomes and rents.

Table 35: Manatee County Assisted Housing Inventory

Funder	Properties	Total Units	Assisted Units	HUD/RD Rental Assistance Units
Florida Housing Finance Corporation	23	3,198	3,110	81
HUD Multifamily	13	1,266	1,070	493
USDA Rural Development	4	154	154	143
Local Housing Finance Authority	6	963	963	0
HUD Public Housing	6	481	477	0
Total, All Funders	39	4,217	4,004	574

Sources: [AHI User Guide | Florida Housing Data Clearinghouse \(ufl.edu\)](#) accessed November 16, 2020

Notes: Many properties receive funding from more than one agency, so properties and units may appear in more than one row. "Assisted Units" refers to units with income and rent restrictions. "HUD/RD Rental Assistance Units" refers to units subsidized through project-based rental assistance contracts with HUD or USDA Rural Development. Additional data definitions and special notes available in [AHI User Guide](#).

Table 36: Public Housing Units

Name	Housing Units	Housing Choice Vouchers	Occupancy Rate
Housing Authority of Bradenton	248	199	97.3
Manatee County Housing Authority	80	1276	84.4

Sources: [AHI User Guide | Florida Housing Data Clearinghouse \(ufl.edu\)](#) accessed November 16, 2020

Salvation Army Manatee Corps operates 5 emergency homeless shelters in Manatee County all in the City of Bradenton.

Table 37: Manatee County Homeless Shelters

Name	Total Beds	Units w/Children	Units w/o Children
Family and Women's Overnight Shelter	24	0	0
Family and Women's Shelter	38	4	6
Men's Lodge	114	0	0
Men's Overnight Shelter	98	0	0
VA Emergency Residential	10	0	0

Sources: [AHI User Guide | Florida Housing Data Clearinghouse \(ufl.edu\)](#) accessed November 16, 2020

Manufactured housing can be an affordable option for some people. There are 81 manufactured housing communities in Manatee County with a total of 12,404 lots. Some communities are age restricted; some units are owner occupied, some are seasonal occupants (either owners or renters) and some are rentals. Approximately 16% of occupied residences in Manatee County are mobile homes.

Food Insecurity

Food insecurity – not having adequate access to enough nutritious foods – is associated with poorer health and higher healthcare costs. Among food-insecure households, reduced access to nutritious foods increases the risk for poor health and chronic diseases like diabetes and hypertension. Food insecurity increases stress and the risk of poorer mental health, affecting people's capacity to manage their overall health. Food insecurity can cause people to skip or delay medication refills and clinic visits- complicating disease management and continuing the cycle of poor health.

Food-insecure households are not necessarily food insecure all the time. Food insecurity may reflect a household's need to make trade-offs between important basic needs, such as housing or medical bills, and purchasing nutritionally adequate foods.

According to Feeding America's Map the Meal study, 44,330 people were considered food insecure in Manatee County in 2018. Since the pandemic, food banks have reported increases in the number of people seeking assistance, many of whom have not sought assistance before. <http://map.feedingamerica.org/county/2018/overall/florida/county/manatee>

The US Food and Nutrition Service reported 36,173 individuals in Manatee County receiving some amount of assistance under SNAP (Supplemental Nutrition Assistance Program) as of July of 2019. SNAP participation in Manatee County increased 11% between 2014 and 2018. Fifty-five percent of children in Manatee schools were eligible for free or reduced-price breakfast and lunch in 2017-18 school year.

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides federal grants to states for supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk. The Florida Policy Institute completed a report on enrollment in WIC across Florida. In 2019, 6,500 people were served which is 61.7% of the estimated people eligible for WIC in Manatee County.

Source: Florida Department of Health, WIC & Nutrition Services, FLWiSE

Encouraging enrollment in WIC and SNAP for those who are eligible but not currently enrolled can be a helpful step in addressing food insecurity.

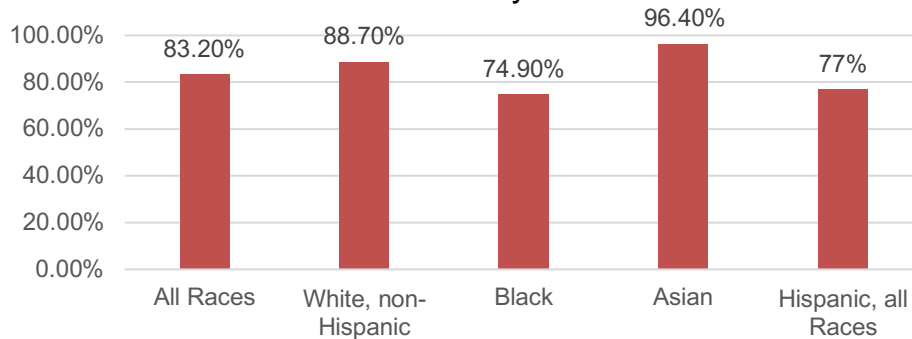
Education Access and Quality

Of the 59 Manatee District schools that received school grades from the state (including charter schools), 57 received either an A, B or C grade in 2019. Only two district schools received a D grade, down from six D schools the previous school year. For the third consecutive year, not one Manatee District school received an F grade from the state. Additionally, 16 Manatee District schools improved their grades this school year over the previous year, including Palm View Elementary, which rose from a D grade in 2018 to an A grade in 2019. The district itself received a B grade for the third consecutive year, and

for the fourth time in the last five years

Education is essential to economic stability and good health. For the 2018-19 school year graduation within four years of enrollment in the 9th grade averaged 83.2% across all races and ethnicities. Blacks and Hispanics had lower rates at 74.9% and 77% respectively. (Figure 157).

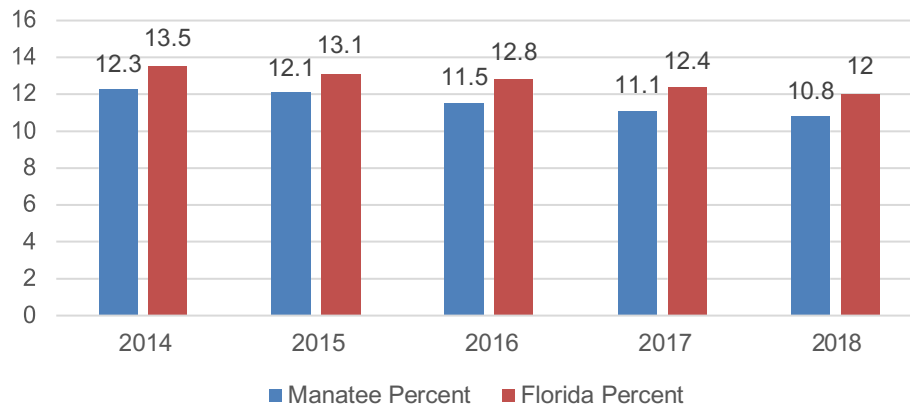
Figure 157: Percent of Students who Graduated within 4 Years of Initial Enrollment in 9th Grade, Manatee County 2018-19



Source: Florida Department of Education; EDStats Portal, 2018-2019 Academic Year

Figure 158 shows Manatee County has lower rates of people without a high school diploma than Florida.

Figure 158: Individuals 25 years and over with no High School Diploma, Manatee County and Florida, 2014-18



Source: US Bureau of the Census, American Community Survey, Table C15002A, C15002B

Figure 159 shows the percent of 16 to 24-year-olds not enrolled in school and lacking a high school diploma by race and ethnicity. Hispanics and Blacks have higher rates than all other groups.

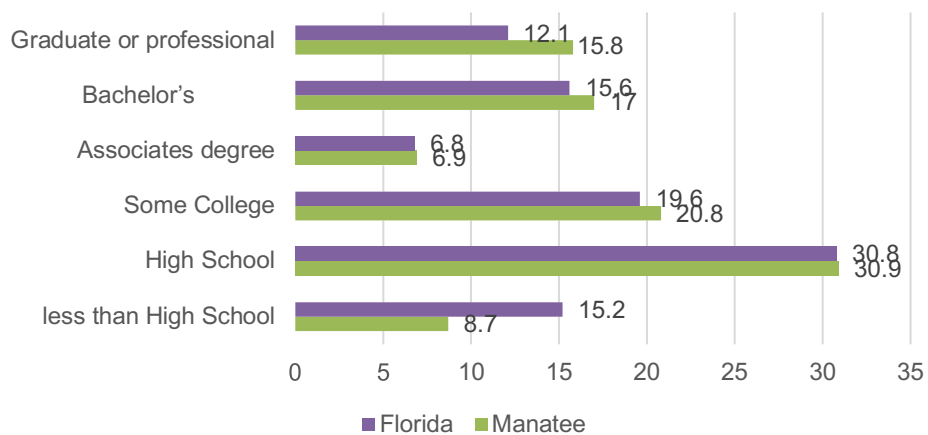
Figure 159: Percent of Manatee County 16-to 24-year-olds not enrolled in school and without a High School Diploma



Source: 2018 5-year American Community Survey microdata file from IPUMS USA.

Figure 160 indicates that Manatee County has a higher percent of population with a bachelor's degree or higher than the state. Figure 163 demonstrates that Blacks and Hispanics in Manatee County are less likely to have a bachelor's degree or higher, and Asians are the most likely to have a bachelor's degree of higher.

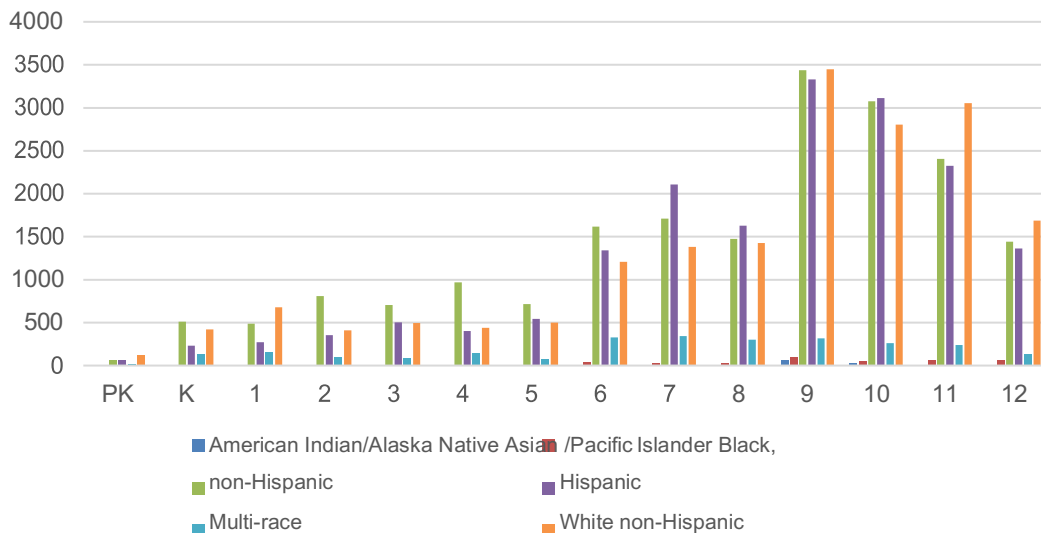
Figure 160: Educational Attainment Manatee County and Florida, Age 65+ by Percent



According to a 2012 study prepared by researchers from the Everyone Graduates Center at Johns Hopkins University, being suspended just one time in the ninth grade is related to an increased risk of dropping out. The same study found that suspension increased the chance of leaving school prior to graduation from 16 percent to a 32 percent. Another study found that students who were excluded were 29 percent more likely to drop out at some point during their high school career. Importantly, the Everyone Graduates Center study also demonstrated that the effects of exclusion can be cumulative, with each additional suspension increasing the risk of dropping out by 10 percent.

Figure 161 shows that Blacks and Hispanics receive more discipline referrals than Whites at most grade levels, which is disproportionate to the populations within the school district. Referrals are at the highest for all groups in the 9th grade. Male students receive roughly twice the number of referrals as females. The 2018-19 school year is provided as it is the last point when school was operating in-person for the entire year. Total number of referrals for the year was 58,233.

Figure 161: 2018-2019 Total Discipline Referrals by Race and Ethnicity, Manatee County Schools



Source: School District of Manatee County

Figure 161 data	American Indian/Alaska Native	Asian/Pacific Islander	Black, non-Hispanic	Hispanic	Multi-Race	White, non-Hispanic
Grade						
PK	-	1	64	66	11	120
K	1	7	509	231	134	420
1	1	1	488	274	153	678
2	1	7	809	354	102	409
3	-	1	706	502	84	495
4	-	5	969	402	150	441
5	-	5	716	545	73	499
6	2	47	1615	1343	328	1207
7	8	30	1708	2109	345	1382
8	-	26	1477	1627	302	1425
9	65	96	3438	3331	316	3447
10	32	51	3076	3113	263	2805
11	7	68	2405	2326	239	3054
12	7	62	1441	1363	132	1686

Tables 38 and 39 shows discipline data from 2015-16 school year through 2018-19 school year. All trends in red font represent increases of approximately 5% or more over the previous year, while green font represents decreases by approximately 5% or more.

Table 38: 2015-2019 Procedural Violations

Referrals for Procedural Violations by School Year								
Infraction	2015-2016		2016-2017		2017-2018		2018-2019	
	Elem.	Sec.	Elem.	Sec.	Elem.	Sec.	Elem.	Sec.
Attendance Violation	2	8,119	8	8,399	9	5,106	44	5,967
Cell Phone/Technology	26	2,004	27	2,504	96	3,079	88	2,286
Dress Code	1	1,958	0	2,535	4	1,917	0	1,900
Failure to Serve	6	2,599	0	2,443	7	1,891	5	1,841
ID Infraction	19	1,505	0	3,098	0	3,441	1	3,447
Tardies	0	4,349	0	4,746	0	6,169	0	9,798
Total	54	20,534	29	23,725	116	21,603	138	25,239

Table 39: 2015-2019 Discipline Referrals

Office Discipline Referrals by School Year								
Infraction	2015-2016		2016-2017		2017-2018		2018-2019	
	Elem.	Sec.	Elem.	Sec.	Elem.	Sec.	Elem.	Sec.
Aggression, Physical	2,064	1,076	2,692	922	3,097	753	3,669	1,176
Aggression, Non-Phys.	173	351	181	371	293	382	264	605
Bullying/ Harassment	193	246	187	145	176	164	129	165
Bus Referral	226	964	281	986	288	941	157	1,346
Cheating	11	269	16	347	12	356	15	372
Contraband	32	239	31	193	33	160	29	185
Contraband Sale*	N/A	N/A	0	9	2	10	1	27
Dating Violence	1	3	0	4	1	0	0	2
Defiance**	246	2,380	256	2,290	868	3,853	1,385	3,358
Disrespect to Others**	249	290	317	513	332	516	568	650
Disrespect to Staff**	991	3,463	1,279	3,650	1,590	2,696	1,646	2,981
Disruptive	659	4,170	696	4,202	1,230	5,043	1,889	4,836
Elec. Smoking Device	0	140	0	161	1	295	2	473
Endangerment	45	69	52	90	73	93	116	101
Fighting	338	580	385	569	306	520	389	561
Gang-Related	2	11	1	16	1	5	2	15
Horseplay	N/A	N/A	24	345	133	755	244	997
Inappropriate Behavior	696	3,988	850	4,295	939	5,279	1,179	5,086
Leaving Campus*	N/A	N/A	0	53	7	173	15	303
Other Serious	105	285	73	265	76	282	102	456
Theft	166	194	196	174	154	172	186	136
Vandalism	50	95	56	66	47	76	45	72
Total	6,031	18,384	7,321	19,505	9,658	22,229	12,032	23,901
Blank Infractions	77	1,224	121	4,763	67	302	361	699

Source: School District of Manatee County * Category did not exist prior to the 2016-2017 school year

** Prior to 2014-2015 these 3 categories were lumped together as Disrespect/Defiance

Table 40 shows the number of students suspended out of school (Column (S)), the number of OSS actions taken by all district schools (Column A), and the total number of instructional days lost to OSS (Column D) for the 2014-2015 through the 2017-2018 school years. Out of school suspensions is an area to explore in greater detail in Manatee County.

Table 40: Students Suspended Out of School and OSS Actions

Level	2015-2016			2016-2017			2017-2018*			2018-2019		
	S	A	D	S	A	D	S	A	D	S	A	D
Elementary	861	1,629	2,514	1,059	2,019	3,052	1,186	2,435	3,719	1,361	3,081	4,255
Middle	1,203	2,492	6,641	1,413	3,151	7,611	1,255	2,507	5,609	1,214	2,402	5,698
High	1,658	3,046	8,025	2,187	4,098	11,327	1,867	3,254	9,446	1,613	2,734	7,563
Horizons	198	671	2,143	150	713	1,425	108	321	813	194	628	1,516
Total	3,920	7,838	19,323	4,809	9,981	23,415	4,416	8,517	19,587	4,382	8,845	19,032

Source: School District of Manatee County

* First year of operating a district-wide Alternative to Out of School Suspension (ATOSS) program

ES = 1.38 days per assignment and 3.13 days per individual student

MS = 2.37 days per assignment and 4.69 days per individual student

HS = 2.76 days per assignment and 4.68 days per individual student

Horizons = 2.41 days per assignment and 7.81 days per individual student

Table 41 shows students assigned to Alternative to Out of School Suspension (ATOSS) program in 2018-19.

Table 41: Students Assigned to ATOSS and Total ATOSS Actions

Level	2018-2019		
	S	A	D
Middle	522	1,098	3,178
High	898	1,501	4,124
Total	1,420	2,599	7,302

Source: School District of Manatee County

MS = 2.89 days per assignment and 6 days per individual student

HS = 2.74 days per assignment and 4.59 days per individual student

Highlights about the School District of Manatee County regarding the 2020-2021 school year that started on August 17, 2020:

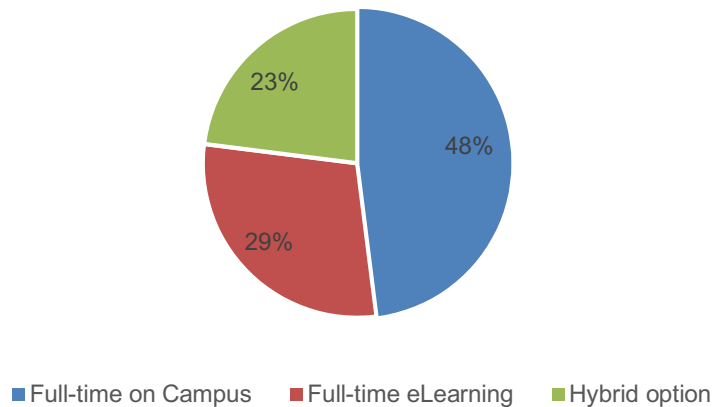
There are 64 schools:

- 47 traditional public schools (31 elementary, 9 middle, 7 high schools)
- 3 Non-Traditional Public Schools
 - Palm View K-8
 - Louise R. Johnson K-8 School of International Studies
 - Horizons Academy
- 13 charter schools
- Manatee Technical College – Three campuses: (Main on S.R. 70; West on 34th St. W. in Bradenton; East on Lakewood Ranch Blvd.)

Total Projected Student Enrollment for The Manatee District for 2020-21 school year is approximately 50,200 students.

Impacts of COVID-19 have caused schools to change the way in which they operate as well as increasing the role they play in providing meals for children and families. Figure 162 shows the percentage of students that planned to return to school, attend in the hybrid model (on-campus learning two days a week, eLearning three days), or take part in eLearning full-time.

Figure 162: Student Back-to-School Plans by Percent 2020-21 School Year



Source: School District of Manatee County

Table 42: School District of Manatee County 2020-21 School Year

Employees and Budget	
Approximate number of employees including short-term and part-time employees)	6,163
Approximate number of Teachers	2,613
Approximate number of Paraprofessionals	745
Total Projected Budget	\$880.3 million
Food and Nutrition Services	
Approximate number meals served from March through May last year when our schools were closed for full-time eLearning.	960,000
Approximate number of meals served during the summer	570,000
Approximate number of meals served between March 12, 2020 and August 17, 2020.	1,530,000
Transportation	
Approximate number of students who “Registered to Ride” a school bus for this school year.	14,667
Approximate number of miles driven by the bus fleet every school day	10,000

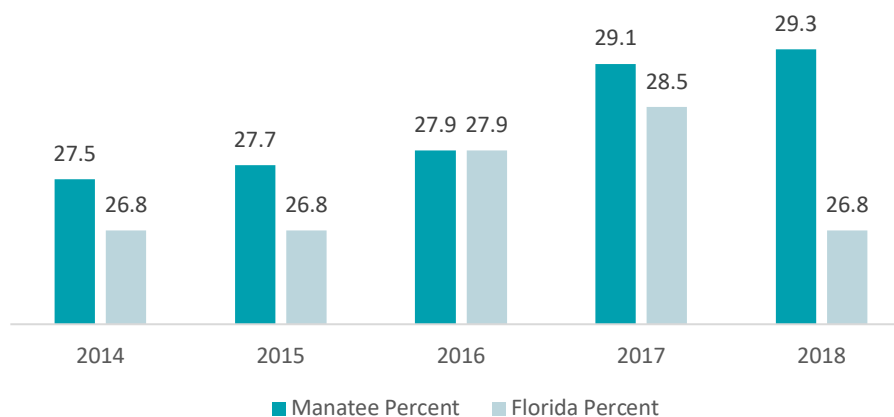
COVID-19 Related supplies	
Approximate number of free face masks received from state and federal sources.	293,000
Approximate number of face masks issued to traditional, charter and contract schools	221,00
Approximate number of disposable masks in inventory available to schools	31,000
Approximate number of face shields received	12,000
Approximate number of plastic partitions deployed prior to school starting	9,000
Approximate number of gallons of hand sanitizer received.	9,728
Approximate number of thermometers issued to schools and support sites including thermal, temperature gateways, optical sensing and high-speed temperature devices.	400

Source: School District of Manatee County

The increase in meals provided by Food and Nutrition Services has grown significantly as a result of COVID-19. Given that students are opting for one of three methods to attend school, three different ways to distribute food were implemented: Serving meals on-campus; after-school distribution to Hybrid students; and curbside distribution to eLearning students on Mondays.

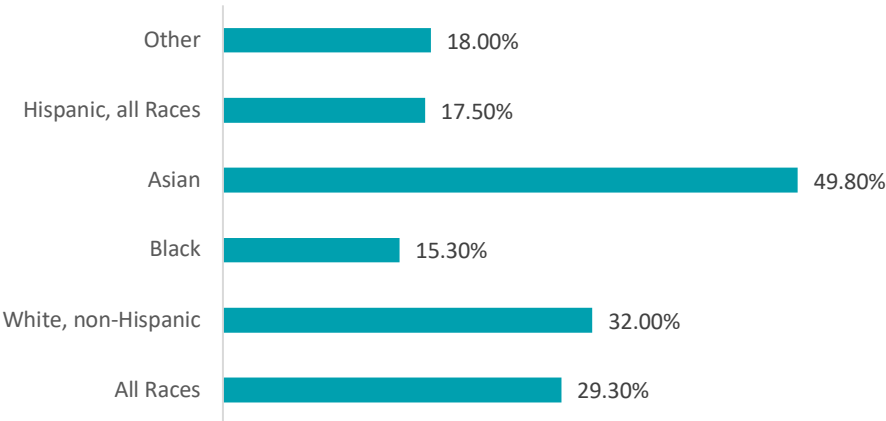
Figure 163 indicates that Manatee County has a higher percent of population with a bachelor's degree or higher than the state. Figure 164 demonstrates that Blacks and Hispanics in Manatee County are less likely to have a bachelor's degree or higher, and Asians are the most likely to have a bachelor's degree of higher.

Figure 163: Population with a Bachelor's Degree of Higher, 25 years of age and older, Manatee County and Florida 2014-2018



Source: US Bureau of the Census, American Community Survey, Table B06009

Figure 164: Percent of Population with Bachelor's Degree of Higher, Manatee County, by Race/Ethnicity



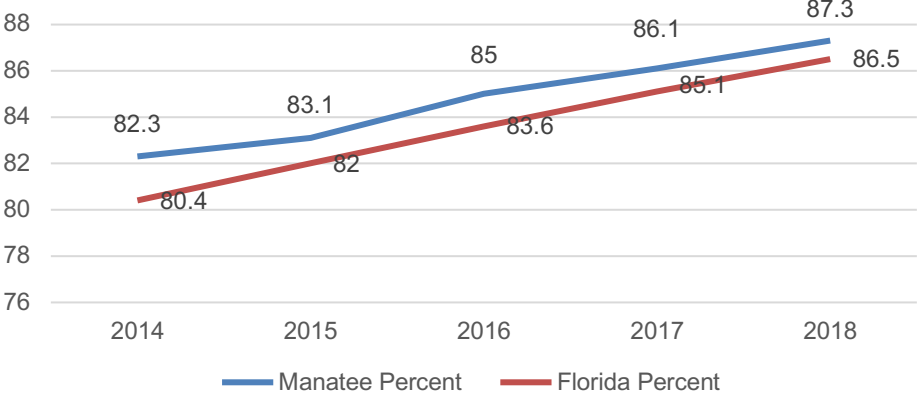
Source: US Census Bureau, 2018 American Community Survey 5-year estimates

Healthcare Access and Quality

Healthcare access encompasses the availability of providers in an area, the ability to pay for care, the ability to get to a provider’s office, access telemedicine and having a primary care provider.

Figure 165 shows 87.3% of the population in Manatee County had health insurance in 2018. This percentage may have been adversely impacted due to loss of employer health coverage as a result of COVID-19 in 2020.

Figure 165: Adults with Health Insurance, Manatee County and Florida 2014-2018



Source: US Bureau of the Census, American Community Survey, Table S2701

When looking at percent of uninsured individuals it is helpful to consider income as a factor. The U.S. Census Bureau Small Area Health Insurance Estimates provides the following snapshot of 2018 based on the Federal Poverty Level (FPL).

Table 43: Income level and Uninsured by Percent Manatee County and Florida

Income level	% Uninsured in Manatee County	% Uninsured in Florida
< = 138% FPL	24.2	22.3
200% FPL	34.7	30.9
Between 138 and 400% FPL	24.2	22.3
<= 400% FPL	27.6	25.3

Source: The U.S. Census Bureau Small Area Health Insurance Estimates, [SAHIE \(census.gov\)](https://www.census.gov/sahie/) accessed November 18, 2020

Individuals up to 200% of the FPL have the highest rates of uninsured in both Manatee County and Florida.

Florida has limited eligibility for Medicaid. Generally single adults or adults without children are not eligible for Medicaid. In Florida, the Department of Children and Families (Department) determines Medicaid eligibility for:

- Parents and caretaker relatives of children
- Children (0-20 years of age)
- Pregnant women
- Individuals formerly in foster care (up to 26 years of age)
- Non-citizens with medical emergencies
- Aged or disabled individuals not currently receiving Supplemental Security Income (SSI)

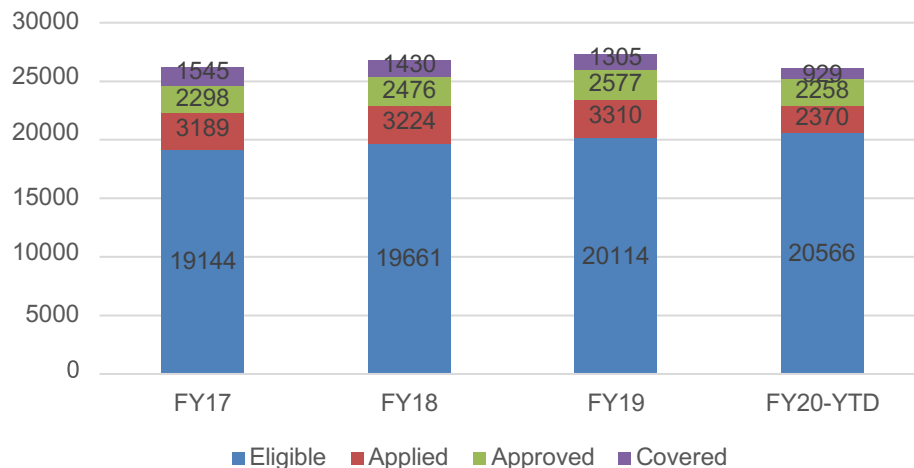
The Social Security Administration (SSA) determines eligibility for SSI recipients. The SSA automatically notifies the Department upon determining that an applicant is eligible for SSI. The SSI program assists disabled adults and children with limited income and resources. Florida residents eligible for SSI are automatically eligible for Medicaid coverage

Medicaid enrollment changes monthly. Average monthly Medicaid enrollment in Manatee County for 2019 was 54,032. In August 2020, Manatee County Medicaid enrollment was 62,273 and 1,522 in long term care.

Approximately 51,213 Manatee County residents between 18 and 64 years old are uninsured. Of those; 42.6% (~21,817) are uninsured and unemployed; 18.9% (~9,679) are uninsured and employed and 38.5% (~19,717) are uninsured and out of labor force.

Manatee County Indigent Health Care program is also available to low income (below 200% FPL) residents of Manatee County who are uninsured and between the ages of 18 and 64 years old. Approximately 20,566 people (5.1% of population) are eligible for services under the program. Figure 166 describes program utilization by fiscal year.

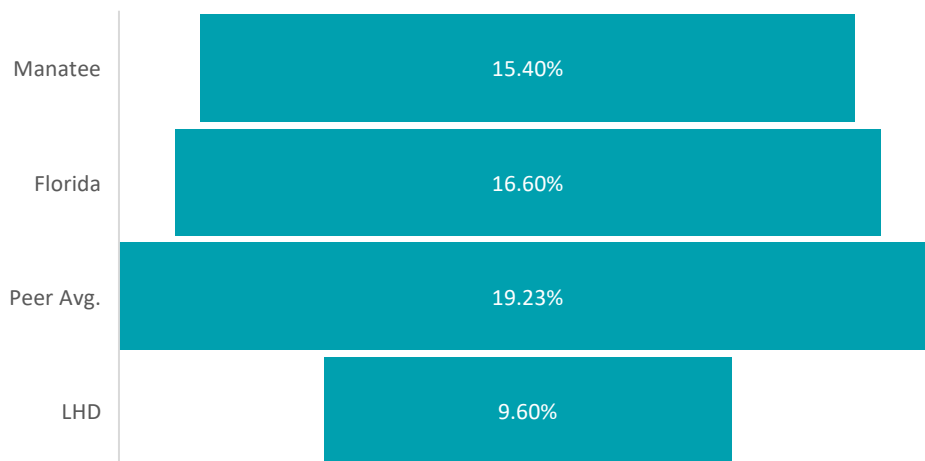
Figure 166: Manatee County Indigent Care Program Number Covered vs Eligible, by Fiscal Year



Source: Manatee County Government, Neighborhood Services Department

Lack of insurance can lead to delays in diagnosis or treatment of diseases or conditions resulting in higher costs and poorer outcomes.

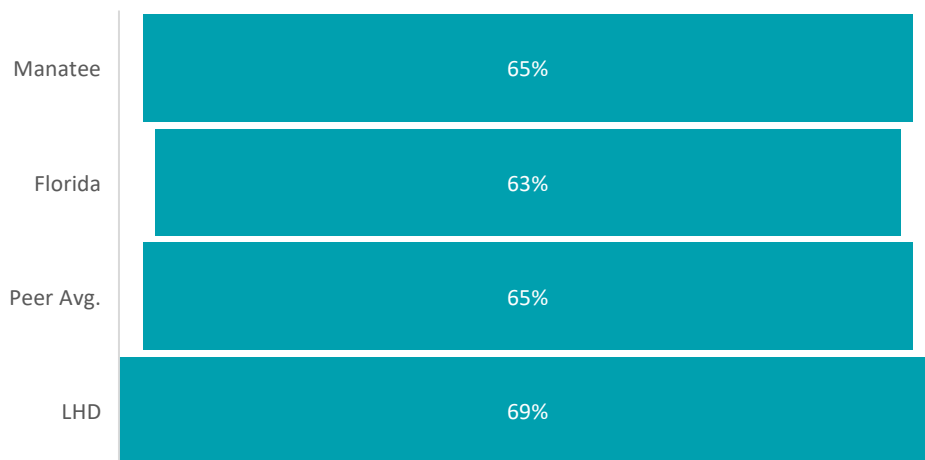
Figure 167 :Percent of Adults who Did Not see a Doctor in the Past Year Due to Cost, 2016



Source: Florida Behavioral Risk Factor Surveillance System

Oral health access is also impacted by affordability, fear, and lack of insurance coverage. In 2016 35% of adults in Manatee County did not visit a dentist or dental clinic in the past year.

Figure 168: Percent of Adults who Visited a Dentist or a Dental Clinic in the Past Year, 2016



Source: Florida Behavioral Risk Factor Surveillance System

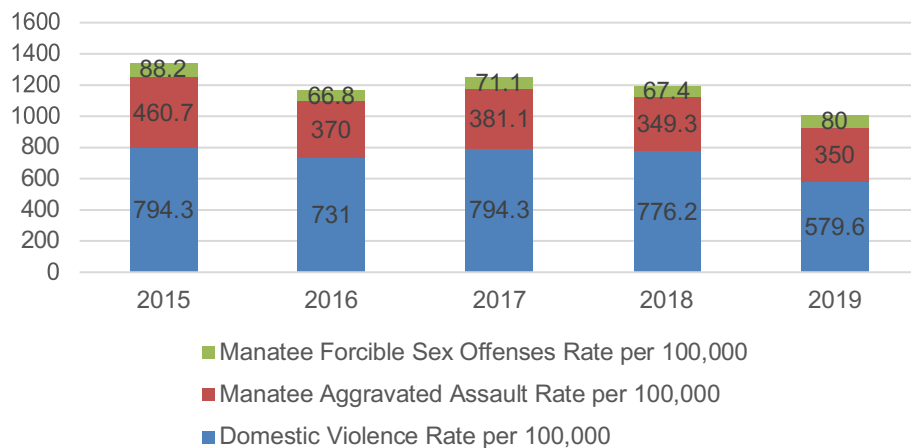
Telemedicine can be an effective way of expanding access to care. However, broadband internet and a computer, tablet or smart phone are needed to securely access telemedicine. While there is broadband coverage through most of Manatee County, the cost of this service is prohibitive for many people. In addition, the cost of a device and any associated service further places telemedicine out of reach for low- and moderate- income families.

The Clinical Care section of this plan provides more information on providers, facilities, and utilization.

Neighborhood and Built Environment

Feeling safe is a basic human need. Trauma from exposure to violence can impact physical and mental health. Figure 169 illustrates the rates of selected violent crime within the county. Community Health rankings indicated violent crime as an area to explore for Manatee County.

Figure 169: Violent Crime Manatee County 2015-2019



Source: Florida Department of Law Enforcement. Crime in Florida, Florida uniform crime report, 1995-2019

Air quality can have a significant impact on people with asthma or chronic obstructive pulmonary disease. Thanks to a statewide effort, emissions in Florida continue to decrease and are now the lowest they have been on record. The state of Florida has one of the best outdoor air quality monitoring networks in the country, and Manatee County has 4 air quality monitoring sites.

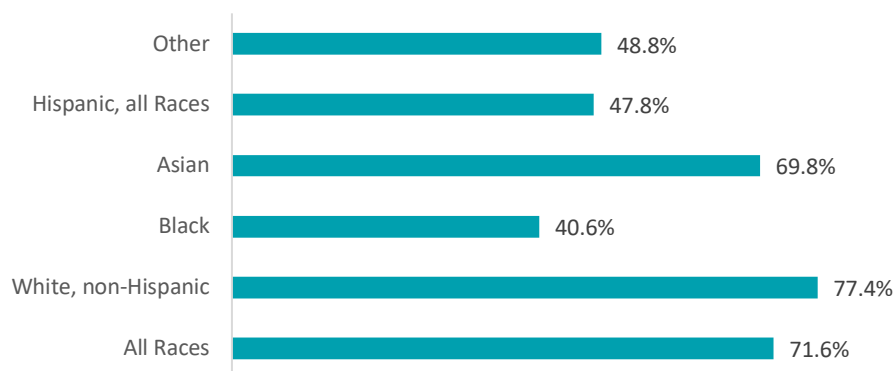
Drinking water is fluoridated and most residents are on community water supplies for potable water. Water in the Gulf of Mexico is affected by Red Tide. A red tide is a higher-than-normal concentration of a microscopic algae. The organism produces a toxin that can affect the central nervous system of fish. At high concentrations (called a bloom), the organisms may discolor the water a red or brown hue. The water can even remain its normal color during a bloom. Some people may experience respiratory irritation (coughing, sneezing, and tearing) when the red tide organism is present along a coast and winds blow aerosolized toxins onshore. People with severe or chronic respiratory conditions (such as emphysema or asthma) are advised to avoid red tide areas.

Being in a sub-tropical zone, Manatee County is at risk for tropical storms and hurricanes. Lower income residents can be particularly vulnerable to the impacts from these storms.

Agricultural workers may risk exposure to pesticides, fertilizers and other chemicals. Outdoor workers including construction and landscaping industries can be at risk for heat exposure and severe sunburn. All residents are at risk from ultraviolet radiation exposure that can lead to skin cancer and eye problems.

Home ownership can help to stabilize and build communities. Figure 170 provides a snapshot of home ownership rates by race and ethnicity. Home ownership rates are lowest among Black and Hispanic residents.

Figure 170: Home Ownership by Race Ethnicity, Manatee County

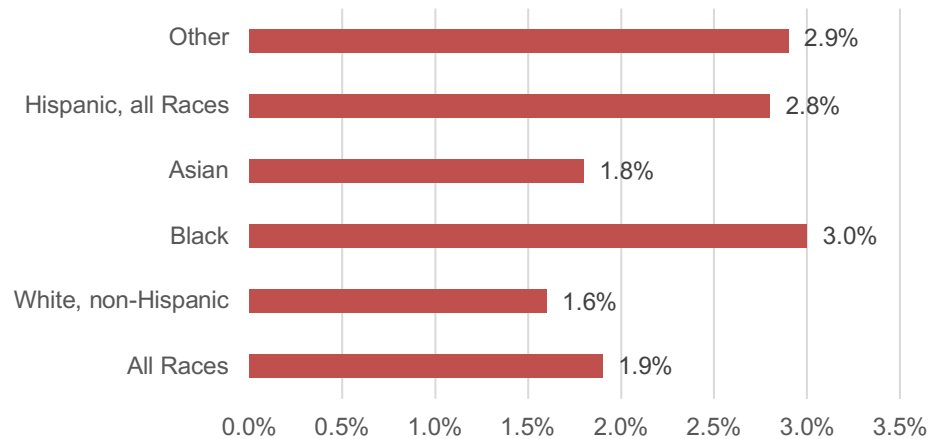


Source: US Census Bureau, 2018 American Community Survey 5-year estimates, S2502

Access to green space can improve physical and mental health. In 2019 it was estimated that 28.4 % of Manatee County population lives within .5 mile of park compared with 45.2% for Florida. In 2019, it was estimated that 2.5% of Manatee County residents live within .5 mile of an off-street trail system compared with 18.4% in Florida.

It is estimated that 4.9% of households in Manatee County have no vehicle available. Efficient and affordable transportation, good roads, sidewalks, drainage and other physical infrastructure are cornerstones to healthy communities. Commuting to work can impact air quality, delays from traffic and time expenditure that can negatively impact quality of life. The American community Survey 5-year estimates between 2014-18 indicated that 79% of employed Manatee residents drove alone to work and 37% indicated the commute was 30 minutes or more. Public transit and walking to work had lower rates overall but are still more common among, Blacks, Hispanic and other races (Figure 171).

Figure 171: Percent of Population Commuting to Work via Walking/Transit



Source: US Census Bureau, 2018 American Community Survey 5-year estimates, B08105

Social and Community Context

Social isolation describes the absence of social contact and can lead to loneliness. It is a state of being cut off from normal social networks, which can be triggered by factors such as loss of mobility, unemployment, domestic violence, economic struggles, or health issues. Isolation can involve staying at home for lengthy periods of time, having no access to services or community involvement, and little or no communication with friends, family, and acquaintances.

Some may be physically able to go out and meet people but are inhibited from doing so by factors such as depression, social adversity, becoming a caregiver for a loved one, or bereavement. Any of these factors can be barriers to forming and maintaining social networks and can lead to loneliness and isolation.

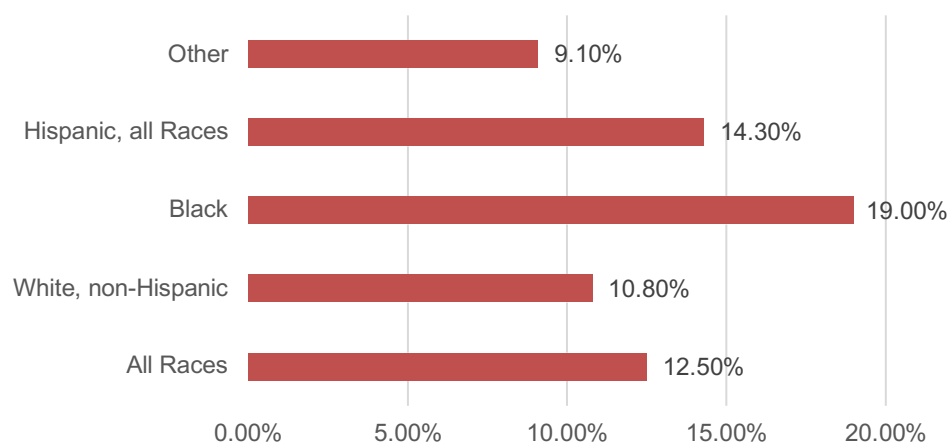
A report from the National Academies of Sciences, Engineering, and Medicine (NASEM) points out that more than one-third of adults aged 45 and older feel lonely, and nearly one-fourth of adults aged 65 and older are considered to be socially isolated. [Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System | The National Academies Press \(nap.edu\)](#)

- Older adults are at increased risk for loneliness and social isolation because they are more likely to face factors such as living alone, the loss of family or friends, chronic illness, and hearing loss.
- Social isolation significantly increased a person's risk of premature death from all causes, a risk that may rival those of smoking, obesity, and physical inactivity.
- Social isolation was associated with about a 50% percent increased risk of dementia.
- Poor social relationships (characterized by social isolation or loneliness) was associated with a 29% increased risk of heart disease and a 32% increased risk of stroke.

- Loneliness was associated with higher rates of depression, anxiety, and suicide.
- Loneliness among heart failure patients was associated with a nearly 4 times increased risk of death, 68% increased risk of hospitalization, and 57% increased risk of emergency department visits.
- LGBTQ and first-generation immigrants at high risk.

Disconnected youth are at an increased risk of violent behavior, smoking, alcohol consumption and marijuana use, and may have emotional deficits and less cognitive and academic skills than their peers who are working and/or in school. Approximately 1 in 9 teenagers and young adults in the U.S. is currently referred to as disconnected; not in education, employment, or training. Several studies have shown that disconnected youth have a disproportionate share of related health problems including chronic unemployment, poverty, mental health disorders, criminal behaviors, incarceration, poor health, and early mortality. Figure 172 indicates higher rates of disconnection among Black and Hispanic youth in Manatee County.

Figure 172: Percent of 16-24- year-olds not in School or Work Manatee County



Source: 2018 5-year American Community Survey microdata file from IPUMS USA

According to a study at the University of California-Irvine, Children who have been in the U.S. foster care system are at a significantly higher risk of mental and physical health problems – ranging from learning disabilities, developmental delays and depression to behavioral issues, asthma and obesity – than children who haven’t been in foster care.

Researchers found that kids who’d been in foster care were:

- Seven times as likely to experience depression
- Six times as likely to exhibit behavioral problems
- Five times as likely to feel anxiety
- Three times as likely to have attention deficit disorder, hearing impairments and vision issues

- Twice as likely to suffer from learning disabilities, developmental delays, asthma, obesity and speech problems

<http://pediatrics.aappublications.org/content/early/recent>

Table 44 provides an overview of children in foster care in Manatee County for the 2018-19 fiscal year. Removals may be for more than one reason. Neglect and caretaker drug or alcohol involvement were the most common reasons for removal in Manatee County.

Removals for caretaker drug involvement are higher in Manatee County than Florida and are a consequence of higher rates of drug usage occurring in Manatee County.

Table 44: Manatee County Children Removed to Foster Care October 2018 through September 2019

	Count	County Rate	State Rate	Rank (high=1 to low=67)
Total Removals to Foster Care	466	61.5 per 10K	36.6 per 10K	13
Average Monthly Removals to Foster Care	38.8	5.1 per 10K	3.1 per 10K	13
Reentries to Foster Care	88/466	18.9%	24.4%	46
Reentries to Foster Care within 12 months of Previous Discharge	37/466	7.9%	9.7%	33.5
Removals for Neglect	252/466	54%	55%	24.5
Removals for Caretaker Drug or Alcohol Use	239/466	51%	48%	44
Removals for Physical Abuse	36/466	8%	12%	44
Removals for Caretaker Inability to Cope	60/466	13%	17%	31
Removals for Inadequate Housing	70/466	15%	11%	20
Removals for Incarceration	63/466	14%	8%	14.5
Removals for Child Behavior	16/466	3%	2%	11.5
Removals for Abandonment	40/466	9%	7%	19.5
Removals for Sexual Abuse	19/466	4%	3%	19
Average Daily Children in Care	716	94.6 per 10K	57.2 per 10K	15

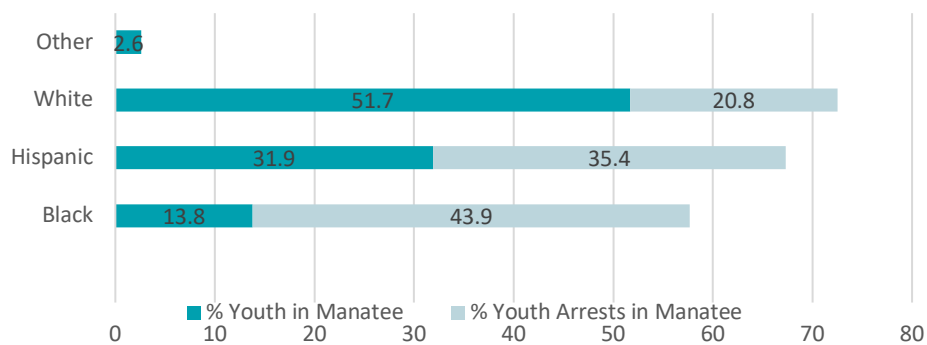
Source: Florida Department of Children and Families, <http://fosteringcourtimprovement.org/fl/County/Manatee/>, accessed October 29, 2020

Youth under the age of 18 who are accused of committing a delinquent or criminal act are typically processed through a juvenile justice system. While similar to that of the adult criminal justice system in many ways—processes include arrest, detention, petitions, hearings, adjudications, dispositions, placement, probation, and reentry—the juvenile justice process operates according to the premise that youth are fundamentally different from adults, both in terms of level of responsibility and potential for rehabilitation. The primary goals of the juvenile justice system, in addition to maintaining public safety, are skill development, habilitation, rehabilitation, addressing treatment needs, and successful reintegration of youth into the community.

Minority youth disproportionately outnumber those who are white at every stage in the nation’s juvenile justice system. According to the MacArthur Foundation, youth of color constitute approximately one-third of the adolescent population in the U.S. but two-thirds of incarcerated youth.

Figure 173 shows the disproportionate representation of minority youth between the ages of 10 and 17 in Manatee County in 2018-19. The Department of Juvenile Justice uses a measure known as Relative Rate Index (RRI). When the RRI is higher than 1, the rate of occurrence for minority youth is greater than the rate of occurrence for white youth at that point in the Juvenile Justice continuum of services. When the RRI is less than 1, the rate of occurrence for minority youth is less than that for white youth. The RRI for Black youth is 4.6 and Hispanic youth is 1.0 in Manatee County.

Figure 173: Juvenile Justice Disproportionate Minority Contact/Racial Ethnic Disparity Benchmark FY 2018-2019



Source: <http://www.djj.state.fl.us/research/reports/reports-and-data/interactive-data-reports/disproportionate-minority-contact-reports>, accessed October 29, 2020

COVID-19 social distancing has contributed to feelings of isolation and disconnection among populations that may not have been impacted otherwise. The Kaiser Family Foundation (KFF) has conducted tracking polls beginning in March 2020 and some highlights of data collected to date include:

- In the tracking poll conducted in late March, over half of women with children under the age of 18 have reported negative impacts to their mental health due to worry and stress from the coronavirus. Until recently, roughly three in ten of their male counterparts reported these negative mental health impacts. In the latest, mid-July KFF Tracking poll, 49% of men with children under the age of 18 reported this negative impact on mental health.
- In general, women more often report negative mental health impacts due to worry and stress from the coronavirus than men (57% vs 50%, respectively, in the mid-July KFF Tracking Poll).
- Existing mental illness among adolescents may be exacerbated by the pandemic, and with school closures, they do not have the same access to key mental health services. Additionally, substance use is a concern among adolescents as they may use substances to cope.
- People with low incomes have generally been more likely to report major negative mental health impacts from worry or stress over coronavirus. KFF polling conducted in mid-July found that 35% of those making less than \$40,000 reported experiencing a major negative mental health impact, compared to 22% of those with incomes between \$40,000 to \$89,999 and 20% of those making \$90,000 or more.
- Research indicates that burnout in hospitals is particularly high for young registered nurses and nurses in hospitals with lower nurse-to-patient densities. Physicians are also prone to experiencing burnout and can consequently suffer from mental health issues, including depression and substance use.
- According to the CDC, people who have chronic illnesses such as chronic lung disease, asthma, serious heart conditions, and diabetes are among those with a high risk of severe illness from COVID-19. Research shows that mental health disorders are common comorbidities among patients with these and other chronic illnesses. KFF Tracking Polls conducted since April found that adults with fair or poor health status were more likely to report negative mental health impacts due to worry or stress related to the coronavirus compared to adults with excellent, very good, or good health status.

<https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>

Health Behaviors

Health behaviors are a combination of knowledge, practices and attitudes that together contribute to motivate the actions we take regarding health. Behavioral factors play a role in each of the twelve leading causes of death in the United States.

The most common behavioral contributors to death, include the use of alcohol, tobacco, firearms, and motor vehicles; diet and activity patterns; sexual behavior; and illicit use of drugs.

Alcohol Use

Indicator-Age-adjusted Death Rate per 100,000 Alcohol-suspected Motor Vehicle Crashes

It is estimated that approximately 15% of adults in the US drink excessively. Excessive drinking includes binge drinking, heavy drinking, and any drinking by pregnant women or people younger than age 21.

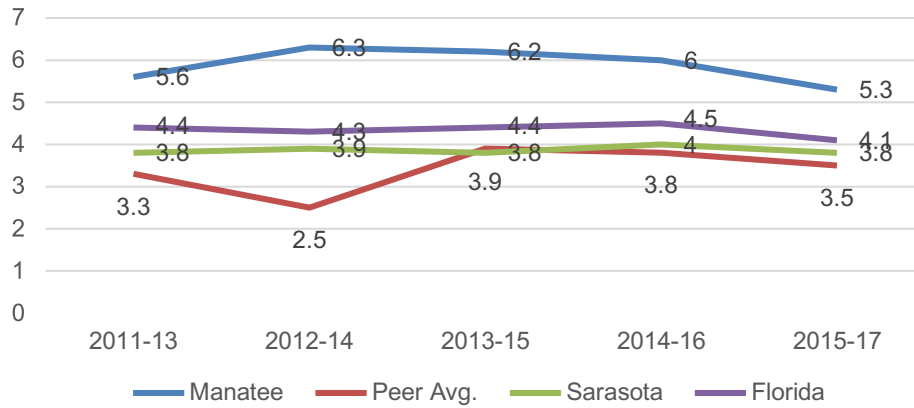
The Substance Abuse and Mental Health Services Administration (SAMHSA) defines binge drinking as “5 or more alcoholic drinks for males or 4 or more alcoholic drinks for females on the same occasion.” Binge drinking is a risk factor for unintentional injuries (e.g., motor vehicle crashes), suicide, hypertension, acute myocardial infarction, sexually transmitted diseases, unintended pregnancy, fetal alcohol syndrome, and sudden infant death syndrome. Heavy drinking is defined as consuming 8 or more drinks per week for women and 15 or more drinks per week for men.

Over time, excessive alcohol use can lead to the development of chronic diseases and other serious problems including:

- High blood pressure, heart disease, stroke, liver disease, and digestive problems.
- Cancer of the breast, mouth, throat, esophagus, liver, and colon.
- Weakening of the immune system, increasing the chances of getting sick.
- Learning and memory problems, including dementia and poor school performance.
- Mental health problems, including depression and anxiety.
- Social problems, including lost productivity, family problems, and unemployment.
- Alcohol use disorders, or alcohol dependence.

Manatee County had higher death rates from alcohol-suspected motor vehicle crashes than Florida, peer counties or the nearest local health department.

Figure 174: Comparison Alcohol-suspected Motor Vehicle Traffic Crash Death Rates per 100,000 Population, 3-year Rolling



Source: Florida Department of Health, Bureau of Vital Statistics

The Healthy People 2030 national health target is to reduce the death rate of from alcohol-suspected motor vehicle crashes to 28.3 per 100,000 population. Manatee County meets the national target.

Underage drinking is a significant public health problem in the U.S. Excessive drinking is responsible for more than 3,500 deaths and 210,000 years of potential life lost among people under age 21 each year.

The Youth Behavioral Risk Factor Survey does not provide Manatee County specific data; however, the 2019 survey does provide state-level data. In Florida, 15.3% of High School students reported having their first drink before the age of 13. High School students who reported having consumed alcohol at least once in the past 30 days declined from 45% in 2001 to 26.1% in 2019. Youth who consumed alcohol were more likely to be white and female. Binge drinking rates have been steady at 12.49% over the past two years.

Tobacco Use

Tobacco use is the leading cause of preventable disease, disability, and death in the United States. Cigarette smoking leads to disease and disability and harms nearly every organ of the body. Smoking causes cancer, heart disease, stroke, lung diseases, type 2 diabetes, and other chronic health conditions. Tobacco use is a known risk factor for many of the leading causes of death in Manatee County, making it a necessity to create social norms interventions that prevent and reduce smoking and other tobacco use.

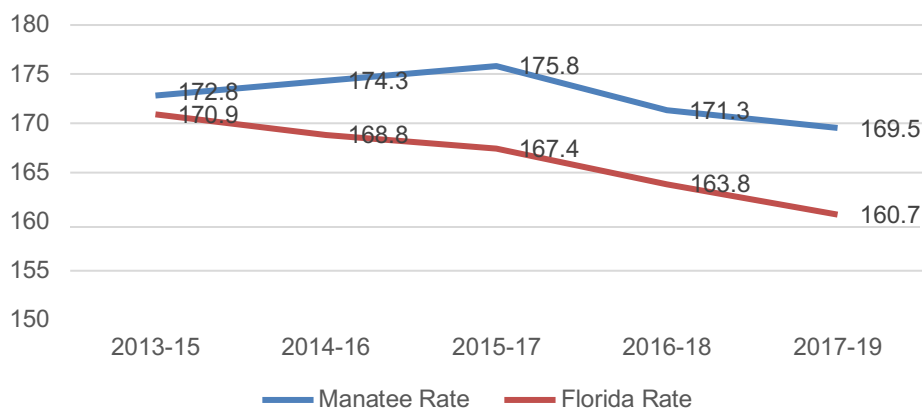
The impact also extends beyond the smoker. For example, smoking during pregnancy increases the risk of premature birth (being born too early) and sudden infant death syndrome (SIDS).

Secondhand smoke, which affects 58 million nonsmoking Americans, also causes stroke, lung cancer, and coronary heart disease in adults. Children who are exposed to secondhand smoke are at increased risk of SIDS, impaired lung function, acute respiratory infections, middle ear disease, and more frequent and severe asthma attacks.

Tobacco can be smoked (cigarettes, cigars, hookah), smokeless (dip, snuff, chew), or used through electronic nicotine delivery systems or ENDS (aka e-cigarettes).

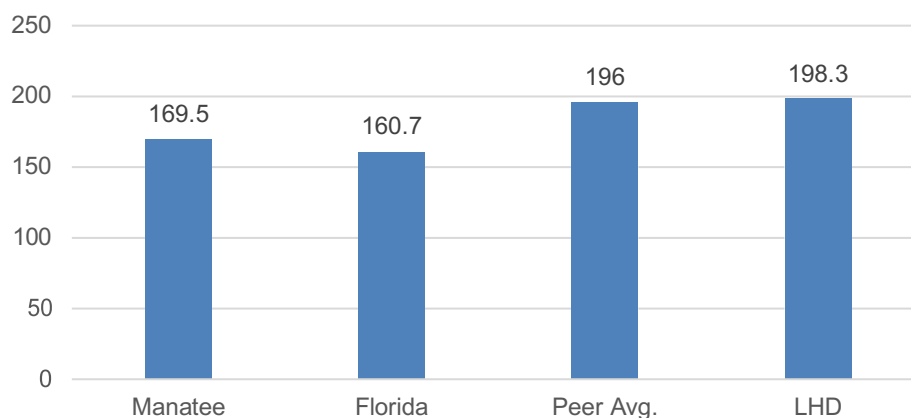
Manatee County has higher rates of tobacco-related cancer deaths than Florida, and although rates are declining, Florida rates are declining faster than Manatee County (Figure 175). Manatee has lower rates of tobacco-related cancer deaths than the peer county average or the nearest local health department (Figure 176).

Figure 175: Tobacco-related Cancer Deaths to persons Age 35 and Over, 3-year rolling rate, Manatee County and Florida, 2013-2019



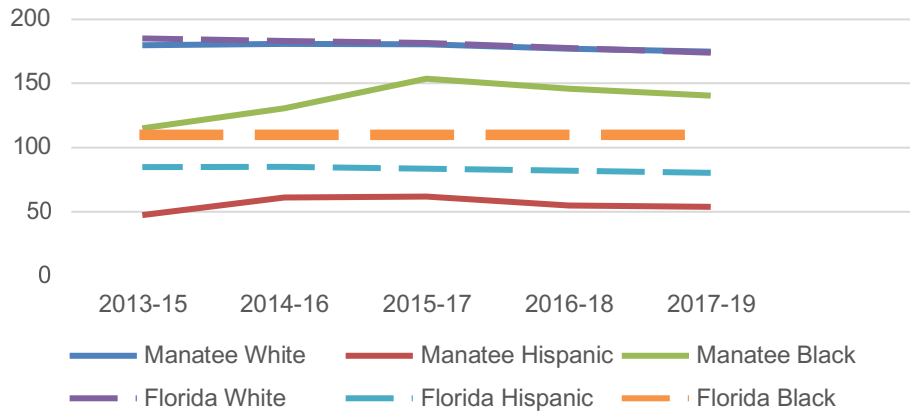
Source: Florida Department of Health, Bureau of Vital Statistics

Figure 176: Comparison Tobacco-Related Cancer Deaths in Persons Age 35 and Over, 3-year Rolling Average 2017-2019



When comparing tobacco-related cancer deaths by race and ethnicity, Whites in Manatee and Florida have nearly identical rates over time. Manatee County Blacks have higher rates of death than Florida Blacks, and Manatee Hispanics have lower rates of death than Florida Hispanics. (Figure 177).

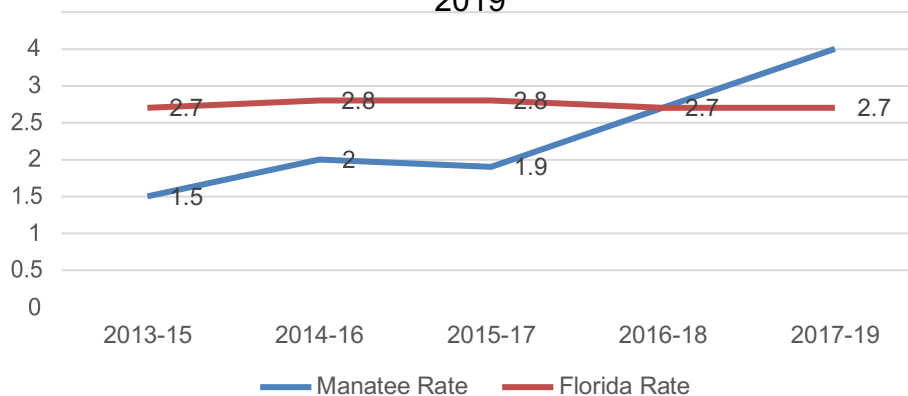
Figure 177: Tobacco-Related Cancer Deaths to Persons Age 35 and Older, 3-year Rolling Rate, By Race and Ethnicity, Manatee County and Florida, 2013-2019



Source: Florida Department of Health, Bureau of Vital Statistics

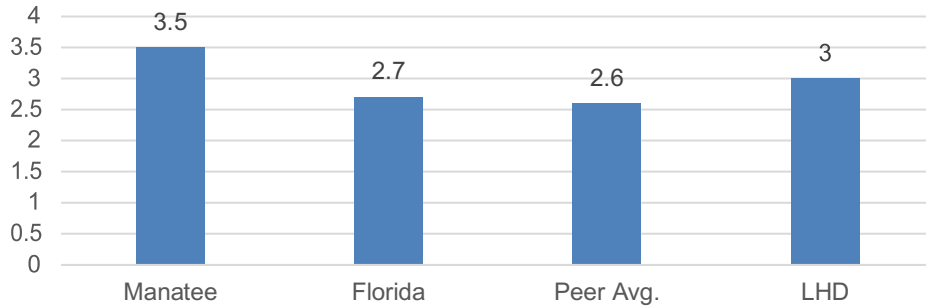
Smokeless tobacco is a major contributor to oral cancer. Manatee County has seen oral cancer death rates rise since 2016-18 when rates surpassed those of Florida. (Figure 178). Manatee County has higher oral cancer rate than peer county average and the nearest local health department. There are insufficient data points for comparison of race and ethnicity data for oral cancer rates. (Figure 179).

Figure 178: Age-adjusted Oral Cancer Death Rates, 3- year Rolling Rate per 100,000 Population, Manatee County and Florida, 2013-2019



Source: Florida Department of Health, Bureau of Vital Statistics

Figure 179: Comparison Age-Adjusted Oral Cancer Death Rates, 2017-2019



Youth

Tobacco use by youth is a particularly concerning, as nearly 9 out of 10 adults who smoke cigarettes daily first try smoking by age 18. As such, Manatee County must make significant efforts to reduce youth smoking rates and increase cessation attempts in adults to improve the community's public health.

The use of electronic nicotine delivery systems (ENDS) among youth in the United States has become a serious public health concern. These systems — commonly referred to as electronic cigarettes (or just, “e-cigarettes”), vape pens, or even “juuls” — work by heating nicotine-containing fluid to form an aerosol that users inhale. In 2020, 25.6% of Florida high school students reported current use of electronic vaping – a 63% increase compared to 2017. Meanwhile, only about 4% of adults in Florida were using ENDS.

Table 45 shows the percent of middle and high school students who have ever tried smokeless tobacco. Manatee County rates have remained in the 30 to 32% range from 2014 to 2020 and are lower than rate in Florida, but higher than peer counties or nearest local health department.

Table 45: Percent of students who have ever used smokeless tobacco (chewing tobacco, snuff, or dip), Among all middle and high school students

Area	2014	2016	2018	2020
Manatee	31.7	30.5	32.1	30.9
Peer Average	28.4	30.5	32.6*	29.8
Nearest LHD	37.2	18.8	n/a	13.9
Florida	30.7	32.8	33.1	32.5

Source: Florida Department of Health, Division of Community Health Promotion, Florida Youth Tobacco Survey (FYTS)***Note:** One peer county did not have data for 2018, average is based on two counties.

Current tobacco use and second-hand smoke exposure among youth is described in Table 46. The highest rates of use for both Manatee County and Florida are through electronic vaping. Exposure to second-hand smoke was reported by over 61% of youth in both Florida and Manatee County.

Table 46: Percent Current Tobacco Use and Second-hand Smoke Exposure, Manatee County and Florida, 2020

Percent of youth (Ages 11-17) who	Manatee County	Florida
Currently Use Cigarettes	1.0	1.5
Currently use cigars	2.3	2.5
Currently use smokeless tobacco	1.0	1.3
Currently Use hookah	.7	2.3
Currently use electronic vaping	14.4	14.5
Currently use cigarettes, cigars, smokeless, hookah or electronic vaping	16.0	17.1
Exposed to second-hand cigarette or electronic vapor smoke	61.4	61.6
Live with someone who smokes cigarettes	18.8	21.4
Lives with someone who uses ENDS	11.1	13.8
Lives with someone who allows tobacco use (2016 data)	11.8	13.0

Source: Florida Department of Health, Division of Community Health Promotion, Florida Youth Tobacco Survey (FYTS)

Adults

Tobacco use in adults continues to be an important contributor to poor health outcomes. Manatee County has high rates of tobacco use among adults.

Table 47: Tobacco Use among Adults

Indicator	Manatee County	Florida
% Adults current smokers	19.7%	15.5%
% of females who are smokers	12.3%	13.3%
% of males who are smokers	27%	17.8%
Adults age 18-44 who are smoker	29.7%	17.0%
Adults age 45-64 who are smokers	23.0%	19.0%
Adults age 65 and older who are smokers	5.4%	8.4%
% Smokers who earn less than \$25,000/year	43.9%	23.5%
% Adults who tried to quit smoking at least once in the past year	59.9%	62.1%

Source: Florida Behavioral Risk Factor Surveillance System, 2016

Blacks are disproportionately affected by asthma, cancers, lung disease and other chronic illnesses that are exacerbated by smoking. Blacks make up 9.1% of the population in Manatee County and 21.3% are smokers compared with 12.4% of Blacks in Florida.

Tobacco Policies and Resources

In 2019, Florida expanded the Florida Clean Indoor Air Act which banned smoking in many public places to include e-cigarettes and vaping devices.

The Tobacco Prevention and Intervention Program has maintained successful work over the past decade to decrease tobacco use, particularly in youth. Tobacco use among youth ages 11-17, dropped from 22.2% in 2018, down to 17.2% in 2020, according to the Florida Youth Tobacco Survey. Community organizations like Students Working Against Tobacco (SWAT), along with Manatee Schools programs like Students Taking A Stand Against Negative Decisions (STAND), continue to make a strong contribution toward these positively trending outcomes. The e-cigarette epidemic continues to be a strong focus of partners in our network, due to the alarming health issues that have come to light. The use of ENDS products is an area of focus with the prevalence still high at one in six students reporting daily use.

According to the 2020 Florida Youth Tobacco Survey (FYTS), 25% of youth ages 11-17 have tried electronic vaping; which increased 3.2% from 2014. The retail stores are where tobacco enters the community. More importantly, tobacco marketing is not evenly distributed throughout our communities. Out of the 438 tobacco retailers in Manatee County, 212 of them are located throughout the four zip codes: 34203, 34205, 34207 and 34208. Throughout these four zip codes, 31% of the Manatee County population resides. The proximity from one tobacco retailer to another is alarmingly close in these areas, which causes an increase of visibility, leading to an increase of use

According to CDC, comprehensive tobaccocontrol efforts have contributed to reductions in tobacco-related disease and deaths, and were effective across diverse racial, ethnic, educational, and socioeconomic groups. Therefore, program activities will continue to positively impact population groups with a specific emphasis on the African American population, Hispanic population, as well as youth ages 11-17 who are disproportionately affected by tobacco use.

Tobacco Free Florida works to provide tobacco education and prevention services along with assistance in quitting. Since Tobacco Free Florida launched in 2007, the adult cigarette smoking rate in the state has decreased from 21% in 2006 to 14.5% in 2018 which is the lowest it's ever been. The youth smoking rate has decreased from 10.6% in 2006 to 1.5% in 2019 – an 85.8% decrease.

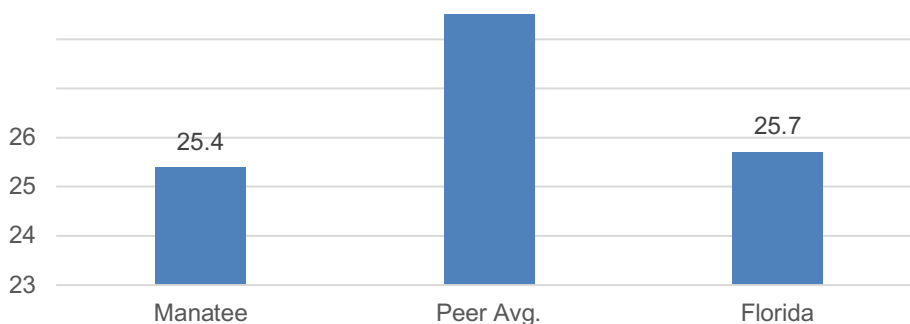
Drug Use

Marijuana

According to the National Institute on Drug Abuse (NIDA), marijuana is the most abused drug in the US. Many states in the US have legalized marijuana for medical or recreational use. Florida has legalized the medical use of marijuana in 2017 for qualified patients under specific criteria but does not permit recreational use. However, according to federal law, the possession of marijuana is still illegal in the US, except within approved research settings.

As indicated in the tobacco discussion, youth are more likely to use electronic cigarettes than adults. In addition, many of these devices can also be used to smoke marijuana oil. Manatee County rates in 2018 for use of marijuana oil by youth were lower than Florida or the peer county average but are still a concern.

Figure 180: Comparison Percent Users of Electronic Vapor Products who have used the Product with Marijuana Oil, among Middle and High School Students, 2018



Source: Florida Department of Health, Division of Community Health Promotion, Florida Youth Tobacco Survey (FYTS) Note: No data for nearest local health department for 2018.

Opioids and Drug Overdoses

Opioid drugs are a class of drugs used to reduce pain. According to the National Institute on Drug Abuse (NIDA), this class of drugs includes heroin, synthetic opioids such as fentanyl, and pain relievers available legally when prescribed, such as oxycodone (OxyContin), hydrocodone (Vicodin), codeine, and morphine.

Between 1999-2017, nearly 400,000 in the US people died from an overdose involving opioids including prescription drugs and illicit opioids. The CDC notes that the rise in opioid overdose deaths can be explained in three distinct waves:

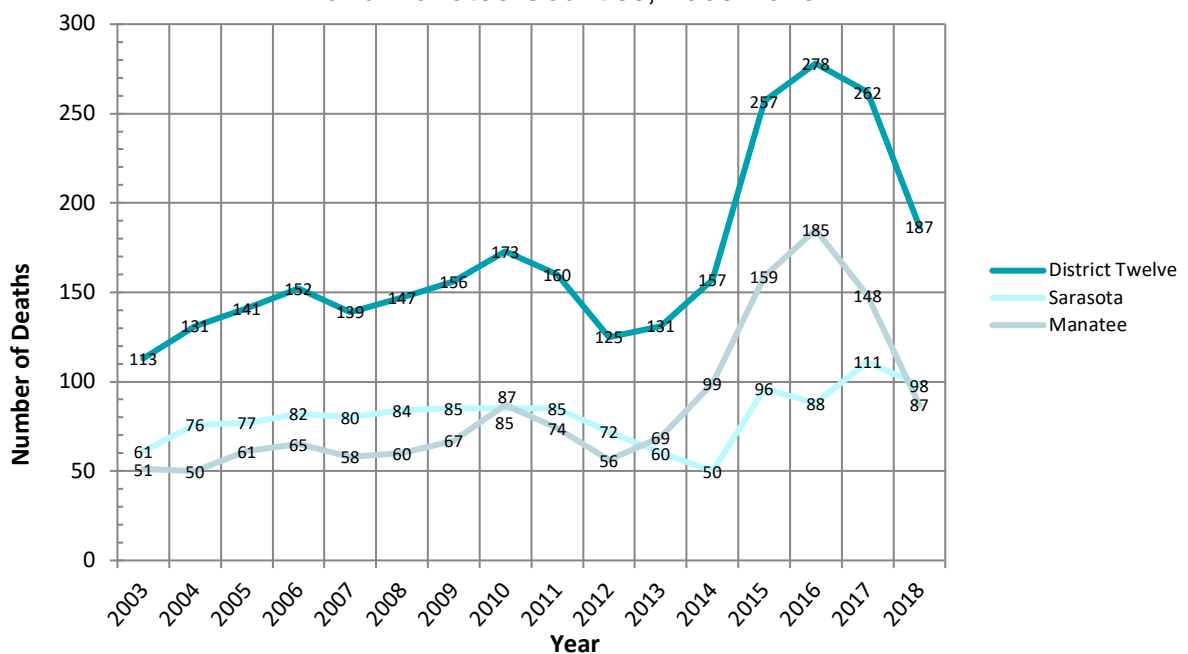
1. In the late 1990s, the first wave began with increased prescribing of opioids with overdose deaths related to prescription opioids.

2. The second wave started in 2010, with a quick rise in overdose deaths involving heroin.
3. The third wave started in 2013, with significant increases in overdose deaths involving synthetic opioids specifically those involving illicitly manufactured fentanyl (IMF). The IMF market continues to change, and IMF can be found in combination with heroin, counterfeit pills, and cocaine.

Manatee County was the center of opioid epidemic in 2014. The crisis followed Florida’s crack down on pill mills, many of which were shut down. One unintended consequence was that many pill users turned to heroin, and drug dealers began cutting fentanyl into the heroin supply, or at times selling fentanyl and claiming it was heroin.

By 2016-2017, Manatee County was leading the state in the number of overdose deaths per capita. In 2018, the number of deaths from overdose began dropping with a 3% decrease in all drug-related deaths and a 10% decrease in opioid-related deaths statewide. (Figure 181).

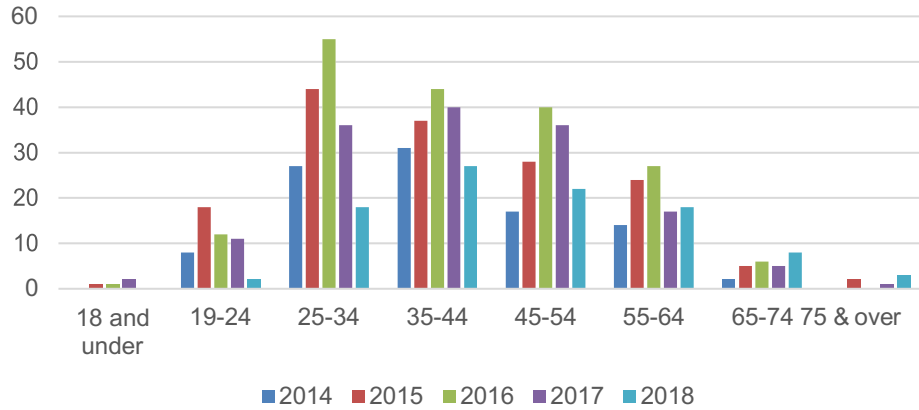
Figure 181: Total Drug Caused Deaths, District 12 and Sarasota and Manatee Counties, 2003-2018



Source: District 12 Medical Examiner Comprehensive Drug Death Report 2003-2018.

In Manatee County, deaths caused by drugs occurs most often in the 25 to 34 and the 35-44 age cohorts, but all people of all ages are impacted (Figure 182). Specific drugs responsible vary over time, but in 2018 opioids, fentanyl and cocaine were the most common cause of death (Figure 183).

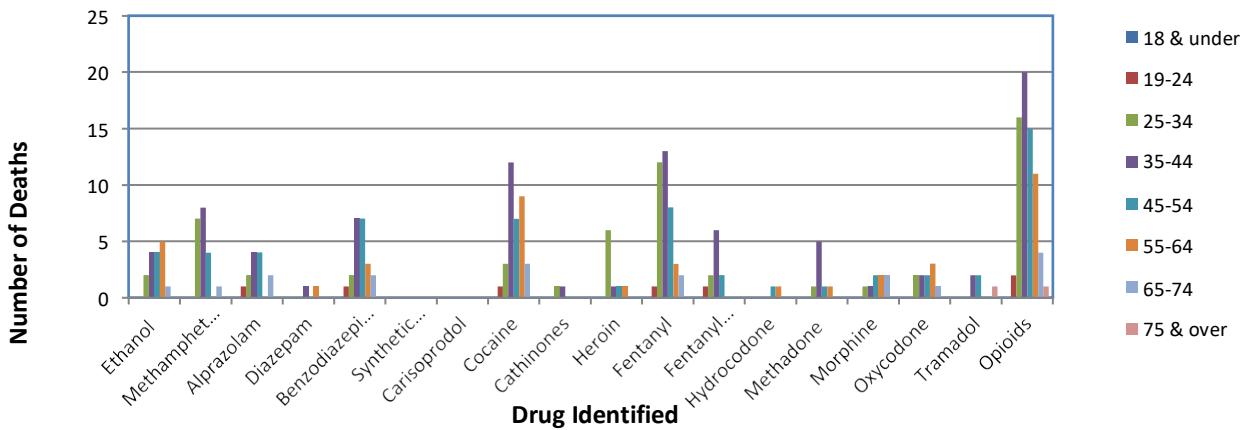
Figure 182: Age Distribution of Drug Deaths 2014-2018 by Age, Manatee County



Age	2014	2015	2016	2017	2018
18 and under	0	1	1	2	0
19-24	8	18	12	11	2
25-34	27	44	55	36	18
35-44	31	37	44	40	27
45-54	17	28	40	36	22
55-64	14	24	27	17	18
65-74	2	5	6	5	8
75 & over	0	2	0	1	3

Source: District 12 Medical Examiner Comprehensive Drug Death Report 2003-2018.

Figure 183: 2018 Specific Drugs Causing Death, Manatee County



Source: District 12 Medical Examiner Comprehensive Drug Death Report 2003-2018.

In addition to deaths, non-fatal overdoses occur, and in some cases, the same individual may have overdosed more than once. Overdoses require medical attention including hospitalization and emergency room visits.

Table 48: Manatee County Non-Fatal Overdoses by Emergency Room Visits and Hospitalizations, 2017-2019

Non-fatal Overdoses	2017	2018	2019
All drug non-fatal overdose emergency department visits	1566	1566	1159
Opioid-involved non-fatal overdose emergency department visits	1083	1083	642
All drug non-fatal overdose hospitalizations	508	508	460
Opioid-involved non-fatal overdose hospitalizations	196	196	141

Source: Florida CHARTS Opioid User Dashboard 2017, 2018 and 2019

When comparing data from the first six months on 2020 with the same period of 2019 fatal overdoses from all drugs increased 8.8% in Manatee County and opioid overdoses remained the same. Non-fatal overdoses from all drugs increased 23.7% and non-fatal opioid overdoses increased by 34.6%.

Table 49: Number of Fatal and Non-fatal Overdoses Manatee County, and Percent Change 2019 through June 30, 2020

Type	January-June 2019	January-June 2020	% Change
Fatal overdoses All drugs	68	74	8.8%
Fatal Overdoses Opioids	62	62	0%
Non-Fatal Overdoses-All Drugs	670	829	23.7%
Non-fatal Overdoses Opioids	341	459	34.6%

Source: Data organized by Dr. Jared Jashinsky; FL-DOSE Team; FDOH

Since the coronavirus pandemic began in March 2020, a spike in drug overdoses is being reported nationwide. Nationally, drug overdoses increased 18 percent in March, 29 percent in April and 42 percent in May, according to the Overdose Detection Mapping Application Program, a federal initiative that collects data from first responders and hospitals. It is unknown to what extent the stress of COVID-19 might have contributed to the increases in Manatee County but continued focus on this health emergency must continue for the foreseeable future.

In July 2019, needle exchange programs were authorized in Florida. In December 2019 the Manatee County Commission voted unanimously to approve the Infectious Disease Elimination Program to allow for needle exchange for IV drug users in the county. Implementation planning is underway.

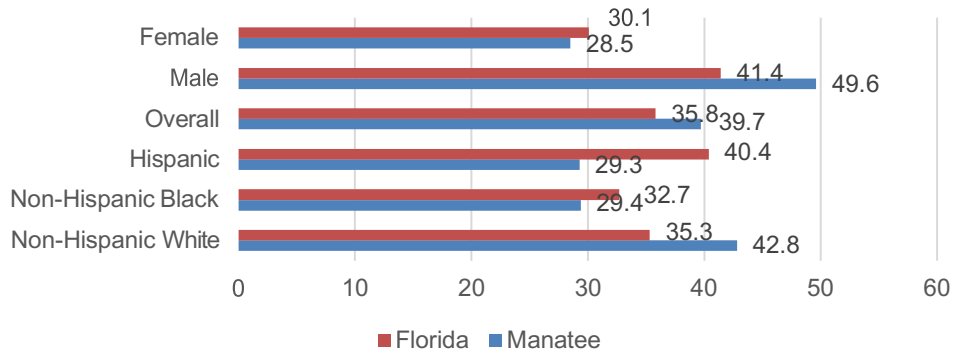
Healthy Weight

Body Mass Index (BMI) is a person's weight in kilograms divided by the square of height in meters. A high BMI can be an indicator of high body fatness. Healthy weight is defined as having a body-mass index (BMI) between 18.5 and 24.9.

Overweight is defined as BMI between 25 and 30. Obese is defined as a BMI greater than 30.

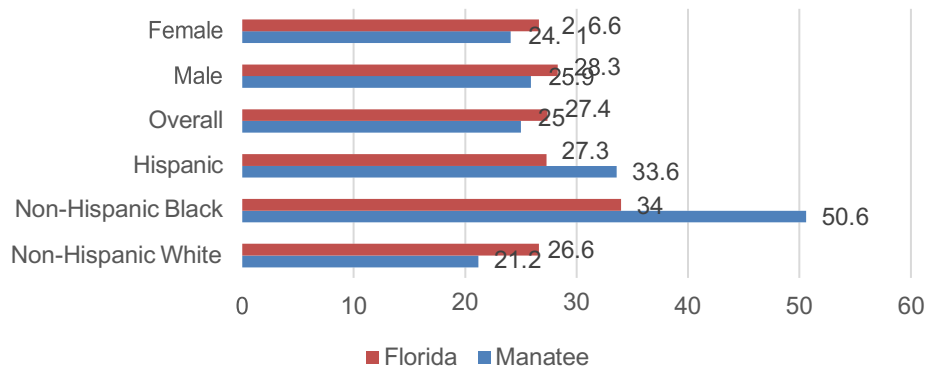
Manatee County has higher rates of overweight adults overall and among non-Hispanic Whites than Florida. (Figure 184). However, among Blacks and Hispanics, Manatee County has higher rates of obesity than Florida. (Figure 185).

Figure 184: Percent of Adults who are Overweight, by Race, Ethnicity and Gender, Manatee County and Florida, 2016



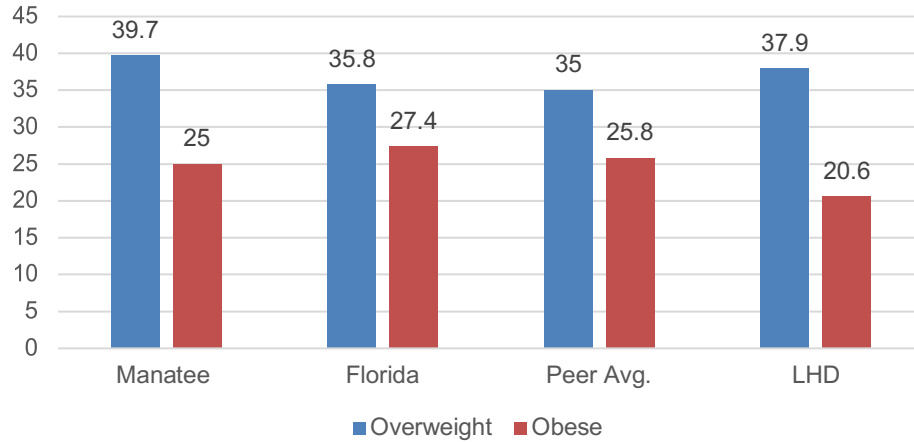
Source: Florida Behavioral Risk Factor Surveillance System

Figure 185: Percent of Adults who are Obese by Race, Ethnicity and Gender, Manatee County and Florida, 2016



Source: Florida Behavioral Risk Factor Surveillance System

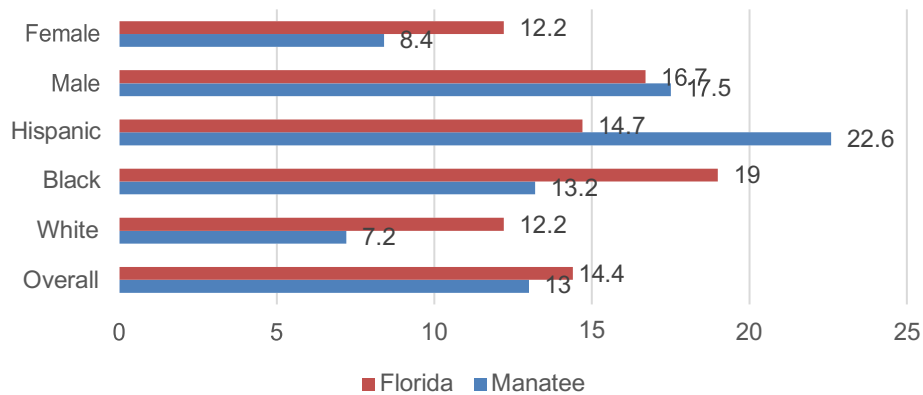
Figure 186: Comparison of Overweight and Obese Adults, 2016



Source: Florida Behavioral Risk Factor Surveillance System

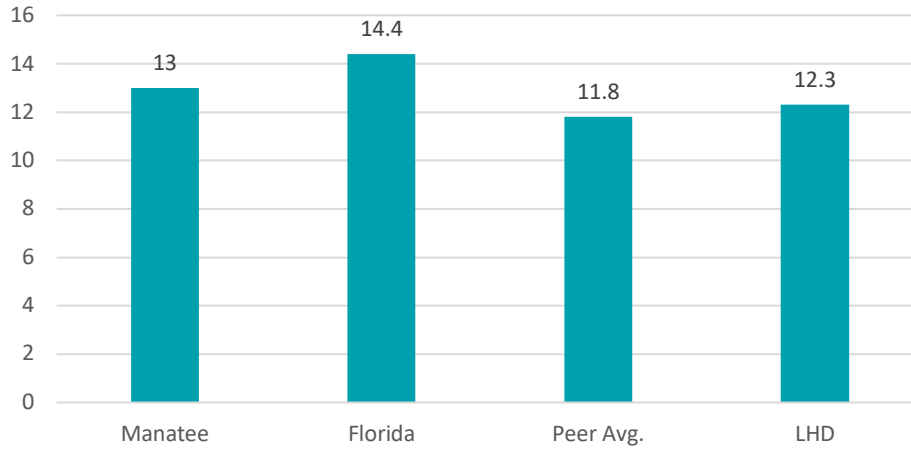
Among youth, Manatee County Hispanics and males have higher rates of obesity than Hispanics and males in Florida. (Figure 187). Overall, Manatee County has lower rates of youth obesity when compared with Florida, and higher rates than the peer county average and the nearest local health department. (Figure 188).

Figure 187: Percent of Students who are Obese, by Race, Ethnicity and Gender, Manatee County and Florida, 2020



Source: Florida Youth Tobacco Survey, 2020

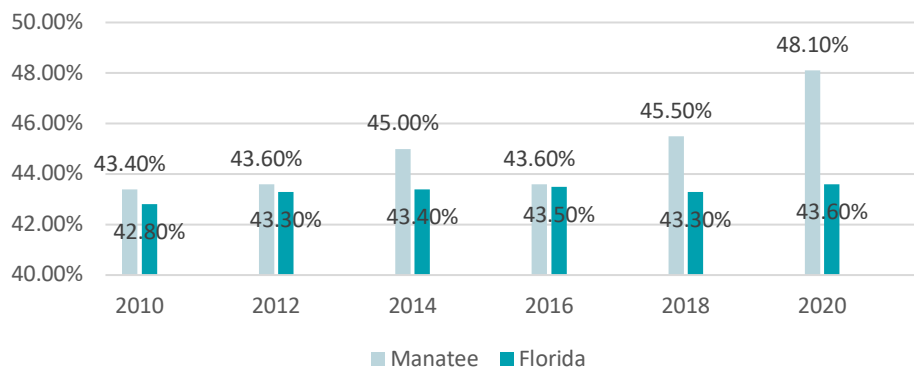
Figure 188: Comparison Percent of Students who are Obese, 2020



Source: Florida Youth Tobacco Survey, 2020

Manatee students have reported higher rates of trying to lose weight than students in Florida over the last decade.

Figure 189: Percent of Students who are trying to lose weight, Among all Middle and High School Students, Manatee County and FloridaChart , 2010-2020



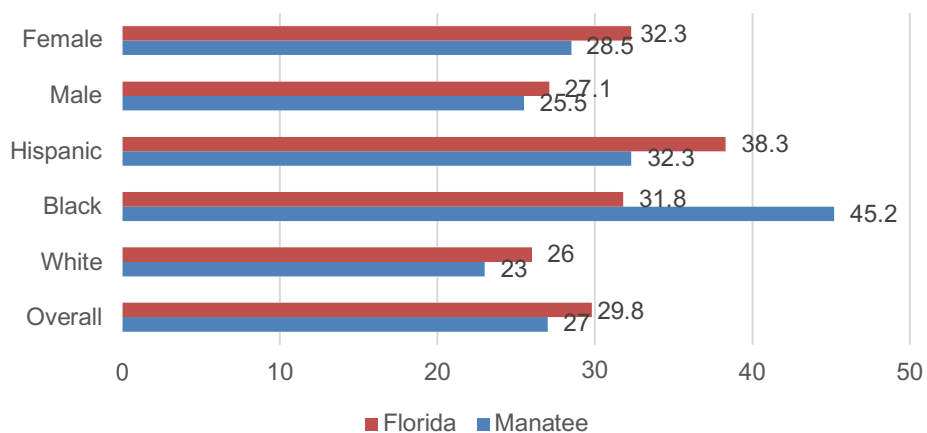
Source: Florida Youth Tobacco Survey, 2020

The Sedentary Behavior Research Network (SBRN) defined sedentary behavior as any activity involving sitting, reclining, or lying down that has a very low energy expenditure. The measurement for energy expenditure is metabolic equivalents (METs), and the authors consider activities that expend 1.5 METs or less of energy to be sedentary.

Studies have now consistently demonstrated that leading a sedentary lifestyle can contribute to obesity, type2 diabetes, some types of cancer, cardiovascular disease and early death. Extended periods of inactivity can reduce metabolism and impair the body’s ability to control blood sugar levels, regulate blood pressure, and break down fat.

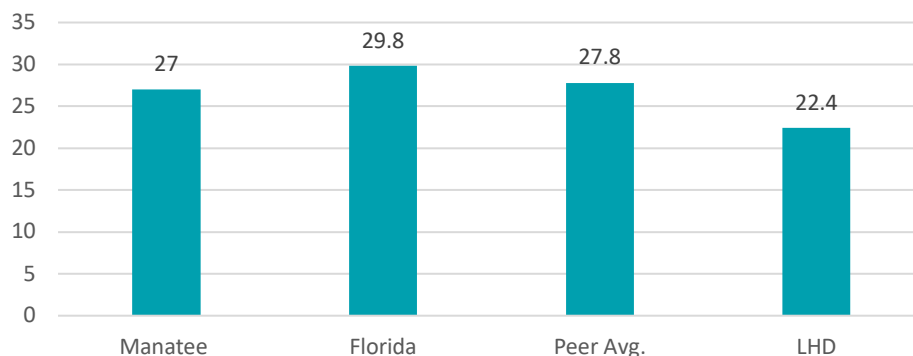
Black adults in Manatee County have higher rates of being sedentary than Blacks in Florida, as well as Whites and Hispanics in Manatee County and Florida. Females are more likely to report being sedentary than males in both Manatee County and Florida. Overall Manatee County residents are less sedentary than Florida. Manatee County has lower rates of sedentary adults than Florida or peer county average, but more than the nearest local health department. (Figures 190 and 191).

Figure 190: Adults who are Sedentary, Manatee County and Florida, 2016



Source: Florida Behavioral Risk Factor Surveillance System

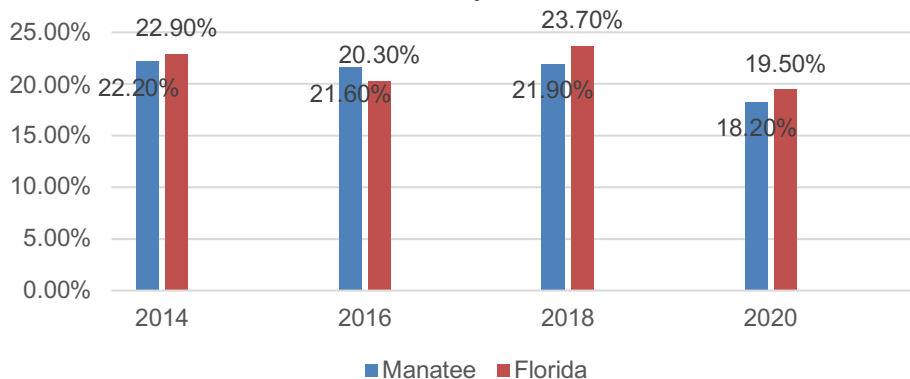
Figure 191: Comparison of Adults who are Sedentary, 2016



Source: Florida Behavioral Risk Factor Surveillance System

Physical activity levels reported by middle and high school students in both Manatee County and Florida have declined since 2014. Manatee County has lower percent of students who were physically active for at least 60 minutes on all seven of the past seven days than Florida. (Figure 192).

Figure 192: Percent of Students who were Physically Active for at least 60 minutes on all 7 of the past 7 days, All Middle and High School Students, Manatee County and Florida, 2014-2020

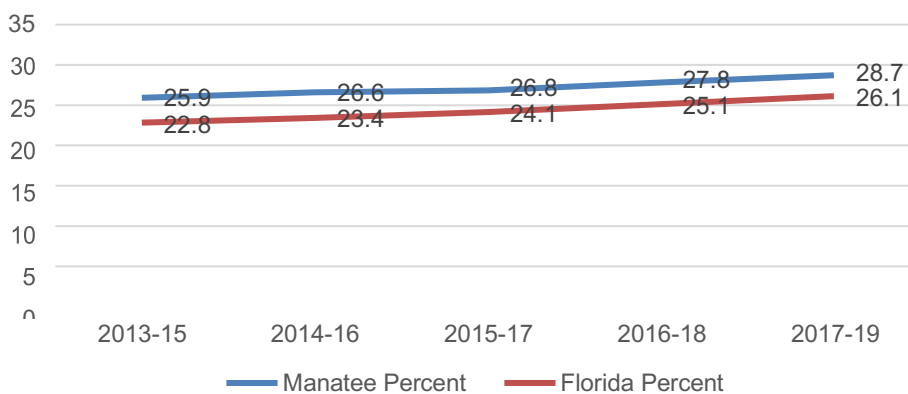


Source: Florida Youth Tobacco Survey, 2020

Maintaining a healthy weight in childhood is important. In 2019, Manatee County WIC participants ages 2 to 5 years old, 69.6% were at a healthy weight, 15.5 % were overweight and 14.9% were obese. In September of 2020, 69.5% were at a healthy weight, 15.1% were overweight and 15.4% were obese.

Obesity during pregnancy can cause complications for mothers and babies. Manatee County has higher rates of obesity in mothers at time pregnancy occurs, than Florida and the trend is increasing. (Figure 193).

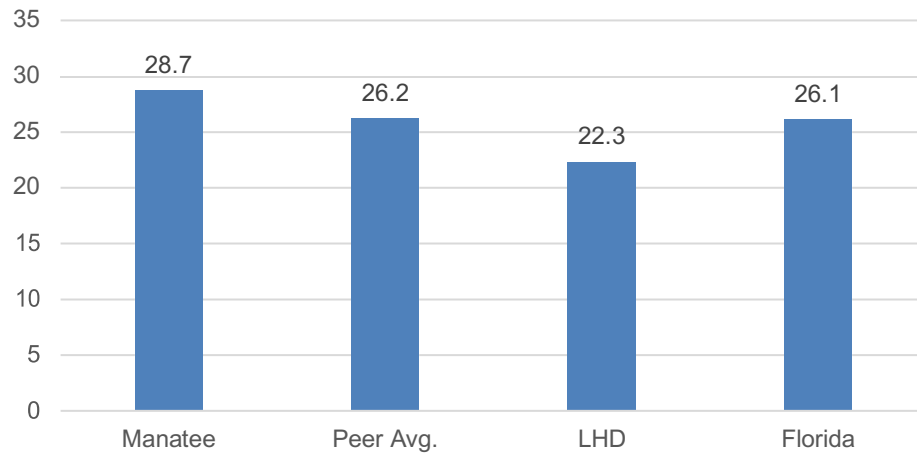
Figure 193: Births to Obese Mothers at Time Pregnancy Occurred, 3-year Rolling Rate, Manatee County and Florida, 2013-2019



Source: Florida Department of Health, Bureau of Vital Statistics

Manatee County also has higher rates of obesity in mothers at the time pregnancy occurred than the peer counties and nearest local health department.

Figure 194: Comparison of Births to Obese Mothers, 2017-2019



Source: Florida Department of Health, Bureau of Vital Statistics

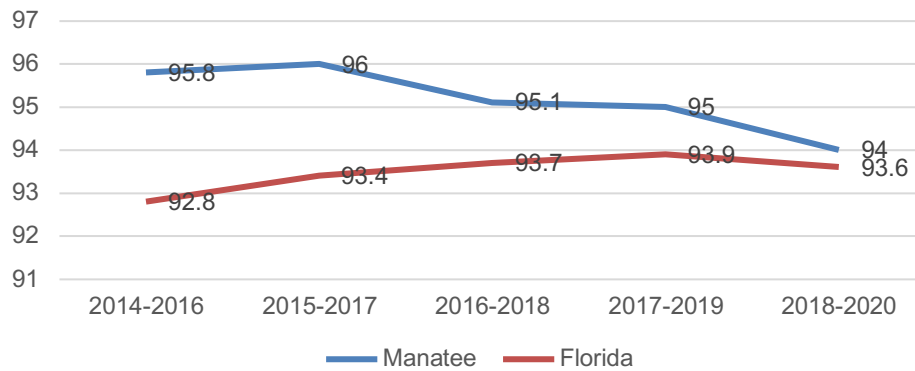
Immunizations

Indicator: Percentage of kindergarteners in Florida public and private schools that have the required immunization documentation for pre-school entry.

Immunizations protect children from contracting and spreading infectious diseases such as measles, mumps, and whooping cough. These diseases can result in extended school absences, hospitalizations, and death and may have a significant financial impact on parents, resulting from costly medical bills and loss of work time. Each state enacts laws or regulations that require children to receive certain vaccines before they enter childcare facilities and/or school. Florida laws require children to receive the age appropriate CDC recommended vaccines before they enter pre-school: Diphtheria-tetanus-acellular pertussis (DTaP), Inactivated polio vaccine (IPV), Measles-mumps-rubella (MMR), Varicella (chickenpox), Haemophilus influenzae type b (Hib), and Hepatitis B (Hep B). In addition, schools and child-care facilities must report the results of annual vaccination record reviews conducted at the beginning of each school year or periodic assessments of vaccination coverage to the Florida Department of Health. Through mandatory immunization requirements for school-age children, Florida improves immunization coverage and reduces the threat of vaccine-preventable diseases.

Manatee County has higher rates of immunization levels in kindergarten than Florida, but the percentage rate is decreasing over time in Manatee and increasing in Florida. (Figure 195).

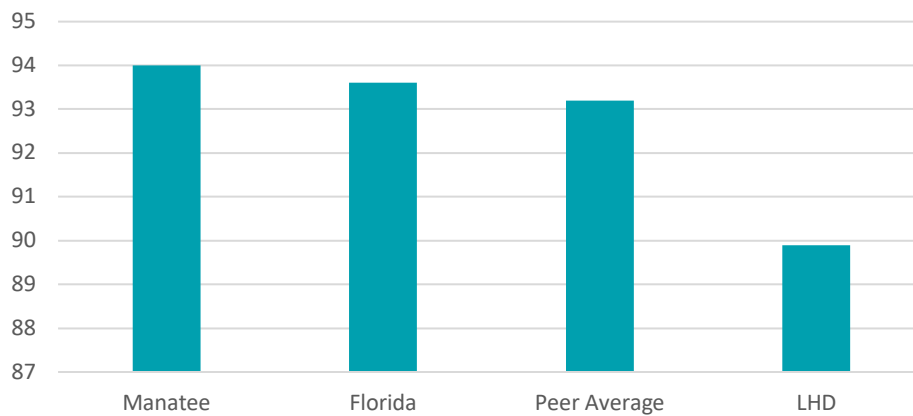
Figure 195: Immunization Levels in Kindergarten, Percent of Kindergarten Students Enrolled, 3-year Rolling Rate, Manatee County and Florida, 2014-2020



Source: Florida Department of Health, Bureau of Immunization

Manatee County also has higher rates of immunization when compared with peer county averages and the nearest local health department.

Figure 196: Comparison Immunization Levels in Kindergarten, Percent of Students Enrolled, 3-year Rolling Rate, 2018-2020



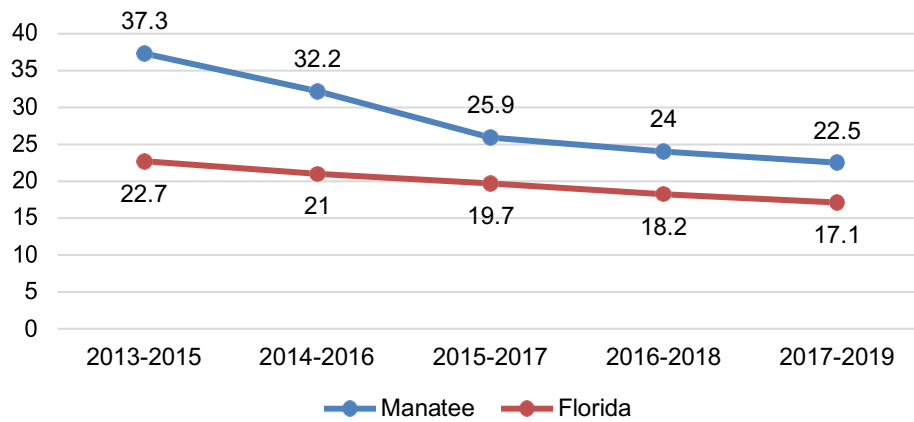
Source: Florida Department of Health, Bureau of Immunization

Sexual Activity

Births to Teen Mothers

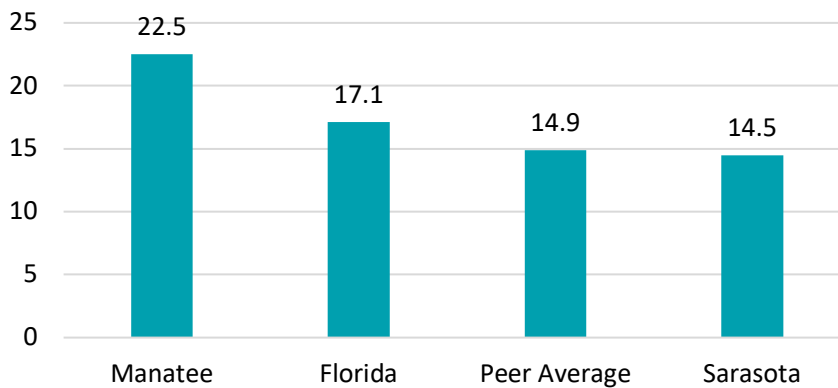
Manatee County's rate of births to teen mothers, age 15-19 is higher than the state rate, peer counties and the nearest local health department. The rates of teen mothers 10-14 was too small to be displayed on a chart.

Figure 197: Births to Teen Mothers per 1,000 Age 15-19, 3-year Rolling Rate, Manatee County and Florida, 2013-2019



Source: Florida Department of Health, Bureau of Vital Statistics

Figure 198: Comparison of Births to Teen Mothers 2017-2019



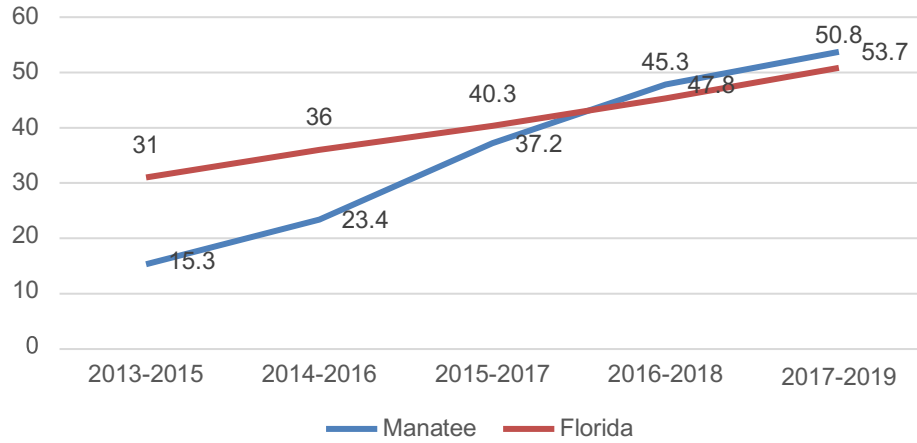
Source: Florida Department of Health, Bureau of Vital Statistics

The Healthy People 2030 national health target is to reduce pregnancies among adolescent females to 31.4 births per 1,000 females. Manatee County's current rate of 22.5 meets the national target. While this goal has been met, the rate is still higher than the state, peer county average and nearest local health department.

Sexually Transmitted Infections/Diseases

Manatee County currently has higher rates of total syphilis than Florida. Prior to 2015-2017 rates were lower than Florida. Overall rates are increasing in both Manatee County and Florida. (Figure 199).

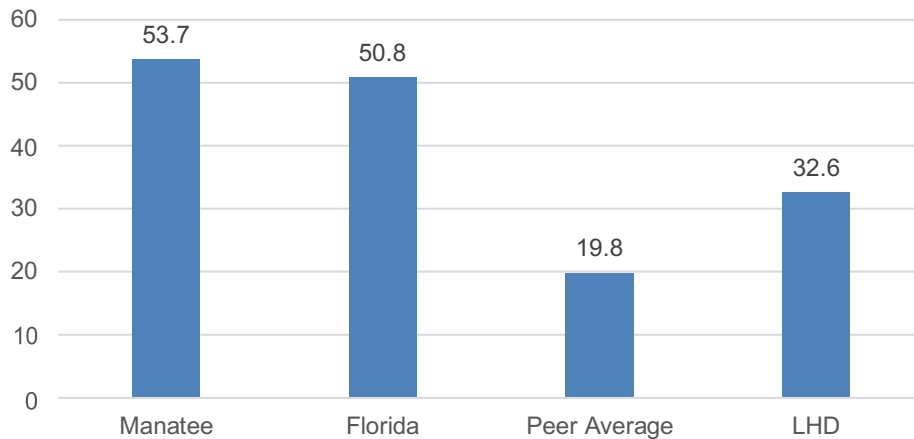
Figure 199: Total Syphilis per 100,000, 3-year Rolling



Source: Florida Department of Health, Bureau of Communicable Diseases






Manatee County also has higher rates of total syphilis than per county average and the nearest local health department. (Figure 200).

Figure 200: Comparison Total Syphilis per 100,000 Population, 3-year Rolling Rate



Source: Florida Department of Health, Bureau of Communicable Diseases

Table 50: Comparison Sexually Transmitted Diseases Summary, 3-year Rolling Average, 2017-2019

Sexually Transmitted Disease	Number of Cases Manatee County	3-year Rate per 100,00 Manatee County 2017-2019	Quartile ranking Manatee County	Peer County Avg Rate	LHD Rate	Florida Rate
Early Syphilis	399	35.1	 4	13.7	24.3	31.3
Infectious Syphilis	236	20.8	 4	6.2	12.9	13.5
Gonorrhea	1,626	143	 3	88.9	88.4	161.7
Chlamydia	4,834	425.2	 3	348.8	275.5	504.2
Bacterial STDs	7,074	622.2	 3	457.7	396.6	716.8

Source: Florida Department of Health, Bureau of Communicable Diseases

Manatee County has higher rates of both early and infectious syphilis than per county average, nearest local health department and Florida. Manatee County rates for gonorrhea, chlamydia and bacterial STDs are higher than peer counties and nearest local health department, but lower than Florida.

Oral Health

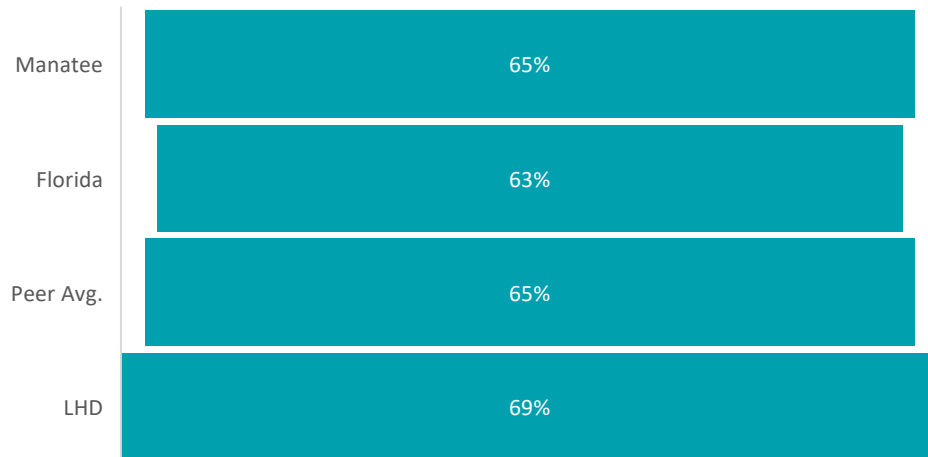
Indicator: Percent of persons were served by community water systems with optimally fluoridated water.

Poor oral health is tied to several major health problems, such as heart disease, diabetes, Alzheimer’s, stroke, arthritis, and respiratory issues. The link between oral health and overall health is typically tied to an abundance of bad bacteria in the mouth that causes damage to the teeth and gums. Left untreated, this bacteria escapes into the bloodstream, damaging other parts of the body. It can also weaken the immune system as your body tries to fight off the infection.

Certain diseases such as diabetes and HIV can lower the body's resistance to infection, making oral health problems more severe. Smoking and chewing tobacco, foregoing regular oral exams, not brushing teeth or flossing, drinking sugary beverages all contribute to poor oral health resulting in tooth decay, tooth loss and gum disease.

Cost of care, lack of dental insurance and fear of pain are the main reasons why people don’t get regular care. Figure indicates that 35% of adults did not visit a dentist in the past year (2016). Community based approaches to oral health include fluoridation of community water supplies and school-based sealant programs for children. Manatee County does not currently have a school-based sealant program.

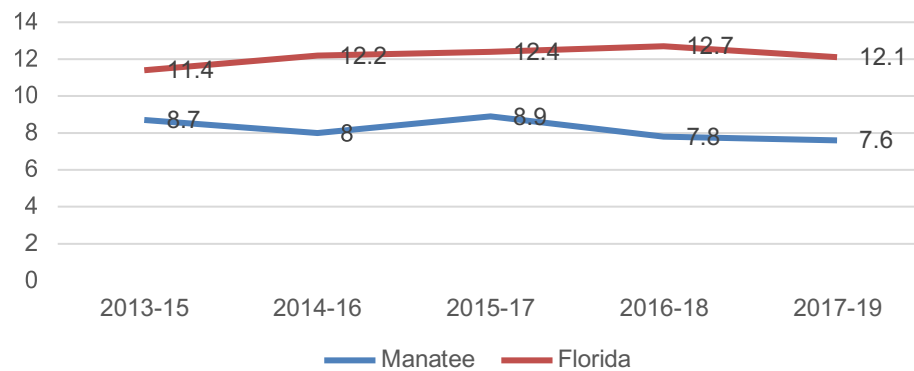
Figure 201: Percent of Adults who Visited a Dentist or a Dental Clinic in the Past Year, 2016



Source: Florida Behavioral Risk Factor Surveillance System, 2016

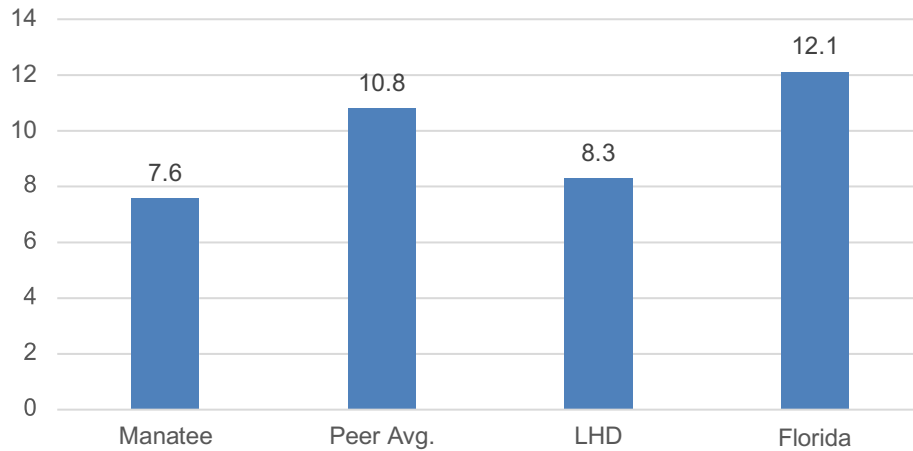
Figure 202 shows that Manatee County has lower rates of hospitalization from preventable dental conditions than Florida and has the lowest rates when compared with peer counties and the nearest local health department (Figure 203).

Figure 202: Preventable Hospitalizations from Dental Conditions, Rate per 100,000 Population under 65, 3-year Rolling Rate, Manatee County and Florida, 2013-2019



Source: Agency for Healthcare Administration

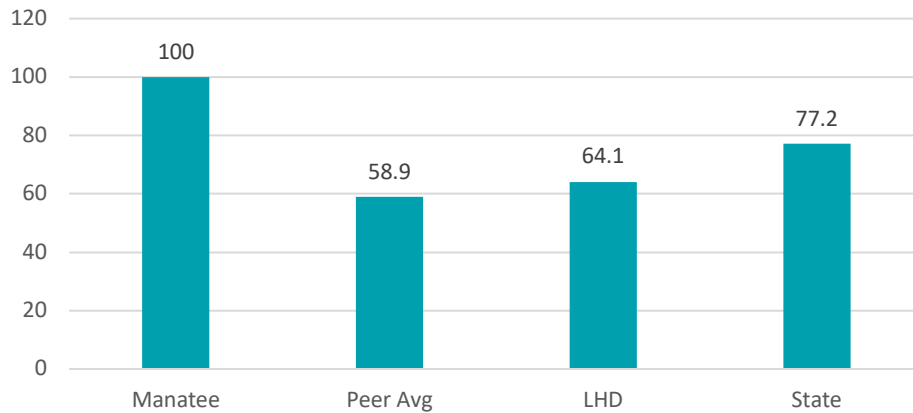
Figure 203: Comparison of Preventable Hospitalizations from Dental Conditions, 2017-2019



Source: Agency for Healthcare Administration
Peer counties: Collier, Pasco and Seminole, Nearest LHD- Sarasota

Manatee County is fortunate to have 100% of its population receiving fluoridated water through public water systems. This is higher than Florida, peer counties or the nearest local health department (Figure 204).

Figure 204: Comparison Percent of Population Receiving Fluoridated Water through Community Water Systems, 2016-2018



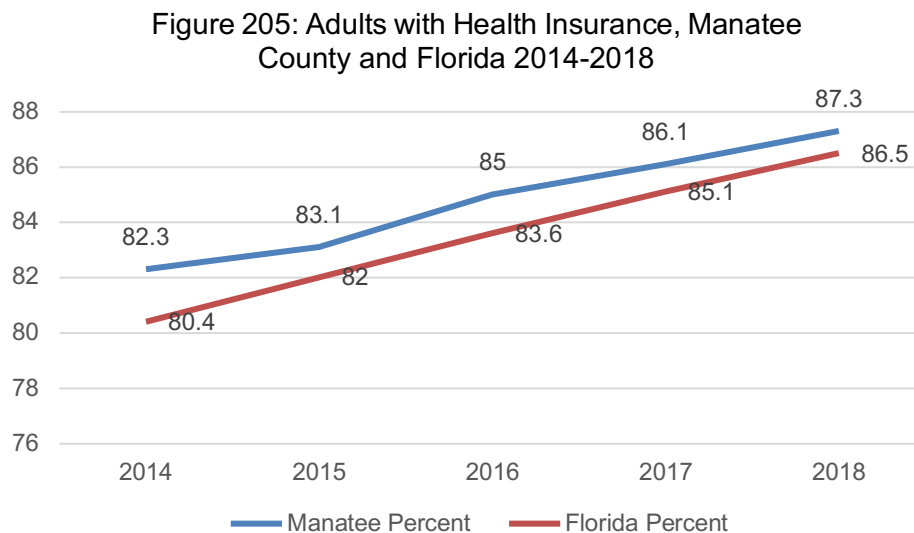
Source: Florida Department of Health, Public Health Dental Program
Peer counties: Collier, Pasco and Seminole, Nearest LHD- Sarasota

The Healthy People 2030 national health target is to increase the percent of persons served by community water systems with optimally fluoridated to 77.1 percent. Manatee County's current rate of 100% meets the national target.

Clinical Care

Access to Care

Figure 205 shows 87.3% of the population in Manatee County had health insurance in 2018. This percentage may have been adversely impacted due to loss of employer health coverage as a result of COVID-19 in 2020.



Source: US Bureau of the Census, American Community Survey, Table S2701.

The Agency for Health Care Administration (Agency) is the single state Medicaid agency responsible for administering the Florida Medicaid program. Florida provides Medicaid services through competitively selected managed care organizations within the Statewide Medicaid Managed Care (SMMC) program or through the fee-for-service delivery system.

The SMMC program was fully implemented in 2014 and has three components: The Managed Medical Assistance program, the Long-Term Care program, and the Dental program. The Managed Medical Assistance program covers medical care services for health plan enrollees, including substance use disorders and mental health treatment services. The Long-Term Care program provides long-term care services and supports to eligible individuals with disabilities age 18-64 years old and elderly individuals age 65 years or older, including individuals over the age of 18 years with a diagnosis of cystic fibrosis, acquired immune deficiency syndrome, or a traumatic brain or spinal cord injury. The Dental program provides dental services to children and adult Medicaid recipients who are eligible to receive dental benefits. (Examples of recipients not eligible to receive dental benefits through the dental program include individuals for whom the state only pays Medicare cost sharing and individuals residing in institutions where Medicaid pays an all-inclusive rate.)

Medicaid enrollment changes monthly. Average monthly Medicaid enrollment in Manatee County for 2019 was 54,032. In August 2020, Manatee County Medicaid enrollment was 62,273 and 1,522 in long term care.

Health Care Providers and Facilities

The number of licensed medical and behavioral health providers appear in Tables 51 and 52 along with facility capacity. Table 53 compares ratio of providers to population between Manatee County and top performers in the country.

Table 51: Number of Licensed Providers and Facilities and Rate per 100,000 Population, 2019

Licensed Providers/Facilities	Manatee County Number	Manatee County Rate Per 100,000	State Rate Per 100,000
Dentists	235	60.5	56.7
Physicians	931	239.5	310
Family Practice Physicians	85	21.9	19.2
Internists	141	36.3	47.5
OB/GYN	43	11.1	9.3
Pediatricians	61	15.7	22
Facilities			
Hospital Acute Care beds	764	200.5	248.9
Total Specialty Beds	131	34.4	59.2
Total Nursing home Beds	1595	418.6	399.8

Source: Florida Department of Health, Division of Medical Quality Assurance, Agency for Health Care Administration

Table 52: Behavioral Health Licensed Providers and Facilities and Rate per 100,000 Population, 2019

Licensed Providers	Manatee County Number	Manatee County Rate Per 100,000	State Rate Per 100,000
Licensed Mental Health Counselors	160	41.2	53.7
Licensed Psychologists	77	19.8	23
Licensed Clinical Social Workers	167	43	46.8
Total Behavioral/Mental Health Professionals	351	90.3	110
Facilities			
Child and Adolescent Psychiatric Beds	20	5.2	3.1
Adult Psychiatric Beds	62	16.3	20.9

Source: Florida Department of Health, Division of Medical Quality Assurance, Agency for Health Care Administration

Table 53: County Health Rankings and Roadmaps Ratios for Top Performers and Manatee Ratios for Primary Care, Dentists and Mental Health Providers

Provider	Manatee Ratio	Top Performer Ratio
Primary Care	1,800:1	1,030:1
Dentists	1,910:1	1,240:1
Mental Health	980:1	290:1

Source: Community Health Rankings 2020

Telemedicine can be an effective way of expanding access to care. However, broadband internet and a computer, tablet or smart phone are needed to securely access telemedicine. While there is broadband coverage through most of Manatee County, the cost of this service is prohibitive for many people. In addition, the cost of a device and any associated service further places telemedicine out of reach for low- and moderate- income families.

Avoidable Hospitalizations

Potentially preventable hospitalizations are admissions to a hospital for certain acute illnesses (e.g., dehydration) or worsening chronic conditions (e.g., diabetes) that might not have required hospitalization had these conditions been managed successfully by primary care providers in outpatient settings. Although not all such hospitalizations can be avoided, admission rates in populations and communities can vary depending on access to primary care, care-seeking behaviors, and the quality of care available. Because hospitalization tends to be costlier than outpatient or primary care, potentially preventable hospitalizations often are tracked as markers of health system efficiency. The number and cost of potentially preventable hospitalizations also can be calculated to help identify potential cost savings associated with reducing these hospitalizations overall and for specific populations.

FLHealthCHARTS uses a quartile system to compare one county's data to another county. Calculation of quartiles require several steps to create the results. First, the county values are sorted from most favorable to least favorable. Second, a rank is assigned based on the value for each county in relation to the preceding county. If a county has the same value as the preceding county, then the same rank is assigned. Third, the ranking is divided into 4 groups. The number of counties in each group depends on how many counties had the same rank.

- The most favorable are given the rank of 1
- Average 2 and 3
- Least favorable is given the rank of 4

For preventable hospitalizations Manatee County scored 1 in the following measures:

- Preventable Hospitalizations Under 65 from Congestive Heart Failure
- Preventable Hospitalizations from Congenital Syphilis Among Infants Less Than 28 Days Old
- Preventable Hospitalizations Under 65 from Dehydration - volume depletion
- Preventable Hospitalizations Under 65 from Bacterial Pneumonia

Manatee County scored 4 in the following measures:

- Preventable Hospitalizations Under 65 from Nutritional Deficiencies
- Preventable Hospitalizations Under 65 from Pelvic Inflammatory Disease

Emergency Room Usage

Emergency room usage is important to assess for conditions that are preventable to determine where additional supports in the system of care may be needed. Care provided in the emergency room is more expensive, and lack of a regular source of care that leads to emergency room usage can result in poorer health outcomes. Manatee County's emergency room usage rate in the categories in Table 54 are lower than Florida.

Table 54: Selected Emergency Room Visits, Manatee County, 2017-2019

Reason for Visit	2017		2018		2019	
	Number	Rate	Number	Rate	Number	Rate
Asthma	1,199	408.8	1,403	467.4	1,194	386.1
Diabetes	874	223.3	855	210.9	1,021	249.8
Dental conditions 5 years and older	1,871	536.4	1,813	499.8	1,758	474.4

Source: Florida Agency for Health Care Administration

Health Professional Shortage Areas

The U.S. Department of Health & Human Services (USHHS) has designated Health Professional Shortage Areas (HPSAs) as areas having shortages of primary medical care, dental, or mental health providers which can occur within a certain region, demographic, or institution. Medically Underserved Populations are areas or populations designated by HRSA and having (1) too few primary care health providers; (2) high infant mortality; (3) high poverty and/ or; (4) high elderly population.

There are three federal designations for Manatee County. As indicated on the U.S. Department of Health & Human Services HPSA website, the designations include the following:

- Primary Health Professional Shortage Area- Low Income Population; Manatee County
- Dental Health Professional Shortage Area- Low Income Population; Bradenton and Palmetto/Parrish
- Mental Health Professional Shortage Area- Manatee County

Source: Data accessed via U.S. Department of Health and Human Services Health Professional Shortage Areas <https://data.hrsa.gov/tools/shortage-area/hpsa-find>

APPENDICES

A: Community Health Assessment Survey 2021-2023 English

B: Community Health Assessment Survey 2021-2023 Spanish

C: Key Informant Interview Questionnaire

D: Community Assets and Resources

Appendix A: Community Health Assessment Survey 2021-2023 English

Survey Period: September 28, 2020 to November 9, 2020

Thank you for participating in the Manatee County Community Health Assessment. Your input is instrumental in informing future health and quality of life initiatives in the county. The survey is **completely anonymous**, and your answers are for informational purposes only.

1. What do you think are the 3 most important "health problems" in Manatee County? Choose from the following list:

<input type="checkbox"/> Aging problems (arthritis, hearing loss, falls, etc.)	<input type="checkbox"/> End of life care (assisted living, nursing homes, hospice etc.)	<input type="checkbox"/> Mental health issues (Anxiety/Depression)
<input type="checkbox"/> Addiction (alcohol and other drugs)	<input type="checkbox"/> Firearm-related injuries	<input type="checkbox"/> Motor vehicle crash injuries (including bikes and pedestrians)
<input type="checkbox"/> Cancer	<input type="checkbox"/> Heart disease	<input type="checkbox"/> Respiratory or lung disease
<input type="checkbox"/> Child abuse or neglect	<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Severe or persistent mental illness
<input type="checkbox"/> Dental issues	<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Sexually transmitted diseases (STD/STI)
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Homicide	<input type="checkbox"/> Suicide
<input type="checkbox"/> Drug abuse or overdose	<input type="checkbox"/> Infant deaths	<input type="checkbox"/> Teenage pregnancy
<input type="checkbox"/> Elder abuse or neglect	<input type="checkbox"/> Infectious diseases (COVID-19, hepatitis, TB, etc.)	<input type="checkbox"/> Other:

2. What are the 3 "unhealthy behaviors" you are most concerned about in Manatee County? Choose from the following list:

<input type="checkbox"/> Adult alcohol abuse	<input type="checkbox"/> Domestic violence	<input type="checkbox"/> Rape or sexual assault
<input type="checkbox"/> Adult drug/medication abuse	<input type="checkbox"/> Youth dropping out of school	<input type="checkbox"/> Self-harm
<input type="checkbox"/> Being overweight	<input type="checkbox"/> Impaired driving/distracted driving	<input type="checkbox"/> Teen substance abuse
<input type="checkbox"/> Bullying (including cyber bullying)	<input type="checkbox"/> Lack of exercise	<input type="checkbox"/> Tobacco, E-cigarette use, vaping
<input type="checkbox"/> Criminal activity (human trafficking, theft, etc.)	<input type="checkbox"/> Lack of preventive care, such as screenings or vaccinations?	<input type="checkbox"/> Unlicensed driving
<input type="checkbox"/> Discrimination	<input type="checkbox"/> Poor eating habits	<input type="checkbox"/> Other:

3. What is your age? 18-25 years 26-45 years 46-65 years 66-75 years 76-85 years 86+ years

4. Please use the space below to list what you think are the most important changes needed to achieve a "healthy community" in Manatee County (those changes which would most improve health and quality of life. For example: tobacco cessation, reduce or prevent overweight or obesity, etc.):

5. Male Female Non-Binary Transgender **6. Including yourself, how many people live in your household?** 1 2 3 4 5+

Please rate the following. Check one box in each row below:

7. How would you rate the overall health of our community?	<input type="checkbox"/> Very unhealthy	<input type="checkbox"/> Unhealthy	<input type="checkbox"/> Neutral	<input type="checkbox"/> Healthy	<input type="checkbox"/> Very Healthy
8. How would you rate your own personal health?	<input type="checkbox"/> Very Unhealthy	<input type="checkbox"/> Unhealthy	<input type="checkbox"/> Neutral	<input type="checkbox"/> Healthy	<input type="checkbox"/> Very Healthy
9. How satisfied are you with health care in Manatee?	<input type="checkbox"/> Very Unsatisfied	<input type="checkbox"/> Unsatisfied	<input type="checkbox"/> Neutral	<input type="checkbox"/> Satisfied	<input type="checkbox"/> Very Satisfied
10. How satisfied are you with quality of life in Manatee? (Well-being of the community, emotional health, physical, social and mental)	<input type="checkbox"/> Very Unsatisfied	<input type="checkbox"/> Unsatisfied	<input type="checkbox"/> Neutral	<input type="checkbox"/> Satisfied	<input type="checkbox"/> Very Satisfied

11. Was there a time in the past 12 months when you needed to see a doctor but could not because of:

Cost (can't afford to see a doctor)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Didn't know where to go?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
No doctor would take your insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Don't have health insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Could not get an appointment in time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Had no way to get there (transportation)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Schedule did not permit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other (no internet, telehealth): _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

12. Town or city in Manatee County where you live:

Your Zip code: _____

Are you a year-round resident in Manatee? YES NO

Are you a seasonal or part time resident in Manatee? YES NO

I don't live in Manatee County In what county do you live? _____

County where you **WORK**: _____

Approximate commute time **EACH WAY**: Less than 10 minutes 10 to 19 minutes 20 to 29 minutes 30 to 44 minutes 44 to 50 minutes 60 plus minutes

What is your mode of transportation? Car Walk Bike Public Transport Other

14. Which of the following best describes your main activity during the last 3 months? Select all that apply:

Looking for work Student Caring for family members Employed in one job Employed at more than one job Volunteer Retired Other

15. Are you Hispanic, Latino/Latina, or of Spanish origin? Yes No **16. Which one or more of the following would you say is your race? Select all that apply:**

American Indian or Alaska Native Asian Black or African American White Other

17. What is the highest grade or year of school you completed?

<input type="checkbox"/> Never attended school or only Grades 1 through 8 (Elementary)
<input type="checkbox"/> Grades 9 through 11 (Some high school)
<input type="checkbox"/> Grade 12 or GED (High school graduate)
<input type="checkbox"/> College 1 year to 3 years
<input type="checkbox"/> College 4 years or more
<input type="checkbox"/> Postgraduate Degree (Master's, MD, PhD, JD)

18. Household income per year:

<input type="checkbox"/> Less than \$20,000
<input type="checkbox"/> \$20,000 to \$34,999
<input type="checkbox"/> \$35,000 to \$49,999
<input type="checkbox"/> \$50,000 to \$74,999
<input type="checkbox"/> \$75,000 to \$99,999
<input type="checkbox"/> Over \$100,000

Thank you for completing the survey.

Appendix B: Community Health Assessment Survey 2021-2023 Spanish

Evaluación de la salud comunitaria para 2021 a 2023

Período de la encuesta: 28 de septiembre de 2020 al 9 de noviembre de 2020

Gracias por participar en la Evaluación de Salud Comunitaria del Condado de Manatí. Su opinión es fundamental para informar futuras iniciativas de salud y calidad de vida en el condado. La encuesta es completamente anónima, y sus respuestas son sólo con fines informativos.

1. ¿Cuáles crees que son los 3 "problemas de salud" más importantes en el condado de Manatee? Elija de la siguiente lista:

<input type="checkbox"/> Problemas de personas mayores (artritis, pérdida de audición, dificultad para valerse solo, etc.)	<input type="checkbox"/> Cuidado al final de la vida (Asilo y hogar de ancianos o hospicio)	<input type="checkbox"/> Problemas de salud mental (Ansiedad/ Depresión)
<input type="checkbox"/> Adicción (alcohol y otras drogas)	<input type="checkbox"/> Lesiones causadas por armas de fuego	<input type="checkbox"/> Lesiones causadas por accidentes automovilísticos
<input type="checkbox"/> Cáncer	<input type="checkbox"/> Enfermedad del corazón	<input type="checkbox"/> Enfermedades respiratorias
<input type="checkbox"/> Abuso o negligencia de niños	<input type="checkbox"/> Presión alta	<input type="checkbox"/> Enfermedad mental severa o persistente
<input type="checkbox"/> Problemas dentales	<input type="checkbox"/> SIDA/VIH	<input type="checkbox"/> Enfermedades transmitidas sexualmente
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Homicidio	<input type="checkbox"/> Suicidio
<input type="checkbox"/> Abuso de drogas o sobredosis	<input type="checkbox"/> Muerte infantil	<input type="checkbox"/> Embarazo de Adolescentes
<input type="checkbox"/> Abuso y negligencia de ancianos	<input type="checkbox"/> Enfermedades contagiosas (COVID-19, hepatitis, tuberculosis, etc.)	<input type="checkbox"/> Otro:

2. ¿Cuáles son los 3 "comportamientos poco saludables" que más le preocupan en el condado de Manatee? Elija de la siguiente lista:

<input type="checkbox"/> Abuso de alcohol en adultos	<input type="checkbox"/> Violencia doméstica	<input type="checkbox"/> Violación o agresión sexual
<input type="checkbox"/> Abuso de drogas o medicamentos en adultos	<input type="checkbox"/> Abandono de escuela por parte de los jóvenes	<input type="checkbox"/> Autolesiones
<input type="checkbox"/> Tener sobrepeso	<input type="checkbox"/> Conducir incapacitado/ distraída	<input type="checkbox"/> Abuso de sustancias en adolescentes
<input type="checkbox"/> Acoso escolar (incluido el acoso cibernético)	<input type="checkbox"/> Falta de ejercicio	<input type="checkbox"/> Tabaco, uso de cigarrillos electrónicos, vapeo
<input type="checkbox"/> Actividad criminal (tráfico de personas, robo, etc.)	<input type="checkbox"/> ¿Falta de atención preventiva como pruebas de detección o vacunas?	<input type="checkbox"/> Conducir sin licencia
<input type="checkbox"/> Discriminación	<input type="checkbox"/> Malos hábitos alimenticios	<input type="checkbox"/> Otro:

3. ¿Qué edad tiene usted? 18-25 años 26-45 años 46-65 años 66-75 años 76-85 años Mayor de 85 años

4. Use este espacio para decirnos lo que piensa que son los cambios para lograr una "comunidad sana". (los cambios que más mejorarían la salud y la calidad de vida, Por ejemplo dejar de fumar, reducir/prevenir obesidad, etc)

5. Hombre Mujer No binario Transexual

6. Cuantas personas viven en su casa, incluyéndose usted?

Favor de seleccionar la categoría más apropiada, en su opinión, para cada pregunta (marque una casilla en cada línea)

7. ¿Cómo calificaría la salud general de nuestra comunidad? Mal Poco Saludable Neutral Saludable Muy Saludable

8. ¿Cómo calificaría su salud personal? Mal Poco Saludable Neutral Saludable Muy Saludable

9. ¿Cuán satisfecho está usted con la atención de salud en Manatee County? Muy Insatisfecho Insatisfecho Neutral Satisfecho Muy Satisfecho

10. ¿Cuán satisfecho está usted con la calidad de vida en Manatee County? (Bienestar de la comunidad, salud emocional, física, social y mental. Muy Insatisfecho Insatisfecho Neutral Satisfecho Muy Satisfecho

11. En los últimos 12 meses tuvo necesidad de ver a un médico, pero no le fué posible por... **12. Nombre de la ciudad o pueblo en el condado de Manatee donde vive:**

¿El costo (no puede pagar un doctor)? Si No **Su código postal:**

¿No saber a dónde ir? Si No ¿Es usted residente durante todo el año en Manatee? Si NO

¿El médico no aceptó su seguro? Si No ¿Es usted residente de temporada o parte del tiempo de Manatee? Si No

¿No tener seguro medico? Si No No vivo en el Condado de Manatee ¿En qué condado vive?

¿No poder conseguir una cita a tiempo? Si No ¿En qué condado **TRABAJA?**

¿Falta de transporte? Si No Tiempo aproximado de viaje diario **EN CADA SENTIDO:** Menos que 10 minutos 10 a 19 minutos 20 a 29 minutos 30 a 44 minutos 44 a 50 minutos 60 o más minutos

¿El horario no se lo permitía? Si No ¿Cuál es su modo de transporte? Auto Caminando Bicicleta Autobús Otro

Otro (no tiene internet, telesalud): _____ Si No **13. ¿Eres un veterano?** Si NO

14. ¿Cuál ha sido su principal actividad de los últimos 3 meses? (Elija todas las que desee mencionar)
 Buscando trabajo Estudiante Cuidar a la familia Empleado en un trabajo Empleado en más de un trabajo Voluntario Jubilado Otro

15. ¿Es Ud. Hispano, o de origen Latino? Si No **16. ¿Con cuál grupo étnico o raza se identificaría? (Puede elegir más de uno)**
 Afro-Americano o Raza Negra Asiático Blanco Indígena Americano o de Alaska Otra

17. ¿Cuál es su más alto nivel de educación? No tengo estudios, o solamente estudié Primaria (Grados 1-8) **18. Ingresos del hogar:** Menos de \$20,000

Grados 9 – 11 (parte de la Secundaria) \$20,000 a \$34,999

Grado 12 o GED (completé la Secundaria) \$35,000 a \$49,999

1-3 años de Universidad \$50,000 a \$74,999

4 años o más de Universidad \$75,000 a \$99,999

Posgrado (Maestría, MD, Doctorado, JD) Más de \$100,000

Gracias por completar la encuesta.

Appendix C: Key Informant Interview Questionnaire

Name	
Title	
Organization	
E-mail	
Phone Number	
Resident County	
Counties served by Organization	

1. Tell me about your organization and the population your serve.
 - a. Demographics (age, race, ethnicity, socioeconomics).
 - b. What is your organization's mission?
 - c. Does your organization provide direct care? Do you operate as an advocacy organization?

2. What are the top priority health issues that your clients/consumers/patients are dealing with?

3. What factors do you think most contribute to these health issues?

4. What barriers or challenges might prevent someone in the community from accessing health care or social services, or from participating in healthy lifestyles? Examples might include lack of transportation, lack of health insurance coverage, language/cultural barriers, etc.

5. Which groups in your community appear to struggle the most with these issues you've identified and how does it impact their lives?
 - a. Are there specific challenges that impact low-income, underserved/uninsured persons experience?

 - b. Are there specific challenges that impact different racial or ethnic groups in the community?

 - c. Are there specific challenges that impact different groups based on age or gender in the community?

6. What do you believe are the 2-3 most important characteristics of a healthy community?

- a. Are these three things strengths or weaknesses in Manatee County?
- b. How can we leverage these strengths to improve the health of Manatee County?
- c. What needs to happen to change these weaknesses into strengths in our community?

7. What do you consider to be the strengths/assets of the community which your organization serves that can help to improve health and quality of life?

- a. What are some of the resources in our community that address issues that contribute to the health of our community, such as groups, initiatives, services, or programs?

8. What strategies can be implemented to address these health issues and barriers?

- a. What programs/services are you aware of in the community that address some of these issues?

9. What actions, policies, or funding priorities would you support to build a healthier community? Think about the social determinants of health, economic stability, education, healthcare access, neighborhood and environment, and social and community context.

- a. What improvements have you seen over the last three years in the community from implementing any previous action, policies, or funding priorities?

- b. What new or existing partnerships or resources would be necessary or helpful to successfully undertake these actions, policies, and priorities?

10. If your organization provides services or programs in multiple counties in the region, please describe any geographic differences in the health needs or issues each community faces.

- a. What are the differences in the resources and services in each community?
- b. How do these differences impact the health of each community?

11. What would excite you enough to become involved (or more involved) in improving our community?

12. Is there anything additional that should be considered for assessing the needs of the community?

Appendix D: Community Assets and Resources

Business/Industry

Manasota Black Chamber of Commerce
Manatee Chamber of Commerce
Manatee Chamber of Commerce, Health Care Committee
Mission Made Possible
Realize Bradenton
Happy Feet

Child and Youth Development

Early Learning Coalition of Manatee County
Step-up Suncoast
Whole Child Manatee
School District of Manatee County
Department of Juvenile Justice
Department of Children and Families
SWAT (Students Working Against Tobacco)
Healthy Teens Coalition
Jewish Family & Children's Service
Police Athletic League

Community Engagement

Manatee County NAACP
Unidos Now
League of Women Voters of Manatee County

Crime/Traffic/Safety

Manatee County Sheriff's Office
Bradenton Police Department
Palmetto Police Department
Holmes Beach Police Department
Longboat Key Police Department
Bradenton Beach Police
Manatee County HOPE Family Services
Department of Children and Families

Disaster Response

Manatee County Emergency Management

Education

School District of Manatee County
University of South Florida
State College of Florida
Manatee County Government, Library Division

Employment

CareerEdge
CareerSource

Food Insecurity/Nutrition

Women, Infants and Children (WIC), Manatee County
School District of Manatee County Nutrition Services
Meals on Wheels Plus
Feeding Tampa Bay
St George's Episcopal Church
St Joseph's Food Pantry
Resonate Life Church
UF/IFAS Manatee County Extension

Healthcare and Access

MCR Health (19 locations including one elementary and one high school)
Manatee County Government, Neighborhood Services- Health Care Services
WeCare Manatee
Turning Points of Manatee County
Remote Area Medical Program
LECOM (Lake Erie College of Medicine)
Manatee Memorial Hospital
Lakewood Ranch Medical Center
Blake Medical Center
Manatee County Community Paramedicine
Tidewell
The Center for Urgent Care
The Eye Associates
Manatee County Medical Society
Manatee County Emergency Medical Services
Florida Department of Health in Manatee County (DOH-Manatee)
Health Council of West Central Florida

Housing/Shelter/Assistance

Manatee County Housing Authority
The Salvation Army
Turning Points of Manatee County

Maternal and Child Health

Healthy Start Coalition of Manatee
Florida Healthy Babies

Mental Health/Substance Abuse

Centerstone
Suncoast Behavioral Health Center
Palm Shores Behavioral Health Center (children's residential treatment)

Meals on Wheel Plus Senior Centers and Adult Day Care
Operation PAR
Brain Health Initiative
Opioid Task Force
Drug-Free Manatee
Tobacco Free Manatee - Gulfcoast South AHEC
North River Prevention Partners

Oral Health

Manatee Rural Health
Turning Points
Remote Area Medical program
LECOM dental clinic

Philanthropy

United Way Suncoast
Giving Alliance of Myakka City
Florida Blue

Physical Activity

Manatee County Parks and Natural Resources
City of Bradenton Parks and Recreation
Manatee County YMCA

Senior Services

Meals on Wheel Plus
Manatee County Government, Aging & Eligibility Services
Age-Friendly Committee
Alzheimer's Association Florida Gulf Coast Chapter
Brookdale Living
Helping Hands Outreach
Tidewell
Surrey Place Healthcare and Rehabilitation
Senior Connection Center

Transportation

Manatee County Transportation Disadvantaged Program
Handy Bus
Manatee County Area Transit

With sincere appreciation to the
Manatee Healthcare Alliance
for their continued leadership
in making Manatee the
healthiest County in the State.

