

# 2024-2027 Community Health Assessment

## Manatee County



*Prepared by the  
Manatee HealthCare Alliance with support from the  
Florida Department of Health in Manatee County.*

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## **Acknowledgements**

**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 2024-2026 Community Health Assessment and the Community Health Improvement Plan possible. The Community Health Improvement Plan is presented in a separate report.**

## Introduction

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).

Note: The Florida Department of Health's Community Health Assessment Resource Tool Set (CHARTS) is a leading source of public health data on Florida and its 67 counties that was used to compile the Manatee Community Health Assessment (CHA). Figures presented in the graphics of this document without increments identified are rates presented per 100,000 population. According to CHARTS: "A standard practice in health statistics is to present rates per 100,000 population."

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 2020 and the resulting plan covered a three-year period (2020-2023). This CHA/CHIP also covers a three-year period (2024-2026) 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 and visitors through collaboration and partnerships."

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
- Lack of Physical Activity
- Healthy Food Access
- Health Care Access

Following strategic issue prioritization in 2020, high-ranking issues were consolidated where appropriate, resulting in four committees:

Communicable Diseases  
Behavioral Health  
Healthy Living  
Youth Development

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

DOH-Manatee provided 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 October 2022. 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 MHCA served as the guiding force for the 2024-2026 CHA/CHIP development. The 2024-2026 CHA reflects the dedication, compassion, and insight of a diverse set of community partnerships.

# Demographics

## Manatee County and Florida Profile

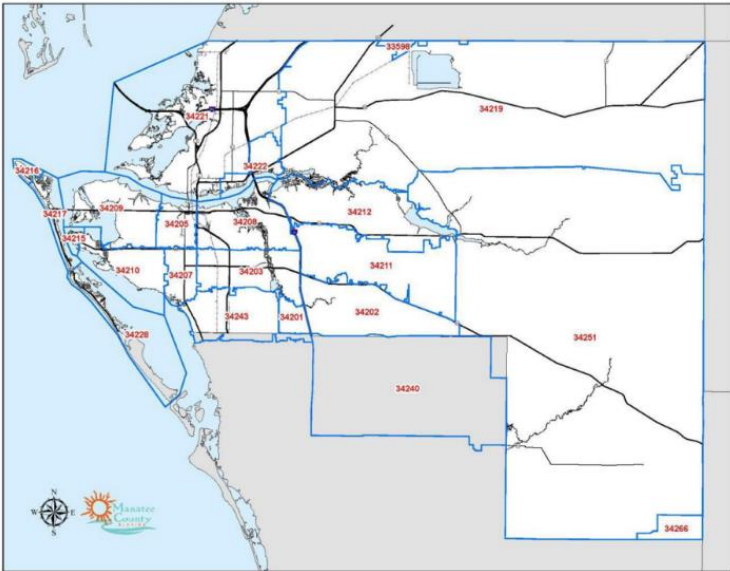
Community characteristics such as race, ethnicity, and socioeconomic status are crucial factors to consider when planning for health services. Local policies and programs can target these factors to create positive health outcomes.

## 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 worldwide.

Containing 893 square miles with an estimated 2022 population of 429,125, Manatee County is the 15th most densely populated county out of Florida’s 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 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.

Figure 1: Map of Manatee County



Map courtesy of Manatee County Government



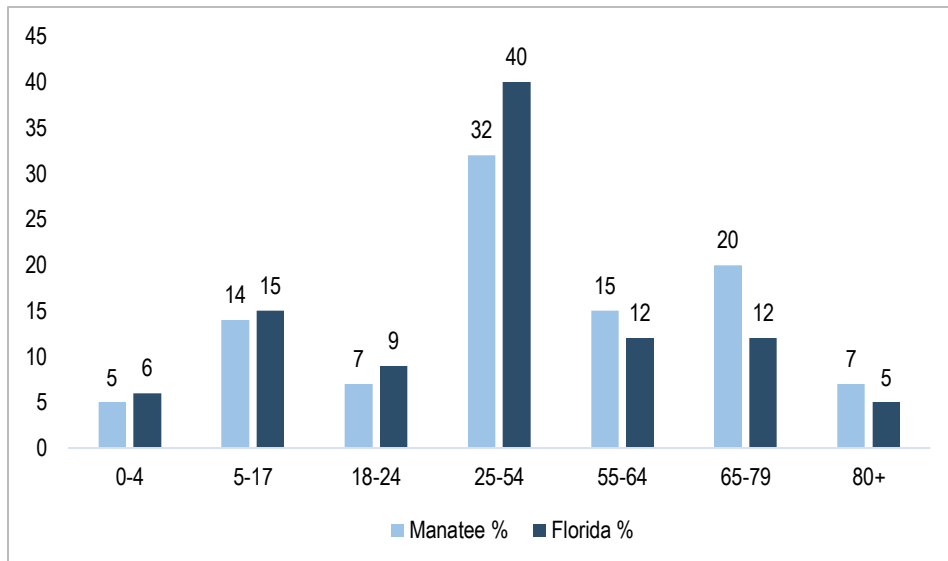
## Population

According to the U.S. Census Bureau, Manatee County’s estimated population as of July 2022 was 429,125. 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 41,108 (2021) seasonal residents. The Manatee County Tourist Development Council estimated that the number of visitors in 2021 was 3,509,400, up from 2,802,2000 in 2020 (a 25% increase), generating over a billion dollars for the economy.

## Age

Manatee County closely reflects the age distribution of Florida, with the largest population in the 25-54 age cohort. Manatee begins to have a higher percentage of the population than in Florida, beginning with the age 55 to 64 cohort and continuing through the 85+ cohort. Manatee County ranks 13th out of 67 counties in Florida for the percentage of persons aged 65 and older. In 2020, the median age in Manatee County was also higher than in the State at 48.0 years vs 41.9 years. Likewise, Manatee County has a smaller percentage of the population under age five than Florida (5.5% compared to 5.2%) and persons under age 18 (19% compared to 21%).

**Figure 2: Percent Age Distribution by Percent, Manatee County and Florida, 2021**



Source: US Census Bureau, 2021 American Community Survey 5-year estimates, Table S0101

## Gender

In Manatee County, 48.5% of the population across all ages are male, and 51.5% are female (2021).

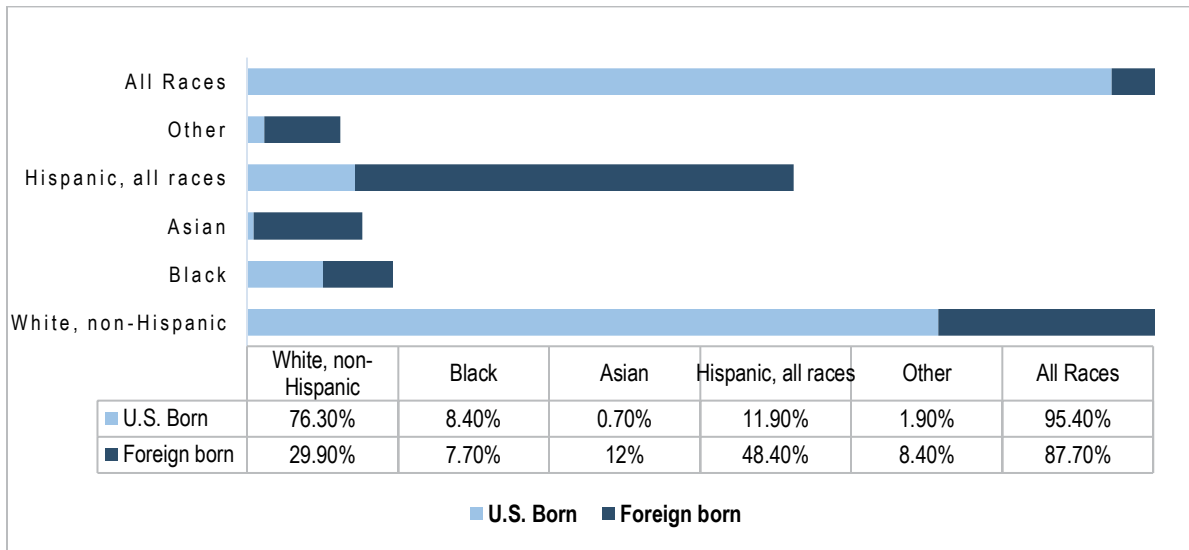
## Race/Ethnicity

When comparing race and ethnicity, the population of Manatee County has a higher percentage of White residents (81%) than Florida (51%) and a lower percentage of Blacks (9% compared with 14.5%). The Hispanic/Latino population is also lower in Manatee County at 17.7% compared to Florida at 26.4% (2020).

## 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. Native-born populations include anyone who is a U.S. citizen at birth (also referred to as U.S. born). According to the U.S. Census Bureau, approximately 13.3% of Manatee County’s population is foreign born, a lower proportion when compared to Florida (21.2%). Figure 3 shows the percentage of U.S. born and foreign-born residents by race and ethnicity. Asians, Hispanics, and Other have the highest rates of foreign birth.

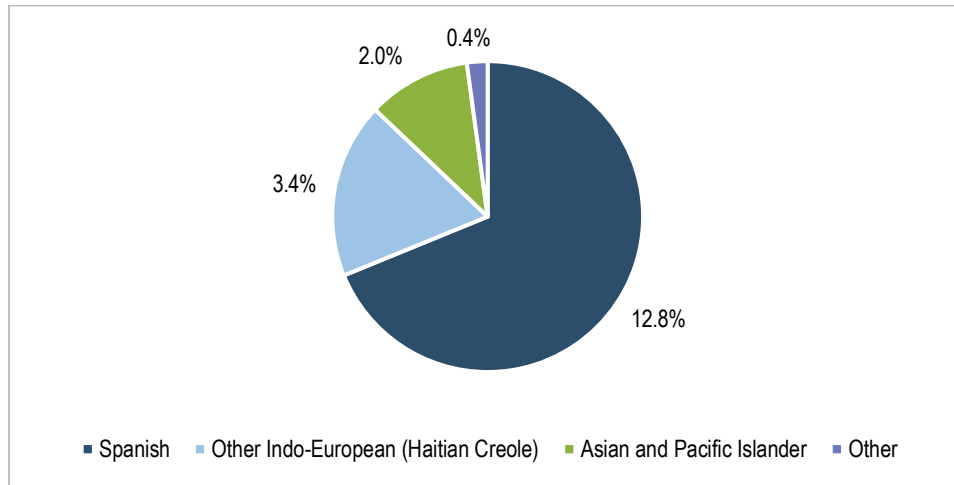
**Figure 3: Nativity, Manatee County 5-year Estimates, 2021**



Source: US Census Bureau, 2021 American Community Survey 5-year estimates, Table S0501

Manatee County has fewer residents with limited English-speaking ability than the state, with 6.7% of the population age five and older speaking English “less than very well” compared with 11.8% for Florida (2021). Figure 4 shows the percentage of the population who speak a language other than English at home.

**Figure 4: Percent of Population Who Speak a Language Other Than English at Home, Manatee County, 2021**



Source: US Census Bureau, 2021 American Community Survey, 5-Year Estimates

## Poverty

Poverty rates have been declining in Manatee County from 2017 to 2021, with an estimated 10.4% of individuals living at or below the poverty level in 2021, compared to Florida at 13.1%. Whites in Manatee County and Florida have the lowest poverty rates, and Hispanics and Blacks have the highest poverty rates in both the County and Florida (Figure 5).

**Figure 5: Percent of Individuals Living Below Poverty Level, by Race, Ethnicity and Total Population, Manatee County and Florida, 2017-2021**

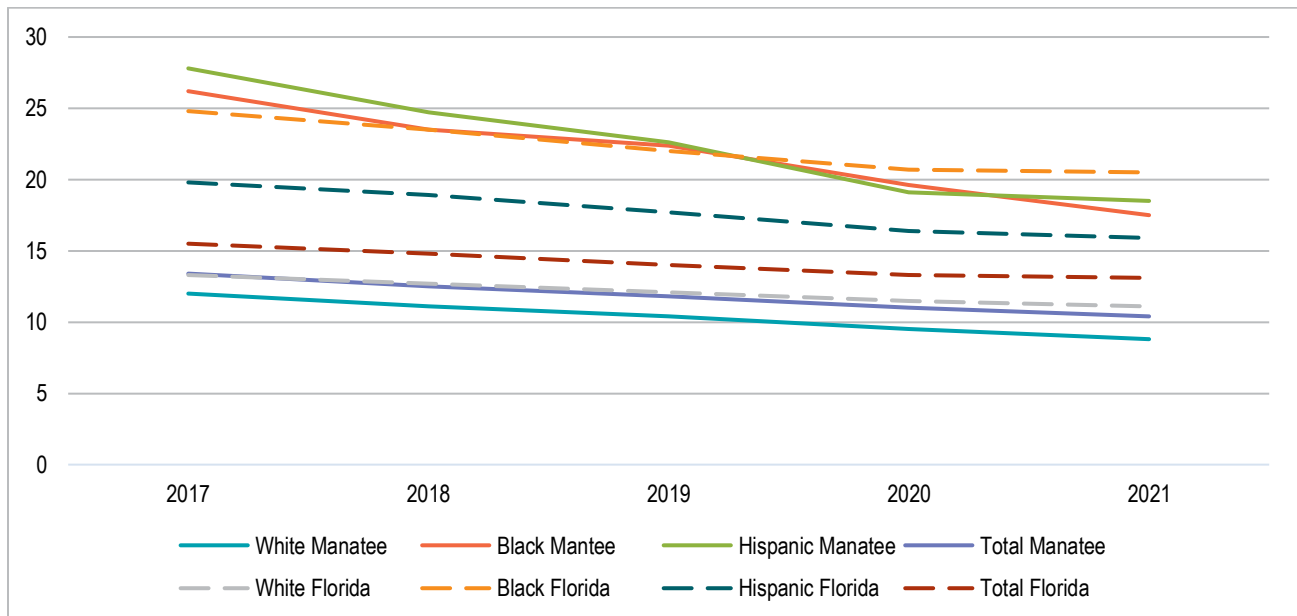
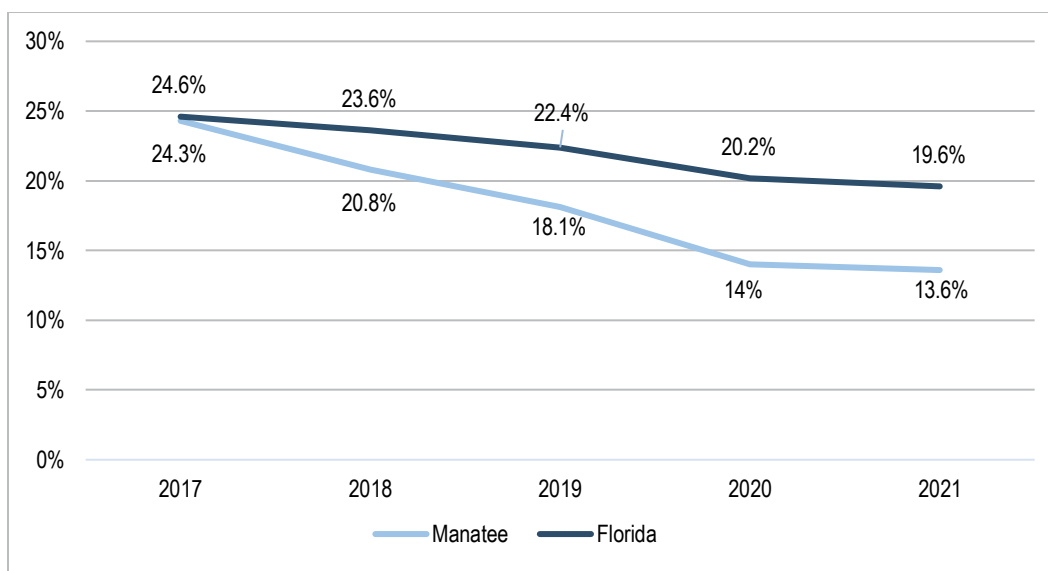


Figure 5 Data	Manatee				Florida			
	Years	White	Black	Hispanic	Total	White	Black	Hispanic
2017	12	26.2	27.8	13.4	13.3	24.8	19.8	15.5
2018	11.1	23.5	24.7	12.5	12.7	23.5	18.9	14.8
2019	10.4	22.4	22.6	11.8	12.1	22	17.7	14
2020	9.5	19.6	19.1	11	11.5	20.7	16.4	13.3
2021	8.8	17.5	18.5	10.4	11.1	20.5	15.9	13.1

Poverty rates among children under the age of five in Manatee County are almost the same within the total population (13.4%), with 13.6% of children living at or below the poverty level. In 2021, Florida's rate of children under five years old living below the poverty level was higher at 19.6% (Figure 6 below).

**Figure 6: Percent of Children less than 5 years old Living Below the Poverty Level Manatee County and Florida, 2017-2021**



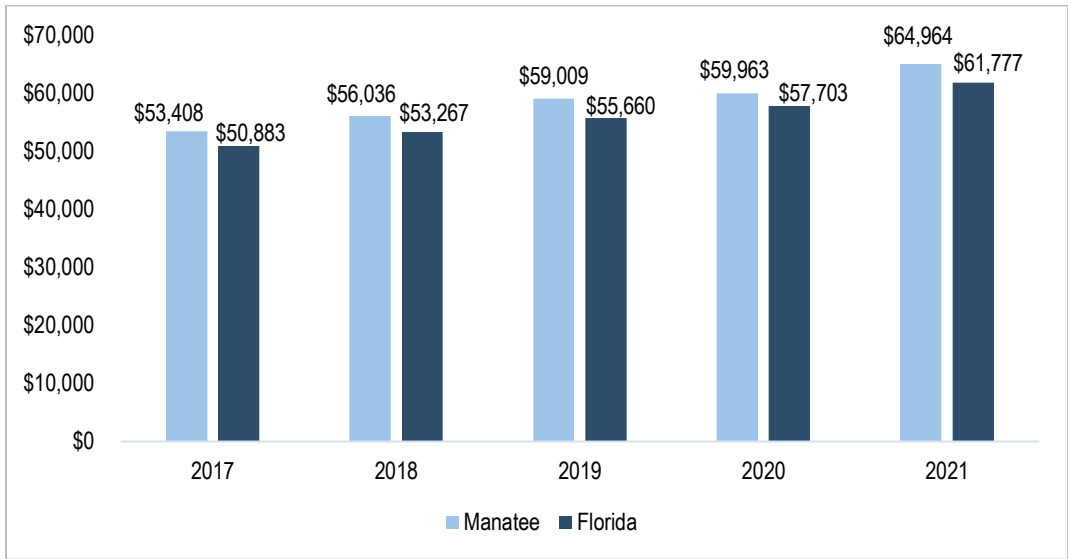
Source: US Bureau of the Census, American Community Survey, Table B17001

ALICE stands for Asset Limited, Income Constrained, Employed. These households earned above the federal poverty level but not enough to afford basic household necessities. The number of ALICE households is increasing in Florida because 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

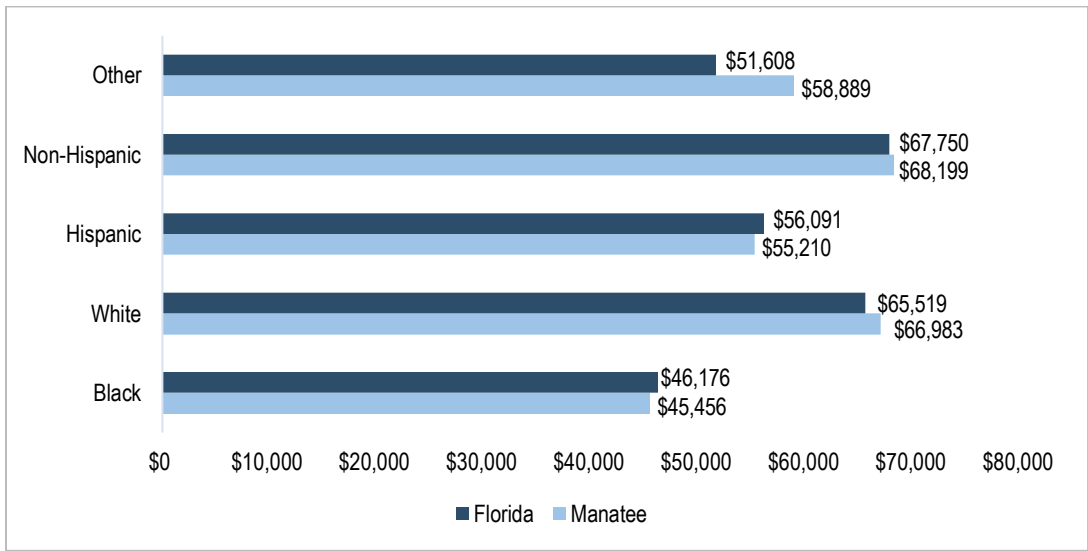
The median income in Manatee County as of 2021 is \$64,964 compared to Florida’s median income of \$61,777 and has typically been higher than Florida over the years (Figure 7). However, median household income as of 2021 by race and ethnicity (Figure 8) shows lower incomes for Blacks, Hispanics, and Other.

**Figure 7: Median Household Income, Manatee County and Florida, 2017-2021**



Source: United States Bureau of the Census, American Community Survey, Table B19013.

**Figure 8: Median Household Income, by Race and Ethnicity, Manatee County and Florida, 2021**

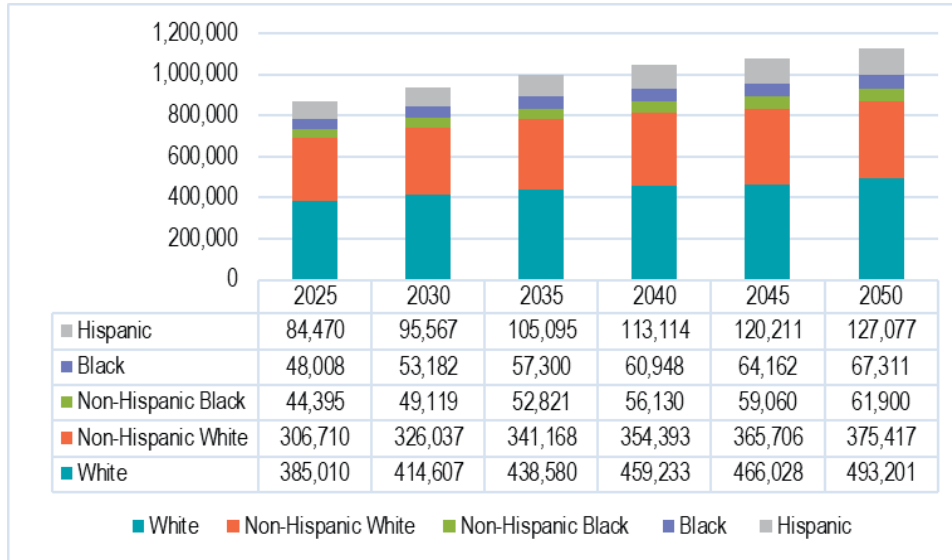


Source: United States Bureau of the Census, American Community Survey, Table B19013

## Population Projections

Understanding population projections and their impact on health for specific groups can work to reduce differences in health outcomes. As with much of Florida, the population of Manatee County is projected to increase by 12% in 2025 and up to 34% by 2040. During the same time, 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 9).

**Figure 9: Population Projections, Manatee County, 2025-2050**



Source: University of Florida Bureau of Economic and Business Research, Population Projections by Age, Sex, Race, and Hispanic Origin for Florida and Its Counties, 2025-2050

## 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 258.

Source: calculated population from the Legislature, Economic

Table 1: Percent of Population with Access and Functional Needs, Manatee County and Florida Population	Year	Manatee		Florida	
		#	%	#	%
Civilian non-institutionalized population with a disability*	2021	56,041	14.3%	2,818,838	13.4%
Persons 18-64 years old with Independent Living Difficulty	2021	7,279	3.4%	446,580	3.5%
Persons with Hearing Difficulty (18-64 years)	2021	3,877	1.8%	225,318	1.8%
Persons with Vision Difficulty (18-64 years)	2021	3,760	1.8%	247,494	1.9%
Seriously Mentally Ill Adults***	2020	13,380	n/a	711,699	n/a
Homeless***	2021	185	n/a	21,141	n/a

Rates are using July 1 estimates Florida Office of and

Demographic Research which have been allocated by race based on information from the US Bureau of the Census. The population data for 2011-2021, along with rates affected by the population data, was updated on FLHealthCHARTS in November 2017.

## Industry and Employment

Florida Department of Economic Opportunity estimated the workforce in Manatee County at 172,659 in 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 one hour from Hillsborough (Tampa) and Pinellas (St. Petersburg and Clearwater) Counties and can draw upon residents in those areas for skill sets needed for key sector jobs. Services and retail trade make up over 56% of the Manatee County workforce, and tourism impacts these industries positively and negatively. The top ten industries in Manatee County appear in Table 2, and the top private sector employers appear in Table 3.

Source:  
Community  
S2405: ACS  
Estimates

<b>Table 2: Industry Estimates for Civilian Employed Population 16 years and Over, Manatee County, 2021</b>	
<b>Industry Estimates</b>	<b>Manatee %</b>
Services	23%
Retail Trade	13%
Finance/Insurance/Real Estate	9%
Manufacturing	6%
Construction	7%
Information	1.5%
Wholesale Trade	2%
Public Administration	4%
Agriculture/Mining	0.7%
Transportation/Utilities	6%
Education/Healthcare/Social Services	22%

American  
Survey Table  
1-year  
2021

<b>Table 3: Top Private Sector Employers, Manatee County, 2021</b>	
<b>Employer</b>	<b>Employment</b>
Beall's Inc.	1996
Tropicana Products	900
IMG Academy	787
Sun Hydraulics	680
TriNet	610
Pierce Manufacturing	530
Sysco West Coast Florida, INC.	468
Gettel Automotive Group	344
Air Products & Chemicals, Inc	303
Chris-Craft	280
Star2Star Communications	258
Design Concepts/Marine Concepts	254
Feld Entertainment, Inc.	219
Tropitone Furniture Co., Inc.	210
Flowers Baking Company of Bradenton, LLC	207
Team Edition Apparel	200
UTC Fire & Security Americas Corporation, Inc.	200
Hoveround Corporation	200
SAFRAN Power USA, LLC	198
Yellowfin Yachts	194
Dental Care Alliance	192
Dentsply Sirona Orthodontics, Inc.	168
SUNZ Holdings	164
Trident Building Systems, Inc.	150

Source: Bradenton Economic Development Corporation, 2021. This list includes private "targeted sector" companies, as identified by the Bradenton Area EDC (EDC) and may not be all-inclusive.

According to the US Bureau of Labor Statistics data, the annual average unemployment rate in Manatee County as of February 2023 was 2.6%. The monthly unemployment rate has not fluctuated significantly in Manatee County recently, as the rate in January 2023 was 2.7% and December 2023 2.2%. The average monthly employment and average quarterly wages by industry for July through September 2022 are provided in Table 4.

<b>Table 4: Quarterly Census of Employment and Wages, Manatee County, July-September 2022</b>		
<b>Industry Title</b>	<b>Average Monthly Employment, July-Sept. 2022</b>	<b>Average Quarterly Wage, July-Sept. 2022</b>
Total, All Industries	311,542	\$14,832
Service-Providing	262,912	\$14,656
Trade, Transportation and Utilities	63,093	\$12,454
Education and Health Services	67,326	\$15,442
Goods-Producing	48,630	\$15,786
Retail Trade	44,338	\$10,413
Health Care and Social Assistance	51,629	\$15,593
Leisure and Hospitality	45,930	\$8,962



Professional and Business Services	41,652	\$19,887
Accommodation and Food Services	36,974	\$7,453
Construction	28,776	\$15,827
Educational Services	15,698	\$14,943
Administrative and Waster Services	19,364	\$12,671
Durable Goods Manufacturing	13,952	\$15,889
Public Administration	12,602	\$16,503
Financial Activities	16,691	\$21,853
Professional and Technical Services	18,651	\$21,848
Transportation and Warehousing	1,569	\$18,076
Other Services	14	\$15,483
Natural Resources and Mining	33	\$10,635
Agriculture, Forestry, Fishing and Hunting	33	\$10,635
Wholesale Trade	1	\$25,956
Finance and Insurance	8,912	\$28,514
Arts, Entertainment, Recreation	8,854	\$15,255
Real Estate and Rental and Leasing	7,778	\$14,221
Nondurable Goods Manufacturing	4,159	\$17,427
Management of Companies/Enterprises	3,368	\$51,098
Information	3,409	\$23,116
Utilities	607	\$29,988
Unclassified	545	\$17,361

Source: The Quarterly Census of Employment and Wages, Florida Department of Economic Opportunity, Quarterly Census of Employment and Wages - FloridaJobs.org accessed March 8, 2023

## Housing

Manatee County's housing characteristics are presented in Table 5.

Table 5: Housing Characteristics, Manatee County, 2017-2021	
Indicator	Measure
Median value of owner-occupied housing units, 2017-21	\$267,300
# Housing Units (July 2021)	212,675
Owner-occupied housing unit rate, 2017-21	74.6%
Renter-occupied Housing	25.4%
Household Size owner-occupied unit (people)	2.43
Household Size renter-occupied unit (people)	2.71
Vacant Housing Units (%)	23.00%
Homeowner Vacancy (%)	2.20%
Rental Vacancy (%)	15.10%
Occupying Mobile Home (%)	14.6%
Occupying Boat, RV, Van, etc. (%)	0.20%
Median selected monthly owner costs-with a mortgage, 2017-21	\$1,691
Median selected monthly owner costs-without a mortgage, 2017-21	\$558

Median Gross Rent, 2017-21	\$1,274
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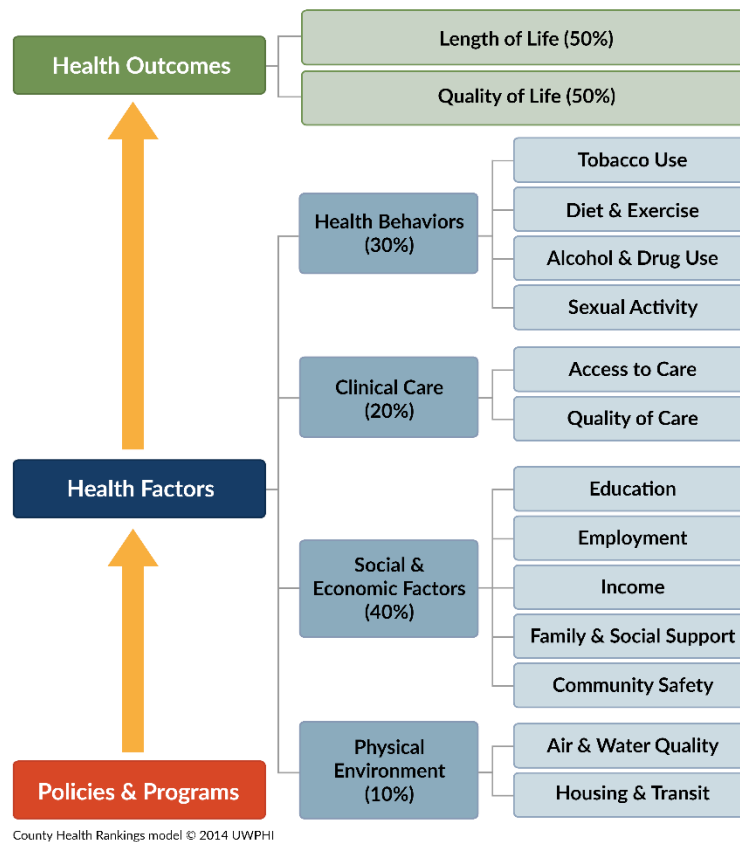
Source: US Census Bureau DP04 Selected Housing Characteristic

## County Health Rankings and Roadmaps

The County Health Rankings and Roadmaps are a systematic approach to consolidating data to provide the health status of a specific community. 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 MHCA have used the County Health Rankings for many years as a guiding principle for implementing health initiatives within the community. The County Health Rankings model is a framework that emphasizes the multiple factors that influence how long and how well a population lives. This model illustrates how certain health factors significantly impact health outcomes more than others. For example, Social and Economic Factors have the most significant impact on length and quality of life.

**Figure 10: County Health Rankings Framework**



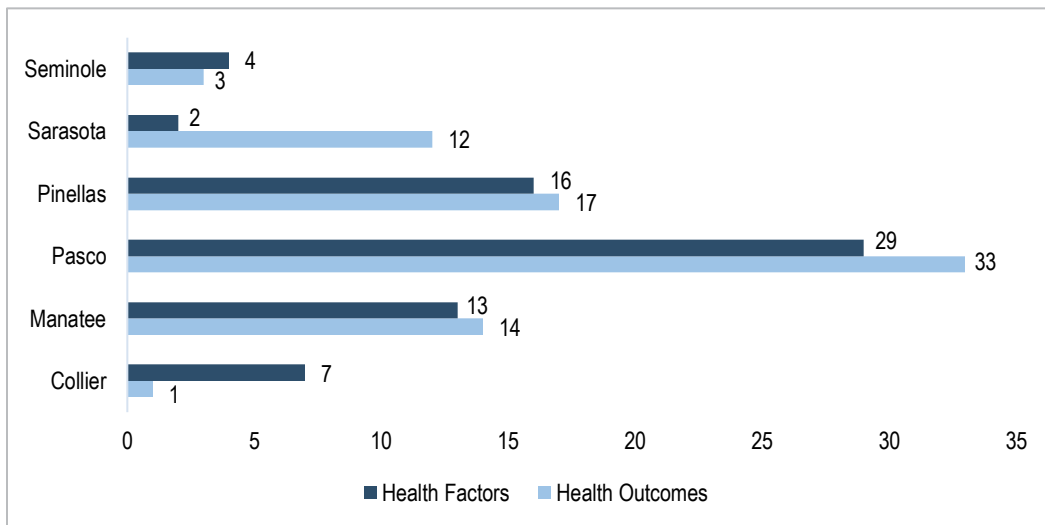
A history of Manatee County's overall rankings is presented in Table 6. It is important to note that the County Health Rankings provide a snapshot of Manatee County's standing in comparison to the other 67 Florida counties.

Year	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Health Outcomes	21	22	23	24	21	17	19	15	9	13	14
Health Factors	23	20	20	15	21	23	20	17	25	18	13

Source: University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps 2023. The County Health Rankings Report was accessed on 4/3/23 via [www.CountyHealthRankings.org](http://www.CountyHealthRankings.org).

Figure 11 shows the 2023 rankings of Florida peer counties of Collier, Pasco, and Seminole, and the closest local health departments, Pinellas, and Sarasota.

**Figure 11: County Health Rankings, Health Outcomes and Health Factors, Peer County Comparisons, 2023**



Source: University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps 2023. The County Health Rankings Report was accessed on 4/3/23 via [www.CountyHealthRankings.org](http://www.CountyHealthRankings.org).

Manatee County’s areas of strength identified in the 2023 profile included:

- preventable hospital stays
- primary care physicians
- high school completion

Areas to explore as indicated in the 2023 profile included:

- adult smoking
- adult obesity
- uninsured

The rankings by sub-categories (indicators that make up the overall County Health Rankings Report) for the past five years are presented for Manatee, FL, in Table 7 below. The ranking number refers to Manatee County's ranking among the 67 counties in Florida. Manatee County is making steady progress toward becoming the healthiest county in Florida, with a consistently high quality of life ranking, improving clinical care, and social and economic factors.

<b>Indicator/Year</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>
Health Outcomes-Length of Life	30	25	19	19	19
Health Outcomes-Quality of Life	8	9	7	7	7
Health Factor- Health Behaviors	15	13	15	11	15
Health Factors- Clinical Care	22	22	22	15	13
Health Factors-Social and Economic Factors	26	24	25	23	14
Health Factors-Physical Environment	17	15	50	52	15

Source: University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps 2023. The County Health Rankings Report was accessed on 4/3/23 via [www.CountyHealthRankings.org](http://www.CountyHealthRankings.org).

As presented above, Manatee County 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 improving the length and quality of life for its residents.

## **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 improvement plan (CHIP).

Originally, DOH-Manatee facilitated the CHA process every five years. The previous process was conducted in 2020 and the resulting plan covered a three-year period to better respond to a rapidly changing landscape and to allow for coordination with community planning efforts conducted by non-profit hospitals in the county.

### **Mobilizing For Action Through Planning and Partnerships (MAPP)**

DOH–Manatee, in partnership with the MHCA, utilized the National Association of County and City Health Officials (NACCHO)’s Mobilizing for Action through Planning and Partnerships (MAPP) model to complete the 2024-2026 Manatee County 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.



## 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.

Beginning in March 2023, a steering committee of 11 community partners was formed to guide the process and assist with community engagement, including representation from residents, key stakeholders, and other local public health system representatives. The Health Council of West Central Florida (HCWCFL) was engaged to facilitate the CHA/CHIP process with support from the Florida Department of Health in Manatee County staff.

## Phase 2: Visioning

Visioning, the second phase, is completed at the beginning of the CHA/CHIP. It guides the community through a collaborative, creative process leading to a shared 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 and a statement of the ideal future. Values are the fundamental principles and beliefs that guide a community-driven planning process. Visioning offers a valuable mechanism for convening the community and building enthusiasm for the process, setting the stage for planning, and providing a common framework throughout subsequent phases.

The steering committee members met on March 30, 2023, conducted a Vision and Values exercise on behalf of the Manatee Healthcare Alliance, and revised the mission, vision, and core values.

**Mission:** Promote and ensure the health and well-being of Manatee County residents and visitors through collaboration and partnerships.

**Vision:** Well-being for all

### Core Values:

- Integrity (honesty, accountability, transparency, trust)
- Advocacy (highlighting important community issues, non-partisan legislative issues, inclusivity, holding space for underserved communities, community education)
- Solution-focused (data driven, innovation, prevention)

## Phase 3: The Four Assessments

The Assessments Phase consists of compiling and analyzing primary and secondary data through four individual assessments to evaluate the community's health.

**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?*

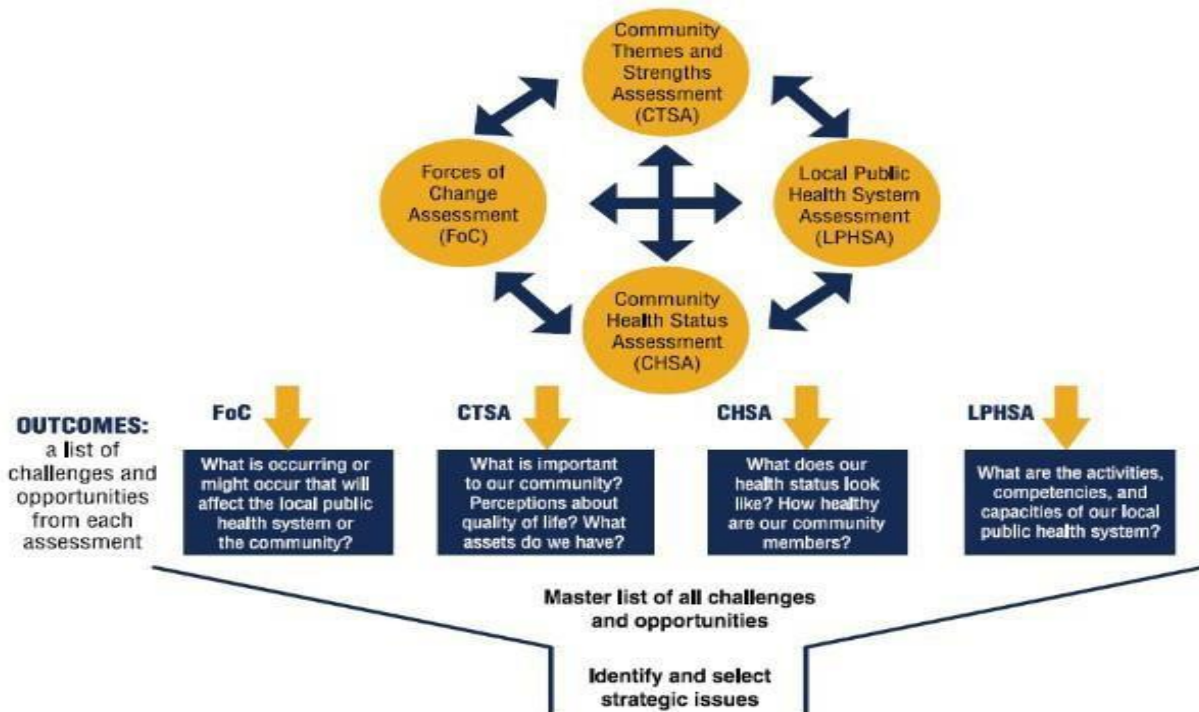
**The Forces of Change Assessment** identifies forces that may affect a community and the opportunities and threats associated with these forces. It answers the questions: *What is occurring or might occur that affects the health of the community or the local public health system? What specific threats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

**The Local Public Health System Assessment** measures how well different public health system partners collaborate 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 comprising public, private, and voluntary entities that contribute to delivering 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 12: MAPP Framework

**Four MAPP Assessments Flowchart**



Source: NACCHO-MAPP user' handbook, 2013

## Primary and Secondary Data Collection

Primary data are 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 a snapshot of a specific point in time. It helps describe an issue and is explorative but cannot be statistically analyzed. The downside of primary data collection is that the responses can reflect uneven-sample sizes, which may only represent part of the population.

Secondary data are information already collected and recorded by someone else for another purpose unrelated to the current issue. The data are 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 includes availability, saves time and cost and can 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. Secondary data are included in the demographics, health outcomes and health factors section of the CHA. The data are 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 2022, University of Wisconsin Population Health Institute  
District 12 Medical Examiner  
Family Caregiving Alliance  
Feeding America  
Florida Association of 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 Immunizations  
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 Housing Data Clearinghouse-University of Florida  
Florida Department of Juvenile Justice  
Florida Legislature, Office of Economic and Demographic Research (EDR)  
Gerontology Institute, University of Massachusetts  
Kaiser Family Foundation  
MacArthur Foundation  
Merlin, Florida's web-based reportable disease surveillance system

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

Both primary and secondary data are used in the CHA's development. 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 believe 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.

### **Community Survey**

The community survey was available for completion from March 27, 2023, until May 22, 2023. The survey was available in English, Spanish and Haitian/Creole. In total, 740 completed the survey (704 of participants completed the English survey, 35 completed the Spanish survey and one participant completed the Haitian/Creole survey). Most of the participants were white, females, in the 46-65 years old age group and had an annual income of \$10,000. For Spanish (Hispanic/Latino) survey respondents, most were female, in the 26-45 years old age group and had an annual income of less than \$20,000.

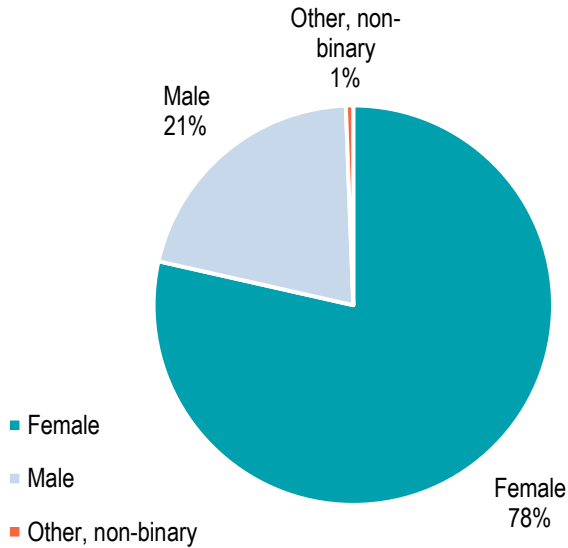
Since there was only one response for the Haitian/Creole survey, data from that survey are not disclosed separate from the total response summaries to ensure confidentiality of the respondent.

The Manatee Healthcare Alliance (MHCA) provided links to each version of the survey, a flyer, images for social media and QR codes to all community partners to share with clients, staff, and members of the public. Survey reminders were mentioned at the MHA monthly meetings as well. DOH-Manatee distributed a press release to inform the community of the community health survey. Weekly survey engagement updates were reported to DOH-Manatee where the following demographics were reviewed, including the number of completed surveys:

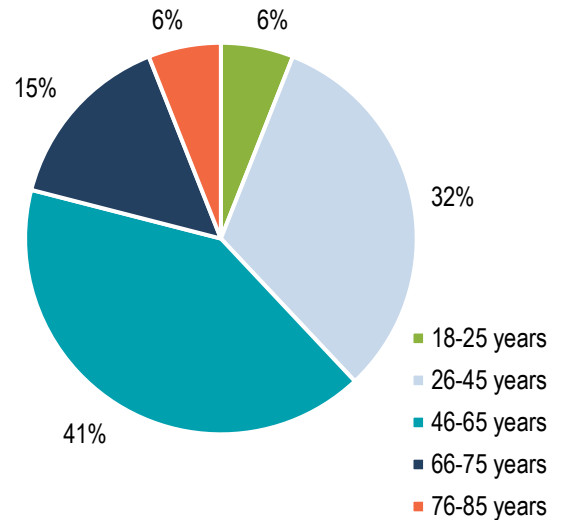
- Age
- Gender
- Income
- Race/Ethnicity

## Survey Questions

**What gender do you identify with?  
(Total Responses)**

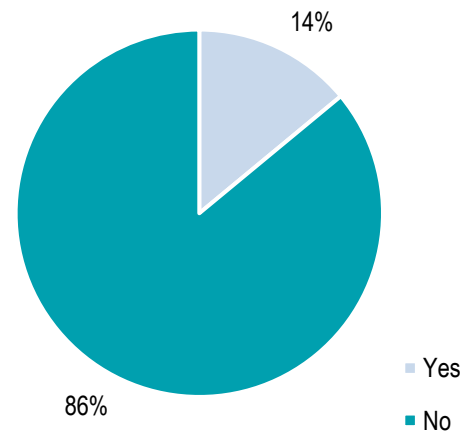


**What is your Age?  
(Total Responses)**

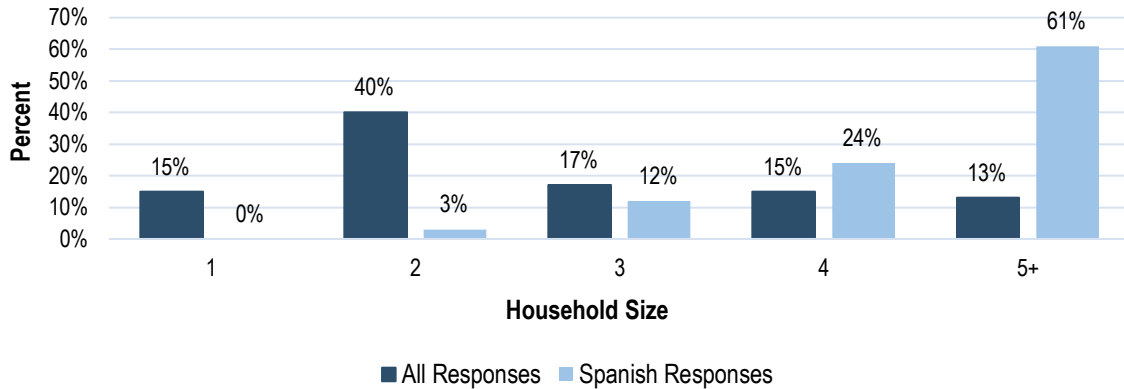


Among respondents representative to the population in Manatee County by race and ethnicity, whites were sampled similar to the population (85% of respondents vs. 85.7% of population). Blacks were under-sampled (7% of respondents and 9% of population), Asians were slightly over-sampled (3% of respondents vs. 2.4% of population) and Hispanics were under sampled (14% of respondents vs. 17% of population). Females were also oversampled (78% of respondents vs. 51.4% population) (U.S. Census Bureau, Population Quick Facts, 2022).

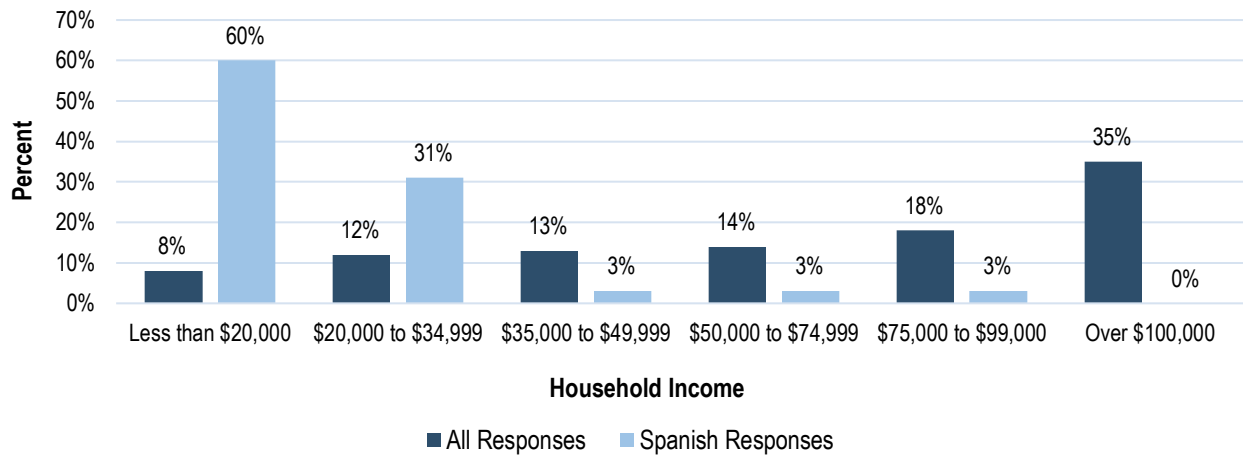
**Are you of Hispanic, Latino/Latina, or Spanish origin?  
(Total Responses)**



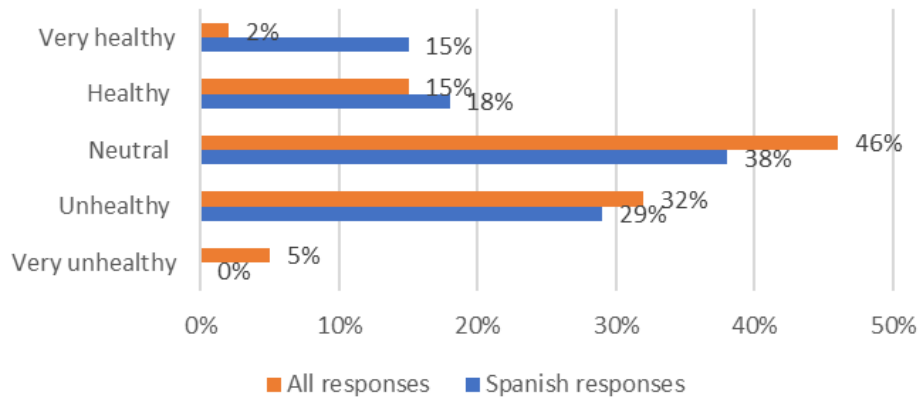
**Including yourself, how many people live in your household?  
English, Spanish, Haitian/Creole Responses  
compared to Spanish Survey Responses:**



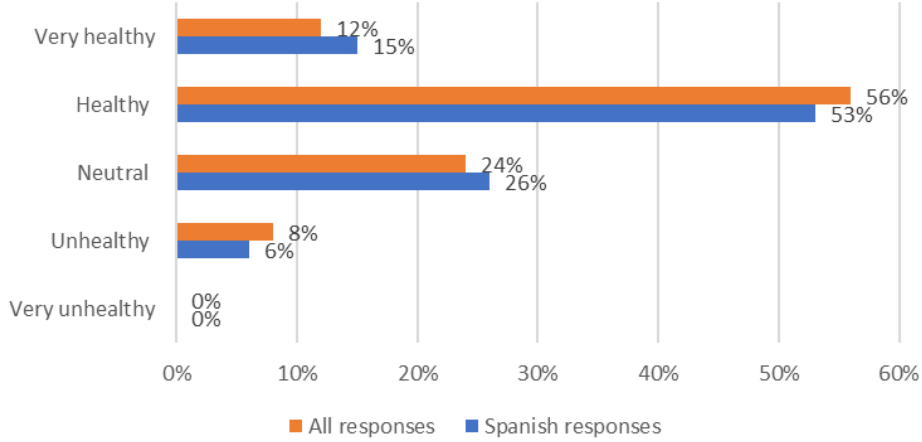
**What is your annual household income?  
English, Spanish, Haitian/Creole Responses  
compared to Spanish Survey Responses:**

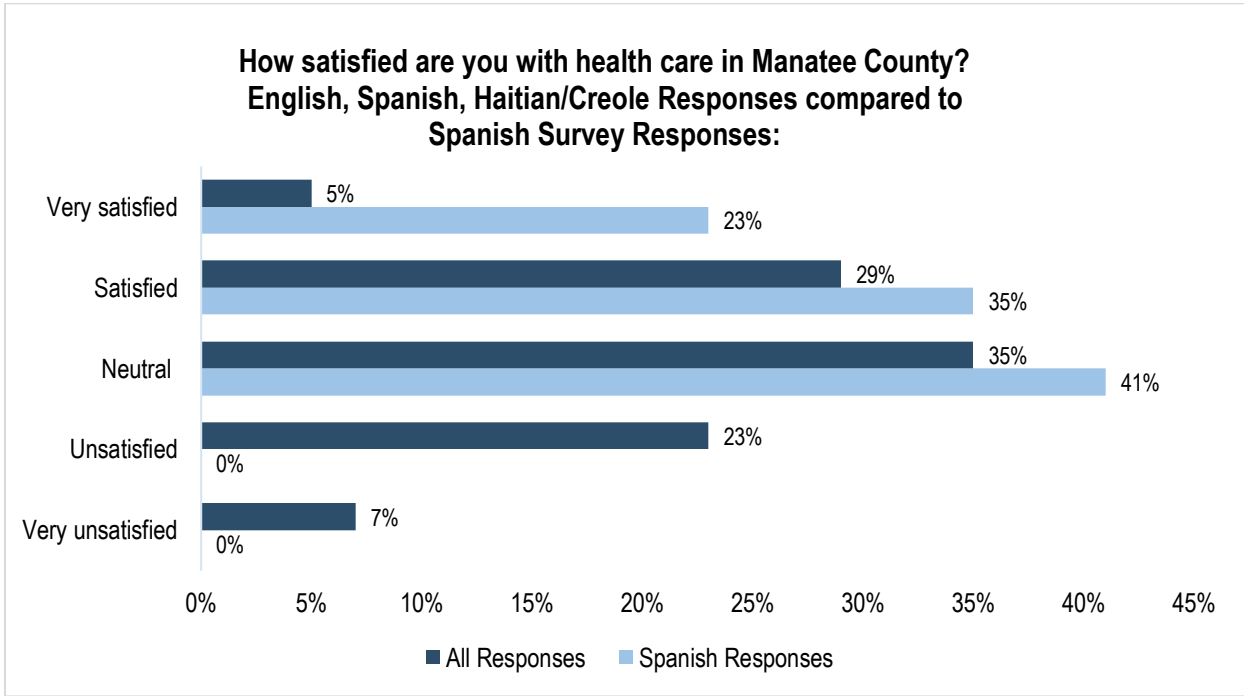
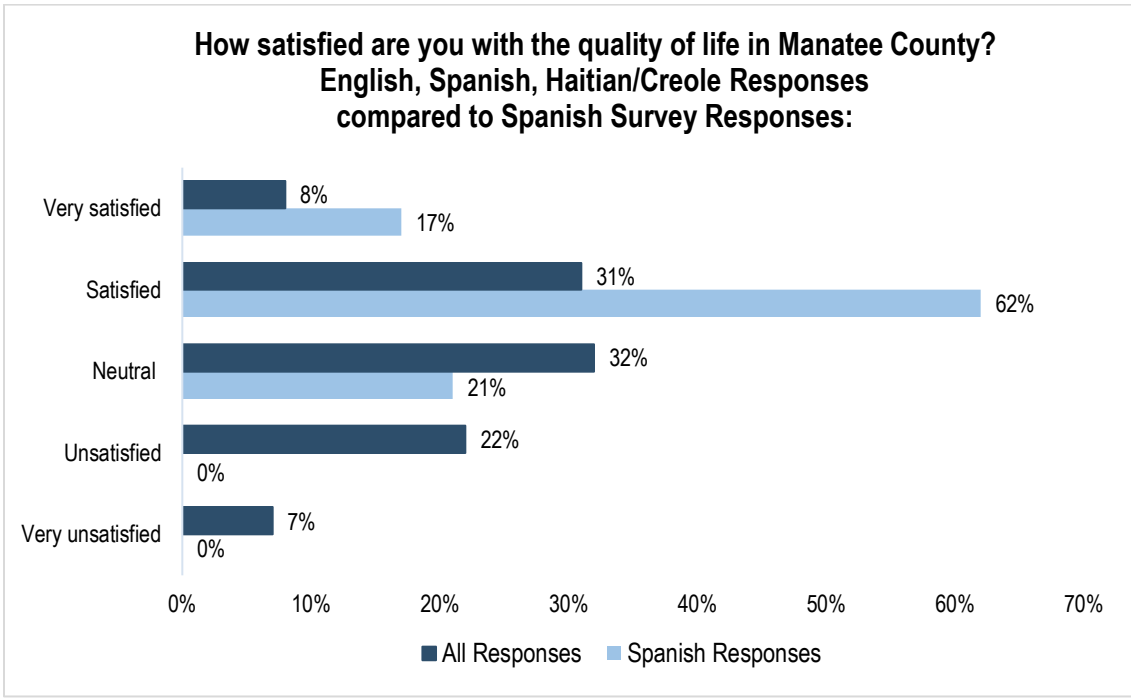


### How would you rate the overall health of our community?

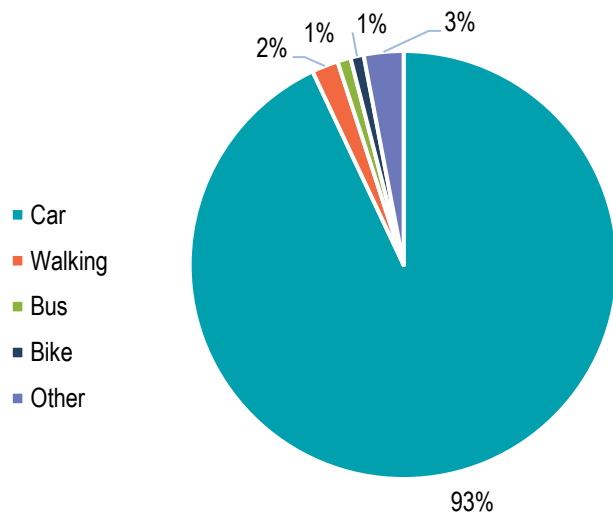


### How would you rate your own health?

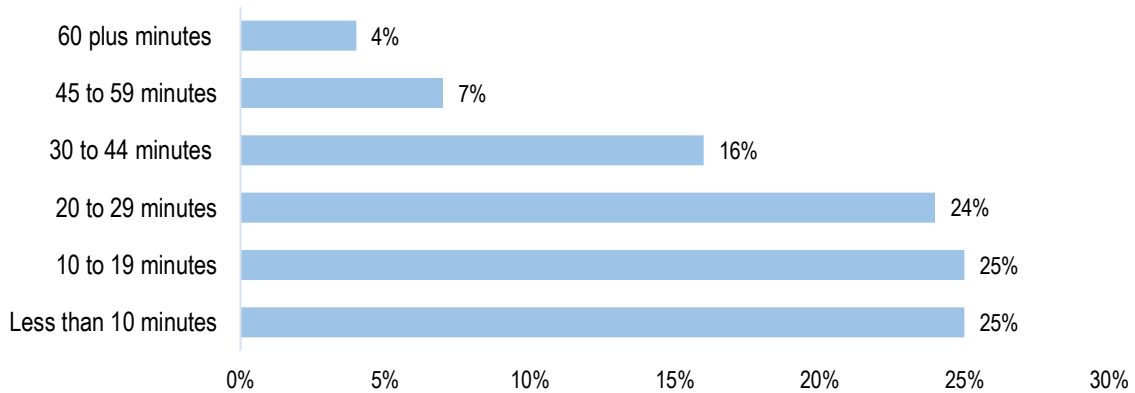




**What is your mode of transportation? (Total Responses):**



**Approximate commute time to work, each way (Total Responses):**

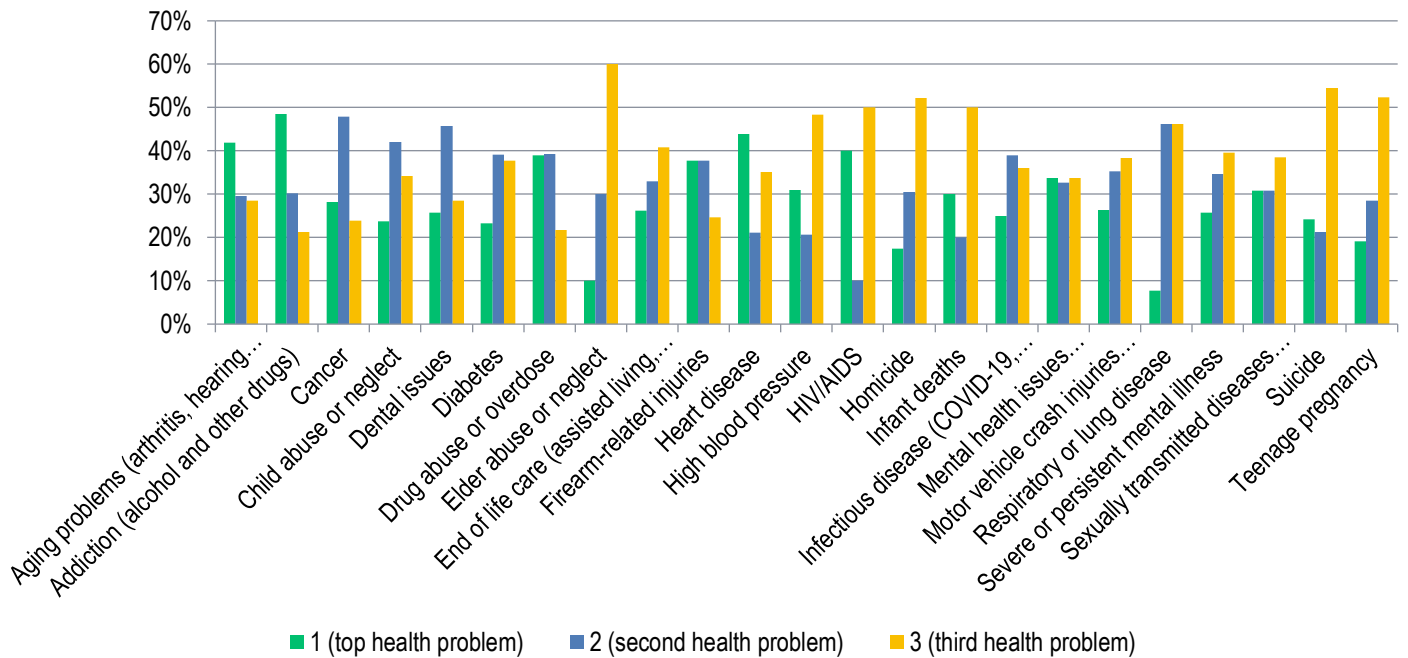


Was there a time in the past 12 months when you needed to see a doctor but could not because of (select all that apply) (English, Spanish, Haitian/Creole Responses):		
Reasons	Yes (%)	Yes (#)
Can't afford to be seen	25%	181
Didn't know where to go	22%	158
No doctor would take insurance	15%	109
Don't have health insurance	14%	99
Couldn't get an appointment in time	47%	335
Had no way to get there (transportation)	7%	54
Schedule did not permit	29%	209

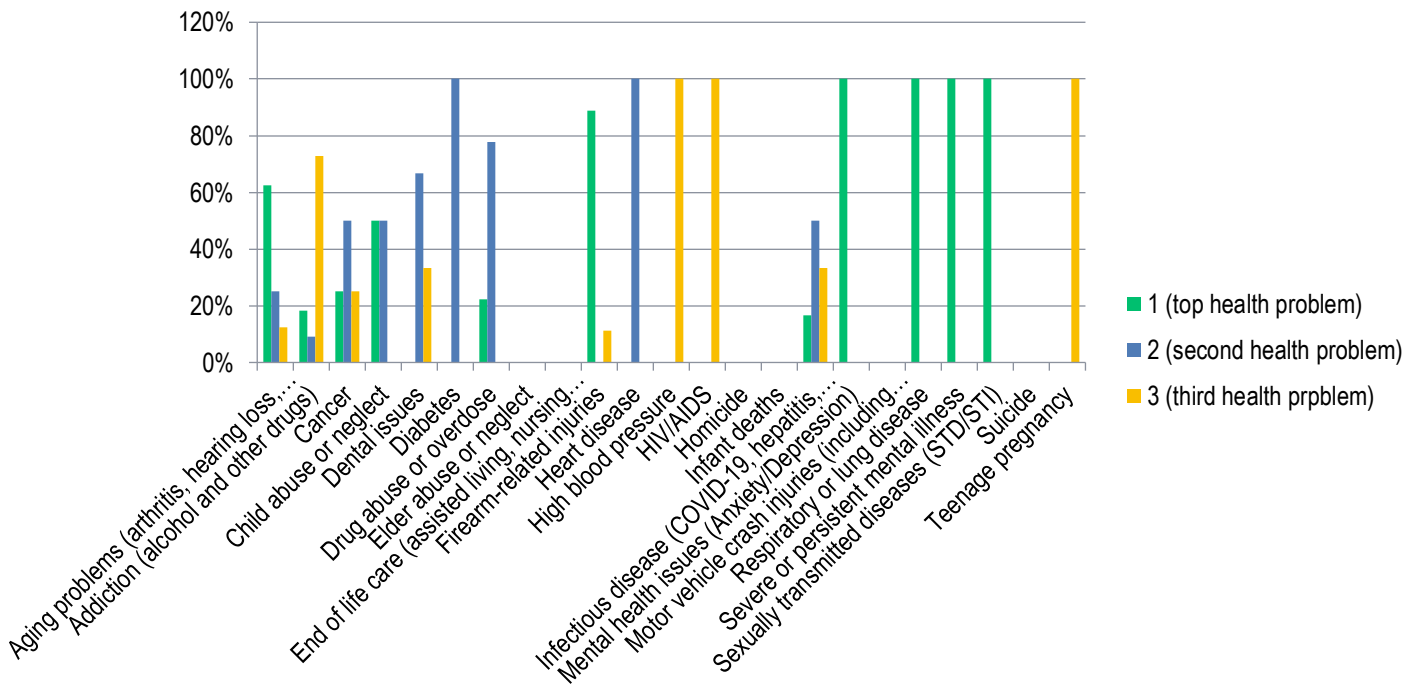


Participants were then asked to select the three most important “health problems” in Manatee County by assigning a first, second and third rank. It is important to note that the top health issues were different in English surveys vs. Spanish surveys.

### English Surveys



### Spanish Surveys



To rank total responses, each response was assigned a weight and then totaled. All #1 choices were totaled and multiplied by three, followed by #2 choices which were multiplied by two and then #3 choices which were multiplied by one. The totals were ranked based on the weighted totals. Health problems listed with an \* indicate responses written in the text box when participants selected “other” as one of their choices.

English, Spanish and Haitian/Creole Responses:		
Health Problems	Weighted Response Score	Weighted Score
Addiction (alcohol and other drugs)	778	1
Mental Health issues (Anxiety/Depression)	573	2
Drug abuse or overdose	539	3
Aging problems (arthritis, hearing loss, falls, etc.)	441	4
Motor Vehicle crash injuries (including bikes and pedestrians)	235	5
Child abuse or neglect	227	6
End of life care (assisted living, nursing homes, hospice, etc.)	218	7
Severe or persistent mental illness	191	8
Cancer	153	9
Diabetes	134	10
Firearm-related injuries	132	11
Heart disease	119	12
Infectious Diseases (COVID-19, Hepatitis, TB, etc.)	79	13
Dental issues	74	14
Suicide	56	15
High blood pressure	54	16
Elder abuse or neglect	45	17
Teen pregnancy	41	18
Homicide	38	19
Sexually transmitted diseases (STD/STI)	25	20
Respiratory or lung disease	24	21
HIV/AIDS	21	22
Infant Deaths	18	23
Obesity*	15	24
Lack of health care access*	11	25
Homelessness*	8	25
Food insecurity/Hunger (affordability)*	3	26
Air quality*	3	26
Policies (gun laws, abortion, education) *	2	27
Water Quality*	2	27
COVID (long-term side effects) *	2	27
County government	2	27
Heart disease*	1	28
Stress*	1	28

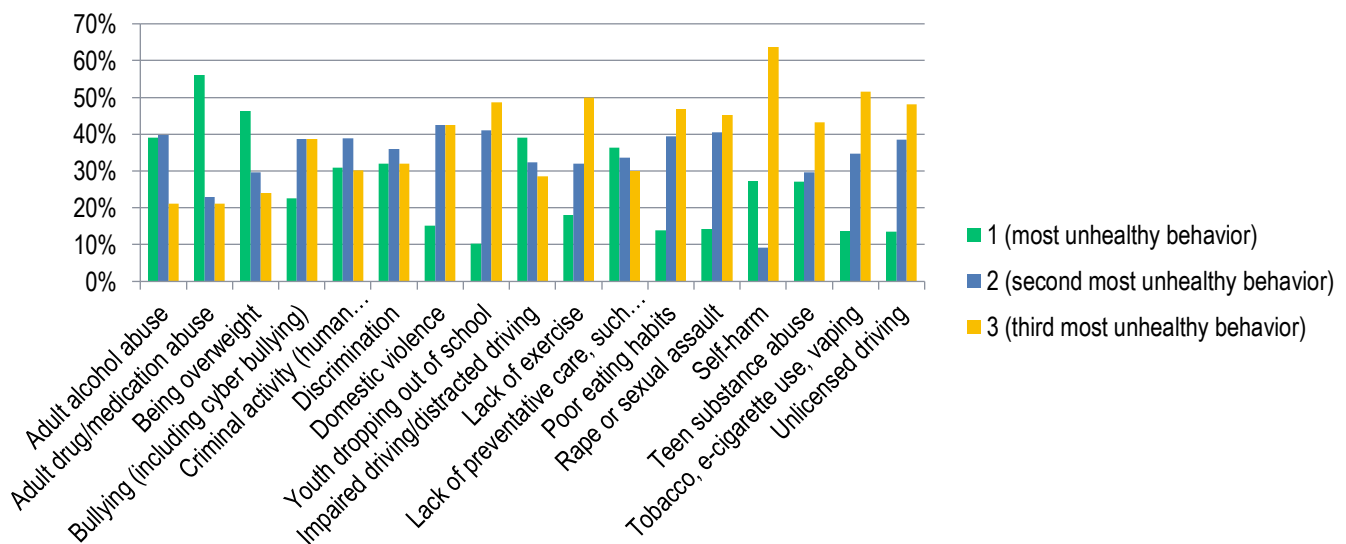
Quality of life*	1	28
Trauma*	1	28
Over-population*	1	28
Affordable housing*	1	28
Bigotry*	1	28

Spanish Top 5 Health Problems:		
Health Problems	Weighted Response Score	Weighted Score
Firearm-related injuries	25	1
Aging problems (arthritis, hearing loss, falls, etc.)	20	2
Drug abuse or overdose	20	2
Addiction (alcohol and other drugs)	16	3
Infectious Diseases (COVID-19, Hepatitis, TB, etc.)	14	4
Mental Health issues (Anxiety/Depression)	9	5

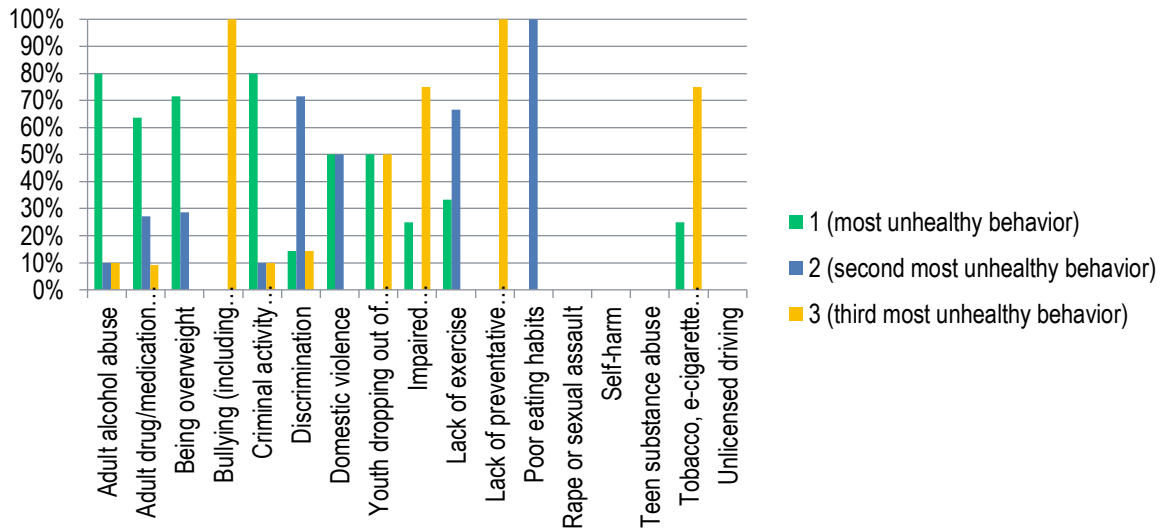
When compared with 2020 community survey results, the top five weighted health problem rankings were similar with exception of infectious disease. In the 2020 survey, infectious disease ranked 4th compared to 13th in 2023 and motor vehicle crashes ranked 12th in 2020 compared with 5th in 2023.

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

### English Responses:



## Spanish Responses:



To rank total responses, each response was assigned a weight and then totaled. All #1 choices were totaled and multiplied by three, followed by #2 choices which were multiplied by two and then #3 choices which were multiplied by one. The totals were ranked based on the weighted totals. Health problems listed with an \* indicate responses written in the text box when participants selected “other” as one of their choices.

English, Spanish and Haitian Creole Responses:		
Unhealthy Behaviors	Weighted Response Score	Weighted Score
Adult drug/medication abuse	808	1
Criminal activity (human trafficking, theft, etc.)	619	2
Being Overweight	528	3
Impaired driving/distracted driving	404	4
Adult alcohol abuse	306	5
Lack of preventative care, such as screenings or vaccinations	233	6
Bullying (including cyber bullying)	196	7
Domestic violence	188	8
Tobacco, e-cigarette use, vaping	168	9
Discrimination	164	10
Poor eating habits	162	11
Teen substance abuse	136	12
Lack of exercise	129	13
Rape or sexual assault	88	14
Unlicensed Driving	86	15
Youth dropping out of school	67	16

Self-Harm	18	17
Gun-ownership/safety*	7	18
County Government	6	19
Homelessness/begging*	5	20
More law enforcement*	3	21
Lack of mental health services*	2	22
Exposure to environmental toxins*	2	22
Air quality*	2	22
Lack of shelter*	1	23
Lack of food*	1	23
Assistance for foster parents, daycares*	1	23
Senior living alone (depression, isolation) *	1	23
Drug abuse across all ages*	1	23

<b>Spanish Top 5 Unhealthy Behaviors:</b>		
Unhealthy Behaviors	Weighted Response Score	Weighted Score
Adult drug/medication abuse	28	1
Adult alcohol abuse	27	2
Criminal activity (human trafficking, theft, etc.)	27	2
Being Overweight	19	3
Discrimination	14	4
Lack of exercise	13	5

Survey participants were then given an opportunity to share what they thought were the most critical changes needed to achieve a “healthy community” in Manatee County to improve health and quality of life. Through this open-ended question, 628 participants provided responses in all languages. Spanish and Haitian Creole responses were translated and included. Examples of tobacco cessation, and reduction/prevention of overweight/obesity were provided to participants.

Comments were reviewed and classified by key words. If the intent of the response were unclear, the comment was omitted from the count and summary. Some comments covered multiple topics and those were broken up into appropriate topics. Some comments were applicable to more than one theme. Ten themes were identified, and samples of actual comments are included.

**Health Care Access & Quality** (158 comments) (key words: insurance, medical treatment, programs, help, facilities, access, clinics, care, providers) Health care access and quality comments included issues of insurance, finding doctors and wait times.

**Comments/themes:**

- *“Improve access to care for all.”*
- *“Affordable healthcare, people need medical treatment.”*
- *“Access to low or no cost preventative care and screenings including prenatal care. Additionally, low wait times and increased time with provider – not being rushed through appointments.”*
- *“More readily accessible medical providers for lower income levels and uninsured.”*
- *“More resources for medical, dental and mental health services for the uninsured and underinsured.”*

**Public Safety** (114 comments) (key words: crime, law enforcement, driving, car crashes, guns, safe). These solutions were based on more accountability for crime, especially driving-related and improving conditions to ensure public safety.

**Comments/themes:**

- *“Better driving conditions, more consequences for those who drive recklessly.”*
- *“Help people to be aware of their surroundings for safety & report an issue, it takes a community to help the community.”*
- *“More information on safe gun storage”*
- *Improving anything biking related when it comes to roads and sidewalks. Biking is better for health and the environment, yet we are looked on as the enemy by drivers.”*
- *“Roads are so dangerous, need more patrols on the road.”*
- *“Higher penalties for distracted or impaired driving”*

**Economics** (104 comments) (key words: affordable, pay, expensive, costs, free) These comments focused on the economics of Manatee County, including difficulty affording necessities as well as basic economics including jobs and pay.

**Comments/themes:**

- *“The county needs more affordable housing and food subsidies along with free early childcare.”*
- *“Free and low-cost access to preventative medical care.”*
- *“Financial literacy and affordable housing. Once these needs are met, I believe individuals would be more likely to take better care of themselves.”*
- *“Lack of affordable housing and food desserts is a huge stressor that leads to poor eating habits in the socially disadvantaged and to many health disparities.”*
- *“Need higher paying jobs and opportunities.”*

**Mental Health** (93 comments) (key words: mental health, therapy, treatment, mental illness, support) These focused on mental health as an issue of access and ability for people to get help locally.

**Comments/themes:**

- *“We need more mental health facilities, resources and residential options for kids and adults.”*
- *“Help people with mental stability. Health is driven by our mental state. Depression and stress are brutal to combat by ourselves.”*
- *“Better access/knowledge to mental health help. Most people don’t know it’s free on insurance.”*
- *“Mental health programs for the homeless.”*
- *“We need to be more active in promoting mental health at all levels. This includes addressing the depressions and anxiety disorders that underlie other unhealth behaviors, not just serious mental illness. There is no health without mental health.”*

**Substance Abuse** (84 comments) (key words: drugs, alcohol, addiction, substance use, overdose) Addressing substance abuse highlighted need for more facilities, treatment options, prevention, and personnel in the area.

**Comments/themes:**

- *“More MAT (medication assisted treatment) programs in the area and substance abuse professionals.”*
- *“We need to get drugs off the street and be tougher on drug crimes.”*
- *“Find a way to prevent drug use before it starts (mental health services??)”*
- *“Substance abuse and addiction recovery services available for the unhoused and underserved members of our community.”*
- *“Better drug and alcohol abuse programs.”*

**Community Building** (68 comments) (key words: community, working together, community events, outreach, education) This section relates to comments made about improving community dynamic including the need for more events, education, and a cohesive community relationship.

**Comments/themes:**

- *“Community-based health and wellness center and. Regular activities that is widely known about and easy to use, no cost.”*
- *“We need more safe spaces for people to go for free, to talk and learn about and to help or get help achieving healthy lives. Stop shaming people who are having a hard time, give support and help by uplifting them.”*
- *“We must work together as a community to teach peaceful resolution of differences in beliefs and respect for others, being very careful not to politicize health issues.”*
- *“More public access to services to include mental health, family and healthy nutrition choices and counseling supported by county and state entities.”*
- *“You need a SAFE community to access a healthy community.”*
- *“Free county/corporate sponsored (i.e., Publix) Fun walk/run events, healthy cooking classes, yoga/tai chi classes, health fairs.”*

**Weight and Nutrition** (66 comments) (key words: obesity, obesity prevention, diet, healthy/nutritious foods, exercise, physical activity) Much of the comments related to weight and nutrition focused on ways to reduce obesity and live healthier lifestyles.

**Comments/themes:**

- *“Reduce/prevent obesity.”*
- *“Reduce obesity by giving incentives for wellness centered lifestyle.”*
- *“Lower costs of fruits and vegetables in order to stop obesity.”*
- *“Ensure that everyone in Manatee County has access to affordable, healthy food at all times.”*
- *“Exercising outside is great for mental health but in the summer it’s too hot without having any cooling area or water fountains. Focus on getting people out moving in all the parks. It will help with obesity and mental health. Win/win.”*

**Homelessness** (56 comments) (key works: homeless, unhoused, housing, programs) These solutions focused on affordability of necessities, its impact on homelessness as well as the overall impact of homelessness in the community.

**Comments/themes:**

- *“Focus on mental health/drug addiction to reduce homelessness.”*
- *“Need more homeless shelters.”*
- *“There REALLY needs to be more shelter provided for free or low cost to single women as well as women with children. It is pretty much impossible to get into the salvation army if you are a single woman.”*
- *“Address the issues of the un-housed/homeless population.”*
- *“The most important challenge is housing. When people have to worry about their housing, where they are going to sleep the next night or can they afford to pay next month’s rent, they can’t focus on healthy eating, living, or caring for their family and children.”*

**Environment** (41 comments)\_(key words: environment, water, air, sidewalks, walking, biking, space, neighborhoods, parks, outdoor, infrastructure, transportation). These solutions focused on improving the outdoor environment for residents and focused on specific areas such as trails and parks as well as the impact of new construction.

**Comments/themes:**

- *“Creating more walkable trails throughout Manatee County that are safe. Bike Trails, less car crashes??”*
- *“I would like more bike trails and/or outdoor areas for walking. For example, we have Robinsons Preserve but I must drive there to walk. I would just like more sidewalks, bike lanes, jogging paths in downtown areas and the surrounding areas.”*
- *“More walkable communities, encourage public transit.”*
- *“Improving quality of life by having more parks within a few miles of every person living in manatee county.”*
- *“Less development, more trees and protection of wetlands.”*



**Children and Teens** (47 comments) (key words: education, school, teens, children, family) These solutions focused on improving the health of children and teens with support from families and schools.

**Comments/themes:**

- *“Bring back DARE program, educate kids on diet, Sex/STDS, pregnancy consequences, obesity more physical activity in school and out.”*
- *“Encourage teen education on making healthy choices, via eating, friends, school, respect for themselves and others.”*
- *“Focus on building positive families, importance of development for children and parents being involved with their children.”*
- *“Address teen vaping.”*
- *“Better afterschool programs that help sustain a healthy lifestyle.”*

**Seniors** (24 comments) (key words: elderly, seniors, aging) These comments focused on solutions for addressing the aging or elderly populations needs.

**Comments/themes:**

- *“There needs to be a community activity center for 55+ senior folks in the county such as those in Sarasota that hold classes, seminars, fun activities, assistance for caregivers and just a great gathering place.”*
- *“More senior meet ups at public libraries.”*
- *“Provide exercise sites and activities geared for the elderly.”*
- *“More education about senior living options (independent living communities, assisted living, higher levels of care)*
- *“Quality health support for our aging population.”*

## **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. The inclusion of peer-level respondents was identified as a needed perspective and two participants met that criterion. The Health Council of West Central Florida staff scheduled and conducted 14 interviews between April 17 and May 9, 2023, via Zoom virtual conferencing. Interviews lasted from 25 minutes to 70 minutes and were recorded to enable staff to review to ensure accuracy in the reporting process. The questionnaire is provided in Appendix D.

## **Health Issues**

Key informants were asked to define the top health issues facing the organizations and populations they represent.

All 14 participants listed issues related to accessing health care including small businesses have difficulty affording insurance for employees, the rise of concierge medicine impacting wait times for care and having fewer primary care providers from which to choose. Smaller practices are being bought by larger companies and that is impacting physician involvement in the community and degrading the relationship between patients and providers (patients feeling rushed and feeling less connected to their provider). The cost of medications and shortage of medications due to off-label use and manufacturing delays impacting health. The pending loss of Medicaid coverage for many families and children due to recertification delays. Long waits for appointments (especially new patients) and then having appointments cancelled by provider which further delays care. Need for more specialty care (orthopedic surgeons, dermatology, rheumatology, allergy, ophthalmology, endocrinology, oral health) and having to travel out of county for specialty care; these issues are even harder for children and Medicaid participants. Access to durable medical equipment and assistive technologies for people with disabilities is a growing need. The need for more public health professionals and finding ways to support and retain current workforce was expressed by three respondents.

Mental health issues were mentioned by 13 of the respondents, several comments included the need for a full continuum of care across the life span, being culturally complete, and having more than one choice of a place to go for treatment. Loneliness and social isolation with specific mentions for seniors, youth, LGBTQ, and caregivers were indicated by nine respondents, and the impact of social media and bullying on the mental health of children and adolescents was a concern for seven of the respondents.

Substance use issues were identified by 10 respondents including vaping among youth and tobacco use among pregnant women, concerns about the opioid epidemic continuing and the rise of new street drugs that are resistant to Narcan.

Social and economic impacts were noted by all respondents in several ways including the “benefits cliff” that creates a situation where only a slight increase in income can cut a family or individual off from benefits worth much more than the increase, making it difficult to improve their health and economic condition. “It’s an all or nothing system,” said one respondent. The rising cost of housing, food insecurity and food deserts, lack of well-paying jobs, increasing number of homeless people and people displaced as result of hurricane Ian, were common themes. The lingering impacts of COVID-19 (youth falling behind in school, lack of trust in public health, changes in workplace and workforce, lack of civil discourse) were also noted.

Health conditions and behaviors commonly cited were brain injuries and dementia, health disparities in infant and maternal mortality, the prevalence of chronic diseases, especially diabetes, obesity (childhood obesity in particular) and related co-morbidities. Sedentary lifestyles, the need for nutrition education that is culturally appropriate, education about medically necessary foods and ability to get them. Stress and lack of sleep impacting overall health and well-being was also indicated.

Public safety issues included property crime, financial scams, and violent crime including gun violence, domestic abuse, and threats to schools. Disaster preparedness is important for everyone, but particularly low-income communities where they may not be able to afford to prepare and need evacuation assistance. The need for more shelters that accept pets was also cited as many people will not leave them behind and may not have another option for their care.

## **Populations Impacted**

Low- and moderate-income individuals, Black and Hispanic populations, non-English speakers (Spanish, Haitian Creole and Russian are most common languages spoken), refugees, uninsured, people without transportation, people who don't have paid time off to go to a doctor, people with disabilities, seniors, youth, LGBTQ, immigrants, migrant workers, drug users, people who are homeless, ALICE population, and veterans.

## **Contributing Factors/Barriers**

Every respondent mentioned people not knowing where to go for services as a barrier. Other barriers cited include:

- Lack of trust in health care system.
- Limited funding, shortage of health care providers including dentists and behavioral health providers.
- Racism and strong feelings against people who are different in any way.
- Not having paid sick leave.
- Misconception that most older people in the county are wealthy and do not need assistance.
- Service and tourism-based economy not providing health benefits, paid time off for illness or maternity leave, or livable wages.
- Standard hours of operation and locations that limit access.
- County growing faster than the health system can respond.
- Language and cultural barriers.
- Limited transportation options.
- Legal status.
- Need to engage parents who are already overwhelmed.
- Using traditional medicine practices may not work or can cause harm.
- Need for quality, affordable childcare.
- Stigma around seeking help.
- Immigrant parents do not understand need for regular health care, how to access resources, and need assistance finding prevention resources.

## **Strengths and Resources**

Strengths cited included volunteer physicians that provide free care, many organizations work well with each other, new hospital coming, Narcan distribution program, parks and natural resources for getting people outside and active, Department of Health staff are committed to the community, opioid task force, robust non-profit and philanthropic community, strong congressional support for health issues, *Making an Impact's* resource guide, law enforcement involvement in supporting health, and ESOL (English for Speakers of Other Languages) programs.

Specific providers mentioned included Healthy Start Coalition, Turning Points, MCR Health, Manatee County Indigent Health Care, Manatee Memorial Hospital, Lakewood Ranch Hospital, Blake Hospital, Whole Child Manatee, Centerstone, Selah Freedom (human trafficking), Community Paramedicine Program, We Care Manatee, Manatee Technical College, LECOM, NAMI, Academy at Glengarry, Drug Free Manatee, Bradenton Women's Club, Healthy Teens Manatee, 4-H Clubs, Gulfcoast South

AHEC, Legal Aid of Manasota, League of Women Voters, Early Steps, Early Learning Coalition, Manatee Chamber of Commerce, Step-up Suncoast.

### **What else can be done?**

#### Collaboration, Funding and Public Policy:

- More collaborative funding initiatives for federal, state and foundation grants.
- Changes to funding allocation process for behavioral health that might include a consortium of private providers.
- Need to continue to invest in efforts to work together, not operating in silos and expanding collaborations with Sarasota County.
- Educate government officials on how policy is impacting communities.
- Encourage more civic engagement and voting.
- Make paid maternity leave for one year a standard in the United States.

#### Access and Prevention:

- Improve information and referral services in both general public and among service providers.
- Need to find ways to attract new physicians to get involved in community service.
- Health education and instructions for low-literacy populations in all languages.
- More Spanish speaking providers and health information/education in Spanish.
- Adding care navigators to address social and economic factors and community health workers to reach vulnerable populations.
- New models for care-coordination across providers.
- Centralized, client-centered services or “one-stop shop” for eligibility and service provision.
- Work with faith-based communities and teen groups to develop intergenerational programs to combat isolation and provide community service hours for teens.
- Undertake micro-demographic analysis for cultural factors to determine best strategies to reach various populations and appropriate messaging and platforms for health messaging and program design.
- Education on how to use insurance.
- Stigma reduction initiative for behavioral health issues.
- Expand Medicaid.
- More emphasis on physical activity for children and adults.

#### Service Expansion:

- Expand transportation both geographically and in options available.
- Expand mental health services for all ages (number of providers, use of telemedicine, services in needed languages, culturally focused services).
- Expand number of food pantries and community gardens.
- Expand parks and recreation into unserved areas and engaging more people to use facilities.
- Programs to fund repairs and maintenance of homes for low-income families and seniors to reduce risk of homelessness.
- Need more shelter space for homeless including families.
- Need responses to new street drugs that may be resistant to Narcan.
- Expand paramedicine program.

- Expand mobile options for food distribution, health, behavioral health and dental care, health education/disease management, service linkage and eligibility assistance to reach underserved communities.
- Expand caregiver support programs.
- Need creative solutions for housing affordability.
- More coordinated approach to serving people who are homeless such as Pinellas County's HOPE project that connects people to service providers on site.
- More drop-in centers for behavioral health and clubhouse models for job training.
- Increase use of peer specialists and support the career pathway.
- Need more mental health staffing in schools.
- Implement syringe exchange/harm reduction programs.
- More support groups for all types of needs.

### **Key Informant Participants:**

Robert Andrews, Lieutenant  
 Crime Prevention Unit Supervisor  
 Manatee County Sheriff's Department

Amanda Ballard, JD  
 Commissioner-District 2  
 Manatee County Board of County Commissioners

Lauren Blenker  
 Director of Operations  
 Healthy Start Coalition of Manatee County

Annie Breitingner, JD  
 Executive Director  
 We Care Manatee

Annelise Camino-Klingener  
 Parent Leadership Manager  
 Unidos Now

Judy Carter  
 Peer Mentor  
 Suncoast Center for Independent Living

Jacki Dezelski  
 President and CEO  
 Manatee Chamber of Commerce

Ava Ehde  
 Vice President, Strategic Client Programs

## Meals on Wheels Plus

Ruth Harenchar  
Chairman of the Health Policy Committee  
Co-President of the Board  
League of Women Voters of Manatee County

Gayla Jones, Interim Operations Manger  
Dr. Margolite Cesar, Epidemiologist  
Martha Phillips, Outreach Coordinator  
Drug Free Manatee

Alphonso Peralta, MD  
Director of Clinical Services  
Turning Points

Colleen Thayer, MA, APR, CPRC  
Executive Director  
NAMI Sarasota and Manatee Counties

Linda Thompson, Ph.D.  
Assistant Director, Master of Public Health, and Master of Science in Biomedical Ethics  
Lake Erie College of Medicine (LECOM)

Molly White  
Deputy Director Sports and Leisure Services Department  
Manatee County

## Focus Groups

Focus groups allowed for a discussion amongst individuals on their perspective of Manatee County's overall health and community assets. Seniors and teens were selected as the target audiences for the focus groups and participants were recruited for four groups through The Healthy Teens Coalition of Manatee County, Meals on Wheels/Daybreak Adult Day Center, and Blake Hospitals 'Caring Friends' Cancer Support Group.

Two senior focus groups involved 14 participants, with one service provider who joined the focus group and provided insight. Demographics on the service provider were not collected. The average age for senior focus group participants was 82.2 years old. Two teen focus groups were hosted through Zoom and involved 10 teens with an average age of 16.5 years old.

Demographics of Focus Group Participants		
Group	Teens (2 groups)	Seniors (2 groups)
# Participated	10	14

# Male	2	3
# Female	7	11
# Other (non-binary)	1	0
Average Age	16.5	83.2
White	1	14
Black/African American	5	0
Hispanic/Latino	2	0
Asian/Asian American	1	0
Other	1	0

## Methodology

### Seniors

Seniors were recruited through Daybreak Adult Day Center and through Blake Hospitals Caring Friends Cancer Support Group. The first focus group was conducted on May 15, 2023, from 9:30 to 10:30 am, during normal activity hours at the center that would allow for seniors to decide if they wanted to participate. One service provider in this group joined the conversation and provided insight to the discussion although demographics were not collected for them. Demographic information for participants was collected in person.

The second focus group was conducted on May 31, 2023, from 5:30 to 6:30 pm, which is the usual meeting time for the Caring Friends Cancer Support Group hosted every Wednesday at Blake Hospital in Bradenton. Seniors were given incentives of \$25 grocery gift cards for their participation. Demographic information for participants was collected in person.

### Teens

Teens were recruited through The Healthy Teens Coalition of Manatee County. The teen focus groups were hosted over Zoom, to make attendance convenient. The groups were held on May 16 and 24, 2023 from 4:30 to 5:30 pm. Teens were given a \$25 electronic gift card for their participation, donated by a Manatee Healthcare Alliance partner. Demographics were collected through a shared Survey Monkey link.

All sessions began with an introduction of the purpose of the discussion which was to gather perceptions on Manatee County's overall health and community assets and barriers. Participants were informed that results of the focus groups would be included in the Community Themes and Strengths Assessment portion of the MAPP process used to develop the Community Health Assessment.

### Discussion Questionnaire

The HCWFL developed and facilitated the discussion based on the following questions:

#### Icebreaker:

Let's start off by going around the room and introducing ourselves. Please tell us your name, one healthy thing you like to do, and why.

**Questions:**

1. Take a minute and think about your life and the community where you live. Think about the things that contribute to the quality of life in your community. How satisfied are you with the quality of life in your community?
2. What assets does your community have that can help to improve the health and quality of life where you live?
3. Can you tell me what you think of the top three health issues that you consider to be the most important one in your community? (follow-up with voting for top three if not clear from responses)
4. What do you think should be done to address these problems?
5. What difficulties, if any, do you see to implementing solutions to address or prevent these problems in your community?
6. How would you suggest overcoming these difficulties?

**Closing Question:**

Is there anything else that you would like to share before we end our discussion for the day?

Discussion varied for each group, themes highlighted are grouped by teen and senior groups. The discussions first highlighted community assets and their impact on health, health problems/issues in Manatee County, barriers to addressing these issues and possible solutions.

**Themes and Community Issues (Teen Focus Groups):**

**Quality of Life**

Teens mentioned parks and places in nature to socialize, such as Riverwalk, but indicated that access to these places depends on where you live. Some neighborhoods don't have safe places to gather or safe ways to get to parks. Some places need a car to reach and that was a barrier. Recreation centers and sports teams were also cited as enhancements to quality of life, as was the ability to access educational resources through schools and libraries. They indicated need for more organized clubs or places where teens could volunteer to meet up with different types of people and get involved with the community. Manatee County Teen Court was identified as an asset that can help teens get back on track.

Racism, discrimination, bullying, and lack of diversity in school staff and administration, health and mental health care providers and communities in general were cited by several teens as issues that negatively impact quality of life. Social media networks can be both helpful and harmful. Traffic can be daunting for teen drivers.

**Mental Health**

Mental health was a primary area of discussion in both focus groups. Issues raised included the need for schools, their staff, and counselors to be able to manage or identify mental health issues in students. Many issues are impacting teens mental health including stress to perform at high academic levels, fear for their safety with mass shootings and violence in schools. Teens reported that a lack of sleep was impacting their mental and physical health.



One participant mentioned the effectiveness of a 'brain break,' a 30-minute break during the school day, which used to be implemented in their school pre-COVID. There was also mention of a "Character Strong" curriculum, which teens found to be ineffective as it cut into class time and created stress about having time to complete work assignments.

Teens expressed the stigma associated with mental health and barriers to getting help. Some cultural beliefs around mental health and lack of insurance coverage as well as providers that are trained to help teens were indicated as issues to be addressed.

- *"Access to therapy or not knowing where to go ... we are always encouraged to go to our school counselors. And that takes up a lot of school time...Especially if your parents aren't as involved or helpful with getting you help, it is kind of challenge to getting help."*
- *"I think we should actually take it seriously (learning about mental health), because we have a lot of stress we go through, but no one wants to admit that."*
- *"People are shamed for being who they are."*

Teens spoke about drivers of mental health concerns including the role of social media, social isolation, and feeling the pressure of being the generation that is expected to "fix all the things that are wrong in society, like climate change." Another teen indicated that they feel they don't fit in anywhere except within the on-line community they have found.

- *"That's something I think people lack, how to express their feelings or feel their feelings. For instance, on TikTok, I see things like everyone's sad right now so you should feel sad too, or everyone's happy. In a sense it's like you're getting trained to feel a certain way by what you see"*

There was mention of teens needing resources to address their own mental health issues inside and outside of school settings. Some teens had been trained in mental health first aid and felt that was helpful in relating to peers, but still don't know where people can go for help.

Violence in schools, including mass shootings, assault, sexual assault, and sexual harassment were concerns for several students. Hearing about shootings nearly every day was described as "numbing." With this discussion, they suggested training for school personnel.

- *"There's not a lot of staff members, need a little bit more training with things we wouldn't think we would need- like active shootings, or training to respond to things students can say. We all come from different communities' so things can be different. But that comes with a lot of issues too ... like underfunding."*

Teens expressed concerns about the frequency of sexual abuse allegations and reports made among other teens as well as teachers. With these reports, they spoke on a lack of accountability for the perpetrators and the lack of disciplining that occurs at schools about sexual assault and harassment complaints.

- *"There needs to be an investigation from an outside source or an unbiased inside source for these things, the schools shouldn't be hiding these reports for their reputation or because they*

*don't want to go through the work of reporting.”*

Bullying was seen as common and was identified as a precursor to violence. A teen suggested more education was needed to help teens identify sexual harassment and have responses to it.

### **Substance Use**

Teens indicated that vaping was common among their peers. Alcohol, marijuana, and other drug use is also occurring because some people feel it helps them cope with stress.

### **Life Skills Development & College Readiness**

Teens discussed the need for more information related to life skills after high school including financial literacy and taxes, job interviewing skills, and living on their own. For college readiness, they cited needing assistance applying to colleges, more information on schools that are not local, obtaining scholarships/financial aid for college. This discussion highlighted the need for schools to have more resources, and more than one college counselor, as well as getting parents involved and educated in the process. It is noted that is particularly difficult in families where the teen is the first generation to go to college.

- *“I want to see more parents being involved in the process, because you know, there our support system and sometimes it's kind of hard to explain to them things so schools need to reach out...”*
- *“We do have a college advisor, and she's helped a lot of people... but one thing I will say is it is still hard to figure things out - I am still on my own.”*

## Neighborhood & Environment

Several teens mentioned that they lived in areas where grocery stores and parks were easy to get to. There was mention that tobacco and alcohol retailers should be moved further away from schools and for there to be more signs on the roads to keep the area safe and walkable.

- *“I like how...with the new construction everything is connected. Everything isn’t a terrible drive. Everything’s close to me.”*
- *“I feel like there’s a lot of signs for crosswalk, like for me I know by the signs where I can walk safely. So, I like that, but I do think we could have more.”*

One teen noted that drugs are sold outside of some convenience stores. Gang violence in some areas of the county was also noted by a participant.

- *“People living in those neighborhoods have to deal with additional trauma.”*

The increasing number of smoke shops was noted by participants and the lack of other types of stores in many communities was seen as problematic if people can’t get what they need where they live.

Community organizations were mentioned to improve minority health in Manatee County. There was discussion on teen’s involvement with non-profit organizations and other programs to help the community but a need for more direct governmental assistance.

- *“You don’t really see direct help from cities or governments.”*

The availability of food banks was cited as a good thing but felt that more were needed because there are people who are still going hungry.

## Lack of Diversity

Teens spoke much on the lack of diversity they see in their schools and community. One teen mentioned they were the only student of their race at their school. A lack of diversity can also contribute to racial discrimination in health care facilities, as emphasized by a teen who shared a personal story about a family member not receiving proper care at a local hospital.

- *“We need to make sure we have qualified nurses and doctors, the correct qualifications... and that they go through some kind of diversity training. Yes, they may have gone through something called diversity training but obviously it’s not working.”*

Diversity was also mentioned during the mental health discussion.

- *“There needs to be diversity in this curriculum (referring to mental health curriculums in schools), anything of this nature should not be created by only one type of group, there needs to be diversity behind this because it goes to people of all different backgrounds, and it needs to be relatable and applicable to all people.”*

## Sex Education

There was much discussion on school curriculums and the lack of sexual education ignited a conversation where teens said there is no formal way to learn about these issues and they often would teach each other about sexual education.

- *“When I have heard from other students who have gotten this education, it hasn’t been of quality. It wasn’t about females; it was always about males.”*

## Themes and Community Issues (Senior Groups):

### Quality of Life

The natural environment and weather were frequently cited as things that make the quality of life good for seniors. Senior services such as Daybreak were mentioned and those who had family nearby or who were living with family reported high satisfaction with the quality of life. Opportunities to stay physically active and to volunteer for various causes were also contributors to quality of life.

### Neighborhood and Environment

Among senior discussions, there was much conversation about the overall environment of Manatee County. Many senior participants mentioned having moved to Florida to retire from other states or being seasonal residents. They felt satisfied with the physical environment, as it is beautiful, it is well-kept, and were nearby beaches. Some benefits mentioned were the economics of tourism, nice beaches, and resorts.

- *“They keep everything up so beautiful. After the storm a couple years ago, we can see their work in cleaning up - everything is great.”*

On the other side, there was mention of the county ‘growing too fast,’ making traffic particularly worse for senior drivers. Some mentioned they no longer feel comfortable driving and understood it could be a burden for seniors to have to rely on others for transportation due to the county’s growth and new construction.

- *“We’ve been here 20 years, and boy has everything changed. I remember being excited when one of those Super gas stations opened.”*
- *“I don’t drive anymore, my daughter does but she doesn’t like it, but the traffic - we don’t go out a lot. “*

There was some concern among seniors about how the new growth in Manatee County could impact the natural environment and animals in the area.

- *“I think where I live there is nothing but this explosion of growth and development, and I don’t think that these poor little animals, not that I want to tangle with a coyote, but they are there...I feel bad.”*

Public safety was also discussed in one of the sessions. Fear of being out at night and increasing property and violent crime were noted.

It was noted that many commercial areas are being redeveloped with self-storage facilities, and the lack of diversity in retail and services in those areas means more problems with transportation, particularly for those who don't drive.

### **Access to Health Care/Specialists**

Access to health care services and specialists was most of the conversation among seniors. Many shared their own firsthand experiences of trying to find care, highlighting long wait times, no primary care doctors, and a lack of free or affordable services. It was particularly difficult for seniors who were new residents or seasonal residents to find timely care and primary care providers. Also, many mentioned travelling to nearby cities such as Tampa to get services or visit specialists. One participant mentioned using concierge doctors as it was the only way they could find timely care. Another resource mentioned was LECOM, which provided one senior with a free dental service, but they need a level of care that requires a specialist, and they can't find one in the area.

- *'I was told it would be 8-10 months for a first-time appointment.'*
- *"A concierge doctor, means you pay them a couple hundred dollars a year to be in their practice, I think that's the way of the future-whether you use them a lot."*

Along with trying to access care in the area, there was also mention of the difficulty in receiving government assistance, especially for seniors who are sick, caregivers and/or disabled.

- *"It just seems like they don't care... they don't care about people. When I first got sick 10 years ago it took 3 months to get disability, for my wife it took 2 and a half years."*

### **Affordability**

Among housing and affordability, it was mentioned how expensive necessities have gotten in the area, with one participant making a comment about how they could become homeless once their rent goes up as they are struggling to keep up with bills as well as medical expenses.

- *"I read that the average 2-bedroom apartment in Sarasota is \$2,996... I don't need to say anything else."*

### **Community Resources**

Like teen groups, seniors knew of many resources but felt they are harder to find for individuals who are not in a program like a Day Adult center, a support group or from being a volunteer/having previous work with organizations. There was mention of many volunteer opportunities and work that seniors participated in. While they were aware of many benefits of being involved in the community, they also mentioned many barriers for seniors to do these things such as lack of family help, lack of transportation, being low-income or having trouble finding resources and services. A service provider mentioned parents or caregivers are limited in options for care in the summer, with most local options only offering half day summer camps.

- *“There are so many resources available, for some many different things but they’re like hidden ... no one knows where to find these things or especially for senior demographic population who may not have access to online. There’s no one time shop for them to find or plan their long-term care needs.”*

## **Mental Health and Substance Abuse**

Social isolation was mentioned in the senior groups; they highlighted how important their involvement with local organizations, support groups and volunteer opportunities are to their own well-being. Treatment options for those with drug addiction was also mentioned as a concern.

- *“I think places for seniors to socialize are very few and far between here. If they don’t come to Day Break, they may not. We have tons of clients that receive meals from us but don’t engage with anyone at all.”*

## **Barriers to Addressing Community Issues (Teens & Seniors)**

**Access to providers:** For most of the discussions, the lack of providers in general was a barrier to timely, quality care – whether it was for mental health providers, primary care physicians or specialists. The rise on concierge medicine for seniors may lead to fewer providers for those who can’t afford this option.

**Funding:** Underfunding was also a barrier that was highlighted in the discussion with teens, as a lack of school staff could hinder their ability to get assistance with applying for colleges and seeking other resources as they transition to adulthood.

**Growth of the Community:** Much discussion on the traffic and new construction in Manatee County was mentioned as a benefit to the community economically but also a barrier particularly for seniors. The growth was a barrier as it made travel more difficult due to traffic, and it also makes it difficult to get to health care providers in some parts of the county.

**Lack of Collaboration Among Community Organizations:** Both teens and seniors were involved with and aware of organizations in the community, yet both groups mentioned not many people know about what is available. It was suggested in a discussion with the teens that organizations doing the same work should get together to make a greater impact.

**Accessing Resources:** There is no “central” platform that is easily reached by community members to find local resources. While much information is found online, it is a barrier for seniors and other populations that may not know how to or cannot navigate online platforms to find information easily. Similarly, some individuals may need family support to access resources and transportation.

## **Solutions & Suggestions to Improve the Community (Teens & Seniors)**

Among all focus groups, much discussion focused on sharing their own firsthand experiences and possible solutions to address community-wide issues. Some possible solutions highlighted by all groups are:

**Outdoor space:** More safe side walks/signage, safety in local parks, free options for recreation and activity.

**Diversity/Access:** More physicians and specialists are recruited to the area, training for educators and service providers (specific to mental health and cultural competency), and diversity in school personnel.

**Mental Health:** Promote services that can benefit seniors (prevent social isolation) and teens (more mental health counselors at schools), improve response to mental health in schools, 'brain breaks' in schools (30 mins/day of free time).

**Collaboration of Community Organizations:** Coordination within organizations trying to 'do the same work' to make community change more effective.

**Healthcare Access:** More information shared about free/affordable services, designated areas for immunocompromised individuals in emergency rooms, more physicians, and specialists to the area.

**Education:** Need for sexual education taught in schools; resources for sexual harassments and incidents that may occur in or out of school as well as accountability for these reports being made.

**Community Relationships:** Being kind is important; county officials should consider the impact on community members when enforcing policies.

Some other community-wide solutions were discussed through the focus groups included diversifying businesses, preparing for storms, caring for the homeless, offering alternative schools/learning and training, and expanding outreach including senior programs, food distribution and summer activities. A county-wide 'registry' for individuals to find services and resources: a suggestion for something that can be made available online and on paper that can be distributed in the county.

## Summary of Focus Group Findings

Teens and seniors had both similarities and differences among community issues that relate to health. Community resources and access to those resources was most often discussed in the focus groups, as both an asset to the community but also as an opportunity to expand outreach. The solution from both teens and seniors for this was a way to make all resources and services listed on a platform that can be easily accessed. Considering the physical community of Manatee County, participants were satisfied with the upkeep and improvements of their neighborhoods but equally concerned about the traffic and road safety. Diversifying access to health care and other service providers was also addressed, with a need for more providers in the county. Along with fulfilling the need for more providers due to the growing community, it was also especially important to have diverse and culturally competent providers.

When comparing focus group responses with the 2020 groups, teens in 2023 expressed concerns about mental health, academic performance, and overall stress to a greater degree than they had in 2020 which was early in the pandemic. While seniors did indicate concerns with social isolation as an issue in 2023, this was a greater concern in 2020 when programs were closed during the pandemic.

## 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 May 5, 2023, via virtual meeting facilitated by the Health Council of West Central Florida with members of the CHA/CHIP steering committee. All eleven members were invited to participate and given instructions to prepare for the brainstorming session. Eight members participated and written comments were submitted by one member who was unable to attend the session. A brief overview of the MAPP process and an introduction to forces of change was presented. Similar responses generated were combined as appropriate into forces and discussion of threats and opportunities posed by the forces were discussed. Results from the group, as well as written comments received, were collated, and organized into the chart below. Some forces may overlap into more than one area of concern identified.

Force	Threat	Opportunity
Population Growth and Demographic Shifts	<ul style="list-style-type: none"> <li>• Need funding to support infrastructure (roads, public transit, water/sewer, schools, green space, etc.)</li> <li>• Projected increases in seniors and families with children have dissimilar needs competing for limited funding.</li> <li>• Long distances to services for some areas of the county.</li> <li>• Increasing Hispanic and refugee populations with limited English proficiency.</li> <li>• Increased need for cultural and linguistic diversity among service providers.</li> <li>• Disconnect between workforce expectations and employer practices and expectations.</li> <li>• Power shifting from Boomers to Gen X and Millennials disrupting long-established</li> </ul>	<ul style="list-style-type: none"> <li>• Property tax revenue increases to support infrastructure and services.</li> <li>• Increased diversity brings new perspectives and new ways of operating.</li> <li>• Increase in work force to enhance economy.</li> <li>• Build on existing community collaborations and develop more public/private partnerships to address needs.</li> <li>• More regional cooperation between Manatee and Sarasota counties.</li> <li>• Employers can reassess business practices to attract and retain employees.</li> </ul>



Force	Threat	Opportunity
Environmental/Built Environment Issues	<p>processes and organizational cultures.</p> <ul style="list-style-type: none"> <li>• Increasing storm frequency and intensity.</li> <li>• Water quality issues including red tide and industrial discharges.</li> <li>• Development impacting drainage and increased flooding.</li> <li>• Increased number of unhoused people in the aftermath of Hurricane Ian.</li> <li>• Increasing property insurance rates add to housing costs.</li> <li>• Some communities have limited access to free or low-cost parks and recreation activities.</li> <li>• Traffic safety due to high volume, careless driving.</li> <li>• Risk of drinking water contamination for residents who are dependent on private wells for drinking water.</li> </ul>	<ul style="list-style-type: none"> <li>• Improved federal water quality standards recently enacted.</li> <li>• Opportunities to mitigate impacts through building code and development regulations.</li> <li>• New industries and jobs to address impacts.</li> <li>• Innovative technology development.</li> <li>• Opportunity to expand transportation options in new areas of development and underserved communities (Improved walkability, transit hubs, bike lanes, sidewalks).</li> <li>• Advocate for insurance reform that serves consumers.</li> <li>• Defensive driving education.</li> <li>• Improve air and water quality by banning smoking on public beaches.</li> <li>• Expand public water systems.</li> </ul>
Chronic Disease Management	<ul style="list-style-type: none"> <li>• Estimates that 6 in 10 people have a chronic disease.</li> <li>• Drug shortages due to production capacity and off-label usage (for weight loss).</li> <li>• A sedentary lifestyle complicates diabetes and orthopedic conditions.</li> <li>• High obesity rates, particularly in minority populations.</li> <li>• Food deserts and food insecurity.</li> <li>• No sidewalks in some</li> </ul>	<ul style="list-style-type: none"> <li>• Recreation offerings are improving in some areas.</li> <li>• Expand community gardens and individual gardens.</li> <li>• Develop strategies to increase participation in WIC and SNAP.</li> <li>• Diabetes education programs.</li> <li>• “Health in all policies” work.</li> <li>• Walkable communities</li> </ul>

Force	Threat	Opportunity
	<p>neighborhoods so walking is dangerous.</p>	<p>project-DOH.</p> <ul style="list-style-type: none"> <li>Advocate for more IFAS (Institute of Food and Agricultural Sciences) funding to support nutrition and food system resilience.</li> </ul>
<p>Access to Health Care/Support services</p>	<ul style="list-style-type: none"> <li>Rise of concierge care impacting access to primary care.</li> <li>Fear of accessing services if undocumented may lead to worse health outcomes and spread of communicable diseases.</li> <li>Cultural and language barriers may prevent care from being accessed or lead to miscommunication resulting in sub-optimal care.</li> <li>Not enough Spanish speaking providers.</li> <li>Transportation barriers in outlying communities.</li> <li>Wait times for an appointment and times office open can be a barrier for hourly workers and those without paid sick leave.</li> <li>Rise of cash only providers may impact access for insured individuals who want to use their insurance.</li> <li>People losing Medicaid for administrative reasons could lead to more inappropriate ER use.</li> <li>Court decisions that could invalidate aspects of the Affordable Care Act leading to more out-of-pocket costs for consumers.</li> <li>Use of AI (Artificial Intelligence) in health services will impact how care is provided, but it is unknown how those changes</li> </ul>	<ul style="list-style-type: none"> <li>A new hospital is coming to the Parrish area.</li> <li>Improve affordable broadband access and computer access in low-income areas to improve telehealth options.</li> <li>We have a large FQHC (Federally Qualified Health Center) with multiple services and locations.</li> <li>AHEC offer Spanish for medical provider classes.</li> <li>Increase the use of community health workers/peer educators.</li> <li>Consider more mobile clinics/services for homeless/migrant workers and people in areas of the county experiencing growth.</li> <li>Lake Erie College of Medicine and other health profession educational institutions in Manatee County. LECOM (Lake Erie College of Osteopathic Medicine) also provides health services including dental.</li> <li>Expand paramedicine program.</li> <li>Turning point medical and dental clinic.</li> <li>Develop caregiver support programs and respite</li> </ul>

Force	Threat	Opportunity
	<p>will impact the system of care.</p> <ul style="list-style-type: none"> <li>• An aging population and increasing life expectancy will increase stress on hospitals, assisted living and nursing homes, and community-based care and stress on caregivers.</li> <li>• Changes in how healthcare is delivered based on reimbursement models are eroding the relationship between primary care providers and patients.</li> <li>• It is getting harder to attract volunteer physicians to assist with charity care.</li> <li>• Staffing shortages and potential liability for licensed providers due to understaffing.</li> </ul>	<p>care.</p> <ul style="list-style-type: none"> <li>• Manatee Health Plan</li> <li>• Provide education on how to access services and what services are available.</li> <li>• AI may bring positive changes and efficiencies to healthcare.</li> <li>• Increase community knowledge on how insurance works, options if there is no employer-sponsored insurance, what to consider when selecting a plan, services that can assist in navigating open enrollment for Medicare and Affordable Care Act.</li> </ul>
Economic	<ul style="list-style-type: none"> <li>• Low unemployment rates make it hard for some businesses to attract and retain workers.</li> <li>• Tourism based economies are vulnerable to economic downturns.</li> <li>• Increasing homelessness or inability to live near work due to increasing costs of housing and homeowners' insurance.</li> <li>• Lack of investment in supporting the needs of working-age adults including affordable, quality childcare and transportation options.</li> <li>• “Benefits cliff” causes the loss of other social supports with a minor increase in income leaving people worse off than they were.</li> </ul>	<ul style="list-style-type: none"> <li>• Tax base revenue is improving.</li> <li>• Strong Chamber of Commerce and Economic Development Council.</li> <li>• Tourism and seasonal residents spend money locally.</li> <li>• The local economy is holding up so far.</li> <li>• Advocate to reexamine eligibility criteria for social support programs to mitigate the impact of the benefit cliff.</li> <li>• Enhance incentives for affordable housing development.</li> <li>• Provide subsidized childcare for low- and moderate-income families.</li> <li>• Job retraining or skills enhancement programs that do not require a</li> </ul>

Force	Threat	Opportunity
		<p>degree.</p> <ul style="list-style-type: none"> <li>Assess how Artificial Intelligence may change the workforce to identify skill sets that will be needed.</li> </ul>
Youth Development	<ul style="list-style-type: none"> <li>The greatest influx of school-age children is impacting school capacity.</li> <li>School vouchers impact funding for public schools and impact the ability of the public health system to help address needs in private schools.</li> <li>Comprehensive sexual and reproductive health information lacking</li> <li>Vaping is increasing among youth.</li> <li>Anxiety rates in youth are increasing along with other mental health issues.</li> <li>Screen and videogame additions among youth.</li> <li>Services still needed for families that are not fluent English speakers, despite reduction in number of English language learners in school district.</li> <li>Lack of sleep for adolescents contributes to physical and mental health issues.</li> <li>Teen pregnancy rate and STD rates are still too high despite some progress.</li> <li>Childhood immunization rates decreasing which may lead to pediatricians discharging patients.</li> <li>Impacts of social media on youth mental health.</li> </ul>	<ul style="list-style-type: none"> <li>SWAT (Students working against tobacco)</li> <li>AHEC smoking cessation classes.</li> <li>Access to pre-K and head start in the county.</li> <li>Increasing recreational opportunities.</li> <li>Opportunity for more addiction treatment approach in schools with more frequent check-ins.</li> <li>Increase public health system outreach to private schools.</li> <li>Increase mental health prevention and outreach services for children and adolescents.</li> <li>Parent education on children's mental health and how to access services.</li> <li>Develop additional sexual and reproductive health education programs in the county.</li> <li>Better enforcement of laws restricting tobacco and alcohol purchases.</li> <li>Parental education to improve immunizations including HPV for adolescents.</li> </ul>
Mental Health needs	<ul style="list-style-type: none"> <li>The effect of social isolation continues to impact everyone,</li> </ul>	<ul style="list-style-type: none"> <li>Expand focus on prevention and early</li> </ul>

Force	Threat	Opportunity
	<p>particularly seniors and youth.</p> <ul style="list-style-type: none"> <li>• Inadequate funding to meet the needs.</li> <li>• Stigma prevents people from seeking care.</li> <li>• Shortage of providers to address current needs.</li> <li>• Need culturally appropriate treatment, intervention, and prevention services.</li> </ul>	<p>intervention.</p> <ul style="list-style-type: none"> <li>• Stigma-reduction campaigns.</li> <li>• Increase provider recruitment efforts.</li> </ul>
Substance Abuse	<ul style="list-style-type: none"> <li>• Manatee County continues to have serious substance abuse issues.</li> <li>• Need to expand continuum of care for all ages and levels of care, including residential treatment.</li> <li>• Need new treatment providers to address growing community.</li> <li>• New drugs causing overdoses.</li> <li>• Fentanyl still a problem.</li> </ul>	<ul style="list-style-type: none"> <li>• Increase focus on prevention.</li> <li>• Opioid settlement funding available.</li> <li>• A task force exists to work on issues.</li> <li>• Expansion of Narcan availability and training for its use in public spaces.</li> <li>• Increase public awareness on new street drugs.</li> </ul>
Infectious Disease/Immunizations	<ul style="list-style-type: none"> <li>• Immunization rates are dropping among children.</li> <li>• HPV (human papillomavirus) vaccination uptake rates need improvement.</li> <li>• Emerging infectious diseases such as Mpox and new COVID strains.</li> <li>• Syphilis rates are high.</li> <li>• Hepatitis A outbreaks have occurred at various times.</li> </ul>	<ul style="list-style-type: none"> <li>• Parental education to improve immunizations including HPV for adolescents.</li> <li>• Increased community education on emerging infectious diseases and rates of STD/STI infections that address prevention and treatment.</li> <li>• Community education on when and how to report suspected food-borne illnesses.</li> </ul>
Sense of Community	<ul style="list-style-type: none"> <li>• Growing gap between east and west county regarding access to services and resources</li> <li>• Social isolation undermining sense of community</li> <li>• Refugees and new residents without ties in the area have an increased risk of isolation.</li> </ul>	<ul style="list-style-type: none"> <li>• History of collaboration in the county.</li> <li>• Develop programs/opportunities to increase empathy and help people be more willing to talk and listen to each other.</li> </ul>

Force	Threat	Opportunity
		<ul style="list-style-type: none"> <li>• Increase in political/civic engagement.</li> <li>• Robust non-profit, healthcare, and philanthropy in the county.</li> <li>• Small enough to be connected.</li> <li>• Expanding volunteer opportunities.</li> </ul>

## Local Public Health System Assessment

The 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, developed “The 10 Essential Public Health Services” standard in 1994 to protect and promote the health of all people in all communities.

### The 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 work force.
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.



For this Community Health Assessment cycle, Manatee HealthCare Alliance participants met in virtual to walk through the LPHSA questionnaire. Each essential service was explained, with participants then answering corresponding questions. Individuals who could not attend the virtual meeting were provided with the survey link via email before and after the meeting. A total of 48 respondents completed the LPHSA questionnaire.

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 no activity, 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:

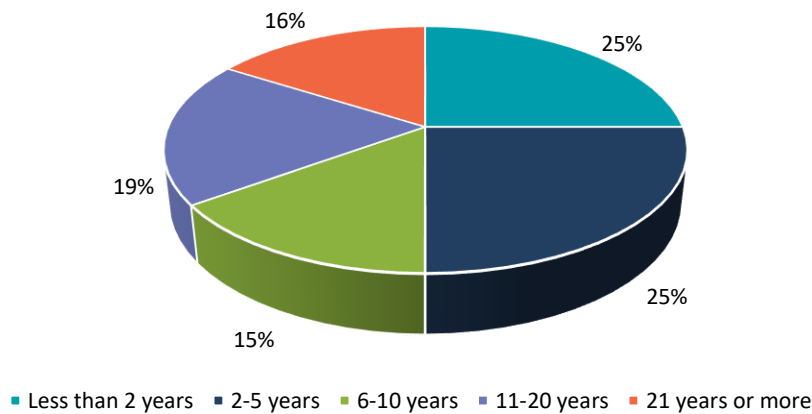
Alzheimer's Association  
 Brain Health Initiative  
 Camelot Community Care  
 Central Florida Behavioral Health Network

Centerstone of Florida Inc.  
 Family Safety Alliance  
 Florida Department of Health in Manatee County  
 Hanley Foundation  
 Health Council of West Central Florida  
 Manatee County Chamber of Commerce  
 Manatee County's Sheriff's Office  
 North River Prevention Partners Inc.  
 Parenting Matters Chosen Parents Program  
 Senior Connection Center  
 Suncoast Behavioral Health Center  
 Suncoast Center for Independent Living  
 We Care Manatee

Respondents

Respondents reported working in the Local Public Health System from 6 months to over 30 years, with the greatest percentages being “less than 2 years” (25%) and “2-5 years” (25%).

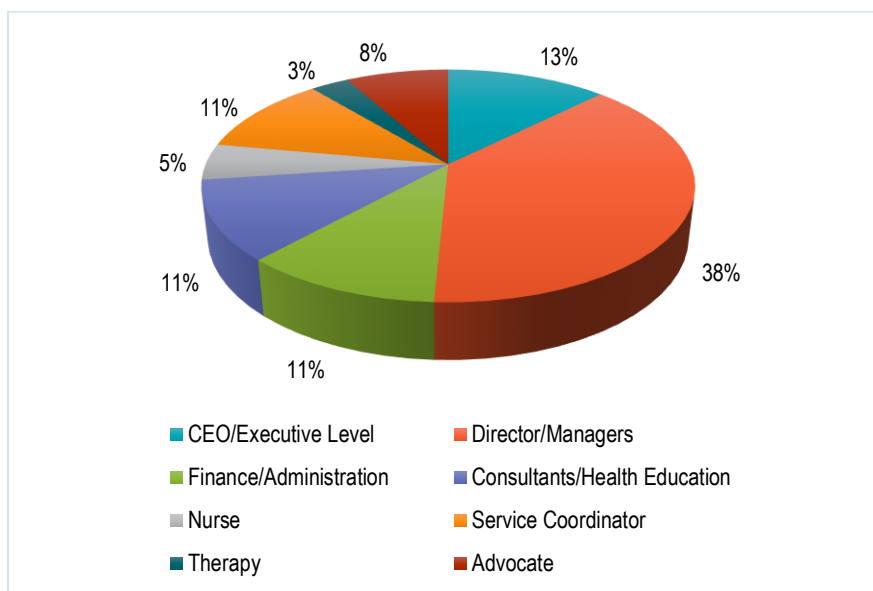
**How long have you worked in the Local Public Health System?**



Each LPHSA respondent was asked about the role that he/she plays in their organization: “Directors/Managers” accounted for the largest percentage (38 percent), followed by “CEO/Executive Level” (13 percent); “Finance/Administration,” “Consultants/Health Education,” and “Service Coordinator” (11 percent each); “Advocate” (8 percent), “Nurse” (5 percent) and “Therapy” (3 percent).

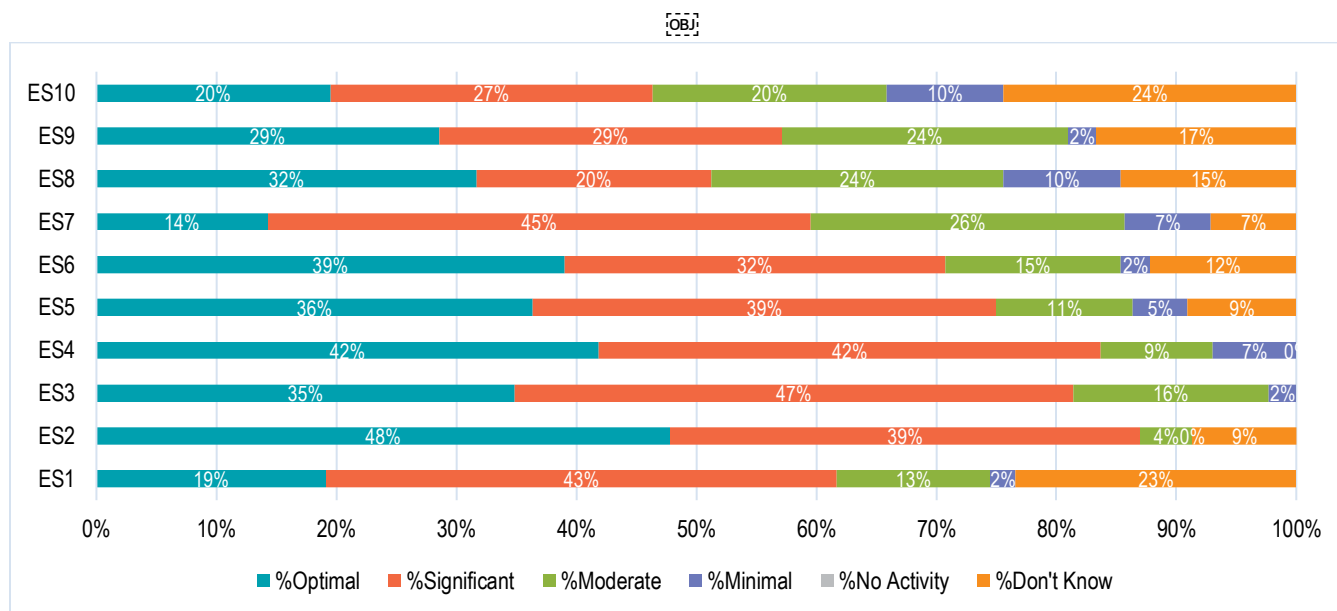
**What is your role at your organization/agency?**





## Summary of Findings

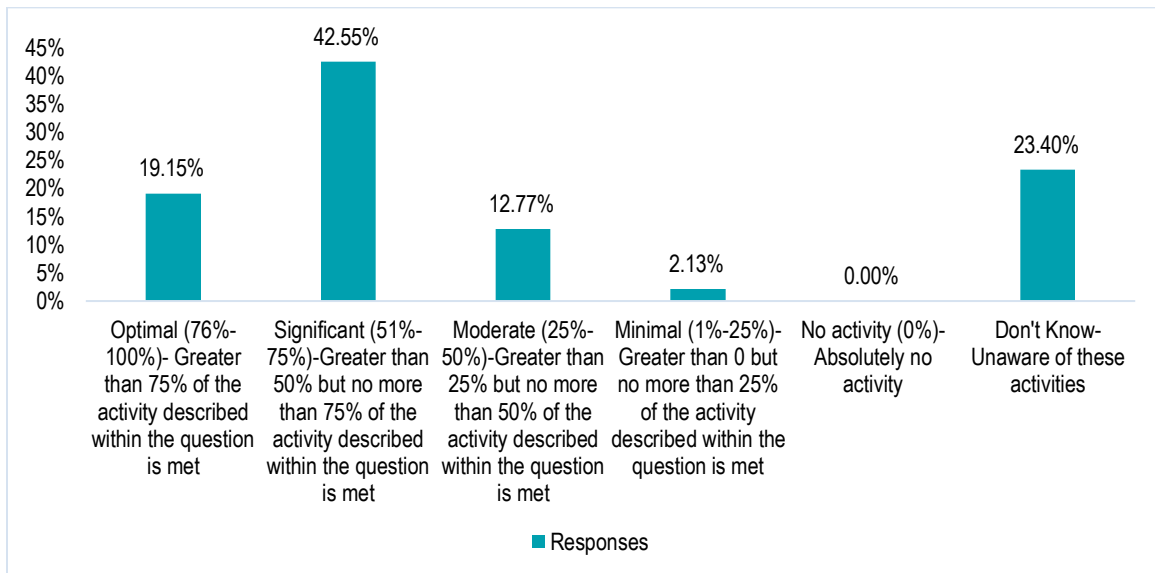
### Local Public Health System Assessment Scores



- Essential Service 2 (investigate, diagnose, and address health problems and hazards affecting the population) - Highest score in the “Optimal” rating.
- Essential Service 10 (build and maintain a strong organizational infrastructure for public health) - Highest score in the “Don’t Know” rating.
- Essential Services 2 (87 percent), 3 (82 percent) and 4 (84 percent) had the highest combination of “Optimal” and “Significant” ratings.
- Among all essential services, there were no responses in the “No Activity” rating.

## Responses

### At what level does the Local Public Health System (LPHS) in Manatee County provide Essential Service 1 (monitor health status to identify community health problems)?

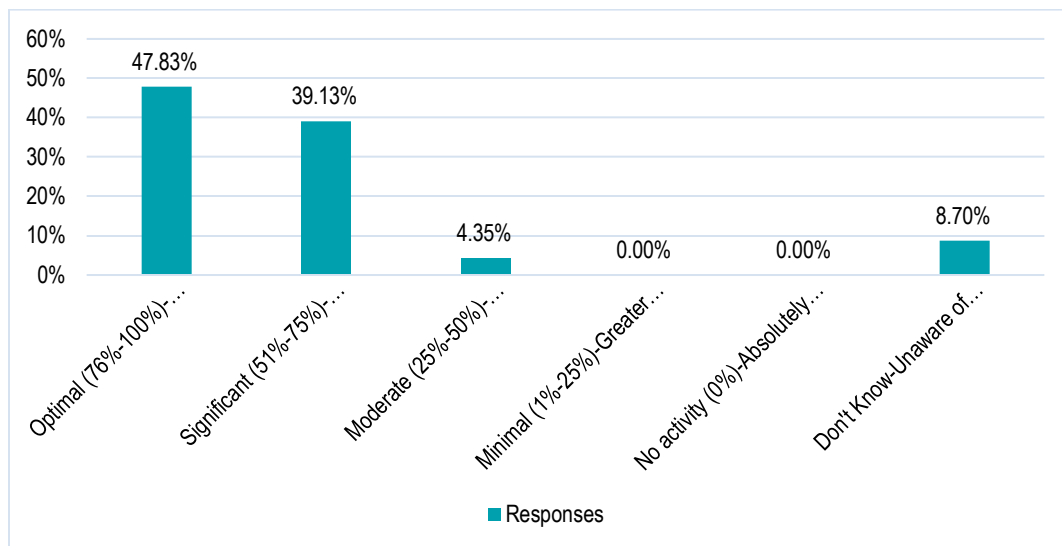


### Comments:

- *“We currently provide essential services to our community, like vaccines, family planning services, STD prevention, etc.”*
- *“I’m not involved in collecting health data nor working with community partners in this area. On occasion, I use the findings of colleagues and partners to shape messaging and marketing going to the media and public.”*
- *“Could use more data from state health office. Prevent purchasing Web-based programs to replicate available data - more cost-effective approach and appropriate level of data.”*
- *“We do great work and collaborate well. Technology needs improvement.”*
- *“Don’t see much data presented. Are rates of diabetes and obesity increasing?”*
- *“I’m relatively new to the DOH so I’m unclear.”*
- *“LPHS has a track record of being active, engaged and present in the community during health needs and monitoring the status of the community.”*
- *“While CHAs are conducted regularly, with frequent update meetings, I believe that the CHA and CHIP could play a more significant role in the creation or promotion of health policies, especially when it comes to gaps in the continuum of care. The CHA/CHIP can be a huge driving force when it comes to creating systemic changes. More can be done. Additionally, we are all working in silos. While data is collected, it is not collected in a consistent manner. This inconsistency creates a lot of confusion and can be detrimental. Data is also not readily shared; and if shared, not in a way that could be easily analyzed. It is one thing to have pretty graphs and pictures, but another thing to actually have good raw data and true statistics to understand the problem.”*

- *“Minimal central repository of data. My Sidewalks platform is not user-friendly. Many partners have public health data; however, it is kept in siloed locations and is not interpreted as a system.”*
- *“I feel that Manatee County does a great job in conducting the CHA for timely data collection and analysis.”*
- *“I’m not able to comment on this. There may be systems in place to monitor the community’s health status, but I’m not familiar with them or how they are utilized to make public health decisions or programming, and/or how this data is shared with the community at large. I learn about community-related health and other issues (not related to my area of work) through attending the MHCA.”*
- *“Manatee County does an excellent job of monitoring health status to identify community health problems; however, how we use the data to take action is an area we could improve upon. We know of many community health problems, but there are minimal improvement projects. There has been an increase in funding coming to the county for various initiatives, so improvement is currently underway.”*
- *“I believe organizations can be more transparent with the data they receive, and that data collection can be greatly improved upon.”*
- *“I think Manatee County monitors health fairly well, but there could be some improvement with populations experiencing some form of disability.”*
- *“Various groups provide regular input about the needs of the community and the challenges facing it during meetings.”*
- *“I am impressed by the efforts made to create, collect, and analyze data.”*
- *“FLCHARTS, MySidewalks more time to invest, COVID data, population data (county-level) readily available.”*
- *“I would say that some health data could be more readily available to those in the PH system and the public in general.”*
- *“CHA is conducted every 3 years.”*
- *“There has been a push to utilize FL Health Charts.”*

**At what level does the Local Public Health System (LPHS) in Manatee County provide Essential Service 2 (diagnose and investigate health problems and health hazards)?**

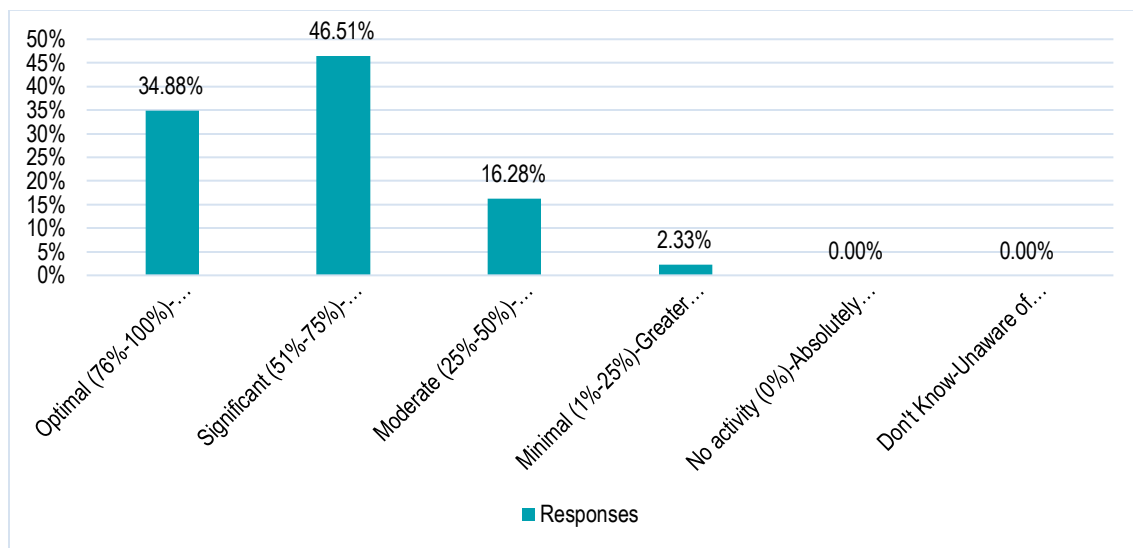


### Comments:

- *“Completed this well during Hurricane Ian and COVID 19 responses.”*
- *“Comprehensive and timely response to local public health emergencies (ex: storm response, COVID response).”*
- *“COVID-19 response...Mask Up Manatee...Vax Up Manatee...we protected health and saved lives best we could as condition for fighting this emerging disease continued to unfold, shift and change.”*
- *“Ability to respond depends on the program. If a program is understaffed, then response capability is limited.”*
- *“Our epidemiology staff are prepared to complete investigations of communicable disease, as well as our preparedness staff when it relates to the emergency shelter.”*
- *“Good.”*
- *“Written processes could be improved after-the-fact.”*
- *“We need to have more collaboration and exercises to better prepare. We are able to respond as quickly as we need due to resourcing.”*
- *“FDOH and Public Safety have many procedures and policies in place for monitoring, investigating, and responding to public health threats. It's clear from the multiple hurricanes/tropical storms and the pandemic that these two agencies have a great working relationship. An area for improvement would be to keep and share updated information. A regularly updated list of health care facilities and agencies in the area, with valid contact information, needs to be shared during emergencies. Additionally, ALL agencies involved in emergency response also need to come together to work on the after-action reports and improvement plans.”*
- *“I feel that Manatee County is consistently ready to investigate and respond to public health threats/emergencies. Responses to COVID-19 and Hurricane Ian were impressive.”*
- *“New to organization.”*
- *“The LPHS diagnoses and investigates health problems and health hazards at a significant level. The county has strong partnerships across sectors and is thoroughly prepared to respond even in the event that they are unaware of all the risk associated with the hazard or problem. The county is agile in their response and is always finding areas to improve. Emergency Preparedness is well supported by all sectors in the county.”*

- *“I think Manatee County does a great job of responding to emergencies and health hazards, especially during times when the department may be limited on staff. Hurricane response is always done well but one of the benefits of going through COVID-19 is a look at what a proper emergency response can look like. Especially with less lethal viruses such as the flu, there can be more dashboards made and widely available to the public. I know the Medical Reserve Corps is going to start picking up and once that will be a huge help with any future disasters or medical emergencies.”*
- *“Communication between health departments and their laboratories, including outsourced labs like Quest Diagnostics and Labcorp are often quick and efficient.”*
- *“I am always impressed by the level of commitment to collaboration across all partners in our county.”*
- *“Grateful for services provided to this community.”*
- *“Significant efforts had been made especially during COVID and the opioid epidemic to identify and respond to these problems. During these ongoing issues, I have seen staff from joint organizations contribute their efforts in developing plans or coordinate efforts to deal with them.”*
- *“Environmental Health response to hurricane plan well executed, staff from different divisions to help with well water cleanup.”*
- *“COVID response, many unknowns, able to pull out emergency plans to respond.”*
- *“Teams need time to rest and reset after emergencies.”*

**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)?**

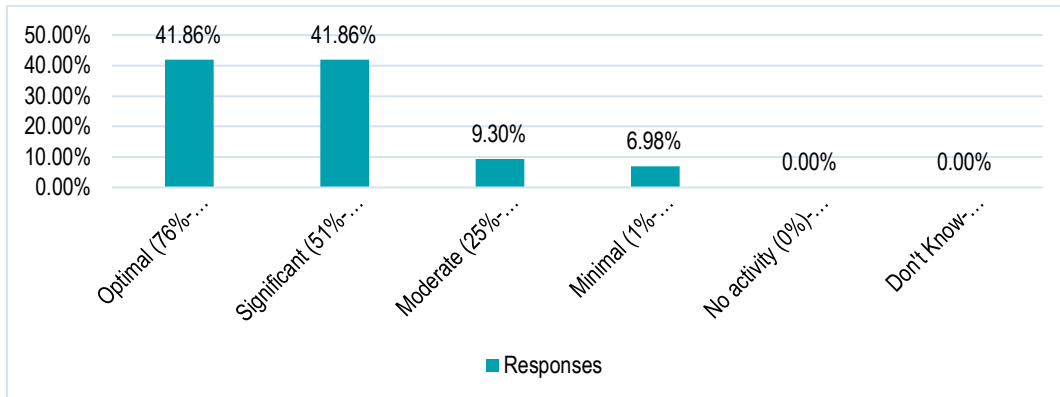


**Comments:**

- *“Rating would probably increase with additional staffing for PIO or assistance of DOH Comms.”*
- *“We need more communication staff to feed messaging from so many programs through so many channels to so many audiences.”*

- *“DOH staff is actively participating in community events and provides educational materials to our community that promotes health, as well as providing information to our community throughout different ways, for example social media platforms, newspapers, etc.”*
- *“More resources are needed to reach residents at the optimal level.”*
- *“I don’t see a lot of this type of activity.”*
- *“The LPHS does a great job in informing, educating and empowering stakeholders to decrease health risks, come together as a community and make positive and lasting impacts in our community.”*
- *“The area of health education and promotion is lacking. 1) As mentioned before, there is a lack of consistent data collection and sharing. 2) While the CHA/CHIP is a great tool, it could be used better in terms of policy creation and promotion. 3) There needs to be greater buy-in from the community and community partners/agencies. There is a difference between getting together to listen to presentations and getting together to talk about current and emerging health issues and finding solutions. 4) The community at large is very unaware of the current health status.”*
- *“There are always ways to improve communication and I think in our community we could do an even better job finding ways to reach diverse constituencies - especially those that may have barriers to receiving and acting upon information.”*
- *“Health translation can still use some improvement. As a millennial, I still find that there are many issues surrounding understanding what is going on the health arena. Sometimes the terminology being used is not user-friendly to someone who is not well-versed in the medical field (ex: population graphs). Also, I am now encountering with my new position that many individuals that my company serves with disabilities do not have access to Internet, which makes social media-based content unhelpful.”*
- *“There are great collaborations to get information out even when the laws do not allow it. For example, sexual health information is such a need for ALL demographics of people in our community.”*
- *“Transparency with the public and looking for ways to build trust with the communities can always be improved. Community Health Department at FDOH does a great job with going out into the community and I have seen other organizations doing the same.”*
- *“Proactive (prevention) activities are never on par with reactive activities. This is not just a problem here, but everywhere. I think there is always room for improvement when it comes to this.”*
- *“I think Manatee County does a good job on this Essential Service, in my experience as a community member.”*
- *“I have been part of several groups within the Alliance to help in these areas. We utilized several mediums to send messages out to the public and inform them about the issues and services available. In addition to that, the group does a great job of informing decision-makers about what is going on so adjustments can be made.”*
- *“Staffing limitations bringing programs to the community.”*
- *“Multiple media outlets to utilize.”*
- *“Need to improve communication between programs and Communications Office.”*
- *“FEMA training teaches how to communicate during emergencies.”*

**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)?**

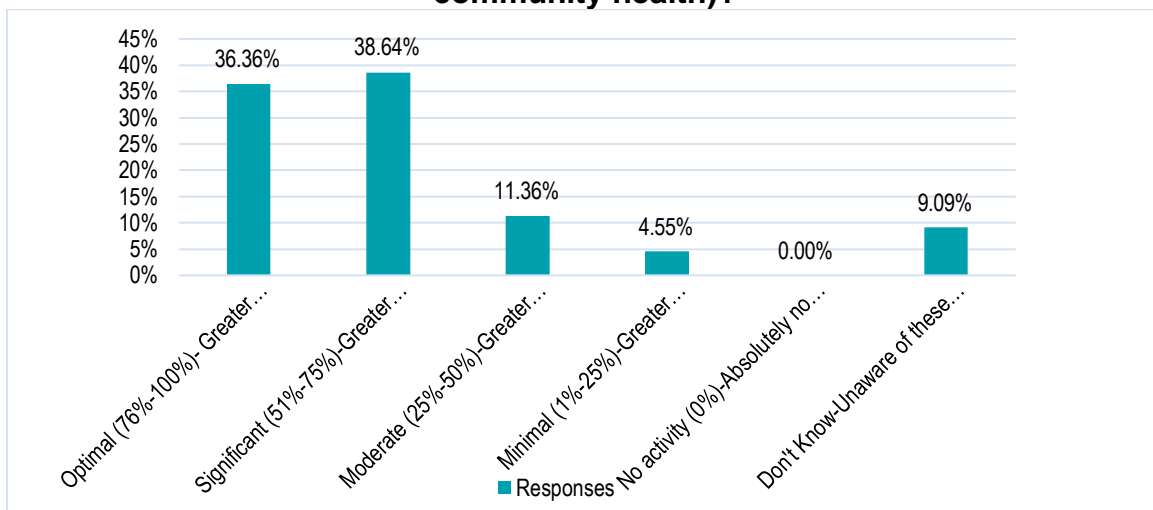


**Comments:**

- *“There is a committee in the community in place, from different local health services partners... That identifies and solves health problems... Manatee Health Alliance.”*
- *“I know our Community Health Division works with partners in these areas quite a bit. I would like to see the Manatee HealthCare Alliance develop a communication subcommittee to drive its branding, public information, and outreach efforts (adopting a brand, developing a website, scheduling community events, etc.). Move from meetings to robust presence on the Manatee community landscape! Also, we should be marketing the CHA and CHIP to the general public through every press release and interview we and community partners provide.”*
- *“It’s great to involve community partners, however the overall health of the community continues to worsen. Who is looking at outcomes?”*
- *“A strength of this department is establishing and maintaining community partnerships.”*
- *“We do well with #4.”*
- *“Our Manatee HealthCare Alliance is a great source of collaboration.”*
- *“Issues related to staffing, including vacancies and staff turnover, has made developing and maintaining community data relationships to address health issues challenging.”*
- *“COVID is an example of how well DOH responds.”*
- *“Reasons mentioned previously.”*
- *“I feel that Manatee County has done a great job in building and leveraging community partnerships to identify and solve health problems. An example is diverse CHIP subcommittees.”*
- *“There are likely additional partnerships that could be formed to be more inclusive and address populations with one or more barriers.”*
- *“Would like to encourage more involvement from faith-based organizations and community members to have proper representation at the table when developing projects, policies, and activities.”*
- *“Manatee HealthCare Alliance continues to power forward. Manatee County maintains strategic partnerships and excels in community engagement. Opportunity for improvement: recruiting individuals and leaders who can dedicate some time to work on identified priority issues or offer resources to implement sustainable programs in the community.”*

- *“I second the comment made by Ms. Peele with improving partnerships with the faith-based community. Nevertheless, there are always new connections to be made and more people that can be reached through collaborative efforts.”*
- *“I am commenting on what I know. I am unable to answer the more technical aspects as I am not informed. The health department does a great job of connecting with the community. This meeting is a good example of connection to various agencies throughout Manatee County.”*
- *“Significant efforts have been made to bring various groups together that are stakeholders in the community. This brings various resources and perspectives to the group to help better serve the community.”*
- *“This is something that Manatee does exceptionally well. I do not know of another community/county that does this better, in fact.”*
- *“Need for communications plan for Manatee HealthCare Alliance (MHCA).”*
- *“Community Impact Committee (CIC) & Community Health Improvement (CHIP) Subcommittees; 95% of work completed for 2021-2023 priorities.”*

**At what level does the Local Public Health System (LPHS) in Manatee County provide Essential Service 5 (develop policies and plans that support individual and community health)?**



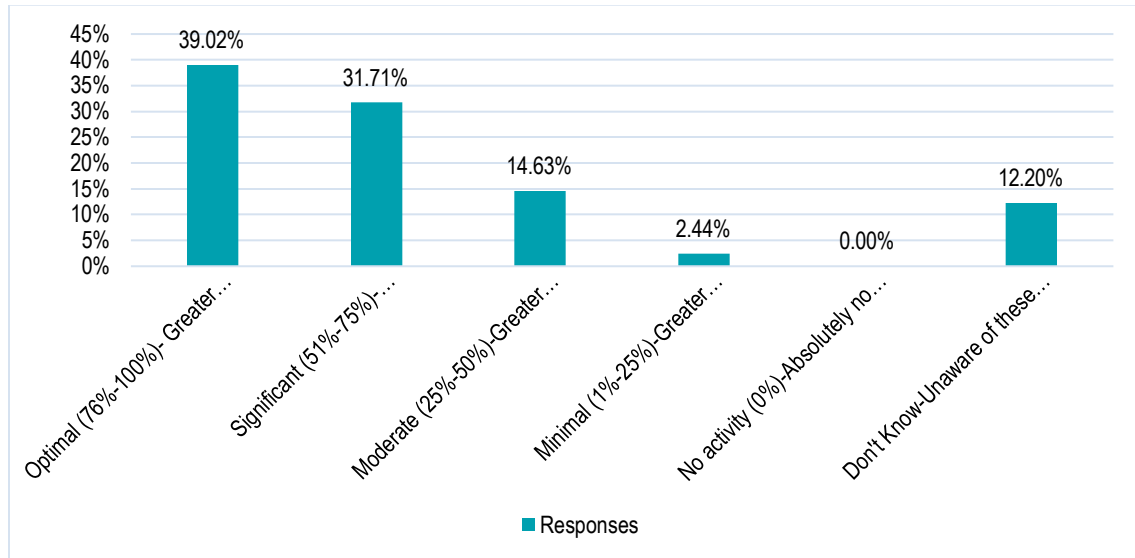
**Comments:**

- *“DOH is actively involved with other groups and partners that plan ahead to ensure that public health services are provided, especially during emergency events.”*
- *“We maintain an emergency communications plan. Colleagues in other divisions presumably develop and vet plans related to other aspects of emergency management. We are all offered online and in-person emergency management training through state and federal agencies. We conduct routine emergency contact drills and annual SpNS [Special Needs Shelter] training ahead of hurricane season.”*
- *“Still room for improvement.”*
- *“The strong community partnerships assist within this level of achievement.”*
- *“I’m not aware of many policies supporting health.”*
- *“Please see answer previously regarding engagement and strategic planning.”*



- *“I feel that Manatee County does well in this area overall. However, I feel that ‘politics’ sometimes gets in the way of ensuring that the local health department has enough resources to do its part in providing essential public health services.”*
- *“No other comment. I am not informed in this area.”*
- *“I have limited knowledge regarding how this works outside of advocacy, but I have seen a positive impact due to a change in laws and regulations.”*
- *“The Health Department does a great job of including various local entities into the group to make better-informed decisions.”*
- *“Manatee Chamber of Commerce Healthcare Committee could be an example of driving policy with the stakeholders involved, Medical Reserve Corps (MRC) to utilize during emergencies, Emergency Drills (i.e., tornado, hurricane), Coalition for Health and Medical Preparedness (CHAMP-Manatee).”*

**At what level does the Local Public Health System (LPHS) in Manatee County provide Essential Service 6 (enforce laws and regulations that protect health and ensure safety)?**



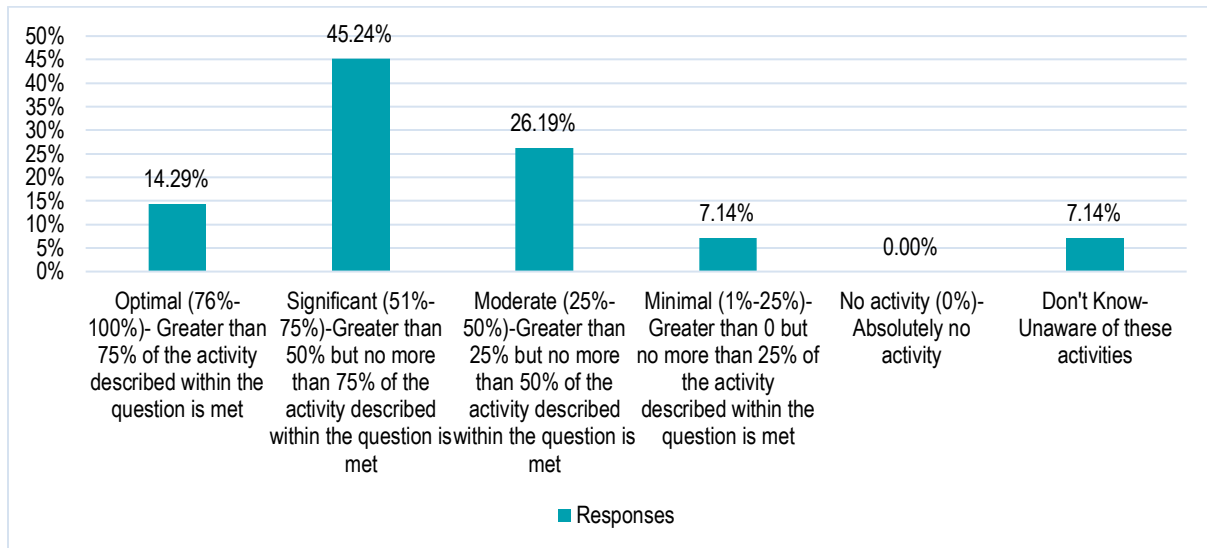
**Comments:**

- *“Depends on the program. EH (Environmental Health) is very focused in this area and statute-driven. Some initiatives seem to cross over into other state agencies and duplicate efforts.”*
- *“DOH Manatee ensures that regulations are followed as required to protect and ensure community safety.”*
- *“Ability to effect changes can be limited.”*
- *“Much more resources are needed.”*
- *“Overall, I believe most agencies have a good understanding of laws/regulations/ordinances. There are several ordinances/regulations that need to be updated.”*
- *“I feel that ‘politics’ oftentimes gets in the way of Manatee County’s ability to improve and/or enforce laws, regulations, and ordinances.”*
- *“One person identified transportation as an ongoing issue, to which I agree. I have worked in various service fields where people had disabilities and/or no funds, no transportation. I am seeing some improvement in the county, but we still have a way to go.”*
- *“Unable to comment.”*
- *“Changes to Clean Indoor Air Act to Clean Air Act allows local municipalities and cities to strengthen smoke-free areas on parks/beaches. Local laws, regulations, and current public health issues are always being discussed at alliance meetings and subcommittee meetings, keeping everyone up to date on changes/updates to laws/regulations/ordinances.”*
- *“Great job to DFM for Narcan distribution, would love to see the same at DOH and other orgs as well.”*
- *“The area has done a good job of not only identifying community problems, but enacting changes needed to better deal with has been key. Changes to policy in how we have dealt with*

*the opioid epidemic have been important in better dealing with it. This has included getting help to the users and taking enforcement action with existing laws against dealers.”*

- *“Public health resources that we have relied on are being questioned.”*
- *“Local and state enforcement of laws and regulations are based on politics.”*

**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 health care when otherwise unavailable)?**

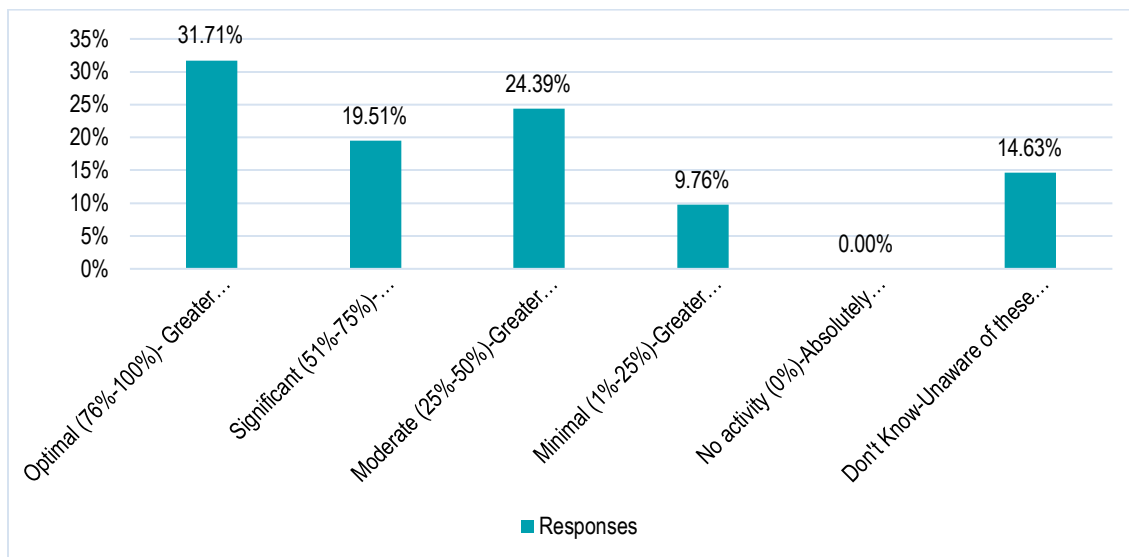


**Comments:**

- *“What services does the department provide that are duplicated by other agencies, such as federally qualified health centers? The department could privatize some services.”*
- *“Refugee Health, Special Needs, Transportation Disadvantaged may need improvements.”*
- *“DOH Manatee provides information to community members of agencies that can provide assistance with their health needs if we are unable to provide it.”*
- *“Colleagues in divisions where services are provided and tracked would have a better view on this. I’m not privy to any surveys or reports on how effectively we are reaching the public with our programs and services.”*
- *“Linkages are weak and need a higher-level coordination.”*
- *“While we are able to identify the gaps and needs of the community, we need to be better at increasing capacity, connecting people to care, and following up with these patients/clients. There is a significant shortage of dental and mental/behavioral health services in the county (that provides free or reduced cost for care). The agencies that provide these services have wait-lists that can be months long. In addition to the gaps mentioned above, access to primary care can be a barrier for a portion of this community. For those that need it, there also needs to be better care coordination (and case management for social services).”*
- *“I feel that, through developed partnerships, Manatee County does well overall in coordinating the delivery of services to better ensure equitable access to care. This being said, we could do even better in leveraging partnerships to provide better care for our community.”*
- *“There is always more work to be done in finding more resources to help those with barriers to access.”*

- *“I believe they do provide (Essential Service 7) to community, but the issue again could be transportation of people getting to the appt.”*
- *“To my knowledge, we have many agencies that link individuals to services; however, I am not sure if we have the staffing capacity to meet the needs of our growing population. While we do have the capability to link to health services, I'm not certain that it is at the significant or optimal level yet.”*
- *“I think that our systems are extremely difficult for the average person needing assistance to maneuver (and this number continues to rise with the income and housing difficulties). One-to-one assistance and more availability of walk-in service sites for applying for assistance would be helpful.”*
- *“I do not have a lot of knowledge regarding this topic. I feel like access to services/ knowledge of services can be improved.”*
- *“Health care’s referral system could use some improvement, specifically communicating to patients about their appointment or any sudden changes that come about. As previously stated, some members of the disability community are not technologically skilled nor do they have adequate transportation, which ultimately serves as a barrier for both parties: the patient and the health provider.”*
- *“We can do better reaching underserved populations. We need to build stronger relationships with community champions to reach these residents and understand their priority needs. There are services such as diabetes, vision, and blood pressure that could be more readily available.”*
- *“Transportation barriers. I'm not sure if community members know of all the available services or costs of services. If people were receiving the health care services they need, we would be the healthiest county in Florida. We connect people with the organization, but it is up to the community members to accept the help/services.”*
- *“The current homeless crisis continues to plague the area with limited services to them. Much of the homeless population has various needs or problems that require a different response to them. Better efforts are needed to provide mental health services to those that need it in the group, as well as other assistance to those that need it to rise out of homelessness. We have seen an influx of homeless people that were displaced from Irma and from a shortage of housing. These are new trends that have recently emerged that should be dealt with.”*
- *“Most of the community and public health services are around Bradenton leaving many of the residents outside of the city unable to access these services. Transportation opportunities can be improved upon and working to bridge services to the more rural areas of the community.”*

**At what level does the Local Public Health System (LPHS) in Manatee County provide Essential Service 8 (assure a competent public health and personal health care work force)?**



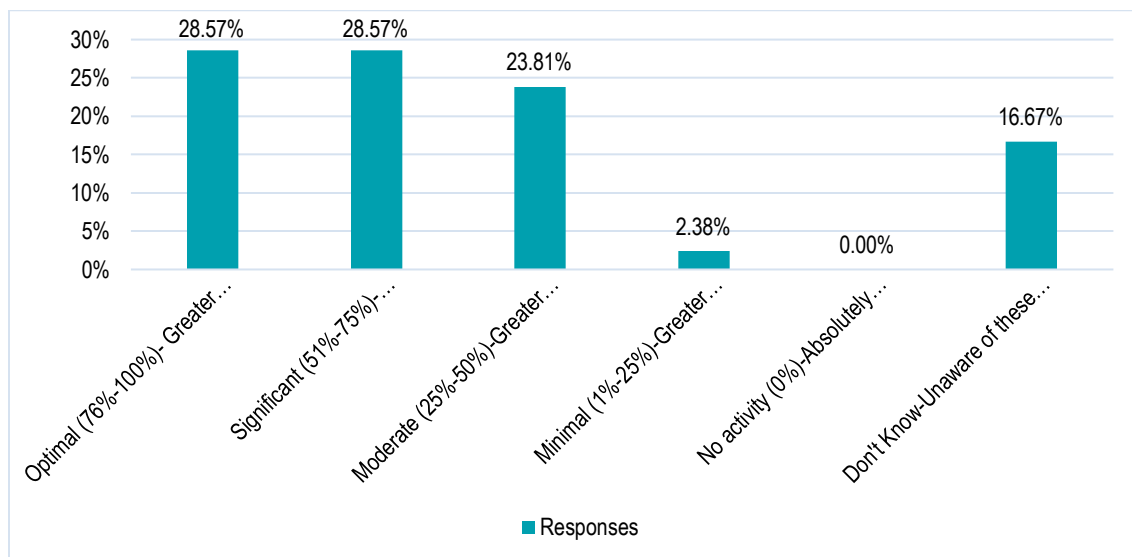
## Comments

- *“There can be missed opportunities due to staffing shortages. Deadlines don’t change and aren’t forgiven, so professional development takes a back seat.”*
- *“Pay is too low to attract skilled health professionals. No opportunities for employees to obtain CEUs. No increased pay for certifications.”*
- *“I presume DOH has systems and practices in place to ensure we’re hiring individuals who are qualified to do the jobs for which they are being hired. There are no ‘career paths’ to leadership within DOH...the job you are hired to do is the job you will do until you apply for a different job within the organization...the system denies any opportunity to mentor employees into positions of great responsibility or leadership...this kills morale and interest.”*
- *“Department has challenges with recruitment, which is a national issue yet unique challenges with retention, culture, and opportunities to promoting leaders.”*
- *“Needs work.”*
- *“I can only speak to my agency - great leadership development and learning opportunities. I am unaware of work force assessments.”*
- *“I feel that the Public Health work force is competent. However, results of work force assessments could be better communicated to other community organizations and groups to address potential gaps in the ability to provide services related to inadequate staffing levels.”*
- *“As a millennial, I would say it is actually fairly difficult to get into the public health field. I know for a fact that I have my public health job because my employer decided to take a chance on me. I think employers should collaborate with schools more and maybe even consider offering some sort of preparation program or shadowing program to expose more students to the health care work force. In addition, many salaries are simply not livable wages, making it hard to apply for those jobs.”*
- *“Our county does provide a lot of training; however, we are not able to maintain the employees we train in our work force due to being unable to provide for their cost-of-living needs. Pay is always an issue when trying to hire our work force. This has been a challenge across the board for employers; however, for health care it is creating a great deficit. For example, we have had staff in all local ER's unable to respond to and provide for*

forensic medical care for victims of sexual assault. Our child advocacy center is not able to provide 24/7 crisis response.”

- “I work most closely with the Aging Services department of [Manatee County Government] (Tracie Adams), who is a wonderful [county] representative and community partner. But I can't comment on this Essential Service to the degree that is described above.”
- “Salaries are low for state Public Health jobs. Turnover rates are high.”
- “I think more can be done to support public health and social service workers as many public health workers live outside of the county. In order to maintain the work force, training from the work force members with more experience mentoring the younger generation can also be improved upon for nonclinical roles.”
- “As someone who is not a health care provider but works frequently with the DOH Manatee on prevention initiatives (SWAT, TFF), the high staff turnover is something that affects my organization negatively.”
- “This area is improving; however, I think lack of funding affects what we're able to do. We do a lot in this county, but like much of the nation - we can improve, but funding plays a large role.”
- “I cannot attest to this personally since I don't have to maintain certifications related to health care. I have seen several opportunities offered by DOH to help provide continuing education for health care workers on a regular basis. “
- “Staffing affects the ability to give people time off to complete. Certifications and trainings desired and/or needed.”
- “Requirements are tracked by state, but it is left up to the person to seek continuing education opportunities, look to licensing/credentialing agency.”

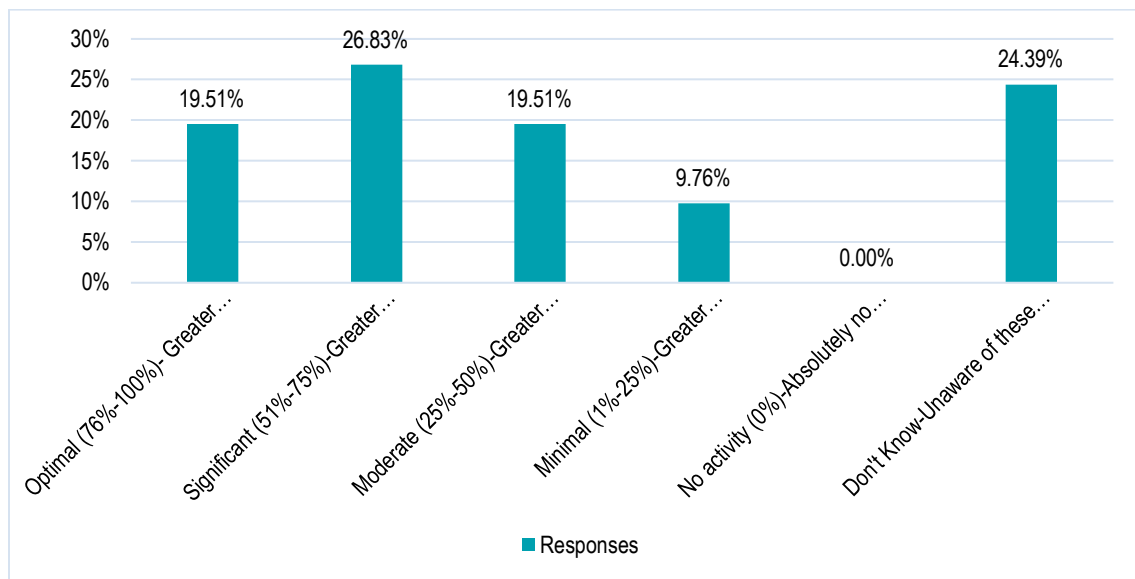
**At what level does the Local Public Health System (LPHS) in Manatee County provide Essential Service 9 (evaluate effectiveness, accessibility, and quality of personal and population-based health services)?**



**Comments:**

- *“We are actively providing surveys to our communities regarding services provided.”*
- *“Communication and marketing officers ALWAYS want to know just how effective their efforts are at drawing clients and changing personal behaviors in the best interest of overall public health. Surveys on ‘effectiveness’ are few and far between, presumably because program officers are already spending the bulk of their time and efforts delivering those services.”*
- *“Children and adults have increased health issues decade after decade. Nothing is changing.”*
- *“Basic framework and components are in place. Assessments routinely done. Related work plans developed. Implementation of work plans challenging related to staffing.”*
- *“Depends on the program.”*
- *“Again, proper data collection and sharing played a huge role in how I could not answer this question.”*
- *“I feel that current staffing levels throughout Manatee County's Public Health System may be interfering with our ability to meet the needs of the population we serve.”*
- *“Asking questions/surveys. Can't say we are meeting everyone's needs, but we are on the right track. CHIP/CHA definitely allows our Public Health System get feedback from community members/partners to make new goals and determine the needs of our community.”*
- *“A tremendous amount of effort has been put forth from the LPHD to provide care to the public and to assess the need. The fact that they will be changing the assessment to every 3 years instead of 5 will make a significant difference in identifying need and addressing it in a prompt manner.”*
- *“Would like to see more involvement from local government, such as city governments, and gain their opinion on how health messages and education should be disseminated in their communities.”*
- *“I know that assessment/ evaluation is ongoing and that there has been a significant effort to obtain the data. It always seems to be an issue to get people to answer the surveys. It is a problem everywhere, though, and not necessarily a reflection of level of effort.”*
- *“I have concerns that with the rapid growth in our county, are we meeting the needs of the population?”*
- *“There have been significant efforts to constantly evaluate programs and services offered to the community. I have been a part of developing and evaluating whether goals have been met or not. This includes rewriting goals when needed in order to change directions or to sharpen the focus of the group.”*

**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)?**



### Comments:

- *“More needs to be done with research to move the needle in the right direction.”*
- *“Transitions are slow, as are research studies in the areas needed. May be misdirected and missing the most important targets.”*
- *“An example are the Six Sigma initiatives with the Yellow, Green and Black Belt classes and initiatives. The department has also established partnerships with institutions of higher education. There is opportunity for disseminating at various conferences.”*
- *“DOH Manatee is always fostering innovation, seeking ideas to better provide health services; also involves the community and other health services partners to collaborate with plans, ideas, etc.”*
- *“Very challenging due to available resources.”*
- *“I’m not involved in research and have had very little experience working with interns with a real interest in public health or communication. DOH-Manatee has a lot of processes that have yet to be put in place: Quality improvement efforts across the department will open up opportunities to fit those developing processes with innovative features and solutions moving forward.”*
- *“As a whole, I believe we are touching each of these services in one way or another.”*
- *“I feel that Manatee County could do better in providing members of the Local Public Health System with opportunities for research and innovation.”*
- *“Good relationships with LECOM, SCF, MTC. Could use work sharing research findings with community via websites.”*
- *“Working on several projects where we will survey the community, but I have had to go out and make some of the connections from scratch. Would love if we could come up with a system that will allow gathering public opinion of public health topics easier and more streamlined, in a way that has proven successful and captures everyone's voice.”*
- *“I do not know much about this area, but I would suggest nurturing partnerships with online universities that offer accredited public health degrees like Walden University. I am a doctoral student there and I do not see much collaboration in this space.”*
- *“Area for improvement, but initiatives are underway.”*
- *“Unable to comment on this topic.”*



- *“No insights on this.”*
- *“I have no personal knowledge of these activities.”*
- *“While working on the Behavioral Health Subcommittee, I was afforded the opportunity to see the inclusion of resources into GIS mapping software. The goal was to make services easier to find for people by using mapping software. This was based off data that had been gathered by community partners about the needs of addicts collected during encounters with them. I felt the research members were supported and allowed the ability to conduct the research into this area.”*
- *“Pediatrics view: Children are getting sicker; 30 years ago, 1 child a month admitted to hospital for attempted suicide; now, approx. 4 children a week. Children are our future caregivers, experts, we need to figure out a way to improve. What we are doing is not working.”*

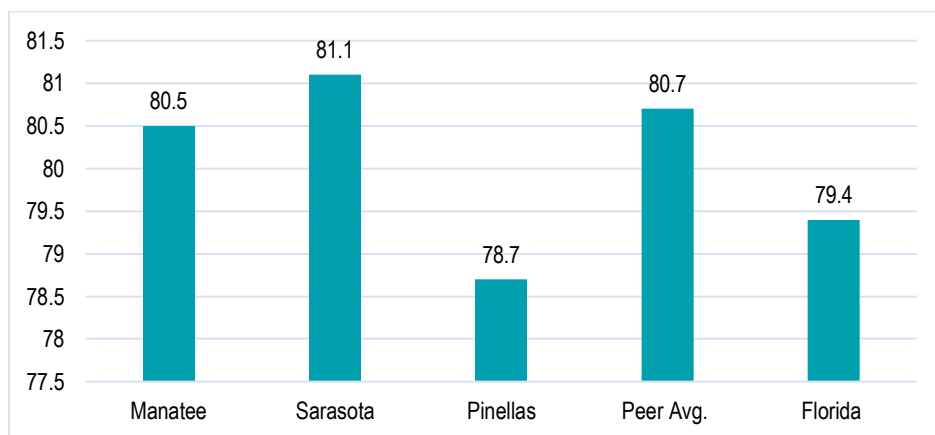
## **Community Health Assessment: Health Outcomes**

### **Life Expectancy and Leading Causes of Death**

Life expectancy measures the average number of years from birth a person can expect to live, according to the current mortality experience (age-specific death rates) per 100,000 of the population. Manatee County residents have a higher life expectancy than Florida residents, in general, but a lower age of life expectancy than the three-peer-county average (Collier, Pasco, and Seminole counties are peer counties to Manatee County) and that of the local public health departments located closest to Manatee County (Pinellas and Sarasota counties) (Figure 13).

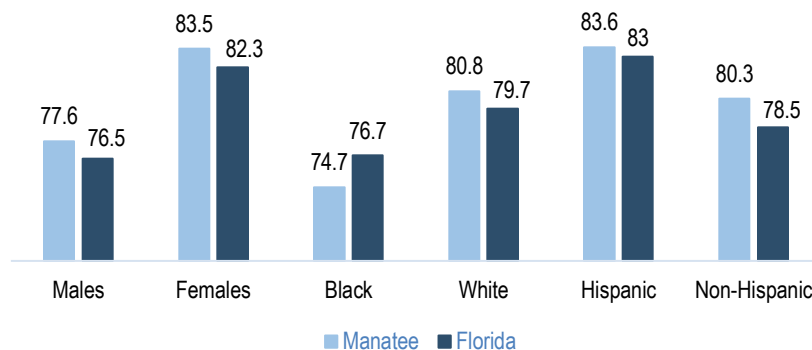
While average life expectancy for Manatee County residents is higher overall than for Florida residents, black residents live an average of 2 years less in Manatee County than black residents statewide and 6.1 years less than whites in Manatee County. Among males and females, female residents have higher life expectancy in both Manatee County and Florida (Figure 14).

**Figure 13: Life Expectancy Comparisons, 2018-2020**



Source: Florida Department of Health, Bureau of Vital Statistics. Rates are per 100,000 of the population.

**Figure 14: Life Expectancy, 3-year Rolling Average, Manatee County and Florida, by Gender/Race/Ethnicity, 2018-2020**

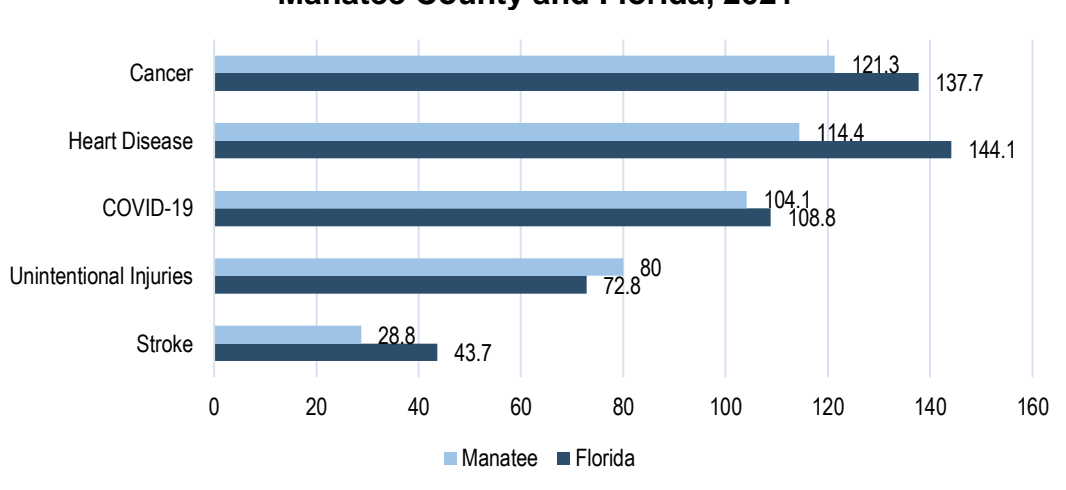


**Source:** Death data are from Florida Bureau of Vital Statistics. Population data are from the UMass Donahue Institute and the Florida Legislature Office of Economic and Demographic Research. Rates are per 100,000 of the population.

### Leading Causes of Death

The top five causes of death in Manatee County are the same for Florida as a whole; however, the order in which they are ranked differs between the county and the state. While cancer is listed as the leading cause of death in Manatee County, for example, heart disease is listed as the leading cause of death statewide (Figure 15).

**Figure 15: Leading Causes of Death, Age-Adjusted Death Rates per 100,000, Manatee County and Florida, 2021**



**Source:** Florida Department of Health, Bureau of Vital Statistics. Rates are per 100,000 of the population.

Death rates for Manatee County residents also vary based on gender, race, and ethnicity when compared to the population statewide (Table 8).

**Table 8: Leading Causes of Death, Age-Adjusted 3-year Rolling Death Rates by Gender, Race and Ethnicity, Manatee County and Florida, 2019-2021**

<b>Gender/Race/Ethnicity</b>	<b>Manatee County</b>	<b>Florida</b>
<b><i>Cancer</i></b>		
Male	144.2	164.4
Female	107.9	119.9
White	125.5	139.7
Black	137.2	144.9
Other	116.5	135.9
Hispanic	96.4	106.3
Non-Hispanic	127.1	147.2
<b><i>Heart Disease</i></b>		
Male	161	185.1
Female	95.6	111.2
White	122.9	140.9
Black	189.6	174.5
Other	156.6	156.8
Hispanic	81.1	115.4
Non-Hispanic	129.7	150.8
<b><i>COVID-19</i></b>		
Male	142.4	135.3
Female	69.7	85.7
White	98	100
Black	196.6	172.6
Other	88.9	97.9
Hispanic	180.4	120.2
Non-Hispanic	93.1	106.5
<b><i>Unintentional Injury</i></b>		
Male	101.5	92.1
Female	45.4	39.5
White	76.7	70.4
Black	60.6	50.4
Other	47.8	46.6
Hispanic	53.6	38.9
Non-Hispanic	77.2	73.8
<b><i>Stroke</i></b>		
Male	29.9	42.1
Female	28.5	43.4
White	28.4	40.9
Black	55.7	62.2
Other	44.8	56.6
Hispanic	29.5	43.4
Non-Hispanic	29.5	43.2

**Source:** Florida Department of Health, Bureau of Vital Statistics. Rates are per 100,000 of the population. Leading causes of death by age are presented in Table 9.

**Table 9: Leading Causes of Death by Age, Manatee County, 2021**

Age Cohort	Cause of death in Rank Order
Under 1 year	Congenital Malformations
	Perinatal Period Conditions
	Influenza and Pneumonia
	Unintentional Injury
	Sudden Infant Death Syndrome
1 to 4 years	Unintentional Injury
	Congenital Malformations
5-14 years	Unintentional Injury
	Congenital Malformations
15-24 years	Unintentional Injury
	Homicide
	Suicide
	Malignant Neoplasm
	Heart Disease
25-34 years	Unintentional Injury
	Suicide
	Homicide
	Heart Disease
	Malignant Neoplasm
34-44 years	Unintentional Injury
	Malignant Neoplasm
	Heart Disease
	Chronic Liver Disease & Cirrhosis
	Influenza and Pneumonia
45-54 years	Malignant Neoplasm
	Unintentional Injury
	Heart Disease
	Chronic Liver Disease & Cirrhosis
	Suicide
55-64 years	Malignant Neoplasm
	Heart Disease
	Unintentional Injury
	Chronic Lower Respiratory Diseases
	Chronic Liver Disease & Cirrhosis
75-84 years	Malignant Neoplasm
	Heart Disease

	Chronic Lower Respiratory Diseases
	Alzheimer's Disease
	Cerebrovascular Disease
85+ years	Heart Disease
	Malignant Neoplasm
	Alzheimer's Disease
	Cerebrovascular Disease
	Chronic Lower Respiratory Diseases

Source: Florida Department of Health, Bureau of Vital Statistics.

## Differences in Health Outcomes

The following disparities can be identified from research into the leading causes of death in Manatee County:

- Blacks had higher rates of death from heart disease, COVID-19, and stroke.
- Whites had higher rates of death from cancer and unintentional injuries than other races or Hispanic/Latinos of any race.
- Hispanics had the second highest rate of death from COVID-19.

## Chronic Disease

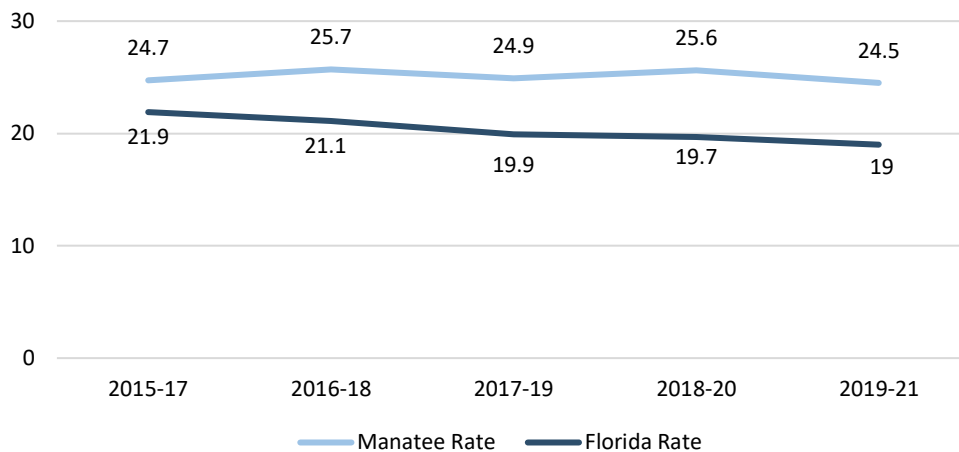
### Alzheimer's Disease

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. According to the Centers for Disease Control and Prevention (CDC), Alzheimer's disease death rates are on the rise nationally.

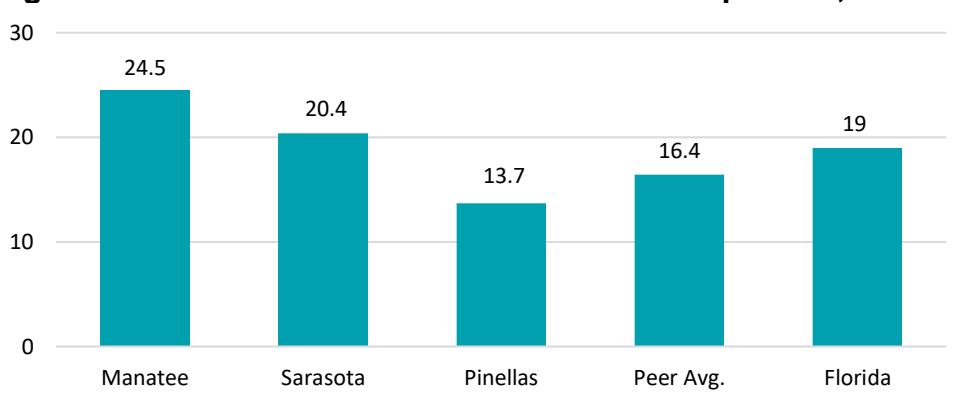
**Figure 16: Age-Adjusted Death Rates from Alzheimer’s Disease, 3-year Rolling Average, Manatee County and Florida, 2015-2021**



Source: Florida Department of Health, Bureau of Vital Statistics. Rates are per 100,000 of the population.

Alzheimer’s death rates in Manatee County are higher than rates statewide, the three-peer-county average and those reported by the nearest local health departments (Sarasota and Pinellas counties) (Figure 17).

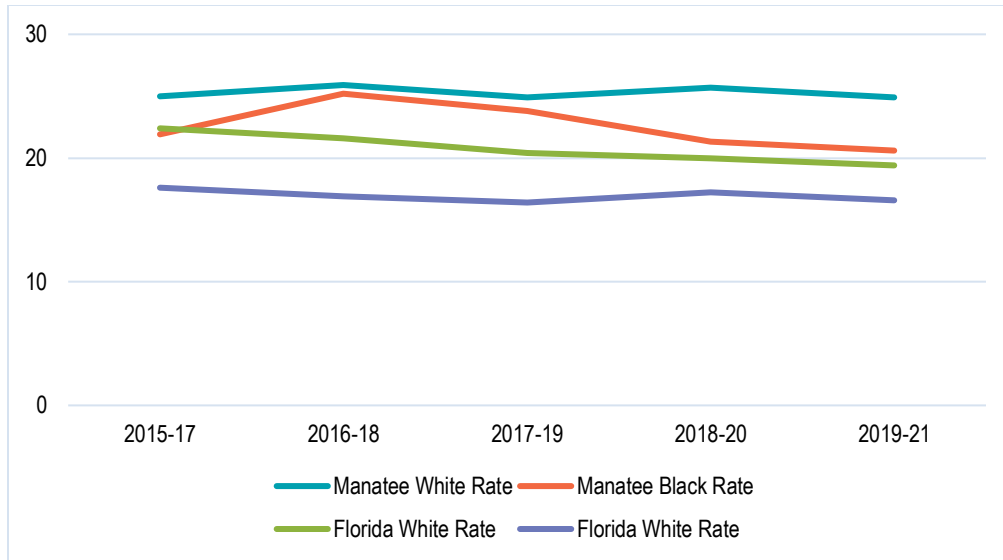
**Figure 17: Alzheimer’s Disease Death Rate Comparison, 2019-21**



Source: Florida Department of Health, Bureau of Vital Statistics, 3-year rolling rate  
Peer counties: Collier, Pasco, and Seminole, Nearest LHD- Sarasota & Pinellas  
Rates are per 100,000 of the population.

Figure 18 shows that whites living in Manatee County have higher rates of death from Alzheimer’s disease than whites and blacks statewide. Blacks in Manatee County have higher rates of Alzheimer’s disease than whites or blacks across Florida. Overall, Alzheimer’s rates have been on the decline in both Manatee County and statewide since the 2018-20 time period.

**Figure 18: Age-Adjusted Death Rates from Alzheimer’s Disease, 3-year Rolling Average, By Race, Manatee County and Florida, 2015-2021**

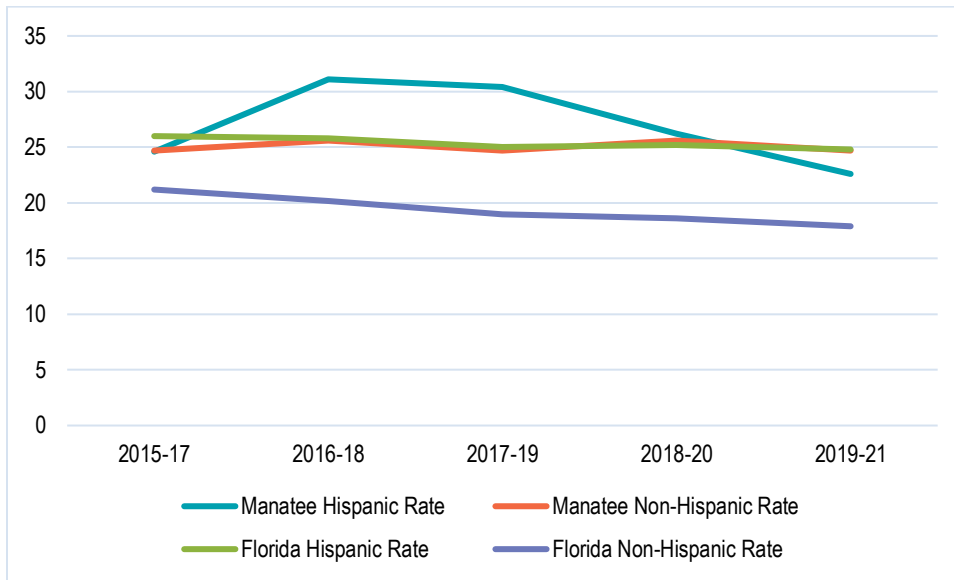


Source: Florida Department of Health, Bureau of Vital Statistics. Rates are per 100,000 of the population.

Figure 18 Data	Manatee		Florida	
Years	White Rate	Black Rate	White Rate	Black Rate
2015-17	25	21.9	22.4	17.6
2016-18	25.9	25.2	21.6	16.9
2017-19	24.9	23.8	20.4	16.4
2018-20	25.7	21.3	20	17.2
2019-21	24.9	20.6	19.4	16.6

Figure 19 shows a decrease in Alzheimer’s deaths among Hispanics in Manatee County and statewide as of the 2018-20 time period. Hispanics have higher rates of Alzheimer’s deaths comparable to non-Hispanics in both Manatee County and across Florida.

**Figure 19: Age-Adjusted Death Rates from Alzheimer’s Disease, 3-year Rolling Average, By Ethnicity, Manatee County and Florida. 2015-2021**



Source: Florida Department of Health, Bureau of Vital Statistics. Rates are per 100,000 of the population.

Figure 19 Data	Manatee		Florida	
Years	Hispanic Rate	Non-Hispanic Rate	Hispanic Rate	Non-Hispanic Rate
2015-17	24.6	24.7	26	21.2
2016-18	31.1	25.6	25.8	20.2
2017-19	30.4	24.7	25	19
2018-20	26.2	25.6	25.2	18.6
2019-21	22.6	24.7	24.8	17.9

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

## **Cancer**

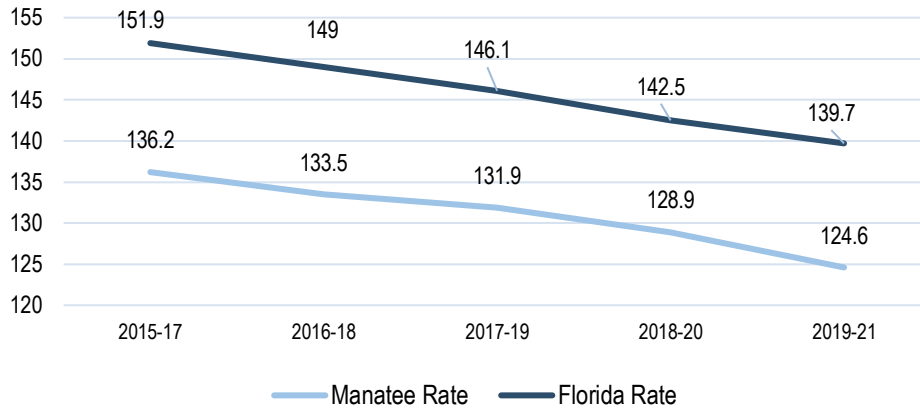
Indicator: Age-adjusted death rates for cancer

In 2021, cancer was the second leading cause of death in the United States and the leading cause of death in Manatee County. According to the American Cancer Society, cancer death rates dropped 32 percent between 1991 and 2019. This drop is largely attributed to a decrease in smoking. Despite the decline in smoking rates, lung cancer remains the most common type of cancer.

Figure 20 shows cancer deaths have been decreasing across Florida and in Manatee County. Death rates in Manatee County are lower than statewide rates. Manatee County’s cancer death rate is lower than the statewide rate, the three-peer-county average and the rates that the nearest local health departments report (Figure 21).

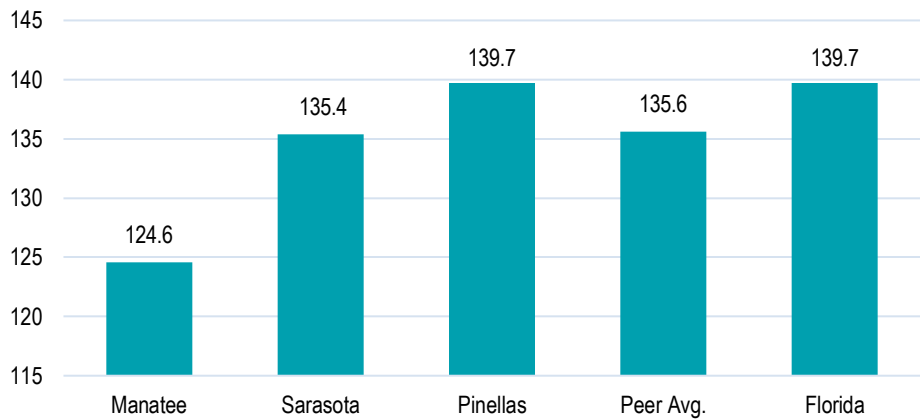


**Figure 20: Age-Adjusted Cancer Death Rate, 3-year Rolling Average, Manatee County and Florida, 2015-2021**



Source: Florida Department of Health, Bureau of Vital Statistics. Rates are per 100,000 of the population.

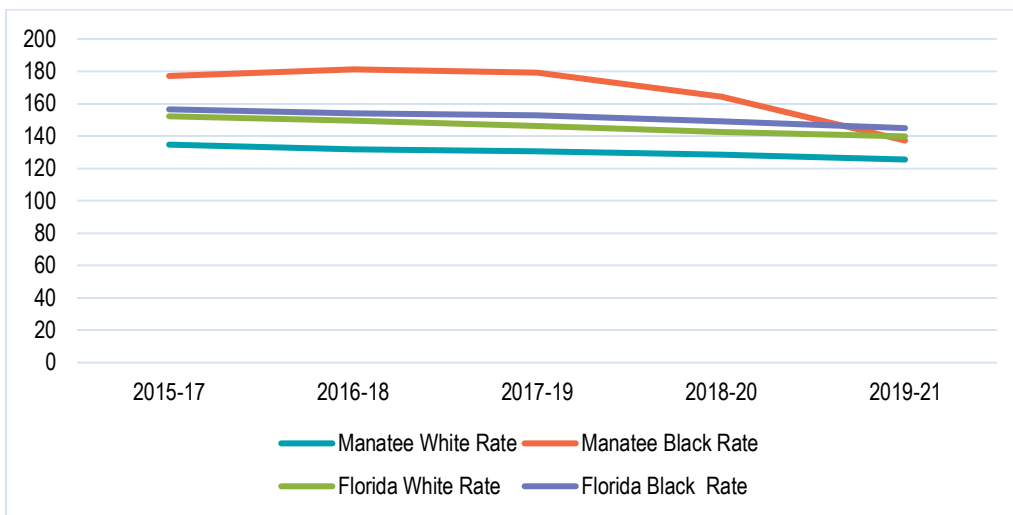
**Figure 21: Cancer Death Rates Comparison, 2019-2021**



Source: Florida Department of Health, Bureau of Vital Statistics. Peer counties: Collier, Pasco, and Seminole, Nearest LHD- Sarasota and Pinellas. Rates are per 100,000 of the population.

Figure 22 shows cancer death rates for blacks in Manatee County are higher than for blacks statewide and for whites both in Manatee County and across Florida. Cancer death rates have been on the decline for blacks in both Manatee County and across Florida since 2017

**Figure 22: Age-adjusted Death rates, 3-year Rolling Rate per 100,000 Population, by Race, Manatee County and Florida, 2015-2021**

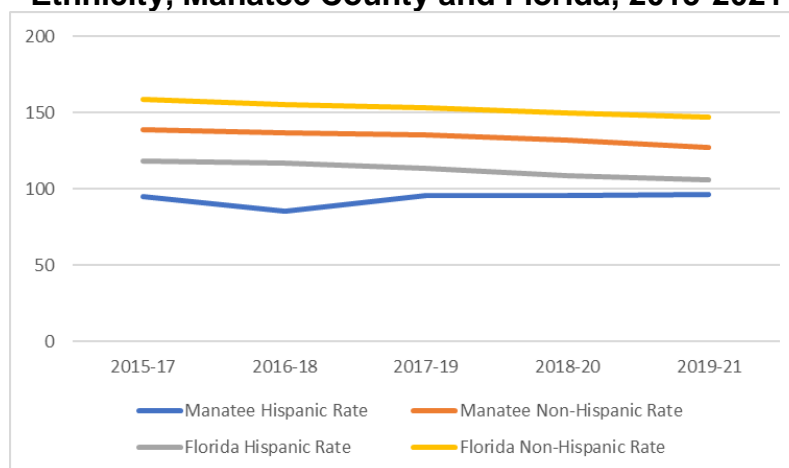


Source: Florida Department of Health, Bureau of Vital Statistics. Rates are per 100,000 of the population.

Figure 22 Data	Manatee		Florida	
Years	White Rate	Black Rate	White Rate	Black Rate
2015-17	134.7	176.9	152.2	156.5
2016-18	132	181.2	149.4	153.9
2017-19	130.6	179	146.2	152.7
2018-20	128.7	164.2	142.6	149
2019-21	125.5	137.2	139.8	144.9

Figure 23 shows death rates from cancer are lower in Hispanics both statewide and in Manatee County when compared with the rates for non-Hispanics.

**Figure 23: Age-adjusted Cancer Deaths, 3-year Rolling Rate per 100,000 Population, By Ethnicity, Manatee County and Florida, 2015-2021**



Source: Florida Department of Health, Bureau of Vital Statistics. Rates are per 100,000 of the population.

Figure 23 Data	Manatee		Florida	
Years	Hispanic Rate	Non-Hispanic Rate	Hispanic Rate	Non-Hispanic Rate
2015-17	95	138.8	118.3	158.5
2016-18	85.6	137.2	116.9	155.6
2017-19	95.5	135.5	113.3	153
2018-20	95.4	132.1	109.1	149.8
2019-21	96.4	127.1	106.3	147.2

Healthy People 2030 aims to reduce cancer deaths to 122.7 deaths per 100,000 population. Manatee County's current rate of 124.6 deaths per 100,000 population has not yet met the national target.

### **Breast Cancer**

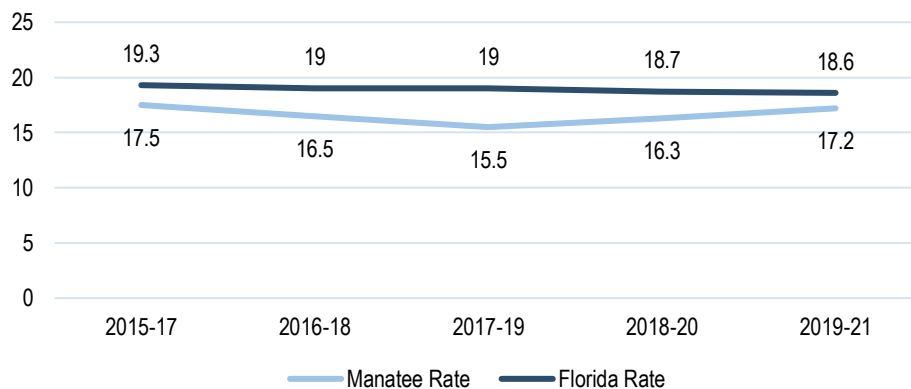
Indicator: Age-adjusted death rates for breast cancer in women

While breast cancer can be diagnosed in both women and men, data presented here reflects diagnoses in women only since breast cancer is much more common in women and, thus, generates much more data for analysis.

The American Cancer Society attributes any rise in breast cancer diagnoses in women in recent years to more women being diagnosed as obese, fewer women opting to have children, and more women having their first baby after age 30.

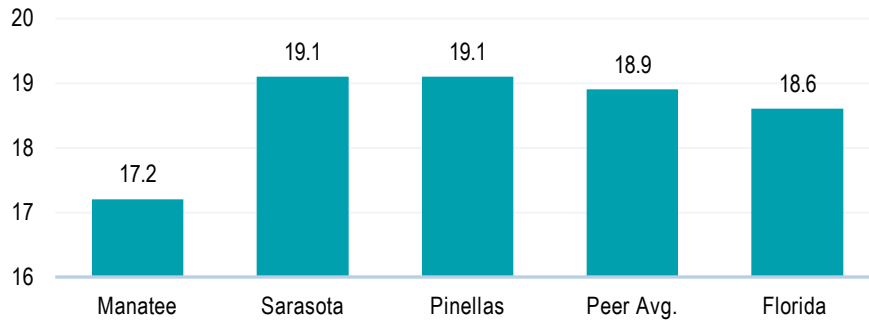
Rates of breast cancer deaths for Manatee County are lower than statewide rates, the three-peer-county average and rates reported by the nearest local health departments (Figures 24 and 25).

**Figure 24: Age adjusted rates for Female Breast Cancer 3-year Rolling Average, Manatee County and Florida, 2015-2021**



Source: Florida Department of Health, Bureau of Vital Statistics. Rates are per 100,000 of the population

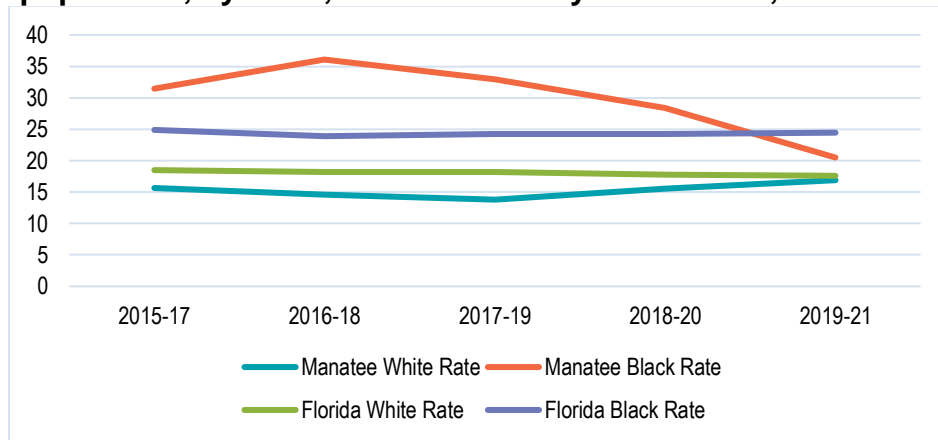
**Figure 25: Female Breast Cancer Death Rate Comparisons, 2019-2021**



Source: Florida Department of Health, Bureau of Vital Statistics. Peer counties: Collier, Pasco, and Seminole, Nearest LHD- Sarasota & Pinellas. Rates are per 100,000 of the population

Figure 26 indicates black women in both Manatee County and across Florida have higher rates of death from breast cancer than white women. It also shows that black women in Manatee County have higher rates of death from breast cancer than black women statewide. This disparity has been consistent over the years, but there has been an overall decrease in breast cancer deaths in both Manatee County and across Florida since 2017.

**Figure 26: Age Adjusted Female Breast Cancer Deaths, 3-year Rolling Rate per 100,000 population, by Race, Manatee County and Florida, 2015-2021**

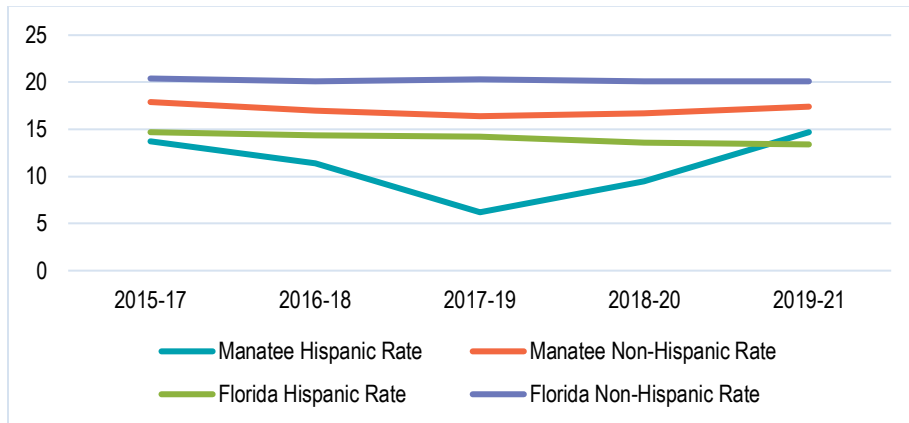


Source: Florida Department of Health, Bureau of Vital Statistics. Rates are per 100,000 of the population.

Figure 26 Data	Manatee		Florida	
	White Rate	Black Rate	White Rate	Black Rate
2015-17	15.7	31.5	18.5	24.9
2016-18	14.6	36.1	18.2	23.9
2017-19	13.8	32.9	18.2	24.3
2018-20	15.5	28.4	17.8	24.2
2019-21	16.9	20.5	17.6	24.5

Figure 27 shows that Hispanic women have lower rates of death from breast cancer than non-Hispanic women both across Florida and in Manatee County. Non-Hispanic women in Manatee County have lower rates of death from breast cancer than non-Hispanic women statewide.

**Figure 27: Age- Adjusted Female Breast Cancer Deaths, 3 year Rolling Rate per 100,000 Population, By Ethnicity, Manatee County and Florida, 2015-2021**



Source: Florida Department of Health, Bureau of Vital Statistics. Rates are per 100,000 of the population.

Figure 27 Data	Manatee		Florida	
Years	Hispanic Rate	Non-Hispanic Rate	Hispanic Rate	Non-Hispanic Rate
2015-17	13.7	17.9	14.7	20.4
2016-18	11.4	17	14.4	20.1
2017-19	6.2	16.4	14.2	20.3
2018-20	9.5	16.7	13.6	20.1
2019-21	14.7	17.4	13.4	20.1

Healthy People 2030 aims to reduce breast cancer deaths in women to 15.3 deaths per 100,000 women. Manatee County’s current rate of 17.2 deaths per 100,000 women has not yet met the national target.

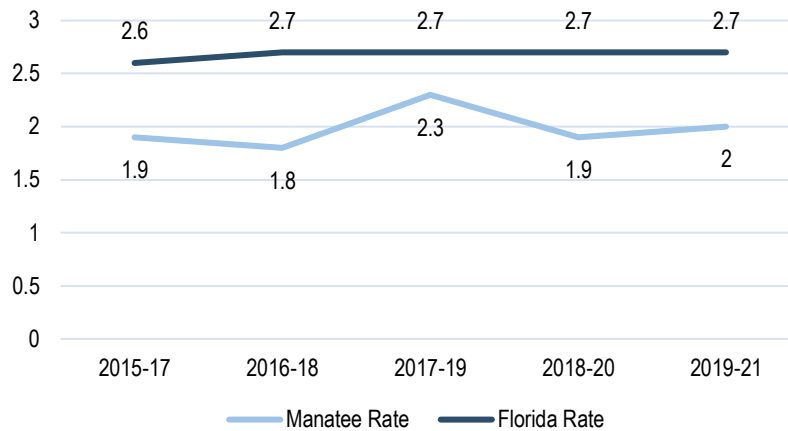
**Cervical Cancer**

Indicator: Age-adjusted death rates for cervical cancer

Cervical cancer appears in the cervix, the lower part of the uterus that connects to the vagina. The human papillomavirus (HPV) is a sexually-transmitted infection that plays a role in the development of most cervical cancers. The American Cancer Society attributes stabilization in cervical cancer rates to more and more women getting vaccinated against HPV, especially women ages 20-24.

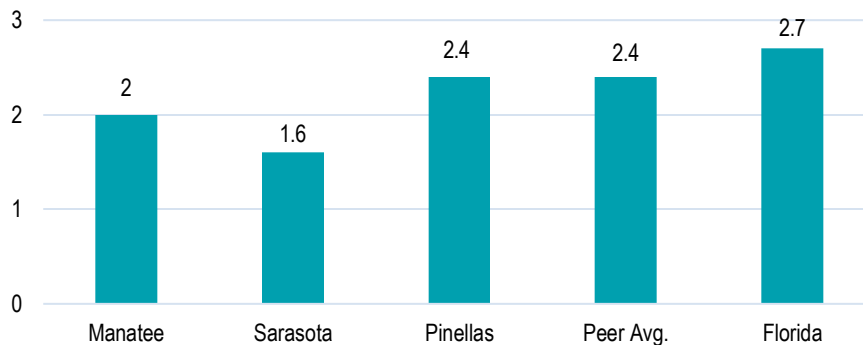
Figure 28 shows that Manatee County has lower rates of cervical cancer deaths than the three-peer county average and statewide rates, but has had a slight upward trend since 2014-16.

**Figure 28: Age adjusted rates for Cervical Cancer 3-year Rolling Average, Manatee County and Florida, 2019-2021**



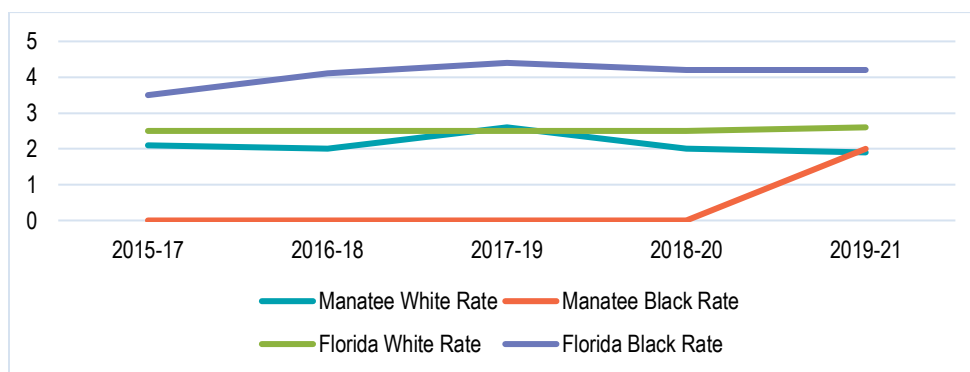
Source: Florida Department of Health, Bureau of Vital Statistics. Rates are per 100,000 of the population

**Figure 29: Cervical Cancer Death Rates Comparison, 2019-2021**



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

**Figure 30: Age Adjusted Cervical Cancer Deaths, 3-year Rolling Rate per 100,000 population, by Race, Manatee County and Florida, 2015-2021**

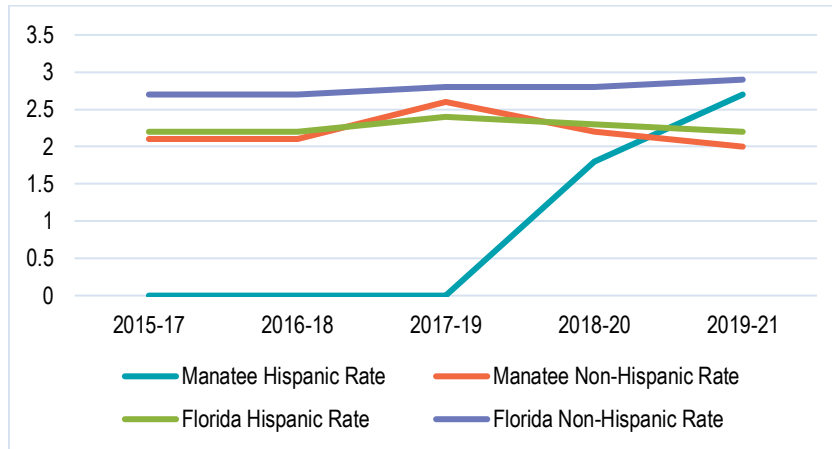


Source: Florida Department of Health, Bureau of Vital Statistics. Rates are per 100,000 of the population.

Figure 30 Data	Manatee		Florida	
Years	White Rate	Black Rate	White Rate	Black Rate
2015-17	2.1	0	2.5	3.5
2016-18	2	0	2.5	4.1
2017-19	2.6	0	2.5	4.4
2018-20	2	0	2.5	4.2
2019-21	1.9	2	2.6	4.2

Figure 31 shows that Hispanic women in both Manatee County and statewide have lower rates of death from cervical cancer than non-Hispanic women. Rates for Non-Hispanic women in Manatee County are lower than rates for non-Hispanic women statewide.

**Figure 31: Age Adjusted Cervical Cancer Deaths, 3- year Rolling Rate per 100,000 Population, by Ethnicity, Manatee County and Florida, 2015-2021**



Source: Florida Department of Health, Bureau of Vital Statistics. Rates are per 100,000 of the population

Figure 31 Data	Manatee		Florida	
Years	Hispanic Rate	Non-Hispanic Rate	Hispanic Rate	Non-Hispanic Rate
2015-17	0	2.1	2.2	2.7
2016-18	0	2.1	2.2	2.7
2017-19	0	2.6	2.4	2.8
2018-20	1.8	2.2	2.3	2.8
2019-21	2.7	2	2.2	2.9

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

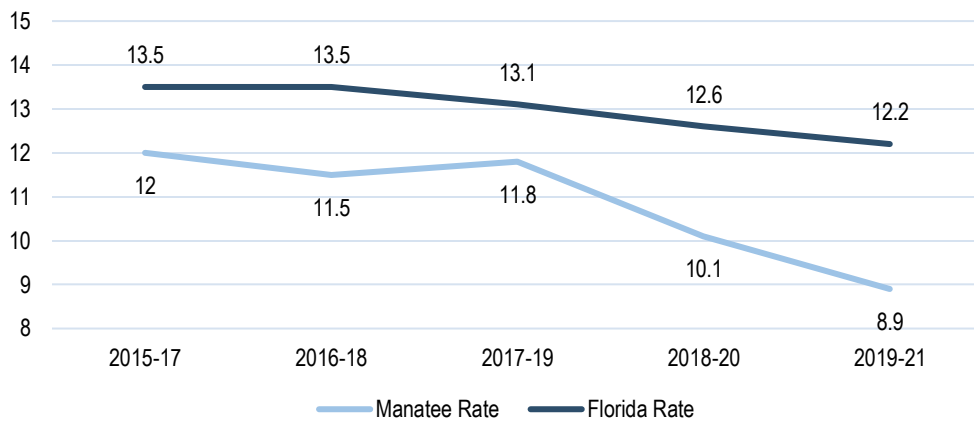
## Colorectal Cancer

Indicator: Age-adjusted death rates for colorectal cancer

The American Cancer Society reports that colorectal cancer rates are highest among blacks, who are 40 percent more likely to die from the disease. It is now recommended to get a colorectal cancer screening by age 45, as diagnoses among younger individuals have increased and diagnoses among older individuals have fallen.

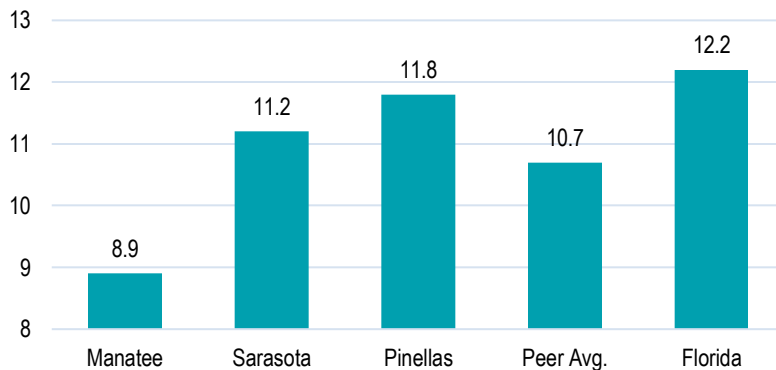
Figures 32 and 33 show that Manatee County has lower death rates from colorectal cancer than the three-peer-counties average, rates statewide, and rates reported from the nearest local health departments.

**Figure 32: Age adjusted rates for Colorectal Cancer 3-year Rolling Average, Manatee County and Florida, 2015-2021**



Source: Florida Department of Health, Bureau of Vital Statistics

**Figure 33: Colorectal Cancer Death Rates Comparison, 2019-2021**



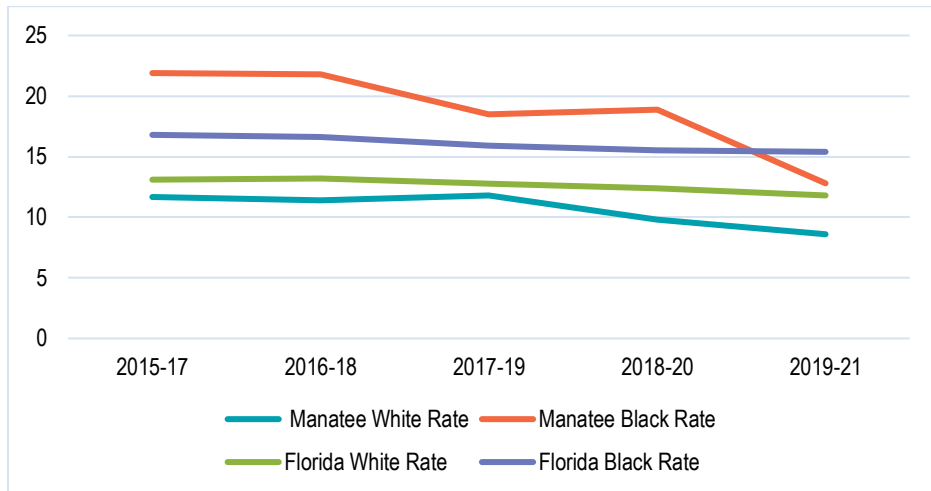
Source: Florida Department of Health, Bureau of Vital Statistics, 3-year Rolling rate Peer counties: Collier, Pasco, and Seminole. Nearest LHD- Sarasota and Pinellas. Rates are per 100,000 of the population

Figure 34 shows that blacks have consistently had higher death rates from colorectal cancer than whites in both Manatee County and statewide. However, a new trend highlights the most recent 3-year average: The death rate among blacks due to colorectal cancer in Manatee County was lower



than the death rate among blacks due to colorectal cancer statewide during the 2019-21 reporting period.

**Figure 34: Age-adjusted Colorectal Cancer Deaths, 3- year Rolling Rate per 100,000 Population, by Race, Manatee County and Florida, 2015-2021**

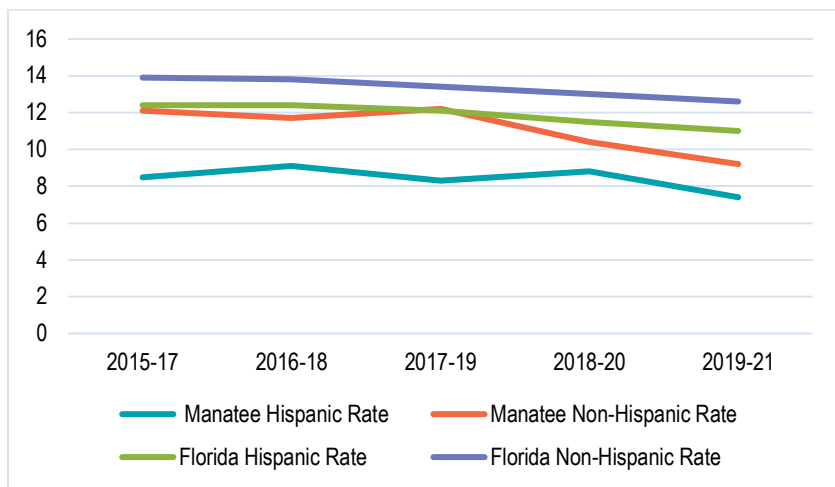


Source: Florida Department of Health, Bureau of Vital Statistics. Rates are per 100,000 of the population.

Figure 34 Data	Manatee		Florida	
	White Rate	Black Rate	White Rate	Black Rate
2015-17	11.7	21.9	13.1	16.8
2016-18	11.4	21.8	13.2	16.6
2017-19	11.8	18.5	12.8	15.9
2018-20	9.8	18.9	12.4	15.5
2019-21	8.6	12.8	11.8	15.4

Figure 35 indicates that Hispanics in Manatee County and statewide have lower death rates from colorectal cancer than non-Hispanics.

**Figure 35: Age-adjusted Colorectal Cancer Deaths, 3- year Rolling Rate per 100,000 Population, by Ethnicity, Manatee County and Florida, 2015-2021**



Source: Florida Department of Health, Bureau of Vital Statistics. Rates are per 100,000 of the population.

Figure 35 Data	Manatee		Florida	
	Hispanic Rate	Non-Hispanic Rate	Hispanic Rate	Non-Hispanic Rate
Years				
2015-17	8.5	12.1	12.4	13.9
2016-18	9.1	11.7	12.4	13.8
2017-19	8.3	12.2	12.1	13.4
2018-20	8.8	10.4	11.5	13.0
2019-21	7.4	9.2	11.0	12.6

The Healthy People 2030 national health target is to reduce colorectal cancer deaths to 8.9 deaths per 100,000 population. Manatee County's current rate of 8.9 has met the national health target.

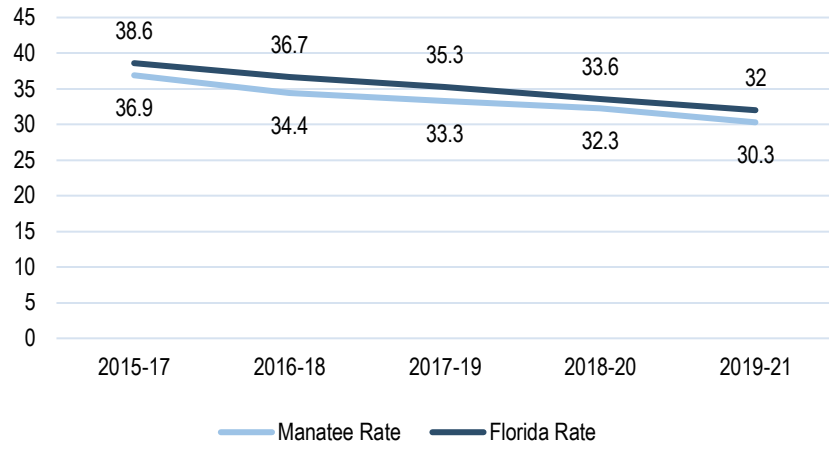
## Lung Cancer

Indicator: Age-adjusted death rates for lung cancer

Lung cancer rarely shows signs or symptoms in its earliest stages. The CDC reports smoking as the number one risk factor for lung cancer. Other causes include exposure to radon, asbestos and other heavy metals, like cadmium and selenium; air pollution; and secondhand smoke. Lung cancer rates vary by race and gender. The American Cancer Society reports that men have higher rates of lung cancer than women and that black men have the highest rates of lung cancer diagnoses in the United States.

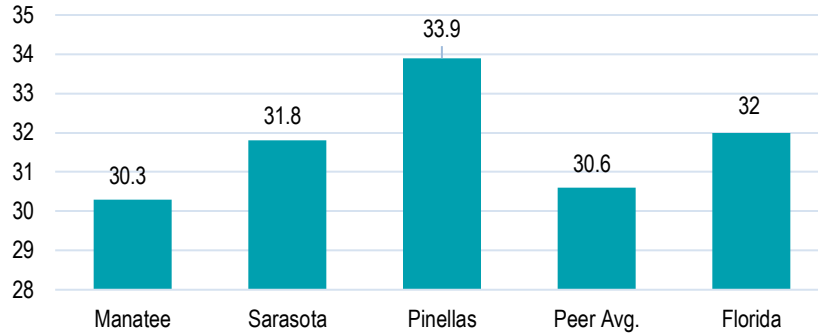
Figure 36 shows Manatee County's death rate from lung cancer is lower than the statewide rate and has been declining. Figure 37 shows Manatee County has a lower lung cancer death rate than the three-peer-county average and rates reported from the nearest local public health departments.

**Figure 36: Age adjusted rates for Lung Cancer 3-year Rolling Average, Manatee County and Florida, 2015-2021**



Source: Florida Department of Health, Bureau of Vital Statistics. Rates are per 100,000 of the population.

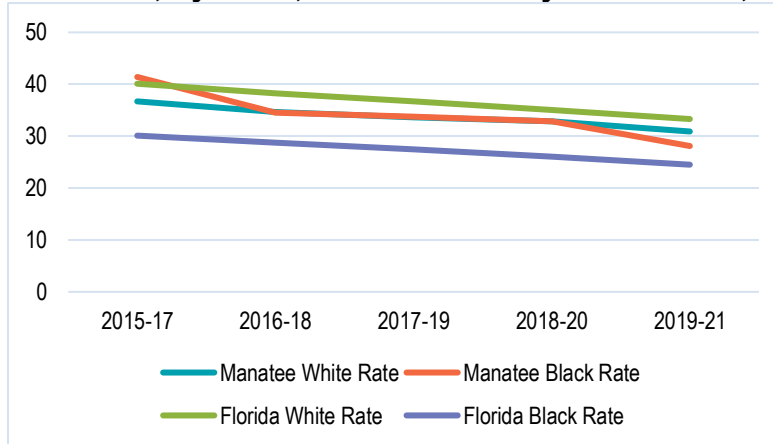
**Figure 37: Lung Cancer Death Rates Comparison, 2019-2021**



Source: Florida Department of Health, Bureau of Vital Statistics, 3-year Rolling rate Peer counties: Collier, Pasco, and Seminole. Nearest LHD- Sarasota and Pinellas. Rates are per 100,000 of the population.

Figure 38 shows declining rates of lung cancer deaths among both blacks and whites in Manatee County and statewide. The black population in Manatee County experiences higher death rates from lung cancer than the black population statewide, but has been trending comparable to the white population in Manatee County since 2015.

**Figure 38: Age Adjusted Lung Cancer Deaths, 3-year Rolling Rate per 100,000 populatiocancer, by Race, Manatee County and Florida, 2015-2021**

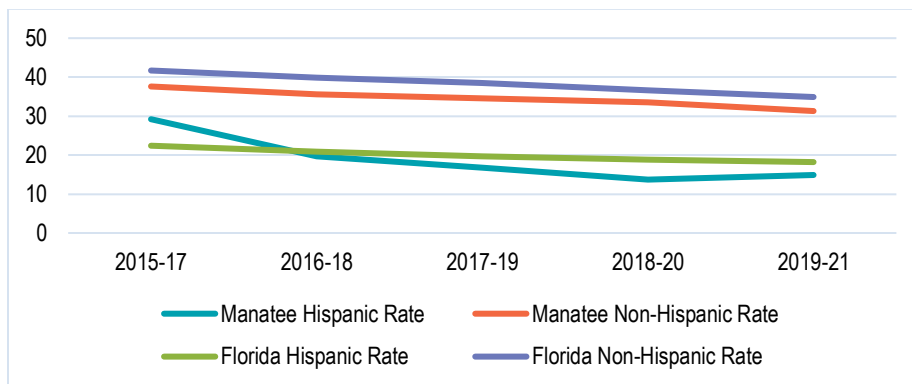


Source: Florida Department of Health, Bureau of Vital Statistics. Rates are per 100,000 of the population.

Figure 38 Data	Manatee		Florida	
	White Rate	Black Rate	White Rate	Black Rate
Years				
2015-17	36.7	41.4	40.1	30.1
2016-18	34.7	34.5	38.2	28.8
2017-19	33.6	33.7	36.7	27.5
2018-20	32.8	32.8	35	26
2019-21	30.9	28.1	33.3	24.5

Figure 39 indicates that Hispanics in both Manatee County and statewide have lower rates of lung cancer deaths than non-Hispanics and that rates are declining.

**Figure 39: Age-adjusted Lung Cancer Deaths, 3- year Rolling Rate per 100,000 Population, by Ethnicity, Manatee County and Florida, 2015-2021**



Source: Florida Department of Health, Bureau of Vital Statistics. Rates are per 100,000 of the population.

Figure 39 Data	Manatee		Florida	
	Hispanic Rate	Non-Hispanic Rate	Hispanic Rate	Non-Hispanic Rate
Years				
2015-17	29.2	37.6	22.4	41.7
2016-18	19.6	35.6	20.9	39.9
2017-19	16.8	34.5	19.7	38.5
2018-20	13.7	33.6	18.8	36.7
2019-21	14.9	31.3	18.2	34.9

The Healthy People 2030 national health target is to reduce lung cancer deaths to 25.1 deaths per 100,000 population. Manatee County’s current rate of 30.3 has not yet met the national target.

## **Melanoma**

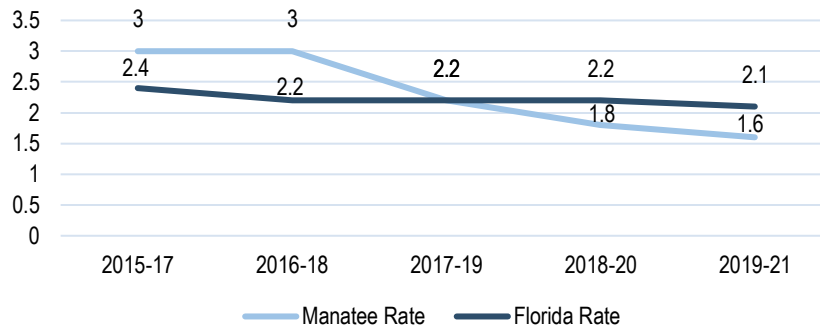
Indicator: Age-adjusted death rates for melanoma

Melanoma is a type of skin cancer that begins in pigment-producing cells, called melanocytes. It is a rare form of skin cancer (only about 1 percent of skin cancers are melanomas), but it is more likely to grow and spread than other types of skin cancer.

There are many risk factors to developing melanoma, but many people with risk factors will not develop melanoma. Some risk factors include overexposure to the sun or ultraviolet light (like tanning beds), having a fair skin tone, older age, and a family history of melanoma. Whites are at a higher risk for melanoma than other racial groups. It is important to screen for melanoma: Steps can be taken to treat melanoma, especially in its early stages, and minimize the risk of it spreading to other parts of the body.

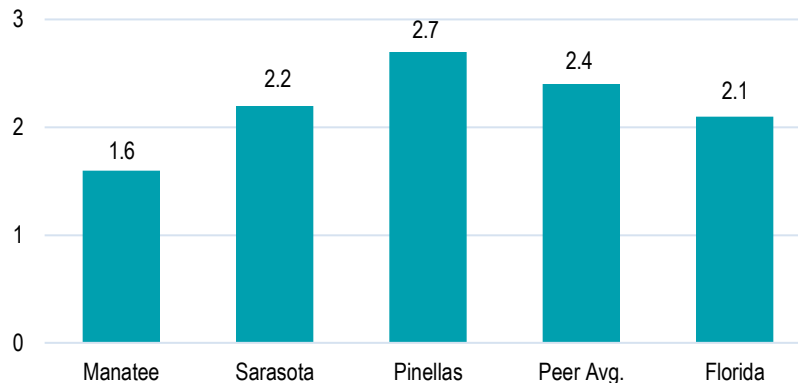
Figure 41 shows Manatee County as having lower rates of death from melanoma than statewide rates, the three-peer-county average, and rates reported from the nearest local health departments.

**Figure 40: Age adjusted rates from Melanoma Deaths 3-year Rolling Average, Manatee County and Florida, 2015-2021**



Source: Florida Department of Health, Bureau of Vital Statistics. Rates are per 100,000 of the population.

**Figure 41: Melanoma Death Rate Comparison, 2019-2021**



Source: Florida Department of Health, Bureau of Vital Statistics, 3-year Rolling rate. Peer counties: Collier, Pasco, and Seminole. Nearest LHD- Sarasota and Pinellas. Rates are per 100,000 of the population.

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

**Prostate Cancer**

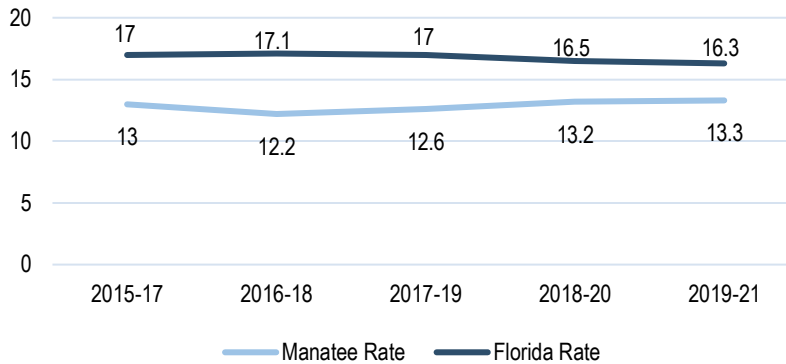
Indicator: Age-adjusted death rates for prostate cancer

Prostate cancer is the most common cancer among men: Approximately two in three men who are diagnosed with prostate cancer will die from the disease (CDC). The most common risk factor for prostate cancer is age. Men ages 55-69 should screen for prostate cancer routinely. Black men are not only diagnosed with prostate cancer more often than other men, but also are two times more likely to die from the disease. Black men are also more likely to be diagnosed with prostate cancer at

a younger age, show a more advanced case at time of diagnosis and have more severe types of prostate cancer compared to other men.

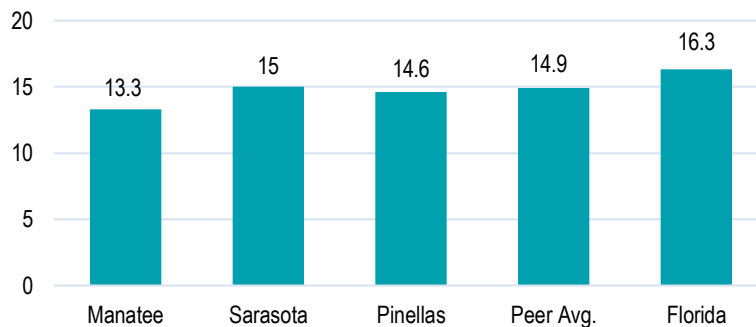
Figure 42 shows Manatee County has a lower death rate from prostate cancer than the statewide rate, the three-peer-county average and rates reported by the nearest local health departments.

**Figure 42: Age adjusted rates for Prostate Cancer 3-year Rolling Average, Manatee County and Florida, 2015-2021**



Source: Florida Department of Health, Bureau of Vital Statistics. Rates are per 100,000 of the population.

**Figure 43: Prostate Cancer Death Rate Comparisons, 2019-2021**

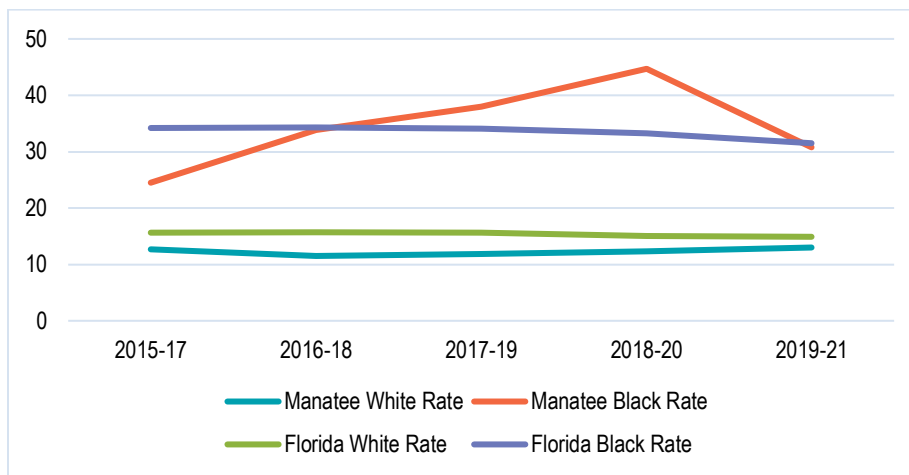


Source: Florida Department of Health, Bureau of Vital Statistics, 3-year Rolling rate.

Peer counties: Collier, Pasco, and Seminole. Nearest LHD- Sarasota and Pinellas. Rates are per 100,000 of the population.

Figure 44 shows that black men have higher rates of death from prostate cancer than white men in both Manatee County and across Florida. Death rates among black men in Manatee County increased and surpassed death rates among black men statewide during the 2016-18 period, but decreased in the most recent 3-year average.

**Figure 44: Age Adjusted Prostate Cancer Deaths, 3-year Rolling Rate per 100,000 population, by Race, Manatee County and Florida, 2015-2021**

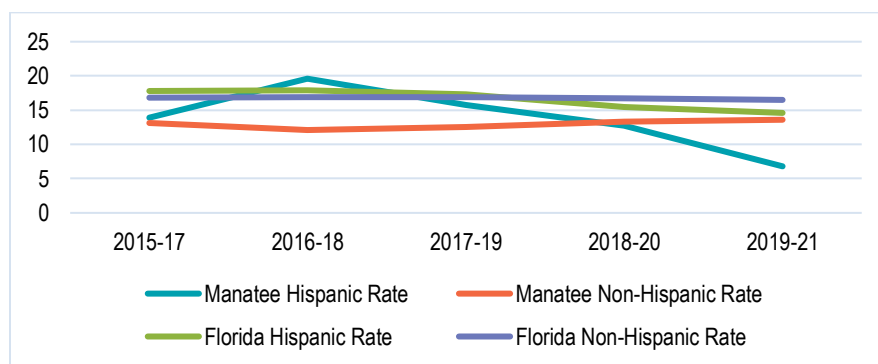


Source: Florida Department of Health, Bureau of Vital Statistics. Rates are per 100,000 of the population.

Figure 44 Data	Manatee		Florida	
	White Rate	Black Rate	White Rate	Black Rate
Years				
2015-17	12.7	24.5	15.6	34.2
2016-18	11.5	33.9	15.7	34.3
2017-19	11.8	38	15.6	34.1
2018-20	12.3	44.7	15.1	33.2
2019-21	13	30.8	14.9	31.5

Figure 45 shows that both Hispanic and non-Hispanic men in Manatee County have lower rates of death from prostate cancer than statewide rates.

**Figure 45: Age Adjusted Prostate Cancer Deaths, 3-year Rolling Rate per 100,000 population, by Ethnicity, Manatee County and Florida, 2015-2021**



Source: Florida Department of Health, Bureau of Vital Statistics. Rates are per 100,000 of the population.

Figure 45 Data	Manatee		Florida	
	Hispanic Rate	Non-Hispanic Rate	Hispanic Rate	Non-Hispanic Rate
Years				



2015-17	13.9	13.1	17.8	16.8
2016-18	19.6	12.1	17.9	16.9
2017-19	15.8	12.5	17.3	16.9
2018-20	12.7	13.3	15.5	16.7
2019-21	6.8	13.6	14.6	16.5

The Healthy People 2030 national health target is to reduce prostate cancer deaths to 16.9 deaths per 100,000 men. Manatee County's current rate of 13.3 exceeds the national target.

## Cardiovascular Disease (CVD)

Cardiovascular disease can refer to several conditions: coronary heart disease, heart attack, stroke, heart failure and arrhythmia. The CDC reports that about half of all Americans have at least one of three risk factors for heart disease, including high blood pressure or high blood cholesterol and/or they smoke.

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.

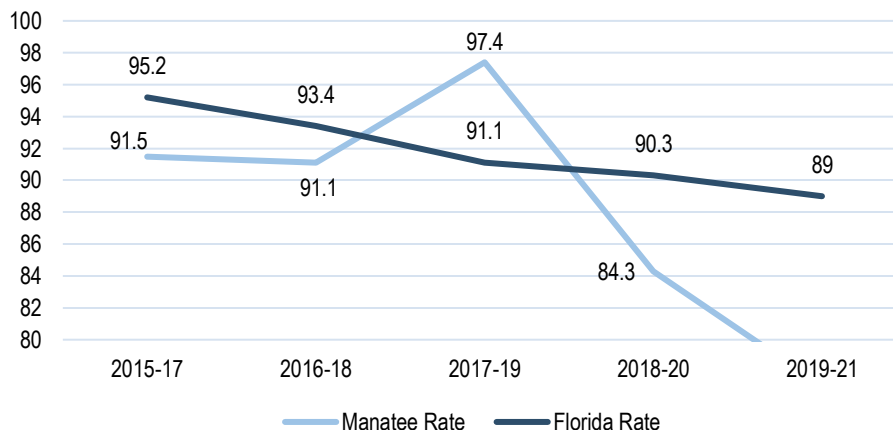
### Coronary Heart Disease

Indicator: Age-adjusted death rates for coronary heart disease

Coronary heart disease is often caused by the buildup of plaque 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.

Figure 46 shows that Manatee County has lower rates of death from coronary heart disease than statewide rates and that rates are declining.

**Figure 46: Age-Adjusted Death Rates from Coronary Heart Disease 3-year Rolling Average, Manatee County and Florida, 2015-2021**



Source: Florida Department of Health, Bureau of Vital Statistics. Rates are per 100,000 of the population.

Manatee County has a higher coronary heart disease death rate compared to that of peer counties and the average of the nearest local health departments (Sarasota and Pinellas). Florida has a higher coronary heart disease death rate compared to Manatee County (Figure 47).

**Figure 47: Coronary Heart Disease Death Rate Comparisons, 2019-2021**

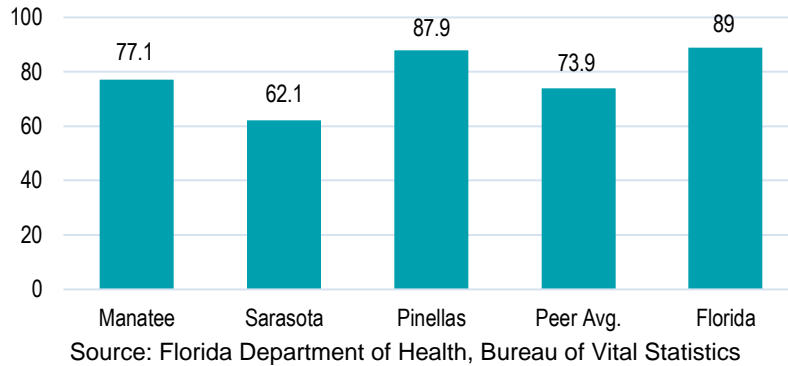
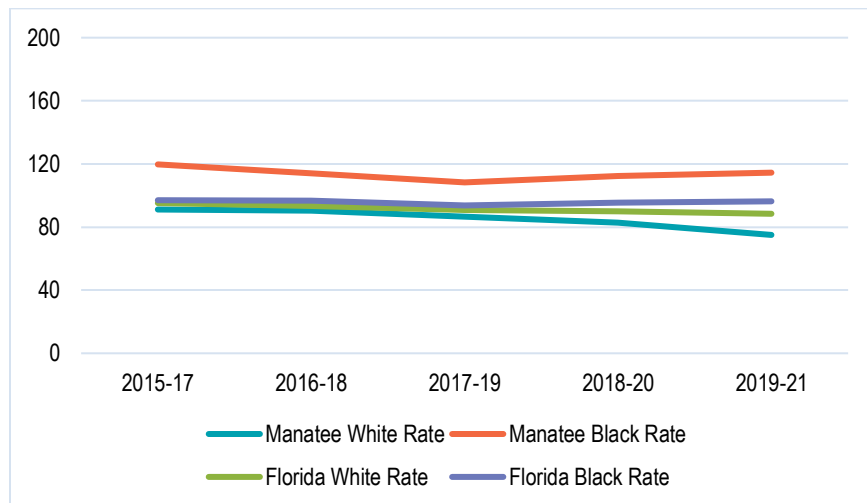


Figure 48 shows that blacks in Manatee County have higher rates of death from coronary heart disease than whites in both Manatee County and Florida, as well as higher rates than blacks in Florida. However, the rate decreases over time.

**Figure 48: Age Adjusted Deaths from Coronary Heart Disease, 3-year Rolling Rate per 100,000 population, by Race, Manatee County and Florida, 2015-2021**



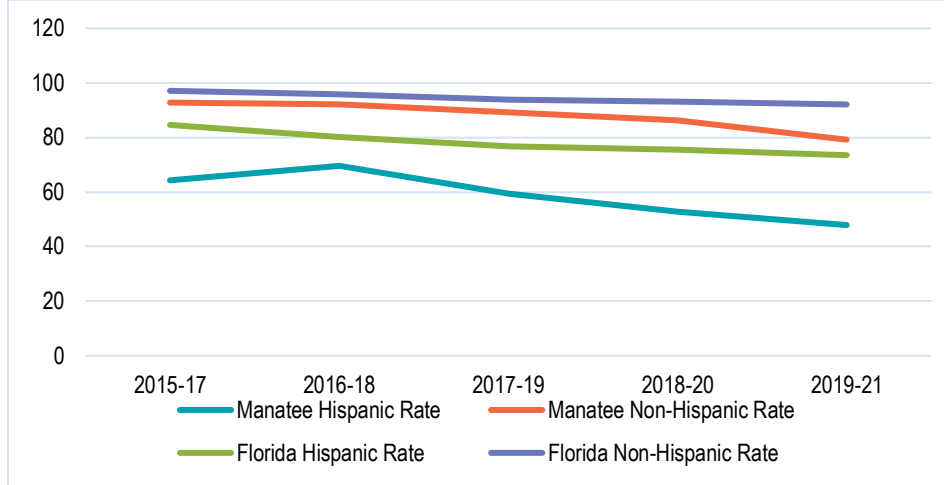
Source: Florida Department of Health, Bureau of Vital Statistics. Rates are per 100,000 of the population.

Figure 48 Data	Manatee		Florida	
	White Rate	Black Rate	White Rate	Black Rate
2015-17	91.1	119.7	95.2	97
2016-18	90.5	114.2	93.2	96.7

2017-19	86.5	108.3	91	93.7
2018-20	82.8	112.2	90	95.3
2019-21	75	114.4	88.4	96.3

Figure 49 shows that Hispanics in both Manatee County and Florida have lower rates of death from coronary heart disease than non-Hispanics.

**Figure 49: Age Adjusted Deaths from Coronary Heart Disease, 3-year Rolling Rate per 100,000 population, by Ethnicity, Manatee County and Florida, 2015-2021**



Source: Florida Department of Health, Bureau of Vital Statistics. Rates are per 100,000 of the population.

Figure 49 Data	Manatee		Florida	
	Hispanic Rate	Non-Hispanic Rate	Hispanic Rate	Non-Hispanic Rate
2015-17	64.2	92.8	84.6	97.1
2016-18	69.6	92.2	80.3	95.8
2017-19	59.5	89.1	76.8	93.8
2018-20	52.9	86.3	75.6	93.2
2019-21	47.9	79.2	73.5	92.1

The Healthy People 2030 national health target is to reduce coronary heart disease deaths to 71.1 deaths per 100,000 population. Manatee County’s current rate of 77.1 exceeds the national target.

**Heart Attack (Myocardial Infarction)**

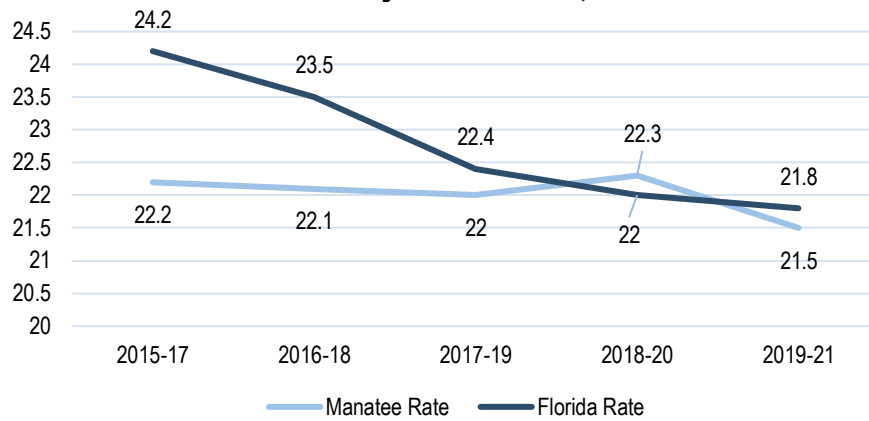
Indicator: Age-adjusted death rates for myocardial infarction

A heart attack occurs when there is decreased blood flow to a part of the heart, typically by a blood clot. Most people survive their first heart attack and return to their normal lives, enjoying many more years of productive activity. However, experiencing a heart attack will damage the heart and require lifestyle changes and medications to prevent another heart attack.

Figure 50 indicates that Manatee County has had a lower rate of death from heart attack than Florida, but higher than peer county averages and nearest local health departments (Figure 51).

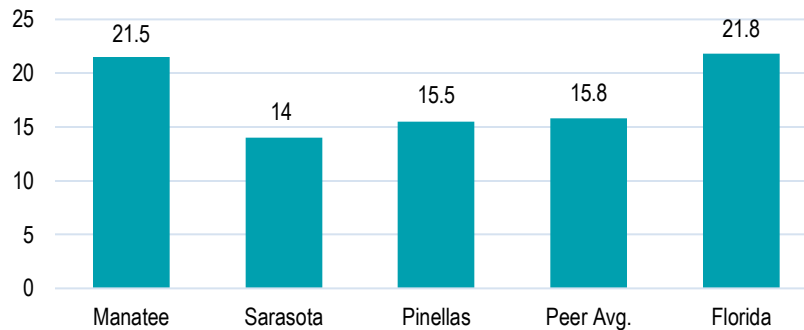


**Figure 50: Age-Adjusted Death Rates from Acute Heart Attack, 3-year Rolling Average, Manatee County and Florida, 2015-2021**



Source: Florida Department of Health, Bureau of Vital Statistics. Rates are per 100,000 of the population.

**Figure 51: Death Rates from Acute Heart Attack Comparison, 2019-2021**

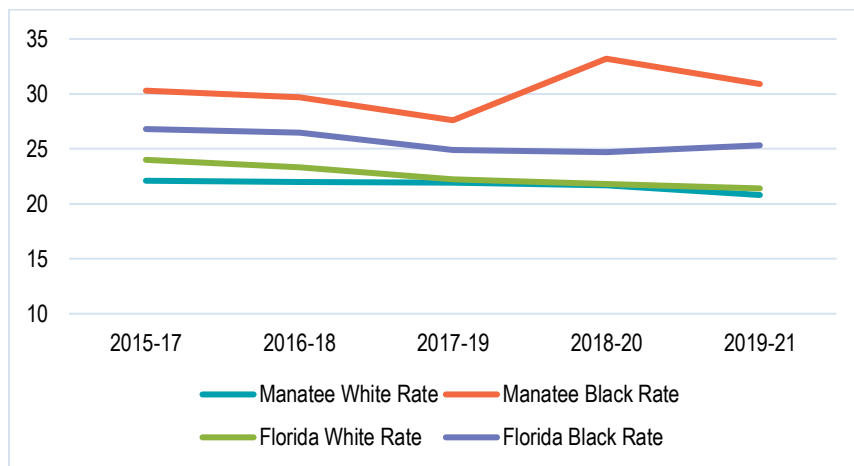


Source: Florida Department of Health, Bureau of Vital Statistics.

Peer counties: Collier, Pasco, and Seminole, Nearest LHD- Sarasota & Pinellas. Rates are per 100,000 of the population.

Figure 52 shows the Manatee County death rates from heart attack for blacks is higher than for whites or blacks in Florida. Heart attack death rates decreased for blacks in Manatee County in 2018-2020 but increased for blacks in Florida.

**Figure 52: Age Adjusted Deaths from Acute Heart Attack, 3-year Rolling Rate per 100,000 population, by Race, Manatee County and Florida, 2015-2021**



Source: Florida Department of Health, Bureau of Vital Statistics. Rates are per 100,000 of the population.

Figure 52 Data	Manatee		Florida	
	White Rate	Black Rate	White Rate	Black Rate
2015-17	22.1	30.3	24	26.8
2016-18	22	29.7	23.3	26.5
2017-19	21.9	27.6	22.2	24.9
2018-20	21.7	33.2	21.8	24.7
2019-21	20.8	30.9	21.4	25.3

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

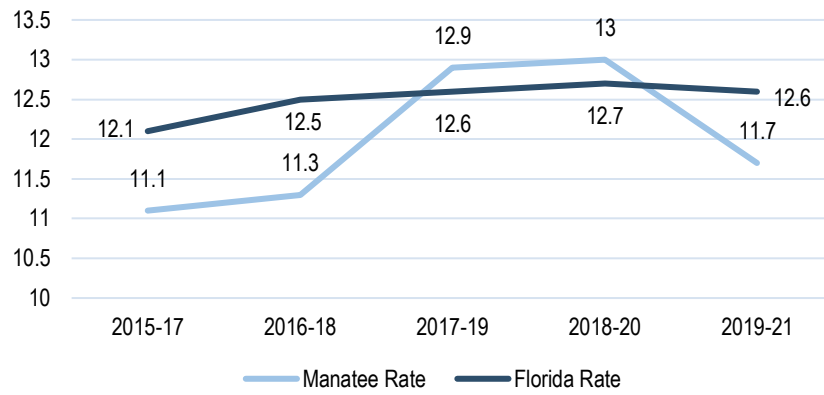
## Heart Failure

Indicator: Age-adjusted death rates from heart failure

Indicator: Hospitalizations among adults with heart failure

Heart failure, also known as congestive heart failure, occurs when the heart does not pump enough blood for the body's needs. This occurs as the heart cannot fill up with enough blood or if it is too weak to pump properly. Heart failure typically occurs either suddenly or over time and can be caused by other heart-related issues, such as high blood pressure, coronary heart disease, heart inflammation, or an irregular heartbeat.

**Figure 53: Age-Adjusted Death Rate from Heart Failure 3-year Rolling Average, Manatee County and Florida, 2015-2021**

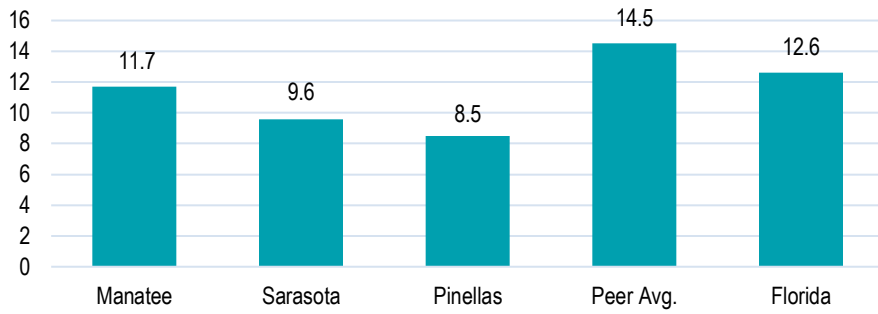


Source: Florida Department of Health, Bureau of Vital Statistics. Rates are per 100,000 of the population.

Manatee County has a higher death rate from heart failure than the nearest local health departments and a lower rate than the peer county average and Florida (Figure 54).



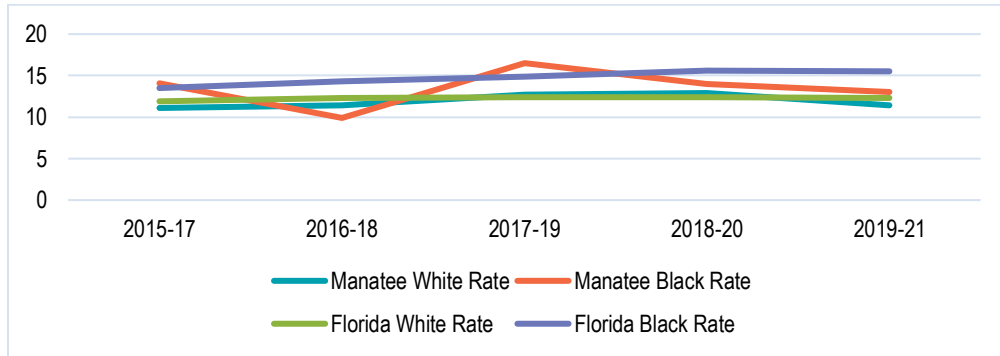
**Figure 54: Heart Failure Death Rate Comparison, 2019-2021**



Source: Florida Department of Health, Bureau of Vital Statistics.

Source: Florida Department of Health, Bureau of Vital Statistics. Peer Counties: Collier, Pasco and Seminole, Nearest CHD: Sarasota and Pinellas. Rates are per 100,000 of the population.

**Figure 55: Age Adjusted Death from Heart Failure 3-year Rolling Rate per 100,000 population, by Race, Manatee County and Florida, 2015-2021**

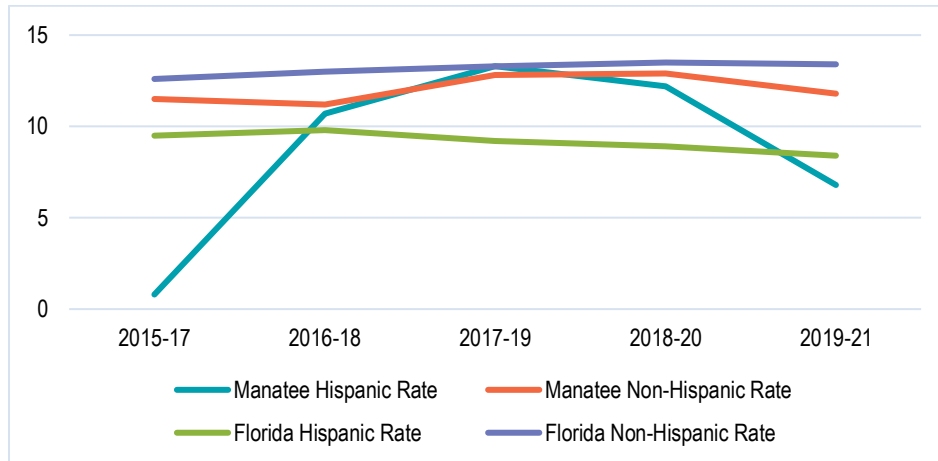


Source: Florida Department of Health, Bureau of Vital Statistics. Rates are per 100,000 of the population.

Figure 55 Data	Manatee		Florida	
	White Rate	Black Rate	White Rate	Black Rate
2015-17	11.1	14.1	11.9	13.5
2016-18	11.4	9.9	12.3	14.3
2017-19	12.7	16.5	12.4	14.9
2018-20	12.9	14	12.4	15.6
2019-21	11.4	13	12.3	15.5

Figure 56 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 56: Age Adjusted Death from Heart Failure 3-year Rolling Rate per 100,000 population, by Ethnicity, Manatee County and Florida, 2015-2021**

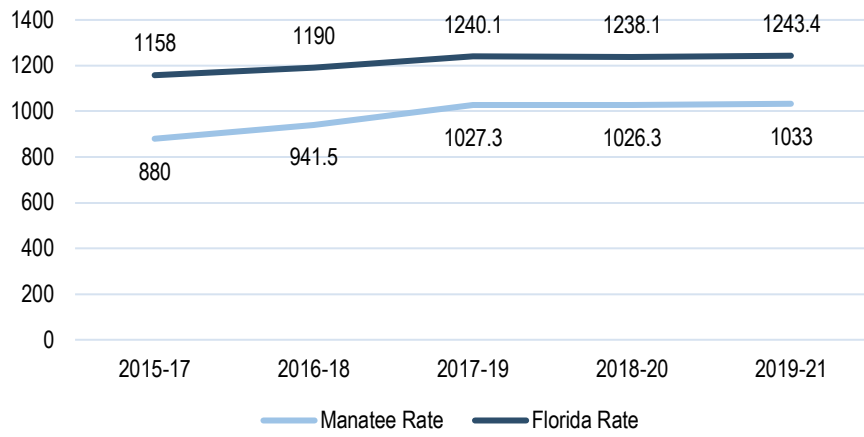


Source: Florida Department of Health, Bureau of Vital Statistics. Rates are per 100,000 of the population.

Figure 56 Data	Manatee		Florida	
	Hispanic Rate	Non-Hispanic Rate	Hispanic Rate	Non-Hispanic Rate
2015-17	0.8	11.5	9.5	12.6
2016-18	10.7	11.2	9.8	13
2017-19	13.3	12.8	9.2	13.3
2018-20	12.2	12.9	8.9	13.5
2019-21	6.8	11.8	8.4	13.4

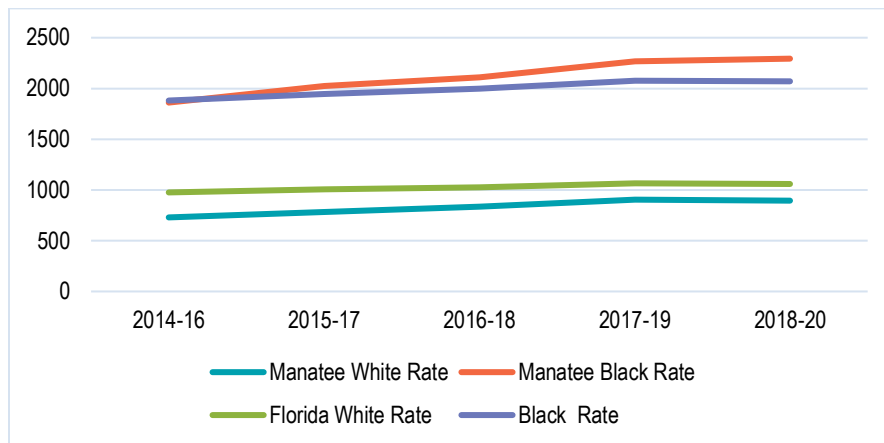
Figure 56 indicates that hospitalizations from congestive heart failure are increasing in both Florida and Manatee County, but Manatee County has lower rates than Florida.

**Figure 56: Age-Adjusted Hospitalizations from Congestive Heart Failure 3-year Rolling Average, Manatee County and Florida, 2015-2021**



**Source:** Florida Agency for Health Care Administration (AHCA). Rates are per 100,000 of the population.

Figure 57: Age-Adjusted Hospitalizations from Congestive Heart Failure 3-year Rolling Average, by Race, Manatee County and Florida, 2014-2020

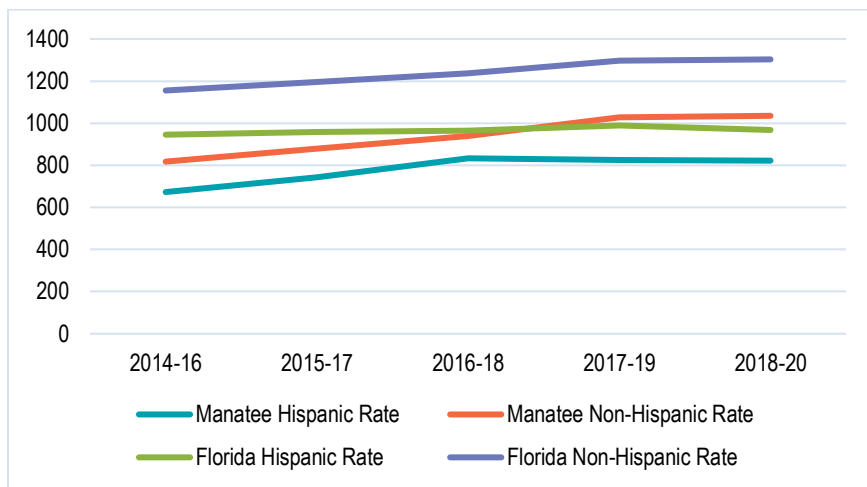


Source: Florida Agency for Health Care Administration (AHCA). Rates are per 100,000 of the population.

Figure 57 Data	Manatee		Florida	
	White Rate	Black Rate	White Rate	Black Rate
2014-16	729.5	1861.0	975.7	1881.1
2015-17	780.4	2021.8	1003.2	1942.5
2016-18	835.1	2112.4	1026.7	1998.5
2017-19	904.5	2264.2	1065.4	2076.3
2018-20	894.6	2293.7	1057.8	2069.6

Figure 58 indicates that Manatee Hispanics and non-Hispanics have lower rates of hospitalization from congestive heart failure than Hispanics and non-Hispanics in Florida.

Figure 58: Age-Adjusted Hospitalizations from Congestive Heart Failure 3-year Rolling Average, by Ethnicity, Manatee County and Florida, 2014-2020



Source: Florida Agency for Health Care Administration (AHCA). Rates are per 100,000 of the population.

Figure 58 Data	Manatee		Florida	
	Hispanic Rate	Non-Hispanic Rate	Hispanic Rate	Non-Hispanic Rate
2014-16	672.9	817.3	945.2	1,155.1
2015-17	743.8	878.9	957.8	1,197
2016-18	833	939.5	964.9	1,236.7
2017-19	826.3	1,029	989.1	1,297.1
2018-20	823	1,034.9	969.1	1,302.9

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 1243.3 does not yet meet the national target. Healthy People 2030 does not have a national health target for deaths from heart failure.

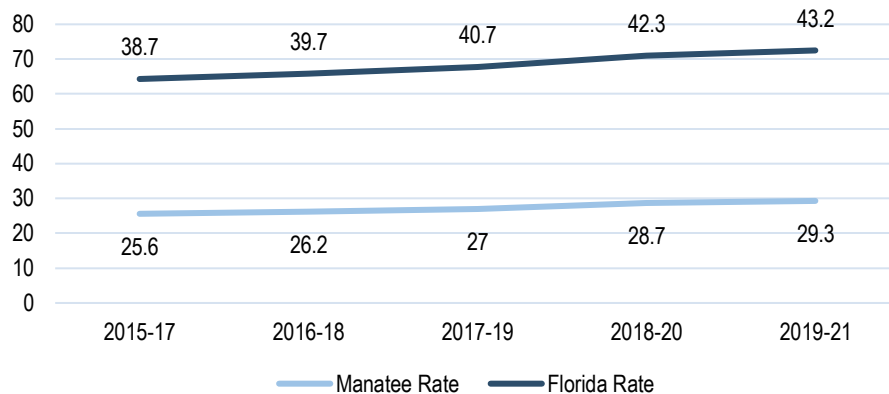
## **Stroke**

Indicator: Age-adjusted death rates from stroke

Stroke is the fifth leading cause of death in Manatee County and the United States. The most common type of stroke (87%) is an ischemic stroke which occurs when a blood vessel that feeds the brain gets blocked (CDC). Strokes are a cause of long-term disability and can particularly impact the mobility of elderly stroke survivors. Disparities in strokes exist among different races and ethnicities. Black Americans are twice as likely to have strokes compared to whites and have the highest rates of death from strokes. Although there has been an overall decline of strokes, Hispanics have seen an increase since 2013 (CDC). It is important to take early action to prevent strokes. Individuals with high blood pressure, high cholesterol, obesity or diabetes and/or who smoke are most at risk for stroke.

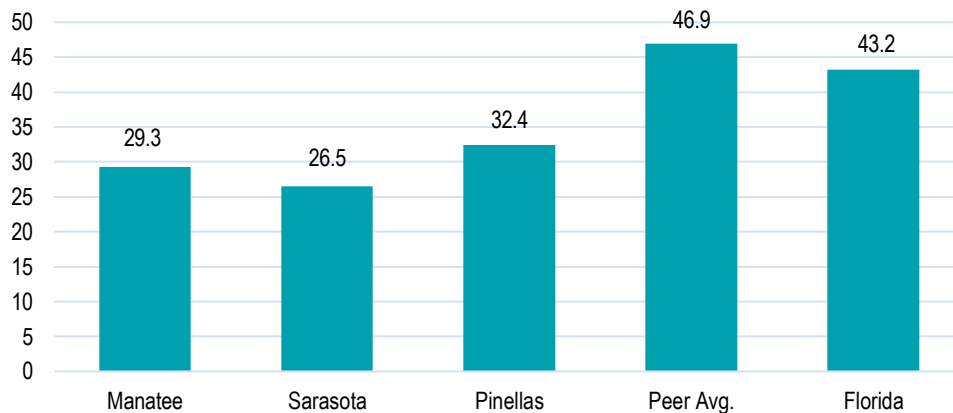
Figures 59 and 60 show that Manatee County has a lower rate of death from stroke than Florida, peer counties and an average of the nearest local health departments, but there is a gradual trend that shows the rate increasing

**Figure 59: Age-Adjusted Death Rates from Stroke, 3-year Rolling Average, Manatee County and Florida, 2015-2021**



Source: Florida Department of Health, Bureau of Vital Statistics. Rates are per 100,000 of the population.

**Figure 60: Stroke Death Rate Comparison, 2019-2021**

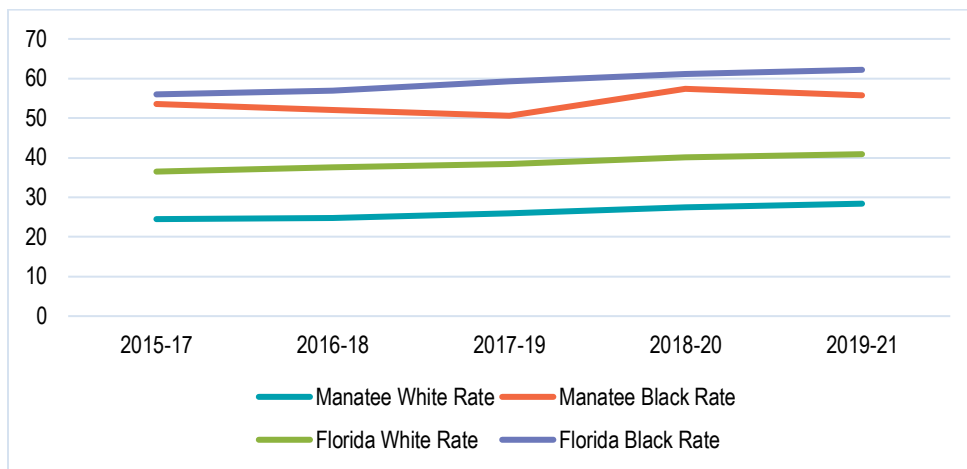


Source: Florida Department of Health, Bureau of Vital Statistics.

Peer counties: Collier, Pasco, and Seminole, Nearest LHD- Sarasota & Pinellas. Rates are per 100,000 of the population.

Figure 61 indicates that blacks in Florida and Manatee County have higher rates of death from stroke than whites in Florida or Manatee County.

**Figure 61: Age Adjusted Deaths from Stroke, 3-year Rolling Rate per 100,000 population, by Race, Manatee County and Florida, 2015-2021**

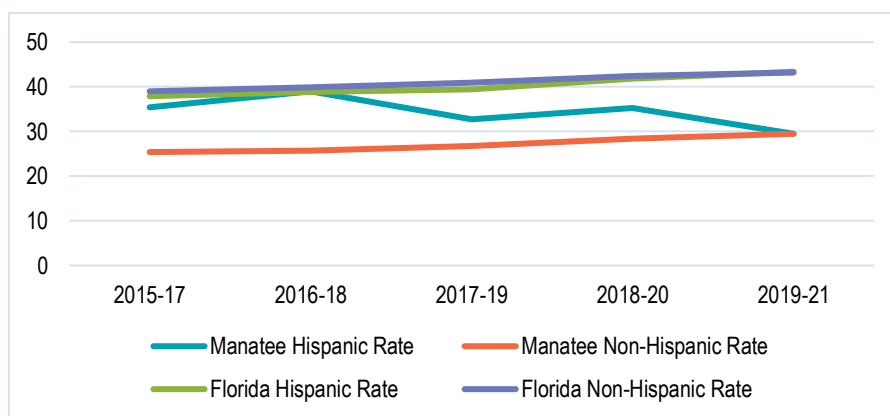


Source: Florida Department of Health, Bureau of Vital Statistics. Rates are per 100,000 of the population.

Figure 61 Data	Manatee		Florida	
	White Rate	Black Rate	White Rate	Black Rate
Years				
2015-17	24.5	53.5	36.5	56
2016-18	24.7	52	37.5	57
2017-19	26	50.6	38.4	59.3
2018-20	27.4	57.4	40.1	61.2
2019-21	28.4	55.7	40.9	62.2

Figure 62 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 62: Age Adjusted Deaths from Stroke, 3-year Rolling Rate per 100,000 population, by Ethnicity, Manatee County and Florida, 2015-2021**



Source: Florida Department of Health, Bureau of Vital Statistics

Figure 62 Data	Manatee		Florida	
	White Rate	Black Rate	White Rate	Black Rate
Years				
2015-17				
2016-18				
2017-19				
2018-20				
2019-21				



Years	Hispanic Rate	Non-Hispanic Rate	Hispanic Rate	Non-Hispanic Rate
2015-17	35.4	25.4	37.9	39
2016-18	39	25.7	38.8	39.9
2017-19	32.8	26.8	39.5	40.9
2018-20	35.3	28.4	41.9	42.4
2019-21	29.5	29.5	43.4	43.2

The Healthy People 2030 national health target is to reduce deaths from stroke to 33.4 deaths per 100,000 adults. Manatee County's current rate of 29.3 exceeds the national target.

### **Chronic Liver Disease and Cirrhosis**

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

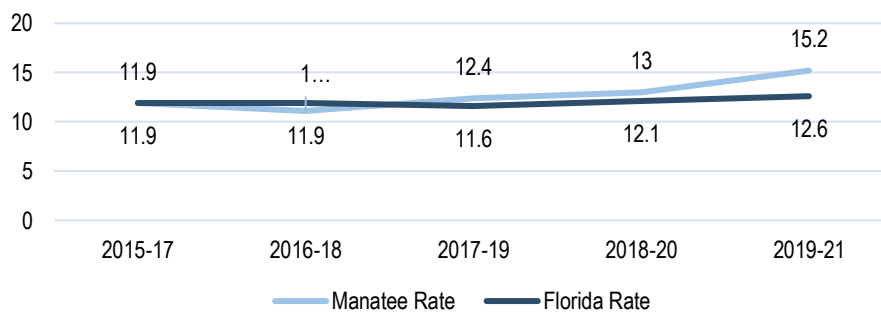
Chronic liver disease (CLD) and cirrhosis is the deterioration of the liver over time. Cirrhosis occurs when scar tissue replaces healthy tissue in the liver.

Chronic liver diseases include health problems that affect the liver and can cause long-term damage to the liver if untreated. These include infections, diseases impacting the immune system, metabolic diseases, and inherited conditions. At their most advanced stage, CLDs often lead to the development of cirrhosis. 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 nonalcoholic 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.

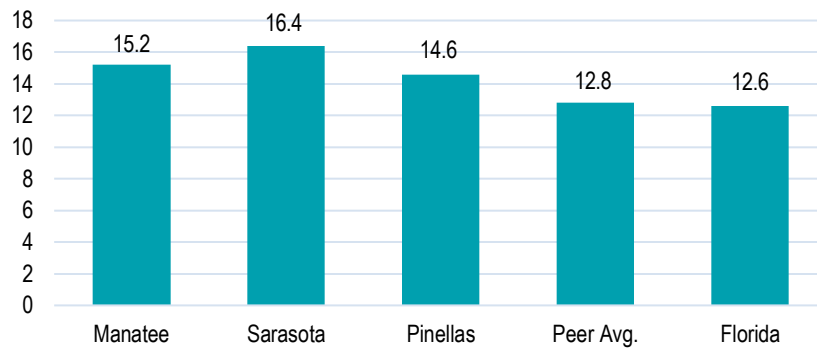
Chronic liver disease and cirrhosis are leading causes of death in Manatee County, particularly in people ages 45-54.

**Figure 63: Age-Adjusted Death Rates from Chronic Liver Disease or Cirrhosis, 3-year Rolling Average, Manatee County and Florida, 2015-2021**



Source: Florida Department of Health, Bureau of Vital Statistics. Rates are per 100,000 of the population.

**Figure 64: Chronic Liver Disease and Cirrhosis Death Rate Comparison, 2019-2021**

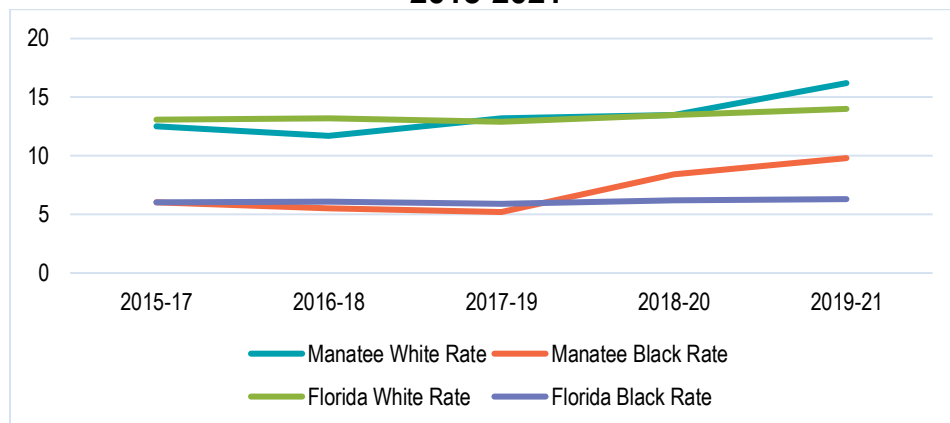


Source: Florida Department of Health, Bureau of Vital Statistics

Peer counties: Collier, Pasco, and Seminole, Nearest LHD- Sarasota & Pinellas. Rates are per 100,000 of the population.

Figure 65 shows that whites in Manatee County and Florida have higher rates of death from chronic liver disease and cirrhosis than blacks.

**Figure 65: Age Adjusted Death Rate from Chronic Liver Disease & Cirrhosis, 3-year Rolling Rate per 100,000 population, by Race, Manatee County and Florida, 2015-2021**

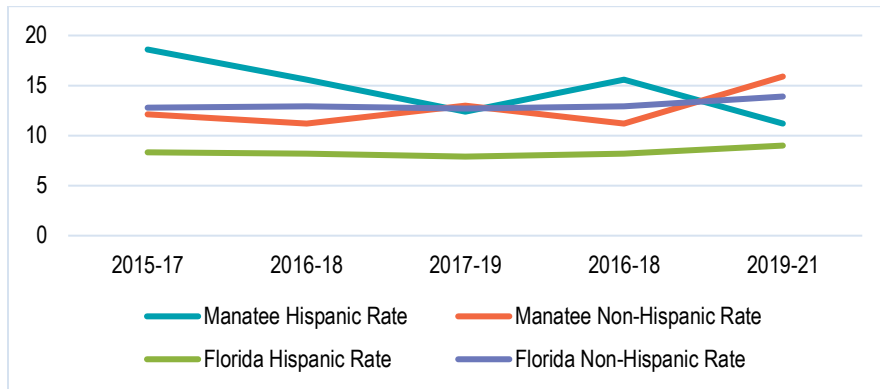


Source: Florida Department of Health, Bureau of Vital Statistics. Rates are per 100,000 of the population.

Figure 65 Data	Manatee		Florida	
	White Rate	Black Rate	White Rate	Black Rate
Years				
2015-17	16.2	9.8	14	6.3
2016-18	13.5	8.4	13.5	6.2
2017-19	13.2	5.2	12.9	5.9
2018-20	11.7	5.5	13.2	6.1
2019-21	12.5	6	13.1	6

Figure 66 shows that Hispanics have higher death rates from chronic liver disease and cirrhosis than non-Hispanics in both Manatee County and Florida. The rate for non-Hispanics has passed the non-Hispanic rate since the 2018-20 average.

**Figure 66: Age Adjusted Death Rates from Chronic Liver Disease & Cirrhosis, 3-year Rolling Rate per 100,000 population, by Ethnicity, Manatee County and Florida, 2015-2021**

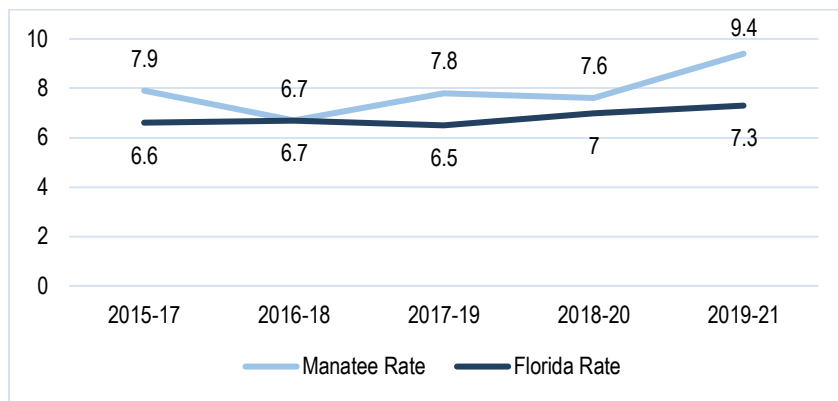


Source: Florida Department of Health, Bureau of Vital Statistics. Rates are per 100,000 of the population.

Figure 66 Data	Manatee		Florida	
	Hispanic Rate	Non-Hispanic Rate	Hispanic Rate	Non-Hispanic Rate
2015-17	18.6	12.1	8.3	12.8
2016-18	15.6	11.2	8.2	12.9
2017-19	12.4	13	7.9	12.7
2018-20	15.6	11.2	8.2	12.9
2019-21	11.2	15.9	9	13.9

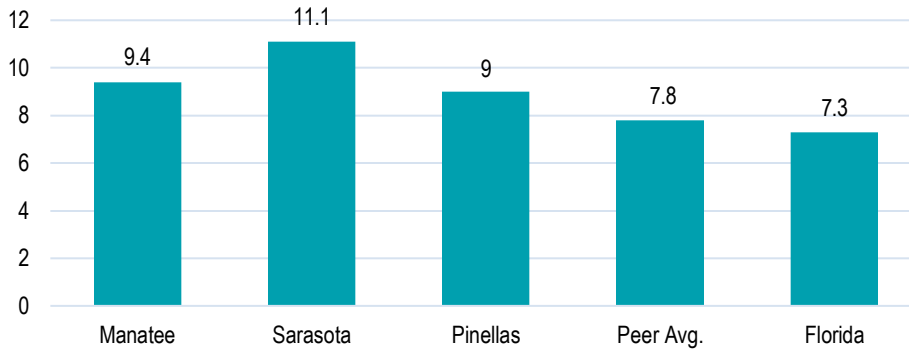
Manatee County has higher rates of alcohol liver disease deaths compared to the three-peer-county average (Pasco, Seminole and Collier), Florida, and Pinellas County. Sarasota County reports having a higher rate comparable to Manatee County (Figure 68).

**Figure 67: Age-Adjusted Death Rates from Alcohol Liver Disease, 3-year Rolling Average, Manatee County and Florida, 2015-2021**



Source: Florida Department of Health, Bureau of Vital Statistics. Rates are per 100,000 of the population.

Figure 68: Alcohol Liver Disease Death Rate Comparison 2019-2021

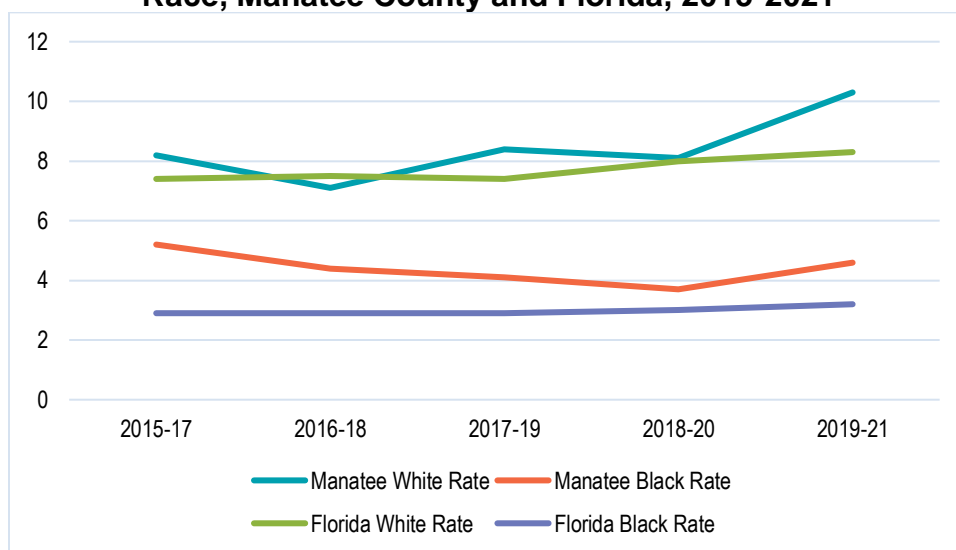


Source: Florida Department of Health, Bureau of Vital Statistics

Peer counties: Collier, Pasco, and Seminole, Nearest LHD- Sarasota & Pinellas. Rates are per 100,000 of the population.

Figure 69 shows 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 69: Age-Adjusted Death Rates from Alcohol Liver Disease, 3-year Rolling Average, By Race, Manatee County and Florida, 2015-2021

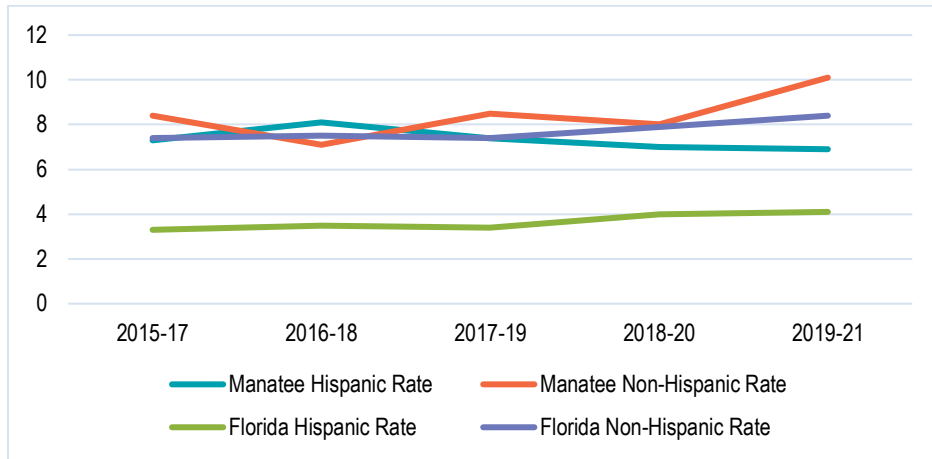


Source: Florida Department of Health, Bureau of Vital Statistics

Figure 69 Data	Manatee		Florida	
	White Rate	Black Rate	White Rate	Black Rate
Years				
2015-17	8.2	5.2	7.4	2.9
2016-18	7.1	4.4	7.5	2.9
2017-19	8.4	4.1	7.4	2.9
2018-20	8.1	3.7	8	3
2019-21	10.3	4.6	8.3	3.2

Figure 70 shows that in both Manatee County and in Florida, non-Hispanics have higher death rates from alcohol liver disease than Hispanics. These rates continue to increase for both Hispanics and non-Hispanics.

**Figure 70: Age-Adjusted Death Rate from Alcohol Liver Disease, 3-year Rolling Rate per 100,000 population, by Ethnicity, Manatee County and Florida, 2015-2021**



Source: Florida Department of Health, Bureau of Vital Statistics

Figure 70 Data	Manatee		Florida	
	Hispanic Rate	Non-Hispanic Rate	Hispanic Rate	Non-Hispanic Rate
Years				
2015-17	7.3	8.4	3.3	7.4
2016-18	8.1	7.1	3.5	7.5
2017-19	7.4	8.5	3.4	7.4
2018-20	7.0	8.0	4.0	7.9
2019-21	6.9	10.1	4.1	8.4

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 15.6 does not yet meet 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. It is a condition that affects how your body converts food into energy. With diabetes, the body has difficulty making enough insulin or cannot use it as well as it should. Insulin is a hormone that assists the pancreas in breaking down sugar. Untreated high blood sugar from diabetes can damage your nerves, eyes, kidneys, and other organs.

There are a few distinct types of diabetes:

- Type 1 diabetes is thought to be caused by an autoimmune reaction (the body attacks itself by mistake). The immune system attacks and destroys cells in the pancreas, where insulin is made. This reaction stops your body from making insulin. and requires insulin to be taken every day to survive.

About 5-10% of those with diabetes have Type 1; it is unclear what causes Type 1 diabetes and there is no prevention (CDC).

- Type 2 diabetes occurs when your body becomes resistant to insulin and sugar builds up in your blood. It can develop over the years and can be diagnosed at any point from childhood to adult age. Lifestyle changes such as losing weight, eating a healthy diet and being active can prevent and manage Type 2 diabetes.

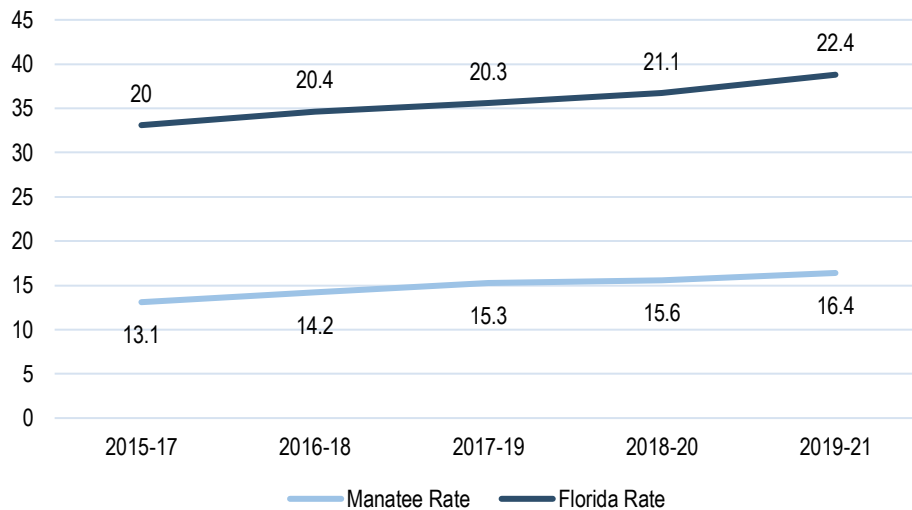
- Prediabetes occurs when your blood sugar is higher than normal, but it is not high enough for a diagnosis of type 2 diabetes. It is reported that one in three Americans have prediabetes (CDC).

- Gestational diabetes is high blood sugar during pregnancy. Insulin-blocking hormones produced by the placenta cause this type of diabetes. Gestational diabetes can go away after the baby is born, but increases the mother's risk for Type 2 diabetes later in life.

In the United States and in Manatee County, diabetes is the eighth leading cause of death (2021). 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.

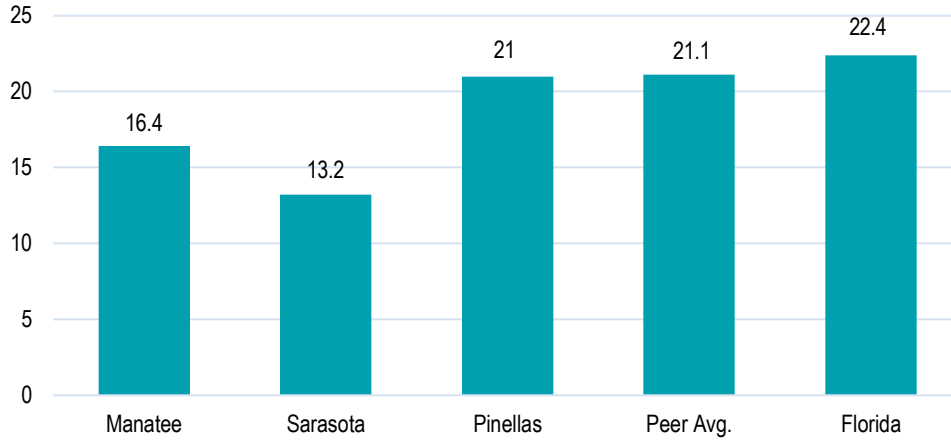
Figure 71 shows that diabetes death rates in Manatee County are lower than Florida, but are increasing over time. Manatee County has lower diabetes death rates than the peer-county average and Pinellas County, but higher rates than Sarasota County (Figure 72).

**Figure 71: Age-Adjusted Death Rates from Diabetes 3-year Rolling Average, Manatee County and Florida, 2015-2021**



Source: Florida Department of Health, Bureau of Vital Statistics. Rates are per 100,000 of the population.

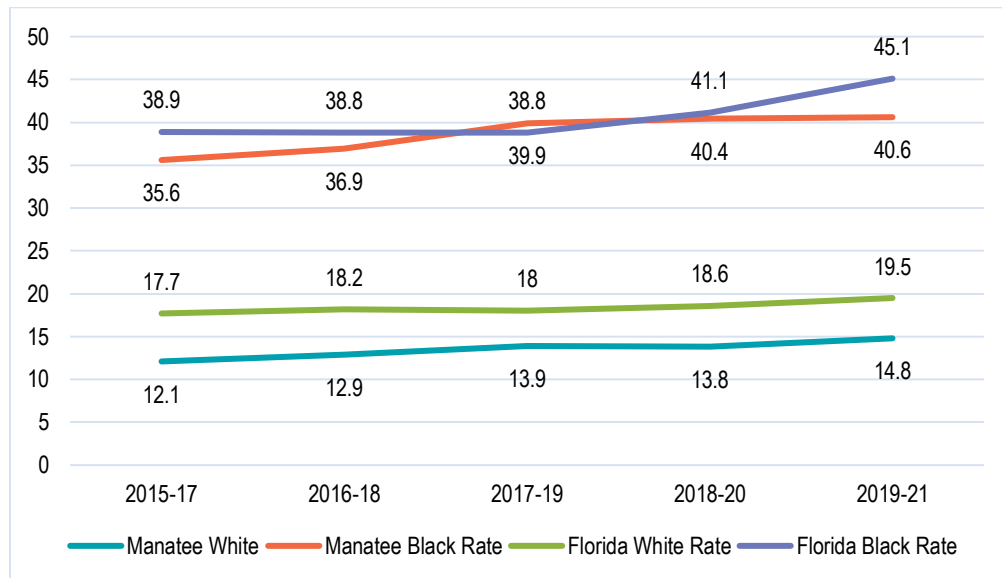
**Figure 72: Diabetes Death Rate Comparison, 2019-2021**



Source: Florida Department of Health, Bureau of Vital Statistics, 3-year rolling rate  
Peer counties: Collier, Pasco, and Seminole, Nearest LHD- Sarasota & Pinellas. Rates are per 100,000 of the population.

Figure 73 shows that blacks in Manatee have higher death rates from diabetes than whites, but the rate for whites is increasing over time.

**Figure 73: Age Adjusted Death Rate from Diabetes, 3-year Rolling Rate per 100,000 population, by Race, Manatee County and Florida, 2015-2021**

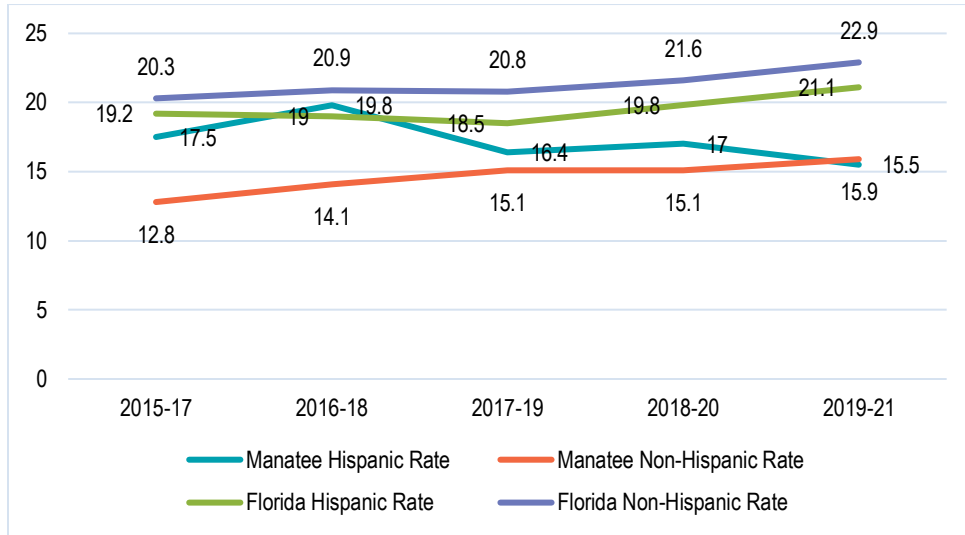


Source: Florida Department of Health, Bureau of Vital Statistics. Rates are per 100,000 of the population.

Figure 74 shows Hispanics in Manatee County have higher death rates from diabetes than non-Hispanics but are lower than Florida rates for Hispanics.



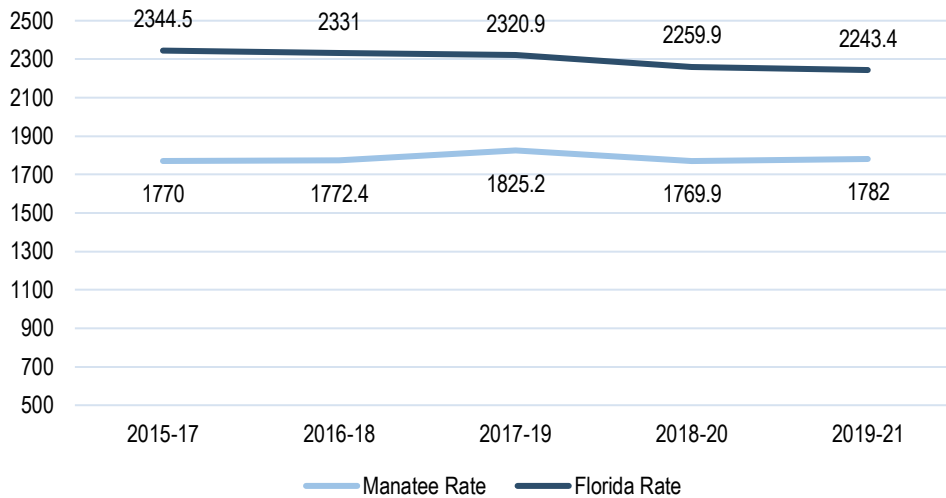
**Figure 74: Age-Adjusted Death Rate from Diabetes, 3-year Rolling Rate per 100,000 population, by Ethnicity, Manatee County and Florida, 2015-2021**



Source: Florida Agency for Health Care Administration (AHCA). Rates are per 100,000 of the population.

Hospitalization rates for diabetes are lower in Manatee County than Florida (Figure 75), but blacks and Hispanics have higher rates of hospitalizations than whites in the county (Figure 76).

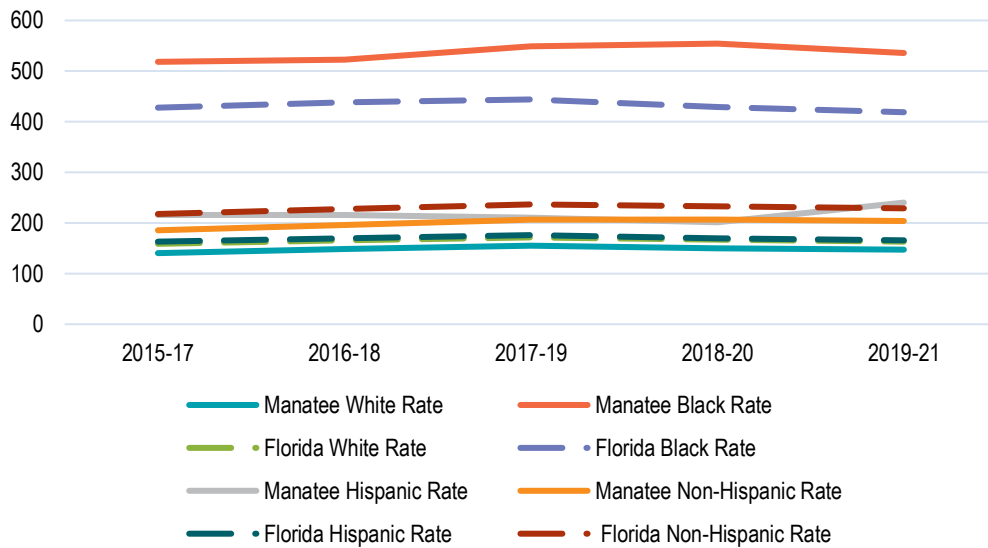
**Figure 75: Age-Adjusted Hospitalization Rates from Diabetes 3-year Rolling Average, Manatee County and Florida, 2015-2021**



Source: Florida Agency for Health Care Administration (AHCA). Rates are per 100,000 of the population.

**Figure 76: Age-Adjusted Hospitalization Rates from Diabetes 3-year Rolling Average, Manatee County and Florida, by Race and Ethnicity, 2015-2021**

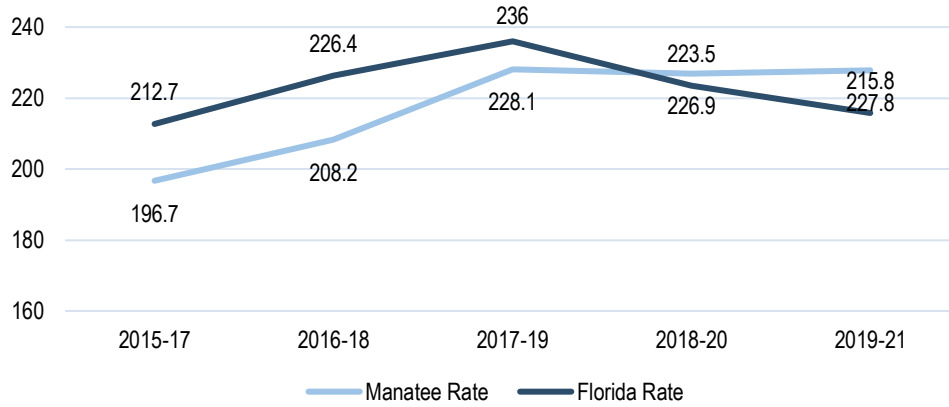
Figure 76 Data Years	Manatee				Florida			
	White Rate	Black Rate	Hispanic Rate	Non-Hispanic Rate	White Rate	Black Rate	Hispanic Rate	Non-Hispanic Rate
2015-17	140.5	518.3	216.3	185.6	158.9	427.2	163.2	217.8
2016-18	148.3	522	215.2	195.8	165.7	438.1	170.3	228
2017-19	155.2	549.4	210.9	206.6	171.5	444	176.1	236.7
2018-20	149.7	554.3	201.4	206.8	166.5	429.6	169.2	232.9
2019-21	147.8	536.4	240.3	203.7	162.7	418.8	165.9	229



Source: Florida Agency for Health Care Administration (AHCA). Rates are per 100,000 of the population.

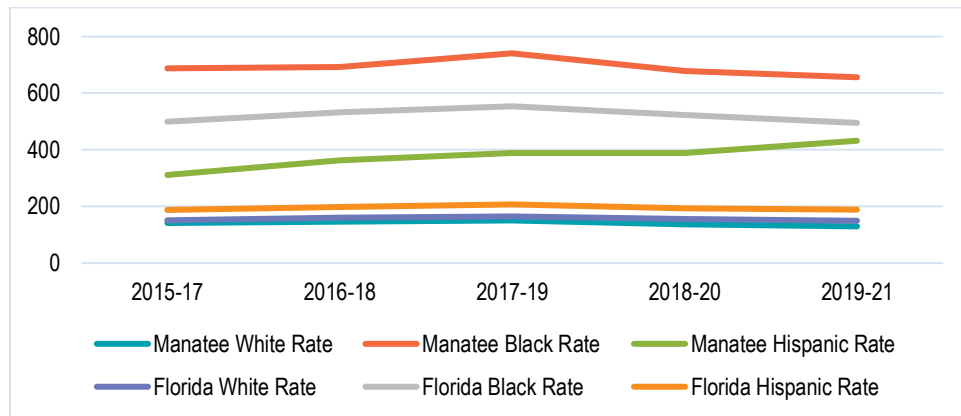
Manatee County has lower rates of emergency room visits due to diabetes than Florida, but rates are increasing (Figure 77). Whites in Manatee County and Florida have similar rates of emergency room visits for diabetes, but Manatee blacks and Hispanics have higher rates than blacks and Hispanics in Florida (Figure 78).

**Figure 77: Age-Adjusted Emergency Room Visits due to Diabetes 3-year Rolling Average, Manatee County and Florida, 2015-2021**



Source: Florida Agency for Health Care Administration (AHCA). Rates are per 100,000 of the population.

**Figure 78: Age-Adjusted Emergency Room Visits due to Diabetes 3-year Rolling Average, by Race and Ethnicity, Manatee County and Florida, 2015-2021**

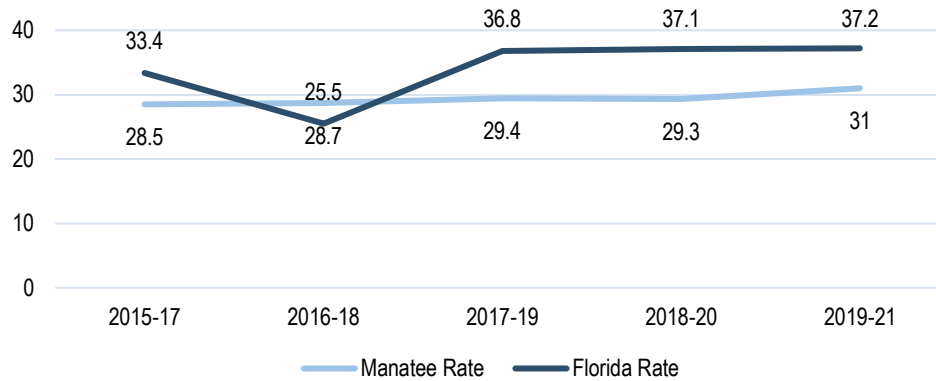


Source: Florida Agency for Health Care Administration (AHCA). Rates are per 100,000 of the population.

Figure 78 Data	Manatee		Florida	
	Hispanic Rate	Non-Hispanic Rate	Hispanic Rate	Non-Hispanic Rate
2015-17	311.5	187.1	187.8	221.6
2016-18	362.8	193	197.4	237.3
2017-19	389.5	208	207.4	247.6
2018-20	388.7	203.7	193.5	236.1
2019-21	311.5	187.1	187.8	221.6

Figure 79 indicates that while Manatee County has lower rates of amputation of lower extremities attributable to diabetes than Florida, the trend is increasing overall for the county and the state.

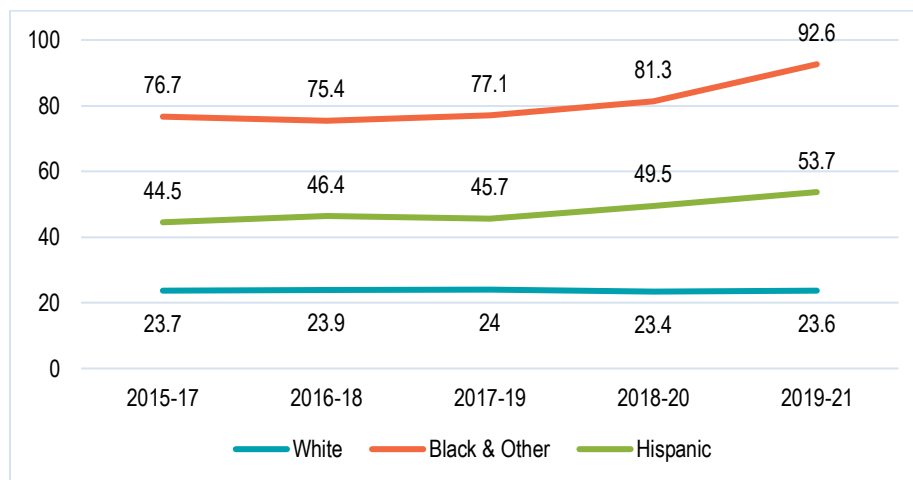
**Figure 79: Age-Adjusted Hospitalizations from Amputation of Lower Extremity Attributable to Diabetes, 3-year Rolling Average, Manatee County and Florida, 2015-2021**



Source: Florida Agency for Health Care Administration (AHCA)

Figure 80 demonstrates higher rates of amputation of lower extremities attributable to diabetes for blacks and Hispanics in Manatee County.

**Figure 80: Age-Adjusted Hospitalizations from Amputation of Lower Extremity Attributable to Diabetes 3-year Rolling Average, by Ethnicity Manatee County. 2015-2021**



Source: Florida Agency for Health Care Administration (AHCA). Rates are per 100,000 of the population.

Healthy People 2030 has a national objective of reducing the death rate from diabetes to 13.7 deaths per 1,000 population. Manatee County's death rate from diabetes of 131 per 100,000, which translates to 13.1 per 1,000 population, exceeds the national target.

## Respiratory Disease

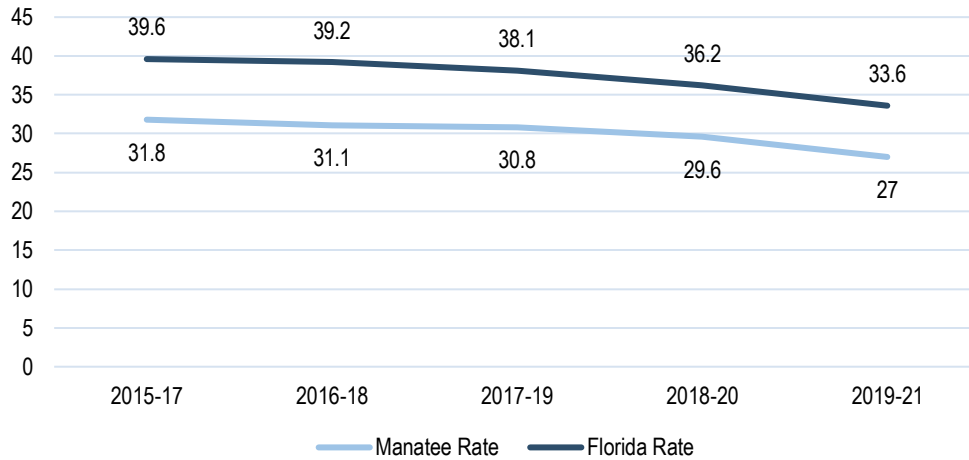
Indicator: Age-adjusted death rates from CLRD (Chronic Lower Respiratory Diseases)

Chronic lower respiratory diseases impact the airways and other structures of the lungs. They include asthma, chronic obstructive pulmonary disease, occupational lung diseases, and pulmonary hypertension. Cigarette smoking is the major cause of these illnesses, accounting for about 80 percent 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 diseases, according to the Centers for Disease Control and Prevention (CDC). Chronic Lower Respiratory Disease (CLRD) is the sixth leading cause of death in the United States and is the seventh leading cause of death in Manatee County.

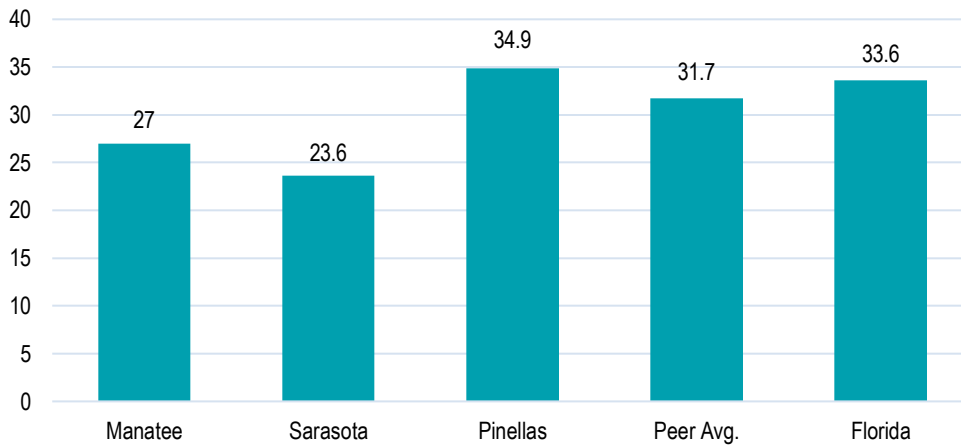
Figure 81 shows that Manatee County has lower death rates from CLRD than Florida. Figure 82 shows that Manatee County has lower death rates than Florida, the peer-county average and Pinellas County, but is higher than Sarasota County.

**Figure 81: Age-Adjusted Death Rates from Chronic Lower Respiratory Disease, 3-year Rolling Average, Manatee County and Florida, 2015-2021**



Source: Florida Department of Health, Bureau of Vital Statistics. Rates are per 100,000 of the population.

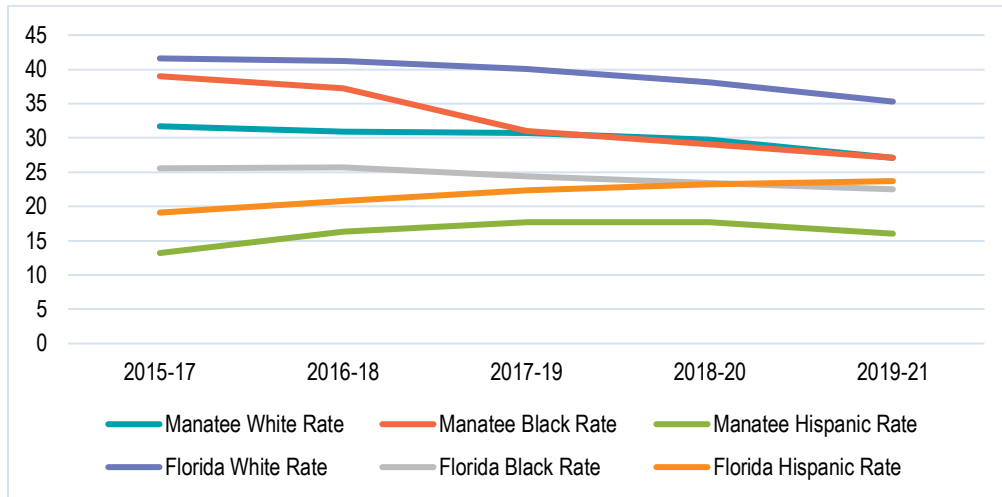
**Figure 82: CLRD Death Rate Comparison, 2019-2021**



Source: Florida Department of Health, Bureau of Vital Statistics, 3-year rolling rate  
Peer counties: Collier, Pasco, and Seminole, Nearest LHD- Sarasota & Pinellas. Rates are per 100,000 of the population.

Figure 83 shows that blacks have higher death rates from CLRD than whites and Hispanics in Manatee County. Florida death rates from CLRD are higher among whites compared to blacks and Hispanics.

**Figure 83: Age Adjusted Death Rate from Chronic Lower Respiratory Disease, 3-year Rolling Rates by Race and Ethnicity, Manatee County and Florida, 2015-2021**



Source: Florida Department of Health, Bureau of Vital Statistics. Rates are per 100,000 of the population.

Figure 83 Data	Manatee			Florida		
	White Rate	Black Rate	Hispanic Rate	White Rate	Black Rate	Hispanic Rate
2015-17	31.7	39	13.2	41.6	25.6	19.1
2016-18	30.9	37.2	16.3	41.2	25.7	20.8
2017-19	30.7	31	17.7	40.1	24.4	22.4
2018-20	29.7	29.1	17.7	38.1	23.4	23.2
2019-21	27.1	27.1	16	35.3	22.5	23.7

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

## **Asthma**

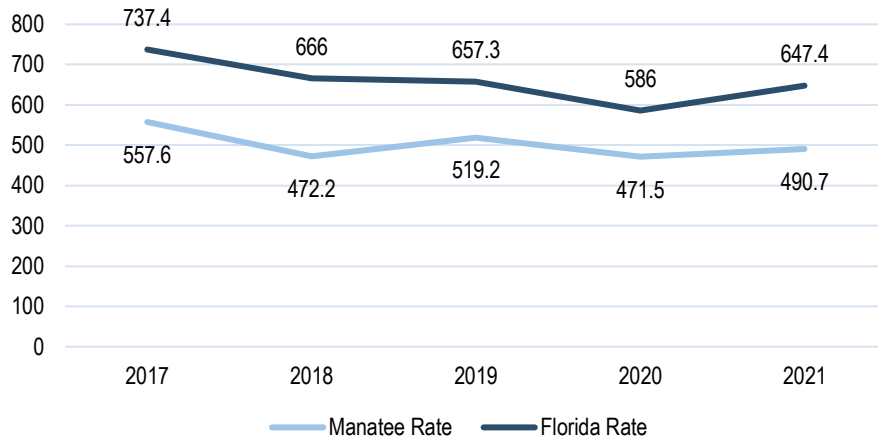
Indicator: Age-adjusted death rates from asthma

Asthma is a lung condition that can cause narrowing and swelling of the airways and overproduction of mucus, making it difficult to breathe and causing wheezing and coughing. For some people, asthma can impact daily activities; for others, it is only a minor nuisance. It can be triggered by substances in the environment called allergens. Indoor triggers for asthma include allergens from dust mites, cockroaches, dogs, cats, rodents, and molds. Outdoor air quality can also trigger asthma symptoms.

In 2019, asthma accounted for 1.5 million emergency room visits. According to the CDC, while asthma rates have declined since 2001, 50 percent of children still have uncontrolled asthma.

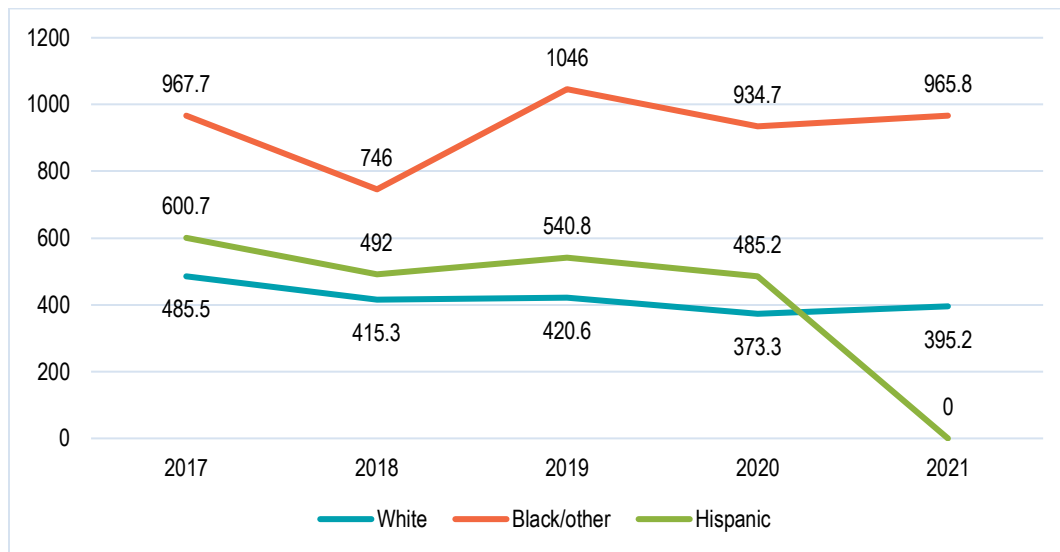
Figure 84 shows that Manatee County has lower rates of hospitalization from asthma than Florida. Figure 85 shows that blacks in Manatee County have higher rates of hospitalizations from asthma than whites and Hispanics.

**Figure 84: Age-adjusted hospitalizations from or with asthma, Rate per 100,000 population, Manatee County and Florida, 2017-2021**



Source: Florida Agency for Health Care Administration (AHCA). Rates are per 100,000 of the population.

**Figure 85: Age-adjusted hospitalizations from or with asthma, Rate per 100,000 population, by Race and Ethnicity, Manatee County and Florida, 2017-2021**

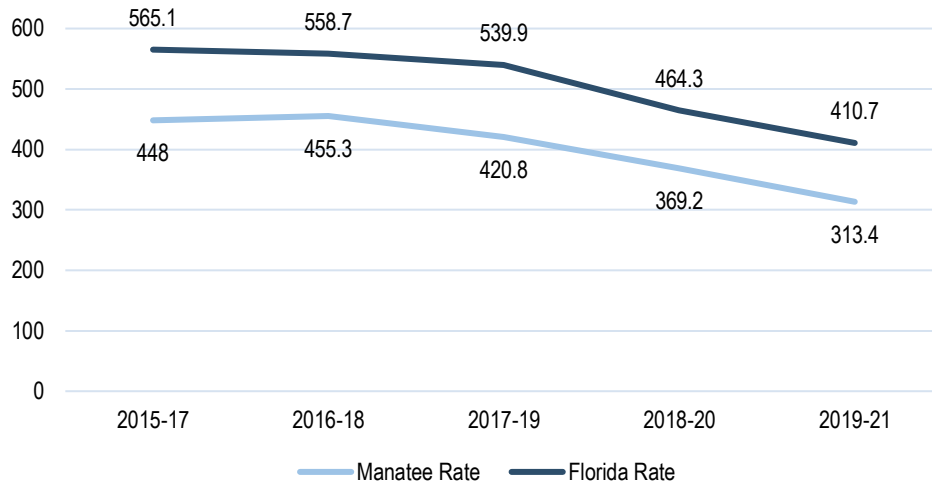


Source: Florida Agency for Health Care Administration (AHCA). Rates are per 100,000 of the population.

Manatee County also has lower rates of emergency room visits due to asthma than Florida and rates are declining (Figure 86).



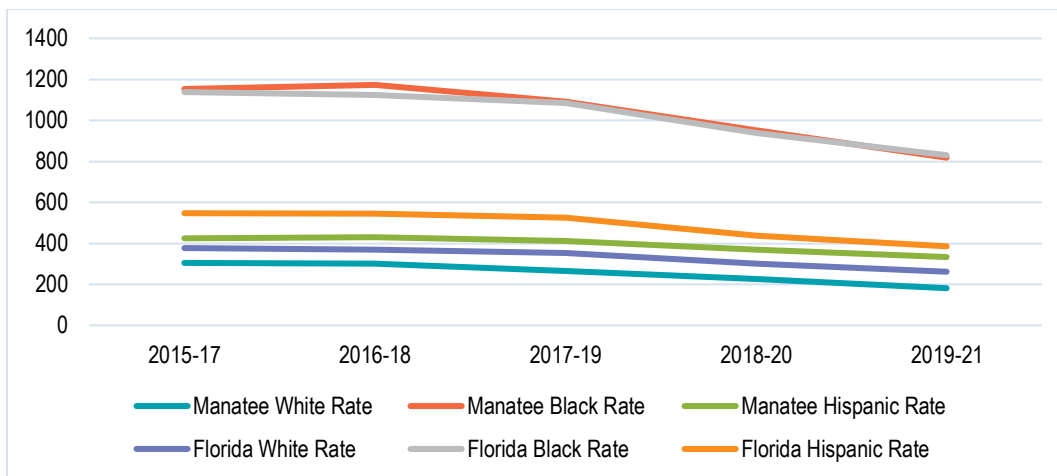
**Figure 86: Age-adjusted ER visits due to asthma, 3-year Rolling Rate per 100,000 population, Manatee County and Florida, 2017-2021**



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. The trend is closely mirrored for blacks in Manatee County and Florida. Whites and Hispanics in Florida have lower rates than whites and Hispanics in Manatee County (Figure 87).

**Figure 87: Age-Adjusted Emergency Room Visits due to Asthma, 3-year Rolling Rate per 100,000 Population, By Race and Ethnicity, Manatee County and Florida, 2015-2021**

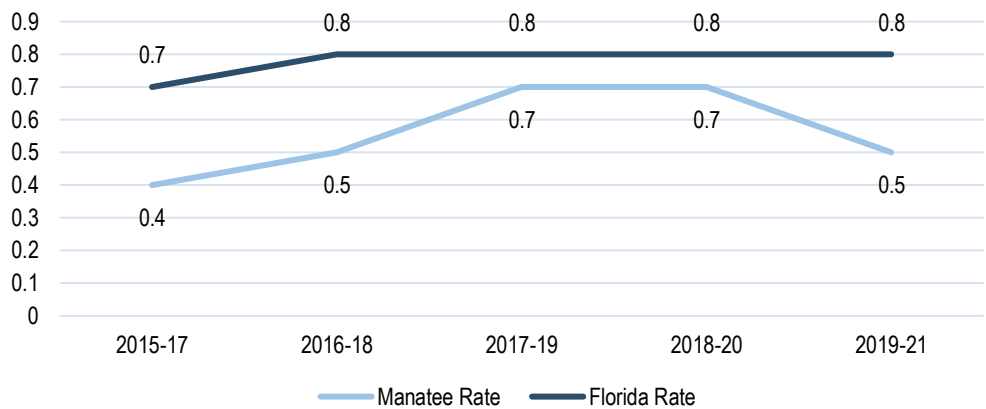


Source: Florida Agency for Health Care Administration (AHCA). Rates are per 100,000 of the population.

Figure 87 Data	Manatee			Florida		
	White Rate	Black Rate	Hispanic Rate	White Rate	Black Rate	Hispanic Rate
Years						
2015-17	140.5	1152.8	423	377	1138	547.1
2016-18	148.3	1173.1	430	368.7	1122.8	543.4
2017-19	155.2	1090.2	410.5	352.6	1085.7	524.3
2018-20	149.7	951.5	367.7	299.8	939.1	437.8
2019-21	147.8	818.1	333.1	261.6	830	385.4

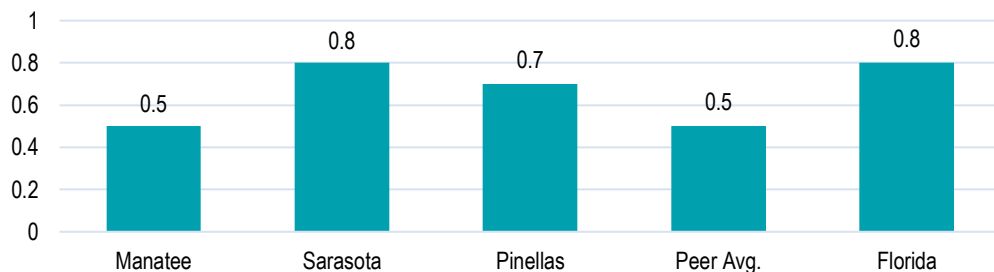
Manatee County has lower death rates from asthma than Florida (Figure 88) and higher rates than the peer-county average (Figure 89).

**Figure 88: Age-adjusted Death Rates from Asthma per 100,000 Population, 3-year Rolling Rates, Manatee County and Florida, 2015-2021**



Source: Florida Department of Health, Bureau of Vital Statistics. Rates are per 100,000 of the population.

**Figure 89: Asthma Death Rate Comparison, 2019-2021**



Source: Florida Department of Health, Bureau of Vital Statistics  
Peer counties: Collier, Pasco, and Seminole, Nearest LHD- Sarasota & Pinellas. Rates are per 100,000 of the population.

The Healthy People 2030 national health target is to reduce deaths from asthma to 8.9 deaths per 100,000 population. Manatee County's current rate of 0.5 exceeds the national target.

## 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 2019-21, no cases of measles, mumps, or tetanus were reported in Manatee County.

**Table 10: Measles Cases, 2019-21**

	2019	2020	2021
Manatee	0	0	0
Florida	3	1	0
Peer counties	0	0	0
Sarasota	0	0	0
Pinellas	1	0	0

Source: Merlin, Florida's web-based reportable disease surveillance system

**Table 11: Mumps Cases, 2019-21**

	2019	2020	2021
Manatee	0	0	0
Florida	134	20	9
Peer counties	1	0	0
Sarasota	1	0	0
Pinellas	3	1	1

Source: Merlin, Florida's web-based reportable disease surveillance system

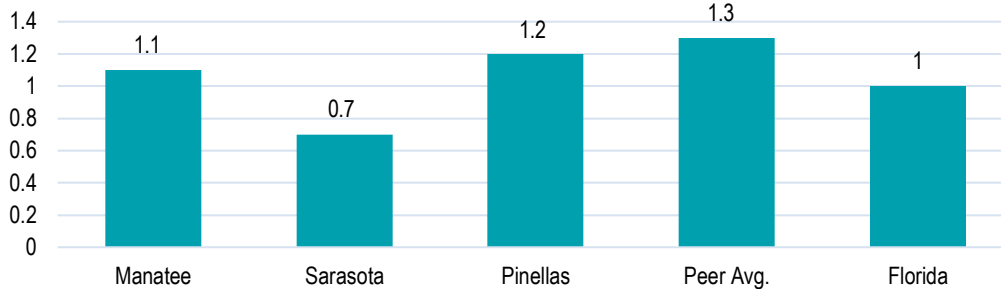
**Table 12: Tetanus Cases, 2019-21**

	2019	2020	2021
Manatee	0	0	0
Florida	4	4	3
Peer counties	0	0	0
Sarasota	0	0	0
Pinellas	0	1	0

Source: Merlin, Florida's web-based reportable disease surveillance system

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 90: Comparison Pertussis Rates, 2019-2021**



Source: Merlin, Florida's web-based reportable disease surveillance system

Peer counties: Collier, Pasco, Seminole. Nearest Health Department: Pinellas and Sarasota. Rates are per 100,000 of the population.

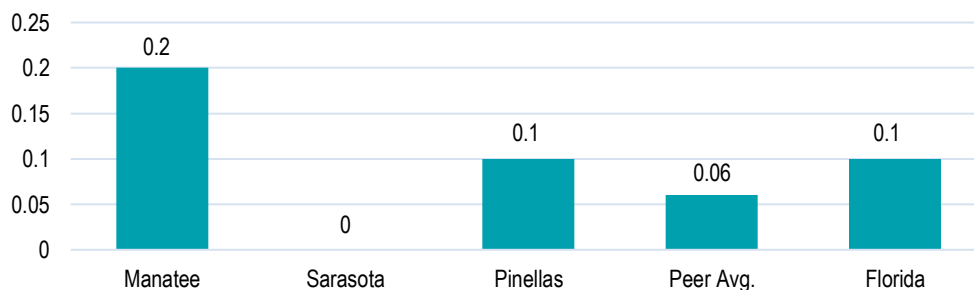
**Figure 90 Data Table, 2019-2021**

Manatee		Pinellas		Sarasota		Peer Average		Florida	
Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate
13	1.1	36	1.2	9	0.7	59	1.3	662	1

Meningococcal Disease refers to any illness caused by 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.

Meningococcal Diseases are relatively low. Manatee County has the highest rate at 0.2, followed by Florida at 0.1 (Figure 91).

**Figure 91: Comparison Meningococcal Diseases, 2019-2021**



Source: Merlin, Florida's web-based reportable disease surveillance system.

Peer counties: Collier, Pasco, Seminole. Nearest Health Department: Pinellas and Sarasota. Rates are per 100,000 of the population.

**Figure 91 Data Table, 2019-2021**

Manatee		Pinellas		Sarasota		Peer Average		Florida	
Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2	0.2	4	0.1	0	0	3	0.06	67	0.1

**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. The virus causes impaired liver function and inflammation, although most people who are infected will recover with no permanent liver damage. According to the CDC, those most at risk for hepatitis A include those experiencing homelessness; intravenous and non-intravenous drug users; men who have sex with other men; individuals in an emergency room or other acute care setting, after being administered an opioid antagonist, such as naloxone; individuals working with homeless persons or intravenous drug users outside of health care settings; and first responders.

In 2019-21, there were 4,616 hepatitis A cases reported in Florida. The first declaration of a public health emergency for hepatitis A was made August 1, 2019, and had been redeclared four times, with the most recent declaration being in March 2020. Manatee County had a spike in cases in 2019 to 138 cases as opposed to three cases in 2018.

Hepatitis B is a liver infection transmitted in bodily fluids from an infected person to someone 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.

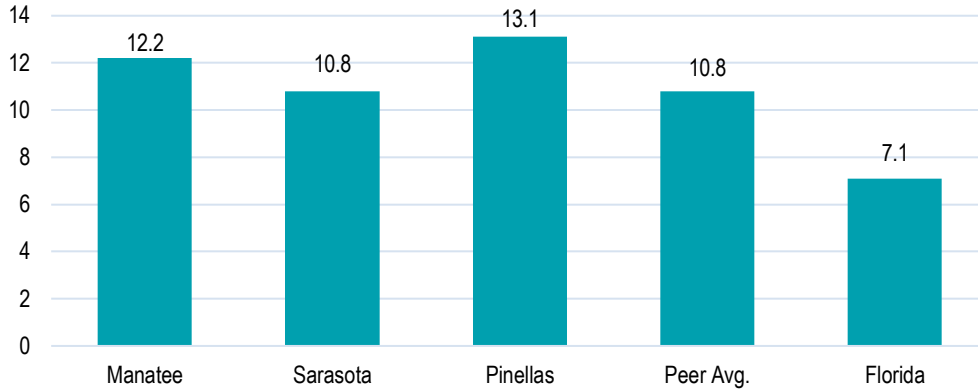
The number of cases of hepatitis A, B-chronic and B-acute are presented in Table 13 below from 2019-21 at a rate per 100,000 displayed for Manatee County, Florida, peer counties and the nearest local health departments (Pinellas and Sarasota County).

Table 13: Hepatitis	# of Cases Manatee, 2019-2021	3 year Rolling Rate, per 100,000 2019-2021				
		Manatee	Peer Avg.	Pinellas	Sarasota	Florida
Hepatitis A	146	12.2	10.8	13.1	10.8	7.1
Hepatitis B-Acute	43	3.6	11.4	5.5	1.5	3

Hepatitis B-Chronic	184	15.4	14.9	22.6	14.3	20.5
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Source: Merlin, Florida's web-based reportable disease surveillance system. Rates are per 100,000 of the population.

**Figure 92: Comparison Hepatitis A Rates, 2019-2021**



Source: Merlin, Florida's web-based reportable disease surveillance system

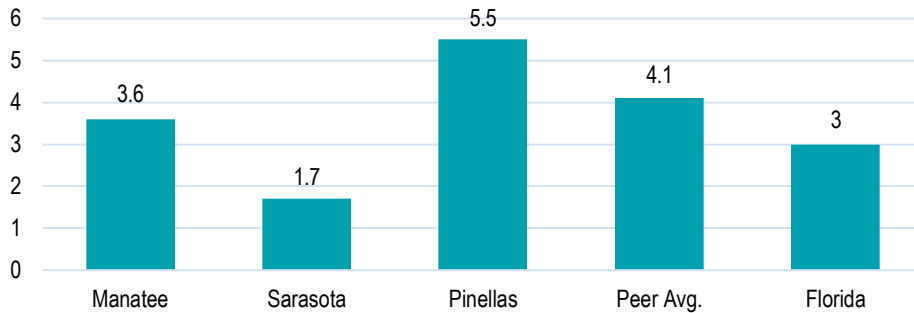
Peer counties: Collier, Pasco, Seminole. Nearest local health departments: Sarasota and Pinellas. Rates are per 100,000 of the population.

**Figure 92 Data Table, 2019-2021**

Manatee		Pinellas		Sarasota		Peer Average		Florida	
Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate
146	12.2	386	13.1	142	10.8	513	10.8	4,616	7.1

The 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 1.0 (2021) does not meet the national target.

**Figure 93: Comparison Hepatitis B-Acute Rates, 2019-2021**



Source: Merlin, Florida's web-based reportable disease surveillance system

Peer counties: Collier, Pasco, Seminole. Nearest local health departments: Sarasota and Pinellas. Rates are per 100,000 of the population.

**Figure 93 Data Table, 2019-2021**

Manatee		Pinellas		Sarasota		Peer Average		Florida	
Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate
43	3.6	162	5.5	20	1.7	183	4.1	1,963	3

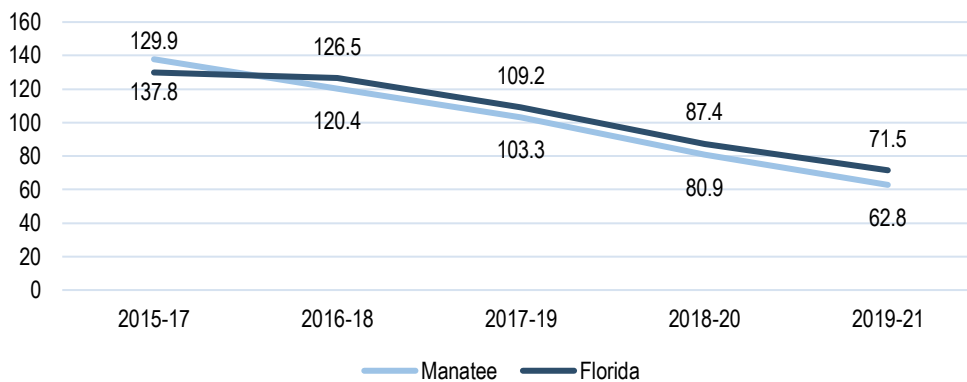
Healthy People 2030 national health target is to reduce the rate of hepatitis B-acute to 0.9 cases per 100,000. Manatee County’s current single-year rate (2021) of 2.4 does not meet the national target.

**Hepatitis C**

Hepatitis C is a liver infection caused by the hepatitis C virus. It is typically transmitted by shared drug injection equipment. For some individuals, untreated hepatitis C becomes a chronic infection leading to long-term health problems or even death. It is particularly important to get tested for hepatitis C as it can be undetected due to a lack of symptoms or feeling sick. If diagnosed with hepatitis C, there are effective treatment options to cure infected individuals within 8-12 weeks.

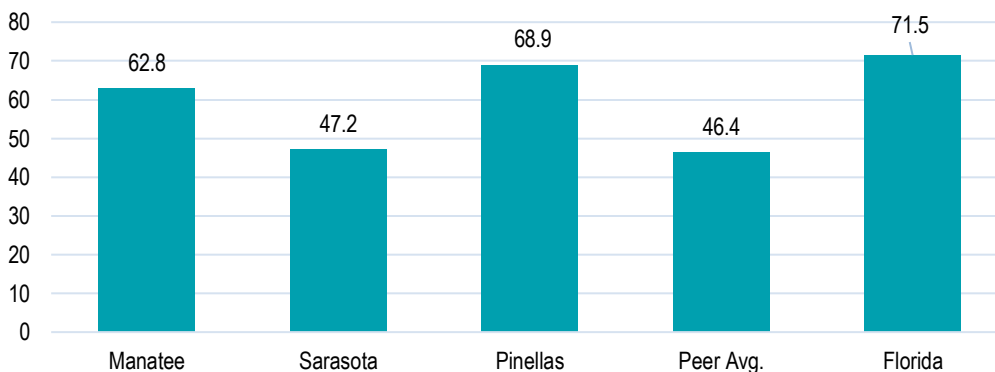
Hepatitis C is declining in Manatee County and Florida. As of the 2016-18 period, Manatee County’s rate is below that of Florida (Figure 94). Manatee County’s current rate of 62.8 is lower than Pinellas County and Florida, but higher than the peer-county average and Sarasota County, as depicted in Figure 95 below.

**Figure 94: Chronic Hepatitis C (Including Perinatal) 3- year Rolling Rate per 100,000 Population, Manatee County and Florida 2019-2021**



Source: Florida Department of Health, Bureau of Epidemiology. Rates are per 100,000 of the population.

**Figure 95: Chronic Hepatitis C Comparison Rates, 2021**



Source: Florida Department of Health, Bureau of Epidemiology  
Peer counties: Collier, Pasco, Seminole. Nearest local health departments: Sarasota and Pinellas. Rates are per 100,000 of the population.



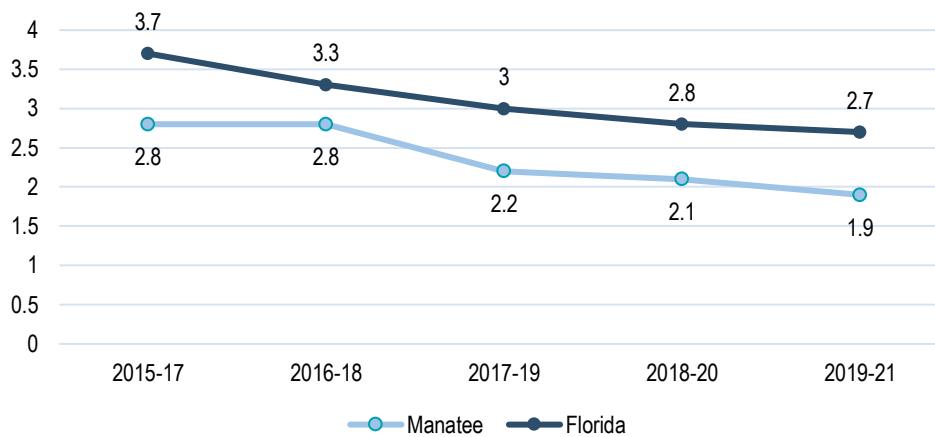
## HIV/AIDS

HIV stands for human immunodeficiency virus, which can lead to acquired immunodeficiency syndrome (AIDS) if HIV is not treated. There is no cure for HIV, but it can be managed with proper medical treatment.

There are racial disparities that persist with HIV/AIDS diagnoses, as 42 percent of black Americans accounted for new HIV diagnoses and Hispanic/Latinos accounted for 27 percent of all new diagnoses (CDC, 2021). Individuals at risk for acquiring HIV include injection drug users, men who have sex with men/gay and bisexual men of all races and ethnicities, transgender individuals, Hispanics/Latinos, and blacks (CDC).

The HIV/AIDS age-adjusted death rate per 100,000 was consistently lower in Manatee County than the state of Florida during 2015-21. The state of Florida decreased from a rate of 3.7 from 2015-17 to the current lowest rate at 2.7 (Figure 96).

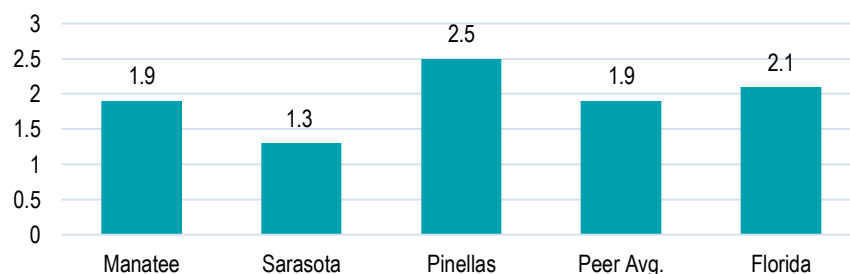
**Figure 96: Age-Adjusted Death Rates from HIV/AIDS, 3-year Rolling Rate per 100,000 population Manatee County and Florida, 2015-2021**



Source: Florida Department of Health, Bureau of Vital Statistics. Rates are per 100,000 of the population.

During 2019-21, the death rate from HIV/AIDS was higher in the state of Florida at 2.1, compared to Manatee County (1.9), Sarasota County (1.3), and the peer-county average (1.9). The highest death rate from HIV/AIDS was Pinellas County at 2.5 per 100,000 population (Figure 97).

**Figure 97: Comparison Age-Adjusted Death Rates from HIV/AIDS, 2019-2021**

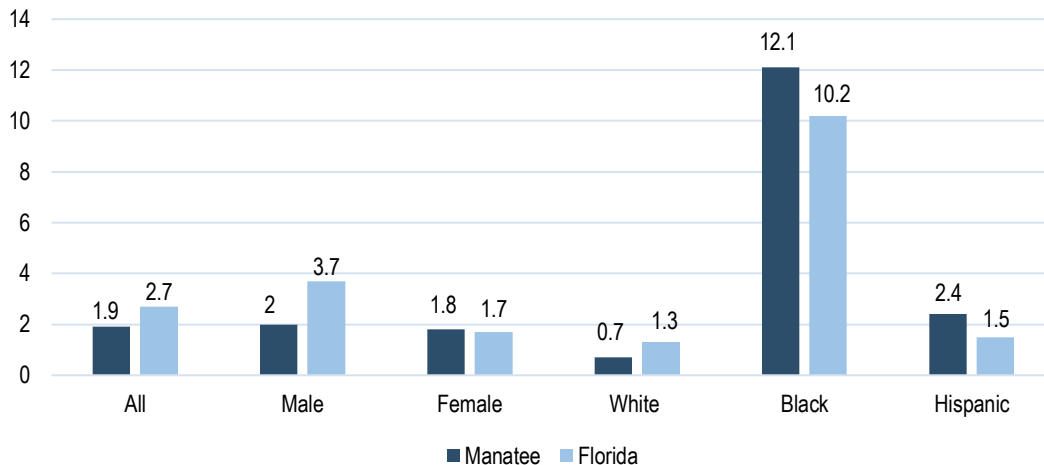


Source: Florida Department of Health, Bureau of Vital Statistics. Rates are per 100,000 of the population.

Peer counties: Collier, Pasco, Seminole. Nearest local health departments: Sarasota and Pinellas

Among race and ethnicity, there is a disparity among black individuals in Manatee County and Florida with higher rates (almost 10 times) compared to Hispanics and whites (Figure 98). Among males and females, males in both Manatee County and Florida have higher HIV/AIDS death rates. Hispanics in Manatee County also have higher death rates compared to Florida. Overall, death rates are lower in Manatee County than in Florida.

**Figure 98: Age-Adjusted Death Rates from HIV/AIDS, 3-year Rolling Rate per 100,000 population Manatee County and Florida, by Race/Ethnicity & Gender, 2015-2021**



### **Sexually-Transmitted Infections (STIs)**

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 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 early syphilis than the peer-county average, Pinellas County, Sarasota County, and the state of Florida. Manatee County rates for gonorrhea are higher than peer counties and Sarasota, but lower than Florida. Rates of gonorrhea and bacterial STIs are highest in Pinellas County, compared to Manatee County, Sarasota County, the peer-county average, and the state of Florida. (Table 14).

Manatee County ranks in the third quartile for early syphilis and infectious syphilis, which highlights that relative to other counties in Florida, the rate per 100,000 of syphilis, is less in about half of the

counties, and more in about one quarter of the counties. Among gonorrhea, chlamydia, and bacterial STI rates, Manatee County ranks in the second quartile, is more in about half of the counties, and less in about one quarter of the counties.

**Table 14: Sexually Transmitted Disease Comparison, 3-year Rolling Rate, 2019-2021**

Sexually Transmitted Disease	# of Cases-Manatee	3-year Rate per 100,000 Manatee 2019-2021	Quartile Ranking - Manatee	Peer Avg.	Pinellas	Sarasota	Florida
Early Syphilis	289	24.2	3	18.2	16.5	14.8	39.3
Infectious Syphilis	184	15.4	3	8.9	24.1	9	17.3
Gonorrhea	1,704	142.4	2	99.2	172	83.7	188.4
Chlamydia	4,791	400.4	2	329.3	430.1	245.5	485.5
Bacteria STD's	7,033	587.7	2	455.7	656.7	353.1	737

Source: Florida Department of Health, Bureau of Communicable Diseases.

Peer counties: Collier, Pasco, Seminole. Nearest Health Departments: Pinellas and Sarasota. Rates are per 100,000 of the population.

### **Influenza and Pneumonia**

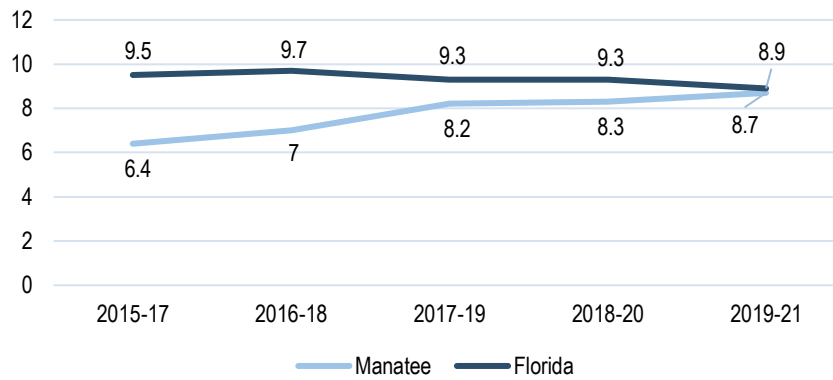
Indicator: Influenza and pneumonia age-adjusted death rate

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 percent for children and 38 percent for adults.

The influenza and pneumonia age-adjusted death rate in Manatee County increased at a rate of 6.4 during 2015-17 to a current rate of 8.9 during 2019-21. Manatee County rates remained below the rates across Florida during 2015-20. In Florida, the influenza and pneumonia age-adjusted death rate fluctuated between 9.3 and 9.7 since 2015 and decreased to the same current rate as Manatee County of 8.9 per 100,000 (2019-21) (Figure 99).

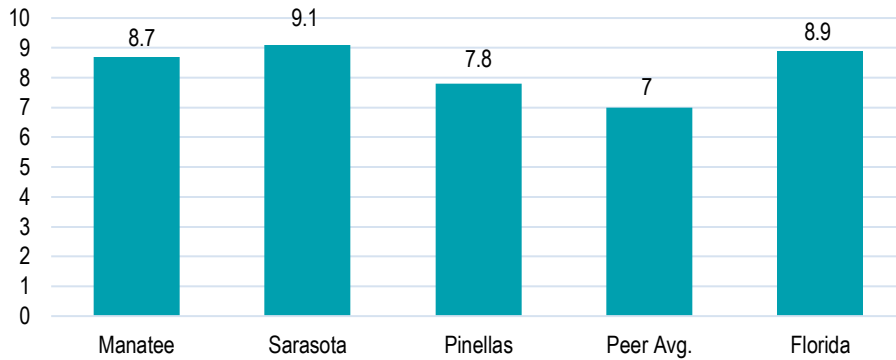
**Figure 99: Influenza and Pneumonia Age-Adjusted Death Rate per 100,000, 3-year rolling rates, Manatee County and Florida, 2015-2021**



Source: Florida Department of Health, Bureau of Vital Statistics. Rates are per 100,000 of the population.

During 2019-21, Manatee County had the lowest rate of influenza and pneumonia deaths at 8.7 compared with the state of Florida and Sarasota County (Figure 100).

**Figure 100: Comparison Influenza and Pneumonia Age Adjusted Death Rate per 100,000, 2019-2021**



Source: Florida Department of Health, Bureau of Vital Statistics

Peer counties: Collier, Pasco, Seminole. Nearest local health departments: Sarasota and Pinellas. Rates are per 100,000 of the population.

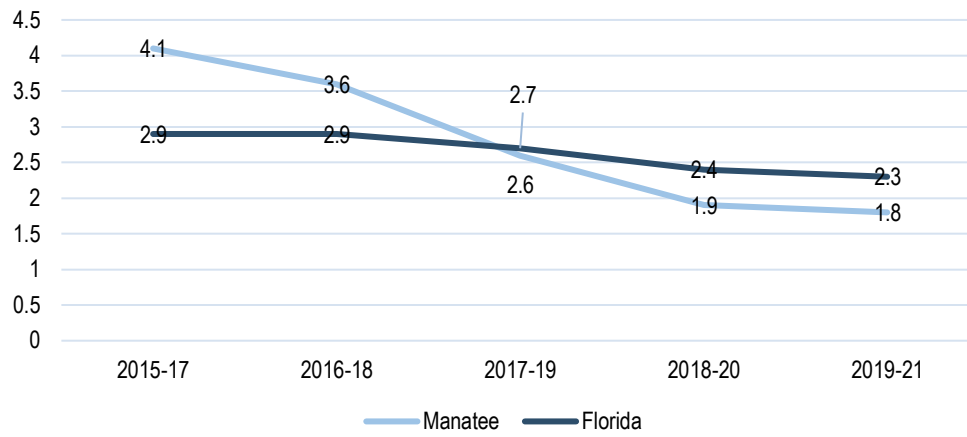
**Tuberculosis**

Indicator: Tuberculosis cases

Tuberculosis, which is caused by the Mycobacterium tuberculosis bacteria, was once the leading cause of death in the United States. Tuberculosis can attack the lungs or other body parts and can cause death if not treated properly.

Manatee County has had higher rates of tuberculosis than Florida, with a spike during 2015-17. Rates have been declining in the county since then and are now slightly below Florida case rates.

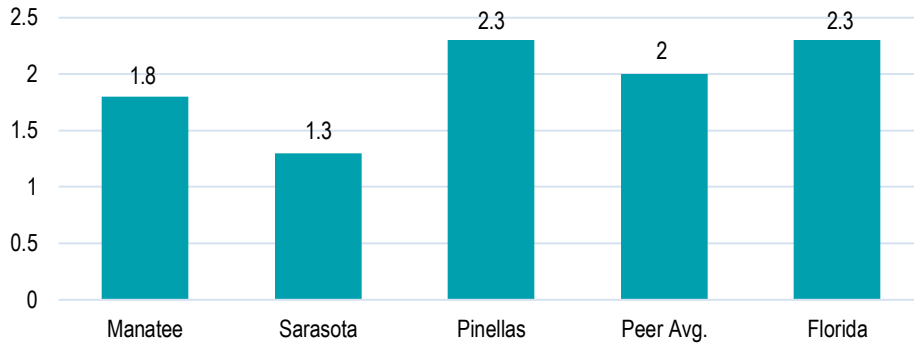
**Figure 101: Tuberculosis Cases 3-year Rolling Rate, Manatee County and Florida, 2015-2021**



Source: Merlin, Florida's web-based reportable disease surveillance system. Rates are per 100,000 of the population.

Manatee County has lower rates of tuberculosis cases than Florida, Pinellas County, and the peer counties (Figure 102).

**Figure 102: Tuberculosis Comparison Rates, 2019-2021**



Source: Merlin, Florida's web-based reportable disease surveillance system.

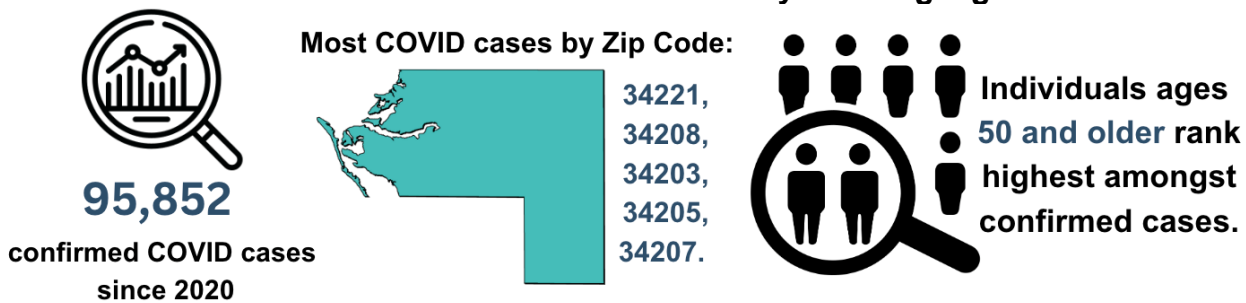
Peer counties: Collier, Pasco, Seminole. Nearest local health departments: Sarasota and Pinellas. Rates are per 100,000 of the population.

**COVID-19**

A public health emergency was declared in Florida on March 9, 2020, due to the COVID-19 pandemic. The state of emergency ended on June 26, 2021. COVID-19 continues to impact almost every aspect of life, especially health. Throughout this Community Health Assessment, changes in health status reflect the impact of the pandemic on Manatee County residents, considering impacts on social indicators of health, mental health, and drug use.

In Manatee County, there have been approximately 124,084 overall confirmed cases of COVID-19, of which 48,757 cases were confirmed in 2022, and last reported on May 10, 2023. There have been 1,795 deaths from COVID-19 in Manatee County since 2020, with 83% of those deaths occurring among individuals ages 50 or older.

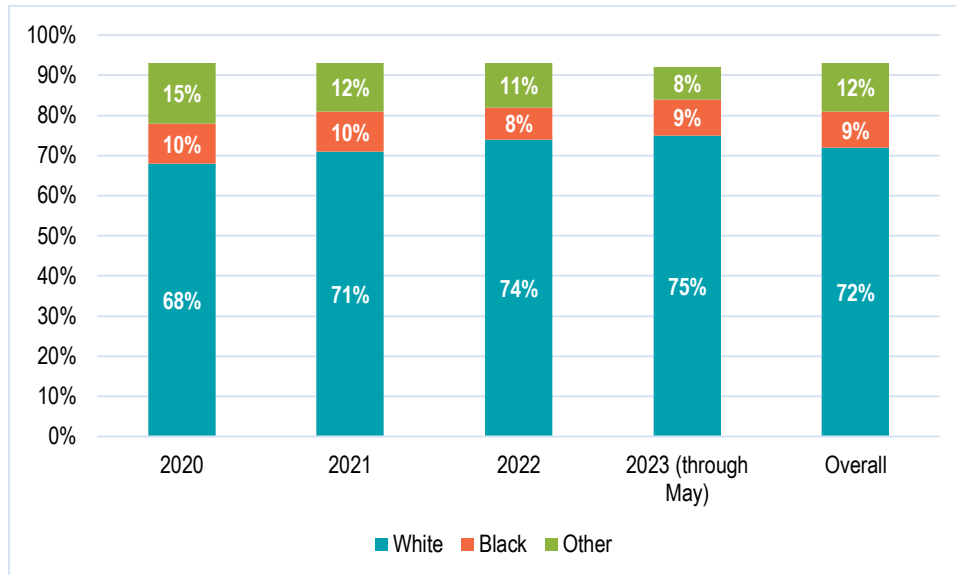
**COVID-19 Manatee County Data Highlights:**



Source: Florida Department of Health, Manatee County

The proportion of confirmed cases in Manatee County across race has varied from 2020 to 2023 (Figure 103).

**Figure 103: Manatee County Confirmed COVID-19 Cases by Race and Ethnicity, 2020-2023 and overall average**



Source: Florida Department of Health, Manatee County

The Florida Department of Health COVID-19 Situational Report for the week of April 7-14, 2023, estimated that 66 percent of people in Manatee County had received at least one dose of a two-dose vaccine or one dose of a single-dose vaccine over the period March 1, 2020, through April 13, 2023. [Home \(floridahealthcovid19.gov\)](https://www.floridahealth.gov/covid-19)

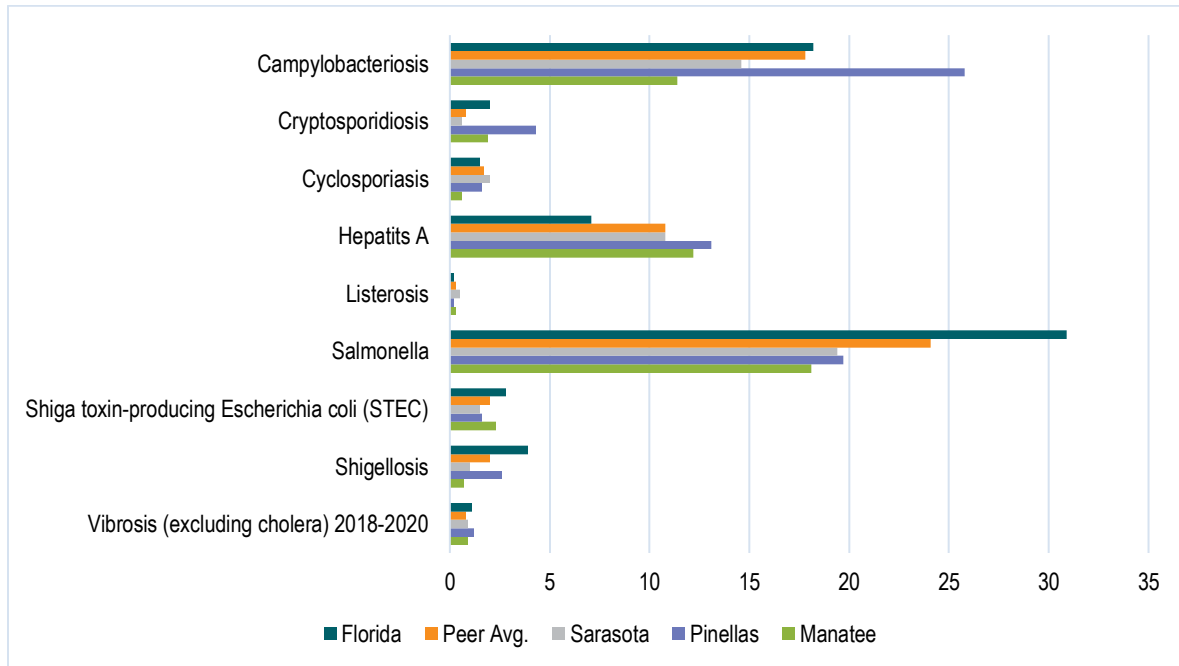
While COVID-19 is trending down in our community, this is not the time to let our guard down. The virus is intelligent and highly sophisticated and adapts to our environment. It is important that we remain vigilant. For more information on COVID data in Manatee County, please visit the CDC's COVID Data Tracker: [CDC COVID Data Tracker](https://www.cdc.gov/covid-data-tracker/)

### **Enteric, Foodborne, 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 foodborne illnesses are reported to public health departments. Proper handwashing and food handling can prevent enteric disease.

The most commonly occurring enteric diseases in Manatee County and Florida are Salmonellosis and Campylobacteriosis (Figure 104).

**Figure 104: Comparison Enteric, Foodborne and Waterborne Diseases, 3- year Rolling Rates per 100,00 Population, 2019-2021**



Source: Florida Department of Health, Bureau of Epidemiology. Rates are per 100,000 of the population.

Figure 104 Data Enteric Food and Water Diseases	Manatee	Pinellas	Sarasota	Peer Avg.	Florida
Vibriosis (excluding cholera)	0.9	1.2	0.9	0.8	1.1
Shigellosis	0.7	2.6	1	2	3.9
Shiga toxin-producing Escherichia coli (STEC) (E. coli)	2.3	1.6	1.5	2	2.8
Salmonella	18.1	19.7	19.4	24.1	30.9
Listeriosis	0.3	0.2	0.5	0.3	0.2
Hepatitis A	12.2	13.1	10.8	10.8	7.1
Cyclosporas	0.6	1.6	2	1.7	1.5
Cryptosporidiosis	1.9	4.3	0.6	0.8	2
Campylobacteriosis	11.4	25.8	14.6	17.8	18.2

Source: Florida Department of Health, Bureau of Epidemiology. Rates are per 100,000 of the population.

## Maternal and Child Health

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

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

Indicator: Percent of pregnant females receiving 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 mother, 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

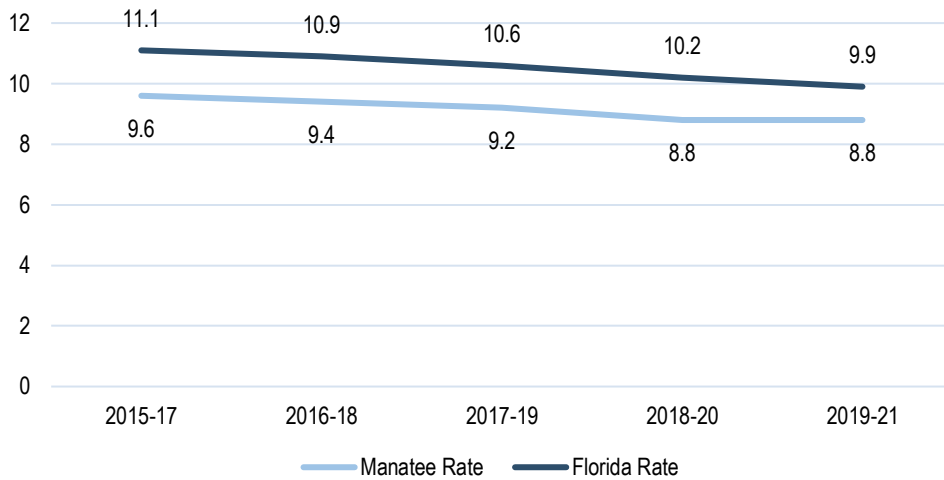


health of the mother during and after pregnancy, as well as impact the health of a baby at birth and for the rest of their life. Teen pregnancy and maternal health are important to the health of a community as a contributor to high school dropout rates among females and as a catalyst for poor health outcomes over time.

**Birth Rates**

In 2021, there were 3,605 live births in Manatee County at a rate of 8.8 per 1,000 females. In Florida, there were 216,189 live births in 2021 at a rate of 9.8 per 1,000 females. Figure 105 represents the three-year rolling averages of live births per 1,000 females in Manatee County and in Florida, with Florida having higher rates.

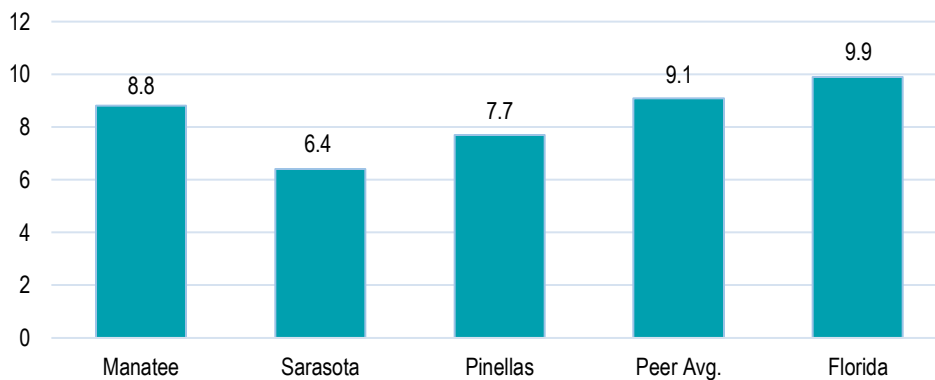
**Figure 105: Live Births per 1,000 Females, 3-year Rolling Rate, Manatee County and Florida 2015-2021**



Source: Florida Department of Health, Bureau of Vital Statistics. Rates are per 1,000 of the population.

Manatee County had a lower birth rate than Florida and the peer-county average, but higher than the nearest local health departments during 2019-21 (Figure 106).

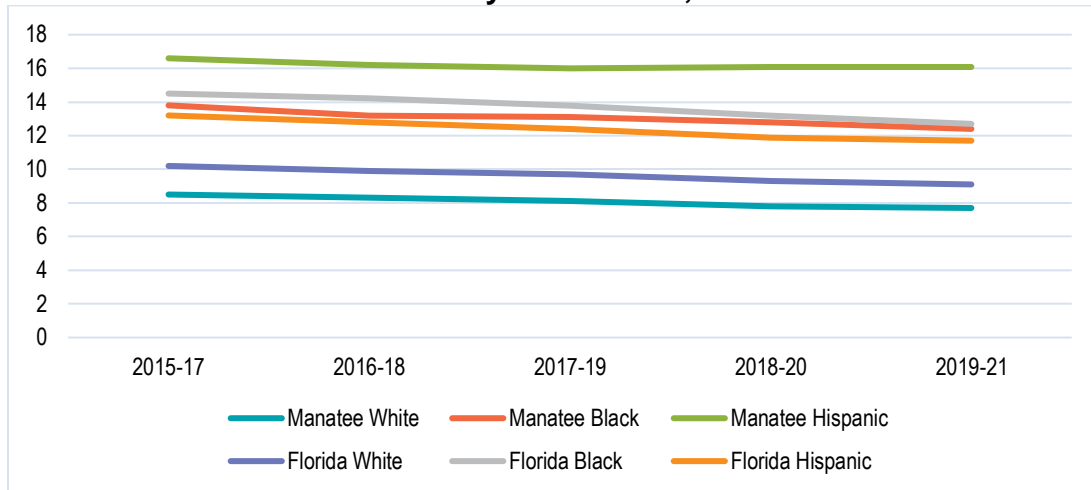
**Figure 106: Birth Rate per 1,000 Females Comparison, 2019-2021**



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

Birth rates among all races and ethnicities have been declining in Manatee County and in Florida. Hispanics have the highest birth rates in Manatee County and in Florida, Blacks have the highest birth rates (Figure 107).

**Figure 107: Birth Rates per 1,000 Females, by Race and Ethnicity, 3-year Rolling Rates, Manatee County and Florida, 2015-2021**

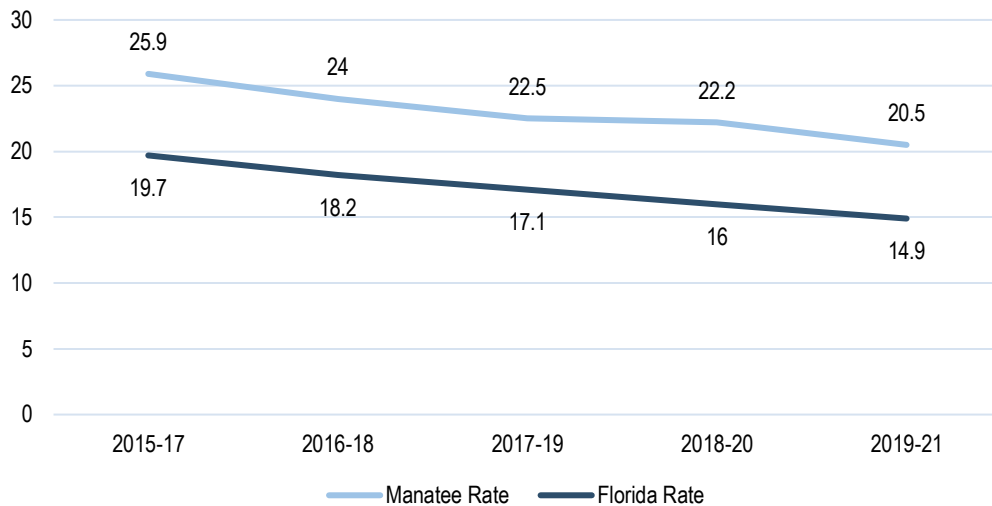


Source: Florida Department of Health, Bureau of Vital Statistics

Figure 107 Data	Manatee			Florida		
	White Rate	Black Rate	Hispanic Rate	White Rate	Black Rate	Hispanic Rate
2015-17	8.5	13.8	16.6	10.2	14.5	13.2
2016-18	8.3	13.2	16.2	9.9	14.2	12.8
2017-19	8.1	13.1	16	9.7	13.8	12.4
2018-20	7.8	12.8	16.1	9.3	13.2	11.9
2019-21	7.7	12.4	16.1	9.1	12.7	11.7

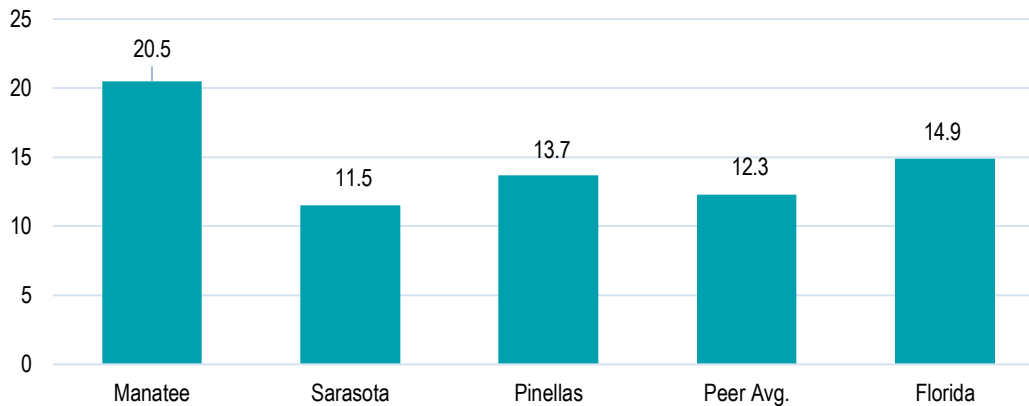
Manatee County’s rate of births to teen mothers (aged 15-19) has consistently been higher than the state rate, peer counties and the nearest local health departments (Figure 109). However, the rates of births to teen mothers have been declining in Manatee County and Florida since 2015 (Figure 108).

**Figure 108: Births to Teen Mothers per 1,000 Age15-19, 3-year Rolling Rate, Manatee County and Florida, 2015-21**



Source: Florida Department of Health, Bureau of Vital Statistics

Figure 109: Comparison of Births to Teen Mothers 2019-21

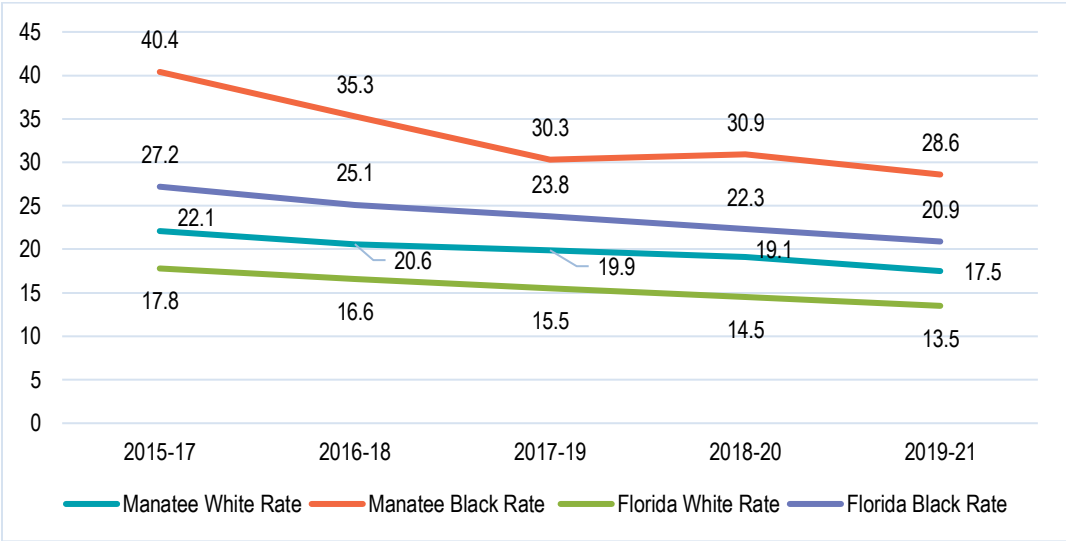


Source: Florida Department of Health, Bureau of Vital Statistics, 3-year rolling rate  
Peer counties: Collier, Pasco, and Seminole, Nearest LHD- Sarasota & Pinellas

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 20.5 exceeds the national target.

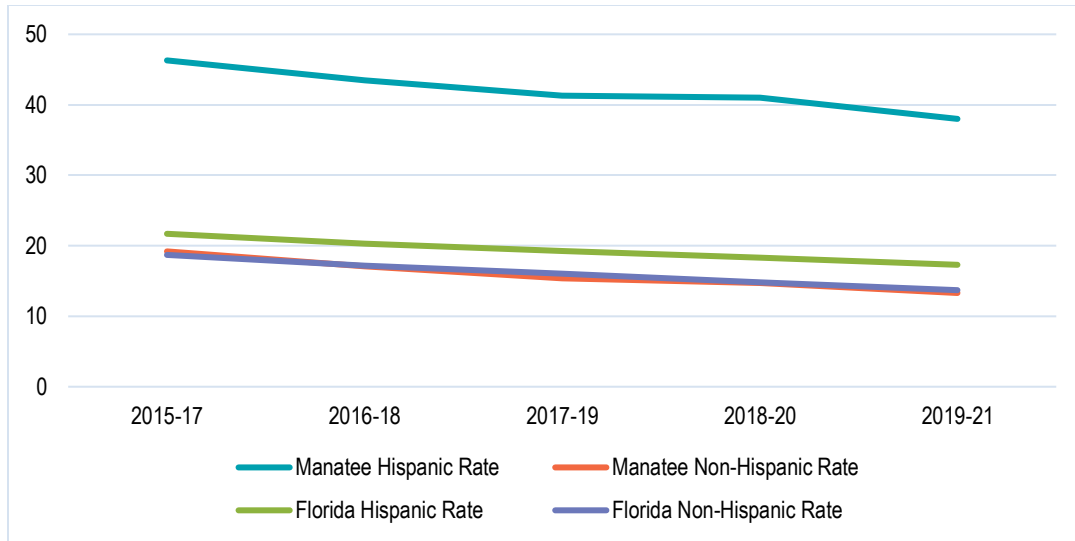
Figures 110 and 111 show a decline in birth rates for mothers ages 15-19 years for blacks, whites, and Hispanics in both Manatee County and Florida. However, rates in Manatee County for blacks and Hispanics are still higher than Florida. Non-Hispanic birth rates in Manatee County to mothers ages 15-19 years closely match non-Hispanic rates in Florida.

**Figure 110: Births to Teen Mothers per 1,000 Ages 15- 19, 3-year Rolling Rate, by Race, Manatee County and Florida, 2015-21**



Source: Florida Department of Health, Bureau of Vital Statistics

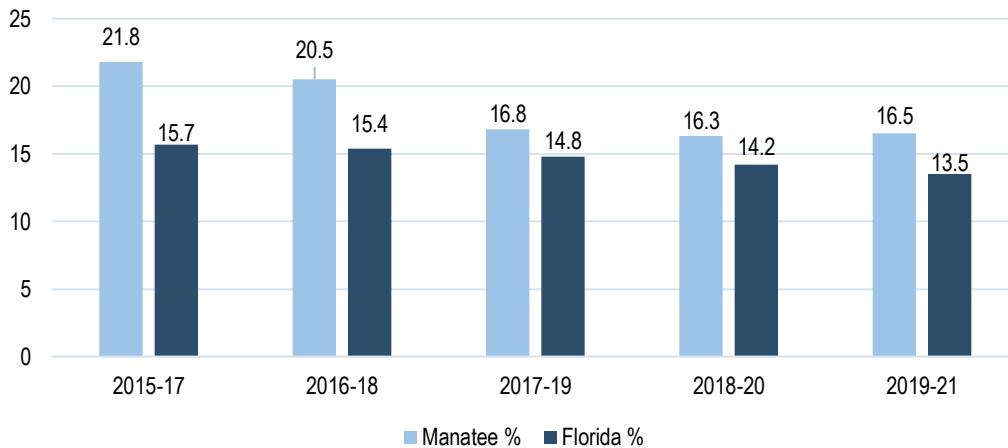
**Figure 111: Births to Teen Mothers per 1,000 Ages 15- 19, 3-year Rolling Rate, by Ethnicity, Manatee County and Florida, 2015-21**



Source: Florida Department of Health, Bureau of Vital Statistics

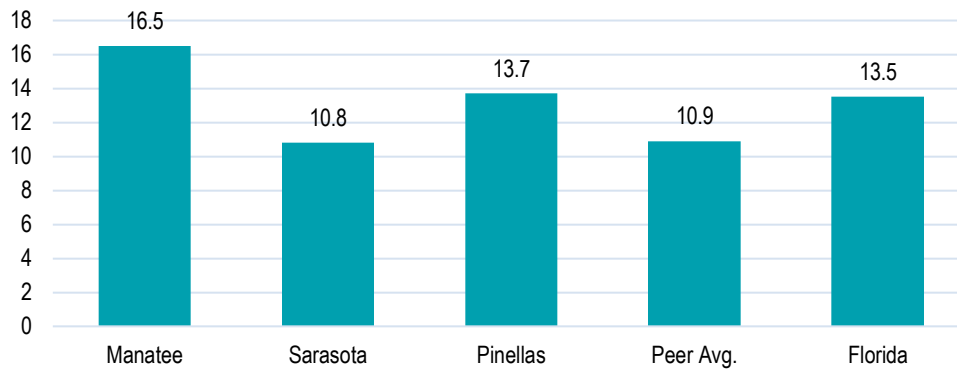
The rate of repeat births to teen mothers ages 15-19 in Manatee County and Florida has declined overall since 2013 (Figure 112). These rates have been consistently higher in Manatee County than Florida over the last 7 years. The difference between Manatee County’s and Florida’s rates is now at 3 percent attributable to effective interventions. In comparing the percentage of repeat births to teen mothers ages 15-19 across Manatee, Florida, peer counties and the nearest local health departments, Manatee has the highest rates (Figure 113). While there has been improvement over time, continued efforts aimed at reducing repeat teen births in Manatee County are needed.

**Figure 112: Percentage of Repeat Births to Mothers Ages 15-19, 3- year Rolling Rate, Manatee County and Florida, 2015-2021**



Source: Florida Department of Health, Bureau of Vital Statistics

**Figure 113: Comparison Percent of Repeat Births to Mothers Ages 15-19, 2019-2021**

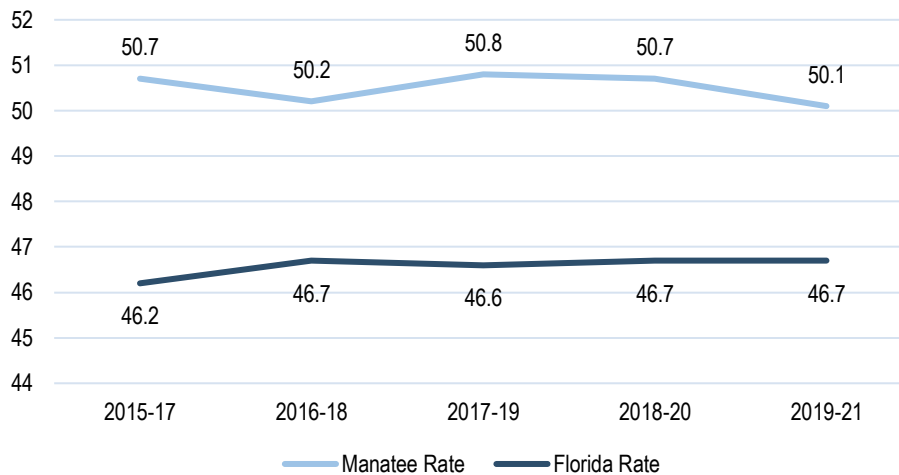


Source: Florida Department of Health, Bureau of Vital Statistics, 3-year rolling rate  
Peer counties: Collier, Pasco, and Seminole, Nearest LHD- Sarasota & Pinellas

Being a single mother can impact maternal and child health, as it has been associated with a lower socioeconomic status, impaired family functioning, and limited social support.

The 3-year rolling rate average for births to unwed mothers ages 15-44 is higher in Manatee County than in Florida (Figure 114).

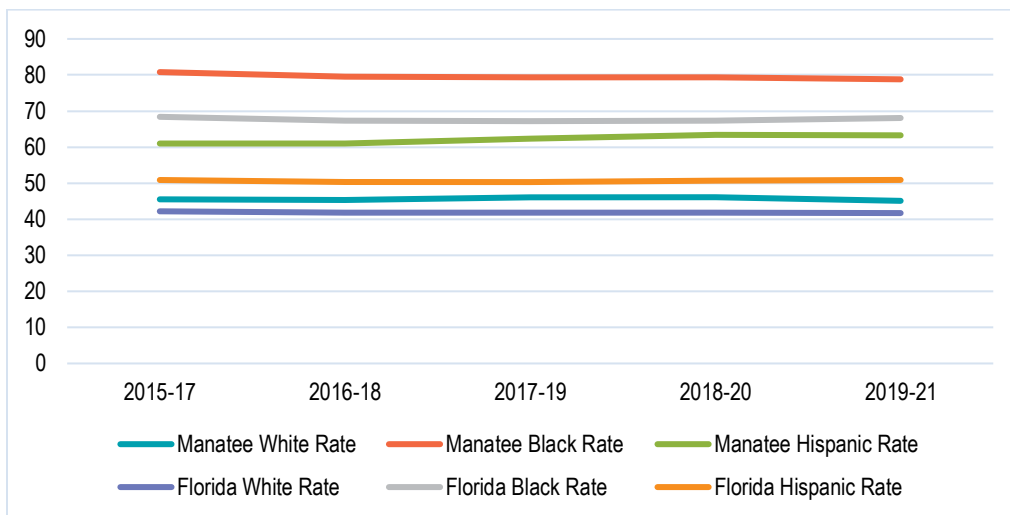
**Figure 114: Percent of Births to Unwed Mothers Ages 15- 44, 3-year Rolling Rate, Manatee County and Florida, 2015-21**



Source: Florida Department of Health Bureau of Vital Statistics

Manatee County has higher rates of births to unwed mothers among all races and ethnicities, compared to Florida. Blacks in both Manatee County and Florida have higher rates overall, followed by Hispanics (Figure 115).

**Figure 115: Percent of Births to Unwed Mothers Age 15-44, 3-year Rolling Rates, by Race and Ethnicity, Manatee County and Florida, 2015-21**



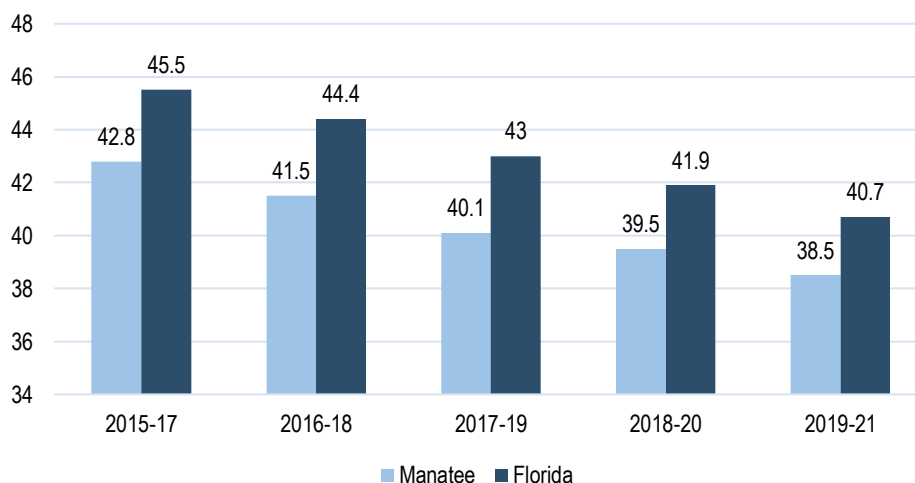
Source: Florida Department of Health Bureau of Vital Statistics

### **Births to Mothers with Healthy Weight**

A healthy pregnancy is determined by physical and behavioral measures, beginning with a healthy weight before and at time of pregnancy. A healthy body mass index (BMI) is between 18.5 and 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 116 shows that Manatee County has fewer mothers at healthy weight prior to pregnancy than Florida. Both Florida and Manatee County rates for healthy weight before pregnancy are decreasing over time.

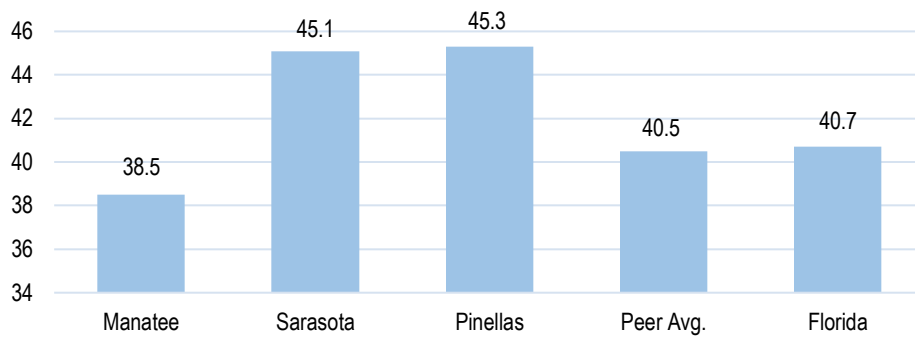
**Figure 116: Percent of Births to Mothers with Healthy Weight, 3-year Rolling Rate, Manatee County and Florida, 2015-2021**



Source: Florida Department of Health Bureau of Vital Statistics

Manatee County has a lower birth rate among mothers with a healthy weight, compared to Florida, the nearest local health departments, and peer-county average (Figure 117).

**Figure 117: Comparison Percent of Births to Mothers with Healthy Weight, 2019-2021**



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

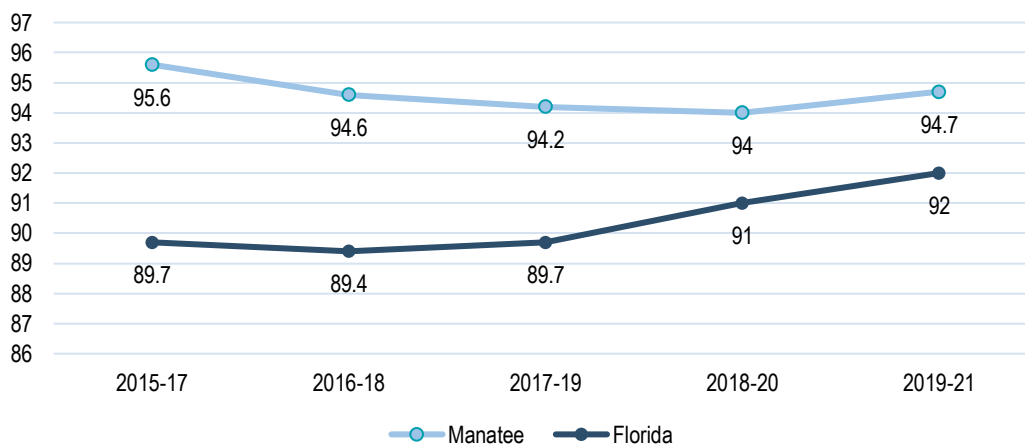
The Healthy People 2030 national health target is to increase the proportion of women who had a healthy weight before pregnancy to 47.1 percent. Manatee County’s current rate of 38.5 percent and Florida’s current rate of 40.7 percent do not meet the national target.

**Prenatal Care**

Prenatal care is health care for pregnant women that can promote a healthier pregnancy, birth, and baby. Prenatal care will monitor the progress of a pregnancy and allow for health care provider interventions if problems arise during pregnancy.

Manatee County has higher rates of adequate prenatal care than Florida (Figure 118).

**Figure 118: Percentage of Births with Known Prenatal Care Status (Kolchak index), 3-year rolling rate, Manatee County and Florida, 2015-2021**



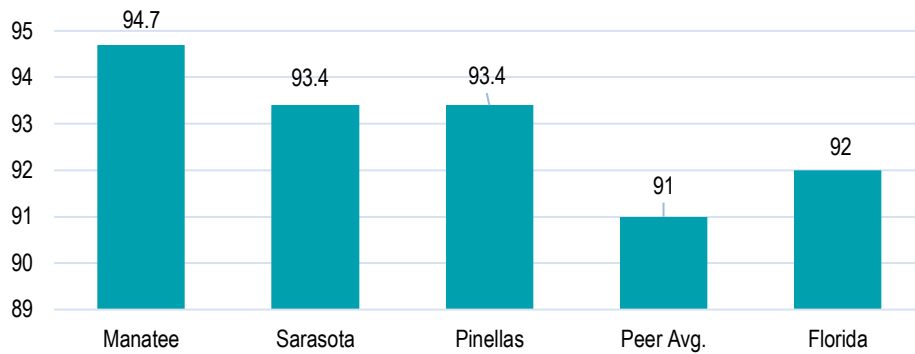
Source: Florida Department of Health Bureau of Vital Statistics

Manatee County has higher rates of prenatal care when compared with Florida, the peer counties, and the nearest health departments (Figure 119).





**Figure 119: Comparison of Percentage of Births with Known Prenatal Care Status, 3-year rolling rate, 2019-2021**



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

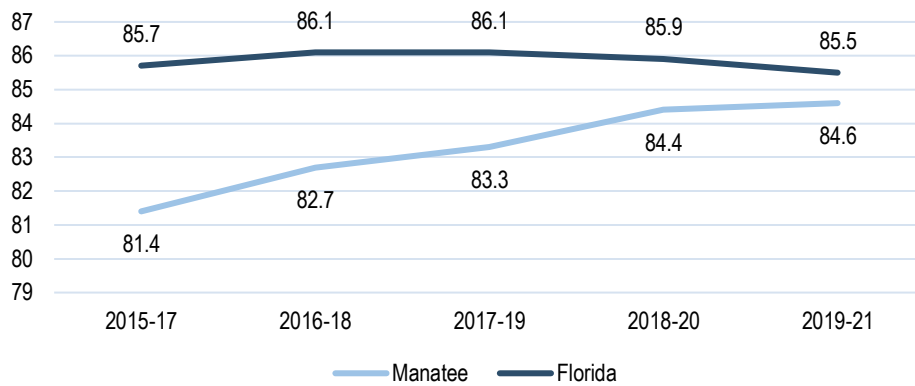
The Healthy People 2030 national health target is to increase the proportion of pregnant women who receive early and adequate prenatal care to 80.5 percent. Manatee County, the local health departments, peer counties and Florida's rates of known prenatal care status exceed the national target.

### **Breastfeeding**

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

Florida has consistently had higher rates among mothers who initiate breastfeeding compared to mothers in Manatee County, although Manatee County's rates have consistently increased over the years (Figure 120).

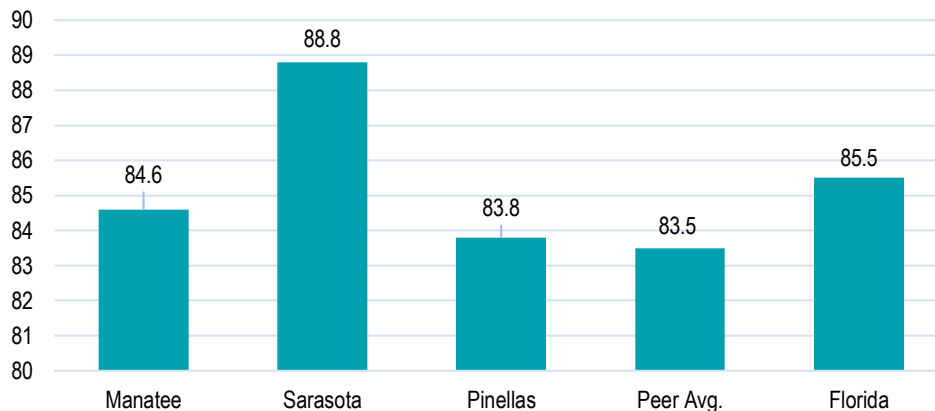
**Figure 120: Percentage of Total Births, Mothers who Initiate Breastfeeding, 3-year Rolling Rate, Manatee County and Florida, 2015-2021**



Source: Florida Department of Health Bureau of Vital Statistics

The following figure shows a comparison between the rates of breastfeeding initiation in Manatee County with Florida, peer counties and nearest local health departments. Manatee County's rate is lower than Sarasota County and Florida, but slightly higher than the peer-county average and Pinellas County (Figure 121).

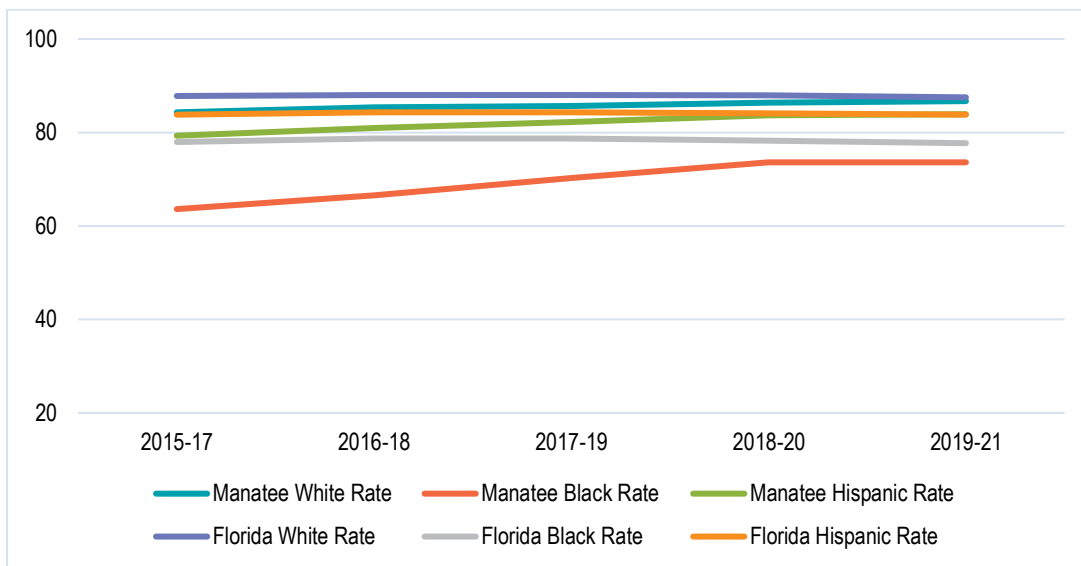
**Figure 121: Comparison of Percent of Total Births, Mothers who Initiate Breastfeeding, 2019-2021**



Source: Florida Department of Health, Bureau of Vital Statistics, 3-year rolling rate  
Peer counties: Collier, Pasco, and Seminole, Nearest LHD- Sarasota & Pinellas. Rates are per 100,000 of the population.

Among race and ethnicity of total births among mothers who initiate breastfeeding, the rates are highest among whites and Hispanics compared to blacks in both Manatee County and Florida. There are lower rates of births to black mothers who initiate breastfeeding in Manatee County and Florida (Figure 122).

**Figure 122: Percentage of Total Births, Mothers who Initiate Breastfeeding, By Race and Ethnicity, 3-year Rolling Rate, Manatee County and Florida, 2015-2021**



Source: Florida Department of Health Bureau of Vital Statistics

Figure 122 Data	Manatee			Florida		
	White Rate	Black Rate	Hispanic Rate	White Rate	Black Rate	Hispanic Rate
Years						
2015-17	84.3	63.6	79.3	87.8	78	83.8
2016-18	85.4	66.6	81	88	78.7	84.3
2017-19	85.6	70.3	82.2	88	78.7	84.3
2018-20	86.4	73.6	83.6	87.9	78.3	84.1
2019-21	86.7	73.6	83.9	87.5	77.7	83.8

The American Academy of Pediatrics recommends exclusive breastfeeding for about six 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.

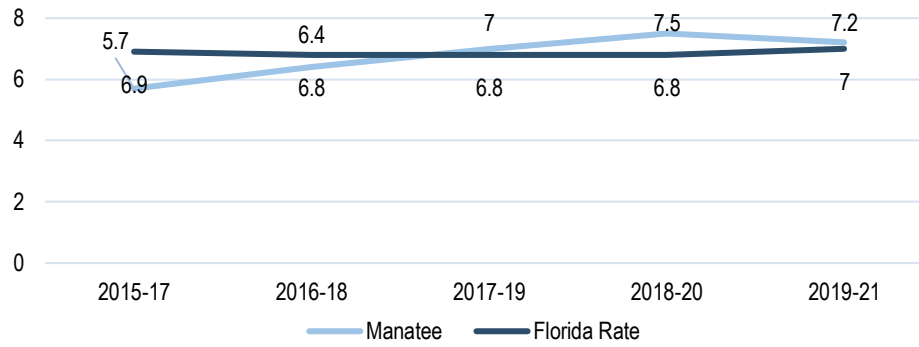
Healthy People 2030 sets a national target to increase the proportion of infants who are breastfed exclusively through six months of age to 42.4 percent. In Florida, 40.3 percent of infants were breastfed through six months, which does not meet the national target (2019).

### **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 referred to as stillbirths.

Manatee County has seen a rise in fetal deaths beginning in 2014-16 and in the most recent period (2019-21) has a higher rate than Florida (Figure 123).

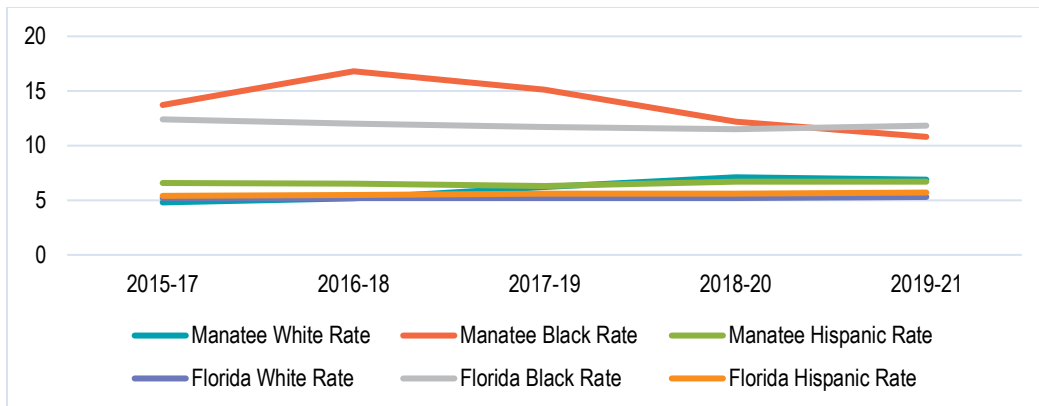
**Figure 123: Fetal Deaths per 1,000 Deliveries, 3- year Rolling Rates, Manatee County and Florida, 2015- 2021**



Source: Florida Department of Health Bureau of Vital Statistics. Rates are per 100,000 of the population.

Fetal death rates are higher for blacks in both Manatee County and Florida, although fetal death rates for blacks in Manatee County and Florida began to decrease in the 2016-18 period. Manatee Hispanics have higher rates of fetal death than Florida Hispanics and whites in Florida (Figure 124).

**Figure 124: Fetal Deaths per 1,000 Deliveries, 3- year Rolling Rates, By Race and Ethnicity, Manatee County and Florida, 2019- 2021**



Source: Florida Department of Health Bureau of Vital Statistics. Rates are per 100,000 of the population.

Figure 124 Data	Manatee			Florida		
	White Rate	Black Rate	Hispanic Rate	White Rate	Black Rate	Hispanic Rate
Years						
2015-17	4.8	13.7	6.6	5.2	12.4	5.4
2016-18	5.2	16.8	6.5	5.2	12	5.5
2017-19	6.2	15.1	6.3	5.2	11.7	5.6
2018-20	7.1	12.2	6.7	5.2	11.5	5.6
2019-21	6.9	10.8	6.7	5.3	11.8	5.7

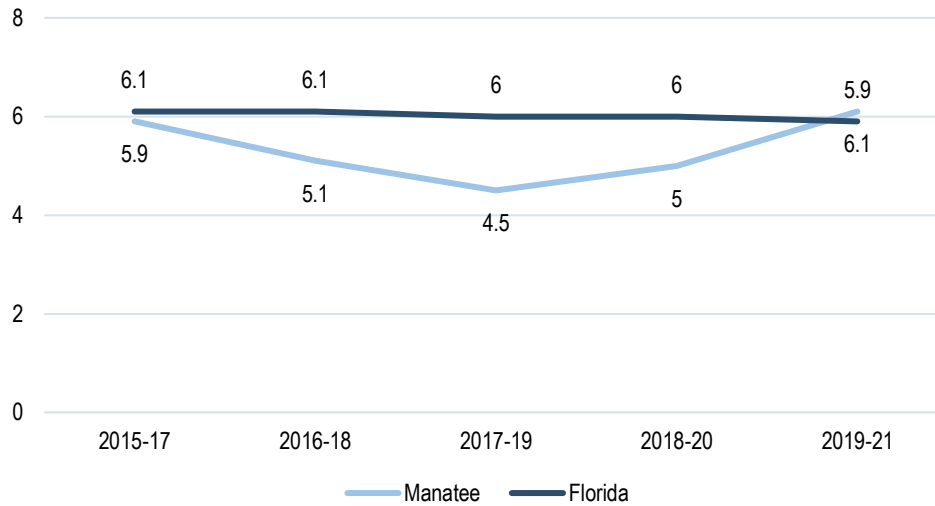
Healthy People 2030 sets a national target to reduce fetal deaths to 5.7 deaths per 1,000 births. Manatee County's current rate of 7 deaths per 1,000 births does not reach the national target.

### **Infant Deaths**

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

Manatee County has had lower infant mortality rates than Florida since 2015-17, but slightly exceeded Florida in 2019-21.

**Figure 125: Infant Mortality Rate Per 1,000 Live Births, 3-year Rolling Rate, Manatee County and Florida, 2015-2021**

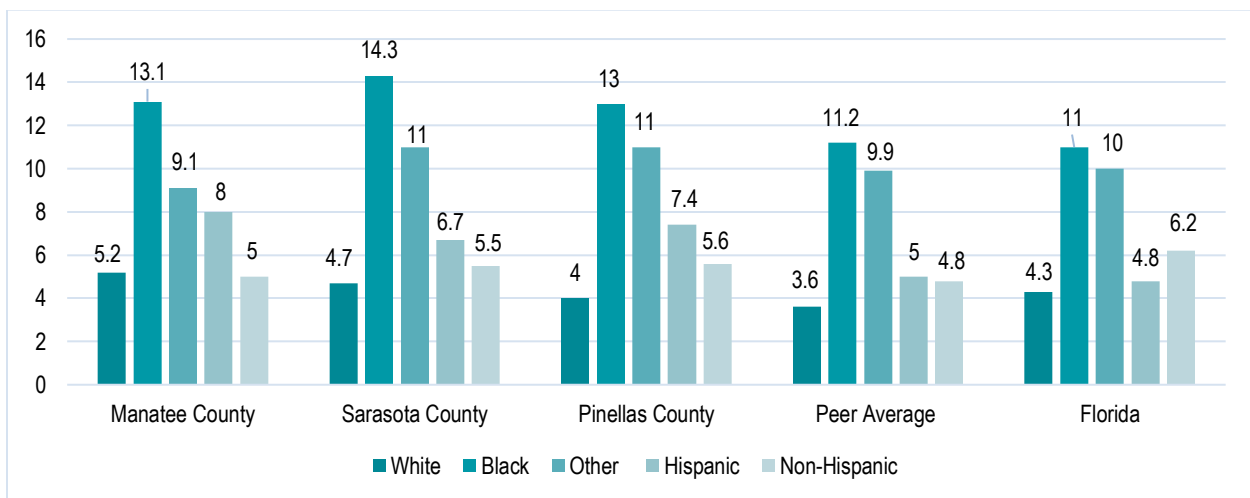


Source: Florida Department of Health Bureau of Vital Statistics

Figure 126 illustrates the health disparities that exist in terms of infant mortality in Manatee County, Florida, peer-counties and nearest local health departments among different races and ethnicities.

The infant mortality rate is highest among blacks in Manatee County, Florida, peer-county averages, and the nearest health departments compared to all other races and ethnicities, being almost three times higher when compared to whites.

**Figure 126: Infant Mortality Rate per 1,000 Live Births, 3-year Rolling Rate, by Race and Ethnicity, 2019-2021**



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

## Mental Health

Mental health heavily influences our quality of life. Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we manage 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; and family history.

Tables 15, 16, and 17 provide a snapshot of the mental health status, hospitalization rates, facilities, and licensed professionals in Manatee County.

**Table 15: Mental Health Status and Complications, By Age, Manatee County 2021**

Indicator	Year	%
<b>Age 18 and Older*</b>		
Estimated Seriously Mentally Ill Adults	2021	N.A
Adults who are limited in any way in any activities because of physical, mental, or emotional problems	2016	24.3%
Adults who had poor mental health on 14 or more of the past 30 days	2019	12.6%
Adults who have ever been told they had a depressive disorder	2019	16%
Adults whose poor physical or mental health kept them from doing usual activities on 14 or more of the past 30 days (Among adults who have had at least one day of poor mental or physical health)	2019	17.5%
Adults with good mental health	2019	87.4%
Average number of unhealthy mental days in the past 30 days	2019	4%
Average number of days where poor mental or physical health interfered with activities of daily living in the past 30 days (Among adults who have had at least one day of poor mental or physical health)	2019	5%
<b>Age Less Than 18**</b>		
Children in Schools Grades K-12 With Emotional/Behavioral Disability	2021	0.3%
Percent of students, ages 11-17, who in the past year, did something to purposely hurt themselves without wanting to die	2020	10.2%
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	2020	27.7%
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	2020	7.9%

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management.

\*Behavioral Risk Factor Surveillance System. Florida, Volume 4. HHS (Health and Human Services) Publication No. SMA-17-Baro-16-States-FL. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2017.

\*\*Florida Department of Education. Florida Youth Tobacco Survey.

**Table 16: Hospitalizations from Mental and Behavioral Health Disorders, Manatee County, 2021**



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	299	414	<5	N/A	37	51.2	381	527
18-24	12	80	132	879.4	37	246.5	9	60	197	1,312.5
22-24	34	295.5	76	660.6	17	147.8	6	52.2	147	1,277.8
24-44	415	488.9	370	435.9	262	308.7	10	11.8	1,122	1,321.9
45-64	492	452.8	431	396.6	193	177.6	6	5.5	1,178	1,084.1
65-74	122	192.6	152	240	48	75.8	<5	N/A	354	558.9
75 or older	33	60.5	59	108.1	19	34.8	<5	N/A	220	403.1
Total	1,108	270.1	1,519	370.3	580	141.4	72	17.6	3,599	877.4

Source: Florida Health Agency for Health Care Administration

**Table 17: Access and Services, Manatee County, 2021**

Indicator	Manatee County		Florida	
	Count	Rate per 100,000 population	Count	Rate per 100,000 population
Licensed Mental Health Counselors	179	43.6	12397	56.3
Licensed Psychologists	85	20.7	5056	23
Licensed Clinical Social Workers	171	41.7	10762	48.9
Total Behavioral/Mental Health Professionals	375	91.4	25340	115.2
Adult Psychiatric Beds	20	4.9	6856	31.2
Child and Adolescent Psychiatric Beds	60	14.6	713	3.2
Children Ages 1-5 Receiving Mental Health Treatment Services	244	1308.9	2627	223.1

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. Judges, law enforcement officials, emergency medical technicians, physicians, or mental health professionals are authorized to "Baker Act" an individual. There must be evidence that the person may have a mental illness; or is in danger of becoming a harm to self or others; or cannot take care of themselves. Examinations may last up to 72 hours after a person is deemed medically stable.

**Table 18: Manatee County Involuntary Examinations Fiscal Year 2020-2021, Percent Children and Adults, and Percent of Total**

Number of Involuntary Examinations	% Children under 18	% Adults (Ages 18-64)	% Change over 5 years (FY16-17 to FY 20-21)
2,048	29.74%	63%	-8.6%

Source: Baker Act Reporting Center, FY 2020-2021 Annual Report

### **Suicide Rates**

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

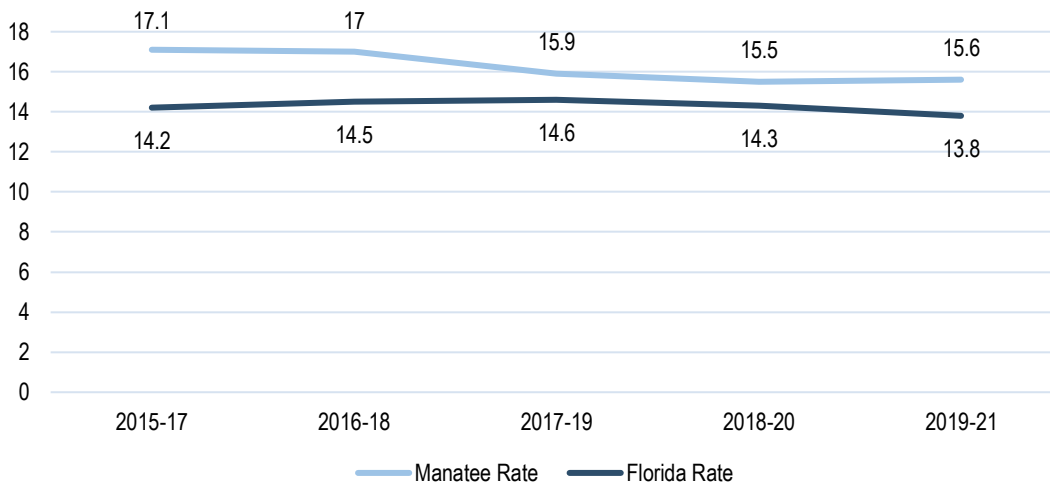
According to the Centers for Disease Control and Prevention (CDC), suicide rates in the United States vary by race/ethnicity, age, and other population characteristics. The highest rates across the life span occur among non-Hispanic American Indian/Alaska Native and non-Hispanic white populations. Other 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. Sexually active minority youth bear a large burden and experience increased suicidal ideation and behavior compared to their nonsexual 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 may be narrowing: From 1999 to 2017, the suicide rate rose 53 percent among women, compared to 26 percent 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 United States in recent years, as has an increase in drug-related deaths. It is 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 the peer-county average and lower than the nearest local health departments (Figure 128).

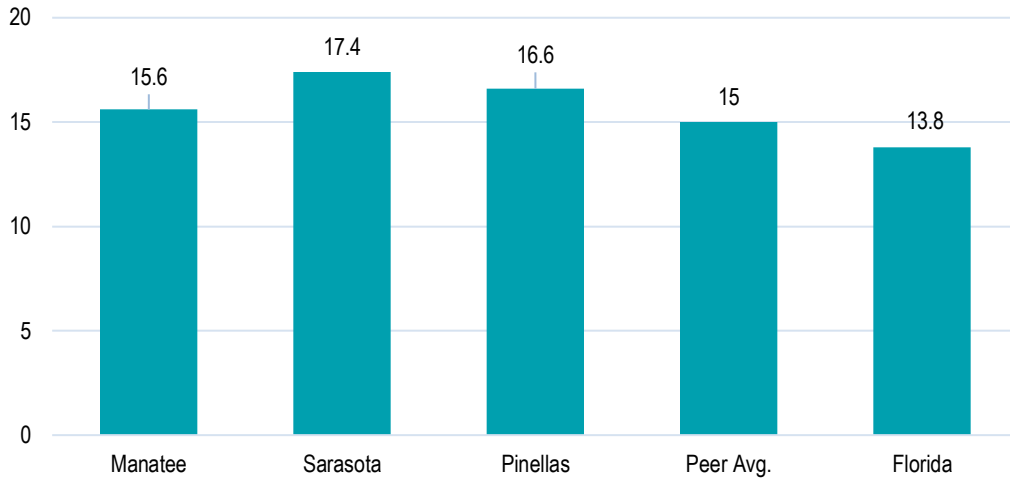
**Figure 127: Age adjusted Suicide Death Rates, 3-year Rolling Average, Manatee County and Florida 2015-2021**



Source: Florida Department of Health, Bureau of Vital Statistic



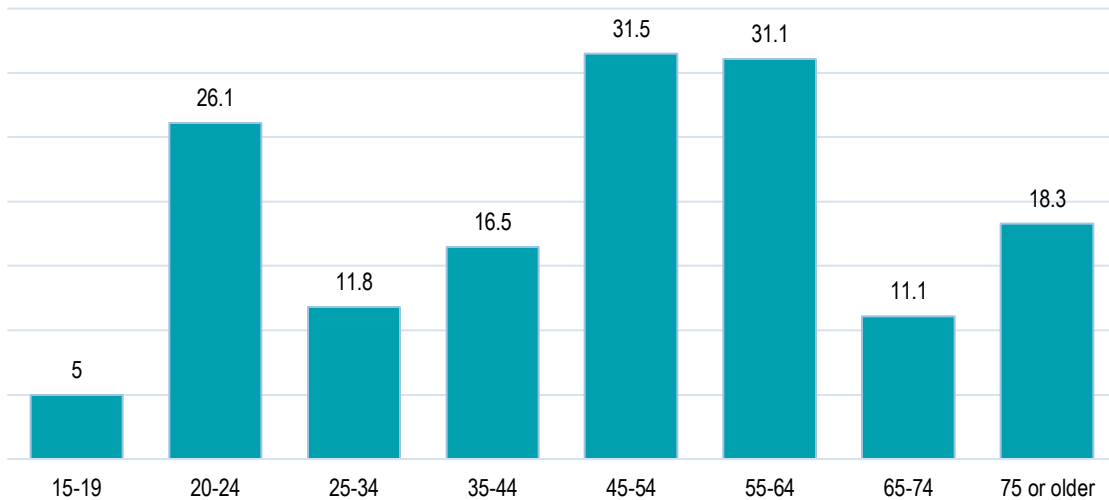
**Figure 128: Suicide Death Rate Comparison, 2021**



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

In 2021, suicide death rates in Manatee County were highest in the 45-54 and 55-64 age cohorts, with the third highest rates in the 20-24 age cohort (Figure 129).

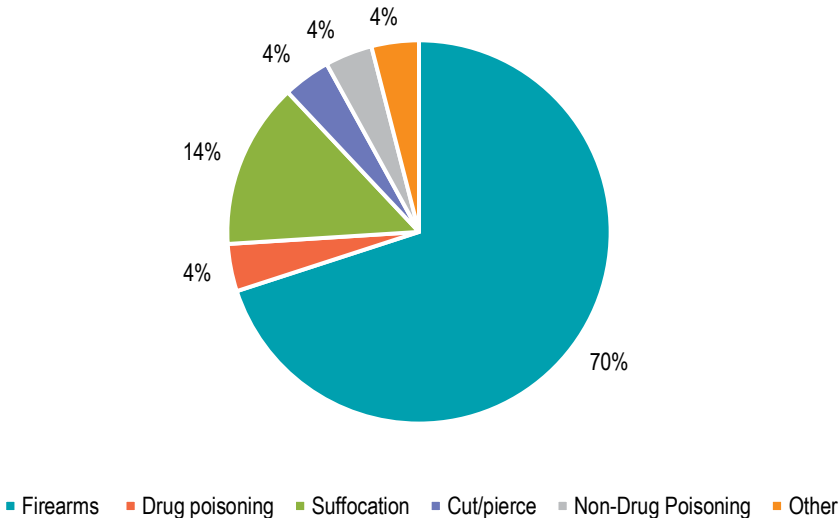
**Figure 129: Suicide Death Rates by Age, Manatee County 2021**



Source: Florida Department of Health, Bureau of Vital Statistics

Firearms were the most common method for suicide, followed by suffocation as the second most common method across all age cohorts (Figure 130).

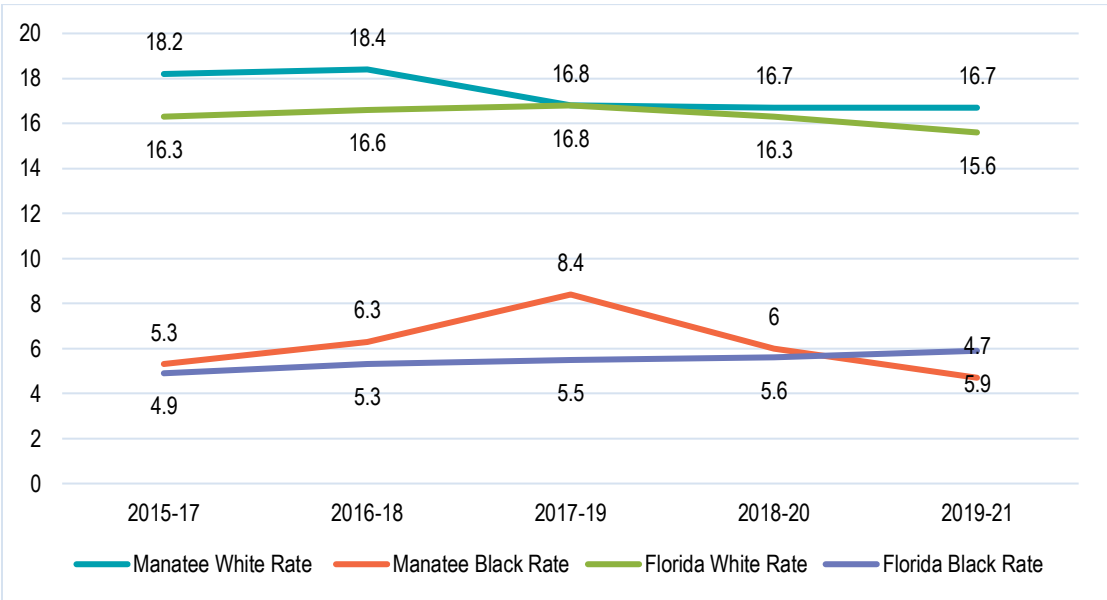
**Figure 130: Suicides by Method, Manatee County, 2021**



Source: Florida Department of Health, Bureau of Vital Statistics

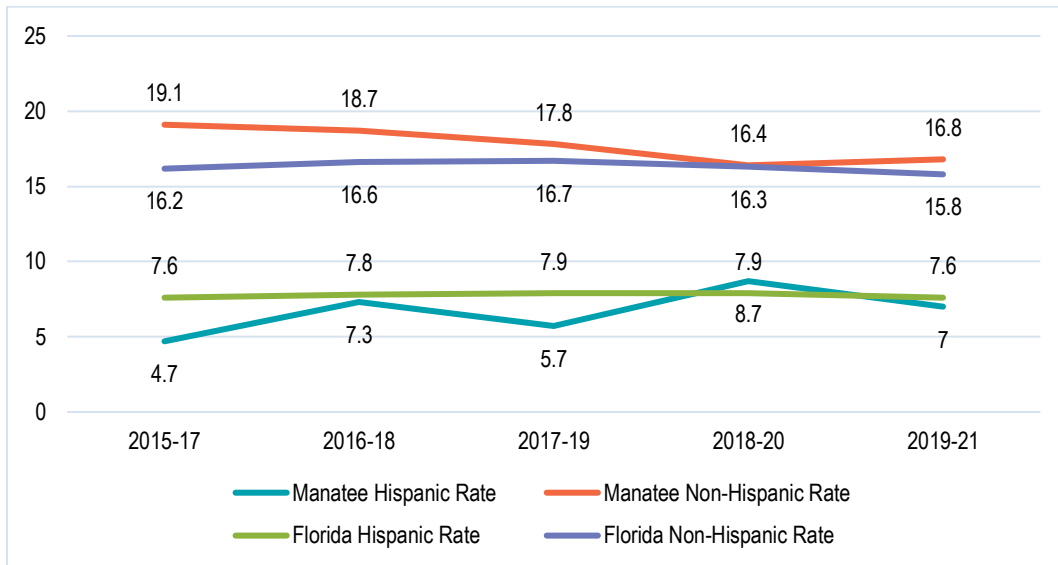
Figure 131 shows that whites have higher rates of suicide than blacks in both Manatee County and Florida (rates are higher in Manatee County). Figure 132 shows that non-Hispanics have higher rates of suicide than Hispanics in both Manatee County and Florida. Manatee Hispanics have a lower rate of suicide than Hispanics in Florida.

**Figure 131: Age adjusted Suicide Death Rates, 3-year Rolling Average, By Race, Manatee County and Florida 2015-2021.**



Source: Florida Department of Health, Bureau of Vital Statistics. Rates are per 100,000 of the population.

**Figure 132: Age adjusted Suicide Death Rates, 3-year Rolling Average, By Ethnicity, Manatee County and Florida 2015-2021**



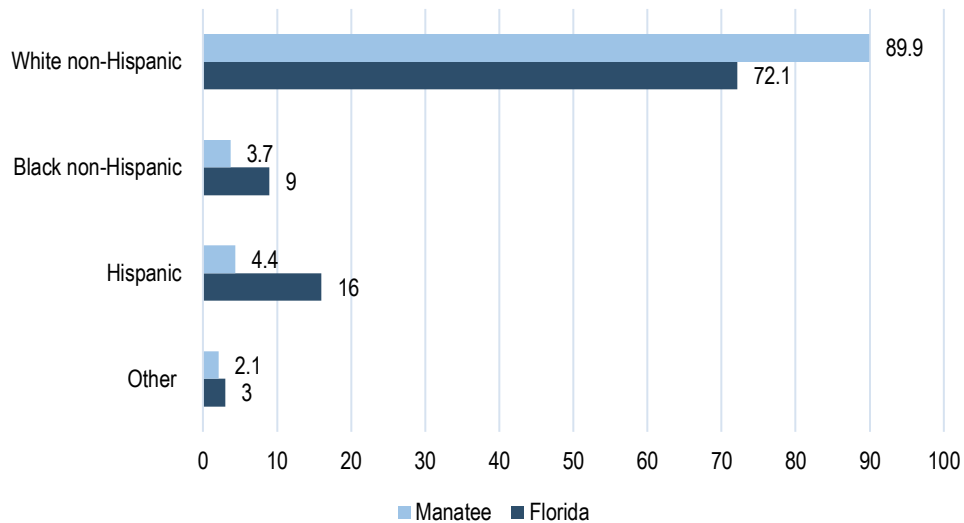
Source: Florida Department of Health, Bureau of Vital Statistics. Rates are per 100,000 of the population.

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 15.6 does not yet meet the national target.

**Senior Health**

Manatee County ranks 12th in Florida for percentage of individuals 65 and older. The 2021 population estimates for individuals aged 65 and older in Manatee County was 116,286, which represents approximately 28 percent of the population. Figure 133 shows Manatee County race and ethnicity of the 65 and older population compared with Florida. There are higher rates of whites in Manatee County compared to Florida.

**Figure 133: Percent Population age 65+ by Race and Ethnicity, Manatee and Florida, 2021**



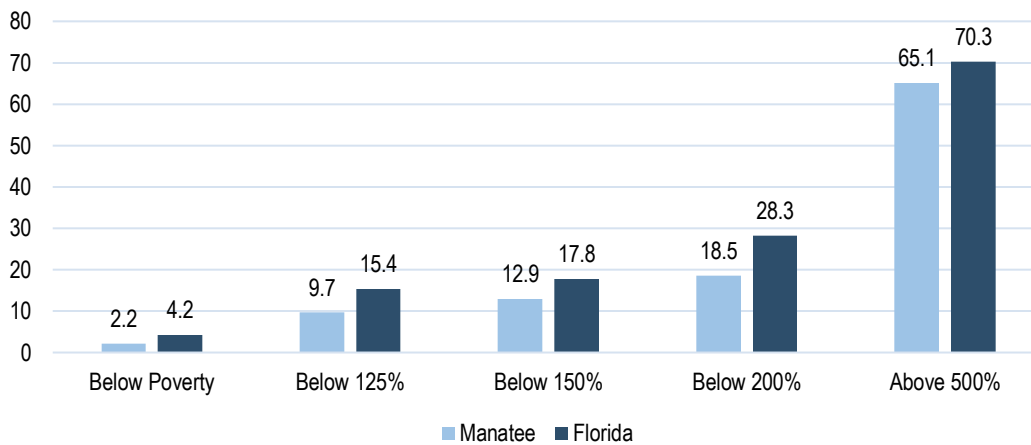
Source: Florida Legislature, Office of Economic and Demographic Research (EDR)

### **Income and Poverty**

In 2021, the median income for Manatee County households with individuals 65 years of age or older was \$53,894 (compared to median income of \$64,223 for the same households statewide). The 2021 ALICE (Asset-Limited, Income-Constrained, Employed) report shows about 35 percent of Manatee County households with individuals 65 years of age or older are ALICE households – that is, households with income enough to register just above the federal poverty level, but not enough to keep up with the cost of living. These are households where limited income forces members to make potentially life-altering decisions with the little money they have, such as the decision to pay rent versus fill a prescription.

Figure 134 shows Manatee County seniors have lower rates of poverty and higher rates of individuals with income more than 500 percent of the federal poverty level compared with Florida.

**Figure 134: Percent of Population Age 65+ by Median Income, Manatee County and Florida, 2021**



Source: US Bureau of the Census, American Community Survey, Table B17024.

**Table 19: Poverty Rates, Aged 65 or older, Manatee County and Florida, 2021**

People Age 65+	Manatee	Florida
Below 50% of Poverty	2.2%	4.2%
Below 75% of Poverty	3%	6.5%
Below 100% of Poverty	5.6%	10.9%
Below 125% of Poverty	9.7%	15.4%
Below 150% of Poverty	12.9%	17.8%
Below 175% of Poverty	16.1%	24.6%
Below 200% of Poverty	18.5%	28.3%
Below 300% of Poverty	35.2%	45.9%
Below 400% of Poverty	51.6%	59.7%
Below 500% of Poverty	65.1%	70.3%

Source: US Bureau of the Census, American Community Survey, Table B17024

**Table 20: Household Income, Aged 65 or older Manatee County and Florida, 2021**

Income, 65+	Manatee	Florida
Households with annual income less than \$20,000	12%	19%
Households with annual income \$20,000-\$49,999	31%	31%
Households with annual income greater than or equal to \$50,000	57%	50%

Source: US Bureau of the Census, American Community Survey, Table B19037

### **Marital Status**

Among individuals 65 or older, research has found it to be beneficial to health to be married. It has been found that they will live longer, have fewer strokes and heart attacks, lower chances of becoming depressed, less likely to have an advanced cancer diagnosis and survive major operations more often compared to single individuals 65 or older (Harvard University).

Marital status is similar in Manatee County and Florida, but Manatee County has higher rates of married individuals ages 65 or older (Table 21).

**Table 21: Marital Status of Persons Aged 65 and Older, Manatee County and Florida 2017-2021**

Marital Status 65+	Manatee	Florida
Married	59.8%	56%
Widowed	20.4%	21.9%
Divorced	15.2%	15.8%



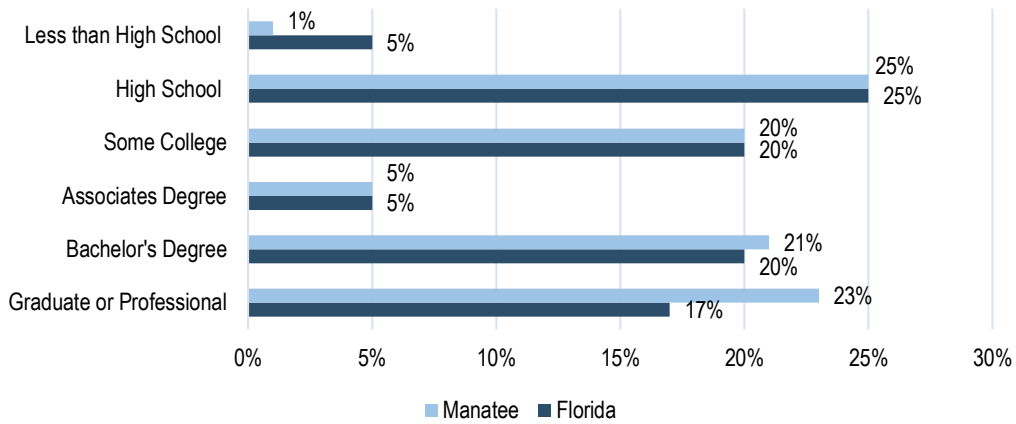
Separated	0.9%	1.3%
Never Married	3.7%	5%

Source: US Bureau of the Census, American Community Survey, Table S0103

### **Education**

Figure 135 shows that Manatee County has a higher percentage of seniors with bachelor's and post-graduate degrees than Florida.

**Figure 135: Educational Attainment Manatee County and Florida, Age 65+ by Percent, 2021**

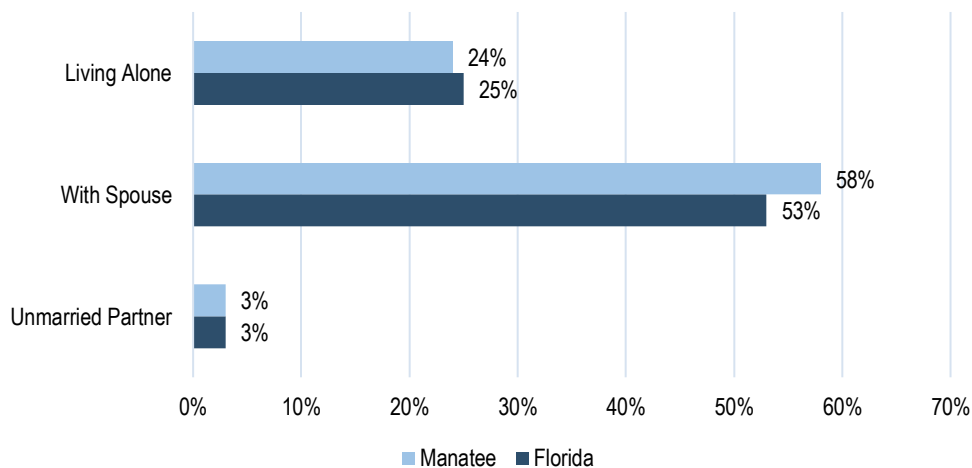


Source: US Bureau of the Census, American Community Survey, Table B15001

**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, such as increased risk of falls and medical emergencies, not having someone to notice cognitive or physical decline, making medication errors, and suffering the mental health impacts of social isolation. Figure 136 shows that Manatee County and Florida have similar rates of living arrangements among individuals 65 years and older.

**Figure 136: Living Arrangements, Percent of Population Age 65+, Manatee County and Florida, 2017-2021**



Source: US Bureau of the Census, American Community Survey, Table B09021

Seniors may also live with or have responsibility for grandchildren. Manatee County seniors are less likely to live with grandchildren than Florida seniors and are slightly more likely to have responsibility for their own grandchildren as Florida seniors.

<b>Table 22: Grandparents Living Arrangements</b>	<b>Manatee #</b>	<b>Manatee %</b>	<b>Florida #</b>	<b>Florida %</b>
Grandparents Responsible for own Grandchildren	1,887	1.3	143,061	1
Grandparents Living with own Grandchildren	8,774	3.2	491,017	3.5

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 is in poor health is \$3,677 a month in 2022 dollars. A couple over the age of 65 who rents a one-bedroom and is in excellent health would need an income of \$3,049 a month in 2022 dollars. The required income needed to meet basic needs is higher among Florida seniors than in Manatee County. The average social security payment in Manatee County is about \$2,013. Homeowners, whether single or a couple, without mortgages and who are in excellent health, need less monthly income to live on when compared with others.

<b>Table 23: Monthly Income Required to Meet Basic Needs for 65+ with Excellent Health in 2022 dollars</b>	<b>Manatee</b>	<b>Florida</b>
Single 65+ - Home owner without mortgage	\$1,735	\$1,732
Single 65+ - Home owner with mortgage	\$2,818	\$2,673
Single 65+ - Renter, one bedroom	\$2,231	\$2,246
65+ Couple - Home owner without mortgage	\$2,553	\$2,575
65+ Couple - Home owner with mortgage	\$3,636	\$3,516
65+ Couple - Renter, one bedroom	\$3,049	\$3,089
<b>Monthly Income Required to Meet Basic Needs for 65+ with Poor Health in 2022 dollars</b>	<b>Manatee</b>	<b>Florida</b>
Single 65+ - Home owner without mortgage	\$2,049	\$2,029
Single 65+ - Home owner with mortgage	\$3,132	\$2,970
Single 65+ - Renter, one bedroom	\$2,545	\$2,543
65+ Couple - Home owner without mortgage	\$3,181	\$3,169
65+ Couple - Home owner with mortgage	\$4,264	\$4,110
65+ Couple - Renter, one bedroom	\$3,677	\$3,683

**Source:** University of Massachusetts Elder Index <https://elderindex.org/>

Table 24 provides insight into overall health status among individuals 65 or older in both Manatee County and Florida. Fewer individuals 65 or older in Manatee County have had a medical check in the past year than those in Florida. Among those who visited a dental clinic in the last year, more Manatee County individuals 65 or older visited (58.3 percent) compared to Florida (58.35 percent).

<b>Table 24: Health Status Indicators, Adults 65+, 2021</b>	<b>Manatee %</b>	<b>Florida %</b>
Adults who are sedentary	27.7	29.7
Had a Medical checkup in the past year	91.8	94.1
Have a personal doctor	94.2	91.2
Could not see a doctor in the past year due to cost	3.8	3.7
Overweight	41.6	39.2

Obese	23.1	27.6
Received a flu shot in past year	56.4	58.3
Ever received a pneumonia vaccine	69.9	66.8
Visited a dentist or dental clinic in past year	70.8	58.3
Had a fall-related injury in the past year	7.8	9.7
Poor physical health on 14 days or more of the last 30 days	18.7	20
Ever told they have a depressive disorder	7.9	14.5
Poor mental health on 14 days or more of last 30 days	6.6	9.7
Use special equipment due to health problem	18	19.7

Source: Florida Department of Health, Behavioral Risk Factor Surveillance System

### **Food Insecurity**

Food insecurity means not having access to sufficient food or food of an adequate nutritional quality to meet one's basic needs. Food insecurity is strongly associated with income, but it is not limited to people living in poverty. According to Feeding America, it was estimated that 7.1 percent of seniors (60 years or older) were “food insecure” in 2021, with the highest food insecurity rates among seniors located in the South.

Poor health can be both a cause and a consequence of food insecurity for seniors as it can impact nutrition, disability, and chronic health conditions. Among seniors, those with disabilities have food insecurity rates more than twice as high as seniors without disabilities. A report from the National Health and Nutrition Examination Survey (1999-2016) found that food-insecure seniors consume fewer key nutrients, such as iron and protein, and are more likely to have chronic health conditions, such as depression and limitations of physical activity (Feeding America, State of Senior Hunger, 2021).

Manatee County seniors have access to SNAP (Supplemental Nutrition Assistance Program) benefits, food banks, home delivered meals and two adult congregate dining sites (Presbyterian Villas and Meals on Wheels) to help meet their nutrition needs. The National Council on Aging reports that across the nation, SNAP is an underutilized benefit among eligible seniors with three out of five seniors not enrolled. Low-income older adults may also have to make tradeoffs that are likely to impact their health negatively, such as skipping meals or reducing medication doses. These conditions can impact overall health and increase health care costs for seniors. For example, a study of low-income seniors in Maryland found that SNAP participants are 23 percent less likely to enter a nursing home and 4 percent less likely to be hospitalized in the year after receiving SNAP.

### **Social and Emotional Support**

Loneliness or social isolation can be hard to define or measure, although there is compelling evidence that being lonely or socially isolated can have negative impacts on health, especially for adults ages 50 or older. The National Academies of Science, Engineering and Medicine reports that about one in four adults aged 65 or older are socially isolated and are at increased risk of loneliness due to living alone, loss of family, friends and/or spouses, chronic illness, or hearing loss. Social isolation increases risk of premature death from all causes in persons ages 50 and older and is associated with a 50-percent increased risk of dementia (CDC). Loneliness is also associated with

higher rates of depression, anxiety, and suicide. Having social relationships is also important as having poor social relationships has been associated with a 29 percent increased risk of heart disease and 32 percent increased risk of stroke (CDC).

Manatee County has lower rates of disability overall than Florida and higher rates of hearing disabilities and probable Alzheimer’s cases than Florida (Table 25).

**Table 25: Percent of Population Age 65+ with Disability 2021**

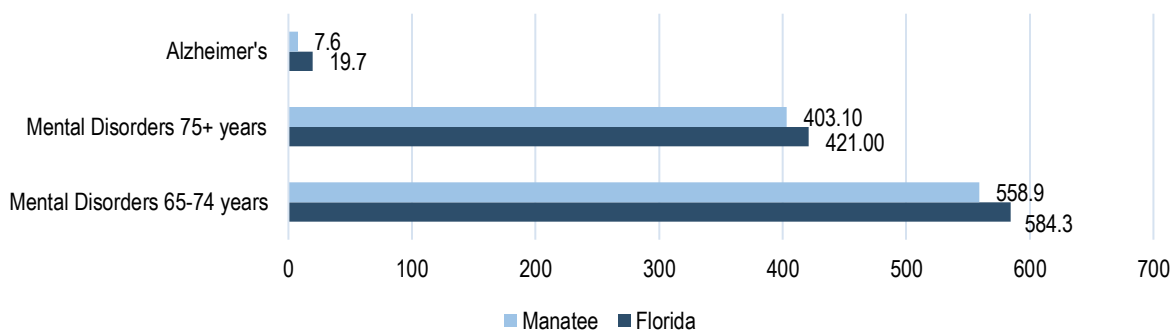
Disability 65+	Manatee %	Florida %
Any Disability	28.9	31.8
Hearing Disability	13.7	12.8
Vision Disability	4.4	6
Cognitive Disability	6.4	7.9
Ambulatory Disability	17.1	20
Self-Care Disability	4.5	6.8
Independent Living Disability	9.7	12.3
Probable Alzheimer's Cases	13.1	12.9

**Source:** US Bureau of the Census, American Community Survey, Table S1810.

Having a purpose is also essential in combating isolation. Volunteering can be a vital component of satisfaction with life: Senior citizens made up approximately 23.2 percent of volunteers in the United States during 2020-21. In Florida, about 26 percent of seniors were volunteers in 2021 (Florida Department of Elder Affairs). Between 2017 and 2021, 33 percent of Manatee County residents 65 years and older were estimated to be working, compared with 25 percent in Florida (US Census Bureau Table S2301).

Figure 137 shows hospitalization rates for mental disorders and falls among Manatee County senior residents were higher than Florida rates in 2021. Among hospitalizations from Alzheimer’s, Florida has a higher rate compared to Manatee County.

**Figure 137: Hospitalizations from Mental Disorders and Alzheimer’s, Rate per 100,000 population Manatee County and Florida, 2021**



Source: Florida Agency for Health Care Administration (AHCA)

## **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 2021, it was estimated that 78 percent of Manatee County residents aged 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 (Federal Poverty Level) or less
- Manatee County resident
- Transportation must be used for established trip priorities

Manatee County Area Transit (MCAT) bus service has been offering free fares as of November 1, 2022, as part of a pilot program and will re-evaluate fare policies in early 2024 to determine if free fares will continue in Manatee County. 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 nonmedical trips (life-sustaining, food, and nutrition) and reservations are required. Manatee County Handybus is also currently offering free fares under a pilot program.

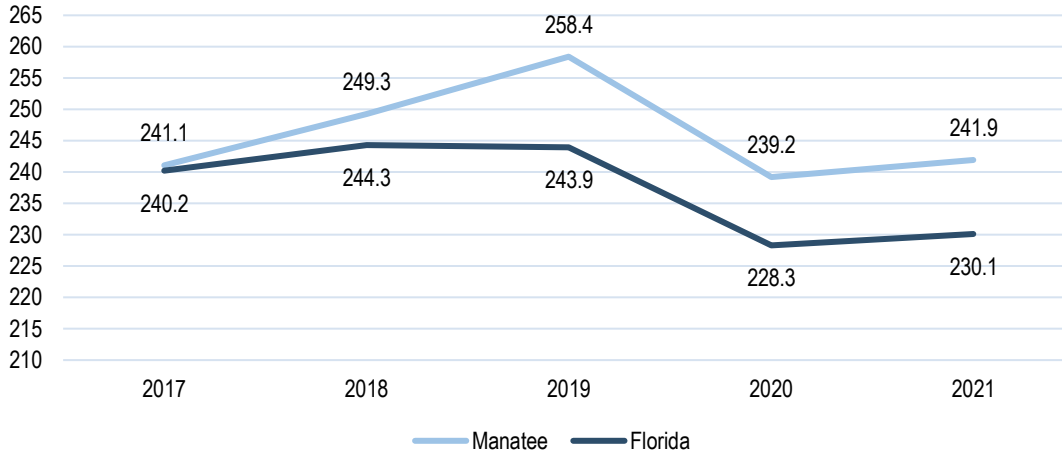
## **Injuries**

While people ages 65 and older are more likely to die from chronic diseases, injuries from falls can have serious consequences. Individuals 65 and older represent more than 25 percent of all falls, with less than half of those falls being reported to their doctor (CDC). Falls are also 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. In Florida, 24.4 percent of falls in 2021 occurred among seniors 65 years or older.

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. More than 90 percent of hip fractures occur because of falls. 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 1-2 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 138 and 139 are not exclusive to seniors, it is reasonable to assume that most of these nonfatal falls are among older residents, given the demographics of the county regarding age. Manatee County has higher rates of hospitalizations for nonfatal falls when compared with Florida.

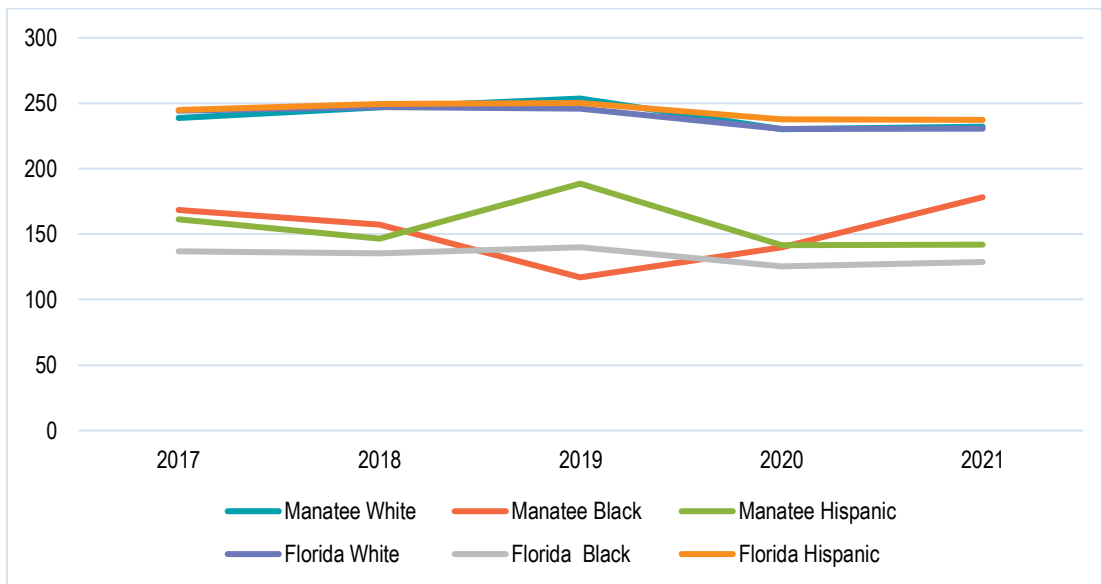
**Figure 138: Hospitalizations for Non-fatal Falls, Single Year Rates per 100,000 Population, Manatee County and Florida, 2017-2021**



Source: Florida Agency for Health Care Administration

Manatee County whites have the highest rate of nonfatal falls when compared with Florida whites and blacks and Hispanics in both Manatee County and Florida (Figure 139).

**Figure 139: Hospitalizations for Non-fatal Falls, Single Year Rates per 100,000 Population, by Race and Ethnicity, Manatee County and Florida, 2017-2021**



Source: Florida Agency for Health Care Administration

Figure 139 Data	Manatee			Florida		
	White	Black	Hispanic	White	Black	Hispanic
Years						

2017	238.5	168.6	161.3	244.3	137	245
2018	246.7	157.1	146.5	247.1	135.2	249.5
2019	253.6	117	188.6	245.8	140	250.2
2020	230.2	140.1	141.6	230.4	125.4	237.6
2021	232	178.2	142.1	230.6	128.6	237.3

## **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. Since 2015, the rate of caregivers reporting their own poor health has increased from 15 percent to 21 percent in 2020 (Family Caregiving Alliance, 2021). 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. According to the National Foundation of Infectious Diseases, individuals 65 or older have a six times greater risk of dying from influenza and having influenza-related complications. Caregivers may also experience social isolation and loneliness, which can lead to depressive symptoms. 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 do not 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." 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 26.



**Table 26: Licensed Providers and Facilities, Manatee County**

Service	Number of Providers	Number of Beds/Capacity
Adult Day Care	2	240
Assisted Living	42	2,647
Home Health	44	n/a
Homemaker & Companion Care	44	n/a
Nursing Homes	13	1,595
Hospice	1	n/a

Source: Florida Agency for Health Care Administration 2020

## Unintentional Injury

Indicator: Unintentional injury death rates

Indicator: Motor vehicle crash deaths

Indicator: Drowning deaths

Indicator: Suicide

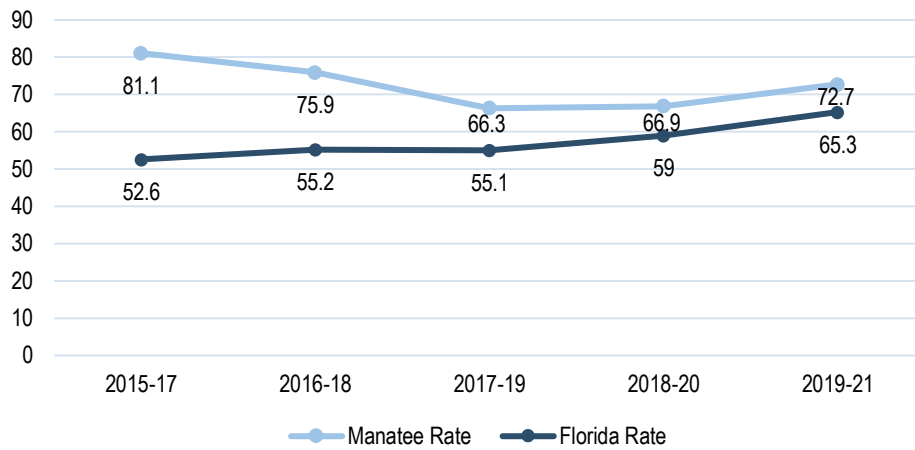
Indicator: Deaths due to drug poisoning

Unintentional injuries were the fourth leading cause of death in Manatee County and in Florida in 2021. An unintentional injury is an unplanned injury that can be preventable if proper safety precautions are followed. Unintentional injuries can result from motor vehicles, drownings, falls, firearms, sports, suicide, and drug poisoning.

## Unintentional Injury Death Rates

The age-adjusted death rate for unintentional injuries was higher in Manatee County than Florida during 2015-21, on a 3-year rolling rate average. Manatee's unintentional injury death rates have decreased from the 3-year time periods from 2015-20 but saw a recent increase in the current 2019-21 time period.

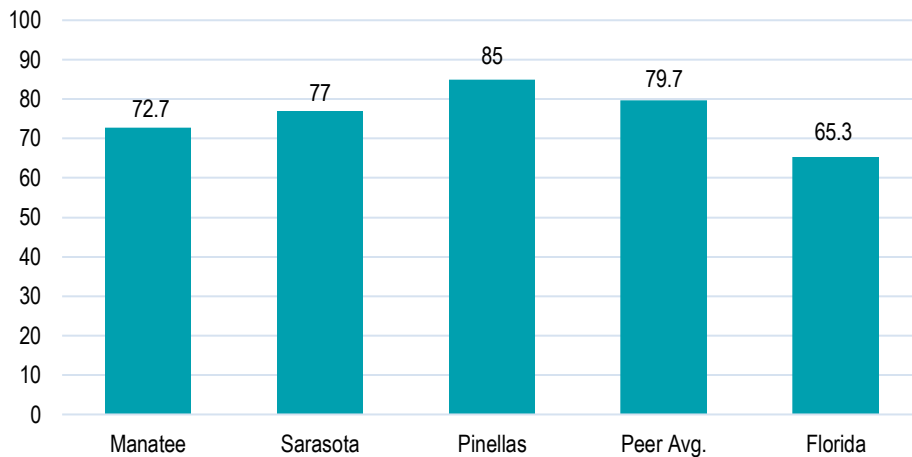
**Figure 140: Age-adjusted Death Rates from Unintentional Injuries, 3-year rolling rate, Rate per 100,000 population, Manatee County and Florida, 2015-2021**



Source: Florida Department of Health, Bureau of Vital Statistics

The total unintentional injury death rate in Manatee County (72.7) was higher during 2019-21 than the state of Florida (66.3). Florida’s rate was lower than the peer-counties rate of 79.7 and the nearest local health departments with a rate of 77 for Sarasota County and 85 for Pinellas County.

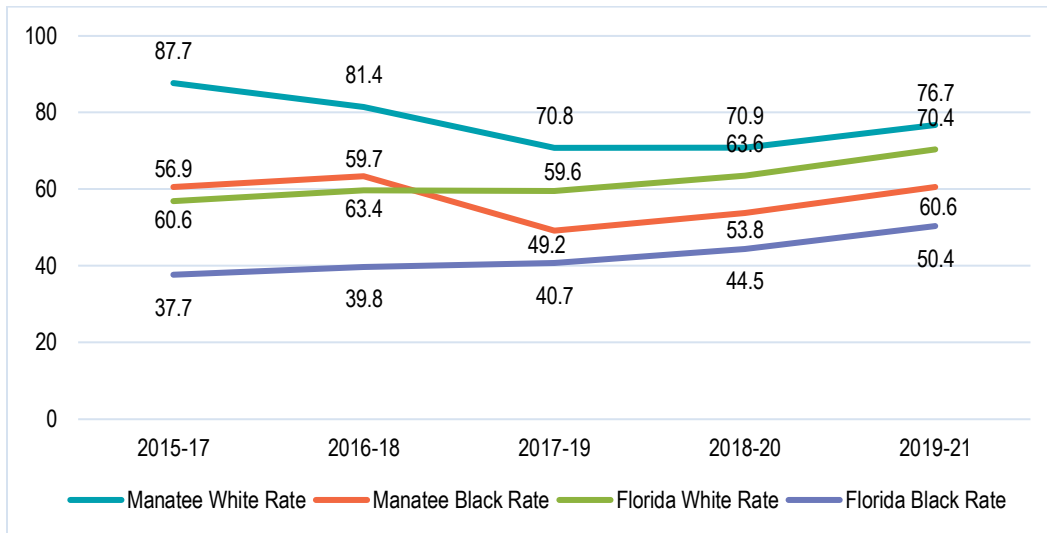
**Figure 141: Comparison Unintentional Injury Age-Adjusted Death Rate per 100,000, 2019-2021**



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

Death rates from unintentional injury are higher among whites in Manatee County and Florida compared to blacks (Figure 142).

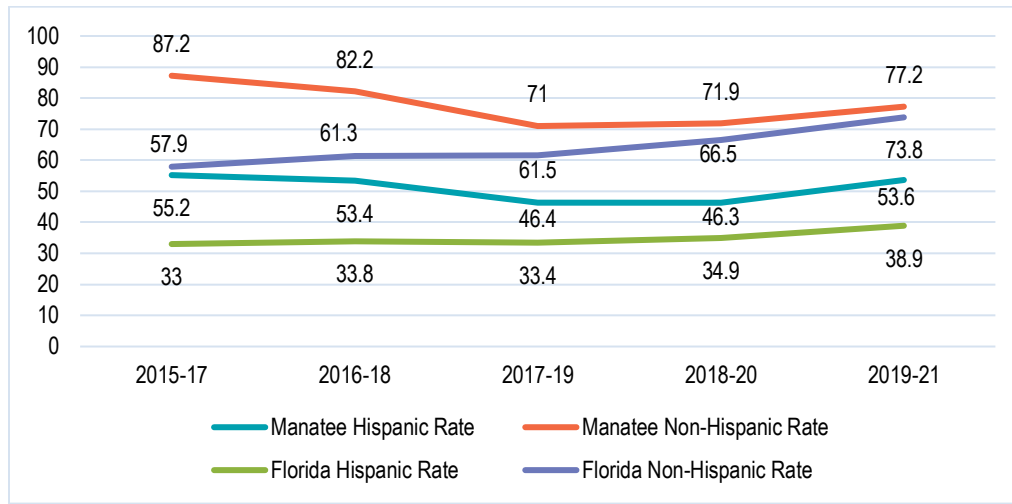
**Figure 142: Age-adjusted Death Rates from Unintentional Injuries, By Race, 3-year rolling rate, Rate per 100,000 population, Manatee County and Florida, 2015-2021**



Source: Florida Department of Health, Bureau of Vital Statistics

Figure 143 shows unintentional death rates in Manatee County are higher than Florida for both Hispanics and non-Hispanics.

**Figure 143: Age-adjusted Death Rates from Unintentional Injuries, By Ethnicity, 3-year rolling rate, Rate per 100,000 population, Manatee County and Florida, 2015-2021**



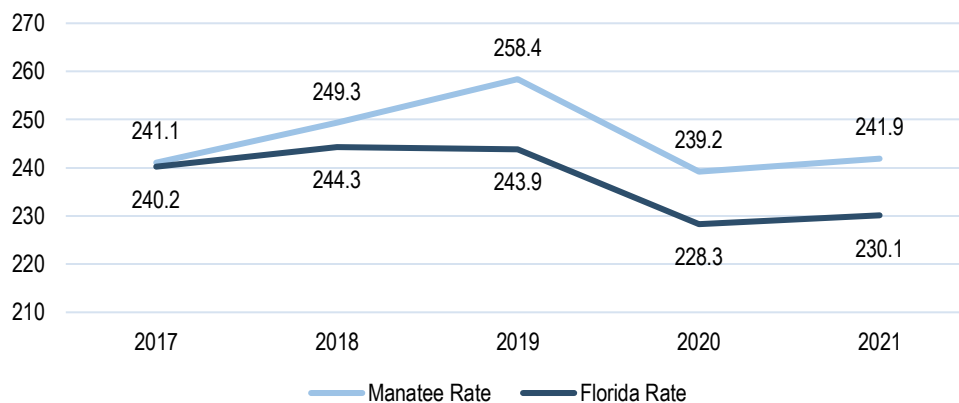
Source: Florida Department of Health, Bureau of Vital Statistics

The 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 72.7 does not meet the national target.

**Nonfatal Falls**

Manatee County has higher rates of hospitalizations for nonfatal falls when compared with Florida. (Figure 144). Rates peaked in 2019 for both Manatee County and Florida.

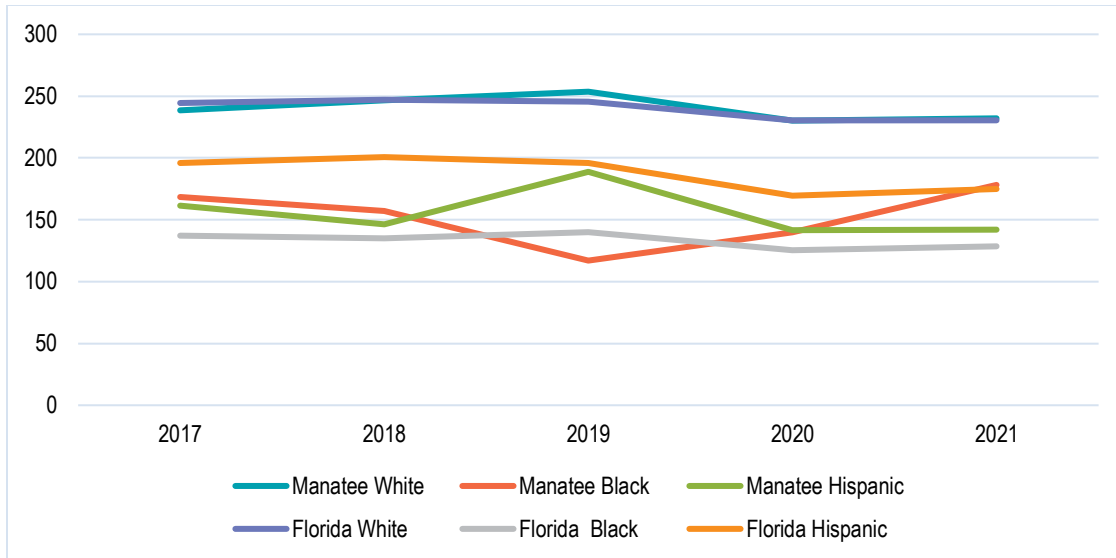
**Figure 144: Hospitalizations for Non-Fatal Unintentional Falls, Single year Rate per 100,000 population, Manatee County and Florida, 2017-2021**



Source: Florida Department of Health, Bureau of Vital Statistics

Manatee County whites have the highest rate of nonfatal falls when compared with Florida whites and blacks and Hispanics in both Manatee County and Florida. Florida Hispanics have a higher rate of nonfatal falls compared to Manatee County Hispanics.

**Figure 145: Hospitalizations for Non-Fatal Unintentional Falls, Single year Rate per 100,000 population, By Race/Ethnicity, Manatee County and Florida, 2017-2021**



Source: Florida Department of Health, Bureau of Vital Statistics

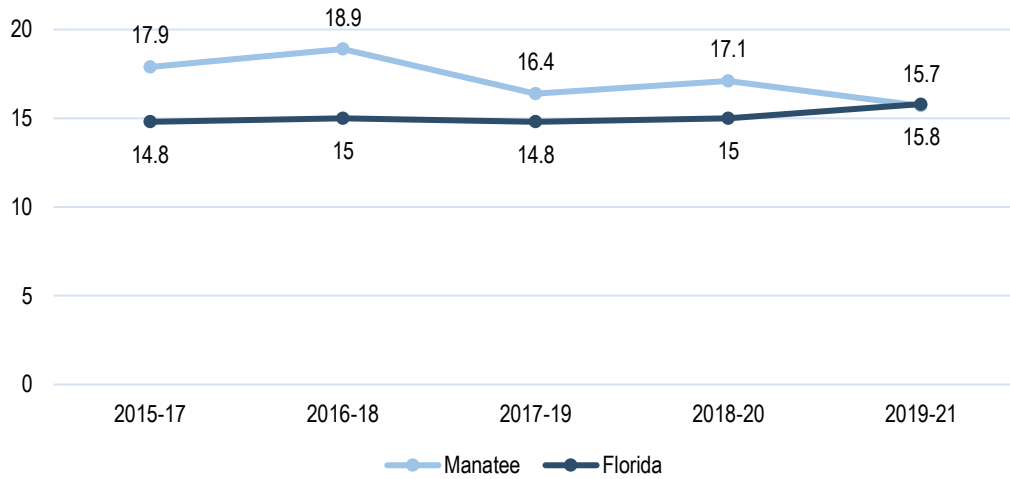
Figure 145 Data	Manatee			Florida		
	White Rate	Black Rate	Hispanic Rate	White Rate	Black Rate	Hispanic Rate
2017	238.5	168.6	161.3	244.3	137	195.9
2018	246.7	157.1	146.5	247.1	135.2	200.7
2019	253.6	117	188.8	245.8	140	196.2
2020	230.2	140.1	141.6	230.4	125.4	169.5
2021	232	178.2	142.1	230.6	128.6	174.7

Healthy People 2030 does not have a national goal to reduce nonfatal fall injuries.

**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 during 2015-21. The most recent rate in 2019-21 in Manatee County and Florida were less than a 1-point difference (Figure 146).

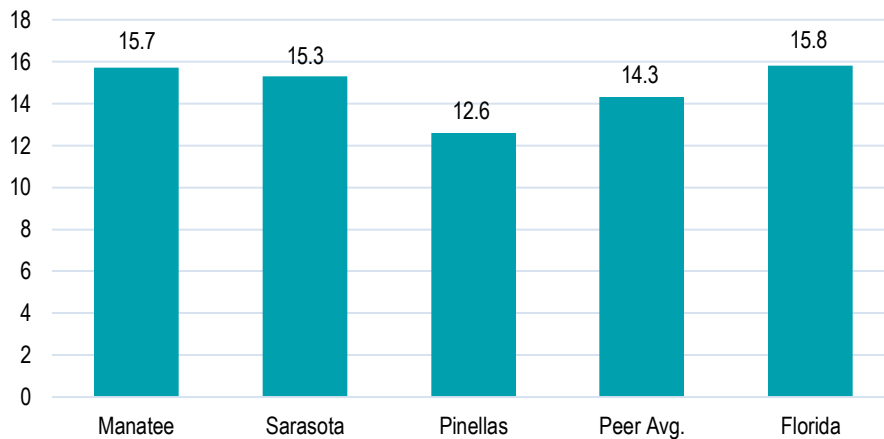
**Figure 146: Age-Adjusted Motor Vehicle Crash Death Rate per 100,000, 3-year rolling rates, Manatee County and Florida, 2015-2021**



Source: Florida Department of Health, Bureau of Vital Statistics

At a rate of 15.7 per 100,000 during 2019-21, Manatee County had more deaths from motor vehicle crashes than the peer-counties and the nearest local health departments, but had a slightly lower rate than Florida.

**Figure 147: Age-Adjusted Motor Vehicle Crash Death Rate Comparison, 2019-2021**



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

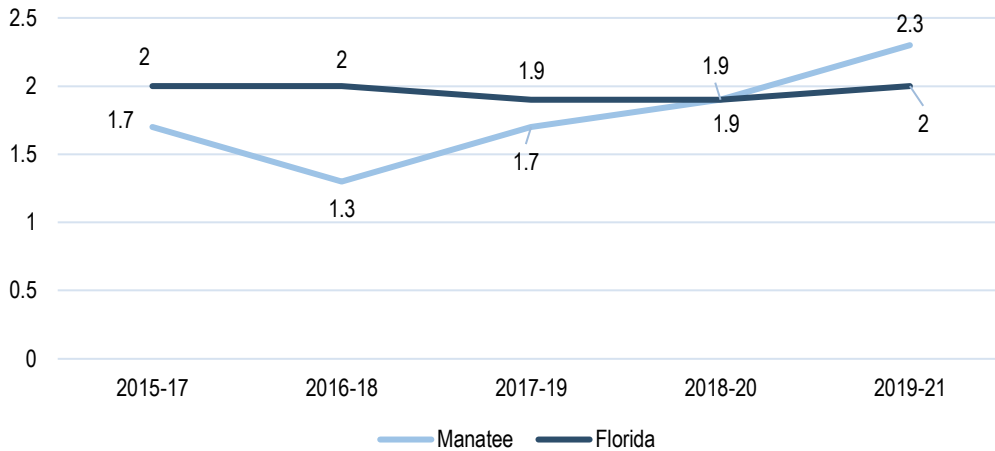
The Healthy People 2030 national health target is to reduce motor vehicle crash-related deaths to a rate of 10.1 per 100,000 population. Manatee County’s current rate of 15.7 does not meet the national target.

**Drowning Deaths**

The age-adjusted death rate associated with unintentional drowning in Manatee County declined slightly during 2016-18 and since has continued to increase. Over seven years, Florida fluctuated

from 1.9 to 2.0, remaining at or above the rate of Manatee County, until 2019-21 when Manatee County's rate exceeded Florida's rate.

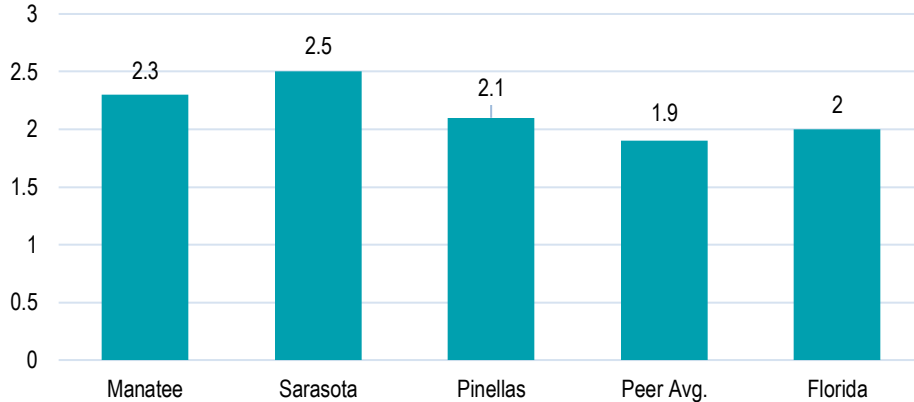
**Figure 148: Age-Adjusted Unintentional Drowning Death Rates, 3-year Rolling Rates, Manatee County and Florida, 2015-2021**



Source: Florida Department of Health, Bureau of Vital Statistics. Rates are per 100,000 of the population.

Manatee County's age-adjusted unintentional drowning death rate was higher than Florida's rate, peer-county rates and Pinellas County's rate.

**Figure 149: Age-Adjusted Unintentional Drowning Death Rates Comparison, 2019-2021**



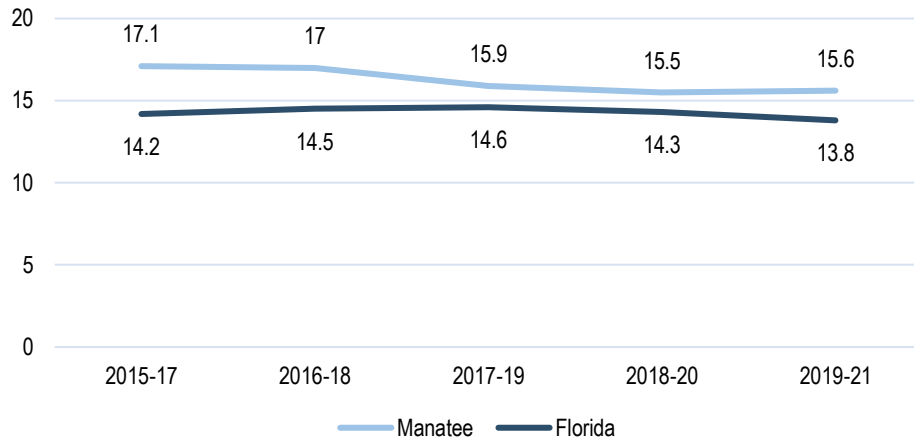
Source: Florida Department of Health, Bureau of Vital Statistics, 3-year rolling rate  
Peer counties: Collier, Pasco, and Seminole, Nearest LHD- Sarasota & Pinellas

Healthy People 2030 does not have a national target to reduce drowning deaths.

**Suicide**

During 2015-21, Manatee County's age-adjusted suicide rates per 100,000 have been consistently higher than Florida's rates. The suicide rate in Manatee County was highest through the years 2015-2018, while Florida's rates have been consistent. Rates began to decrease during 2017-19 for Manatee County, with the lowest rate of 15.5 per 100,000 in 2018-20 (Figure 150).

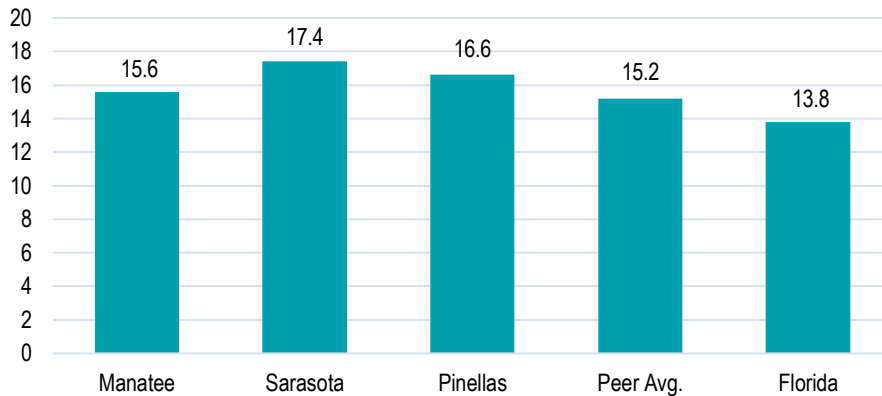
**Figure 150: Suicide Age-Adjusted Death Rate per 100,000, 3-year rolling rate, Manatee County and Florida, 2015-2021**



Source: Florida Department of Health, Bureau of Vital Statistics. Rates are per 100,000 of the population.

During 2019-21, the age-adjusted rate of 15.6 per 100,000 in Manatee County is higher than the rate in Florida and peer counties. Sarasota and Pinellas counties have higher suicide rates than Manatee County and Florida (Figure 151).

**Figure 151: Suicide Age-Adjusted Death Rate Comparison, 2019-2021**

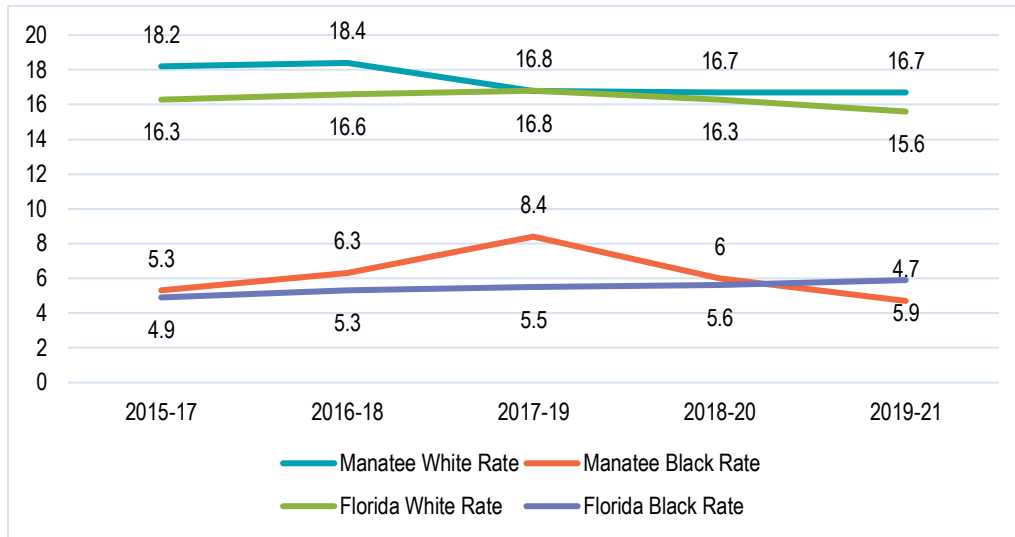


Source: Florida Department of Health, Bureau of Vital Statistics, 3-year rolling rate  
Peer counties: Collier, Pasco, and Seminole, Nearest LHD- Sarasota & Pinellas

Whites in Manatee County and Florida have had higher rates of suicide compared to blacks since 2015-17 (Figure 152). The rates have decreased since 2017-19. Black rates in Manatee County peaked in 2017-19 at a rate of 8.4 per 100,000 population. Non-Hispanics in Manatee County and Florida have higher rates of suicide compared to Hispanics (Figure 153).

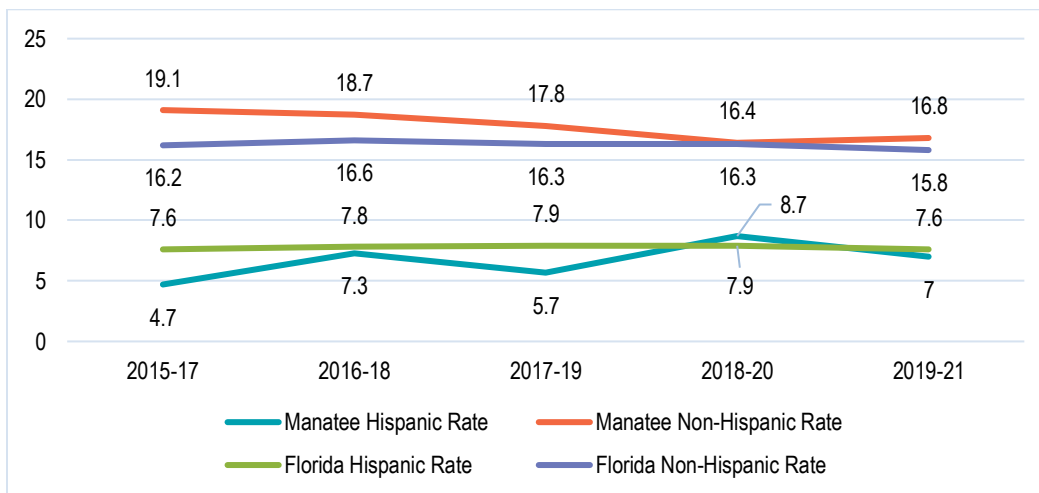


**Figure 152: Age-adjusted Suicide Death Rates, 3-year rolling rate, by Race, Manatee County and Florida, 2015-2021**



Source: Florida Department of Health, Bureau of Vital Statistics. Rates are per 100,000 of the population.

**Figure 153: Age-adjusted Suicide Death Rates, 3-year rolling rate, by Race, Manatee County and Florida, 2015-2021**



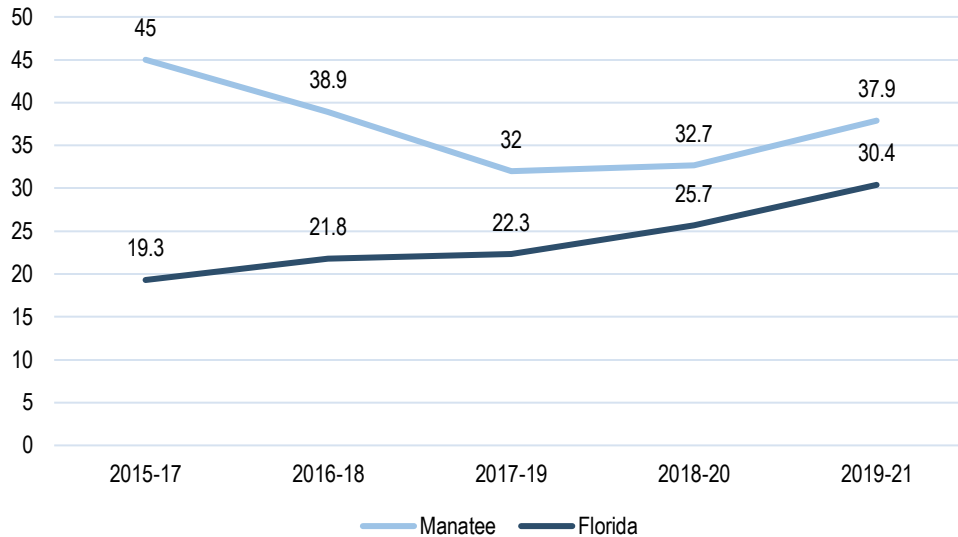
Source: Florida Department of Health, Bureau of Vital Statistics. Rates are per 100,000 of the population.

The 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 15.6 does not meet the national target. Florida’s current rate of 13.8 does not meet the national target nor does the peer counties’ rate of 15.2 or the nearest local health departments at 17.4 in Sarasota County and 16.6 in Pinellas County.

**Deaths Due to Drug Poisoning**

The age-adjusted rate from unintentional injury deaths by drug poisoning in Manatee County was consistently higher than Florida during 2015-17 and 2019-21. Drug poisoning death rates in Manatee County peaked during 2015-17 at a rate of 45 per 100,000 population. Manatee County rates began to decrease again to 38.9 during 2016-18 and then down to 32 during 2017-19. Rates then began to slightly increase, with a current rate of 37.9. While consistently lower, the state of Florida saw increases in rates of drug poisoning deaths during 2015-21. The lowest rate in Florida was 19.3 during 2015-17, rising to the highest current rate of 30.4.

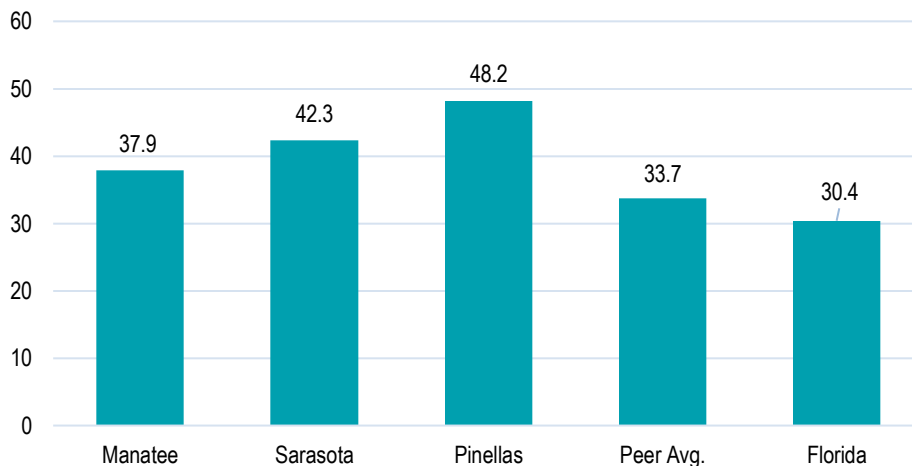
**Figure 154: Age-Adjusted Deaths Due to Drug Poisoning, 3-year Rolling Rates Manatee County and Florida, 2015-2021**



Source: Florida Department of Health, Bureau of Vital Statistics

The rate of unintentional injury deaths by drug poisoning in Manatee County was 37.9 per 100,000 during 2019-21. This is higher than the state of Florida and peer counties during the same period and was lower than that of the nearest local health departments (Figure 155).

**Figure 155: Age-Adjusted Drug Poisoning Deaths, 3-year Rolling Rate, 2019-2021.**



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

Peer counties: Collier, Pasco, and Seminole, Nearest LHD- Sarasota & Pinellas. Rates are per 100,000 of the population.

The 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 37.9 does not meet the national target.

## **Community Health Assessment: Health Factors**

Communities are truly healthy when “every person has the opportunity to 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” (CDC). 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.

Individuals who are significantly disadvantaged face worse health outcomes than those who are able to access certain resources. It is not enough to simply provide every individual with the same resources; resources must be allocated based on an individual need-based principle.

### **Social and Economic Factors**

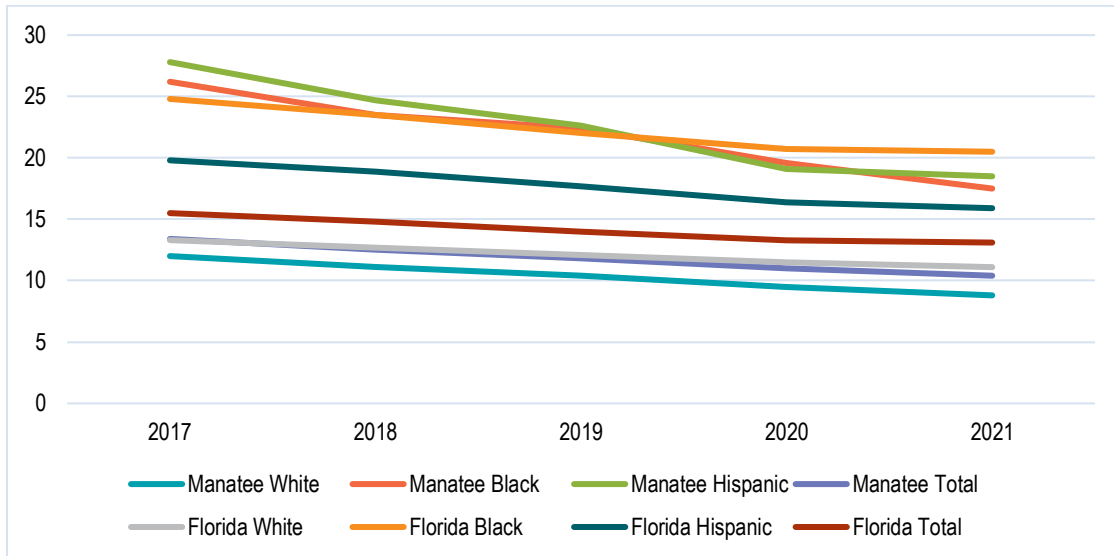
#### **Poverty, Income, and Affordability**

Living in poverty can significantly impact health and quality of life. Families and individuals with incomes below the poverty level have difficulty meeting basic needs, such as housing, food, clothing, and transportation. There can also be more stress associated with living in impoverished conditions. Individuals of certain racial and ethnic groups, those living in rural areas, and people with disabilities are at an increased risk of poverty. Residents living in impoverished conditions can experience limited educational and economic opportunities.

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 2022 was \$13,590, increasing by \$4,720 for each additional person in the household (making the federal poverty level for a household of two members \$18,310).

Poverty rates have been declining in Manatee County from 2017 to 2021; with an estimated 10.4 percent of individuals living at or below the poverty level in 2021, which is lower than Florida at 13.1%. 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 156).

**Figure 156: % of Individuals Living Below Federal Poverty Level, by Race Ethnicity, Total Population, Manatee County and Florida. 2017-2021**



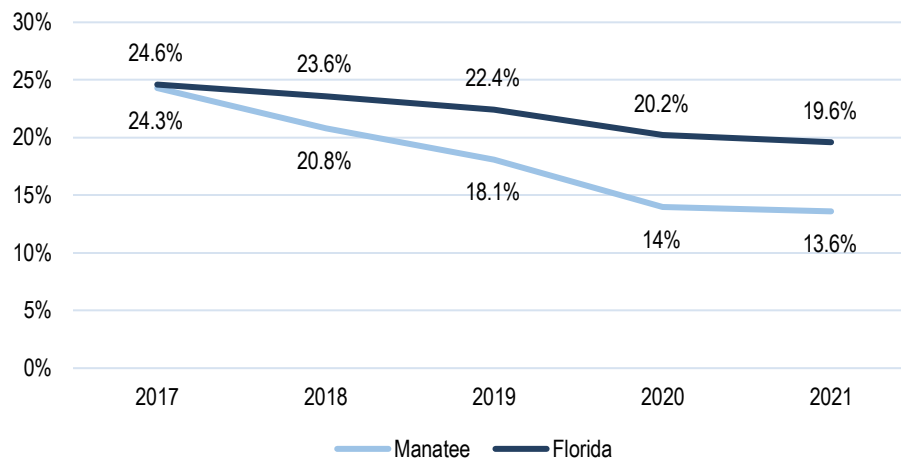
Source: United States Bureau of the Census, American Community Survey, Table B17001.

Figure 156 Data	Manatee			Florida		
	White Rate	Black Rate	Hispanic Rate	White Rate	Black Rate	Hispanic Rate
2017	12	26.2	27.8	13.3	24.8	19.8
2018	11.1	23.5	24.7	12.7	23.5	18.9
2019	10.4	22.4	22.6	12.1	22	17.7
2020	9.5	19.6	19.1	11.5	20.7	16.4
2021	8.8	17.5	18.5	11.1	20.5	15.9

Children who live in impoverished conditions can experience delays in development and worse overall health. Childhood poverty has been associated with toxic stress and chronic illnesses that can impact a child for the rest of their life. Individuals who experience living in poverty as children are more likely to experience poverty in adulthood, contributing to generational cycles of poverty.

Poverty rates among children under the age of five are higher than within the total population of Manatee County with 13.6 percent of children living at or below the poverty level in 2021. The rates have been decreasing in both Manatee County and Florida (Figure 157).

**Figure 157: Percent of Children Under the Age of Five Living Below the Poverty Level, Manatee County and Florida, 2017-2021**



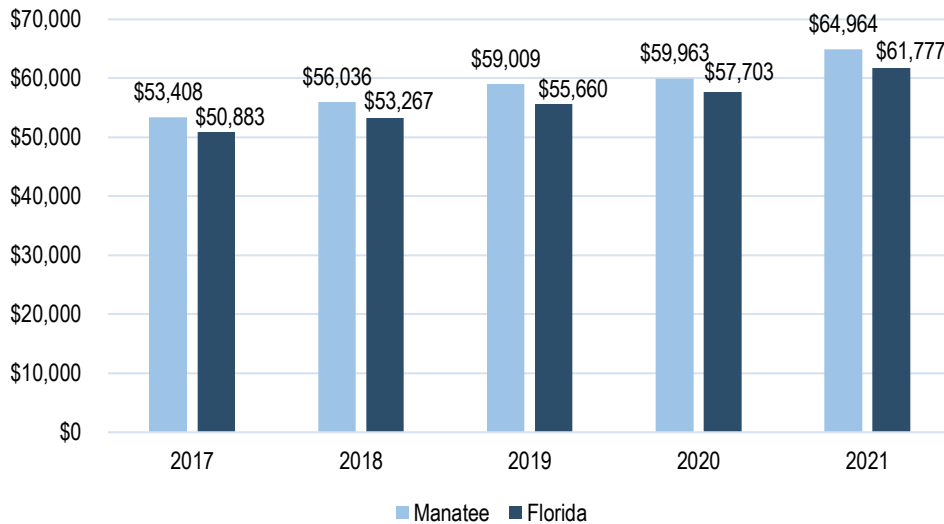
Source: United States Bureau of the Census, American Community Survey, Table B17001

In Florida, the cost of living has consistently increased over the years, making households vulnerable to living in poverty. The United Way’s ALICE Report (Asset-Limited, Income-Constrained, Employed) 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, household expenses (housing, childcare, food, transportation, health care, and technology, plus taxes), and the budget does not account for any savings and other expenses.

This modest amount for a single adult in Manatee County was estimated at \$29,421 and \$66,265 for a family of four in 2021, which exceeds the poverty level. A total of 31 percent of Manatee County households are estimated to be living at the ALICE threshold.

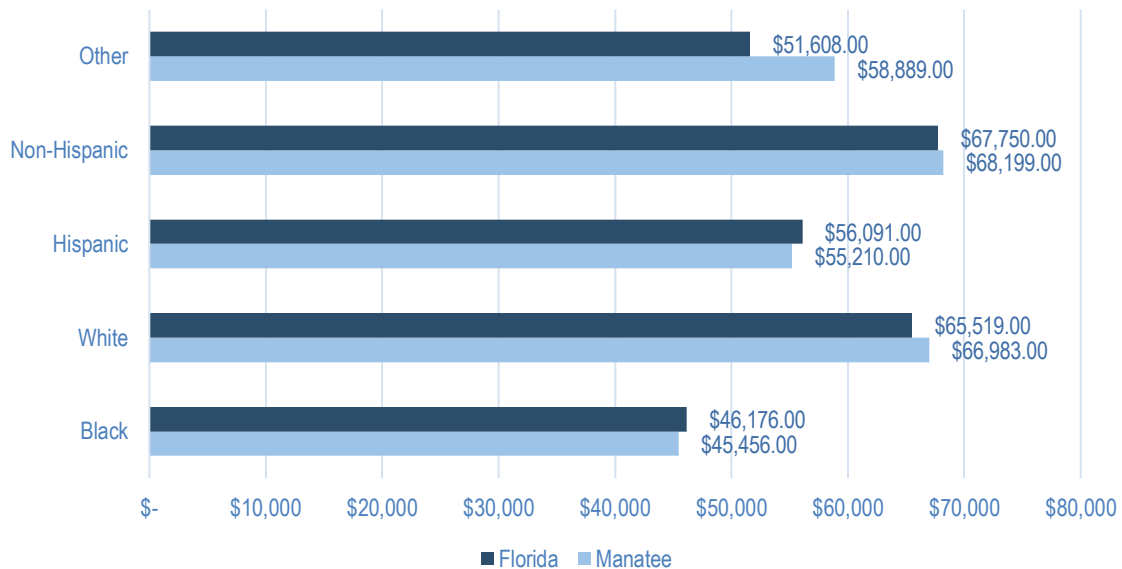
The median income in Manatee County has typically been higher than Florida (Figure 158); however, when examined by race and ethnicity, Manatee County blacks, Hispanics, and others have lower incomes when compared with the same groups in Florida (Figure 159).

**Figure 158: Median Household Income Manatee County and Florida 2017-2021**



Source: United States Bureau of the Census, American Community Survey, Table B19013.

**Figure 159: Median Household Income by Race and Ethnicity, Manatee County and Florida, 2021**



Source: United States Bureau of the Census, American Community Survey, Table B19013

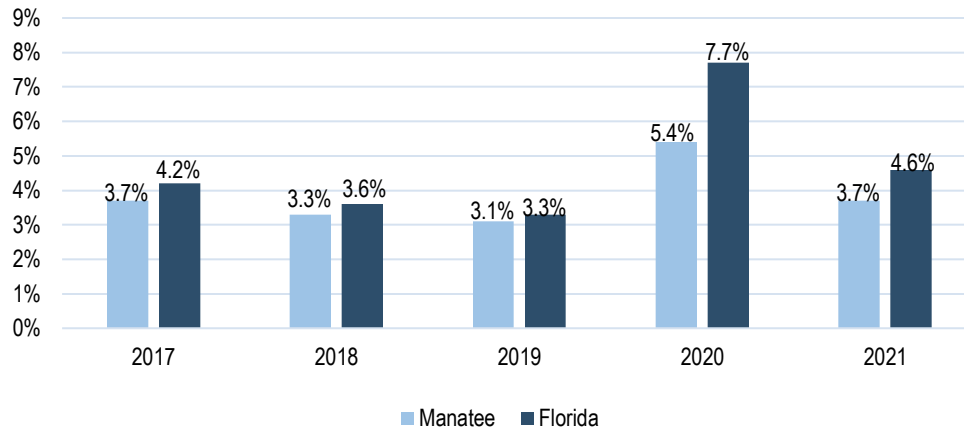
**Unemployment Rates**

Being unemployed has been shown to increase the risk of stress-related illnesses, such as high blood pressure, stroke, heart attack, and arthritis. The U.S. Office of Disease Prevention and Health

Promotion found that unemployed individuals are likely to report depression, anxiety, and low self-esteem.

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. According to US Bureau of Labor Statistics data, the 2021 average rate of unemployment in Manatee County was 3.7 percent. The annual average unemployment rate decreased about 2 percent from 2020 to 2021 (Figure 160).

**Figure 160: Unemployment Rates, Manatee County and Florida, 2017-2021**



Source: United States Department of Labor, Bureau of Labor Statistics

### **Housing Instability**

Housing instability has no standard definition. It may encompass several challenges, including trouble paying rent, overcrowding, moving frequently, staying with relatives, or spending the bulk of household income on housing. These experiences may negatively affect physical and mental health and make it difficult to access health care.

A cost-burdened household spends more than 30 percent of its income on housing, while households considered severely cost-burdened spend more than 50 percent of their income on housing. Living in these conditions will leave households vulnerable as they may not be able to provide for other necessities, such as food, clothing, utilities, and health care. Healthy People 2020 reports that Hispanic and black households are twice as likely to be cost-burdened than white households.

According to the US Census Bureau American Community Survey, the monthly median rent in Manatee County during 2017-21 was \$1,274. This would require an annual income of at least \$50,960 to meet the 30-percent 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 186 persons as homeless in Manatee County in 2021. The actual number may be higher as anecdotal accounts of displaced persons from southwest Florida following Hurricane Ian in 2022 have migrated north to Manatee County in search of housing and have been unable to find affordable options.

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 the Florida Housing Finance Corporation, the 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 rent.

**Table 27: Manatee County Assisted Housing Inventory**

Funder	Properties	Total Units	Assisted Units	HUD/RD Rental Assistance Units
FL Housing Finance Corporation	27	3,545	3,452	171
HUD Multifamily	12	1,166	970	493
Local Housing Finance Authority	6	963	963	0
HUD Public Housing	7	481	477	125
USDA Rural Development	4	154	154	147
Total, All Funders	45	4,707	4,489	703

**Sources:** AHI User Guide | Florida Housing Data Clearinghouse (ufl.edu) accessed March 1, 2022

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 are available in AHI User Guide.

**Table 28: Public Housing Units**

Name	Housing Units	Housing Choice Vouchers	Occupancy Rate
Housing Authority of Bradenton	248	199	94.6
Manatee County Housing Authority	80	1276	82

Source: AHI User Guide | Florida Housing Data Clearinghouse (ufl.edu) accessed March 1, 2022

Salvation Army Manatee Corps operates five emergency homeless shelters in Manatee County, all in the City of Bradenton.



**Table 29: Manatee County Homeless Shelters**

Name	Total Beds	Units w/ Children	Units w/o Children
Family Shelter Program	30	5	0
Family and Women's Shelter	14	0	0
Men's Overnight Shelter	28	0	0
Men's Work Shelter Program	14	0	14
Women's Shelter Program	6	0	6

Source: AHI User Guide | Florida Housing Data Clearinghouse (ufl.edu) accessed March 1, 2023

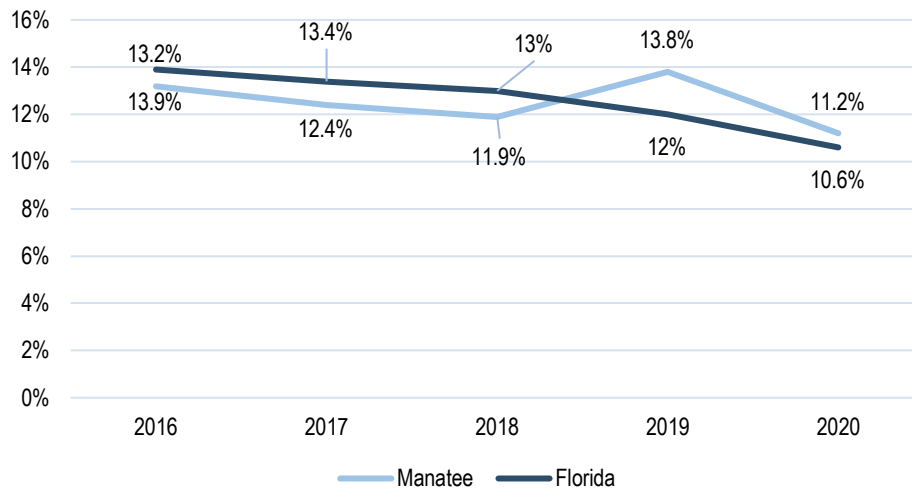
Manufactured housing can be an affordable option for some people. Communities may be age-restricted; some units are owner-occupied; some are seasonal occupants (either owners or renters) and some are rentals. Approximately 13.6 percent of occupied residences in Manatee County are mobile homes, with about 29,202 mobile homes in Manatee County in 2021.

### **Food Insecurity**

Food insecurity is defined as a household-level economic and social condition of limited or uncertain access to adequate food. Those that are “food insecure” may be at an increased risk of negative health outcomes and health disparities as food insecurity is influenced by several factors, including income, employment, race/ethnicity, and disability. Furthermore, food-insecure households can experience increased stress and the risk of poorer mental health, making it difficult to manage overall health. Living food insecure 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 tradeoffs between important basic needs, such as housing or medical bills, and purchasing nutritionally adequate food. According to Feeding America’s Map the Meal Study, 44,000 (11.2 percent) of people were considered food insecure in Manatee County in 2020. Rates of food insecurity have fluctuated over the last five years in Manatee County and Florida. The percent of the population that is food-insecure in Manatee County was lower than in Florida during 2016-18, and during 2019-20 they were higher than the state (Figure 161).

**Figure 161: Percent of Population Food Insecure, Manatee County and Florida 2016-2020**



Source: Feeding America, Map the Meal Gap

The US Food and Nutrition Service reported 8 percent of households in Manatee County receiving SNAP (Supplemental Assistance Nutrition Program) benefits, with the average household income for those recipients being \$30,892 in 2018. The average monthly benefit in Florida for SNAP recipients in 2020 was \$165.89 per person and \$291.15 per household.

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. In 2021, among the 10,384 individuals eligible for WIC benefits in Manatee County, 6,081 were served, or 58.6 percent (Florida Department of Health, WIC, and Nutrition Services, FLWiSE).

While enrollment in WIC and SNAP programs can help address food insecurity, fluctuations in benefit amounts require families to make do with less benefits. 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**

Individuals with higher levels of education are more likely to be healthier and live longer, allowing for better opportunities socially and economically. Living with disabilities, in low-income households and experiencing forms of social discrimination (like bullying) can impact a child’s proficiency in math and reading.

Experiencing stress from living in poverty has been shown to affect children’s brain development, impacting school performance. Also, low-income neighborhoods are more likely to have poorly performing schools. Struggling in school and experiencing stress at an early age can negatively impact the likelihood of graduating from high school or pursuing college. With this, it can be more difficult to obtain safe, high-paying jobs and can impact overall health. Among students enrolled in Manatee County schools, 61.2 percent are economically disadvantaged, according to the Florida Department of Education (2021-22 school year). Approximately 11.9 percent of students are currently learning English, which can also be a barrier to academic success (2021-22).

Of the 62 Manatee District schools that received school grades from the state (including charter schools), 59 received either an A, B or C grade in 2021-22. Only two district schools received a D grade, and one school received an F grade. This was the first year since 2017-18 where a school received an F grade. During the 2020-21 school year, 49 schools did not opt in for grading. This could be due to changes in schooling due to COVID-19 and the transition from online learning during the pandemic. The district itself received a B grade for the 2021-22 school year.

Students who are often suspended at school and out of school, as well as those who are absent frequently, can experience negative outcomes that can impact their futures. This can impact their overall academic achievement, increase their likelihood of dropping out of school, lead to poor health and well-being, and increase their risk of being involved in the juvenile justice system.

Middle school students in Manatee County were more likely to be suspended out of school in the 2021-22 school year compared to elementary, Horizons, and high school students (Table 30).

<b>Grade Level</b>	<b>Students</b>	<b>Actions</b>	<b>Days Lost</b>
Elementary	777	1,634	2,309
Middle	1,648	3,446	7,791
High	1,546	2,554	7,575
Horizons	147	419	951
Total	4,118	8,053	18,626

Source: Florida Department of Education, School District of Manatee County

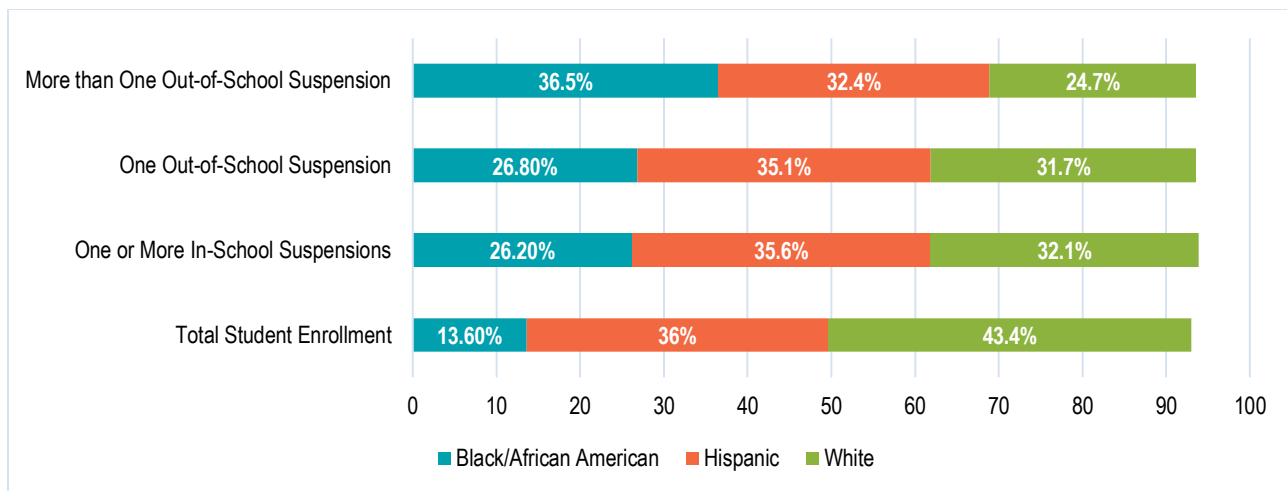
Among office disciplinary referrals in Manatee County schools, the most frequently reported infractions in 2021-22 among students were physical aggression, defiance, and inappropriate behaviors (Table 31).

<b>Infraction</b>	<b>Elem.</b>	<b>Sec.</b>	<b>Infraction</b>	<b>Elem.</b>	<b>Sec.</b>
Aggression, Physical	2,920	1,600	Endangerment	94	244
Aggression, non-phys.	223	646	Fighting	142	669
Bullying/ Harassment	122	315	Gang-Related	0	8
Cheating	10	350	Horseplay	181	1,218
Contraband	24	231	Inappropriate Behavior	1,000	6,394
Contraband Sale	3	10	Leaving Campus	15	517
Dating Violence	0	3	Other Serious	118	508
Defiance	1,082	4,271	Sexting	1	5
Disrespect to Others	601	753	Theft	105	244
Disrespect to Staff	903	2,634	Vandalism	63	202
Disruptive	817	3,851	Weapon-like Contraband	38	43
Elec. Smoking Device	16	676			
Total	8,478	25,392			

Source: Florida Department of Education, School District of Manatee County

Among full-year enrolled students, black students had the highest rates of having more than one out-of-school suspension compared to white and Hispanic students (Figure 162).

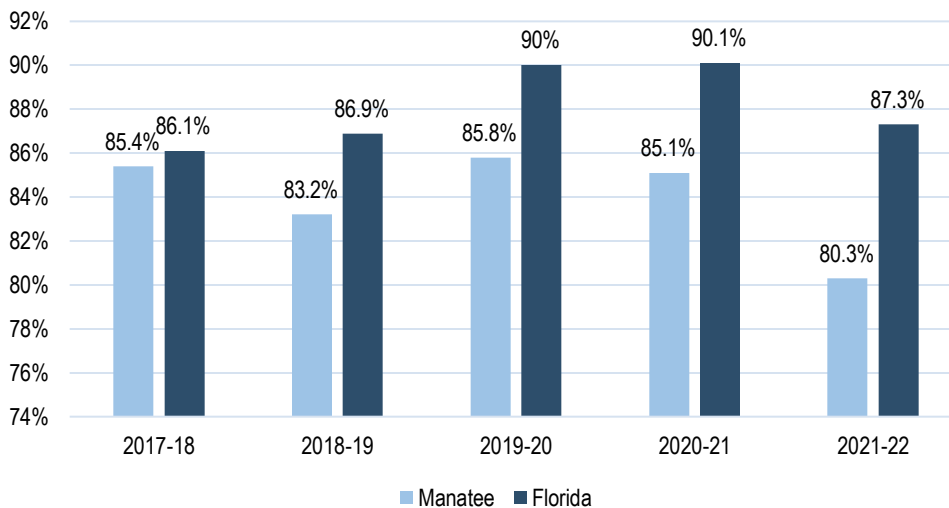
**Figure 162: Full-Year Student Enrollment Compared to Disciplinary Actions by Race/Ethnicity, Manatee County 2021-2022**



Source: Florida Department of Education, ED Stats Portal, 2021-22 school year

For the 2021-22 school year, graduation within four years of enrollment in the 9th grade averaged 80.3 percent in Manatee County, which is lower than Florida’s rate at 87.3 percent (Figure 163). Manatee County has consistently had lower graduation rates than Florida since the 2017-18 school year.

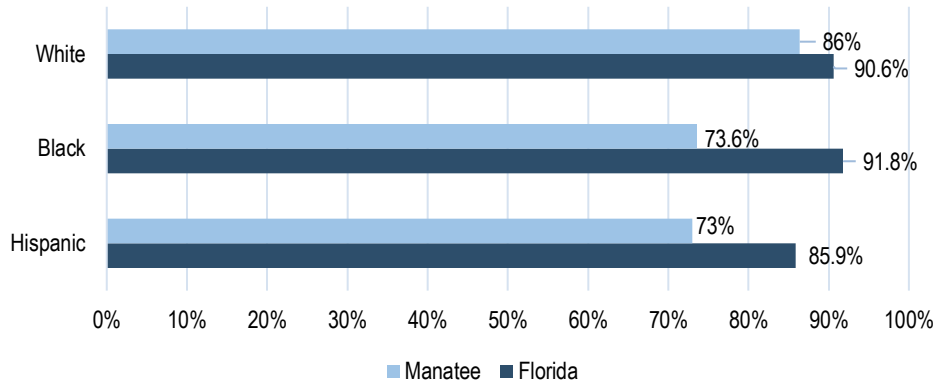
**Figure 163: Percent of Students who Graduated within 4 Years of Initial Enrollment in 9th Grade, Manatee County and Florida 2017-2022**



Source: Department of Education, PK-12 Education Information Services (EIS)

Among students of different races and ethnicities in Manatee County, Hispanics had the lowest graduation rates (73 percent), followed by blacks (73.6 percent). The rates are highest among white students in both Manatee County (86 percent) and Florida (90.6 percent) for school year 2021-22 (Figure 164).

**Figure 164: Percent of Students who Graduated within 4 Years of Initial Enrollment in 9th Grade, By Race and Ethnicity, Manatee County and Florida 2021022**

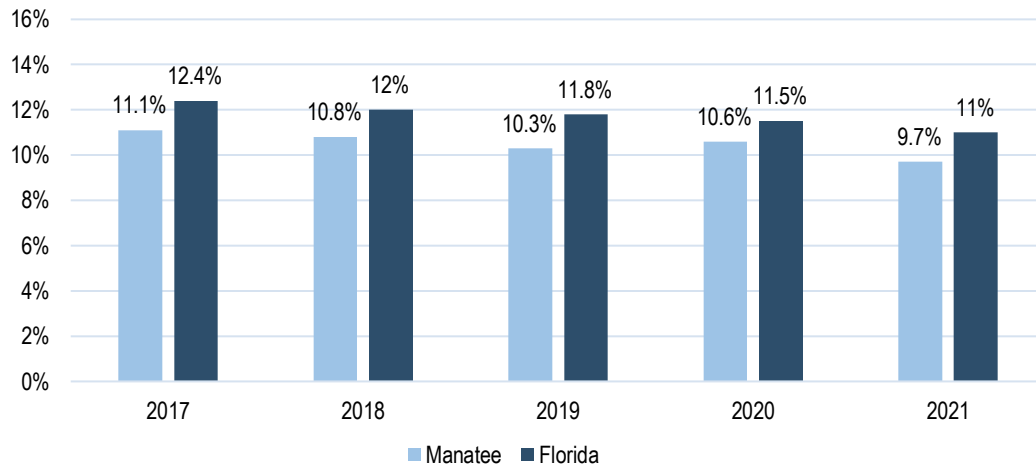


Source: Department of Education, PK-12 Education Information Services (EIS)

The U.S. Office of Disease Prevention and Health Promotion reports that individuals without a high school diploma are more likely to report poor health compared to those with a high school diploma. They are also more likely to report chronic health issues, such as asthma, diabetes, heart disease, high blood pressure, stroke, hepatitis, and ulcers, than those with diplomas.

Figure 165 below highlights the rates of individuals 25 years old or older without a high school diploma, where the rate is lower in Manatee County than in Florida.

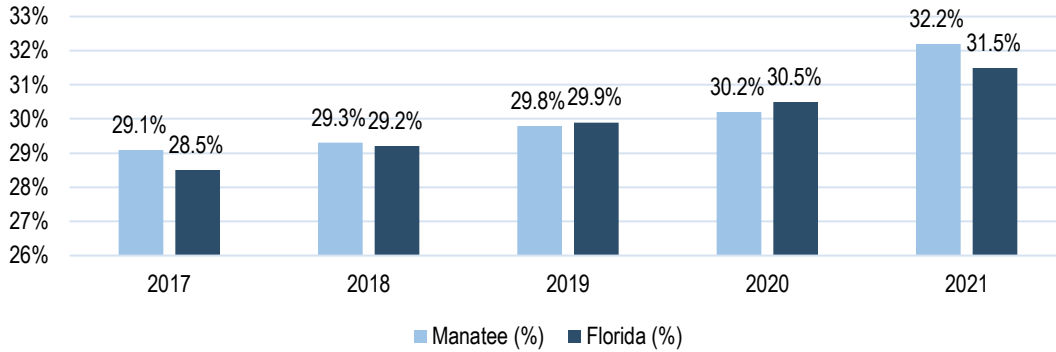
**Figure 165: Individuals 25 years old or older without a High School Diploma, Manatee County and Florida 2017-2021**



Source: United States Bureau of the Census, American Community Survey, Table C15002A

The rate of individuals with a bachelor’s degree is higher in Manatee County than Florida, and that rate has increased every year since 2017 (Figure 166).

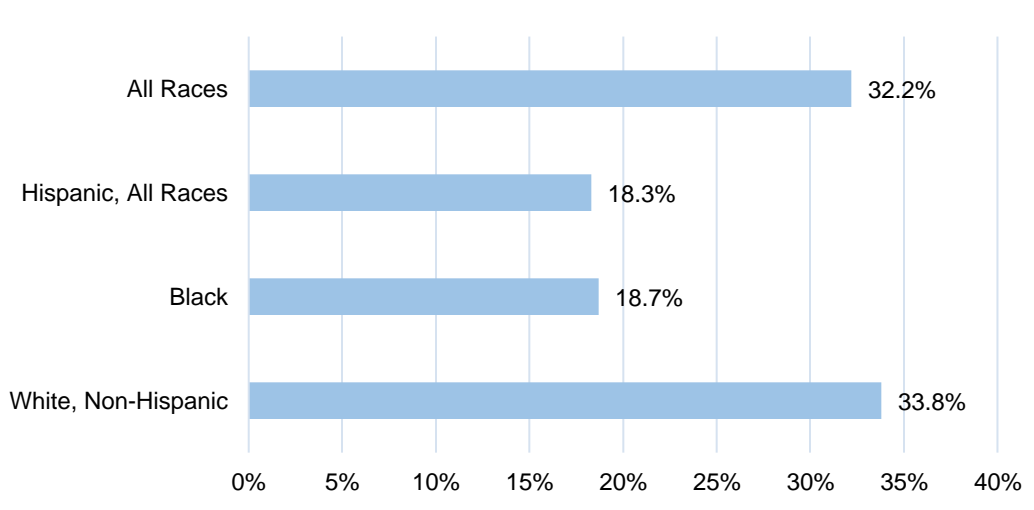
**Figure 166: Percent of Population with a bachelor's degree, Manatee County and Florida 2017-2021**



Source: United States Bureau of the Census, American Community Survey, Table B06009

Among race and ethnicity, whites have the highest rate of individuals in Manatee County with a bachelor's degree at 33.8 percent, compared to blacks at 18.7 percent and Hispanics at 18.3 percent (Figure 167).

**Figure 167: Percent of Population with a bachelor's degree by Race/Ethnicity, Manatee County 2021**



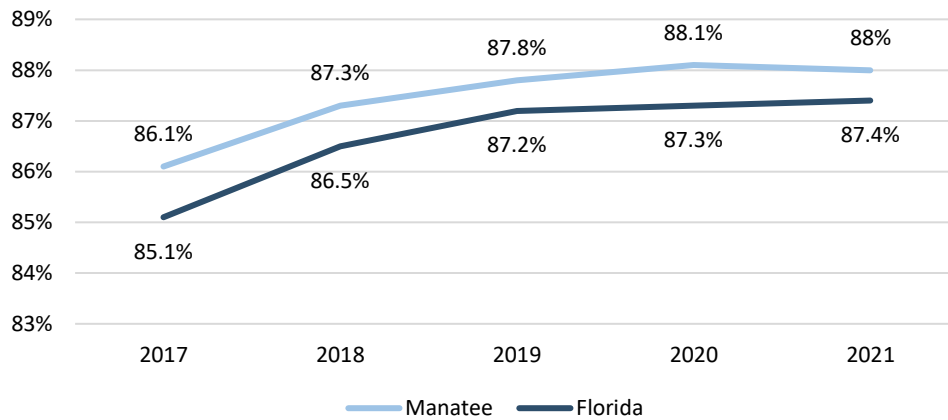
Source: United States Bureau of the Census, American Community Survey, Table B06009.

**Health Care Access and Quality**

Health care 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 to telemedicine, and having a primary care provider. Individuals who lack access to health care and insurance coverage can face worse health outcomes as they may delay or not receive timely care, including preventive care. Individuals without health insurance are less likely to have a primary care physician and may not be able to afford medications and health care services needed. There can be many reasons an individual may not have insurance or receive health care services, such as proximity to providers and affordability.

Figure 168 depicts the percent of adults with health insurance in Manatee County (88 percent), which is greater than the percentage statewide (87.4 percent).

**Figure 168: Percent of Adults with Health Insurance, Manatee County and Florida 2017-21**



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 2020 based on the Federal Poverty Level (FPL). The rates of uninsured are higher in every income level in Manatee County compared to Florida (Table 32).

**Table 32: Income level and Uninsured by Percent Manatee County and Florida**

Income level	% Uninsured in Manatee County	% Uninsured in Florida
<= 138% FPL	26.3%	24.3%
<= 200% FPL	25.8%	23.5%
Between 138-400% FPL	19.3%	18.2%
<= 400% FPL	21.4%	20.1%

Source: The U.S. Census Bureau Small Area Health Insurance Estimates, SAHIE (census.gov) accessed May 2023

Florida has limited eligibility for Medicaid. Single adults or adults without children are not eligible for Medicaid. In Florida, the Department of Children and Families 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)
- Noncitizens 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 DCF upon determining that an applicant is eligible for SSI. The SSI program



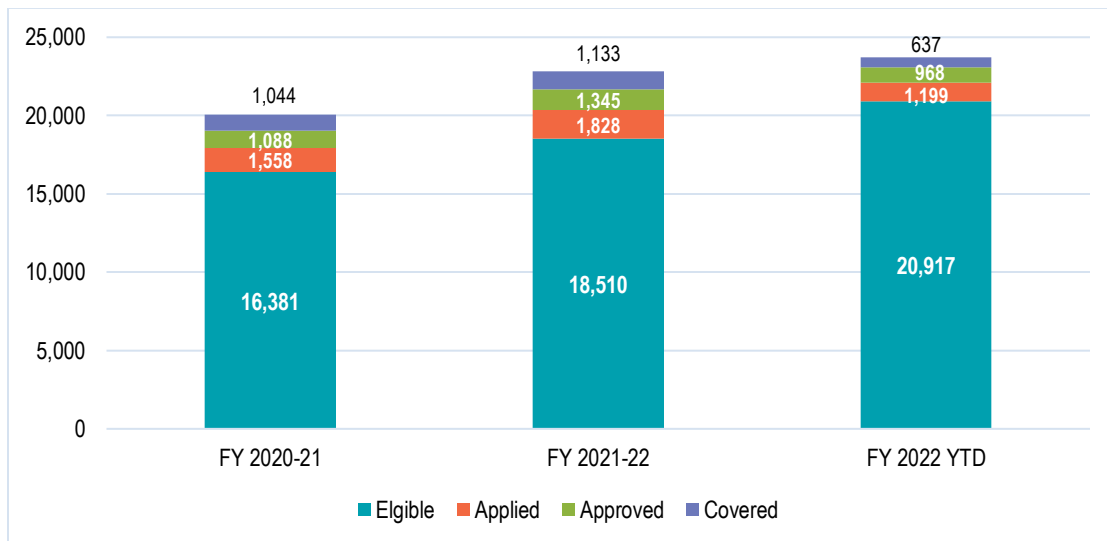
assists disabled adults and children with limited income and resources. Florida residents eligible for SSI are automatically eligible for Medicaid coverage.

Medicaid enrollment changes monthly and has been increasing every year. The average monthly Medicaid enrollment in Manatee County for 2021 was 72,394. In 2019, the monthly average was 62,701.

In 2021, 11.8 percent of Manatee County residents were uninsured. Of those, 17.3 percent were uninsured and employed, 30.5 percent were uninsured and unemployed, and 22.4 percent were uninsured and not in the labor force (U.S. Census, Table S2701).

We Care Manatee is a nonprofit organization that connects uninsured, low-income (below 200% of FPL) community members ages 18-64 to medical care they need. We Care Manatee provides referrals for specialists, breast health, assistance paying for medications and transportation to medical services. In 2019-2020, We Care Manatee provided 1,028 referrals, 918 referrals for specialists, and 210 referrals for breast health. Also, they provided \$1.68 million worth of free care. The Indigent Care Program of Manatee County is available to low-income (below 200 percent FPL) residents of Manatee County who are uninsured and between the ages of 18 and 64. Approximately 20,917 people (4 percent of population) are eligible for services under the program. Figure 169 highlights the program utilization by fiscal year.

**Figure 169: Indigent Care Program Utilization by Fiscal Year, Manatee County**

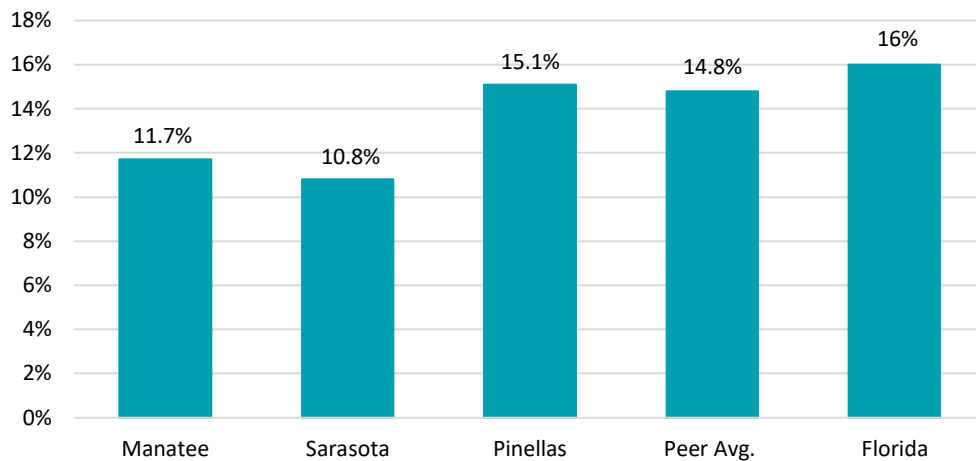


Source: Manatee County Government, Neighborhood Services Department

Note: The population rate increase that was used to estimate FY22-23 is based on the average rate increase during 2019-21. This estimate would be on the higher end to account for the higher migration rate we have seen in the past few years.

Lack of health insurance can make it difficult to receive timely, necessary care. It can also be unaffordable to see a doctor without insurance. Manatee County has a higher percentage of individuals reporting not seeing a doctor due to cost compared to Sarasota County, but has a lower rate than Pinellas County, the peer counties, and the state (Figure 170).

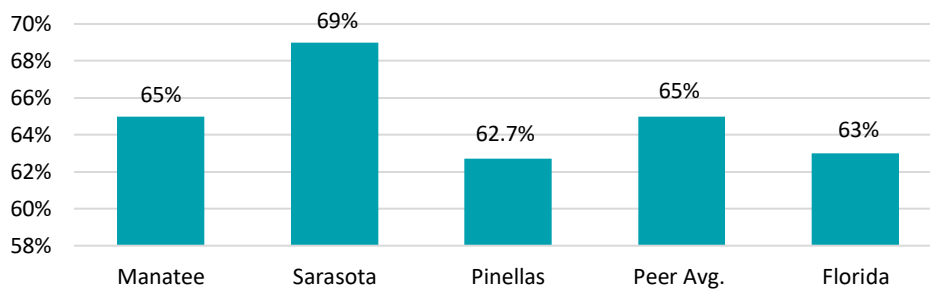
**Figure 170: Comparison of Percent of Adults who Did Not see a Doctor in the Past Year Due to Cost, 2019**



Source: Florida Behavioral Risk Factor Surveillance System

Oral health care access is also impacted by affordability, fear, and lack of insurance coverage. In 2016, 35 percent of adults in Manatee County had not visited a dentist or dental clinic in the past year. Figure 171 displays the most up to date data available for adults who visited a dentist or dental clinic within the last year (2016).

**Figure 171: Comparison of Percent of Adults who Visited a Dentist or a Dental Clinic in the last 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. Approximately 88.6 percent of Manatee County households have access to broadband Internet (2021). While there is broadband coverage throughout 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.

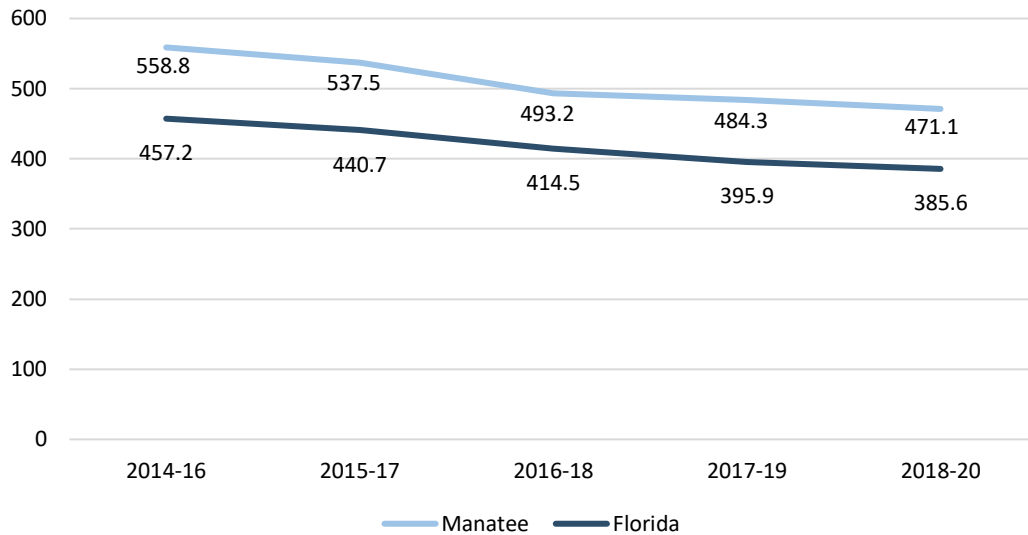
The Clinical Care section of this plan provides more information on providers, facilities, and utilization.

### **Neighborhood and Built Environment**

Feeling safe is a basic human need. Trauma from exposure to violence can impact physical and mental health.

Figure 172 illustrates the rates of selected violent crime within the county (includes murder, rape, robbery, and aggravated assault). The rates of violent crime in Manatee County have been higher than Florida's rates over the years (Figure 172). The overall rates of violent crime per 100,000 population is decreasing both in the county and the state.

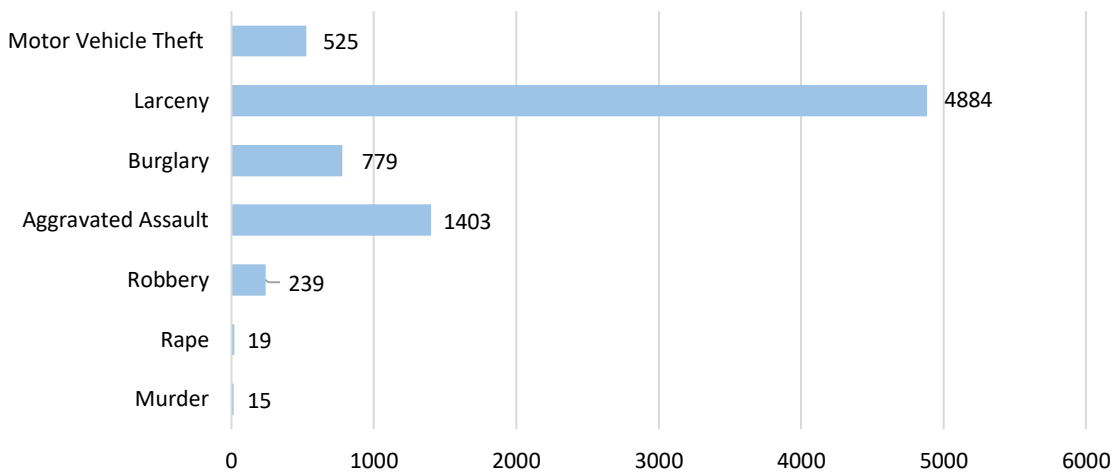
**Figure 172: Violent Crime, Rate per 100,000 Manatee County and Florida 2014-16**



Source: Florida Department of Law Enforcement

Among arrests made in the county in 2020, larceny was the most common, followed by aggravated assault and burglary (Figure 173). The overall crime rate per 100,000 population was 2,000.4 in 2020.

**Figure 173: Criminal Offense Data, Manatee County 2020**



Source: Florida Department of Law Enforcement. Florida annual uniform crime report, 2020. Rates are per 100,000 of the population.

Air quality can have a significant impact on individuals with health conditions such as asthma or chronic obstructive pulmonary disease. The state of Florida has one of the best outdoor air quality monitoring networks in the country, and Manatee County has four air quality monitoring sites.

Most recent data show that in 2020 Manatee County had zero days with the maximum eight-hour average ozone concentration over the National Ambient Air Quality Standard (Florida Department of Health, Environmental Public Health Tracking program).

Air quality can also be impacted by proximity to a busy roadway. Table 33 below highlights Manatee County air quality data in 2022 as it relates to proximity to a busy roadway compared to Florida.

<b>Table 33: Air Quality Data</b>	<b>Manatee County</b>	<b>Florida</b>
Percent of Population Living within 500 feet from a busy roadway	9.07%	12.28%
Percent of schools and day care facilities within 500 feet from a busy roadway	12.75%	20.31%

Source: Florida Department of Health, Environmental Public Health Tracking program

All the public water systems in Manatee County are fluoridated water sources.

Red tide affects water in the Gulf of Mexico. A red tide is a higher-than-normal concentration of 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 with a red or brown hue. 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. Red tide will form naturally onshore and is most common during the months of August through December. Individuals with severe or chronic respiratory conditions (such as emphysema or asthma) are advised to avoid red tide areas during these times.

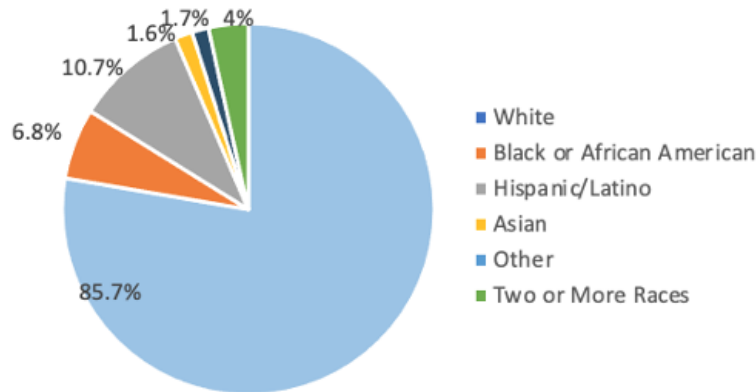
Being in a subtropical zone, Manatee County is at risk for tropical storms and hurricanes. Lower-income residents can be particularly vulnerable to impacts from these storms, especially when it comes to housing stability and the ability to evacuate.

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. A recent study found that home ownership can impact health by offering new job opportunities, extra time saved travelling and available resources for healthy leisure activities. (Munford, Fichera & Sutton, 2020. "Is owning your home good for your health? Evidence from exogenous variations in subsidies in England." *Economics and Human Biology*, 39, 100903. <https://doi.org/10.1016/j.ehb.2020.100903>)

Figure 174 provides a snapshot of home ownership rates by race and ethnicity. Home ownership rates are lowest among Asians and other races.

**Figure 174: Home ownership by Race and Ethnicity, Manatee County 2021SS**



Source: US Census Bureau, 2021 American Community Survey 5-year estimates, S2502

Walkability and access to places to be active and eat healthy foods can impact physical and mental health. Table 34 shows the proximity to food sources and parks in Manatee County compared to Florida.

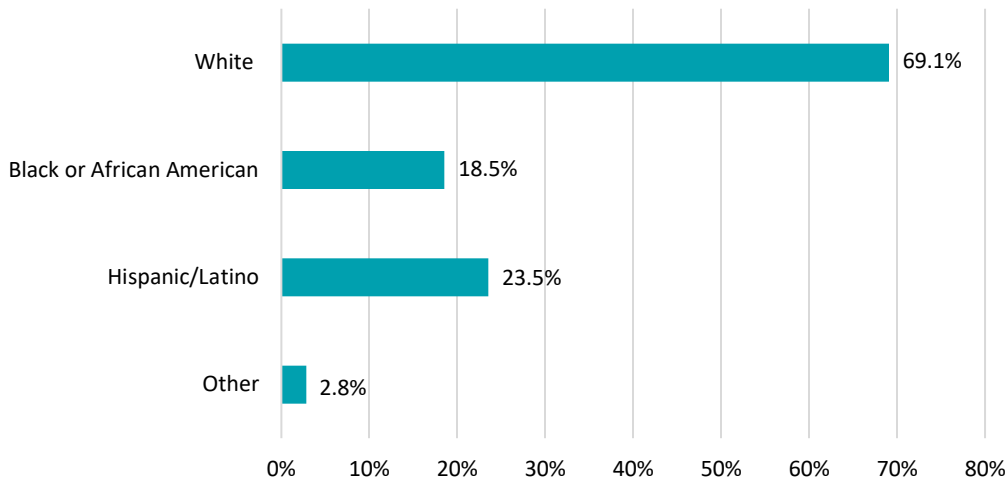
<b>Table 34: Built Environment: Food &amp; Parks</b>	<b>Manatee County</b>	<b>Florida</b>
Percent of the population living within 1/2 mile of a healthy food source	24.46%	29.86%
Percent of the population living within a 1/2 mile of a fast-food restaurant	25.76%	33.56%
Percent of the population living within a ten-minute walk (1/2 mile) of a park	26.18%	42.97%
Percent of the population living within a ten-minute walk (1/2 mile) of an off-street trail system	2.84%	18.78%

Source: Florida Department of Health, Environmental Public Health Tracking program

It is estimated that 1.5 percent of households in Manatee County had no vehicle available in 2021. Efficient and affordable transportation, safe roads and 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 five-year estimates during 2017-21 indicated that 75 percent of employed Manatee County residents drove alone to work and 40.3 percent indicated the commute was 30 minutes or more. About 2 percent of Manatee County residents used public transport, including taxicabs, to commute to work. Figure 175 highlights public transit use among Manatee County residents by race and ethnicity.

**Figure 175: Public Transit to Work, by Race and Ethnicity Manatee County 2017-21**



Source: US Census Bureau, 2021 American Community Survey 5-year estimates, B0802

### **Social and Community Context**

Social isolation is described as objectively having few social relationships, social roles, group memberships, and infrequent social interaction, according to a report from the U.S. Surgeon General in 2023 titled “Our Epidemic of Loneliness and Isolation.” Being socially isolated can be detrimental to physical and mental health, as it can impact access to services or community involvement and include little to no communication with family, friends, and acquaintances.

“Our Epidemic of Loneliness and Isolation“ highlights the following about the role social isolation has on our overall health:

- Loneliness and social isolation increase the risk for premature death by 26 percent and 29 percent, respectively.
- Lacking social connection can increase the risk for premature death as much as smoking up to 15 cigarettes a day.
- Poor or insufficient social connection is associated with increased risk of disease, including a 29-percent increased risk of heart disease and a 32-percent increased risk of stroke. It is also associated with increased risk for anxiety, depression, and dementia.
- Studies find that loneliness and isolation are more widespread than many of the other major health issues today, including smoking (12.5 percent of U.S. adults), diabetes (14.7 percent), and obesity (41.9 percent), and with comparable levels of risk to health and premature death.
- The COVID pandemic impacted social connection; with one study finding a 16-percent decrease in network size from June 2019 to June 2020 among participants.

Among groups most at risk for social isolation, the report highlighted the following:

- Although risk can differ among individuals with diverse backgrounds and characteristics, the highest prevalence for loneliness and isolation were among people with poor physical or mental health, disabilities, financial insecurity, those who live alone, single parents, as well as younger and older populations.
- Income can also impact loneliness and social isolation: 63 percent of adults who earn less than \$50,000 per year are considered lonely, which is 10 percent higher than those who earn more than \$50,000 per year.

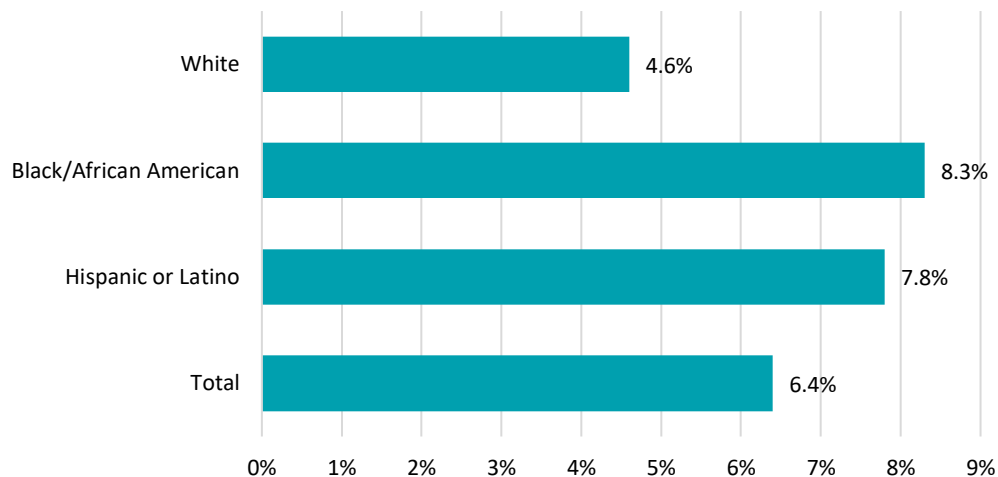
- Other groups most at risk for social isolation and loneliness include individuals from ethnic and racial minority groups, LGBTQ+ individuals, rural residents, victims of domestic violence, and those who experience discrimination or marginalization.

Disconnected youth can be defined as young people (ages 16-19) who are neither working nor in school. This also includes youth who are homeless, in foster care, and/or involved in the juvenile justice system. 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 one in nine teenagers and young adults in the United States is “disconnected.” Research has shown how being disconnected can impact health, such as being chronically unemployed, living in poverty, mental health disorders, criminal behaviors, and early mortality.

In Manatee County, 9 percent of youth ages 16-19 are disconnected, compared to 7 percent in Florida (County Health Rankings, 2023). Figure 176 indicates higher rates of disconnection among black and Hispanic youth in Manatee County.

**Figure 176: Percent of 16-19-year-olds Not Enrolled in School or Working, Manatee County, 2021**



Source: 2021 5-year American Community Survey, Table S0902

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 have not been in foster care.

Researchers found that children who had 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.

Table 35 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. Removals for caretaker drug involvement are the most common reason for removals and the rates are higher in Manatee County (56 percent) than in Florida (54 percent). The second most common reason for removal in Manatee County is neglect (47 percent). According to Florida Statute 827.03, neglect of a child means a caregiver does not provide care, supervision, or services necessary to maintain a child's physical or mental health (such as nutrition, clothing, shelter, medicine, and medical services).

**Table 35: Manatee County Children Removed to Foster Care During October 2019 through September 2020**

Indicator	Count	Rate	State Rate	Rank (high=1 to low=76)
Total Removals to Foster Care	344	44.5 per 10K	31.0 per 10K	30
Average Monthly Removals to Foster Care	28.7	3.7 per 10K	2.6 per 10K	<u>30</u>
Reentries to Foster Care	80/344	23.30%	20.60%	<u>19.5</u>
Reentries to Foster Care within 12 months of Previous Discharge	32/344	9.30%	7.90%	19.5
Removals for Neglect	163/344	47%	56%	38.5
Removals for Caretaker Drug or Alcohol Use	194/344	56%	54%	44
Removals for Physical Abuse	52/344	15%	13%	21.5
Removals for Caretaker Inability to Cope	27/344	8%	19%	43
Removals for Inadequate Housing	41/344	12%	13%	24.5
Removals for Incarceration	40/344	12%	6%	12.5
Removals for Child Behavior	11/344	3%	2%	16
Removals for Abandonment	43/344	12%	8%	10
Removals for Sexual Abuse	6/344	2%	4%	37.5
Removals to Non-Relative Foster Care First Setting	72/186	39%	35%	19
Removals to Relative Foster Care First Setting	110/186	59%	60%	41.5
Removals to Pre-Adoptive Home First Setting	0/186	0%	1%	45
Removals to Group Home First Setting	2/186	1%	2%	30.5
Removals to Institution First Setting	1/186	1%	0%	8.5
Removals to Home Visit First Setting	0/186	0%	0%	34
Removals to Runaway First Setting	0/186	0%	0%	35.5
Removals to ILP First Setting	1/186	1%	1%	23.5
Discharged within 1 Month of October 2019 through August 2020 Removal	5/312	2%	3%	<u>31</u>



Permanence within 12 months of October 2018 through September 2019 Removal	158/448	35%	37%	<u>40.5</u>
IV-E Reimbursed in Removal Cohort (excludes latest 6 months)	59/161	37%	34%	<u>19.5</u>

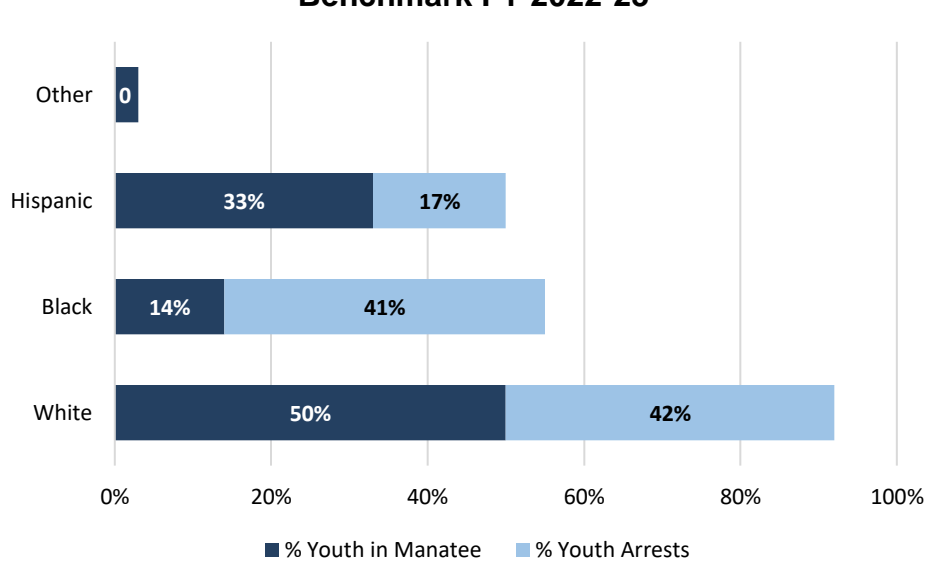
Source: Florida Department of Children and Families, <http://fosteringcourtimprovement.org/fl/County/Manatee/> accessed March 2023

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, detainment, 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 United States but two-thirds of incarcerated youth.

Figure 177 shows the disproportionate representation of minority youth in arrests between the ages of 10 and 17 in Manatee County in 2022-23. Among youth arrests in FY2022-23, there was a 5-percent decrease from the previous FY2021-22.

**Figure 177: Juvenile Justice Disproportionate Minority Contact/Racial Ethnic Disparity Benchmark FY 2022-23**



Source: Florida Department of Juvenile Justice, Delinquency Profile Dashboard 2022

## Community Health Assessment: Health Behaviors

Health behaviors are a combination of knowledge, practices and attitudes that together contribute to and motivate the actions we take regarding health. Behavioral factors play a role in each of the 12 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

Drinking too much alcohol can be harmful to health: It is estimated that about one in five million deaths are attributable to excessive drinking. Excessive drinking includes binge drinking, heavy drinking, and any drinking by pregnant women or people younger than age 21.

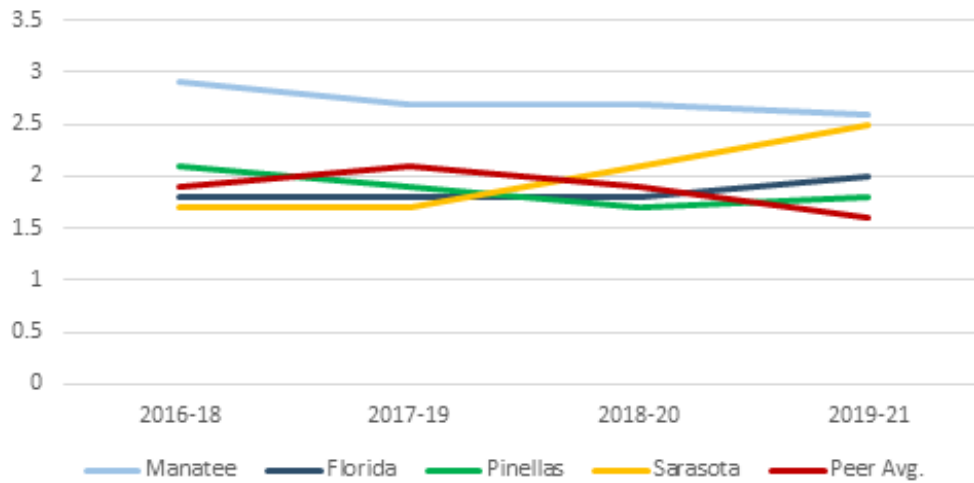
The Substance Abuse and Mental Health Services Administration (SAMHSA) defines binge drinking as five or more alcoholic drinks for males or four or more alcoholic drinks for females on the same occasion. Binge drinking is a risk factor for unintentional injuries (e.g., motor vehicle crashes), suicide, hypertension, acute myocardial infarction, sexually-transmitted infections, unintended pregnancy, fetal alcohol syndrome, and sudden infant death syndrome. Heavy drinking is defined as consuming eight or more drinks per week for women and 15 or more drinks per week for men.

There are various negative health impacts from long-term excessive alcohol use that 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-confirmed motor vehicle crashes than Florida, peer counties (Collier, Seminole and Pasco counties) and the nearest health departments (Pinellas and Sarasota counties) (Figure 178).

**Figure 178: Comparison Rates of Alcohol-confirmed Motor Vehicle Fatalities, per 100,000 population, 3-year Rolling Rates 2016-2021**



Source: Florida Department of Health, Bureau of Vital Statistics

Figure 178 Data	Manatee	Florida	Pinellas	Sarasota	Peer Avg.
2016-18	2.9	1.8	2.1	1.7	1.9
2017-19	2.7	1.8	1.9	1.7	2.1
2018-20	2.7	1.8	1.7	2.1	1.9
2019-21	2.6	2	1.8	2.5	1.6

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.

Alcohol is the most common substance used among youth. 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. Rates of current and binge drinking high school students have been steadily declining nationwide. Among female and male high school students, females are more likely to drink alcohol and binge drink than male students (CDC, 2019).

The Youth Behavioral Risk Factor Survey found that in 2022, 14.1 percent of Florida high school students and 13.3 percent of Manatee high school students reported having their first drink before the age of 13. In Manatee County, the rates of high school students who reported having consumed alcohol at least once in the past 30 days declined from 34 percent in 2002 to 9.1 percent in 2022. Youth who consumed alcohol were more likely to be white and female. Among students who have engaged in binge drinking, the rate in 2022 was 5.1 percent in Manatee County and 5.6 percent in Florida, with these rates steadily decreasing over the years.

## Drug Use

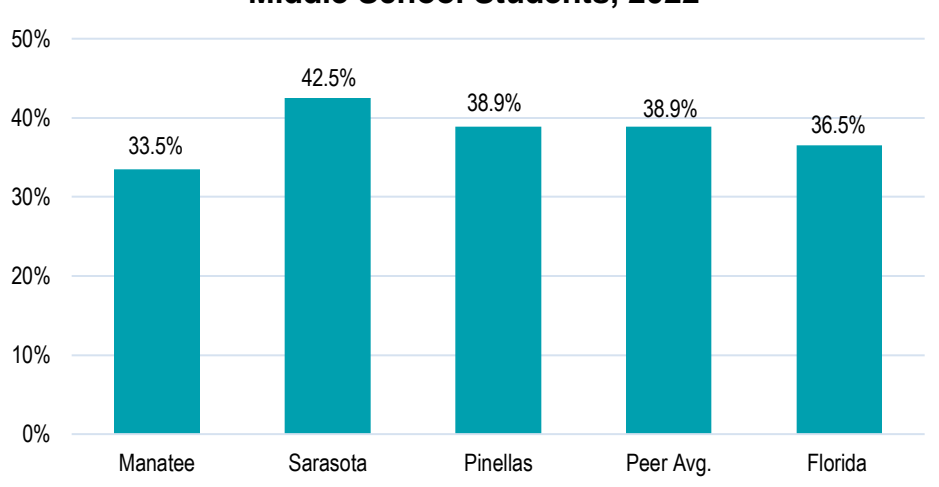
### Marijuana

According to the National Institute on Drug Abuse (NIDA), marijuana is the most abused drug in the United States. Many states in the United States have legalized marijuana for medical or recreational

use. Florida legalized the medical use of marijuana in 2017 for qualified patients under specific criteria, but does not permit recreational use. Individuals in Florida found with 20 grams of cannabis or less can be charged with a misdemeanor, up to one year in prison, and a maximum fine of \$1,000.

Among youth, it has been found that they are more likely to use electronic cigarettes than adults (as indicated in the previous tobacco section). In addition, many of these devices can also be used to smoke marijuana oil. Manatee County rates in 2022 for use of marijuana oil by youth were lower than Florida, the peer counties and nearest local health departments (Figure 179). Still, these trends are concerning as research finds that vaping marijuana is associated with more symptoms of lung damage than smoking tobacco or nicotine.

**Figure 179: Comparison, Percent of Users of ENDS with Marijuana Oil among High school and Middle School Students, 2022**



Source: Florida Department of Health, Division of Community Health Promotion, Florida Youth Tobacco Survey (FYTS). Peer counties: Collier, Pasco, and Seminole

Among adults, about 10% of adults in Florida reported using marijuana or hashish in the past 30 days (2018). The most recent data for Manatee County found that in 2016 11% of adults reported using marijuana or hashish in the past 30 days.

### **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.

During 1999-2017, nearly 400,000 Americans 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

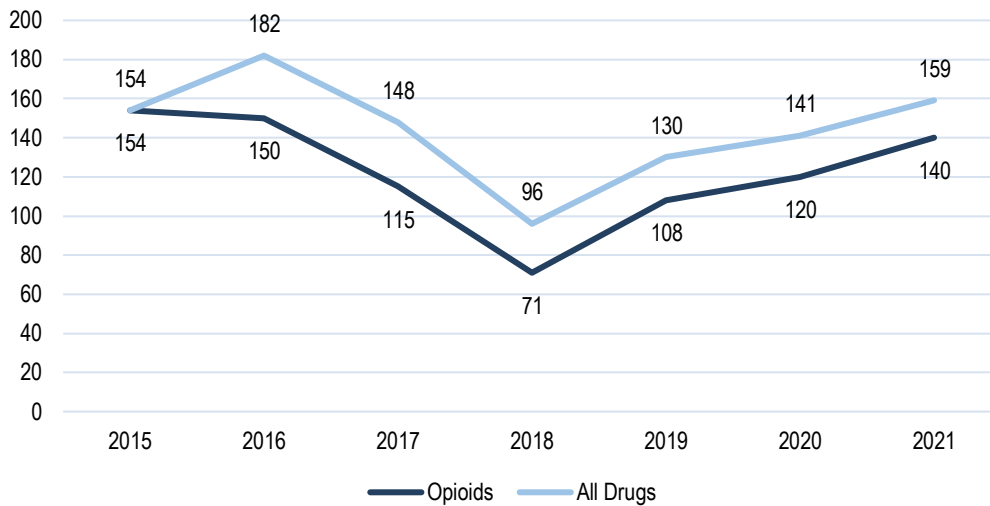
continues to change, and IMF can be found in combination with heroin, counterfeit pills, and cocaine.

There were significant changes in opioid-related death rates nationwide during 2019-20, including a 56-percent increase in deaths involving synthetic opioids and a 7-percent decrease in heroin-related deaths (CDC).

Manatee County was the center of the opioid epidemic in 2014. The crisis followed Florida’s crackdown 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.

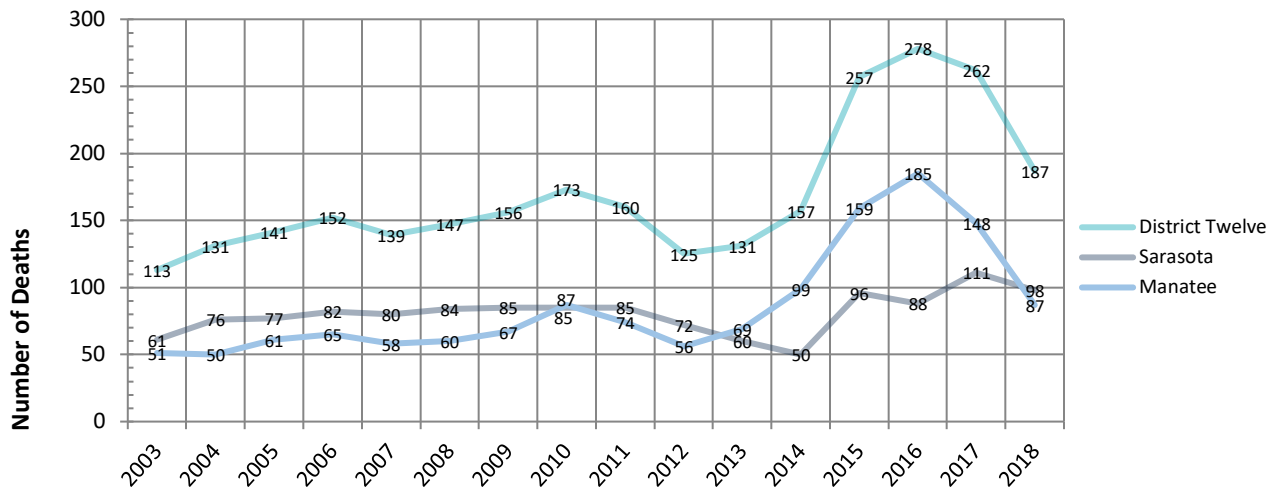
Drug-related overdose deaths have fluctuated in Manatee County over the years. Rates for opioid-related overdose deaths decreased during 2015-18 and then began to increase since 2019 (Figure 180). Among all drug-related overdoses, most are attributed to opioids.

**Figure 180: Fatal Drug Overdoses, All Drugs and Opioids Manatee County, 2015-2021**



Source: Florida Department of Law Enforcement. FLCHARTS Substance Use Dashboard

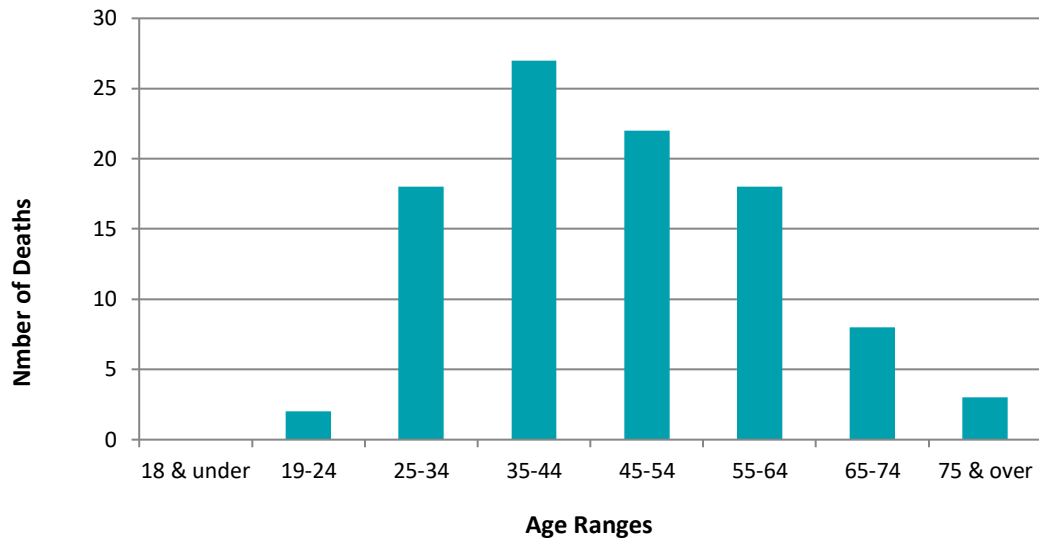
**Figure 181: Total Drug Caused Deaths, District 12, Sarasota, and Manatee Counties, 2003-2018**



Source: District 12 Medical Examiner Comprehensive Drug Death Report 2003-2018.

In Manatee County, drug-related deaths occur most often in the 25-34 and 35-44 age cohorts, but all people of all ages are impacted (Figure 182).

**Figure 182: Age Distribution of Drug Deaths, Manatee County, 2018**

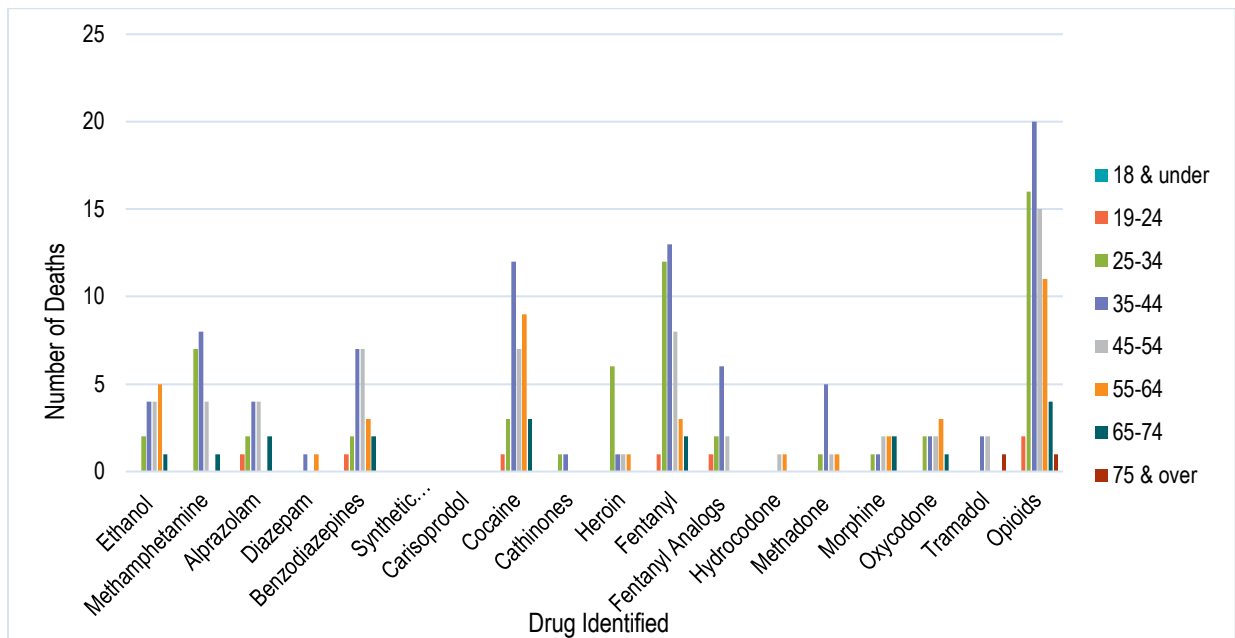


Age	2014	2015	2016	2017	2018
18 & under	0	1	1	2	0
19-24	8	18	12	11	2
25-34	27	44	55	36	18
35-44	31	37	44	40	27
45-54	17	28	40	36	22
55-64	14	24	27	17	18
65-74	2	5	6	5	8
75 & over	0	2	0	1	3

Source: District 12 Medical Examiner Comprehensive Drug Death Report 2003-2018

Specific drugs responsible for overdoses can vary over time; in 2018, opioids, fentanyl, and cocaine were the most common drugs involved in drug-related deaths (Figure 183).

**Figure 183: Specific Drugs Causing Death, Manatee County 2018**



Source: District 12 Medical Examiner Comprehensive Drug Death Report 2003-2018.

Among nonfatal overdoses, rates have been the highest in 2021 in Manatee County for the past 3 years for both emergency room visits and hospitalizations (Table 36).

**Table 36: Manatee County Non-Fatal Overdoses by Emergency Room Visits and Hospitalizations, 2019-2021**

Non-Fatal Overdoses	2019	2020	2021
All drug related overdose emergency department visits	1,173	1,166	1,236
Opioid involved non-fatal overdose emergency department visits	644	683	698
All drug non-fatal overdose hospitalizations	460	423	430
Opioid involved non-fatal overdose hospitalizations	141	117	143

Source: Florida Department of Law Enforcement. FLCHARTS Substance Use Dashboard

Between 2020 and 2021, the rate of fatal overdoses from all drugs and from opioids increased in Manatee County (Table 37).

**Table 37: Types of Overdose, % Change Manatee County, 2020-2021**

Type of Overdose	2020	2021	% Change
Fatal Overdoses All Drugs	141	159	6%
Fatal Overdoses Opioids	120	140	17%

Source: Source: Florida Department of Law Enforcement. FLCHARTS Substance Use Dashboard



Since 2020, amid the COVID-19 pandemic, a spike of drug overdoses was reported nationwide. The CDC found that the increase in overdose risk during this time resulted from unintended consequences from the public health measures to reduce the spread of COVID. Some of these unintended consequences include health care disruption, depression, anxiety, and social isolation. Missed opportunities for intervention were also identified, as there was a lack of bystanders, change in treatment for substance use disorders, cancellation or postponement of medical appointments or therapies, and the early release from criminal justice systems.

It is unknown to what extent the stress of COVID-19 might have contributed to the increases in Manatee County, but continued focus on drug overdoses must continue for the foreseeable future.

On August 31, 2022, a statewide initiative to reduce substance abuse deaths was launched to distribute naloxone kits to various health departments, including the Florida Department of Health in Manatee County. This effort will make naloxone available to the public, allowing for use of this lifesaving medication that can help reverse overdoses.

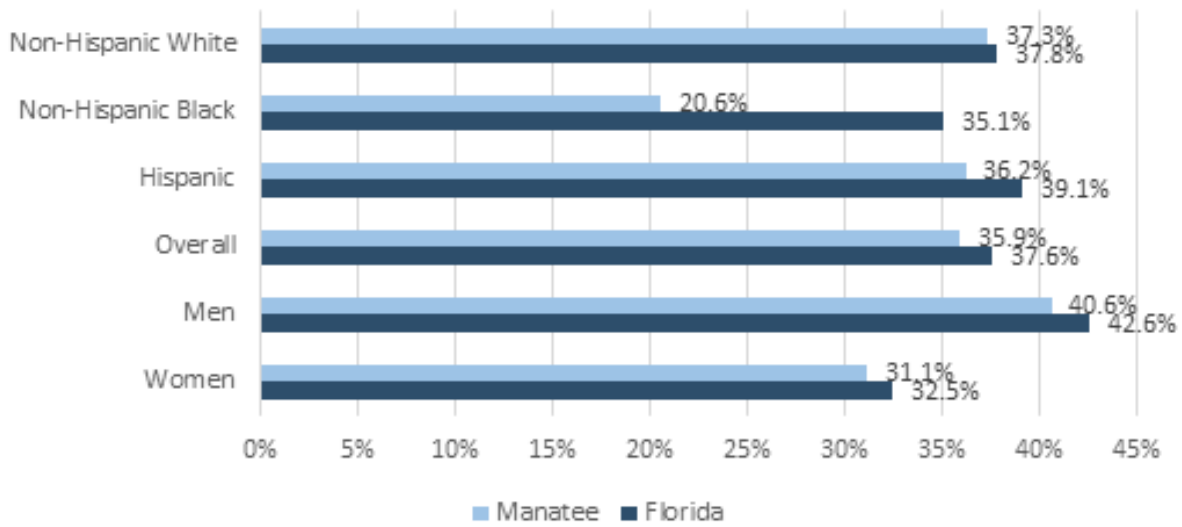
In July 2019, needle exchange programs were authorized in Florida. In December 2019, the Manatee County Commission voted unanimously to approve the Infectious Disease Elimination Program to allow for needle exchange for IV drug users in the county. As of 2021, the county has passed an ordinance for syringe exchange and accepted a letter of agreement. Next steps for implementation include contracting with an entity to operate the program.

### **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 fat. Healthy weight is defined as having a BMI between 18.5 and 24.9. Overweight is defined as BMI between 25 and 30. Obesity is defined as a BMI greater than 30.

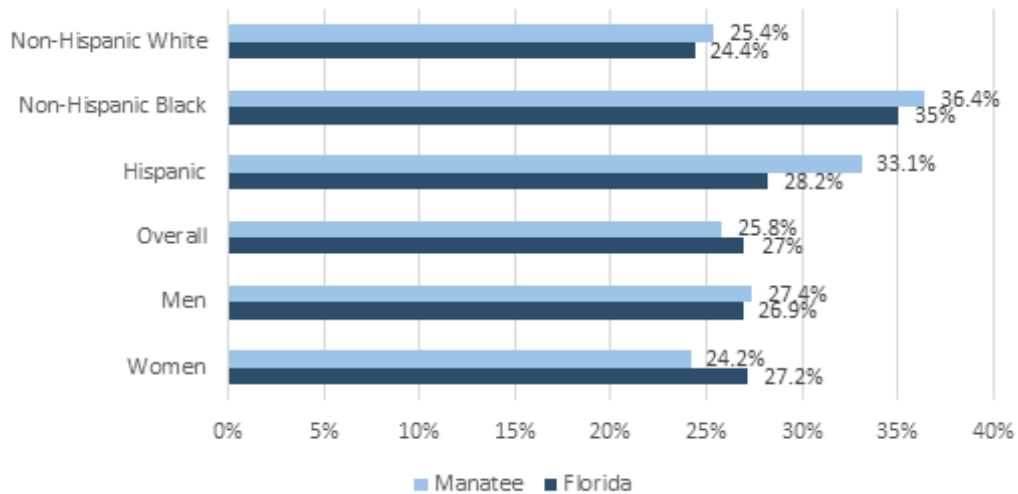
Men have higher rates of being overweight and obese than women in Manatee County and slightly lower rates than women in Florida (Figure 184). However, among blacks, whites and Hispanics, Manatee County has higher rates of obesity than Florida (Figure 185). Overall, Florida has a higher rate of overweight and obese adults than Manatee County (Figure 186).

**Figure 184: Percent of Adults who are Overweight, by Race, Ethnicity and Gender, Manatee County and Florida, 2019**



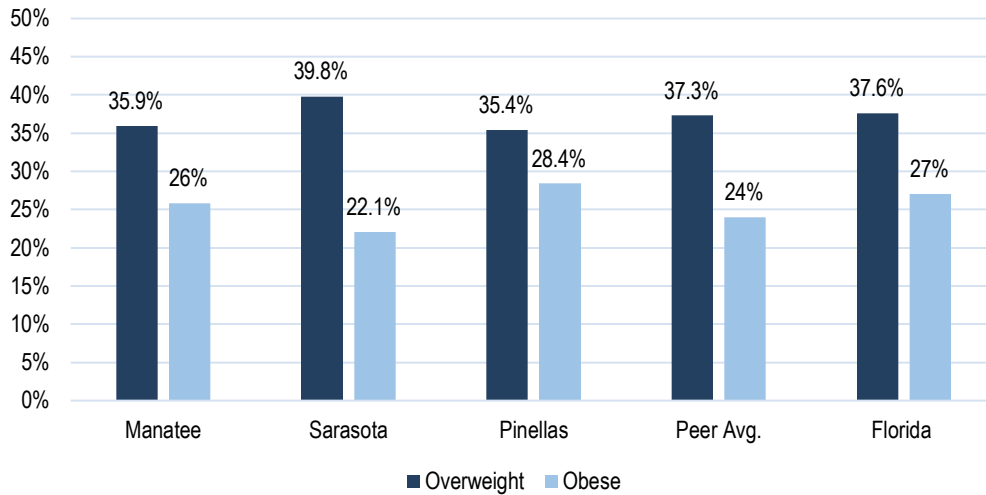
Source: Florida Behavioral Risk Factor Surveillance System

**Figure 185: Percent of Adults who are Obese, by Race, Ethnicity and Gender, Manatee County and Florida, 2019**



Source: Florida Behavioral Risk Factor Surveillance System

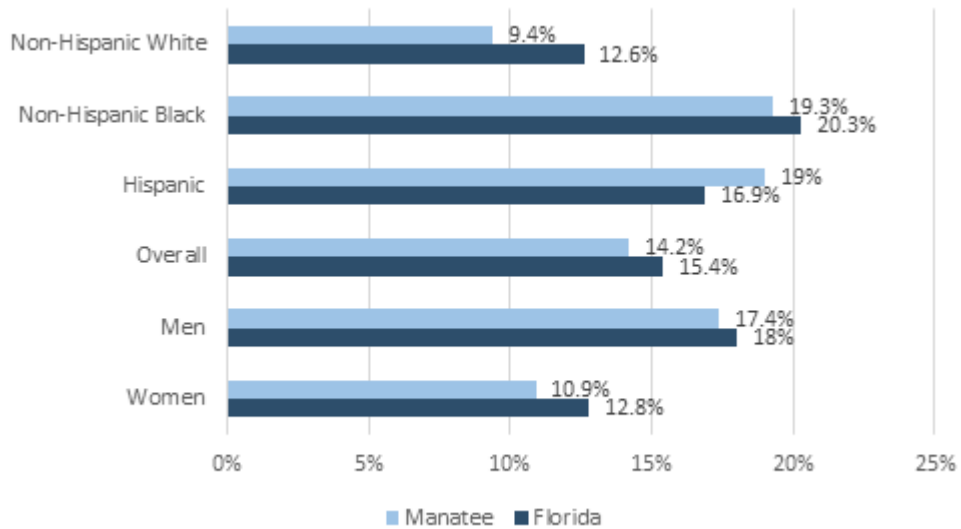
**Figure 186: Comparison of Overweight and Obese Adults, 2019**



Source: Florida Behavioral Risk Factor Surveillance System

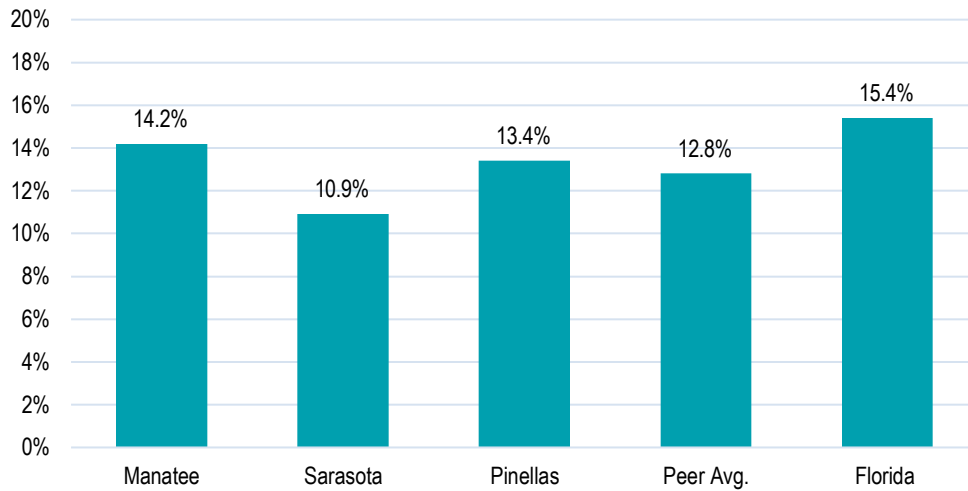
Among youth, Manatee County Hispanics have higher rates of obesity than in Florida (Figure 186). Overall, Manatee County has lower rates of youth obesity when compared with Florida and higher rates than the peer-county average and the nearest local health departments (Figure 187).

**Figure 187: Percent of Students who are Obese, by Race, Ethnicity and Gender, Manatee County and Florida, 2022**



Source: Florida Youth Tobacco Survey, 2022

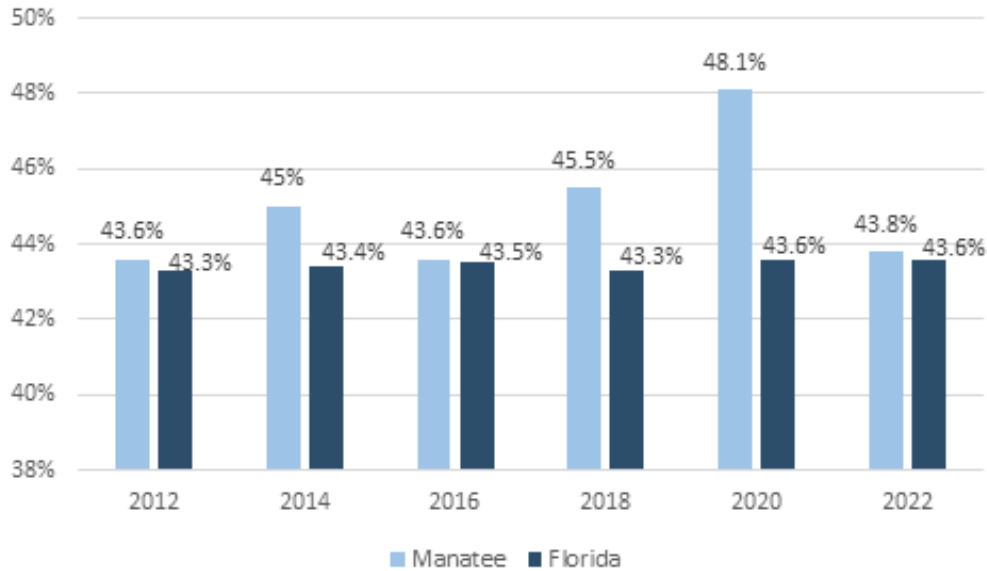
**Figure 188: Comparison Percent of Students who are Obese, 2022**



Source: Florida Youth Tobacco Survey, 2022

Manatee County students have reported higher rates of trying to lose weight than students in Florida over the last decade. That rate was the highest in 2020 at 48.1 percent and decreased to 43.8 percent in 2022.

**Figure 189: Percent of Students Who are Trying to Lose Weight, Among all Middle and High School Students, Manatee County and Florida, 2012-22**



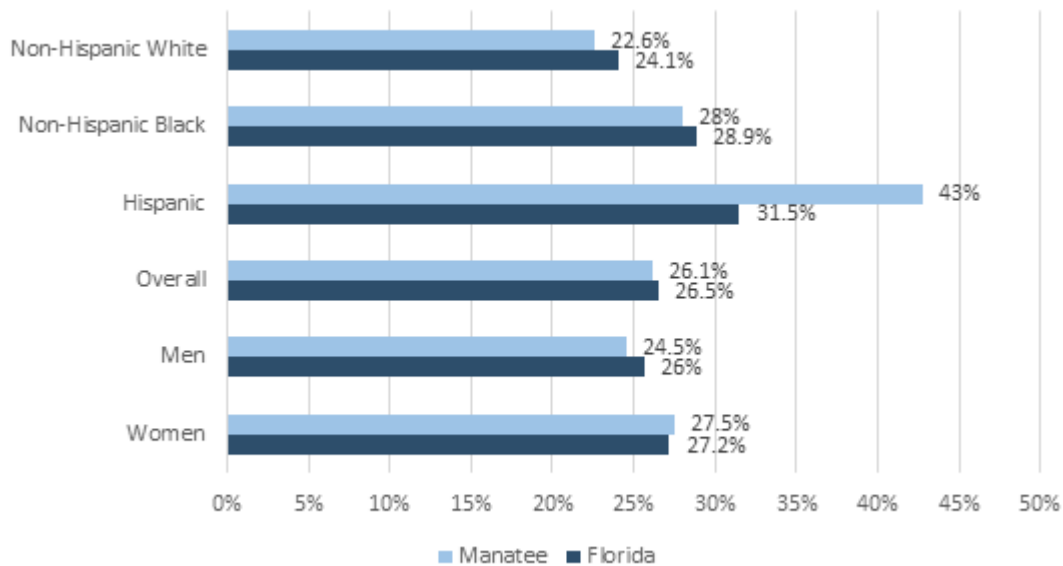
Source: Florida Youth Tobacco Survey, 2022

The Sedentary Behavior Research Network (SBRN) defines 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): Activities that expend 1.5 METs or less of energy are classified as sedentary.

Studies have now consistently demonstrated that leading a sedentary lifestyle can contribute to obesity, type 2 diabetes, cancer, cardiovascular disease, and premature death. Inactivity can impact overall health by reducing metabolism, impairing the body’s ability to control blood sugar levels, regulate blood pressure, and break down fat. Individuals can lower their risks of heart disease and stroke by getting at least 150 minutes of moderate physical activity weekly. Regular physical activity can also reduce type 2 diabetes, control cholesterol, strengthen muscles and bones, prevent falls, and overall increase your chances of living longer (CDC).

Hispanic adults in Manatee County and Florida have the highest rates of being sedentary compared to non-Hispanics. Females are more likely to report being sedentary than males in both Manatee County and Florida. Overall, Manatee County residents are slightly less sedentary than Florida residents (Figure 190).

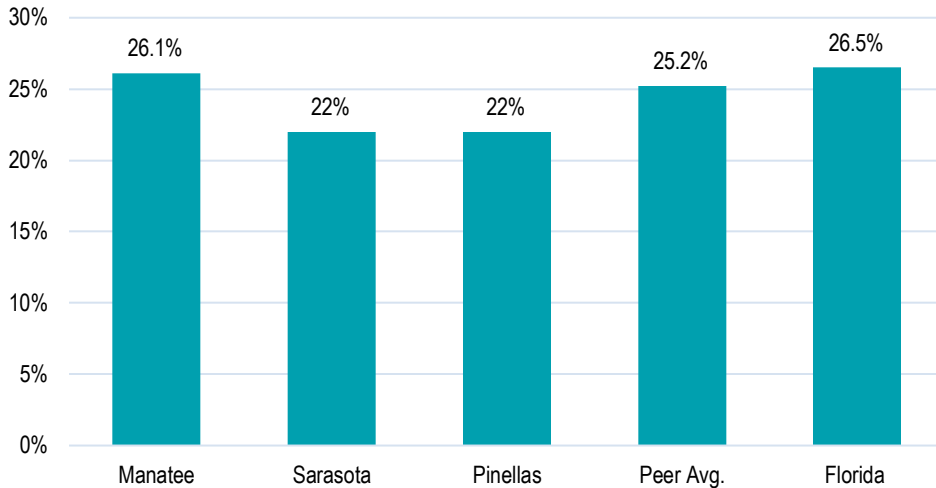
**Figure 190: Adults who are Sedentary, by Race/Ethnicity and Gender, Manatee County and Florida, 2019**



Source: Florida Behavioral Risk Factor Surveillance System

Manatee County has higher rates of sedentary adults than the peer-county average and nearest local health departments (Sarasota and Pinellas County). Florida’s rate is only 0.5 percent higher than Manatee County’s percent of sedentary adults (Figure 191).

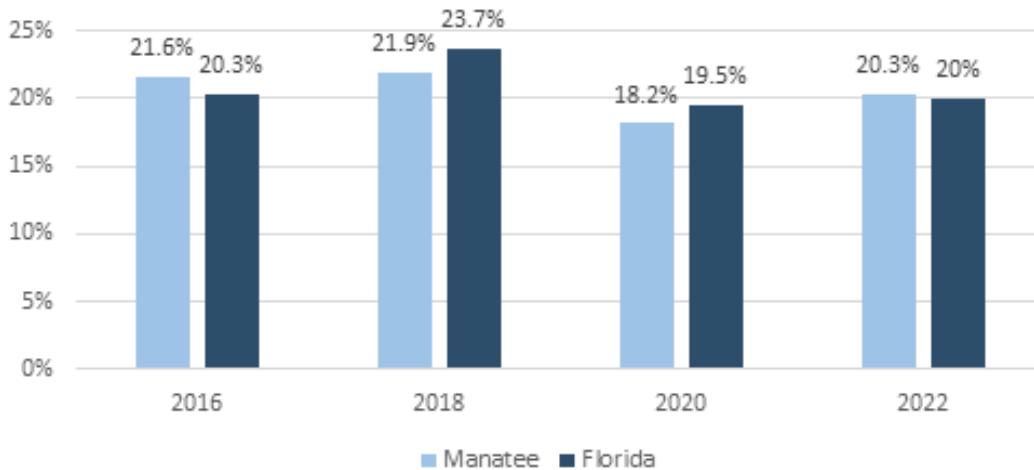
**Figure 191: Comparison Percent of Adults who are Sedentary, 2019**



Source: Florida Behavioral Risk Factor Surveillance System

Physical activity levels reported by middle and high school students in both Manatee County and Florida have not fluctuated much since 2016, with rates at about 18-21 percent. In 2022, the percentage of students who were physically active for at least 60 minutes on all of the past seven days is almost the same rate in Manatee County (20.3 percent) and Florida (20 percent).

**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, 2016-2022**

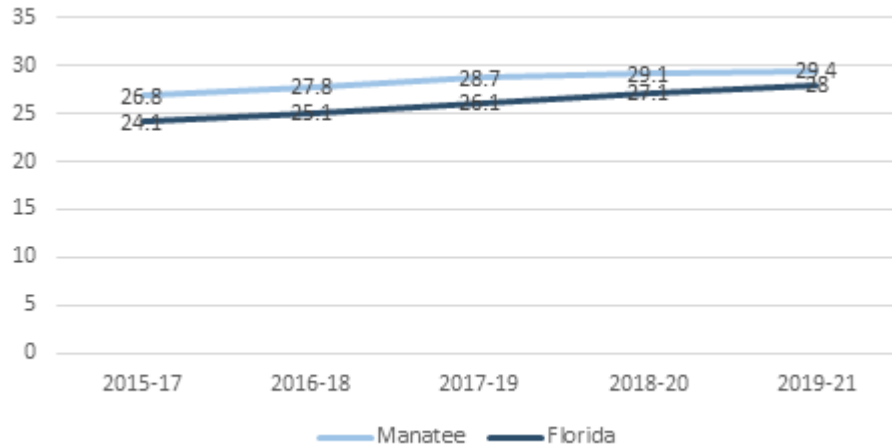


Source: Florida Youth Tobacco Survey, 2022

Maintaining a healthy weight in childhood is important. In 2022, of Manatee County WIC participants ages two to five years old, 14.3 percent were overweight, and 18.1 percent were obese. This is a decrease in rates for 2020 for overweight children as 15.1 percent were overweight in 2020, and an increase in rates of obese children by 2.7 percent (15.4 percent of children were obese in 2020).

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).

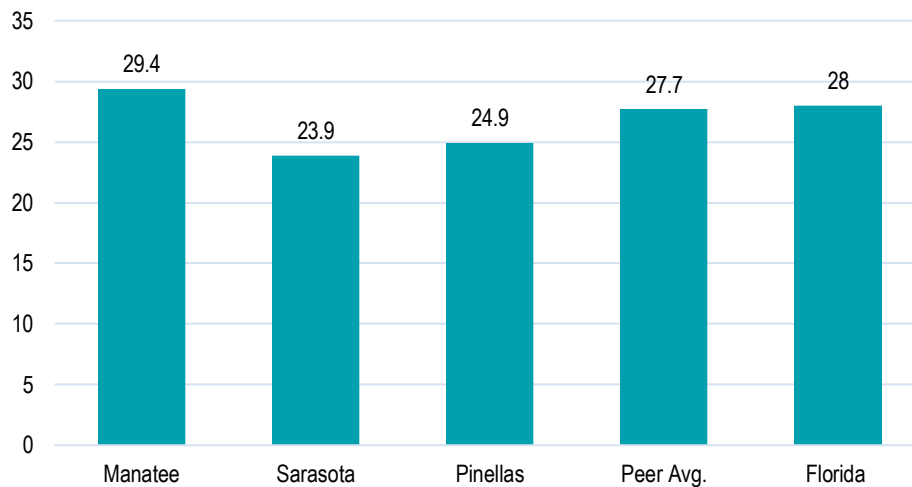
**Figure 193: Births to Obese Mothers at Time Pregnancy Occurred, 3-year Rolling Rate, Manatee County and Florida, 2013-2019**



Source: Florida Department of Health, Bureau of Vital Statistics. Rates are per 100,000 of the population.

Manatee County also has higher rates of obesity in mothers at the time pregnancy occurred than Florida, the peer counties, and nearest local health departments during 2019-21 (Figure 194).

**Figure 194: Comparison of Birth Rates to Obese Mothers, 2019-21**



Source: Florida Department of Health, Bureau of Vital Statistics. Rates are per 100,000 of the population.

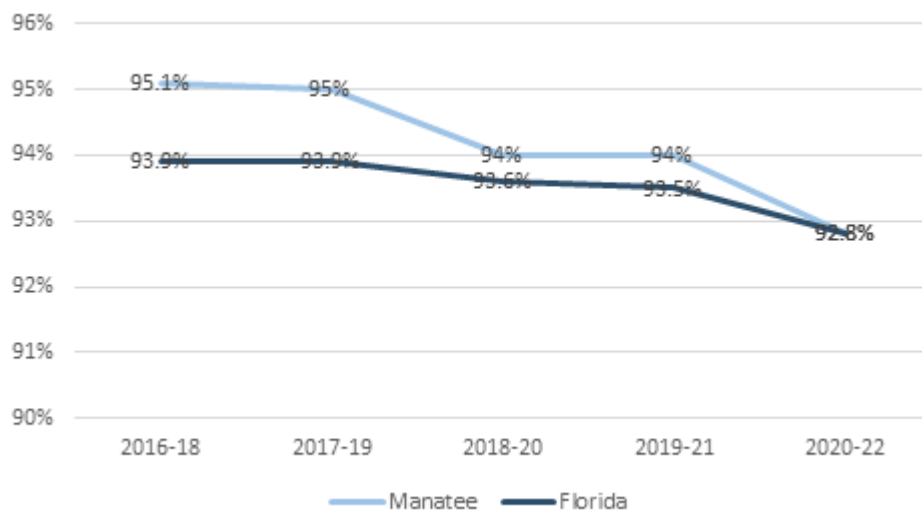
## Immunizations

Indicator: Percentage of kindergarteners in Florida public and private schools who have the required immunization documentation for preschool 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 age-appropriate CDC-recommended vaccines before they enter preschool, including 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 childcare 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 and Florida currently have the same rate of kindergarteners immunized at 92.8 percent during 2020-22. Immunization rates in Manatee County and Florida have been decreasing.

**Figure 195: Percent of Kindergarteners Immunized, 3-year rolling rates, Manatee County and Florida 2016-22**

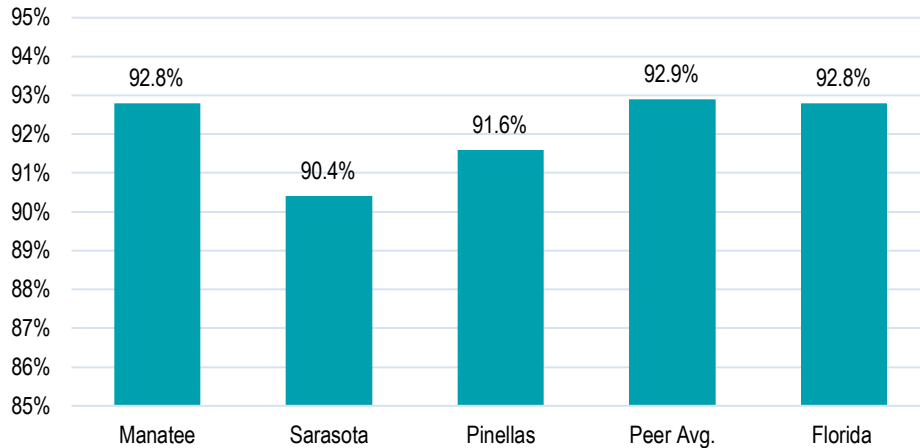


Source: Florida Department of Health, Bureau of Immunization

Pinellas and Sarasota counties have a lower percent of kindergarteners immunized compared to Manatee County, and the peer county average; Florida and Manatee County have the same rate (Figure 196).



**Figure 196: Comparison Percent of Kindergarteners Immunized, 2020-22**



Source: Florida Department of Health, Bureau of Immunization  
Peer counties: Collier, Pasco, Seminole

### Oral Health

Indicator: Percent of persons who were served by community water systems with optimally fluoridated water.

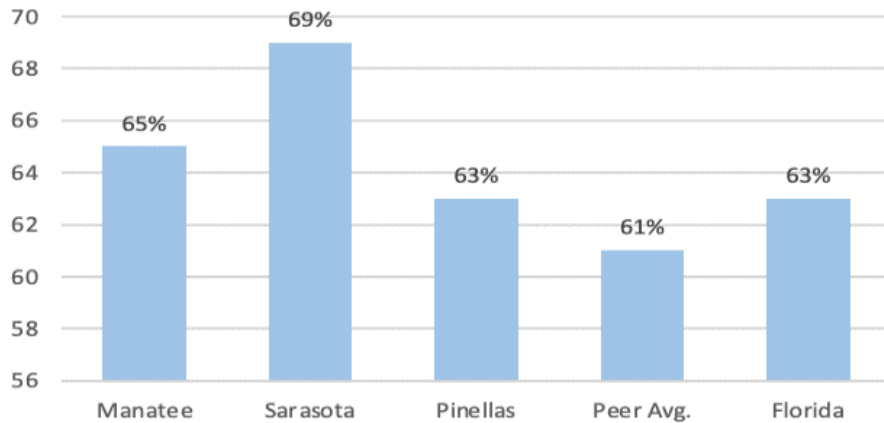
Oral health is an indicator of overall health and well-being. Oral diseases include a wide range of conditions, such as cavities, periodontal (gum) disease, tooth loss, and oral cancer. While oral health issues are typically not considered chronic conditions, they are often tied to several major health problems, including heart disease, diabetes, Alzheimer’s disease, 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. If 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, which can exacerbate oral health problems. Smoking and chewing tobacco, foregoing regular dental exams, not brushing teeth, not flossing, and 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 do not receive regular dental care.

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.

It is recommended to see a dentist regularly, at least one to two times a year. Figure 197 indicates that in 2016, 65 percent of adults in Manatee County did not visit a dentist in the past year. While there has been no county-level update for this measure, in 2021, statewide data indicated that 61.2 percent of adults in Florida did not see a dentist in the past year.

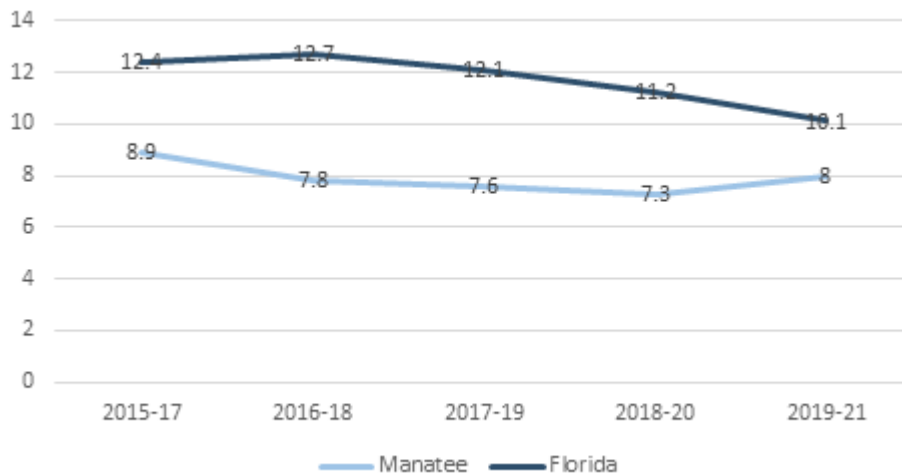
**Figure 197: Percent of Adults Who Did Not Visit a Dentist in the Previous Year, 2016**



Source: Florida Behavioral Risk Factor Surveillance System, 2016

Florida has had higher rates of preventable hospitalizations from dental conditions than Manatee County since 2015. In Manatee County, this rate has recently increased from 7.3 during 2018-20 to 8 during 2019-21 (Figure 198).

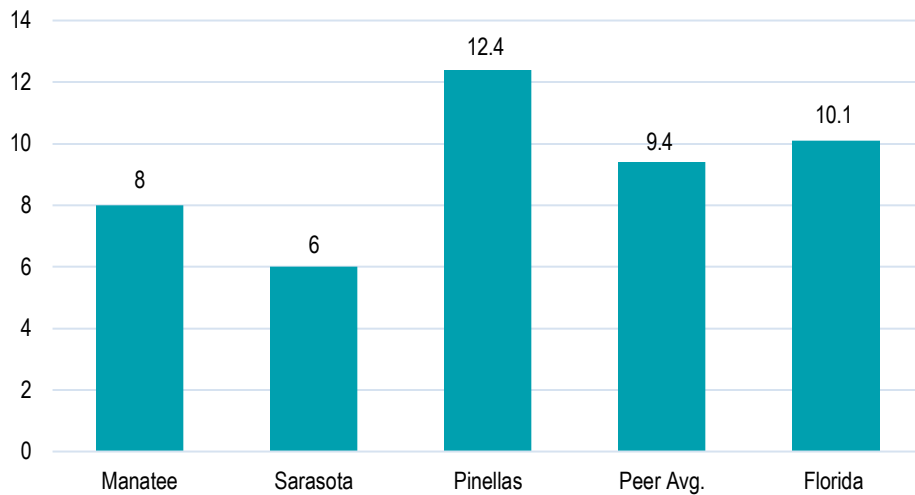
**Figure 198: Ambulatory Care Sensitive Hospitalizations from Dental Conditions (Aged 0-64 Years), Rate Per 100,000 Population Under 65, 3-Year Rolling. Manatee County and Florida, 2015-2021**



Source: Agency for Healthcare Administration

The hospitalization rates are highest in Pinellas County at a rate of 12.4 followed by Florida at 10.1 (Figure 199).

**Figure 199: Comparison Rates of Ambulatory Care Sensitive Hospitalizations from Dental Conditions, 2019-2021**

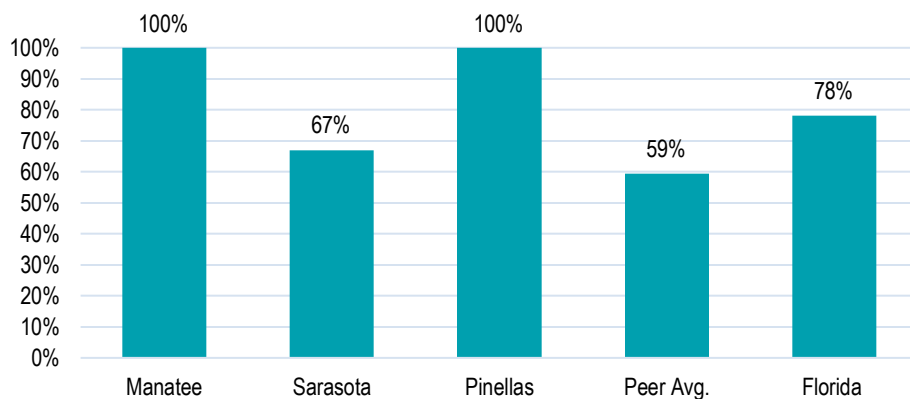


Source: Agency for Healthcare Administration Peer counties: Collier, Pasco, Seminole. Rates are per 100,000 of the population.

Fluoride is a naturally occurring mineral that is found in many water sources and has been shown to decrease the rates of tooth decay and cavities when it is added to water and toothpaste. Community water systems can add fluoride to water systems at adequate levels to reduce tooth decay in adults and children by up to 25 percent (Florida Department of Health).

Manatee County has 100 percent of their population served by fluoridated water systems, which is greater than Sarasota County and the peer-county average (Figure 200).

**Figure 200: Comparison Percent Population Served by Fluoridated Water Systems, 2019**



Source: Florida Department of Health, Public Health Dental Program, 2021

The Healthy People 2030 national health target is to increase the percentage of persons served by community water systems with optimally fluoridated water to 77.1 percent. Manatee County's current rate of 100 percent exceeds the national target.



## Sexual Activity

Indicator: Syphilis rates

Indicator: Sexually-transmitted infections

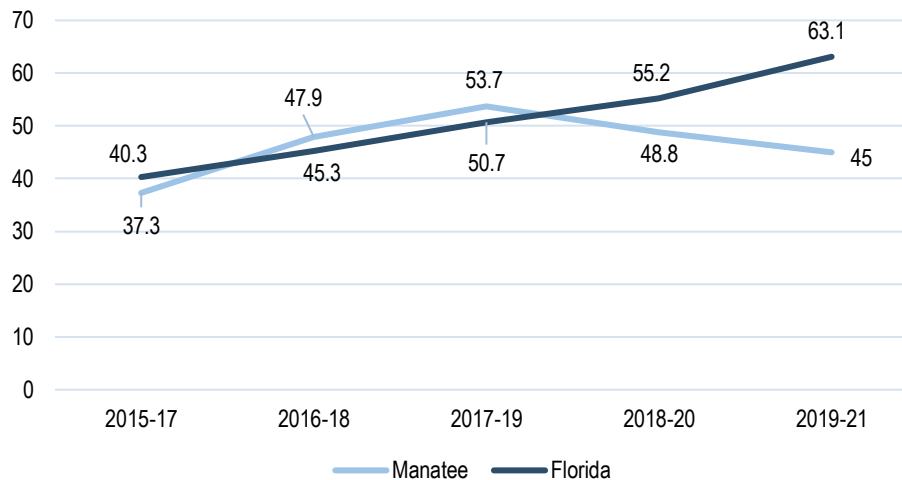
Sexually-transmitted infections (STIs) and diseases (STDs) are largely preventable among adults through the use of condoms; vaccinations; limiting the number of partners; and practicing mutual monogamy, abstinence, and regular testing. Eight pathogens are linked to the greatest incidence of STIs. Of these, four are currently curable: syphilis, gonorrhea, chlamydia and trichomoniasis. The other four are incurable viral infections: hepatitis B, herpes simplex virus (HSV), HIV, and human papillomavirus (HPV).

Young adults and men who have sex with men are at higher risk of contracting STIs/STDs. Rates of syphilis are increasing among women in the United States and globally. Mother-to-child transmission of STIs/STDs can result in stillbirth; neonatal death; low-birth weight; and prematurity, sepsis, neonatal conjunctivitis, and congenital deformities. HPV infection causes cervical and other cancers, and STIs can increase the risk of acquiring an HIV infection. A woman's fertility can also be impacted by an STI/STD.

### Sexually-Transmitted Infections/Diseases

Florida has higher rates of syphilis cases of all stages than Manatee County. The rates in Manatee County began declining during 2017-19. Rates continue to increase for Florida.

**Figure 204: Syphilis (all stages) 3-year Rolling Rates per 100,000 population, Manatee County and Florida, 2015-21**

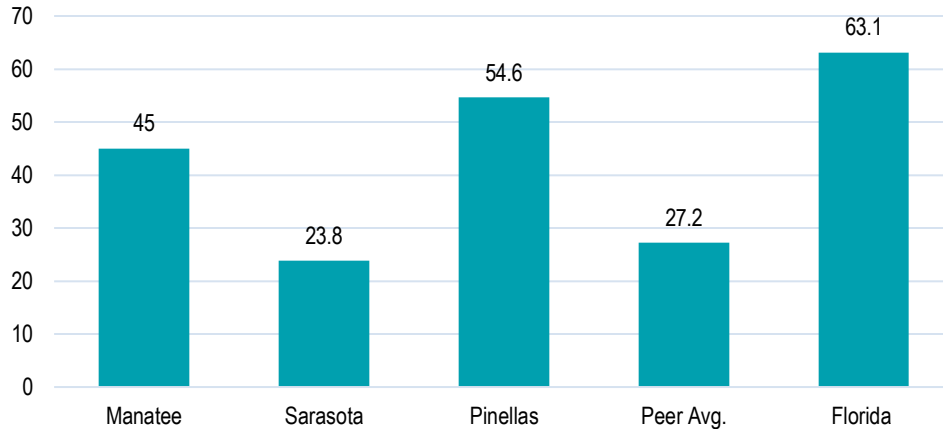


Source: Florida Department of Health, Bureau of Communicable Diseases

Florida has higher syphilis rates compared to Manatee, Pinellas, Sarasota, and the peer counties. Sarasota County has the lowest syphilis rates at 23.8 (Figure 205).

The single year rate for syphilis (all stages) in Florida increased significantly from 57 in 2020 to 74.7 in 2021.

**Figure 205: Comparison Syphilis (all stages) per 100,000 3-year rolling Rate, 2019-21**



Source: Florida Department of Health, Bureau of Communicable Diseases  
Peer counties: Collier, Pasco, Seminole

Manatee County ranks third on quartile ranking for early syphilis and infectious syphilis, which highlights that relative to other counties in Florida, the rate per 100,000 of syphilis, is less in about half of the counties, and more in about one quarter of the counties (Table 38).

Rates for gonorrhea are higher in Manatee County than peer counties and Sarasota, but lower than Pinellas County and Florida. Rates of bacterial STDs are highest in Pinellas County, compared to Manatee County, Sarasota County, the peer-county average, and Florida (Table 38).

**Table 38: Sexually Transmitted Disease Comparison, 3-year Rolling Rate, 2019-2021**

Sexually Transmitted Disease	# of Cases-Manatee	3-year Rate per 100,000 Manatee 2019-2021	Quartile Ranking - Manatee	Sarasota	Pinellas	Peer Avg.	Florida
Early Syphilis	289	24.2	3	14.8	16.5	18.2	39.3
Infectious Syphilis	184	15.4	3	9	24.1	8.9	17.3
Gonorrhea	1,704	142.4	2	83.7	172	99.2	188.4
Chlamydia	4,791	400.4	2	245.5	430.1	329.3	485.5
Bacteria STD's	7,033	587.7	2	353.1	656.7	455.7	737

Source: Florida Department of Health, Bureau of Communicable Diseases. Peer counties: Collier, Pasco, Seminole.  
Nearest Health Departments:

**Tobacco Use**

- Indicator: Tobacco-related cancer deaths
- Indicator: Tobacco use in adults
- Indicator: Tobacco use in adolescents
- Indicator: Use of e-cigarettes in adolescents

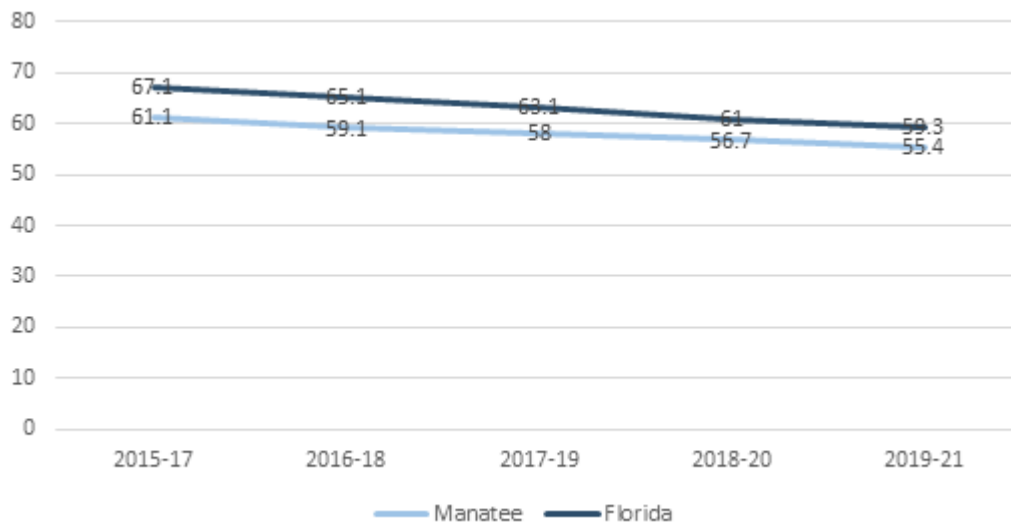
Tobacco use is the leading cause of preventable disease, disability, and death in the United States. Cigarette smoking leads to disease and disability and harms nearly every organ of the body. Smoking causes cancer, heart disease, stroke, lung diseases, type 2 diabetes, and other chronic health conditions. 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 and interventions that prevent and reduce smoking and other tobacco use.

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).

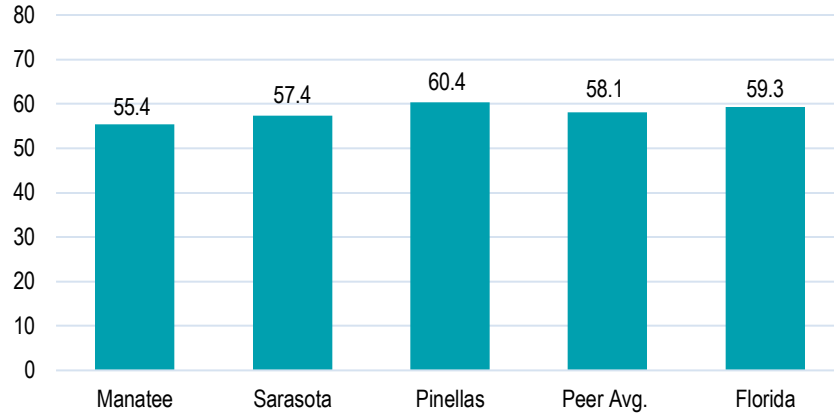
Manatee County has lower rates of tobacco-related cancer deaths than Florida, and rates are declining consistently. Manatee County has lower rates of tobacco-related cancer deaths than the peer-county average (Collier, Pasco, and Seminole counties), Florida, and the nearest local health departments (Sarasota and Pinellas counties) (Figure 206).

**Figure 206: Tobacco-related Cancer Deaths, 3-year Rolling Rates, Manatee County and Florida, 2015-2021**



**Source:** Florida Department of Health, Bureau of Vital Statistics. Rates are per 100,000 of the population.

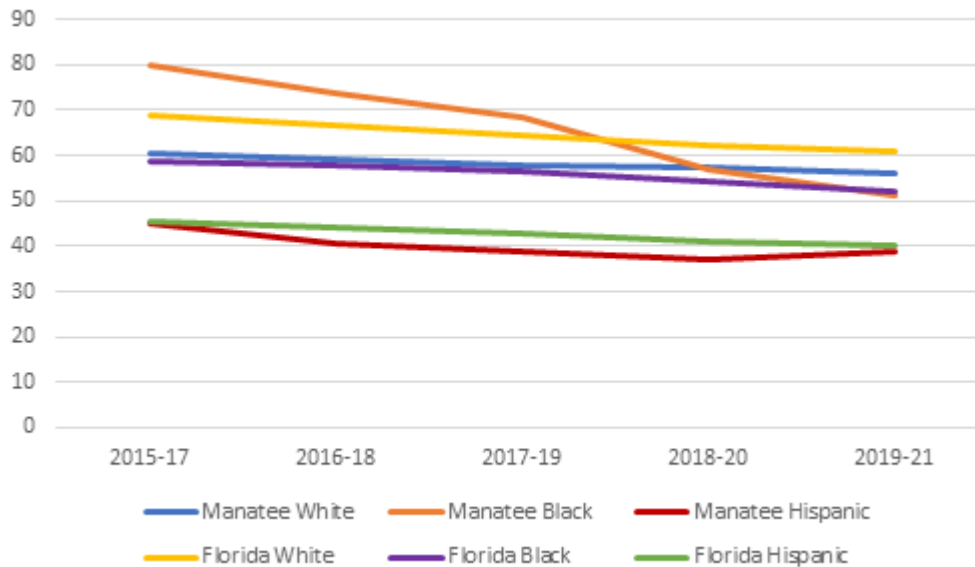
**Figure 207: Tobacco-Related Cancer Deaths, 2019-21**



Source: Florida Department of Health, Bureau of Vital Statistics  
Peer counties: Collier, Pasco, and Seminole. NHD: Sarasota and Pinellas

When comparing tobacco-related cancer deaths by race and ethnicity, whites in Manatee County and Florida have nearly identical rates over time. Manatee County blacks have had higher rates of death than Florida blacks. The rates for Florida and Manatee County blacks were similar during 2019-21, with Florida at a rate of 52.2 and Manatee County at 51.2. Manatee Hispanics and Florida Hispanics had similar rates as well, with Manatee at a rate of 39 and Florida at 40.3 (Figure 208).

**Figure 208: Tobacco-Related Cancer Deaths, 3-year Rolling Rate, By Race and Ethnicity, Manatee County and Florida, 2015-2021**



Source: Florida Department of Health, Bureau of Vital Statistics

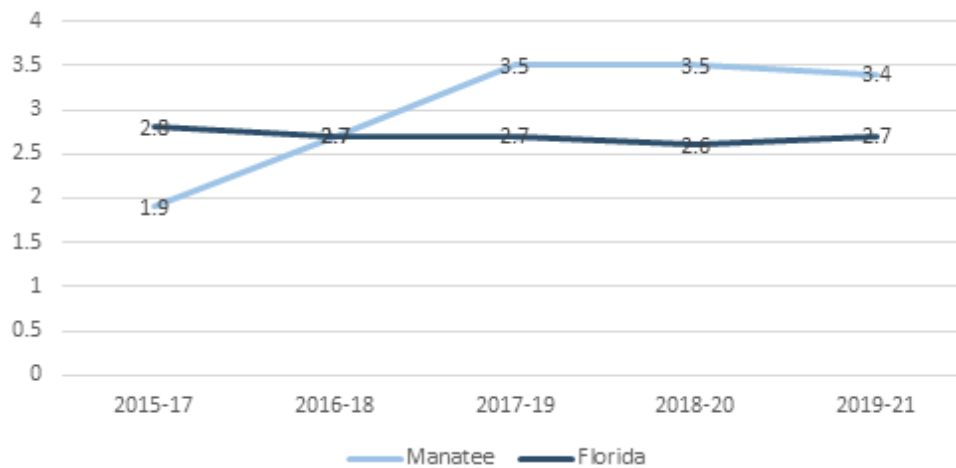
Figure 208 Data	Manatee			Florida		
	White Rate	Black Rate		White Rate	Black Rate	



Years			Hispanic Rate			Hispanic Rate
2015-17	60.6	80	45	68.7	58.7	45.5
2016-18	59	73.9	40.6	66.5	57.7	44.2
2017-19	58	68.6	38.8	64.5	56.6	42.7
2018-20	57.6	57.1	36.9	62.4	54.4	41.2
2019-21	56.2	51.2	39	60.7	52.2	40.3

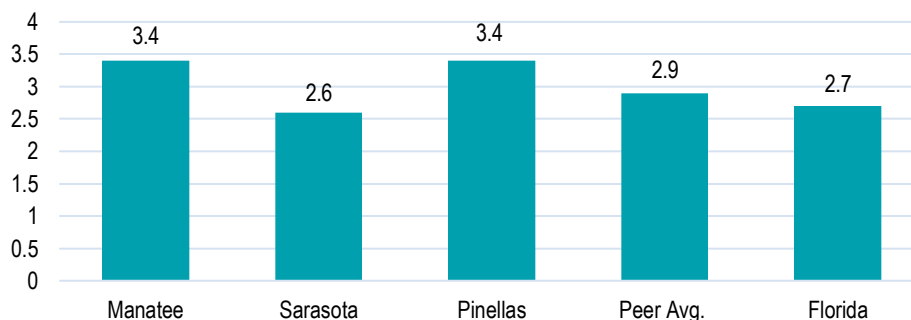
Smokeless tobacco is a major contributor to oral cancer. Manatee County has seen oral cancer death rates rise since 2017-19, when rates surpassed those of Florida (Figure 209). Manatee County has a higher oral cancer rate than the peer-county average and one of the nearest local health departments (Sarasota County) and the same rate as Pinellas County during 2019-21. There are insufficient data points for comparison of race and ethnicity data for oral cancer rates.

**Figure 209: Age-adjusted Oral Cancer Death Rates, 3- year Rolling Rate per 100,000 Population, Manatee County and Florida, 2015- 2021**



Source: Florida Department of Health, Bureau of Vital Statistics

**Figure 210: Comparison Age-Adjusted Oral Cancer Death Rates, 2019-2021**



### Youth Tobacco Use

Tobacco use by youth is particularly concerning, as nearly nine out of 10 adults who smoke cigarettes daily first tried smoking by age 18. The CDC also reports that about one in every 13 Americans aged 17 years or older today will die from a smoking-related illness. 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) became the most popular tobacco product among youth beginning in 2014 and continues to be a serious public health concern nationwide. 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. The flavorings in ENDS products have been found to appeal to youth and legislation is working to address its impact. In 2022, 63.8 percent of Florida high school students reported current use of electronic vaping of nicotine products – a 26-percent increase compared to 2018. Meanwhile, only about 6.9 percent of adults in Florida were using ENDS in 2021.

Table 39 shows the percentage of middle and high school students who have ever tried smokeless tobacco during 2016-22. Manatee County rates have been lower since 2016 compared to all areas – the nearest health departments, the peer county average, and Florida.

**Table 39: Percent of students who have ever used smokeless tobacco (chewing tobacco, snuff, or dip), Among all middle and high school students, 2016-2022**

Area	2016	2018	2020	2022
Manatee	4.9%	4.5%	4.1%	2.7%
Pinellas	5.7%	5%	4.1%	3.2%
Sarasota	5.1%	N/A	3.9%	3.6%
Peer Avg.	4.8%	5.2%	3.4%	2.5%
Florida	5.7%	5%	4.10%	3.2%

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 these averages are based on two counties.

Current tobacco uses and secondhand smoke exposure among youth is described in Table 40. The highest rates of use for both Manatee County and Florida are through electronic vaping. Exposure to secondhand smoke was reported by over 61 percent of youth in both Florida and Manatee County in 2020.

**Table 40: Percent Current Tobacco Use and Secondhand Exposure among Youth, Manatee County and Florida 2022**

Percent of Youth (ages 11-17) who:	Manatee	Florida
Currently use cigarettes	2%	1.3%
Currently use cigars	1.7%	1.7%
Currently use smokeless tobacco	1.5%	1.7%
Currently use hookah	1.5%	1.8%
Currently use electronic vapes	9.8%	11.4%
Currently use cigarettes, cigars, smokeless, hookah or electronic vaping	12.3%	13.5%
Live with someone who smokes cigarettes (2014 data)	15.2%	18.3%
Exposed to second-hand cigarette or electronic vapor smoke (2020 data)	61.4%	61.6%

Live with someone who uses ENDS	12.6%	15.2%
Live with someone who allows tobacco use (2016 data)	11.8%	12.1%

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

It is also important to consider that rates of youth smoking hit an all-time low in 2021 at 2.3 percent nationwide, according to The Truth Initiative. This can be hypothesized as students had less access to tobacco and nicotine products during the years of the COVID pandemic and quarantine. Studies have also found that estimates of youth smoking prevalence can be inaccurate or underreported if data is collected with parents present (Barrett, et al.,2022).

The Healthy People 2030 national health target is to decrease tobacco use among adolescents to 11.3 percent. Manatee County’s current rate of 12.3 percent and Florida’s current rate of 13.5 percent does not meet the national target.

The Healthy People 2030 national health target is to reduce use of electronic cigarettes among adolescents to 10.5 percent. Manatee County’s rate of 9.8 percent exceeds the national target, but Florida’s rate of 11.4 percent does not meet the national target.

### **Adult Tobacco Use**

Tobacco use in adults continues to be an important contributor to poor health outcomes. Manatee County has high rates of tobacco use among male smokers compared to Florida. Manatee County has a higher rate of adults who have tried quitting at least once in the past year than in Florida (Table 41).

**Table 41: Tobacco Use Among Adults, Manatee County and Florida, 2022**

Indicator (%) 2019 Data	Manatee	Florida
Adults current smokers	13.3%	14.8%
Female smokers	9.4%	13.9%
Male smokers	17.5%	15.7%
Adults ages 18-44 who are smokers	15.7%	15%
Adults ages 45-64 who are smokers	19.4%	19.6%
Adults ages 65 or older who are smokers	5.2%	9.3%
Smokers who earn less than \$25,000/year	12.5%	23.4%
Adults who tried to quit smoking at least once in the past year	61.8%	59%

Source: Florida Behavioral Risk Factor Surveillance System, 2022

Blacks are disproportionately affected by asthma, cancers, lung disease, and other chronic illnesses that are exacerbated by smoking. Blacks make up 9.2 percent of the population in Manatee County and 21.8 percent are smokers compared with 7.34 percent of black smokers in Florida (2019).

The Healthy People 2030 national health target is to reduce tobacco use in adults to 17.4 percent. Manatee County's rate of 13.3 percent exceeds the national target, as does Florida's rate of 14.8 percent.

### **Tobacco Policies and Resources**

In 2019, Florida expanded the Florida Clean Indoor Air Act which banned smoking in many public places, including workplaces, to include e-cigarettes and vaping devices. Additionally, 41 colleges and university campuses in Florida have 100-percent smokefree policies. On October 1, 2021, Florida implemented a statewide law, known as "Tobacco 21," that would raise the minimum age to purchase tobacco and nicotine products from 18 to 21 years old. Impacting accessibility by increasing the legal age to purchase tobacco and nicotine products can reduce the number of youth and young adults who start smoking.

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 percent in 2018 to 17.2 percent 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 become known. The use of ENDS products is an area of focus with the prevalence still high at one in six students reporting daily use.

Amid the epidemic levels of youth use of e-cigarettes, the FDA (Food and Drug Administration) issued a policy to enforce against certain flavored e-cigarette products that appeal to youth. This policy would force companies to cease the manufacture, distribution, and sales of unauthorized flavored e-cigarettes. Retail stores are where the community is introduced to tobacco products. Tobacco marketing has also been found to disproportionately target marginalized populations.

According to the CDC, comprehensive tobacco control 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 black population, Hispanic population, and 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 percent in 2006 to 13 percent in 2021, which is the lowest it has ever been. The youth smoking rate among middle and high school students in Florida has decreased from 9.5 percent in 2010 to 1.3 percent in 2022.

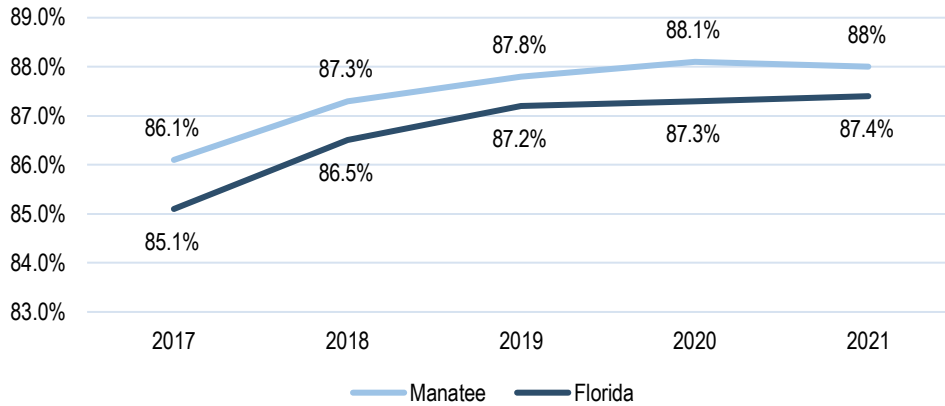
## **Clinical Care**

### **Access to Care**

Indicator: Proportion of people with health insurance

Figure 211 shows 88 percent of the population in Manatee County had health insurance in 2021. The rates of adults with any health insurance have slightly increased since 2017 for Manatee County and Florida.

**Figure 211: Adults with Any Health Insurance Coverage, Manatee County and Florida 2017-2021**



Source: United States Bureau of the Census, American Community Survey, Table S2701.

The Healthy People 2030 national target for increasing the proportion of people with health insurance is 92.4 percent. Manatee County's current rate of 88 percent does not meet the national target.

Cost is often a barrier to receiving medical care among adults, regardless of insurance coverage. The most recent data of percent of adults who could not visit a doctor in the past year due to cost in Manatee County was 11.7 percent and 16 percent in Florida (2016). The Florida rate decreased to 12.1 percent in 2021; county-level data is not available.

The Agency for Health Care Administration (AHCA) 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 support to eligible individuals with disabilities ages 18-64 and elderly individuals aged 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.

In 2021, the enrollment in Medicare in Manatee County was 109,120, which is a 4,094 increase from 2020. The continuous enrollment condition authorized by the Families First Coronavirus Response

Act (FFCRA) may account for some of this increase and with the expiration of the Act in 2023, there may be an increase in the number of people without any health insurance coverage.

### **Health Care Providers and Facilities**

The number of licensed medical and behavioral health providers appears in Tables 42 and 43 along with facility capacity. Table 42 compares ratio of providers to population between Manatee County and the top performer in the state, Collier County.

**Table 42: Number of Licensed Providers and Facilities and Rate per 100,000, Manatee County and Florida, 2021**

Licensed Providers	Manatee County #	Manatee County Rate Per 100,000	Florida Rate Per 100,000
Dentists	222	54.1	55.7
Physicians	961	234.3	308.8
Family Practice Physicians	84	20.5	18.9
Internists	146	35.6	46.5
OB/GYN	42	10.2	9.1
Pediatricians	66	16.1	21.6
<b>Facilities</b>			
Total Hospital Beds	895	218.2	316
Hospital Acute Care Beds	764	185.3	247.1
Specialty Beds	131	31.9	69
Nursing Home Beds	1,595	401	386.5

Source: Florida Department of Health, Division of Medical Quality Assurance, Agency for Health Care Administration

**Table 43: Number of Behavioral Health Licensed Providers and Facilities and Rate per 100,000, Manatee County and Florida, 2021**

Licensed Providers	Manatee County #	Manatee County Rate Per 100,000	Florida Rate Per 100,000
Mental Health Counselors	179	43.6	56.3
Psychologists	85	20.7	23
Clinical Social Workers	171	41.7	48.9
Behavioral/Mental Health Professionals	375	91.4	115.2
<b>Facilities</b>			
Child and Adolescent Psychiatric Beds	60	14.6	3.2
Adult Psychiatric Beds	20	4.9	31.2

Source: Florida Department of Health, Division of Medical Quality Assurance, Agency for Health Care Administration

The top performer in ratio of providers to population in Florida is Collier County, which ranks #1 in overall health outcomes (health status and quality of life) and health factors which incorporated things that can change to improve length and quality of life. Manatee County ranks #14 out of Florida’s 67 counties.

**Table 44: County Health Rankings and Roadmaps Ratios for Top Performer in Florida (Collier County) and Manatee Ratios for Primary Care, Dentists and Mental Health Providers, 2021**

Provider	Manatee Ratio	Top Performer Ratio
Primary Care	1,620:1	1,240:1
Dentists	1,720:1	1,420:1
Mental Health	820:1	880:1

Source: Community Health Rankings 2021

The US Department of Health and Human Services took a range of administrative steps to expedite the adoption and awareness of telehealth during the COVID-19 public health emergency. Some of these telehealth flexibilities have been made permanent, while others are temporary and will expire in December 2024.

Telemedicine can be an effective way of expanding access to care by enabling phone or video appointments between patients and their providers. Telemedicine can also offer many benefits to accessing care by cutting down travel time, having to take off from work and the need for childcare. With this, there is a need for access to broadband Internet and devices such as computers, tablets, or smart phones. In Manatee County, 88.6 percent of households have access to broadband Internet. While it is common to have broadband average coverage throughout most of Manatee County, the cost of Internet and devices to use telemedicine can still be inaccessible 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’s data. Calculation of quartiles requires 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 four 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 ambulatory care sensitive hospitalizations (known as hospitalizations that are preventable), Manatee County scored 1 in the following measures:

- Preventable Hospitalizations from Asthma 0-4 years and 0-64 years
- 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 Gastroenteritis
- Preventable Hospitalizations Under 65 from Bacterial Pneumonia

Manatee County scored 4 in the following measures:

- Preventable Hospitalizations Under 65 from Angina
- Preventable Hospitalizations Under 65 from Skin Grafts with Cellulitis

### **Emergency Room Usage**

Emergency room usage is important to assess conditions that are preventable to determine where additional support 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.

Table 45 displays emergency room visits from conditions where the Florida rates are higher than Manatee County, except for diabetes rates in 2019 where the rate in Manatee County was higher than Florida's rate.

**Table 45: Emergency Room Visits per 100,000 population, Manatee County and Florida, 2019-21**

Reason for Visit	2019		2020		2021	
	Manatee Rate	Florida Rate	Manatee Florida	Florida Rate	Manatee Rate	Florida Rate
Asthma	386.1	516.9	256.2	325	299.3	392.1
Diabetes	249.8	243.6	220.2	195.6	214.2	208.8
Dental Conditions (5 years or older)	474.4	619.8	348.3	462	334.2	468.3

Source: Florida Agency for Health Care Administration

### **Health Professional Shortage Areas**

The U.S. Department of Health and 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 (Health Resources and Services Administration) as having (1) too few primary care health providers; (2) high infant mortality; (3) high poverty and/or (4) high elderly population.



There are two 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; Palmetto/Bradenton
- Mental Health Professional Shortage Area- Low-Income Population; Manatee County; Palmetto/Bradenton

(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

## Appendix A: Questionnaire in English

APPENDIX A: Manatee Health Care Alliance Community Health Assessment for 2024 to 2026		
Survey Period: March 27, 2023, to May 20, 2023 <b>***Not for distribution***</b>		
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 <b>completely anonymous</b> , and your answers are for informational purposes only.		
<b>1. What do you think are the 3 most important "health problems" in Manatee County? Choose from the following list:</b>		
<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 (hepatitis, TB, etc.)	<input type="checkbox"/> <b>Other:</b>
<b>2. What are the 3 "unhealthy behaviors" you are most concerned about in Manatee County? 1 (most unhealthy behavior), 2 (second most unhealthy behavior) and 3 (third most unhealthy behavior) Choose from the following list:</b>		
<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"/> <b>Other:</b>
<b>3. What is your age?</b> <input type="checkbox"/> 18-25 years <input type="checkbox"/> 26-45 years <input type="checkbox"/> 46-65 years <input type="checkbox"/> 66-75 years <input type="checkbox"/> 76-85 years <input type="checkbox"/> 86+ years		
<b>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.):</b>		
<b>5. Which gender do you identify with?</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> non-Binary <input type="checkbox"/> Transgender		<b>6. Including yourself, how many people live in your household?</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5+
<b>Please rate the following. Check one box in each row below:</b>		
<b>7. How would you rate the overall health of our community?</b>	<input type="checkbox"/> Very unhealthy	<input type="checkbox"/> Unhealthy <input type="checkbox"/> Neutral <input type="checkbox"/> Healthy <input type="checkbox"/> Very Healthy
<b>8. How would you rate your own personal health?</b>	<input type="checkbox"/> Very Unhealthy	<input type="checkbox"/> Unhealthy <input type="checkbox"/> Neutral <input type="checkbox"/> Healthy <input type="checkbox"/> Very Healthy
<b>9. How satisfied are you with health care in Manatee?</b>	<input type="checkbox"/> Very Unsatisfied	<input type="checkbox"/> Unsatisfied <input type="checkbox"/> Neutral <input type="checkbox"/> Satisfied <input type="checkbox"/> Very Satisfied
<b>10. How satisfied are you with the quality of life in Manatee? (Well-being of the community, emotional health, physical, social, and mental)</b>	<input type="checkbox"/> Very Unsatisfied	<input type="checkbox"/> Unsatisfied <input type="checkbox"/> Neutral <input type="checkbox"/> Satisfied <input type="checkbox"/> Very Satisfied
<b>11. Was there a time in the past 12 months when you needed to see a doctor but could not because of:</b>		<b>12. Town or city in Manatee County where you live:</b>
Cost (can't afford to see a doctor)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Your Zip code:
Didn't know where to go?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a year-round resident in Manatee? <input type="checkbox"/> YES <input type="checkbox"/> NO
No doctor would take your insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a seasonal or part time resident in Manatee? <input type="checkbox"/> YES <input type="checkbox"/> NO
Don't have health insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If you don't live in Manatee County, what county do you live in?
Could not get an appointment in time?	<input type="checkbox"/> Yes <input type="checkbox"/> No	County where you <b>WORK</b> :
Had no way to get there (transportation)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Approximate commute time <b>EACH WAY</b> : <input type="checkbox"/> Less than 10 minutes <input type="checkbox"/> 10 to 19 minutes <input type="checkbox"/> 20 to 29 minutes <input type="checkbox"/> 30 to 44 minutes <input type="checkbox"/> 44 to 50 minutes <input type="checkbox"/> 60 plus minutes
Schedule did not permit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	What is your mode of transportation? <input type="checkbox"/> Car <input type="checkbox"/> Walk <input type="checkbox"/> Bike <input type="checkbox"/> Public Transport <input type="checkbox"/> Other
<b>13. Are you a veteran?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>14. Which of the following best describes your main activity during the last 3 months? Select all that apply:</b> <input type="checkbox"/> Looking for work <input type="checkbox"/> Student <input type="checkbox"/> Caring for family members <input type="checkbox"/> Employed in one job <input type="checkbox"/> Employed at more than one job <input type="checkbox"/> Volunteer <input type="checkbox"/> Retired <input type="checkbox"/> Other		
<b>15. Are you Hispanic, Latino/Latina, or of Spanish origin?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>16. Which one or more of the following would you say is your race? Select all that apply:</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Other
<b>17. What is the highest grade or year of school you completed?</b>		<b>18. Household income per year:</b>
<input type="checkbox"/> Never attended school or only Grades 1 through 8 (Elementary)		<input type="checkbox"/> Less than \$20,000
<input type="checkbox"/> Grades 9 through 11 (Some high school)		<input type="checkbox"/> \$20,000 to \$34,999
<input type="checkbox"/> Grade 12 or GED (High school graduate)		<input type="checkbox"/> \$35,000 to \$49,999
<input type="checkbox"/> College 1 year to 3 years		<input type="checkbox"/> \$50,000 to \$74,999
<input type="checkbox"/> College 4 years or more		<input type="checkbox"/> \$75,000 to \$99,999
<input type="checkbox"/> Postgraduate Degree (Master's, MD, PhD, JD)		<input type="checkbox"/> Over \$100,000

**Appendix B: Questionnaire in Spanish**

**APPENDIX B: Manatee Health Care Alliance - Evaluación de la salud comunitaria para 2024 a 2026**

Periodo de la encuesta: 27 de marzo de 2023 al 5 de mayo de 2023 **\*no para distribución\***

Gracias por participar en la Evaluación de Salud Comunitaria del Condado de Manatee. 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 (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? <input type="checkbox"/> 18-25 años <input type="checkbox"/> 26-45 años <input type="checkbox"/> 46-65 años <input type="checkbox"/> 66-75 años <input type="checkbox"/> 76-85 años <input type="checkbox"/> 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. <input type="checkbox"/> Hombre <input type="checkbox"/> Mujer <input type="checkbox"/> No binario <input type="checkbox"/> Transexual			6. Cuantas personas viven en su casa, 13. ¿Eres un veterano? • Si • NO incluyéndose usted? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5+		
<i>Favor de seleccionar la categoría más apropiada, en su opinión, para cada pregunta (marque una casilla en cada línea)</i>					
7. ¿Cómo calificaría la salud general de nuestra comunidad?		<input type="checkbox"/> Mal	<input type="checkbox"/> Poco Saludable	<input type="checkbox"/> Neutral	<input type="checkbox"/> Saludable <input type="checkbox"/> Muy Saludable
8. ¿Cómo calificaría su salud personal?		<input type="checkbox"/> Mal	<input type="checkbox"/> Poco Saludable	<input type="checkbox"/> Neutral	<input type="checkbox"/> Saludable <input type="checkbox"/> Muy Saludable
9. ¿Cuán satisfecho está usted con la atención de salud en Manatee County?		<input type="checkbox"/> Muy Insatisfecho	<input type="checkbox"/> Insatisfecho	<input type="checkbox"/> Neutral	<input type="checkbox"/> Satisfecho <input type="checkbox"/> 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.		<input type="checkbox"/> Muy Insatisfecho	<input type="checkbox"/> Insatisfecho	<input type="checkbox"/> Neutral	<input type="checkbox"/> Satisfecho <input type="checkbox"/> 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:		
<input type="checkbox"/> ¿El costo (no puede pagar un doctor)?	<input type="checkbox"/> Si <input type="checkbox"/> No	Su código postal:			
<input type="checkbox"/> ¿No saber a dónde ir?	<input type="checkbox"/> Si <input type="checkbox"/> No	<input type="checkbox"/> ¿Es usted residente durante todo el año en Manatee? <input type="checkbox"/> Si <input type="checkbox"/> NO			
<input type="checkbox"/> ¿El médico no aceptó su seguro?	<input type="checkbox"/> Si <input type="checkbox"/> No	<input type="checkbox"/> ¿Es usted residente de temporada o parte del tiempo de Manatee? <input type="checkbox"/> Si <input type="checkbox"/> No			
<input type="checkbox"/> ¿No tener seguro médico?	<input type="checkbox"/> Si <input type="checkbox"/> No	<input type="checkbox"/> No vivo en el Condado de Manatee <input type="checkbox"/> ¿En qué condado vive?			
<input type="checkbox"/> ¿No poder conseguir una cita a tiempo?	<input type="checkbox"/> Si <input type="checkbox"/> No	<input type="checkbox"/> ¿En qué condado TRABAJA?			
<input type="checkbox"/> ¿Falta de transporte?	<input type="checkbox"/> Si <input type="checkbox"/> No	Tiempo aproximado de viaje diario EN CADA SENTIDO: <input type="checkbox"/> Menos que 10 minutos <input type="checkbox"/> 10 a 19 minutos <input type="checkbox"/> 20 a 29 minutos <input type="checkbox"/> 30 a 44 minutos <input type="checkbox"/> 44 a 50 minutos <input type="checkbox"/> 60 o más minutos			
<input type="checkbox"/> ¿El horario no se lo permitía?	<input type="checkbox"/> Si <input type="checkbox"/> No	<input type="checkbox"/> ¿Cuál es su modo de transporte? <input type="checkbox"/> Auto <input type="checkbox"/> Caminando <input type="checkbox"/> Bicicleta <input type="checkbox"/> Autobús <input type="checkbox"/> Otro			
13. ¿Eres un veterano? <input type="checkbox"/> Si <input type="checkbox"/> NO					
14. ¿Cuál ha sido su principal actividad de los últimos 3 meses? (Elija todas las que desee mencionar)					
<input type="checkbox"/> Buscando trabajo <input type="checkbox"/> Estudiante <input type="checkbox"/> Cuidar a la familia <input type="checkbox"/> Empleado en un trabajo <input type="checkbox"/> Empleado en más de un trabajo <input type="checkbox"/> Voluntario <input type="checkbox"/> Jubilado <input type="checkbox"/> Otro					
15. ¿Es Ud. Hispano, o de origen Latino? <input type="checkbox"/> Si <input type="checkbox"/> No			16. ¿Con cuál grupo étnico o raza se identificaría? (Puede elegir más de uno)		
			<input type="checkbox"/> Afro-Americano o Raza Negra <input type="checkbox"/> Asiático <input type="checkbox"/> Blanco <input type="checkbox"/> Indígena Americano o de Alaska <input type="checkbox"/> Otra		
17. ¿Cuál es su más alto nivel de educación?			18. Ingresos del hogar:		
<input type="checkbox"/> No tengo estudios, o solamente estudié Primaria (Grados 1 -8)			<input type="checkbox"/> Menos de \$20,000		
<input type="checkbox"/> Grados 9 – 11 (parte de la Secundaria)			<input type="checkbox"/> \$20,000 a \$34,999		
<input type="checkbox"/> Grado 12 o GED (completé la Secundaria)			<input type="checkbox"/> \$35,000 a \$49,999		
<input type="checkbox"/> 1-3 años de Universidad			<input type="checkbox"/> \$50,000 a \$74,999		
<input type="checkbox"/> 4 años o más de Universidad			<input type="checkbox"/> \$75,000 a \$99,999		
<input type="checkbox"/> Posgrado (Maestría, MD, Doctorado, JD)			<input type="checkbox"/> Más de \$100,000		

## **Appendix C: Questionnaire in French Creole**

APPENDIX C: Manatee Health Care Alliance -Evalyasyon Sante Kominotè pou 2024 rive 2026					
Peryòd Sondaj la: Soti 27 mas 2023 pou rive 20ye me 2023 ***Pa pou distribisyon**					
Mèsi paske w patisipe nan Evalyasyon Sante Kominotè Konte Manatee a. Opinyon w enpòtan pou nou nan elaborasyon inisyativ nan dosye sante ak kalite lavi alavni nan konte a. Non w p ap parèt nan sondaj la, epi n ap itilize repons ou yo pou enfòmasyon sèlman.					
1. Ki bagay ou panse ki se 3 "pwoblèm sante" ki pi grav nan Konte Manatee a? Chwazi nan lis sa a:					
<input type="checkbox"/> Pwoblèm vyejès (atrit, pèd kapasite pou tandè, chit, elatriye)	<input type="checkbox"/> Asistans pou granmoun aje yo (sant repo yo, mezon retrèt, ospis, elatriye)	<input type="checkbox"/> Pwoblèm sante mantal (Anksyete/ Depresyon)			
<input type="checkbox"/> Adiksyon (alkòl ak lòt dwòg)	<input type="checkbox"/> Blesi moun pran nan bal	<input type="checkbox"/> Moun ki blese nan aksidan machin (aksidan moto oswa moun yo frape tou)			
<input type="checkbox"/> Kansè	<input type="checkbox"/> Maladi ké	<input type="checkbox"/> Maladi respiratwa oswa maladi poumon			
<input type="checkbox"/> Abi oswa neglijan sou timoun	<input type="checkbox"/> Tansyon wo	<input type="checkbox"/> Maladi mantal ki grav oswa ki pa janm kanpe			
<input type="checkbox"/> Pwoblèm dantè	<input type="checkbox"/> VIH/SIDA	<input type="checkbox"/> Maladi moun pran nan fè bagay			
<input type="checkbox"/> Dyabèt	<input type="checkbox"/> Omisid (krim)	<input type="checkbox"/> Suisid			
<input type="checkbox"/> Abi oswa ovèdoz dwòg	<input type="checkbox"/> Lanmò timoun	<input type="checkbox"/> Gwosès kay jèn tifi			
<input type="checkbox"/> Abi oswa neglijan sou granmoun aje	<input type="checkbox"/> Maladi kontajye (epatit, tibèkiloz, elatriye)	<input type="checkbox"/> Lòt:			
2. Ki 3 "move konpòtman" ki deranje w nan Konte Manatee a? 1 (pi move konpòtman), 2 (dezyèm pi move konpòtman) e 3 (twazyèm pi move konpòtman) Chwazi nan lis sa a:					
<input type="checkbox"/> Granmoun ki konsome alkòl anpil	<input type="checkbox"/> Vyolans nan kay	<input type="checkbox"/> Vyòl oswa agresyon seksyèl			
<input type="checkbox"/> Granmoun ki konsome alkòl/medikaman san kontwòl	<input type="checkbox"/> Jèn ki ap kite lekòl	<input type="checkbox"/> Oto-agresyon			
<input type="checkbox"/> Moun ki gwo depase	<input type="checkbox"/> Moun k ap kondi pandan yo sou oswa distrè	<input type="checkbox"/> Jèn ki konsome sibstans toksik anpil			
<input type="checkbox"/> Asèlman (tankou asèlman sou entènèt)	<input type="checkbox"/> Moun ki pa fè egzèsis	<input type="checkbox"/> Tabak, itilizasyon Sigaret Elektwonik, rale vapè (vaping)			
<input type="checkbox"/> Aktivite kriminel (trafik moun, vòlè, elatriye)	<input type="checkbox"/> Mank swen prevansyon, tankou tès depistaj oswa vaksen?	<input type="checkbox"/> Moun k ap kondi san lisans			
<input type="checkbox"/> Diskriminasyon	<input type="checkbox"/> Move abitud manje	<input type="checkbox"/> Lòt:			
3. Ki laj ou? <input type="checkbox"/> 18-25 lane <input type="checkbox"/> 26-45 lane <input type="checkbox"/> 46-65 lane <input type="checkbox"/> 66-75 lane <input type="checkbox"/> 76-85 lane <input type="checkbox"/> 86+ lane					
4. Tanpri itilize espas ki pi ba a pou w ka mete sa ou panse ki nesèsè pou yo plis chanje pou rive gen yon "bon kominote" nan Konte Manatee a (chanjman sa yo ki ta dwe fèt nan sante ak kalite lavi moun. Pa egzanz: entèdi lavant tabak, redwi oswa evite moun vin twò gwo oswa obèz, elatriye):					
5. Avek ki sèks ou idantifye tèt ou? <input type="checkbox"/> Gason <input type="checkbox"/> Fi <input type="checkbox"/> Pa ni fi ni gason <input type="checkbox"/> Transeksyèl			6. Konbyen moun ki ap viv lakay ou, si ou konte tèt ou ladan l? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5+		
Tanpri mete yon nòt pou bagay sa yo: Mete yon mak nan bwat chak ranje ki pi ba yo:					
7. Ki nòt ou tap bay nivo sante moun ki nan kominote w yo an jeneral?		<input type="checkbox"/> Pa an sante ditou	<input type="checkbox"/> Pa an sante	<input type="checkbox"/> M pa di ni youn ni lòt	<input type="checkbox"/> An sante <input type="checkbox"/> Vreman an sante
8. Kijan ou tap evalye sante pèsone l ou?		<input type="checkbox"/> Pa an sante ditou	<input type="checkbox"/> Pa an sante	<input type="checkbox"/> M pa di ni youn ni lòt	<input type="checkbox"/> An sante <input type="checkbox"/> Vreman an sante
9. Nan ki nivo w satisfè ak swen sante w resevwa nan Manatee?		<input type="checkbox"/> Mwen Pa Satisfè Ditou	<input type="checkbox"/> Mwen Pa Satisfè	<input type="checkbox"/> Mwen pa ni satisfè ni pa satisfè	<input type="checkbox"/> Mwen satisfè <input type="checkbox"/> Mwen satisfè anpil
10. Nan ki nivo w satisfè ak kalite lavi moun nan Manatee? (Byennèt kominote a, sante emosyonèl, fizik, sosyal ak mantal)		<input type="checkbox"/> Mwen Pa Satisfè Ditou	<input type="checkbox"/> Mwen Pa Satisfè	<input type="checkbox"/> Mwen pa ni satisfè ni pa satisfè	<input type="checkbox"/> Mwen satisfè <input type="checkbox"/> Mwen satisfè anpil
11. Nan 12 dènye mwa ki sot pase yo, èske te gen yon lè ou te bezwen ale kay doktè men ou pa te kapab poutèt:			12. Vil nan Konte Manatee a w ap viv ladan l lan:		
Pri a (ou pa gen ase lajan pou ale wè yon doktè)?		<input type="checkbox"/> Wi <input type="checkbox"/> Non	Kòd postal ou:		
Ou pa konnen ki kote pou w ale?		<input type="checkbox"/> Wi <input type="checkbox"/> Non	Èske w se yon moun ki fè tout ane an ap viv nan Manatee? <input type="checkbox"/> WI <input type="checkbox"/> NON		
Okenn doktè pa aksepte konpayi asirans ou a?		<input type="checkbox"/> Wi <input type="checkbox"/> Non	Èske w se yon moun ap viv nan Manatee pou yon peryòd nan ane a oswa pou yon ti tan? <input type="checkbox"/> WI <input type="checkbox"/> NON		
Ou pa genyen asirans sante?		<input type="checkbox"/> Wi <input type="checkbox"/> Non	Si ou pa abite nan Manatee County, nan ki deptman ou abite?		
Ou pa t ka jwenn yon randevou atan?		<input type="checkbox"/> Wi <input type="checkbox"/> Non	Kontè kote w ap TRAVAY la:		
Ou pa gen mwayen pou ale (transpò)?		<input type="checkbox"/> Wi <input type="checkbox"/> Non	Kantite tan depasman an pou CHAK VWAYAJ (ALE OSWA RETOUNEN): <input type="checkbox"/> Mwens pase 10 minit <input type="checkbox"/> 10 jiska 19 minit <input type="checkbox"/> 20 jiska 29 minit <input type="checkbox"/> 30 jiska 44 minit <input type="checkbox"/> 44 jiska 50 minit <input type="checkbox"/> 60 oswa plis minit		
Pwogramasyon tan w pa t pèmèt ou fè sa a?		<input type="checkbox"/> Wi <input type="checkbox"/> Non	Ki mwayen transpò ou itilize? <input type="checkbox"/> Machin <input type="checkbox"/> Mache <input type="checkbox"/> Bekàn <input type="checkbox"/> Transpò Piblik <input type="checkbox"/> Lòt		
13. Èske ou se yon veteran? <input type="checkbox"/> WI <input type="checkbox"/> NON					
14. Kiyès nan bagay sa yo ki pi byen dekri aktivite w pandan dènye 3 mwa yo? Chwazi tout sa ki ka aplike yo: <input type="checkbox"/> M ap chèche travay <input type="checkbox"/> Mwen se etidyan <input type="checkbox"/> M ap pran swen manm fanmi mwen yo <input type="checkbox"/> Mwen gen yon sèl travay <input type="checkbox"/> Mwen gen plis pase yon travay <input type="checkbox"/> Mwen se volontè <input type="checkbox"/> Mwen nan retrèt <input type="checkbox"/> Lòt					
15. Èske w se yon Ispanik, Latino/Latina, oswa ou gen orijin Panyòl? <input type="checkbox"/> Wi <input type="checkbox"/> Non		16. Nan lis ras ki pi ba an, ki ras ou t ap di ki se ras pa w la oswa pa w yo? Chwazi tout sa ki ka aplike yo: <input type="checkbox"/> Endyen Ameriken oswa Alaskyen Natif Natal <input type="checkbox"/> Azyatik <input type="checkbox"/> Nwa oswa Ameriken Nwa <input type="checkbox"/> Blan <input type="checkbox"/> Lòt			
17. Ki pi gwo etid ou fè oswa ane ou rive nan yon lekòl? <input type="checkbox"/> M pa t janm ale lekòl oswa mwen sèlman te ale soti nan 1ye ane rive 8yèm ane (lekòl elemantè)			18. Revni moun nan kay la pa ane: <input type="checkbox"/> Mwens pase \$20,000		
<input type="checkbox"/> Klas 8yèm jiska 11yèm Ane (Kèk ane nan lekòl segondè)			<input type="checkbox"/> \$20,000 jiska \$34,999		
<input type="checkbox"/> 12yèm ane oswa Diplome lekòl segondè (GED)			<input type="checkbox"/> \$35,000 jiska \$49,999		
<input type="checkbox"/> 1 Jiska 3 lane nan inivèsite			<input type="checkbox"/> \$50,000 jiska \$74,999		
<input type="checkbox"/> 4 oswa plis lane nan inivèsite			<input type="checkbox"/> \$75,000 jiska \$99,999		
<input type="checkbox"/> Etid aprè inivèsite (Metriz, Doktora nan Medsin, Doktora, Doktora nan Dwa)			<input type="checkbox"/> Plis pase \$100,000		

## Appendix D: Key Informant Interview Questions

Question 1: Please tell me a little about yourself, your background, and your organization? If applicable, please share the following in your response:

- What is your organization's mission? Does your organization provide direct care or operate as an advocacy organization?

Question 2: We would like your perspective on the major health needs/issues in the community. Please share the following in your response:

- What are the top priority health issues that your organization is dealing with? What are the factors contributing to these health issues?

Question 3: Which groups in your community appear to struggle the most with these issues you have identified and how does it impact their lives? Please consider the following in your response:

- Are there specific challenges that impact low-income, under-served/ uninsured person's experience?
- Are there specific challenges that impact different racial or ethnic groups in the community?
- Are there specific challenges that impact distinct groups based on age or gender in the community?

Question 4: What barriers or challenges might prevent someone in the community from accessing care? (Examples might include lack of transportation, lack of health insurance coverage, language/ cultural barriers, funding, etc.).

Question 5: Could you tell me about some of the strengths and resources in your community that address these issues, such as groups, initiatives, services, or programs? (If including specific organizations in response, please include name and type of program).

Question 6: What services or programs could have the greatest impact on the needs you have identified?

Question 7: Is there anything else that should be considered for assessing the community's needs?



## Appendix E: Focus Group Questions

### Introductory Question:

Let's start off by going around the zoom room and introducing ourselves. Please tell us your name, one healthy thing you like to do, and why.

### Questions:

Take a minute and think about your life and the community where you live. Think about the things that contribute to the quality of life in your community. How satisfied are you with the quality of life in your community?

What assets does your community have that can help to improve the health and quality of life where you live?

Can you tell me what you think of the top 3 health issues that you consider to be the most important one in your community? (follow-up with voting for top 3 if not clear from responses)

What do you think should be done to address these problems? What difficulties, if any, do you see to implementing solutions to address or prevent these problems in your community?

How would you suggest overcoming these difficulties?

### Closing Question:

Is there anything else that you would like to share before we end our discussion for the day?

## **Appendix F: 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  
Healthy Teens Coalition  
SWAT (Students Working Against Tobacco)  
Jewish Family & Children's Service  
ALSO Youth  
Police Athletic League  
Big Brothers and Big Sisters of the Suncoast  
Boys and Girls Clubs  
Bradenton Dream Center  
Family Resources-SafePlace2B  
Lutheran Services Florida  
PACE Center for Girls Manatee  
Safe Children Coalition  
Parenting Matters  
East Coast Migrant Head Start  
Clark Health Solutions  
Avenue 941  
Hope 4 Communities  
Hanley Foundation  
First 1000 Days

### 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

### Disabilities

Agency for Persons with Disabilities-Suncoast Region  
Easter Seals Southwest Florida  
Epilepsy Services of Southwest Florida  
Florida Division of Blind Services  
Florida Division of Vocational Rehabilitation  
Suncoast Center for Independent Living  
Goodwill Industries  
Soul to Soul Yoga  
Southeastern Guide Dogs  
Prospect Riding Center

### Disaster Response

Manatee County Emergency Management

### Education

School District of Manatee County  
Farmworker Career Development Program-Manatee Schools  
University of South Florida  
State College of Florida  
Manatee County Government, Library Division  
Manatee Technical College  
Project of Light Adult English Learning Center  
Unidos Now  
Women's Resource Center  
Project Lighthouse

### Employment

Goodwill Industries  
Career Edge  
CareerSource  
Mission Made Possible  
Gulf Coast South AHEC

### Food Insecurity/Nutrition

Meals on Wheel Plus  
ACCESS Florida-SNAP  
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  
Salvation Army  
Turning Points Our Daily Bread

Honeyside Farms  
Kim's Krew

Immigration

Catholic Charities  
Gulfcoast Legal Services  
Lutheran Services Florida

Information and Referral

Making an Impact  
Suncoast 2-1-1

Healthcare and Access

ACCESS Florida-Medicaid  
Healthy Start Coalition  
MCR Health (19 locations including one elementary and one high school)  
Manatee County Government, Neighborhood Services- Health Care Services  
WeCare Manatee  
Manatee County EMS-Community Paramedicine  
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)  
Florida Department of Health-Kid Care  
My Breast Friends  
Bradenton VA Clinic  
We Care Manatee  
Suncoast Blood Centers  
Multicultural Health Institute (MHI)

Housing/Shelter/Assistance

Bradenton Housing Authority  
Manatee County Housing Authority  
Manatee County Redevelopment and Economic Opportunity  
Family Resources-A Safe Place 2B  
Habitat for Humanity  
The Salvation Army

Turning Points of Manatee County  
Volunteers of America-Florida

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)  
Operation PAR  
Opioid Task Force  
Drug-Free Manatee  
Tobacco Free Manatee - Gulfcoast South AHEC  
North River Prevention Partners  
Meals on Wheel Plus Senior Centers and Adult Day Care  
Brain Health Initiative  
Manatee Children's Services  
MCR Health  
NAMI-National Alliance on Mental Illness  
Suncoast Behavioral Health Center  
Victim Assistance Program-Manatee County Sheriff's Office  
Drug Free Manatee  
Samaritan Counseling Services of the Gulf Coast  
Groups Recover Together

Oral Health

Manatee Rural Health Turning Points  
Remote Area Medical program LECOM dental clinic  
MCR Health

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  
ArchWell Health  
Department of Elder Affairs – State Health Insurance Assistance Program (SHINE)

Transportation

Manatee County Transportation Disadvantaged Program Handy Bus  
Manatee County Area Transit  
Sailor Girl Transport  
Apollo Medical Transport

## **Appendix G: Examples of Partner Data Sharing in Manatee County**

### MEETING MINUTES

Coordinated Opioid Recovery (CORE) Network in Manatee County

January 24, 2024- Florida Department of Health – Manatee County: Teams Meeting 2:00pm

List of Attendees:

Central Florida Behavioral Health Network: Erica Tarasovitch, Luis Rivas, Centerstone: Sara Holloway, Bibiana Rodriguez, Department of Health – Manatee: Amara Bailey, Ana Peele, Dr. Jennifer Bencie, Chris Tittel, Groups Recover Together: Whitney Hughson, Live Tampa Bay: Kai Jenkins, Manatee EMS: Shannon Shanks, Marisol Garcia, Brie Spuck, Andrew Kunkel, Sean Dwyer, MCR Health: Michael Neuges, Salvation Army: Paul Fowler, Turning Points: Alfonso Peralta, Operation Par: Jonathan Essenburg, Dianne Clarke

1. Welcome – Happy New Year!
  - a. Meeting Overview:
    - a. The Manatee CORE partners, Centerstone and MCR Health will review their data from 2023 in ClearPoint, and Manatee EMS will review their data, Partners will be a given a chance to say goals for CORE and share announcements.
  - b. New and current members introduced themselves.
2. CORE Partners: Agency Updates and Data Review
  - a. CFBHN – no updates
  - b. DOH – Manatee:
    - i. Amara Bailey is the new DOH-Manatee liaison for the Behavioral Health CHIP Subcommittee, for Manatee Healthcare Alliance.
    - ii. CORE business cards are being given out at two distribution points inside of DOH-Manatee (security desk and the clinic).
    - iii. New meeting attendees have been added to the meeting distribution list.
  - c. Manatee EMS:
    - i. Shannon Shanks is the Manatee County EMS Nurse Practitioner working on CORE, overseeing medication assisted treatment (MAT) and the distribution of buprenorphine (Subutex).
    - ii. Manatee EMS usually gets to patients who have overdosed within 24 hours. They have

- success working in collaboration with Crossings.
- iii. MCR Health has been helping coordinate appointments for Manatee EMS for patients.
  - iv. Manatee EMS has plenty of Narcan and CORE cards to distribute.
  - v. If you would like to learn more about the referral process, reach out to Shannon. People can refer people at risk of overdose or opioid use disorder (OUD) to Manatee EMS before they overdose.
- d. Centerstone
    - i. Sara is the supervisor for the CORE peer program at Centerstone.
    - ii. As of today, Centerstone has had 35 clients who have been referred to CORE. 24 of those clients completed a MAT intake, 23 have been started on Suboxone and the other client declined further services prior to seeing the doctor.
    - iii. There has been a total of 179 encounters with 35 clients; 70 hours have been peer support services, and 38.5 have been case management services.
    - iv. Centerstone has completed 27 BAMS, 3 of those BAMS were monthly updates.
    - v. Centerstone was in communication with Manatee Memorial Hospital to have more streamlined services with them. Centerstone leadership attended a meeting with WE Care Manatee and provided them with their CORE hotline number. They have not received any phone calls from Manatee Memorial Hospital.
  - e. MCR Health
    - i. Mike Neuges is the grants and special programs manager at MCR Health.
    - ii. Their data in ClearPoint currently goes up to December 2023, with a few charts being updated to January 2024. Since, some data must be updated in ClearPoint biweekly, and some data only monthly.
    - iii. MCR Health started with 9 patients in April 2023 enrolled in the CORE program, and a total of 57 patients have participated in program, to date.
    - iv. MCR Health sees patients with substance use disorder that have opioid use disorder, alcohol disorder, psychiatric substance dependence, and sedative dependence.
    - v. In April, they started with a total of 14 encounters between patients with SUD, and to date they have had 154 encounters.
    - vi. MCR Health has received 47% of their overdose referrals from Manatee EMS, 24% are self-referrals, 23% are internal referrals, and 6% of their referrals have come from Centerstone.
    - vii. They've had a total of 63 encounters with patients with OUD, 16 patients with OUD have been on MAT, and two more patients are starting this week.
    - viii. 63 total BAMS completed with 17 unique patients that completed BAMS.
    - ix. They currently have 6 patients that need housing assistance, and currently only 7% of their CORE patients are homeless.
    - x. Their patients with SUD: 44% male and 56% female.
    - xi. Their highest percentage of patients are between 51 – 60-year-olds, the second is 31 – 40-year-olds.
    - xii. MCR Health has had 15 new intakes, 31 return visits, and three uncontrolled discharges.
    - xiii. For visit types, MCR Health has had 16 patients that completed one week of treatment, 12 that have completed two weeks, 8 that have completed three weeks, four patients have completed four weeks, and three patients that were non-compliant with the medication since they were still using drugs. One patient was using benzodiazepines, and two patients were using Heroin, so MCR Health couldn't treat them, at the time.

- xiv. Four patients reported overdose at zero months on BAM, nine patients reported overdose on first month BAM, no patients to date have made it to 4-6 BAM.
- xv. For BAM risk, use, and protective scoring, they have had an average risk score of 16, that decreased to a 9.5 risk score after three months. The BAM use score at intake was at 3.19 and is now down to 1.57 after 3 months. The protective score was 12.5 and has risen to 16 at the 3 months mark.
- c. Manatee EMS
  - a. On average, Manatee EMS only has patients for 2-3 days, until they are transferred to CORE receiving clinics. The longest patient they have had under their care, is nine days, due to patient preference.
  - b. They have attempted 30-60-90 day follow ups, but the patients phone numbers often don't work, or the patients don't respond. Their best luck is a 30-day mark.
- d. Centerstone
  - a. Centerstone has seen 23 clients start on MAT with Suboxone, and three of them still receive treatment regularly.
  - b. Patients can stay in CORE program as long as they deem necessary.



## Example Two from Manatee County’s My Sidewalk with Record Level Sharing Data from Partners



- Our Story ▲
  - Table of Contents
  - How to Use This Dashboard
- Demographics
- Social Context ▼
- Healthy Beginnings: Maternal & Infant Health ▼
- Lifelong Health: Physical Well-being ▼
- Living Better: Mental Health & Injury Prevention ▼
- Causes of Death

### Our Health Tells a Story

As individuals, our health tells a story about our lives. It's more than a medical condition or if we feel sick or well - **where we live, what we have access to, and what choices we make all add up to affect our personal health.**

As a community, our collective health tells an even bigger story, made up of all the individual stories of residents who live here. Understanding the broader story can help us learn more about what we are doing well and where we can better support ourselves, our friends, and our neighbors.

For our story to be one of opportunity, success, and health for all people, we have to start at the very beginning - making sure our community is a place where healthy choices are even possible. This is called our **context**. When we live in a place that makes healthy choices easier, our **behaviors** can change. Those daily behaviors form our life stories, building up to our **outcomes**.

**If we work together, we can create better stories for our community, one chapter at a time.** We might not be able to write the whole story all at once, but we can build on it over time with small steps to make our community a healthier place to live.

The story of health often follows the path of **context > behaviors > outcomes**. Let's take a look at what that means:



## Appendix H: Manatee Healthcare Alliance Example

**Mission:**  
 Promote and ensure the health and well-being of Manatee County residents and visitors through collaboration and partnerships.



**Board of Directors:**  
**Melissa Larkin-Skinner**  
 Chair  
**Ansley Mora**  
 Vice-Chair  
**Jacki Dezeliski**  
 Secretary & Treasurer  
**Jennifer Bencie**  
**William Colgate**  
**Geoff Cordes**  
**James Crutchfield**  
**Teresa Kelly**  
**Linda Thompson**  
**Ruth Harenchar**

**Vision:** Well-being for all.

**Manatee Healthcare Alliance, Inc. Meeting**  
**Thursday, November 16, 2023**  
**9:30 – 11:00 A.M.**  
**Location: VIRTUAL on Zoom**

Topic	Lead
<b>Welcome/ Call to Order</b>  Please have new members raise their hands so they may introduce themselves and their agency to the group. Returning members may introduce themselves and their agency in the chat.	Ansley Mora, Vice-Chair
<b>2023 CHIP Annual Review</b>  Ana will provide a 2023 overview, a wrap up of the 2021-2023 CHIP Cycle, and discuss next steps for the 2024-2026 CHIP.	Ana Peele, DOH-Manatee
<b>Legislative Priorities</b>	All
<b>Emerging Trends and Issues</b>	All
<b>Agency Updates</b>	All

2024 Meetings (Zoom) on Thursdays, 9:30AM-11:00AM	
January 25	July 25
February 22	August 22
March 28	September 26
April 25	October 24
May 23	November 21



**Mission:** To promote and ensure the health and well-being of Manatee County residents and visitors through collaboration and partnerships.

### Community Partners

ALSO Youth	Manatee Chamber of Commerce
Alzheimer's Association	Manatee County Emergency Medical Services
Boys & Girls Clubs of Manatee County	Manatee County Government
Brain Health Initiative	Manatee County Medical Society
Camelot Community Care	Manatee County Sheriff's Office
CAN Community Health	Manatee Elementary School
Centerstone	Manatee Memorial Hospital
Central Florida Behavioral Health Network	Manatee Performing Arts Center
Clark Health Solutions	MCR Health
Drug Free Manatee	Meals on Wheels PLUS of Manatee
Elite Health	MID Public Health Consulting, LLC
Family Resources Inc	Mission Made Possible
Family Safety Alliance	Multicultural Health Institute
First 1,000 Days	NaphCare, Inc.
Florida Department of Children and Families	North River Prevention Partners
Florida Department of Health	Parenting Matters
Florida Department of Health in Manatee County	Salvation Army
Florida Harm Reduction Collective	Samaritan Counseling Services of the Gulf Coast
Florida Voices for Health	School District of Manatee County
Groups Recover Together	Senior Connection Center
Gulf Coast South Area Health Education Center	St. Vincent de Paul CARES
Hanley Foundation	Stronger Together Reaching Equality Across Manatee
HCA Florida Blake Hospital	Suncoast Behavioral Health Center
Health Council of West Central Florida	Suncoast Blood Centers
Healthy Start Coalition of Manatee County	Turning Points
Healthy Teens	Twelfth Judicial Circuit Court
Lake Erie College of Osteopathic Medicine (LECOM)	United Health Services, Inc.
Lakewood Ranch Medical Center	United Way Suncoast
League of Women Voters of Florida	University of Florida IFAS Extension
Live Tampa Bay	University of South Florida
	We Care Manatee

*Prepared by the Manatee HealthCare Alliance with support from the Florida Department of Health in Manatee County.*