

Health Needs Assessment Manatee County

March 2009



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WHO WE ARE

The health councils were created in 1983 by Florida Statute to identify, address and resolve health care issues of local concern. Each health council is a private, non-profit organization governed by a Board of Directors. The Board members are appointed by County Commissioners to represent the concerns of health care consumers, providers and purchasers.

The Health Council of West Central Florida, Inc. (HCWCF) serves Hardee, Highlands, Hillsborough, Manatee and Polk counties. The Council has extensive experience working with for-profit and non-profit agencies, public health organizations, consumers and professionals. Collaboration and cooperation are critical to the success of our mission.

We have three strategic goals: (1) influence the accessibility of health care and social support systems through *comprehensive health planning*; (2) provide *education* about essential community health challenges and solutions; and (3) participate as a collaborative partner to address current and emerging health issues to develop and sustain efficient and cost effective *service delivery* systems.

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EXECUTIVE SUMMARY

Introduction

In an effort to improve the health of Manatee County residents, the Manatee County Health Department contracted with the Health Council of West Central Florida to conduct a health assessment of local residents.

The data contained in this report was collected between December 2008 and February 2009. Since many sources of data were used with different methodologies for collecting data and different reporting years, care should be used when comparing information from the different sources. The sum of information on a certain topic should be considered when using this report for strategic planning purposes.

The assessment contains the following sections:

- Demographic and Socioeconomic Profile
- Health Status
- Health Resource Availability and Access
- Special Issue on Tobacco
- Key Informant Interviews

Demographic and Socioeconomic Profile

Data in this section compares Manatee County with Florida, and where possible and valid, reports data at the zip code level. Zip code level information related to socio-economic indicators can be useful in identifying the areas where persons with health related risk factors such as income, race and ethnicity, and age reside. This can assist in selecting program locations and determining target areas for outreach and education.

Population Growth and Distribution

- The majority of the population resides in unincorporated areas of the county.
- Manatee County's rate of growth since the year 2000 has exceeded that of the State of Florida; that rate of growth is projected to continue to exceed Florida's growth through 2013.
- Four zip codes in Manatee (34201, 34202, 34212 and 34219) have experienced growth in excess of 100% since 2000.
- Manatee is impacted by an estimated 12,589 seasonal residents.
- Migrant farm workers and their families total over 13,000 persons in Manatee County.

Age

When compared to Florida:

- Manatee County's population is older, with a median age of 46.5 years compared with 41 years. Manatee also has a higher rate of elderly residents over age 75.
- The proportion of women of childbearing age (15-44 years) is lower in Manatee County.

Race

When compared to Florida:

- Manatee County has a higher percentage of white residents.
- Zip codes with the largest percent of non-whites are 34208, 34221 and 33843.
- Hispanics (which can be of any race) are most common in zip codes 33843, 34205, 34208, 34221 and 34251.

Household Size, Poverty and Income

When compared to Florida:

- Manatee County's average household size is less than Florida's; 2.31 vs. 2.46.
 - Largest average household size is found in zip codes 33843 (3.19 per household) and 34251 (3.02 per household).
- The average median income in Manatee County is \$50,509, which is slightly lower than the statewide average (\$50,235).
 - The highest median incomes in Manatee County can be found in zip codes 34202, 34211, 34201 and 34212.
- Per capita income is higher in Manatee County (\$28,656 vs. \$27,867 for Florida).
 - The greatest percentage of families earning \$25,000 or less per year can be found in zip codes 34207, 34205 and 33843.
- Manatee County has a lower percentage of poor persons (100% FPL or less), and a lower percent of persons under age 18 living in poverty.

Also:

- Nearly 17% of Manatee County's population aged 60 and older is considered low income or poor (125% of FPL or below).
- Homelessness a growing problem in Manatee County due to home foreclosures.

- Food stamp applications increased 83% in Manatee County during the last ten months of 2008.

Wages and Employment

- Average wages are lower in Manatee County when compared to wages at the state and national level.
- Retail and service oriented jobs make up over 60% of available employment in Manatee County.
- Manatee County has experienced nearly 100% increase in unemployment between 2007 and 2008.
- Manatee's unemployment rate is higher than Florida and the United States.

Education and Language

When compared to Florida:

- Manatee County has a higher rate of high school graduates and a better four year graduation rate (76.9 vs. 71.0).
- The drop-out rate is lower in Manatee County (3.1 vs. 3.5).

Also:

- Over 14,000 persons in Manatee County speak a language other than English and over 2,600 are linguistically isolated.

Health Status

Determining the health status of Manatee County residents includes the review of birth indicators and morbidity and mortality data. Hospitalization, emergency medical services, mental health indicators, and behaviors contributing to one's health are included in this section. Much of this information is not useful at the zip code level, due to small fluctuations in crude rates leading to wide swings in rates per 100,000 when computed on small population numbers within a zip code.

Birth Indicators

When compared to Florida:

- Manatee County has a lower birth rate per 1,000 residents.
- In 2007, the birth rate for White, Black and Hispanics was higher in Manatee County.
- In 2007, more babies were born with birthweight below 2500 grams.
 - Children born to Black women had more than twice the rate of low birthweight as all races combined.

- In 2007, Black women in Manatee County had higher rates of low birthweight.
- Black women entered prenatal care later than other races in Manatee.
- First trimester care for all women in Manatee County is lower.
- Manatee County has a higher teen birth rate, and Manatee teens have higher rates of late or no prenatal care, and one or more previous births.
- Manatee County has a slightly higher rate of women who smoke when pregnant, although there has been a steady decline in the number of women who smoke when pregnant in Manatee County.
- Manatee County has higher rates of births to mothers with less than a high school education.

Chronic Disease Incidence

When compared to Florida:

- Manatee County has higher rates of lung, colorectal, breast and prostate cancer.
- Manatee County has higher rates of hospitalization from stroke.
- Manatee has lower rates of hospitalization from congestive heart failure and from or with, heart disease.
- Manatee has lower rates of hospitalization from Chronic Lower Respiratory Disease (CLRD).
- Manatee has slightly lower rates of hospitalizations from or with diabetes and lower rates of amputation of lower extremities related to diabetes.

Behaviors Related to Health Status

When compared to Florida:

- Manatee County has lower rates of overweight adults; however, the rate of overweight adults has increased since 2002 and now represents over 50% of the population.
- Manatee has a higher rate of adults diagnosed with asthma.
- Manatee has lower rates of adults diagnosed with high cholesterol; however, 30% of residents in Manatee County have been diagnosed with high cholesterol.
- Among youth, Manatee County has higher rates of alcohol and marijuana abuse.
- Manatee youth also have higher rates of homicide, child abuse, and sexually transmitted diseases.
- Over 25% of Manatee youth are overweight or obese (Source: 2008 Florida Youth Tobacco Survey).
- Over 30% of Manatee County middle school students do not get a sufficient amount of vigorous activity.

- Over 40% of high school students do not get a sufficient amount of vigorous activity.

Communicable and Infectious Disease

When compared to Florida:

- Chlamydia and gonorrhea rates for females 15 to 19 are higher in Manatee County.
 - The rates of Chlamydia have increased in Manatee County and Florida since 1994.

Also:

- An estimated that 800 persons are living with HIV/AIDS in Manatee County.
 - The zip codes with the greatest number of persons living with HIV/AIDS are 34208, 34221 and 34205.

Disabilities

- Over one-third of Manatee's population over the age of 65 has a disability.

When compared to Florida:

- Manatee County has a slightly higher rate of disability among five to fifteen year olds.

Mental Health

When compared to Florida:

- Manatee County has slightly lower rates of Baker Act examinations.
- Since 1995, the rate of suicide has been higher in Manatee County.
 - Suicide is a leading cause of death among adults 20 to 34 years of age.
- Manatee County has higher rates of domestic violence.
- The rate of homicides per 100,000 population is lower in Manatee County; however, Homicide is a leading cause of death among 20 to 24 year olds in Manatee County.
- The rate of in-school violence in Manatee County is well below the state rate.
- The percent of children age four to eleven experiencing child abuse is higher in Manatee County.

Hospital Utilization

- Manatee Memorial Hospital had the highest overall occupancy rate, greatest number of admissions and patient days.
- Blake Medical Center had the longest length of stay among acute care facilities in Manatee County.
- Lakewood Ranch Medical Center had the highest occupancy rate for obstetrical beds.
- Manatee Memorial had the highest volume of heart catheterizations, and Blake Medical had the highest number of open heart surgeries.
- While Manatee Memorial Hospital had the highest number of emergency room visits, Blake Medical had a greater percentage of emergency room visits resulting in admission to the hospital.
- Prevention Quality Indicators related to inpatient discharge data provide information on conditions for which appropriate outpatient care can prevent the need for hospitalizations. In 2007, a total of 3,687 hospitalizations in Manatee County were identified as potentially preventable.

Causes of Death

- Injuries are the leading cause of death through age 34.
- Cancer becomes a major cause of death in the 35 to 54 age cohort.
- Cardiovascular disease also begins to appear as a leading cause of death in the 35 to 54 age cohort.
- When age-adjusted rates are used, heart disease is the leading cause of death in Manatee County. Cancer is second, and chronic lower respiratory disease (CLRD) is third.
- Infant deaths were generally lower in Manatee than Florida since 2002, but Black infant deaths have been higher than Florida in most years since 1988.
- In 2007, Manatee had a higher infant death rate than Florida in all racial groups.
- Since 1977, the rate of unintentional injury deaths in Manatee County has been higher than Florida.
- Manatee County also has higher rates of motor vehicle crashes and alcohol related motor vehicle crashes than Florida.

Health Resource Availability and Access

Access to health care involves a number of variables. Elements commonly considered include:

- Availability of providers and facilities (Are there enough to meet the need?)
- Ability to pay for care (Is there a payment source, sliding fee scale or free care?)
- Ability to get to care (Is public transportation available? Is transportation provided?)
- Convenience of care (Are evening or expanded hours available? Are providers located throughout the community?)

This section provides information about the four areas of health resource availability and access. Data limitations make comparisons and conclusions difficult, but where possible, comparisons are provided as a point of reference between Manatee County and Florida.

Providers and Facilities

- Manatee County is a designated Health Professional Shortage area for low income populations in primary care and dental services. Manatee is also designated as a mental health shortage area for low income and migrant populations in the central part of the county.
- Low income individuals and migrant farm workers are designated as Medically Underserved Populations in Manatee County.
- Manatee County has fewer primary care and total licensed physicians than Florida, expressed as a rate per 100,000 population. The lack of primary care physicians is of concern given the older population of the county and the increased need for health care that often accompanies aging.
- Manatee County has 39% fewer dentists per 100,000 residents than Florida. Dental care is essential to overall health and can contribute to the effective management of chronic diseases.
- Mental health providers include Licensed Clinical Social Workers, Marriage and Family Therapists, Mental Health Counselors, and Psychologists. Manatee County has lower rates of mental health professionals per 100,000 residents when compared to Florida.
- Manatee County has a total of 909 hospital beds, 764 of which are for acute care. Manatee County has 286.4 hospital beds per 100,000 residents, compared to 314 per 100,000 in Florida. The utilization rate for hospital beds in Manatee County is lower than the State rate (50.1% vs. 57.9%).
- Manatee County has more nursing home beds per 100,000 residents than Florida (492.1 vs. 440.3). The utilization rate for nursing home beds in Manatee County is lower than the State rate (83.8% vs. 88.1%).

Ability to Pay for Care

- Fewer people were covered by commercial health plans statewide between 2001 and 2006, and premiums increased 40 percent during that period.
- Recent increases in unemployment in Manatee County and throughout Florida, coupled with the high cost of COBRA coverage will likely lead to continued loss of health insurance benefits.
- Based on the 2004 study of the uninsured, the zip codes with the largest estimated percent of uninsured residents are 33834, 34221, 34208, 34203, 34205, 34251, and 34207.
- Between 2007 and 2008, Medicaid enrollment increased 19 percent in Manatee County compared to an increase of 11 percent in Florida.
- Manatee Rural Health System provides sliding fee scale services at 18 sites in Manatee County. In 2008, Manatee Rural Health provided 191,507 encounters for 73,671 persons, with mental health services representing the greatest number of encounters. Immunizations represented the greatest number of users.
- We Care Manatee offers free specialty and primary medical on a limited basis for Manatee County residents using volunteer physicians. Demand for services exceeds the ability to provide requested care.
- While the Manatee County Public Health Department does not provide primary care services, it does support the community's health through immunizations, physicals, wellness education, STD, tuberculosis and HIV testing, school health, breast and cervical cancer screening, diabetes care, family planning services and Women, Infants and Children (WIC) program.
- In 2008, new WIC enrollments averaged 100 to 150 new clients per month.

Transportation and Convenience of Care

- In Manatee County, public transportation is limited to the cities of Bradenton, Ellenton, Palmetto and the Gulf Beaches. Residents of unincorporated areas do not have access to public transportation.
- Handy Bus provides services for individuals who qualify for the Transportation Disadvantaged program.
- County Veterans Service provides limited medical transportation to eligible clients.
- There are limited options for uninsured individuals to access primary care or acute/urgent care outside of traditional business hours. One Manatee Rural Health System facility and We Care Manatee Free Clinic offer extended and limited Saturday hours.

Special Issue: Tobacco

Tobacco use is a contributing factor to a variety of chronic diseases including cancer, heart disease and stroke.

The prevention of tobacco use in adolescence and young adulthood is critical to reducing deaths from these diseases and minimizing the years of productive life lost.

Assisting adults who are tobacco users in quitting smoking or using spit tobacco is as difficult as treating any addiction. A comprehensive approach with a motivated user utilizing counseling, nicotine replacement or prescription medications is more likely to be successful than a single intervention.

- Smoking is directly responsible for about 90 percent of lung cancer deaths and about 80-90 percent of COPD (emphysema and chronic bronchitis) deaths.
- Ninety percent of adults who smoke started by the age of 21, and half of them became regular smokers by their 18th birthday.
- 72 youth in Florida become regular smokers everyday.
- Smoking by parents is linked to a wide range of adverse effects in their children, including exacerbation of asthma, increased frequency of colds and ear infections, lower respiratory tract infections, such as pneumonia and bronchitis, and sudden infant death syndrome.
- Florida has seen a decline in youth smoking since 1998, due in part to active participation in smoking prevention and cessation programs for youth.

When compared to Florida:

- Manatee County has a lower rate of smoking among 18 to 44 year olds, a higher percent of former smokers, and a lower rate of exposure to second hand smoke.
- Manatee has slightly higher rates of smoking among 45 to 64 year olds, as well as higher rates of former smokers and persons exposed to second hand smoke.
- Manatee County adults age 65 and older smoke at lower rates but are exposed to second hand smoke at slightly higher rates.
- Manatee County middle and high school students use tobacco in all of its forms at higher percentages.
- Manatee County has a lower percent of committed non-smokers in both middle and high school.
- Manatee County youth report a lower percent of tobacco prevention education.
- Manatee County middle school students report lower rates of exposure to second hand smoke, but high school students report a higher percent of second hand smoke exposure.

- Manatee County middle and high school students report slightly lower rates of smoking allowed in the home.
- Manatee County middle and high school youth participated in anti-tobacco community activities and SWAT programs at a lower rate than Florida.
- Manatee County high school students are more likely to think that smoking makes young people look cool or fit it.
- Manatee County middle and high school students are more likely to think that young people who smoke have more friends.
- Manatee County has higher rates of death from oral cancer.
- Death rates from oral cancer among non-whites in Manatee have been higher than death rates among whites.
- The incidence of oral cancer has generally been higher in Manatee County.
- In general, deaths due to lung cancer are lower in Manatee County; however, non-whites in Manatee County die from lung cancer at greater rates than non-whites in Florida.

Key Informant Interviews

Sixteen key informant interviews were conducted in February 2009 to gather perceptions about the health status of Manatee County residents. A ten question interview was conducted by phone, and common themes were identified among responses to each question.

Respondents were asked to rate the overall health of Manatee residents on a scale of excellent, very good, good, fair, poor, or don't know/not sure. Fifty percent (50%) of respondents rated overall health as "fair". Twenty-five percent (25%) indicated they were not sure and most qualified the answer with a statement that it depends on the population. Another 25% responded with "good" or "very good".

Several overarching themes (not prioritized) developed in the overall responses, including:

1. Culture plays a role

Culture is most often associated with race or ethnicity, and economic status. Racial, ethnic and income disparities as related to health status are well documented and understood by the respondents to the interview.

Culture not only plays a role in health status by the foods that are eaten or behaviors engaged in, but also the way in which disease, and its causes and treatment, is understood.

Language is also a culturally related issue. While English and Spanish are the most common languages spoken in Manatee County, new immigrants from Haiti and Asia face added challenges around language.

Culture can also apply to age groups. Youth may not interpret certain behaviors as undesirable, but middle aged or elderly persons may hold a different set of values or norms.

Culture can also apply to institutions. The way in which health care providers are trained and operate their practices are also driven by cultural factors. The reliance on private, employer sponsored health insurance is an example of culture in the delivery of health care.

2. Education is needed

People need to know how to take care of their health, what services are available, and where to go for help. They need to be educated in ways that are appropriate to the various cultures that exist, their educational attainment and in a way that accommodates a broad array of options, not one narrow approach. Education is also a life-long process, which needs to reflect the concerns of people as they age.

3. Prevention is valuable

Preventing disease is more cost effective than treating disease and can add more years of productive life. Prevention of obesity, tobacco, alcohol and other substance abuse, and injuries can help reduce the rate of death for all leading causes in every age group.

4. Access to health care is largely driven by ability to pay

While many factors play a role in accessing care, having insurance or the ability to pay for care is a major determinate in seeking medical attention. Emergency rooms are overburdened by inappropriate use by persons without access to primary care, which drives up costs for everyone. In addition, some individuals with Medicaid may face problems finding providers who accept Medicaid, and certain Medicare recipients face challenges getting care due to service limitations and inability to afford supplemental policies and prescription drug co-payments.

5. Improving information and referral networks enhances access

Better integration of services by developing "one-stop shopping" and having a "no wrong door" approach to service access are beginning to be discussed in the County. More effective collaborations and partnerships among providers can help to maximize limited resources to serve those most in need. There is a

general consensus that efforts in this area are among the most important initiatives that can be undertaken to improve health in the County.

More detail on themes that emerged by question asked is available in Section 5.

Introduction

In an effort to improve the health of Manatee County residents, the Manatee County Health Department contracted with the Health Council of West Central Florida to conduct a health assessment of local residents.

The data contained in this report was collected between December 2008 and February 2009. Since many sources of data were used with different methodologies for collecting data and different reporting years, care should be used when comparing information from the different sources. The sum of information on a certain topic should be considered when using this report for strategic planning purposes.

The assessment contains the following sections:

- Demographic and Socioeconomic Profile
- Health Status
- Health Resource Availability and Access
- Special Issue on Tobacco
- Key Informant Interviews

I. DEMOGRAPHIC AND SOCIOECONOMIC PROFILE

Manatee County is located in the west central region of Florida along the Gulf of Mexico. Containing 741 square miles with a population of 339,610, Manatee County is the 18th most densely populated county in Florida out of 67 counties.

Since many factors can influence health status, a variety of indicators are presented to describe the population. Where possible, zip code level data is provided and comparison of Manatee County data with statewide averages is included as a point of reference.

Population characteristics can be helpful in the analysis of health care needs. It is important to understand who is going to need care to determine what types of care, and how much care needs to be available.

Data used in this assessment is drawn from a variety of sources and since data collection techniques, calculation methodologies and time periods represented by the data may vary, it is best to look at the data as a whole and not make determinations based on individual indicators.

A. Population Growth and Distribution

The 2008 population estimate for Manatee County is 339,610. Overall, Manatee County has seen its population increase 25% since 2000, which is greater than the statewide growth of 20% during the same period.

As noted in Table I-1, the majority of the population resides in the unincorporated portions of the county, which has also seen the greatest growth since 2000. The cities of Bradenton and Palmetto represent the next most populous areas of the county, with several beach communities (Anna Maria, Bradenton Beach, Holmes Beach, and Long Boat Key) representing the remaining incorporated cities.

Table I-1: Estimates of Population by County and City, Manatee County, 2000-07

Area	April 1, 2000	April 1, 2007	% Change 2000-2007
Ana Maria	1,814	1,854	2
Bradenton	49,504	54,409	10
Bradenton Beach	1,482	1,536	4
Holmes Beach	4,966	5,059	2
Long Boat Key (Partial)	2,591	2,613	1
Palmetto	12,571	14,310	14
Unincorporated	191,074	236,109	24
Totals	264,002	315,890	20

Source: "Florida Population Estimates 2007"; Bureau of Economic and Business Research, University of Florida, 2007

Zip code analysis of population estimates and projections for 2000, 2008 and 2013 are included in Table I-2. Four zip codes, 34201, 34202, 34212 (all in Bradenton) and 34219 (Parrish) experienced growth in excess of 100% between 2000 and 2008. Manatee County's overall rate of growth exceeded that of the state of Florida and is projected to continue to exceed the rate of growth in Florida through 2013. A zip code map appears in Attachment 1.

Manatee County zip codes include two areas which cross county lines. Zip code 33834 (Bowling Green) includes a portion of Hardee County and zip code 34243 includes a portion of Sarasota County. Zip code 34215 (Cortez) is mostly commercial, as reflected in a low number of residents.

The most populated zip codes are 34203, 34205, 34207, 34209, 34209 and 34221 (Palmetto) with at least 30,000 persons each.

Table I-2: Population Estimates and Projections by Zip Code, Manatee County and Florida, 2000, 2008 and 2013

Area	2000 Population	2008 Population	2013 Population	% Change 2000-2008	% Change 2008-2013	% Change 2000-2013
34201 (Bradenton)	1,127	2,844	3,310	152	16	194
34202 (Bradenton)	7,970	20,631	25,519	159	24	220

Area	2000 Population	2008 Population	2013 Population	% Change 2000-2008	% Change 2008-2013	% Change 2000-2013
34203 (Bradenton)	27,910	39,484	43,988	41	11	58
34205 (Bradenton)	31,819	32,223	33,350	1	3	5
34207 (Bradenton)	29,703	31,452	32,993	1	5	11
34208 (Bradenton)	30,677	33,294	35,582	9	7	16
34209 (Bradenton)	33,229	35,060	37,872	6	8	14
34210 (Bradenton)	12,993	15,672	17,065	21	9	31
34211 (Bradenton)	1,884	2,854	3,279	51	15	74
34212 (Bradenton)	5,511	14,569	20,973	164	44	281
34215 (Cortez)	564	617	654	9	6	16
34217 (Bradenton Beach)	8,262	9,433	10,420	14	10	26
34219 (Parrish)	6,000	14,116	21,567	135	53	259
34221 (Palmetto)	32,610	38,443	45,881	18	19	41
34222 (Ellenton)	8,118	10,299	11,755	27	14	45
34243 (Sarasota)	21,311	24,853	27,620	17	11	30
34251 (Myakka City)	4,202	5,522	6,074	31	10	45
33834 (Bowling Green)	7,330	8,244	8,605	12	4	17
Manatee	271,220	339,610	386,507	25	14	43
Florida	15,982,378	19,119,225	21,333,993	20	12	33

Source: ESRI Business Solutions, 2008

1. Seasonal and Non-Permanent Residents

Like much of Florida, Manatee County experiences population surges in the winter months from seasonal residents who either own or rent housing for several months. As a rule, October through March is the period in which

seasonal residents come to Florida. January is the peak month for seasonal residents.

In addition, Manatee County's agricultural industry requires the use of migrant farm workers for planting and harvesting crops. Some farm workers travel alone, but many bring families with them who need basic services including health, housing, education, and employment. The need for migrant workers varies depending upon the planting and harvesting schedules of the many crops grown in Manatee County.

Estimates for both seasonal residents and migrant workers can be somewhat difficult to make, so care should be used. The data sources listed in Table I-3 are the most recent estimates that could be located for these populations.

Table I-3: Estimates of Non- Permanent Residents 2005, Migrant and Seasonal Farmworkers and Farm Worker Household Members 2004

Population	Number
Non-Permanent/Seasonal Residents (2005)	12,589
Farmworkers (2002)	7,069
Farmworker Household Members (2002)	6,282

Sources: "Study of Potential TDM and Transit Service Adjustment to Serve Seasonal Residents", Center for Urban Transportation Research, 2005
"The Need for Farmworker Housing in Florida", Shimberg Center for Affordable Housing, University of Florida, 2004

2. Population by Age, Race, Ethnicity and Gender

Age, race, ethnicity and gender can also have an impact on health services needed in a community.

- As a rule, aging leads to greater demands for health services;
- The disproportionate impact of disease among minority populations is well documented;
- Cultural practices can impact behaviors which contribute to chronic or infectious disease;
- Language and literacy can also affect an individual's access to care, as well as their ability to follow recommendations of providers or receive health education services;
- Women generally consume more health services than men, make choices about health care for their families, and determine the level of need for maternal health services.

Table I-4 compares median age by gender in Manatee County to similar data for the State of Florida.

Table I-4: Median Age by Gender, Manatee County and Florida, 2008

Gender	Manatee County	Florida
Male	44.5	39.4
Female	48.3	42.6
All Genders	46.5	41.0

Source: ESRI Business Solutions, 2008

Table I-5: Age of Population Manatee County and Florida 2008

Population Age Range	Manatee County		Florida	
	Number	Percent	Number	Percent
0-4	18,749	5.5	1,145,147	6.0
5-9	18,060	5.3	1,090,970	5.7
10-14	18,503	5.4	1,131,036	5.9
15-19	18,482	5.4	1,201,409	6.3
20-24	16,894	5.0	1,196,289	6.3
25-34	32,492	9.6	2,307,665	12.1
35-44	39,867	11.7	2,534,170	13.3
45-54	46,387	13.7	2,752,680	14.4
55-64	47,444	14.0	2,335,414	12.2
65-74	38,701	11.4	1,656,310	8.7
75-84	30,722	9.0	1,233,619	6.5
85+	13,309	3.9	534,516	2.8

Source: ESRI Business Solutions, 2008

As indicated in Tables I-4 and I-5 above, Manatee County's population is older than that of the state as a whole in every age cohort. The median ages for males, females, and the whole population are all older than the statewide averages. The percent of the population in Manatee over 65 years of age is 24.3% compared with 17.3% in Florida.

Zip code analysis in Table I-6 shows that Bradenton (34203) has the highest number and percentage of residents 85 years and older. Bradenton zip code 34208 has the highest number of children under the age of five years.

**Table I-6: Population by Age, by Zip Code, Manatee County
and Florida, Number and Percent, 2008**

Zip Code	2008 Population	0-4		5-9	
		#	%	#	%
34201 (Bradenton)	2,844	45	1.6	47	1.7
34202 (Bradenton)	20,631	721	9.0	1,463	7.0
34203 (Bradenton)	39,484	2,502	6.3	2,292	5.8
34205 (Bradenton)	32,223	1,968	6.1	1,741	5.4
34207 (Bradenton)	31,452	1,609	5.1	1,342	4.3
34208 (Bradenton)	33,294	2,666	8.0	2,436	7.3
34209 (Bradenton)	35,060	1,232	3.5	1,327	3.8
34210 (Bradenton)	15,672	532	3.4	473	3.0
34211 (Bradenton)	2,854	579	7.0	515	6.2
34212 (Bradenton)	14,569	1,007	6.9	1,101	7.6
34215 (Cortez)	617	7	1.1	9	1.5
34217 (Bradenton Beach)	9,433	173	1.8	200	2.1
34219 (Parrish)	14,116	691	4.9	716	5.1
34221 (Palmetto)	38,443	2,399	6.2	2,379	6.2
34222 (Ellenton)	10,299	350	3.4	322	3.1
34243 (Sarasota)	24,853	1,136	4.6	1,117	4.5
34251 (Myakka City)	5,522	434	7.9	422	7.6
33834 (Bowling Green)	8,244	579	7.0	515	6.2
Manatee	339,610	18,749	5.5	18,060	5.3
Florida	19,119,225	1,145,147	6.0	1,090,970	5.7

Source: ESRI Business Solutions, 2008

**Table I-6: Population by Age, by Zip Code, Manatee County
and Florida, Number and Percent, 2008**

Zip Code	2008 Population	10-14		15-19	
		#	%	#	%
34201 (Bradenton)	2,844	51	1.8	37	1.3
34202 (Bradenton)	20,631	1,569	7.6	1,239	6.0
34203 (Bradenton)	39,484	2,251	5.7	2,155	5.5
34205 (Bradenton)	32,223	1,700	5.3	1,903	5.9
34207 (Bradenton)	31,452	1,335	4.2	1,471	4.7
34208 (Bradenton)	33,294	2,499	7.5	2,509	7.5
34209 (Bradenton)	35,060	1,522	4.3	1,709	4.9
34210 (Bradenton)	15,672	503	3.2	593	3.8
34211 (Bradenton)	2,854	522	6.3	553	6.7
34212 (Bradenton)	14,569	1,152	7.9	984	6.8
34215 (Cortez)	617	10	1.6	11	1.8
34217 (Bradenton Beach)	9,433	253	2.7	288	3.1
34219 (Parrish)	14,116	780	5.5	746	5.3
34221 (Palmetto)	38,443	2,259	5.9	2,374	6.2
34222 (Ellenton)	10,299	301	2.9	272	2.6
34243 (Sarasota)	24,853	1,141	4.6	1,060	4.3
34251 (Myakka City)	5,522	444	8.0	332	6.0
33834 (Bowling Green)	8,244	522	6.3	553	6.7
Manatee	339,610	18,503	5.4	18,482	5.4
Florida	19,119,225	1,131,036	5.9	1,201,409	6.3

Source: ESRI Business Solutions, 2008

**Table I-6: Population by Age, by Zip Code, Manatee County
and Florida, Number and Percent, 2008**

Zip Code	2008 Population	20-24		25-34	
		#	%	#	%
34201 (Bradenton)	2,844	26	0.9	145	5.1
34202 (Bradenton)	20,631	650	3.2	1,396	6.8
34203 (Bradenton)	39,484	1,958	5.0	3,638	9.2
34205 (Bradenton)	32,223	2,066	6.4	3,961	12.3
34207 (Bradenton)	31,452	1,776	5.6	3,409	10.8
34208 (Bradenton)	33,294	2,434	7.3	4,238	12.7
34209 (Bradenton)	35,060	1,428	4.1	2,525	7.2
34210 (Bradenton)	15,672	800	5.1	1,623	10.4
34211 (Bradenton)	2,854	633	4.3	1,231	8.4
34212 (Bradenton)	14,569	604	7.3	1,304	15.8
34215 (Cortez)	617	9	1.5	18	2.9
34217 (Bradenton Beach)	9,433	223	2.4	427	4.5
34219 (Parrish)	14,116	532	3.8	1,072	7.6
34221 (Palmetto)	38,443	2,241	5.8	4,014	10.4
34222 (Ellenton)	10,299	247	2.4	483	4.7
34243 (Sarasota)	24,853	871	3.5	2,126	8.6
34251 (Myakka City)	5,522	332	6.0	709	12.8
33834 (Bowling Green)	8,244	604	7.3	1,304	15.8
Manatee	339,610	16,894	5.0	32,492	9.6
Florida	19,119,225	1,196,289	6.3	2,307,665	12.1

Source: ESRI Business Solutions, 2008

**Table I-6: Population by Age, by Zip Code, Manatee County
and Florida, Number and Percent, 2008**

Zip Code	2008 Population	35-44		45-54	
		#	%	#	%
34201 (Bradenton)	2,844	307	10.8	305	10.7
34202 (Bradenton)	20,631	3,195	15.5	3,434	16.6
34203 (Bradenton)	39,484	4,415	11.2	4,833	12.2
34205 (Bradenton)	32,223	4,015	12.5	4,499	14.0
34207 (Bradenton)	31,452	3,332	10.6	3,668	11.7
34208 (Bradenton)	33,294	4,197	12.6	4,330	13.0
34209 (Bradenton)	35,060	3,307	9.4	5,106	14.6
34210 (Bradenton)	15,672	1,492	9.5	1,784	11.4
34211 (Bradenton)	2,854	1,240	15.0	993	12.0
34212 (Bradenton)	14,569	2,246	15.4	2,661	18.3
34215 (Cortez)	617	39	6.3	79	12.8
34217 (Bradenton Beach)	9,433	801	8.5	1,543	16.4
34219 (Parrish)	14,116	1,715	12.1	2,266	16.1
34221 (Palmetto)	38,443	4,421	11.5	4,906	12.8
34222 (Ellenton)	10,299	694	6.7	879	8.5
34243 (Sarasota)	24,853	3,103	12.5	3,705	14.9
34251 (Myakka City)	5,522	915	16.6	915	16.6
33834 (Bowling Green)	8,244	1,240	15.0	993	12.0
Manatee	339,610	39,867	11.7	46,387	13.7
Florida	19,119,225	2,534,170	13.3	2,752,680	14.1

Source: ESRI Business Solutions, 2008

Table I-6: Population by Age, by Zip Code, Manatee County and Florida, Number and Percent, 2008

Zip Code	2008 Population	55-64		65-74	
		#	%	#	%
34201 (Bradenton)	2,844	650	22.9	689	24.2
34202 (Bradenton)	20,631	2,878	13.9	2,134	10.3
34203 (Bradenton)	39,484	5,289	113.4	4,768	12.1
34205 (Bradenton)	32,223	3,582	11.1	2,486	7.7
34207 (Bradenton)	31,452	3,980	12.7	4,076	13.0
34208 (Bradenton)	33,294	3,372	10.1	2,261	6.8
34209 (Bradenton)	35,060	5,842	16.7	4,379	12.5
34210 (Bradenton)	15,672	2,497	15.9	2,490	15.9
34211 (Bradenton)	2,854	796	9.7	624	7.6
34212 (Bradenton)	14,569	1,837	12.6	978	6.7
34215 (Cortez)	617	151	24.5	147	23.8
34217 (Bradenton Beach)	9,433	,2303	24.4	1,653	17.5
34219 (Parrish)	14,116	2,349	16.6	1,896	13.4
34221 (Palmetto)	38,443	5,160	13.4	4,061	10.6
34222 (Ellenton)	10,299	1,560	15.1	2,279	22.1
34243 (Sarasota)	24,853	4102	16.5	3147	12.7
34251 (Myakka City)	5,522	550	10.0	263	4.8
33834 (Bowling Green)	8,244	796	9.7	624	7.6
Manatee	339,610	47,444	14.0	38,701	11.4
Florida	19,119,225	2,335,414	12.2	1,656,310	8.7

Source: ESRI Business Solutions, 2008

Table I-6: Population by Age, by Zip Code, Manatee County and Florida, Number and Percent, 2008

Zip Code	2008 Population	75-84		85+	
		#	%	#	%
34201 (Bradenton)	2,844	452	15.9	90	3.2
34202 (Bradenton)	20,631	1,094	5.3	273	1.3
34203 (Bradenton)	39,484	4,768	12.1	5,648	12.8
34205 (Bradenton)	32,223	2,475	7.7	1,827	5.7
34207 (Bradenton)	31,452	3,722	11.8	1,732	5.5
34208 (Bradenton)	33,294	1,633	4.9	719	2.2
34209 (Bradenton)	35,060	4,289	12.2	2,394	6.8
34210 (Bradenton)	15,672	2,125	13.6	760	4.8
34211 (Bradenton)	2,854	403	4.9	111	1.3
34212 (Bradenton)	14,569	557	3.8	182	1.2
34215 (Cortez)	617	99	16.0	38	6.2
34217 (Bradenton Beach)	9,433	1,130	12.0	439	4.7
34219 (Parrish)	14,116	1,098	7.8	255	1.8
34221 (Palmetto)	38,443	3,078	8.0	1,155	3.0
34222 (Ellenton)	10,299	2,049	19.9	863	8.4
34243 (Sarasota)	24,853	2,486	10.0	859	3.5
34251 (Myakka City)	5,522	91	1.6	39	0.7
33834 (Bowling Green)	8,244	403	4.9	111	1.3
Manatee	339,610	30,722	9.0	13,309	3.9
Florida	19,119,225	1,233,619	6.5	534,516	2.8

Source: ESRI Business Solutions, 2008

The number of women of childbearing age (15 to 44 years) can be important in assessing health care needs particularly when addressing the need for obstetricians and maternal and child health services. As shown in Table I-7, Manatee County has a lower percentage of women of child bearing years than Florida, with less than a third of the county population belonging to this cohort.

Table I-7: Women of Childbearing Age Manatee County and Florida, 2008

Population	Manatee County		Florida	
	Number	Percent	Number	Percent
Women 15-44 years old	52,615	30.1	9,012,064	36.4

Source: ESRI Business Solutions, 2008

Gender comparisons between Manatee and Florida are comparable across the general population, at the youngest age group and for adults age 18 and older. (Table I-8)

Table I-8: Gender, Age 18 and older by Gender, Age less than 5 years by Gender, Manatee County and Florida, 2008

Gender and Age	Manatee County		Florida	
	Number	Percent	Number	Percent
Male	164,727	49	9,314,976	49
Female	174,883	51	9,804,249	51
Males age 18 and older	130,618	38	7,230,715	38
Female age 18 and older	142,375	42	7,813,240	41
Males less than five years old	9,488	3	585,089	3
Females less than five years old	9,261	3	560,058	3

Source: ESRI Business Solutions, 2008

3. Race, Ethnicity and Gender

Manatee County has a higher percentage of white residents than the State of Florida (82.3 % vs. 75.0 %). Population projections indicate that whites will decline as a percent of population in Florida and Manatee County, Manatee County is still projected to have a greater percentage of white residents in 2013 (79.9%) than the State (73.3%). (Table I-9)(ESRI, 2008)

Table I-9: Race and Ethnicity, Number and Percent, Manatee County and Florida, 2008

Race/Ethnicity	Manatee County		Florida	
	Number	Percent	Number	Percent
American Indian	1,110	0.3	70,371	0.4
Asian/ Pacific Islander	4,438	1.3	425,130	2.3
Black	33,213	9.8	2,997,561	15.7
Other Race	15,487	4.6	766,771	4.0
Two or more races	5,953	1.8	517,399	2.7

Race/Ethnicity	Manatee County		Florida	
	Number	Percent	Number	Percent
White	279,409	82.3	14,341,993	75.0
Hispanic Origin	48,814	14.4	4,015,128	21.0

Source: ESRI Business Solutions, 2008

As shown in Table I-10 the zip codes with the largest percentage of non-white populations (excluding Hispanic origin) are 34208 (Bradenton, 34221 (Palmetto) and 33834 (Bowling Green). Blacks, or "some other race" in the case of Bowling Green, are the highest represented non-white racial group.

Among persons of Hispanic origin, which can be of any race, 33843 (Bowling Green) is the highest at 41.2 percent. Bradenton zip codes 34205 and 34208, along with 34221 (Palmetto) and 34251 (Myakka City) all have Hispanic origin percentages near or exceeding 20% of the population. It should be noted that migrant worker populations may not be adequately captured in these estimates.

American Indians, Asian/Pacific Islander and two or more races are generally at or below the State percentages in Manatee County.

**Table I-10: 2008 Percent Estimates of Race and Ethnicity by Zip Code,
Manatee County and Florida**

Area	2008 Population	% American Indian	% Asian/Pacific Islander	% Black	% White	% Some other Race	% Two or more races	% Hispanic
34201 (Bradenton)	2,844	0.1	2.3	2.6	93.0	1.3	0.7	4.7
34202 (Bradenton)	20,631	0.1	2.5	2.5	92.1	1.3	1.4	6.1
34203 (Bradenton)	39,484	0.4	1.5	10.6	81.0	4.5	2.0	15.6
34205 (Bradenton)	32,223	0.4	1.2	11.2	78.5	6.4	2.3	19.9
34207 (Bradenton)	31,452	0.4	1.7	6.4	85.1	3.8	2.5	13.0
34208 (Bradenton)	33,294	0.3	0.8	30.1	59.1	7.3	2.4	20.8
34209 (Bradenton)	35,060	0.3	1.3	1.7	94.4	1.2	1.1	5.3
34210 (Bradenton)	15,672	0.3	2.4	3.2	91.4	1.3	1.4	7.0
34211 (Bradenton)	2,854	0.4	1.3	1.5	93.8	2.2	0.8	5.9
34212 (Bradenton)	14,569	0.1	1.3	3.1	89.3	5.1	1.2	11.6
34215 (Cortez)	617	0	1.3	0.8	97.6	0.2	0.2	3.1
34217 (Bradenton Beach)	9,433	0.2	0.5	0.4	97.6	0.6	0.9	3.8
34219 (Parrish)	14,116	0.3	0.6	5.3	89.7	2.8	1.4	9.8
34221 (Palmetto)	38,443	0.5	0.5	19.4	69.6	8.2	1.9	24.1
34222 (Ellenton)	10,299	0.3	0.4	2.7	93.2	2.5	0.9	9.7
34243 (Sarasota)	24,853	0.2	2.3	6.3	87.6	2.0	1.6	8.9
34251 (Myakka City)	5,522	0.3	0.9	1.3	93.9	2.8	0.9	25.5
33834 (Bowling Green)	8,244	0.7	0.4	12.8	62.4	21.8	1.8	41.2
Manatee	339,610	0.3	1.3	9.8	82.3	4.6	1.8	14.4
Florida	19,119,225	0.4	2.3	15.7	75.0	4.0	2.7	21.0

Source: ESRI Business Solutions, 2008

**Table I-11: Gender by Zip Code, Manatee and Florida,
Number and Percent 2008**

Area	2008 Population	Males		Females	
		Number	Percent	Number	Percent
34201 (Bradenton)	2,844	1,353	48	1,491	52
34202 (Bradenton)	20,631	10,040	49	10,591	51
34203 (Bradenton)	39,484	19,224	49	20,260	51
34205 (Bradenton)	32,223	15,479	48	16,744	52
34207 (Bradenton)	31,452	14,767	47	16,685	53
34208 (Bradenton)	33,294	16,372	49	16,922	51
34209 (Bradenton)	35,060	16,190	46	18,870	54
34210 (Bradenton)	15,672	7,431	47	8,241	53
34211 (Bradenton)	2,854	1,447	51	1,407	49
34212 (Bradenton)	14,569	7,197	49	7,372	51
34215 (Cortez)	617	305	49	312	51
34217 (Bradenton Beach)	9,433	4,559	48	4,874	52
34219 (Parrish)	14,116	6,910	49	7,206	51
34221 (Palmetto)	38,443	19,233	50	19,210	50
34222 (Ellenton)	10,299	4,705	46	5,594	54
34243 (Sarasota)	24,853	11,890	48	12,963	52
34251 (Myakka City)	5,522	2,811	51	2,711	49
33834 (Bowling Green)	8,244	4,814	58	3430	42
Manatee	339,610	164,727	49	174,883	51
Florida	19,119,225	9,314,976	49	9,804,249	51

Source: ESRI Business Solutions, 2008

On average, females represent 51% of the population in Manatee County and most zip codes follow that trend within one or two percentage points. Table I-11 shows that two zip codes (34209 and 34222) have slightly higher percentages of females to males. These are not the zip codes that have greater percentages of older residents, which might be expected since women tend to live longer than men.

B. Economic Characteristics

Economic status is one of the most important predictors of access to health care, and overall health status. While income is only one measure of wealth it is the most commonly used, generally comparable factor available. Table I-12 provides average household size, median household income, and per capita income by zip code.

The largest average household sizes in Manatee County are in 33834 (Bowling Green) and 34251 (Myakka City). Smaller household sizes are found in zip codes 34201, 34210, 34222, 34217, 34215, and 34207. These zip codes also have higher percentages of persons age 65 and older who are more likely to live alone. Overall, Manatee County has a smaller average household size than Florida.

The zip codes with the highest median household incomes are 34202, 34211, 34201, and 34212 in Bradenton. Areas with the highest per capita incomes are in zip codes 34201 and 34202. Over all, Manatee County has a slightly lower median household income, as well as a slightly lower per capita income, than Florida.

Table I-13 provides a breakdown by zip code of household income by several ranges of income. Zip codes 34207, 34205 and 33843 have the greatest percentage of families earning less the \$25,000 a year and 34202 has the highest percentage of households with income above \$150,000.

Table I-12: Total Households, Average Household Size, Median Household Income, and Per Capita Income by Zip Code, Manatee and Florida, 2008

Area	Total Households	Average Household Size	Median Household Income \$	Per Capita Income \$
34201 (Bradenton)	1,506	1.89	77,257	56,980
34202 (Bradenton)	7,942	2.6	119,676	55,518
34203 (Bradenton)	16,011	2.43	50,136	25,329
34205 (Bradenton)	14,096	2.22	36,809	21,325
34207 (Bradenton)	15,831	1.98	34,886	21,841
34208 (Bradenton)	12,138	2.70	42,586	20,234
34209 (Bradenton)	15,569	2.2	55,553	33,993
34210 (Bradenton)	8,204	1.9	50,253	32,876
34211 (Bradenton)	1,095	2.61	84,702	38,189
34212 (Bradenton)	5,275	2.74	76,673	31,584
34215 (Cortez)	3,16	1.95	49,245	36,077
34217 (Bradenton Beach)	4,912	1.92	50,235	35,628
34219 (Parrish)	5,677	2.47	59,286	31,262
34221 (Palmetto)	14,587	2.47	43,674	21,800
34222 (Ellenton)	5,429	1.90	37,936	25,048
34243 (Sarasota)	11,154	2.22	66,523	36,930
34251 (Myakka City)	1,671	3.02	70,814	27,746
33834 (Bowling Green)	2,173	3.19	36,352	16,232
Manatee	143,586	2.31	50,235	28,656
Florida	7,589,539	2.46	50,509	27,867

Source: ESRI Business Solutions, 2008

**Table I-13: Households by Income Level, Zip Code,
Manatee and Florida, 2008**

Area	2008 Households	% less than \$25,000/year	% \$25,000-49,999	% \$50,000-74,999
34201 (Bradenton)	1,506	10.7	14.0	23.2
34202 (Bradenton)	7,942	7.3	10.8	6.9
34203 (Bradenton)	16,011	21.0	28.8	21.2
34205 (Bradenton)	14,096	31.7	32.9	17.3
34207 (Bradenton)	15,831	32.2	37.0	19.1
34208 (Bradenton)	12,138	25.80	32.3	19.4
34209 (Bradenton)	15,569	14.4	28.1	24.8
34210 (Bradenton)	8,204	18.8	30.8	24.7
34211 (Bradenton)	1,095	6.5	18.3	15.2
34212 (Bradenton)	5,275	10.5	14.7	22.7
34215 (Cortez)	3,16	25.7	25.3	12.3
34217 (Bradenton Beach)	4,912	21.9	27.8	14.5
34219 (Parrish)	5,677	15.0	26.6	20.6
34221 (Palmetto)	14,587	25.59	30.9	23.1
34222 (Ellenton)	5,429	29.2	35.0	21.0
34243 (Sarasota)	11,154	12.3	20.40	24.4
34251 (Myakka City)	1,671	9.7	19.2	24.7
33834 (Bowling Green)	2,173	30.10	35.10	18.4
Manatee	143,586	21.4	28.4	21.2
Florida	7,589,539	22.6	26.8	15.7

Source: ESRI Business Solutions, 2008

**Table I-13: Households by Income Level, Zip Code,
Manatee and Florida, 2008**

Area	2008 Households	% \$75,000-99,999	% \$100,000-149,000	% \$150,00 and above
34201 (Bradenton)	1,506	15.9	19.3	16.7
34202 (Bradenton)	7,942	12.5	24.4	34.4
34203 (Bradenton)	16,011	14.5	10.5	3.9
34205 (Bradenton)	14,096	10.3	5.4	1.7
34207 (Bradenton)	15,831	7.4	3.2	1.2
34208 (Bradenton)	12,138	9.9	6.3	3.5
34209 (Bradenton)	15,569	14.6	11.9	6.3
34210 (Bradenton)	8,204	13.2	8.8	3.7
34211 (Bradenton)	1,095	21.2	26.9	12.0
34212 (Bradenton)	5,275	21.6	22.9	7.6
34215 (Cortez)	3,16	16.1	15.5	5.1
34217 (Bradenton Beach)	4,912	13.5	7.6	6.9
34219 (Parrish)	5,677	19.3	9.8	8.5
34221 (Palmetto)	14,587	11.3	6.4	2.8
34222 (Ellenton)	5,429	8.3	4.9	1.5
34243 (Sarasota)	11,154	19.5	15.5	8.0
34251 (Myakka City)	1,671	25.1	12.3	9.0
33834 (Bowling Green)	2,173	7.8	5.1	3.6
Manatee	143,586	13.1	9.9	6.1
Florida	7,589,539	12.5	10.1	7.0

Source: ESRI Business Solutions, 2008

1. Poverty

Poverty has many definitions depending upon the use and source of information. The United States Department of Health and Human Services establishes Federal Poverty Guidelines which are used to determine eligibility for many programs funded by the federal government. Some programs provide services based on a percentage of the Federal Poverty Level (FPL), and many state, local and privately funded programs use the FPL in determining eligibility for services as well. FPL is updated annually. Table I-14 includes the 2009 FPL guidelines but does not include Alaska and Hawaii, which have higher rates.

Table I-14: 2009 Federal Poverty Levels, 200% FPL and 300% FPL

Persons in Family or Household	48 Contiguous States- 100% FPL \$	48 Contiguous States- 200% FPL \$	48 Contiguous States- 300% FPL \$
1	\$10,830	\$21,660	\$32,490
2	14,570	29,140	43,710
3	18,310	36,620	54,930
4	22,050	44,100	66,150
5	25,790	51,580	77,370
6	29,540	59,080	88,620
7	33,270	66,540	99,810
8	37,010	74,020	111,030
Add for each additional person	3,740	7,480	11,200

Source: Federal Register Online via GPO Access [wais.access.gpo.gov]

The terms “poor” and “low income” are also used with regard to eligibility for many government funded programs. “Poor” generally refers to incomes of 100% or less of FPL. “Low income” most often refers to incomes at or below 125% of FPL.

Table I-15: Estimates of Poor Persons and Persons under age 18 Living in Poverty, by Number and Percent, Manatee and Florida 2005

Area	Poor Persons #	Poor Persons %	Persons Under age 18 in Poverty #	Persons Under age 18 in Poverty %
Manatee	30,914	10.3	10,056	15.9
Florida	2,220,829	12.8	719,164	18.1

Source: Florida Statistical Abstract, 2008

Manatee County has a lower percent of total persons in poverty, children in poverty, and persons age 60 and older in poverty (Tables I-15 and I-16) than Florida.

Table I-16: Financial Status of Persons Age 60 and Older Manatee County and Florida by Number and Percent of Population, 2007

Poverty Status Age 60+	Manatee County		Florida	
	#	%	#	%
Below Poverty	6,043	1.8	386,376	20.2
Below 125% of Poverty	9,161	2.7	564,508	2.9
Minorities Below Poverty	1,468	0.4	179,354	0.9
Minorities Below 125% of Poverty	1,956	0.5	243,699	1.2

Source: Florida Department of Elder Affairs, *2007 Florida County Profiles*, 2008

2. Homelessness

Homelessness is another indicator of poverty. Although estimating the number of homeless people can be difficult, Florida Department of Children and Families makes an attempt to estimate the homeless populations of each county every year. The *2007 Annual Report on Homeless Conditions in Florida* estimated Manatee County's homeless population at 6,722 persons.

The rate of homelessness is likely to increase in Manatee County as the number of home foreclosures increases. A December 2008 article in the *Bradenton Herald* reported that the Sarasota-Bradenton-Venice metropolitan area has one of the highest foreclosure rates in the country. 5,500 foreclosures took place in Manatee County in 2008, with 2,620 foreclosures occurring in the last six months of 2008. This equates to roughly one in 33 homes in Manatee being in foreclosure. An increased rate of homelessness will likely have a serious impact on the need for health services.

3. Public Assistance

Recipients of Supplemental Security Income and Aid to Families with Dependent Children are below the averages for Florida. Total Social Security recipients are higher in Manatee County than for Florida. This is to be expected given that Manatee's population is older than the state average. (Table I-17).

**Table I-17: Public Assistance and Social Security Benefits
Manatee and Florida, 2007**

Area	Recipients of Supplemental Security Income		Recipients (# of persons)of Aid to Families with Dependent Children		Social Security Recipients-All Types ¹	
	#	%	#	%	#	%
Manatee	4,008	1.2	1,013	0.3	72,875	21.46
Florida	431,756	2.2	76,984	0.4	3,333,059	17.4

Source: Florida Statistical Abstract, 2008

¹ Social Security includes retired and disabled workers, spouses, children and widows/widowers.

Food stamps are another public assistance program which can provide information about health. Proper nutrition is essential in maintaining an appropriate weight and reducing the occurrence of some chronic diseases.

Table I-18: Food Stamp Recipients Manatee County July 2007-June 2008

Area	# Families	# of Persons	% of Population	\$ value of Benefits
Manatee	13,927	28,941	8.5	19,504,056
Florida	1121768	2,201,683	11.5	1,619,994,824

Source: Florida Statistical Abstract, 2008

More recently, Florida has seen a dramatic increase in the number of people receiving food stamps. According to an article in the Sarasota Herald Tribune on December 10, 2008, Manatee County has seen an increase 83 percent of recipients in the past ten months compared with a statewide increase of 4 percent in the same period.

4. Wages

Florida's minimum wage increased from \$6.79 per hour to \$7.21 per hour on January 1, 2009. The federal minimum wage will increase to \$7.25 on July 24, 2009, and Florida employers will be required to match the increase at that time. Given escalating costs for food, energy and health care, it is unlikely that these increases will substantially improve the quality of life for families making minimum wage.

Average earnings in Florida are lower than the United States. Average earnings in Manatee County are lower than the State average (Table I- 19).

Table I-19: Average Earnings per Job, Manatee County, Florida and United States, 2005

Area	Average Earnings per Job
Manatee County	\$ 36,045
Florida	\$ 40,089
United States	\$ 45,805

Source: Florida Statistical Abstract, 2008

5. Employment

Most people with access to health insurance receive it through their employers. While some larger employers are able to offer health insurance coverage to employees and sometimes, dependents of the employee, the cost of coverage to the employer and the share of cost borne by the employee have been rising for the past decade. Self-employed individuals and those working for small businesses may not have access to affordable coverage, particularly if they have pre-existing health conditions. Some types of businesses, including retail and some service industry jobs, are less likely to provide health insurance coverage.

Manatee County has a diversified economy but a large number of opportunities are in service (39.1%) and retail-oriented jobs (21.3%). Service jobs cover a broad spectrum of employment, such as health care, legal, tourism and recreation, food service, automotive, etc. Construction, finance, insurance and real estate represent over 20% of the types of businesses in Manatee County. Please note that data does not account for job holders who may live in a county other than Manatee, and number of employees does not account for Manatee residents who may be employed in another county. (Table I-20).

Table I-20: Types of Business by Number and Percent of Businesses, Number and Percent of Employees Manatee County, 2008

Type of Business	Number of Businesses	% of Businesses	Number of Employees	% of Employees
Agriculture and Mining	333	2.9	3,073	2.9
Construction	1,244	10.8	8,535	8.0
Manufacturing	378	3.3	11,020	10.3
Communications	54	0.5	190	0.2
Utilities	23	0.2	245	0.2
Retail	2,456	21.3	26,211	24.2
Wholesale	514	4.5	6,752	6.3
Finance, Insurance and Real Estate	1,233	10.7	6,321	5.9
Services	4,504	39.1	37,534	35
Government	182	1.6	4,268	4.0
Other	296	2.6	778	0.7

Type of Business	Number of Businesses	% of Businesses	Number of Employees	% of Employees
Totals	11,510	100	107,243	100

Source: ESRI forecasts for 2008. Data by InfoUSA, Omaha, NE Copyright 2008, all rights reserved.

The 15 largest employers in Manatee County are listed in Table I-21. The US Census Bureau and other federal agencies define a small business as less than 500 employees. As indicated below, five of the 15 largest businesses would be considered small businesses under this definition. In addition, five of the top 15 employers are governmental or educational institutions. As noted above, employment numbers do not necessarily mean that all employees are Manatee County residents.

Table I-21: Largest Employers, Public and Private and Number of Employees, Manatee County, 2008

Employer	Product/Service	# of Employees
Manatee County School Board	Public Education	7,000
Manatee County Government	Government	1,950
Tropicana Products, Inc	Orange Juice and Beverages	1,600
Beall's, Inc.	Corporate Headquarters and Distribution	1,550
Manatee Memorial Hospital	Healthcare	1,500
Blake Medical Center	Healthcare	1,050
Manatee County Sheriff's Department	Law Enforcement	1,079
Hoveround Corporation	Power Wheelchairs and Scooters	670
City of Bradenton	Government	550
Gevity HR	Employee Leasing	500
SYSCO Food Service	Food Distribution	450
Manatee Community College	Post-Secondary Education	437
Pierce Manufacturing	Manufacturer of Emergency Vehicles	400
IMG Academies/Bollettieri	International Sports training	350
Eaton Corporation	Manufacturer of Electronics	300

Source: Economic Development Council, Manatee Chamber of Commerce, September, 2008.

Many more employers in the County are well under 100 employees, and rates of self-employment have been increasing dramatically since 2000 according to the Small Business Administration. Reliable County level information about smaller businesses was not attainable for this assessment, but anecdotal information suggests that most Manatee residents are employed by much smaller businesses.

6. Unemployment

Rates for unemployment have increased dramatically throughout Florida and Manatee County in the past year. Before 2007, Manatee County's unemployment rate was near or below the statewide unemployment rate. Florida experienced the highest number of job losses in the nation in 2008 and predictions for the economy in the immediate future suggest that rates of unemployment could continue to rise. (Table I-22).

Table I-22: Unemployment Rates in Manatee and Florida 2005 - 2008

Area	2005	2006	2007	2008
Manatee County	3.1%	3.2%	4.4%	8.2%
Florida	3.6%	3.5%	4.3%	7.3%
United States	4.8%	4.3%	4.5%	6.5%

Source: Florida Research and Economic Database, 2008

Note: Annual rates are based on information from November of each year.

C. Education

Educational attainment is important in the effective use of healthcare systems. Even among the insured, plan documents can be difficult to understand, and the lack of knowledge about appeal processes for denied claims and procedures for pre-approval requirements and needed referrals can make accessing care difficult.

Navigating a system of care can be even more difficult without the ability to read and understand information. The ability to offer prevention oriented activities also becomes more problematic.

Manatee County served over 43,000 students in 2006. (Table I-23).

Table I-23: School Age Population (5 to 17 years) and Percent of Gender Race, Ethnicity, Manatee and Florida, 2006

Area	Total	% Female	% White	% Black	% Hispanic
Manatee	43,178	49.0	61.4	14.7	21.6
Florida	3,020,770	48.8	53.0	20.9	22.8

Source; University of Florida, Bureau of Economic and Business Research, Population Program, *Florida Population Studies*, June 2007, Volume 40, Bulletin No. 148

Manatee County has higher rates of high school graduates than Florida, but Florida has higher rates of Bachelor's Degree or higher educational attainment than Manatee County. (Table I-24).

Table I-24: Educational Attainment Persons Aged 25 and Older, Manatee and Florida, 2008

Educational Attainment	Manatee County	Florida
% High School Graduate or higher	81.4	79.9
% Bachelors Degree or Higher	20.8	22.3

Source: Florida Legislature, Office of Economic and Demographic Research, 2008

Manatee County has a higher rate of four year high school graduation and a lower dropout rate than Florida. (Table I-25).

**Table I-25: High School Graduation and Dropout Rates
Manatee County and Florida 2005-06**

Area	Four Year Graduation Rate	Dropout Rate 2005-06
Manatee	76.9	3.1
Florida	71.0	3.5

Note: Data are for public schools only.

Source: State of Florida, Department of Education, 2005-06.

1. Linguistic Isolation

The census bureau defines a linguistically isolated household as one in which no member 14 years of age and older speaks (1) only English or (2) speaks a non-English language and speaks English "very well". (Table I-26).

**Table I-26: Households Linguistically Isolated by Language Group,
Manatee County, 2000**

Household Language	# Speaking	# Isolated
Spanish	7,834	1,744
Other Indo-European Languages	5,351	708
Asian and Pacific Island Languages	751	152
Other Languages	502	65
Total	14,438	2669

Source; US Census Bureau, Census 2000 Summary File 3 (SF-3)

D. Summary of Findings

Population Growth and Distribution

- The majority of the population resides in unincorporated areas of the county.
- Since 2000, the rate of growth in Manatee County has exceeded the rate of growth for the State of Florida.
- The rate of growth in Manatee County is projected to continue to exceed the State growth rate through 2013.
- Four zip codes in Manatee (34201, 34202, 34212 and 34219) have experienced growth in excess of 100% since 2000.
- Manatee is impacted by an estimated 12,589 seasonal residents.
- Migrant farm workers and their families total over 13,000 persons.

Age

- Manatee County's population is older than that of Florida with a median age of 46.5 years compared with 41 years. Manatee also has higher rates of the population age 75 and older than Florida.
- The proportion of women of childbearing age (15-44 years) is less than that of Florida.

Race

- Manatee County has a higher percentage of white residents than Florida.
- Zip codes with the largest percent of non-whites are 34208, 34221 and 33843.
- Hispanics (which can be of any race) are most common in zip codes 33843, 34205, 34208, 34221 and 34251.

Household Size, Poverty and Income

- Largest average household size is found in zip codes 33843 (3.19 per household) and 34251 (3.02 per household).
- The average household size in Manatee County is 2.31, compared to 2.46 for Florida.
- The highest median incomes in Manatee County can be found in zip codes 34202, 34211, 34201 and 34212. Average median income for Manatee County is \$50,235, which is slightly below the statewide average of \$50,509.
- Per capita income in Manatee County is higher than for Florida (\$28,656 vs. \$27,867).
- Zip codes 34204, 34205 and 33843 are made up of the greatest percentage of families earning \$25,000 or less per year.
- Manatee County has a lower percentage of poor persons (100% FPL or less) than Florida, and a lower percent of persons under age 18 living in poverty.
- Nearly 17% of residents aged 60+ in Manatee County are considered low income or poor (125% of FPL or below).
- Homelessness a growing problem in Manatee County due to home foreclosures.
- Food Stamp applications increased 83% in Manatee County during the last 10 months of 2008.

Wages and Employment

- Average wages in Manatee are lower than Florida and the United States.
- Retail and service oriented jobs make up over 60% of available employment in Manatee County.

- Manatee County has experienced nearly 100% increase in unemployment between 2007 and 2008.
- The rate of unemployment is higher in Manatee County than Florida or the United States.

Education and Language

- Manatee County has a higher rate of high school graduates than Florida, and a better four year graduation rate (76.9 vs. 71.0). Manatee also has a lower drop-out rate than Florida (3.1 vs., 3.5).
- Over 14,000 persons in Manatee County speak a language other than English, and over 2,600 are linguistically isolated.

II. HEALTH STATUS

Determining the health status of Manatee County residents includes the review of birth indicators, morbidity, and mortality data. Hospitalization, emergency medical services, mental health indicators, and behaviors contributing to one's health are included in this section.

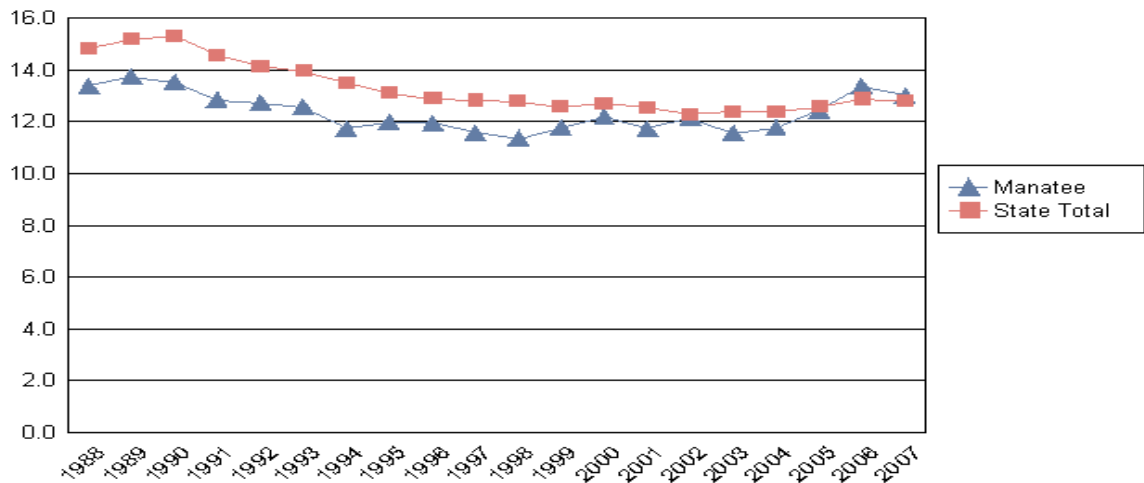
A. Birth Indicators

Birth indicators are an important measure of a community's health. According to the Annie E. Casey Foundation's "Kids Count" data center, Florida ranked 35th in the nation in 2006 for birth outcome indicators.

1. Birth Rates

Historically, Manatee County has had a lower birth rate per 1,000 than Florida; however, birth rates in Manatee County exceeded the State rate in 2006 and 2007. It is not yet known whether that trend is likely to continue (Figure II-1).

Figure II-1: Total Resident Live Births, Rate per 1,000, Manatee County and Florida, 1988-2007



Source: Florida CHARTS, Accessed January 2009

Further exploration of the higher birth rate in 2007 shows slightly higher rates among whites, Blacks and Hispanics in Manatee County compared with Florida (Table II-1).

Table II-1: Birth Rates per 1,000 White and Non-White, and Hispanic Births as a Percent of Births, Manatee County and Florida, 2007

Births	Manatee County Rates per 1,000 and Percent of Births	Florida Rates per 1,000 and Percent of Births
White Births	11.8	11.6
Non-white	22.6	17.6
Hispanic	34.4	29.5

Source: Florida Department of Health, Office of Vital Statistics, *Florida Vital Statistics Report, 2007*

Note: Hispanic can be of any race

A total of 4,133 births occurred in Manatee County in 2007 (Table II-2). Nearly 81% of births were to white mothers, which is higher than the State rate (73%).

Table II-2: Resident Live Births by Race of Mother, Number and Percent, Manatee County and Florida, 2007

Number of Births	Manatee County		Florida	
	#	%	#	%
Total Births	4,133	100	239,120	100
White Births	3,347	81.0	174,597	73.0
Black Births	573	13.9	51,587	21.6
Hispanic Births	1,424	34.4	70,464	29.5
Haitian Births	63	1.5	7,904	3.3
Other Births	213	5.1	12,503	5.2
Unknown	0	0	433	1.8

Source: Florida Department of Health, Office of Vital Statistics, *Florida Vital Statistics Report, 2007*

Note: Hispanic can be of any race

2. Birthweight

Very low-birthweight babies (those who weigh less than 1,500 grams or 3 lbs. 3 oz.) and low birthweight (2500 grams or 5 lbs. 8 oz) babies are frequently an indication of health and nutrition issues of the mother, or lack of appropriate prenatal care. Very low and low birthweight babies can suffer from a variety of medical complications which may require specialized care in Neonatal Intensive Care Units. Some common health problems include:

- Respiratory distress syndrome
- Bleeding in the brain
- Patent ductus arteriosus (a heart problem)
- Necrotizing enterocolitis (an intestinal problem)
- Retinopathy of prematurity (an abnormal growth of blood vessels in the eye that can lead to vision loss)

In 2007, 300 babies in Manatee County were born with birth weights less than 2500 grams (nearly seven percent of total births) (Table II-3).

**Table II-3: Resident Live Births by Birthweight in Grams,
Manatee County and Florida, 2007**

Area	< 500	500-999	1,000-1,499	1,500-1,999	2,000-2,499	2,500-2,999	3,000-3,499	3,500-3,999	4,000+
Manatee	7	28	30	53	182	734	1689	1077	333
Florida	447	1,555	1,884	4,010	12,871	46,531	95,978	60,166	15,805

Source: Florida Department of Health, Office of Vital Statistics, *Florida Vital Statistics Report*, 2007

Table II-4 indicates that 14 percent of children born to Black mothers in Manatee County in 2007 weighed less than 2500 grams, which is slightly higher than for Blacks in Florida. White women in Manatee County had fewer low birthweight babies than Florida in the same year.

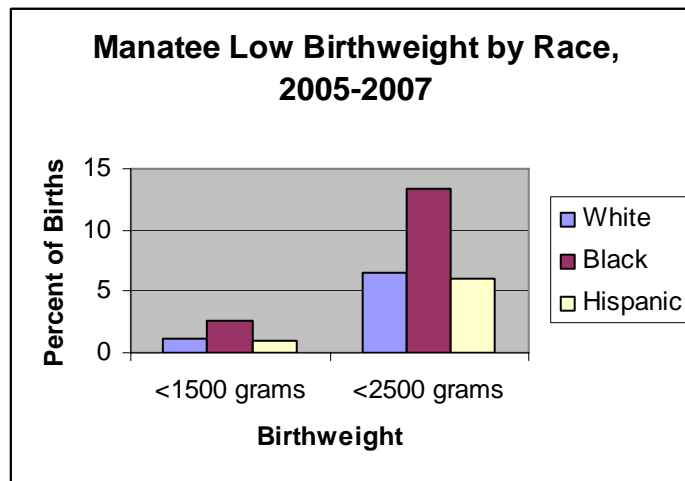
Table II-4: Live Births by Number and Percent for Very Low Birthweight and Low Birthweight by Race of Mother, Manatee County and Florida, 2007

Area	Less than 1000 grams		Less than 2500 grams	
	#	%	#	%
Manatee				
White	47	1.4	202	6.0
Black	18	2.8	81	14.1
Other	2	0.9	17	8.0
Florida				
White	2101	1.2	12664	7.3
Black	1601	3.1	7047	13.7
Other	175	1.4	1017	8.1

Source: Florida Department of Health, Office of Vital Statistics, *Florida Vital Statistics Report*, 2007

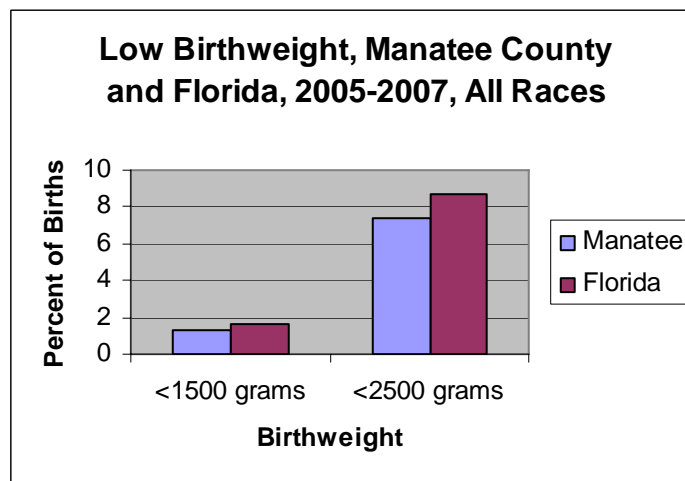
Figures II-2 and II-3 compare low birthweight percentages by race for Manatee County and to Florida for all races from 2005-2007. Again, Blacks have a higher percentage of low birthweight babies than other races, although Manatee had lower percentages of low birthweight babies than Florida during the 3-year period.

Figure II-2



Source: Florida CHARTS, Accessed January 2009

Figure II-3



Source: Florida CHARTS, Accessed January 2009

3. Prenatal Care

Early entry into prenatal care is an important factor for healthy birth outcomes. Medical problems can be identified early, and linkages can be made to support services such as nutritional support through Women, Infants and Children (WIC). Early prenatal care also increases opportunities for mothers to receive education on pregnancy, labor and delivery.

Table II-5 shows the trimester when care began, by race of the mother in Manatee County in 2007. Black women entered prenatal care later than other races, and first trimester care for Black women was lower than Florida.

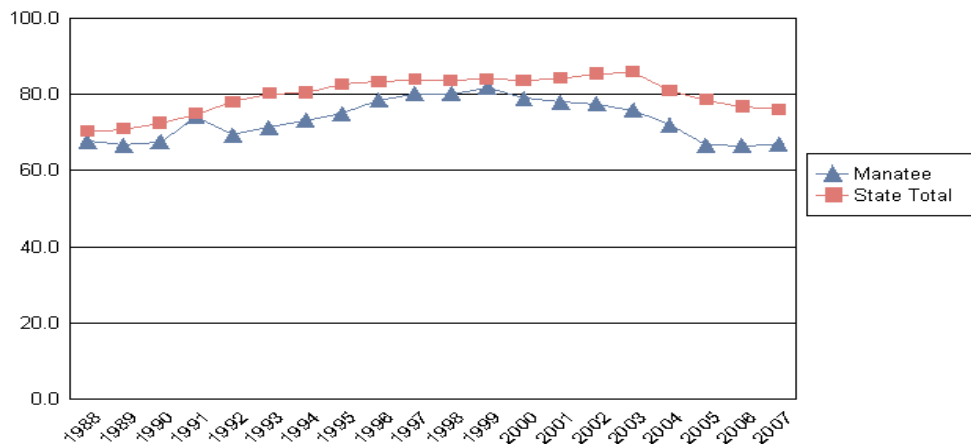
Table II-5: Percent Live Births by Trimester Prenatal Care Began by Race of Mother, Manatee County and Florida, 2007

Race	1 st Trimester		2 nd Trimester		3 rd Trimester		None	
	Manatee	Florida	Manatee	Florida	Manatee	Florida	Manatee	Florida
White	68.3	78.4	23.4	16.4	6.9	3.6	1.4	1.7
Black	60.2	67.3	30.7	23.8	7.1	5.2	1.9	3.7
Other	63.1	77.2	29.1	16.9	7.3	3.8	0.5	2.0
All Races	66.6	75.9	24.7	18.0	6.9	3.9	1.4	2.1

Source: Florida Department of Health, Office of Vital Statistics, *Florida Vital Statistics Report, 2007*

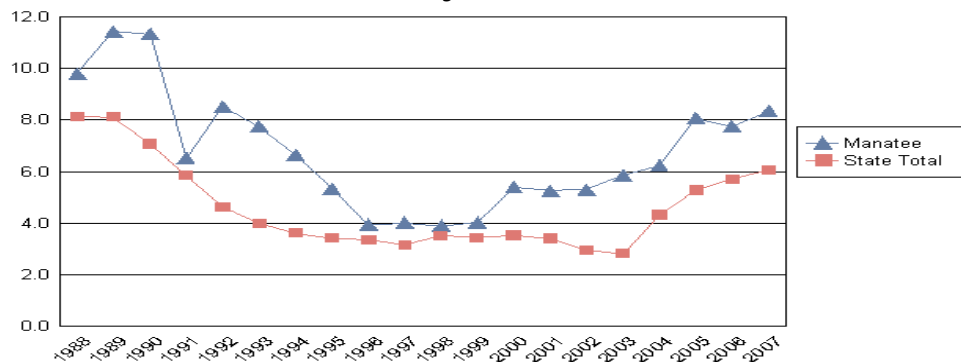
Manatee County has lower rates of first trimester prenatal care than Florida for all races (Figure II-4), and higher rates of 3rd trimester or no care than Florida (Figure II-5) over time.

Figure II-4: Births to Mothers with First Trimester Prenatal Care, Manatee County and Florida, 1988-2007



Source: Florida CHARTS, Accessed January 2009

Figure II-5: Births to Mothers with 3rd Trimester or No Prenatal Care, Manatee County and Florida, 1988-2007

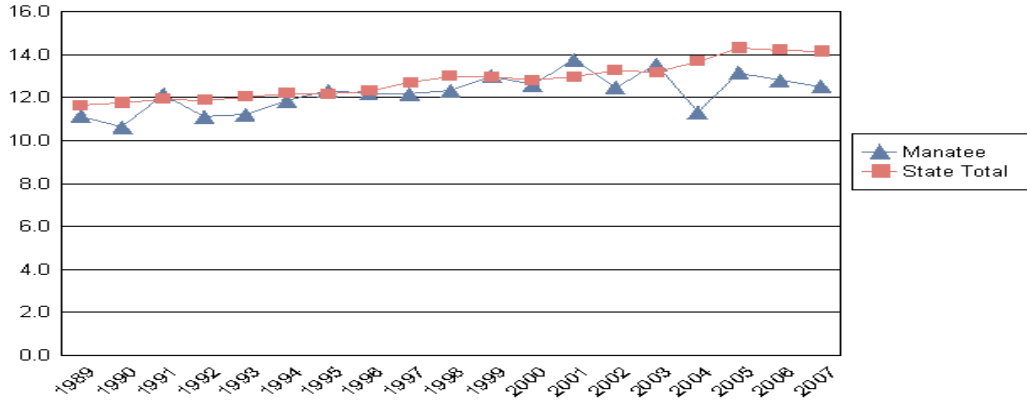


Source: Florida CHARTS, Accessed January 2009

4. Pre-Term Births

Preterm births refer to births that occur before 37 weeks of gestation. Figure II-6 shows that preterm births in Manatee County are slightly lower than, or equal to Florida, with the exception of 2001 and 2003. The cost of care for premature infants can be extremely high, and being premature at birth can cause life-long health problems.

Figure II-6: Preterm Births (Less the 37 Weeks Gestation), Manatee County and Florida, 1989-2007



Source: Florida CHARTS, Accessed January 2009

5. Birth Defects

The Florida Birth Defects Registry collects data from a variety of sources to identify infants with birth defects. Although a wide variety of sources are used to collect data, not all birth defects are reported. Table II-6 provides information on the type of birth defects in Manatee County from 1998 to 2005.

Table II-6: Estimated Birth Defects in Manatee County, 1998-2005

Condition	Estimated Cases 1998-2005	Frequency
Structural	565	1 in 46
Congenital Heart Defects	178	1 in 147
Chromosomal Abnormalities	50	1 in 525
Down Syndrome	46	1 in 571
Oral Clefts	52	1 in 505
Neural Tube Defects	11	1 in 2,386
Abdominal Wall Defects	13	1 in 2,019
Limb Malformations	7	1 in 3,750

Source: Florida Birth Defects Registry, Accessed January 2009

Note: Some infants may have more than one defect

6. Age of Mother

The age of the mother contributes to the health of the infant, with very young women facing more complications with delivery and raising children. While older women may have more resources available to them in raising children, certain birth defects are more common among the children of older women.

Under age 15

According to the Florida Vital Statistics Annual Report 2007, there were 10 births in Manatee County to mothers under the age of 15. All were unwed; four had third trimester or no prenatal care, two had children with birthweights under 2500 grams, and none had any previous births.

Age 15 to 19

Table II-7 shows that 23 percent of births to mothers between 15 and 19 were repeat births. This is higher than the state rate. Mothers in this age group also had higher rates of late or no prenatal care and birthweights under 1500 grams.

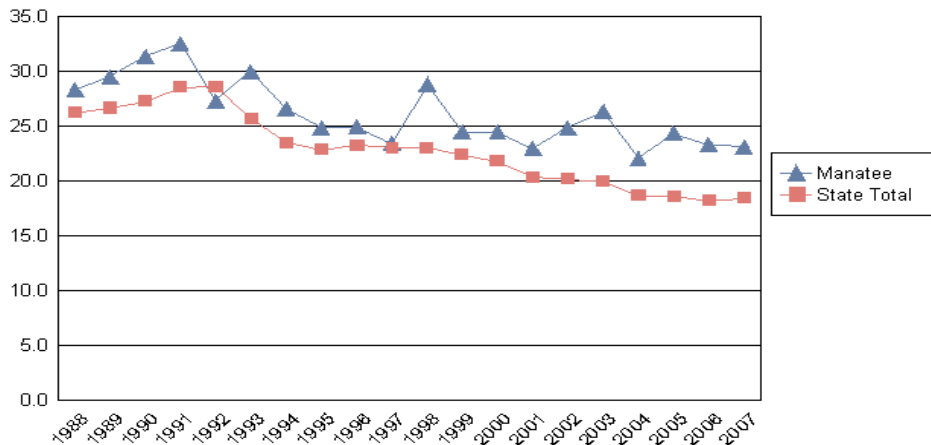
**Table II-7: Selected Indicators for Mothers Age 15 to 19 Years
by Manatee County and Florida, 2007**

Area	Total	% Unwed	% Under 1500 Grams	% Under 2500 Grams	3 rd Trimester or No Prenatal Care	One or More Previous Live Births
Manatee	575	86.4	2.8	9.0	13.0	23.1
Florida	25688	87.9	1.9	10.2	8.9	18.4

Source: Florida Department of Health, Office of Vital Statistics, *Florida Vital Statistics Report, 2007*

Figure II-7 shows that Manatee County had higher rates of repeat births to mothers between 15 and 19 years of age than Florida since 1988.

Figure II-7: Repeat Births to Mothers 15-19 by Percent, Manatee County and Florida, 1988-2007

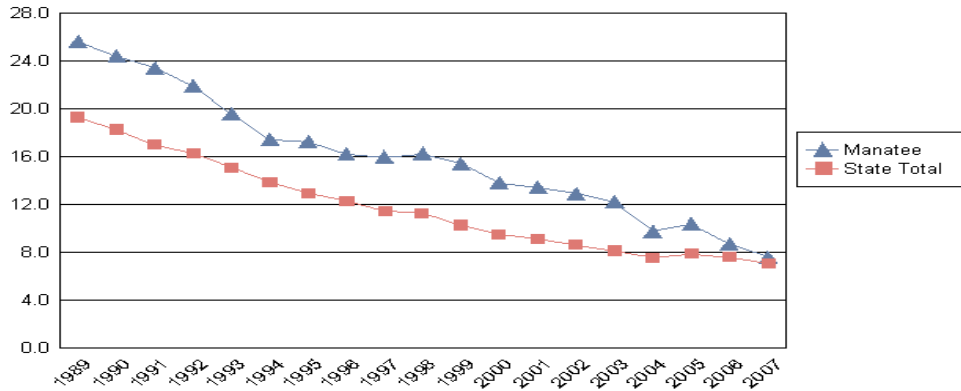


Source: Florida CHARTS, Accessed January 2009

7. Tobacco Use

Smoking is a risk factor for low birth weight and other birth defects and childhood illnesses including asthma. There was a steady decline in mothers who smoke in both Florida and in Manatee County since 1988. Manatee County's rates are still higher than Florida, but approached Florida's rate in 2006 and 2007 (Figure II-8).

Figure II-8: Resident Live Births to Mothers who Smoked During Pregnancy, by Percent, Manatee County and Florida, 1989-2007

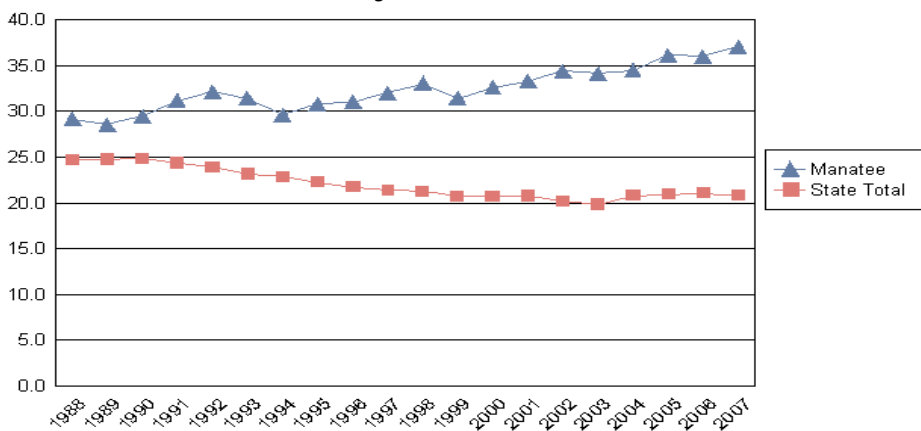


Source: Florida CHARTS, Accessed January 2009

8. Education of Mother

Manatee County has a higher percentage of births to mothers with less than a high school education than Florida, and the rate of births to less educated women is increasing in Manatee County while declining slightly in Florida (Figure II-9).

Figure II-9: Births to Mothers with Less than High School Education, Manatee County and Florida, 1988-2007



Source: Florida CHARTS, Accessed January 2009

B. Chronic Diseases

Chronic diseases develop over time as a result of family history and risk factors related to lifestyle and behavior. Conditions such as cancer, hypertension, heart disease, lung disease, and diabetes are among the most prevalent and costly chronic diseases, especially when left untreated.

Chronic diseases begin emerging as major cause of death in middle adulthood. Modifying behaviors prior to the onset of diseases can prevent the occurrence, and modifying behaviors after the disease is diagnosed is one of the most effective ways to minimize the effects of the disease.

Table II-8 provides a summary of chronic disease hospitalizations and deaths in Manatee County and Florida. Coronary disease and prostate cancer fall within the third quartile; all others are in the first and second quartile.

Table II-8: Chronic Disease Profile by Average Annual Number of Deaths, Incidence or Hospitalizations, Age Adjusted Rate per 100,000 and Quartile Ranking, Manatee County and Florida, 2005-2007

Disease	Average Annual #	Manatee Rate per 100,000	Quartile	Florida Rate per 100,000
Coronary Disease				
Deaths	792	138.4	3	125.9
Hospitalizations	2,644	546.6	2	539.7
Stroke				
Deaths	167	29.3	1	35.1
Hospitalizations	1,353	267.3	2	281.1
Congestive Heart Failure				
Deaths	40	6.4	1	7.4
Incidence	1,067	201.9	1	271.3
Lung Cancer				
Deaths	255	50.2	2	49.0
Incidence	354	72.5	N/A	71.4
Colorectal Cancer				
Deaths	71	13.8	1	15.3
Incidence	218	44.9	N/A	46.6
Breast Cancer				
Deaths	51	20.1	2	20.8
Incidence	213	95.0	N/A	108.0
Prostate Cancer				
Deaths	52	20.8	3	19.9
Incidence	237	106.4	N/A	123.4
Cervical Cancer				
Deaths	4	1.7	1	2.6
Incidence	13	7.7	N/A	9.0
Skin Cancer				
Deaths	11	2.3	2	2.8

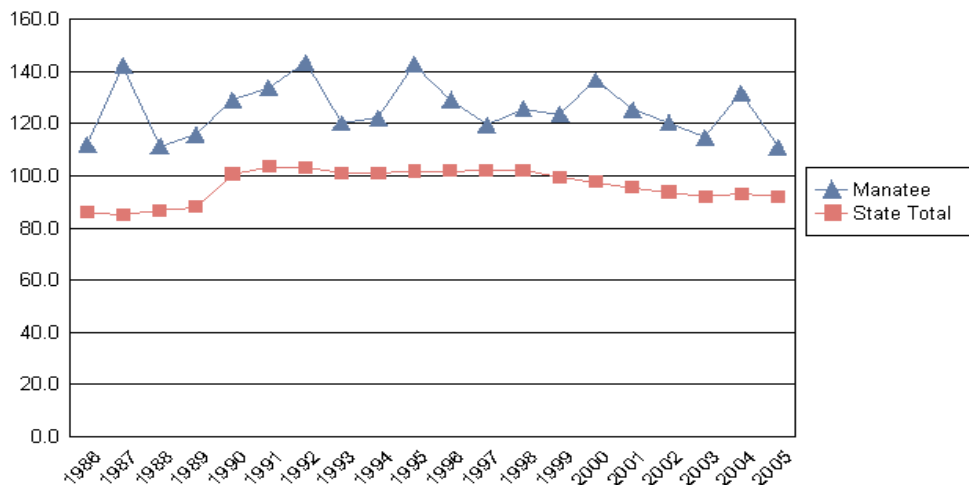
Disease	Average Annual #	Manatee Rate per 100,000	Quartile	Florida Rate per 100,000
Incidence	61	14.9	N/A	16.3
Chronic Lower Respiratory Disease (CLRD)				
Deaths	169	29.9	1	36.3
Hospitalizations	1060	254.1	1	319.2
Diabetes				
Deaths	65	12.5	1	21.1
Hospitalizations	6,957	1501.4	1	1995.6
Hospitalizations from Amputations	64	14.6	1	23.8

Source: Florida Charts, Accessed January 2009

1. Cancer

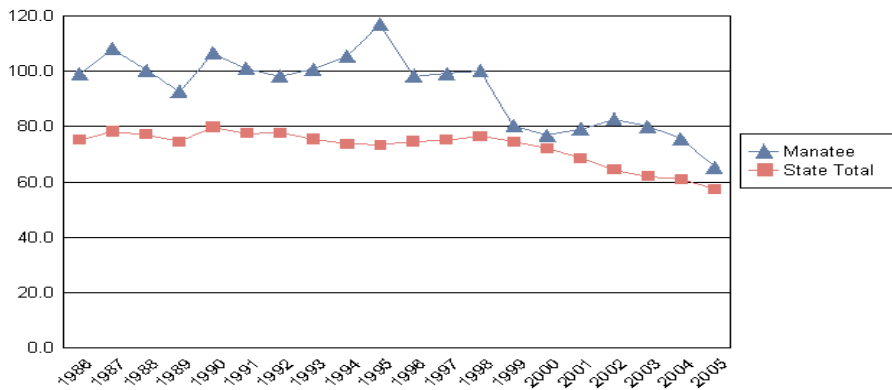
The most commonly occurring cancers in Manatee County include lung, colorectal, breast, and prostate cancer. In all of these types of cancer, Manatee County has higher rates than Florida (Figures II-10, II-11, II-12 and II-13).

Figure II-10: Lung Cancer Incidence, Rates per 100,000 Population, Manatee County and Florida, 1986-2005



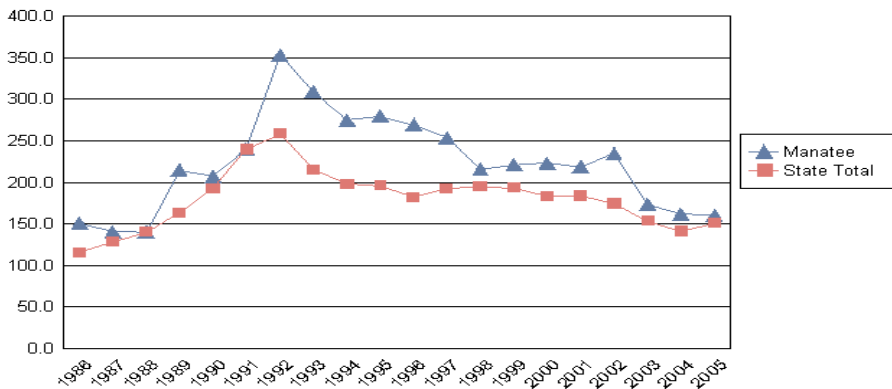
Source: Florida Charts, Accessed January 2009

Figure II-11: Colorectal Cancer Incidence Rates per 100,000 Population, Manatee County and Florida, 1986-2005



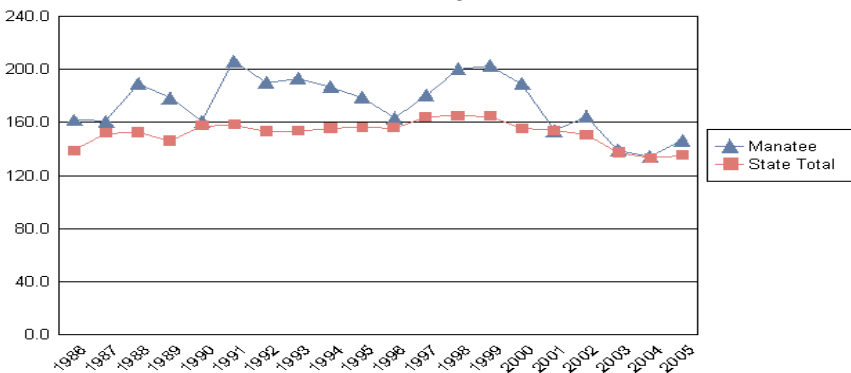
Source: Florida Charts, Accessed January 2009

Figure II-12: Prostate Cancer Incidence Rates per 100,000 Population, Manatee County and Florida, 1986-2005



Source: Florida Charts, Accessed January 2009

Figure II-13: Breast Cancer Incidence Rates per 100,000 Population, Manatee County and Florida, 1986-2005



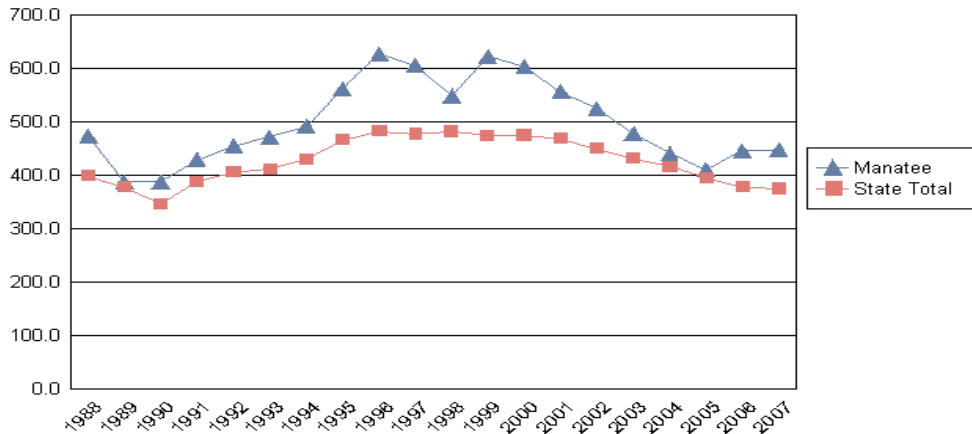
Source: Florida Charts, Accessed January 2009

2. Hypertension

People who have hypertension (high blood pressure) are four to six times more likely to have a stroke. Over time, hypertension can lead to atherosclerosis and hardening of the large arteries. This leads to blockage and weakening of the walls of small blood vessels in the brain, causing them to balloon and burst.

Figure II-14 shows Manatee County has a higher rate of hospitalization from stroke than Florida.

Figure II-14: Hospitalizations from Stroke, Rate per 100,000 Population, Manatee County and Florida, 1988 to 2007



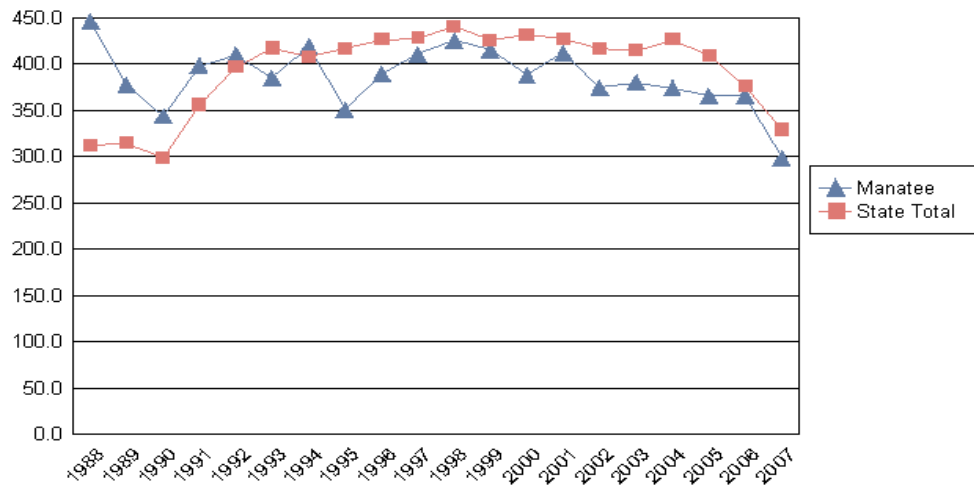
Source: Florida Charts, Accessed January 2009

3. Heart Disease

Heart disease is a term used to describe a variety of diseases of the heart, including coronary artery disease, cardiomyopathy, ischemic heart disease, heart failure, valvular disease, inflammatory heart disease, hypertensive heart disease, and cardiovascular disease.

Hospitalizations from congestive heart failure have been lower in Manatee County than Florida since 1994 (Figure II-15).

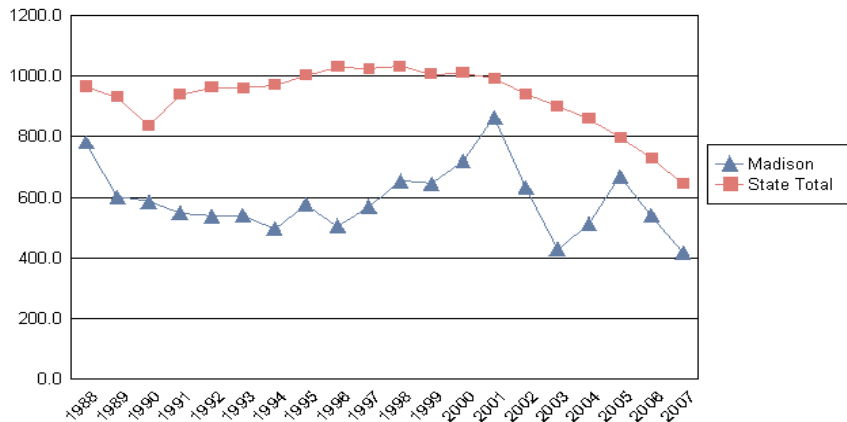
Figure II-15: Hospitalizations from Congestive Heart Failure, Rate per 100,000 Population, Manatee County and Florida, 1988-2007



Source: Florida Charts, Accessed January 2009

Hospitalizations from or with coronary disease have been lower in Manatee County than Florida since 1988 (Figure II-16).

Figure II-16: Hospitalizations from or with Coronary Disease, Rate per 100,000 Population, Manatee County and Florida, 1988-2007

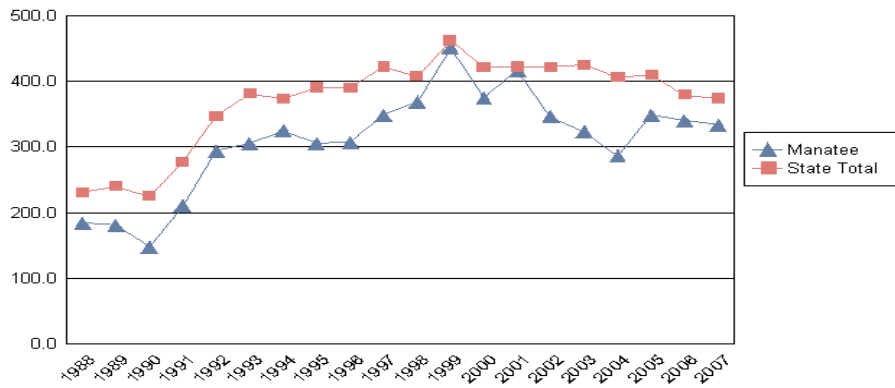


Source: Florida Charts, Accessed January 2009

4. Chronic Lower Respiratory Disease (CLRD)

Chronic lower respiratory disease includes chronic obstructive pulmonary disease (COPD), emphysema, chronic bronchitis, and smoking-related disorders. Also included are less common chronic lung disorders such as cystic fibrosis. Hospitalizations for or with CLRD are shown in Figure II-17. Manatee County has a lower rate of hospitalization from or with CLRD than Florida.

Figure II-17: Hospitalization for or with CLRD, Rate per 100,000 Population, Manatee County and Florida, 1988-2007



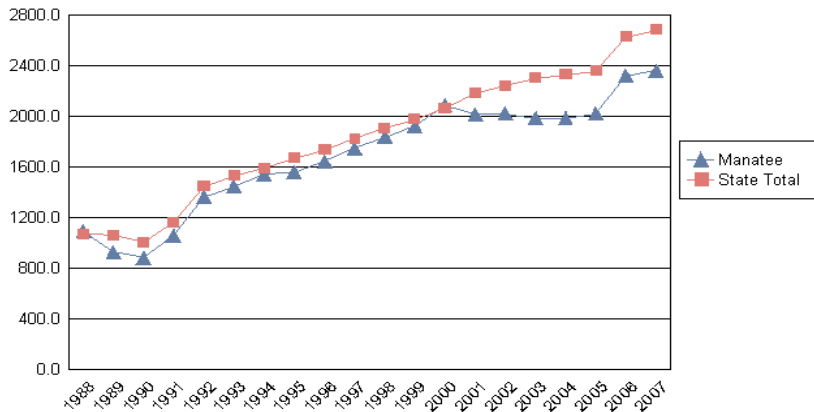
Source: Florida CHARTS, Accessed January 2009

5. Diabetes

Diabetes is a disease that occurs when the body does not properly produce or use insulin. Serious long-term complications from diabetes include cardiovascular disease (doubled risk), chronic renal failure, retinal damage (which can lead to blindness), nerve damage (of several kinds), and poor wound healing. Poor healing of wounds, particularly of the feet, can lead to gangrene, and possibly to amputation. Diabetic nephropathy is the main illness requiring renal dialysis in the United States.

Figure II-18 shows hospitalizations from or with diabetes. Manatee has closely followed the trend of Florida, but recently has had lower rates of hospitalization than Florida.

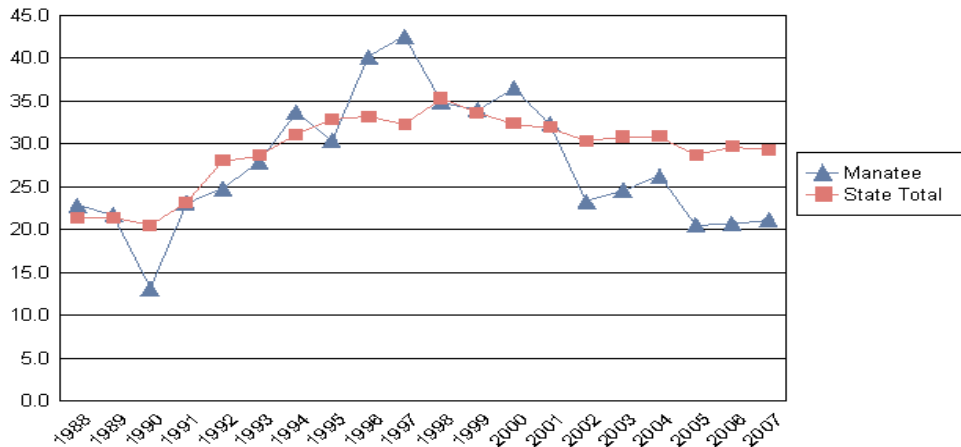
Figure II-18: Hospitalizations from or with Diabetes, Rate per 100,000 Population, Manatee County and Florida, 1988-2007



Source: Florida Charts, Accessed January 2009

Manatee County has experienced lower rates of hospitalizations from amputations related to diabetes than Florida since 2001. (Figure II-19).

Figure II-19: Hospitalizations from Amputations of Lower Extremity Attributable to Diabetes, Rate per 100,000 Population, Manatee County and Florida, 1988-2007



Source: Florida Charts, Accessed January 2009

C. Chronic Diseases Screening and Management

Screening is one of the best ways to detect chronic diseases in early stages when behavior modification may have the greatest impact.

Table II-9 provides estimates of rates of screening and disease management for cancer, heart disease, diabetes, stroke, and obesity, which is a contributing factor for many chronic diseases.

Table II-9: Chronic Disease Screening and Management, Manatee County and Florida, 2007

Activity	Manatee	Quartile	Florida
Cancer			
% of women 40 years and older who received a mammogram in the past year	67.0	2	64.9
% of men who received a PSA test in the past two years	68.4		60.2
% of men 50 years and older who received a digital rectal exam in the past year	67.8		56.3
% of adults 50 years and older who received a sigmoidoscopy or colonoscopy in the past five years	60.1	1	53.7
% of adults 50 years and older who received a blood stool test in the past year	23.1	2	21.2

Activity	Manatee	Quartile	Florida
% of women 18 and older who received a pap test	63.0	3	64.8
% of women 18 years and older who received a clinical breast exam in the past year	67.5	2	65.0
Heart Disease			
% of adults who had their cholesterol checked in the past year	74.4	2	73.3
Diabetes			
% of adults with diabetes who ever had diabetes self-management education	43.0	3	51.4
% of adults with diabetes who had two A1C tests in the past year	59.1	4	71.2
% of adults with diabetes who self-monitor glucose at least once a day	49.5	4	65.7
Stroke and Hypertension			
% of adults with hypertension who engage in blood pressure control measures	96.0	3	96.4
% of adults who were advised by a health care provider to engage in control measures	96.2	3	95.5
% of adults with hypertension who currently take high blood pressure medicine	80.7	2	82.1
% of adults whose body weight increased by five pounds or more in the past year	24.3	2	22.4
Obesity			
% of adults who are obese	21.5	1	24.1
% of adults who are overweight	33.2	1	38.0
% of adults who are sedentary	24.4	2	25.4
% of adults who consume at least 5 servings of fruits and vegetables	25.6	2	26.2

Source: Florida CHARTS, Accessed January, 2009

D. Behaviors Contributing to Health

The Behavioral Risk Factor Surveillance System (BRFSS) is an on-going telephone health survey system conducted by the Centers for Disease Control and Prevention (CDC) which has tracked health conditions and risk behaviors in the United States annually since 1984. The data is self reported, so caution should be used in developing policies or services around this data alone. This survey serves as the basis for the information contained in Table II-10.

Table II-10: Adult Risk Behaviors by Percent, Manatee County and Florida, 2002 and 2007

Adult Risk Behavior	Manatee 2002 %	Manatee 2007 %	Quartile Ranking 2007	Florida 2007 %
Overweight	43.8	54.7	1	62.1
Sedentary	25.5	24.4	2	25.4
Current Smokers	24.2	14.9	1	19.3
Currently have Asthma	7.5	7.1	3	6.2
Diagnosed with Diabetes	7.1	7.5	1	8.7
Engage in Heavy or Binge Drinking	16.4	13.9	1	20.4
Diagnosed with Hypertension	36.8	32.0	3	28.2
Ever Had a Stroke	Not asked	3.3	3	3.1
Diagnosed with High Cholesterol	43.8	34.5	1	37.1
Ever Had a Heart Attack, Angina or Coronary Health Disease	Not asked	11.7	3	9.6
Did Not See a Doctor in the Past Year Because of Cost	Not asked	14.1	2	15.1
Did Not See a Dentist in the Past Year Because of Cost	Not asked	15.5	1	19.2
Limited in Any Way in Any Activities Due to Physical, Mental or Emotional Problems	Not asked	23.7	3	17.8

Source: Florida CHARTS, Accessed January 2009

Based upon this data adult residents in Manatee County have higher rates than Florida in the following categories:

- Diagnosed with asthma (However, asthma rates have declined in Manatee County since 2002)
- Ever had a heart attack, angina or coronary health disease or stroke
- Are limited in any way in any activities due to physical, mental or emotional problems

Manatee residents fared better than Florida in the following categories:

- Adults who are overweight (However, this is still over 50% of the population and has increased in Manatee County since 2002)
- Adults who are current smokers (Has declined in Manatee County since 2002)

- Adults diagnosed with diabetes (Has increased in Manatee County since 2002)
- Adults who engage in heavy or binge drinking (Has declined in Manatee County since 2002)
- Adults diagnosed with high cholesterol (However this still represents over one third of the population)
- Adults who did not see a dentist in the past year because of cost

For youth, behaviors are a major factor in determining their health status well into adulthood. Youth do not have control over some factors in their lives such as where they live or go to school, what food is available to them in their home, whether transportation to activities is available, and how adults treat them. Some behaviors are within their ability to control through informed decision making. In Manatee County, the following behaviors are more prevalent than in Florida (Table II-11):

- Births to teen mothers
- Repeat births to teen mothers
- High school substance abuse (used alcohol in past 30 days, binge drinking and marijuana use)
- Homicide among 19 to 21 year olds
- Child abuse
- Middle school alcohol use in past 30 days
- STDs among 15 to 19 year olds
- Percent of emotionally handicapped in schools

Table II-11: School Age Children and Adolescent Behavior Profile, Manatee County and Florida, 2006

Risk Behavior	Manatee	Florida
% Without Sufficient Vigorous Physical Activity		
Middle School	30.4	30.9
High School	40.2	40.8
% Overweight and At Risk for Being Overweight		
Middle School	9.8	11.3
High School	9.0	11.2
% Tobacco Use		
Middle School	6.5	6.6
High School	14.1	15.5
Sexual Activity		
Births to Teenage Mothers 15-19 Years of Age per 1,000 Females	63.2	43.0
Repeat Births to Teenage Mothers 15-19 Years of Age per 1,000 Females	19.5	16.3
Reported STD cases 15 -19 Years of Age per 100,000 Population	2,088.5	1,972.4

Risk Behavior	Manatee	Florida
Substance Abuse		
% Who Used Alcohol in Past 30 Days		
Middle School	19.6	19.0
High School	46.8	41.8
% Reporting Binge Drinking		
Middle School	8.3	8.4
High School	27.3	23.0
% Reporting Marijuana/Hashish Use in Past 30 Days		
Middle School	5.1	5.2
High School	18.9	16.0
Violence		
In School, Grades K-12 per 1,000 Students	7.6	21.0
Homicide, 19-21 Years of Age per 100,000 Population	30.9	17.1
Children 4 -11 Years of Age Experiencing Child Abuse per 1,000 Population	47.7	28.6
Children 4 -11 Years of Age Experiencing Sexual Abuse per 1,000 Population	1.5	1.5
Mental Health		
Non-fatal Hospitalizations for Self Inflicted Injuries per 100,000 Population		
12-18 Years of Age	45.6	47.3
19-21 Years of Age	51.4	73.2
% Emotionally Handicapped in Schools		
Grades K-12	1.6	1.2

Source: Florida CHARTS, Accessed January 2009

E. Childhood Obesity

More than one third of U.S. adults and 16% of U.S. children are obese. Since 1980, obesity rates for adults have doubled and rates for children have tripled. Children and adolescents are developing obesity-related diseases, such as type 2 diabetes, that were once seen only in adults.

Obesity has physical, psychological, and social consequences. Obese children are more likely to have risk factors for cardiovascular disease, including high cholesterol levels, high blood pressure, and abnormal glucose tolerance. According to the CDC, one study of 5- to 17-year-olds found that 70% of obese children had at least one risk factor for cardiovascular disease and 39% had at least two risk factors.

Obesity in adults is defined as a body mass index (BMI) of 30 or greater. BMI is a formula that uses weight and height to estimate body fat and health risks. If your BMI is between 18.5 and 24.9, you're considered in a healthy weight range

for your height. If your BMI is between 25 and 29.9, you're considered overweight, and if the figure is 30 or greater, you're considered obese.

BMI ranges for children and teens are defined so that they take into account normal differences in body fat between boys and girls and differences in body fat at various ages. In children, obesity represents those with a body mass index (BMI) greater than or equal to the 95th percentile in weight distribution among the same age and gender.

The health consequences of obesity include:

- Coronary heart disease
- Type 2 diabetes
- Cancer (endometrial, breast, and colon)
- Hypertension (high blood pressure)
- Dyslipidemia (high total cholesterol or high levels of triglycerides)
- Stroke
- Liver and gallbladder disease
- Sleep apnea and respiratory problems
- Osteoarthritis (degeneration of cartilage and underlying bone within a joint)
- Gynecological problems (abnormal menses, infertility)

One of the *Healthy People 2010* national health objectives is to reduce the prevalence of obesity among children and adolescents to less than five percent. In Florida, over 11% of middle and high school students are above their ideal weight.

Estimates of overweight and obese youth in Manatee County appear in Table II-12. Data from this table is based on self-reported height and weight from the Florida Youth Tobacco Survey. While there was an increase in both overweight and obese categories for high school students, and for obese middle school students as well as a decrease in overweight middle school students between 2006 and 2008, the increase is not statistically significant.

Table II-12: Middle and High School Students, Obese and Overweight, Manatee County, 2006 and 2008

Manatee County	% Obese	% Overweight
Middle School, 2006	9.6	16.3
Middle School, 2008	11.5	14.2
High School, 2006	9.0	11.0
High School, 2008	14.4	13.4

Source: Florida Youth Tobacco Survey, 2006 and 2008

Note: Obese represents those students with a body mass index (BMI) greater than or equal to the 95th percentile in weight distribution among students having the same age and gender. Note: Overweight represents those students with a body mass index (BMI) greater than or equal to the 85th percentile and less than the 95th percentile in weight distribution among students having the same age and gender.

Physical activity and nutrition habits are established early in life, and overweight youth are more likely to be overweight as adults. In children and adolescents diet and physical activity are the primary causes of, and solution to, obesity. While parental actions play a large role in children's weight management by the foods that are made available at home and encouragement of participation in physical activities, schools are also an important factor in preventing obesity.

Florida has instituted a policy that requires schools to provide 150 minutes of physical education for middle and elementary school students each week, with at least 30 consecutive minutes of activity. Many schools are struggling to implement this initiative, and high school students are not included.

The Florida Youth Physical Activity and Nutrition Survey (YPAN), conducted in 2005 asked public middle school students to provide some insight into their level of physical activity and eating habits. While county-specific data is not available, the statewide data provides some worthwhile information.

Highlights include:

- Almost half of students watched television on average, for three or more hours a day.
- 29.3% of middle school children had rules about television.
- Among children who had a computer in their home, 20.5% used the computer for 3 or more hours each day on an average school day.
- Among students who had a video game system in their home, 17.1% played the video game 3 or more hours per day on an average school day.
- When asked about snacking behavior while watching television or using the computer, 42% snacked or drank a soda "most of the time" or "all the time".
- 45% indicated they go outside and play after school.
- 36.8% responded that they never participate in family exercise or playing sports together.
- 22% indicated that they consumed five fruits and vegetables a day.

- 19% indicated they drank three or more glasses of milk each day and chocolate milk was the most common milk consumed.
- More than half ate at a fast food restaurant in the past seven days.
- 45.7% of students indicated that they were trying to lose weight. Among females, 54.6% indicated trying to lose weight.

Table II-13 shows that Manatee County middle and high school students have slightly better rates of vigorous physical activity than Florida.

Table II-13: Percent Middle and High School Students Without Sufficient Vigorous Physical Activity, Manatee County and Florida, 2006

% Without Sufficient Vigorous Physical Activity	Manatee	Florida
Middle School	30.4	30.9
High School	40.2	40.8

Source: Florida CHARTS, Accessed January 2009

Schools also play a role in improving nutrition for children. The National School Lunch Program provides free and reduced price lunches for low income children. Free lunches are available to children in households with incomes at or below 130 percent of poverty, and reduced-price lunches are available to children in households with incomes between 130 and 185 percent of poverty. Schools must serve lunches that meet minimum nutritional guidelines of one-third of the Recommended Dietary Allowance (RDA) of protein, calcium, iron, and vitamins A and C. No more than 30 percent of the meal's calories can come from fat, and no more than 10 percent can come from saturated fat.

Table II-14 provides a comparison of the number and percent of Manatee County students eligible for the free lunch program between 1997-98 and 2006-07.

Table II-14: Number and Percent PK-12 Students Eligible for Free/Reduced Price Lunches, Manatee County, 1997-98 and 2006-07

School Year	Total # Students	# Eligible Students	% Eligible
1997-98	33,712	13,896	41.2
2006-07	42,315	18,117	42.8
% Change	25.5	30.3	1.6

Source: Florida Department of Education, Florida Information Note, August 2007

Breakfast is also provided at all school sites. In January 2009, 160,450 breakfasts were provided (approximately 84% to free and reduced price

eligibles) and 448,000 lunches were provided. In addition, 50,000 after school snacks were provided for elementary students.

Summer food programs are offered at ten sites, in addition to summer camps operated by the County.

Manatee schools also provide a la carte options for students that must meet the USDA regulations prohibiting the sale of “foods of minimal nutritional value”. Nutritional information is provided for all meals and a “healthy pick” option is made available. Elementary schools also provide expanded access to fresh fruits and vegetables for students.

Manatee County Schools have adopted a wellness policy which addresses some issues related to nutrition and physical activity. Each school site has a School Wellness Team appointed by the principal. Wellness policy examples include:

Vending machine sales are prohibited in elementary schools, and are restricted in middle (cannot be purchased until one hour after the end of the last lunch period) and high schools (cannot be purchased during meal service hours). Vending machines must also contain foods where no more than 35% of total calories are from fat, except for nuts, seeds and nut butters; no more than 35% of weight from total sugar except for fruit with out added sugar; and no more than 200 calories per unit. Beverages must include at least 50% non-carbonated and sugar- free and caffeine-free options.

Nutrition Education efforts include at least one hour per month of classroom education, posting nutrition education materials which must be changed every six weeks, and providing education in after school programs.

Rewards and Fund Raisers allows students to have individual water bottles in the classroom, requires parties and celebrations to be held at least one hour after the last lunch period, allows no more than 50% of fundraising activities to involve the sale of food or beverages, and encourages non-food alternatives for activities.

Manatee County also has one elementary school (Marjorie G. Kinnan) designated as a Complete Wellness School. Students receive more hours of physical education; teachers eat with students and discuss nutrition and model good eating habits; only healthy snacks are permitted; parents are discouraged from bringing fast food onto the campus; and work out equipment is provided for the teachers. The student population is similar to many other schools in Manatee County with approximately 36% of the students participating in free or reduced price lunches. While data on the long-term effectiveness of this initiative is not yet available (the effort began three years ago), enthusiasm for the effort has increased among parents, students, faculty and staff.

F. Communicable and Infectious Disease

Communicable disease is transmitted through direct contact with an infected individual or indirectly through an organism, such as a virus or bacteria. It is also called contagious disease.

Infectious disease is any disease caused by invasion by a pathogen which subsequently grows and multiplies in the body.

The incidence of communicable and infectious disease is an important indicator of a community's understanding of the behaviors that contribute to disease, as well as its access to, and effectiveness of, services offered to combat disease.

Table II-15 shows the occurrence of several communicable and infectious diseases in Manatee County and Florida in three year averages with quartile ranking. The quartile ranking in Table II-15 reflects how Manatee County ranks when compared to other counties in Florida when divided into four divisions. A quartile ranking of 1 is best (as in the top 25% of the state), 4 is worst (as in the bottom 25% in the state).

Manatee County has fewer cases of sexually transmitted disease per 100,000 population than Florida. In vaccine preventable diseases, Manatee is in the lowest quartile for Hepatitis B and mumps, but is in the highest quartile for measles, rubella and tetanus. Hepatitis A and tuberculosis are also more common in Manatee County than in Florida.

Table II-15: Communicable and Infectious Diseases, Manatee County Average Number of Cases, 3-Year Rate per 100,000, Quartile, and Florida 3-Year Rate per 100,000, 2005-2007

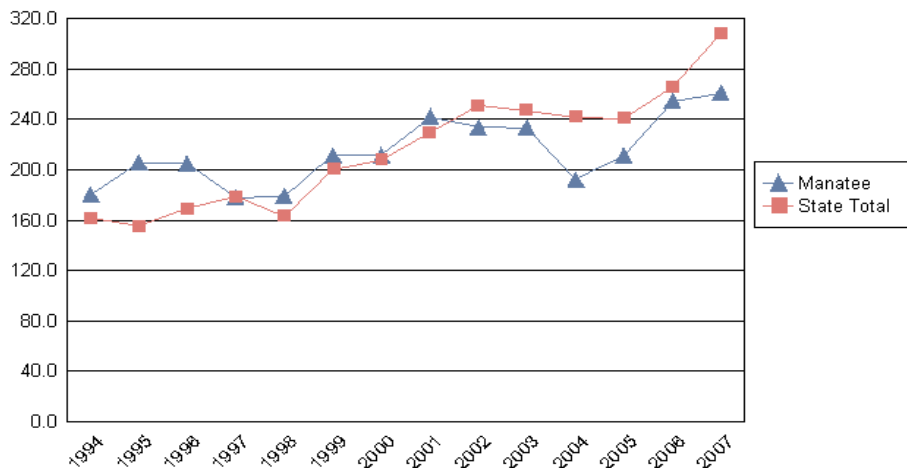
Disease	Annual Average Number of Cases	Manatee 3-Year Rate per 100,000	Quartile	Florida 3-Year Rate per 100,000
Sexually Transmitted Diseases				
All Sexually Transmitted Diseases	1,124.0	361.1	3	398.5
Gonorrhea	367.3	118.0	3	122.4
Infectious Syphilis	3.0	1.0	2	4.3
Chlamydia	753.7	242.1	3	271.8
Vaccine Preventable Diseases				
Vaccine Preventable Diseases- All ages	12.9	4.1	4	3.0
Hepatitis B	11.3	3.6	4	2.3
Measles	0.0	0.0	1	0.0

Disease	Annual Average Number of Cases	Manatee 3-Year Rate per 100,000	Quartile	Florida 3-Year Rate per 100,000
Mumps	0.3	0.1	4	0.0
Rubella	0.0	0.0	1	0.0
Pertussis	1.3	0.4	3	0.7
Tetanus	0.0	0.0	1	0.0
AIDS and Other Diseases				
AIDS Cases	40.7	13.1	3	24.0
Meningococcal Meningitis	0.0	0.0	1	0.0
Hepatitis A	6.0	1.9	4	1.2
Tuberculosis	19.0	6.1	4	5.7

Source: Florida CHARTS, Accessed January 2009

Chlamydia is the most common sexually transmitted disease. Rates for Chlamydia have risen in Florida and Manatee County since 1994, and while Manatee County has rates below that of Florida, the upward trend in cases is apparent in Figure II-20.

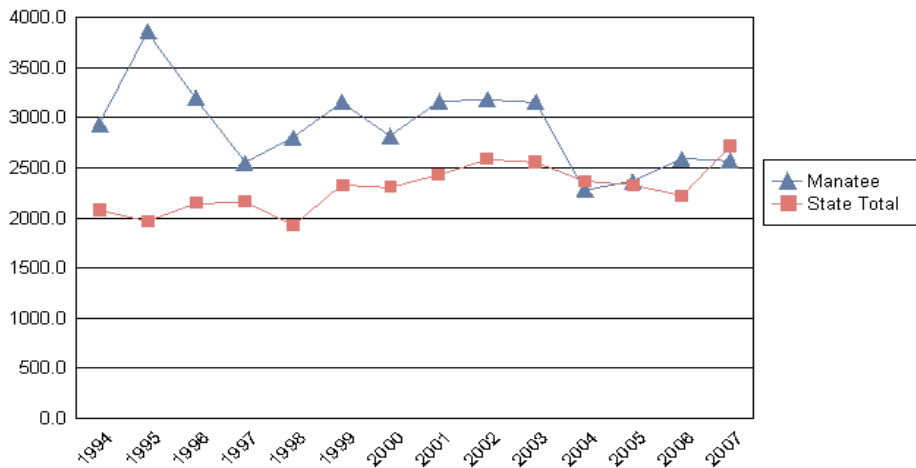
Figure II-20: Chlamydia Rates per 100,000 Population, Manatee County and Florida, 1994-2007



Source: Florida Charts, Accessed January 2009

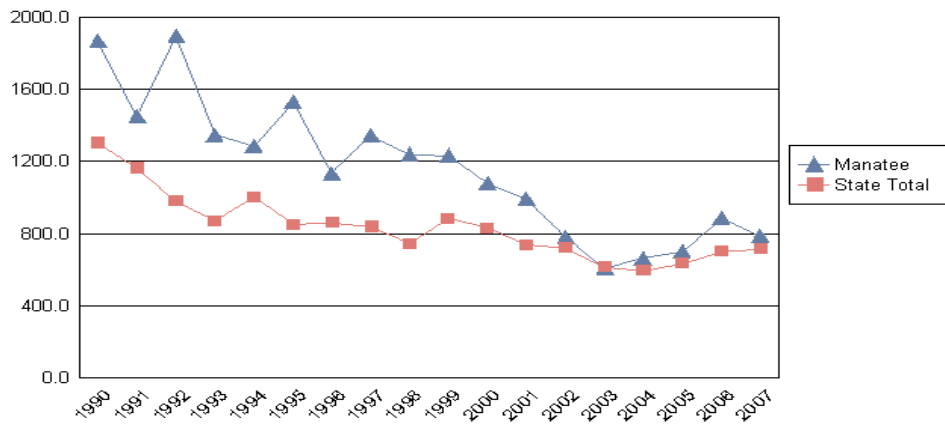
More alarming is the rate of Chlamydia in females 15 to 19 years old. Manatee County has had a higher rate than Florida in most years. The rate of Chlamydia in Manatee County was slightly lower than the State rate in 2007, but the rate per 100,000 was still over 2,500 (Figure II-21). Gonorrhea cases among females 15 to 19 are also higher than Florida (Figure II-22).

Figure II-21: Chlamydia Rates for Females 15 to 19 years old, per 100,000 Population, Manatee County and Florida, 1994-2007



Source: Florida Charts, Accessed January 2009

Figure II-22: Gonorrhea Rates for Females 15 to 19 years old, per 100,000 Population, Manatee County and Florida, 1994-2007



Source: Florida CHARTS, Accessed January 2009

Table II-16 shows the reported living cases of HIV and AIDS by gender, ethnicity and race in Manatee County. Blacks are disproportionately affected by HIV/AIDS in Manatee County.

Table II-16: Total Reported Living HIV and AIDS Cases, by Gender, Ethnicity and Race, Manatee County, 2007

Manatee	HIV	AIDS	HIV/AIDS
GENDER			
Male	193	329	522
Female	130	147	277
RACE			
White	124	193	317
Black	148	203	351
Hispanic	48	73	121
Other	3	7	10
TOTAL	323	476	799

Source: FY 2008 Ryan White Needs Assessment: Demographics and Epidemiology Report, The Health Councils, Inc., 2008

The zip codes with the highest number of living HIV/AIDS cases appear in Table II-17. The cities represented include Bradenton and Ellenton.

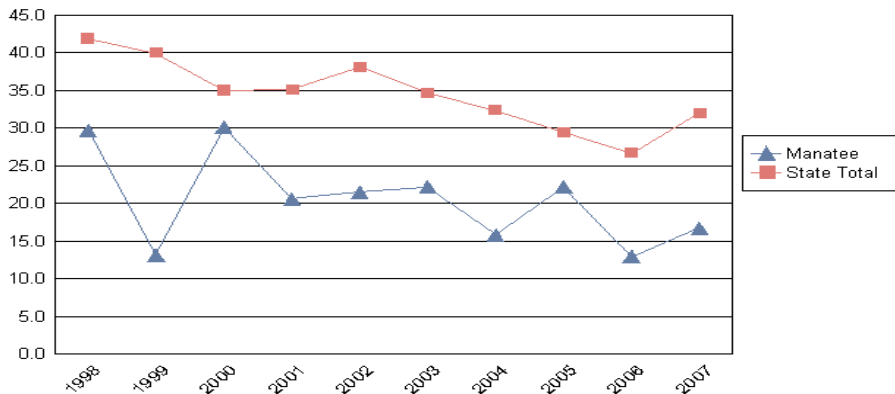
Table II-17: Zip Codes with Greatest Number of HIV/AIDS Cases, Manatee County, 2007

Zip Code	# HIV/AIDS Cases	% of County Cases
34208	175	22
34221	136	17
34205	128	16
34203	90	11
34207	83	10

Source: FY 2008 Ryan White Needs Assessment: Demographics and Epidemiology Report, The Health Councils, Inc., 2008

Figure II-23 shows the trend for HIV cases between 1998 and 2007. While AIDS data is available since 1988, HIV was not reportable until 1997. Manatee has lower rates per 100,000 for HIV than Florida, but has more peaks and valleys which show the great fluctuation that can occur from one year to another.

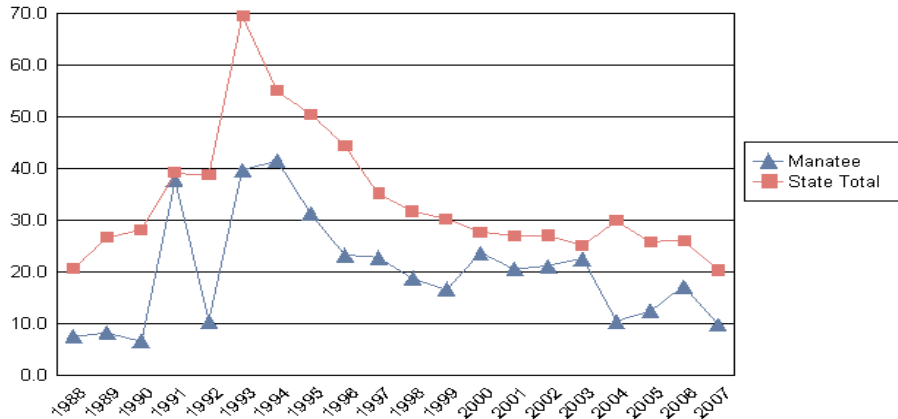
Figure II-23: HIV Cases Single Year Rate per 100,000 Population, Manatee County and Florida, 1998-2007



Source: Florida CHARTS, Accessed January 2009

Figure II-24 shows the trend for AIDS cases between 1988 and 2007 for Manatee County and Florida. While Manatee has followed the trend for Florida, the actual number of cases per 100,000 population is lower. AIDS cases in Manatee approached that of Florida in 1999 and 2003.

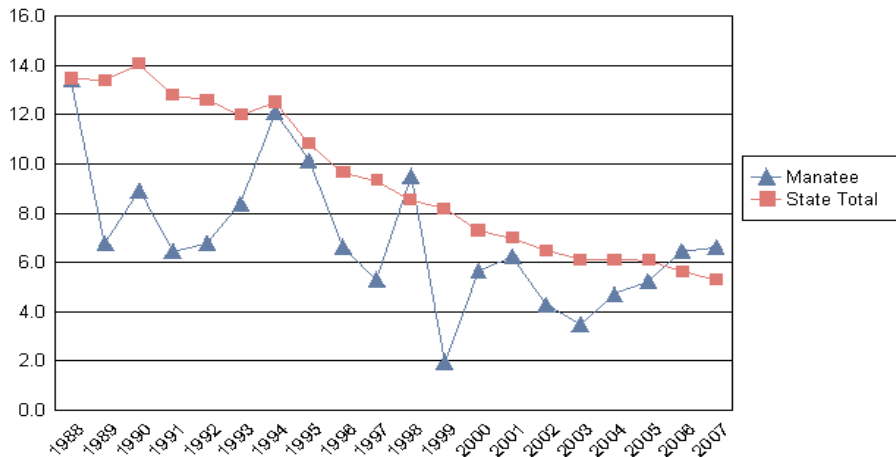
Figure II-24: AIDS Cases Single Year Rate per 100,000 Population, Manatee County and Florida, 1988-2007



Source: Florida Charts, Accessed January 2009

Rates of tuberculosis have been steadily declining in Florida since 1988. In general, Manatee County has had fewer cases of tuberculosis than Florida, but Manatee County rates were higher in 2006 and 2007, and the rate of tuberculosis has been increasing in Manatee since 2003 (Figure II-25).

Figure II-25: Tuberculosis Cases per 100,000 Population, Manatee County and Florida, 1988-2007



Source: Florida CHARTS, Accessed January 2009

G. Disabilities

Disabilities can be related to chronic diseases, injuries and birth anomalies. Disabled individuals may face additional obstacles to accessing care due to physical barriers, transportation issues, and the need for interpreters and care givers to accompany them on medical visits. Some types of disabilities require more health resources than non-disabled persons need.

Disability tends to increase with age, and it is estimated that nearly a third of Manatee's population over the age of 65 has a disability. Manatee residents over age 15 have fewer disabilities than Florida in spite of the higher median age of Manatee population. Manatee children age 5 to 15 have slightly higher incidence of disability than Florida in all categories except sensory (Table II-18).

Table II-18: Disability Characteristics, Manatee County and Florida, 2005-2007

Disability	% Age 5 to 15		% Age 16 to 64		% Age 65 and over	
	Manatee	Florida	Manatee	Florida	Manatee	Florida
Any Disability	6.4	6.1	11.2	12.2	31.9	38.5
Sensory Disability	0.9	1.1	2.8	2.7	13.1	15.6
Physical Disability	1.4	1.2	7.1	7.5	23.5	29.0
Mental Disability	5.3	5.0	4.5	4.6	7.4	11.5
Self-care Disability	1.2	0.8	2.1	2.2	6.5	8.9
Go Outside the Home Disability	N/A	N/A	2.9	3.2	11.1	15.7
Employment Disability	N/A	N/A	6.1	7.0	N/A	N/A

Source: American Community Survey, 3-Year Estimates 2005-2007

Note: Persons may have multiple disabilities

H. Mental Health

One measure of a community's mental health is the rate at which residents are involuntarily admitted for mental health reasons under the Florida Mental Health Act (commonly called the Baker Act).

1. Baker Act

The Baker Act is used when an individual is deemed to be at risk of harming themselves or others. Manatee Glens and Manatee Memorial Hospital serve as the Baker Act receiving facilities in Manatee County. A total of 45 crisis stabilization beds are available in the County.

Table II-19 provides the number and percent of the population who had involuntary Baker Act examinations between 2002 and 2006. The percent of

Manatee County's population receiving Baker Act exams has remained consistent over the period reported, but is higher than the percentage of Florida residents receiving Baker Act exams. This should not be interpreted to mean that more Manatee County residents need Baker Act examinations, rather it may be reflective of the fact that residents of many rural counties in Florida have no receiving facility in their county.

Table II-19: Number and Percent of Residents with Baker Act Involuntary Exams, Manatee County and Florida, 2002-2006

Area	2002		2003		2004		2005		2006	
	#	%	#	%	#	%	#	%	#	%
Manatee	1,419	1.4	1,379	1.3	1,563	1.4	1,725	1.4	1,726	1.4
Florida	99,712	0.6	104,600	0.6	110,697	0.6	122,206	0.6	120,500	0.6

Source: Florida Mental Health Act Report, 2006; University of South, Florida Louis de la Parte Florida Mental Health Institute, 2007 and Florida CHARTS, Accessed January 2009.

Table II-20 shows the rate of Baker Act Exams per 100,000 population, which indicates Manatee County has fewer exams per 100,000 population than the state.

Table II-20: Baker Act Exams per 100,000 Population, Manatee County and Florida, 2002-2006

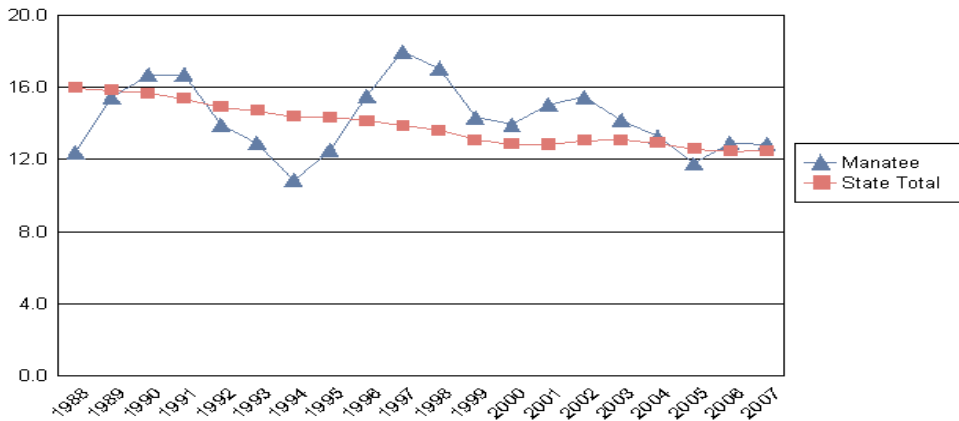
Year	Manatee		Florida	
	#	Rate per 100,000	#	Rate per 100,000
2002	1,419	507.93	99,712	594.9
2003	1,379	477.3	104,600	609.4
2004	1,563	526.2	110,697	628.5
2005	1,725	562.7	122,206	678.2
2006	1,726	556.8	120,500	653.4

Source: Florida Mental Health Act Report, 2006; University of South, Florida Louis de la Parte Florida Mental Health Institute, 2007 and Florida CHARTS, Accessed January 2009

2. Suicide

Suicide rates are another determinate of mental health. While suicide is a leading cause of death among young adults (20 to 34 years), relatively few deaths occur in those age ranges. Because of this, data is more accurate when it is age-adjusted and expressed as a rate per 100,000. Figure II-26 provides trend information on age adjusted suicide rates over a 20 year period, comparing Manatee County with Florida. Manatee County's suicide trends do not closely follow that of Florida. Manatee's suicide rate per 100,000 is generally higher than Florida beginning in 1996.

Figure II-26: Age-Adjusted Suicide 3-Year Death Rate per 100,000 Population, Manatee County and Florida, 1988-2007



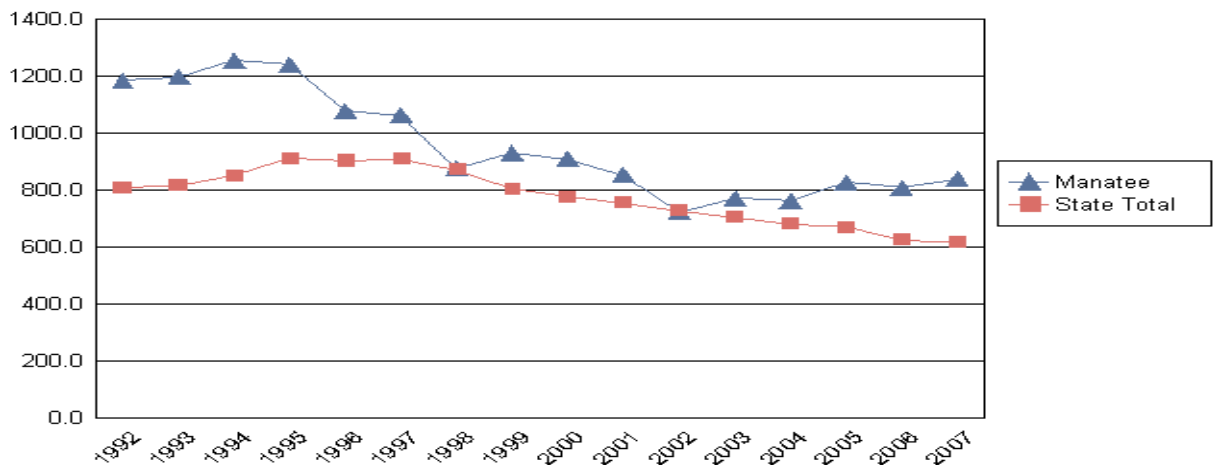
Source: Florida CHARTS, Accessed January 2009

3. Violence

Rates of violence are a measure of overall community health and well-being. Violence can have physical, emotional and psychological impacts. Increased stress related to violence can affect health and shorten lives.

Figure II-27 illustrates that Manatee County has higher rates of domestic violence than Florida. However, victims of domestic violence are less likely to report the crime than other types of victims, law enforcement agencies vary in their response to reported offenses, and trends over time are more valuable than single year data in assessing the incidence of domestic violence.

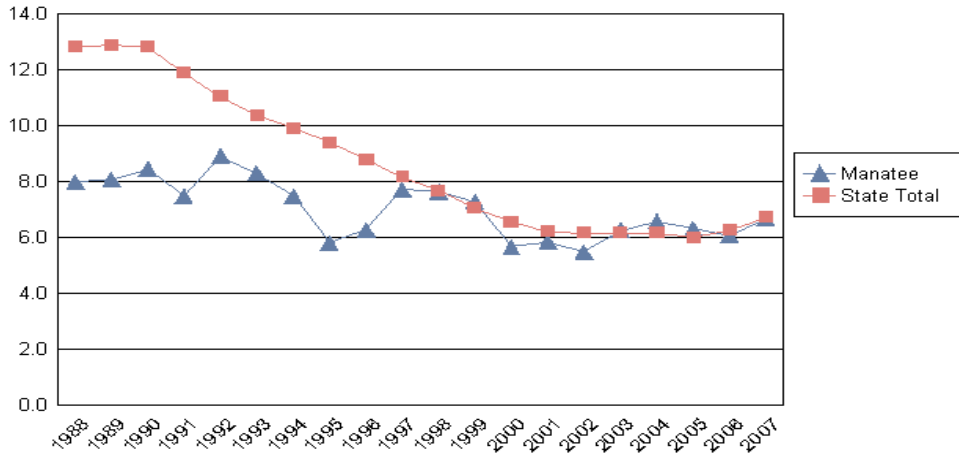
Figure II-27: Domestic Violence Offenses per 100,000 Population, Manatee County and Florida, 1992-2007



Source: Florida CHARTS, Accessed January 2009

Homicide is a leading cause of death among 20 to 24 year-olds. Like suicide, the actual number of deaths in this age cohort is relatively low so age-adjusted rates per 100,000 are used to compare rates between the county and the state. Figure II-28 indicates that the homicide rate in Manatee County is lower than the State rate, but with a slightly increasing trend since 2002.

Figure II-28: Age-Adjusted Homicide 3-Year Death Rate per 100,000 Population, Manatee and Florida, 1988-2007



Source: Florida CHARTS, Accessed January 2009

Table II-21 shows Manatee County with higher rates of homicide for people 19 to 21 years of age, and a higher rate of children ages 4 to 11 experiencing child abuse (over 19 percent above Florida's rate).

Table II-21: Percent Child and Adolescent Violence, Manatee County and Florida, 2006

Violence	% Manatee	% Florida
In School, Grades K-12 per 1,000 Students	7.6	21.0
Homicide, 19-21 Years of Age per 100,000 Population	30.9	17.1
Children 4 -11 Experiencing Child Abuse per 1,000 Population	47.7	28.6
Children 4 -11 Experiencing Sexual Abuse per 1,000 Population	1.5	1.5

Source: Florida CHARTS, Accessed January 2009

I. Emergency Medical Services

Use of Emergency Medical Services (EMS) can be a reflection of the management of chronic diseases, as well as an entry point for care in hospital emergency rooms. As might be expected, trauma or injury is the most common reason for emergency medical services. However, chronic diseases related to main causes of death are also ranked in the top ten reasons for EMS

involvement, and include heart disease, pulmonary disease and diabetes. Review of the information in Table II-22 indicates the involvement of EMS in many patient reported symptoms that may or may not be actual emergencies.

Table II-22: Top Ten Patient Types, Emergency Medical Services, Manatee County, December 15, 2007 through December 15, 2008

Type of Patient	# of Contacts	% of Contacts
Trauma, Other Minor	8,163	27.6
Near Syncope, Weakness or Dizziness	2,155	7.3
Chest Pain	1,850	6.3
Difficulty Breathing/Respiratory Disease	1,661	5.6
Sick Person/Illness/Flu	1,421	4.8
Abdominal Pain/Acute Abdomen	1,373	4.6
Other Medical Condition, Not Listed	1,245	4.2
Altered Level of Consciousness	1,029	3.5
Convulsions/Seizure	938	3.2
Blood Glucose, Abnormal Diabetic Complication	817	2.8

Source: Manatee County Emergency Medical Services, December 2008

J. Hospital Utilization

Hospital utilization includes data such as number of beds, number of admissions, average length of stay, and occupancy rate.

Definitions of bed types are as follows:

Acute care bed means a patient accommodation or space licensed by the Agency for Health Care Administration (AHCA) with supporting services for patients who are admitted by a physician with the expectation of a stay of at least 24 hours. Medical/surgical bed is a subset of acute care beds.

Inpatient psychiatric bed means beds designated for the exclusive use of hospital psychiatric services.

Inpatient substance abuse bed means beds designated for the exclusive use of inpatient substance abuse services.

Neonatal Level II bed is a patient care station within a neonatal intensive care unit with the capability of providing neonatal intensive care services to ill neonates of 1,000 grams birth weight or over, and which is staffed to provide at least 6 hours of nursing care per neonate per day, and which has the capability of providing ventilator assistance.

Intensive Residential Treatment Facility (IRTF) refers to an inpatient program which provides intensive residential treatment services for children and

adolescents, including 24-hour care and diagnosis and treatment of patients under the age of 18 who have psychiatric disorders.

Rehabilitation Inpatient Services is an organized program of integrated intensive care services provided by a coordinated multidisciplinary team to patients with severe physical disabilities, such as stroke; spinal cord injury; congenital deformity; amputation; major multiple trauma; fracture of femur (hip fracture); brain injury; polyarthritis, including rheumatoid arthritis; neurological disorders, including multiple sclerosis, motor neuron diseases, polyneuropathy, muscular dystrophy, and Parkinson's disease; and burns.

Intensive Care Unit/Coronary Care Units (ICU/CCU) are designed to deliver the highest of medical and nursing care to the sickest of patients.

Obstetrical bed refers to services related to labor and delivery.

Pediatric bed refers to services provided for children.

Bassinets means special services for newborn infants after birth. These are not considered hospital beds for licensing purposes. Information on newborns is provided in Table II-23.

Table II-23: Hospital Newborn Live Births, Admissions and Patient Days, Manatee County, July 1, 2007 through June 30, 2008

Facility	# Bassinets	Live Births	Admissions	Newborn Days
Lakewood Ranch Medical Center	20	1,012	1,033	1,819
Manatee Memorial Hospital	25	2,323	2,390	3,690

Source: Health Council of West Central Florida, Quarterly Hospital Utilization Reports, Compiled January 2009.

Utilization information is provided by type of bed and facility in Table 24. Manatee Memorial Hospital had the highest overall occupancy rate, greatest number of patient days and number of admissions, but not the longest average length of stay.

Blake Medical Center had the longest length of stay among acute care facilities, and Manatee Palms Youth Services had the longest length of stay overall, as would be expected due to the nature of the facility as an intensive residential treatment facility.

Manatee Memorial also had highest occupancy rates for acute care, medical/surgical beds and ICU/CCU.

Lakewood Ranch had the highest occupancy rate for obstetrical beds, and Manatee Glens had the highest occupancy rate for adult psychiatric beds. Other licensed services are only provided at one facility, including neonatal

intensive care, pediatric, adult substance abuse treatment, and rehabilitation services.

Occupancy rates for acute care facilities tend to be higher from January to April due in part to seasonal residents and visitors that are more common during those months.

Table II-24: Hospital Beds by Type of Bed, Occupancy Rate, Number of Admissions, Average Length of Stay (ALOS) and Total Patient Days, Manatee County, July 1, 2007 through June 30, 2008

Bed Type	Facility	# Beds	Occupancy %	Admissions	ALOS	Patient Days
All Beds	Blake Medical Center	383	45.3	12,341	5.14	63,456
	Lakewood Ranch Medical Center	120	28.2	3,819	3.25	12,402
	Manatee Glens	27	54.5	1,002	5.37	5,385
	Manatee Memorial Hospital	319	68.3	16,669	4.78	79,743
	Manatee Palms Youth Services	60	38.7	72	118.2	8,512
Acute Care Beds	Blake Medical Center	355	43.6	11,819	4.8	56,618
	Lakewood Ranch Medical Center	120	28.2	3,819	3.2	12,402
	Manatee Memorial Hospital	289	68.8	15,690	4.6	72,729

Bed Type	Facility	# Beds	Occupancy %	Admissions	ALOS	Patient Days
Medical/Surgical	Blake Medical Center	320	43.2	10,515	4.8	50,578
	Lakewood Ranch Medical Center	82	27.0	2,303	3.5	8,117
	Manatee Memorial Hospital	201	77.6	11,239	5.1	57,125
Level II NICU	Manatee Memorial Hospital	6	99.9	271	8.1	2,194
ICU/CCU	Blake Medical Center	35	47.1	1,304	4.6	6,040
	Lakewood Ranch Medical Center	20	27.8	396	5.1	2,036
	Manatee Memorial Hospital	24	95.8	1,023	8.2	8,415
Obstetrical	Lakewood Ranch Medical Center	18	34.1	1,120	2.0	2,249
	Manatee Memorial Hospital	48	28.8	2,588	1.9	5,065
Pediatric	Manatee Memorial Hospital	16	36.2	840	2.5	2,124
Adult Psychiatric	Manatee Glens Hospital	17	58.1	608	5.9	3,615
	Manatee Memorial	24	54.9	708	6.8	4,820
IRTF	Manatee Palms Youth Services	60	38.8	72	118.2	8,512

Bed Type	Facility	# Beds	Occupancy %	Admissions	ALOS	Patient Days
Adult Substance Abuse	Manatee Glens Hospital	10	48.4	394	4.5	1,770
Rehabilitation	Blake Medical Center	28	66.7	522	13.10	6,838

Source: Health Council of West Central Florida, Quarterly Hospital Utilization Reports, Compiled January 2009

Table II-25 provides an overview of reported inpatient and outpatient services and open heart and cardiac catheterization services provided in Manatee County. Blake Medical Center had the greatest number of inpatient surgical admissions and open heart surgery. Manatee Memorial had the greatest number of outpatient surgical admissions and cardiac catheterizations.

**Table II-25: Services Provided at Hospitals, Manatee County
July 1, 2007 through June 30, 2008**

Services	Facility	Number
Inpatient Surgical Admissions	Blake Medical Center	3,677
	Lakewood Ranch Medical Center	722
	Manatee Memorial Hospital	3,375
Outpatient Surgical Admissions	Blake Medical Center	1,927
	Lakewood Ranch Medical Center	1,539
	Manatee Memorial Hospital	2,489
Open Heart Surgery	Blake Medical Center	288
	Manatee Memorial Hospital	234
Cardiac Cath Lab Volume	Blake Medical Center	1,686
	Lakewood Ranch Medical Center	580
	Manatee Memorial Hospital	2,823

Source: Health Council of West Central Florida, Quarterly Hospital Utilization Reports, Compiled January 2009

Emergency room data can be helpful in gaining an understanding of access to care. While not a completely definitive marker, the percent of emergency room visits resulting in admission to the hospital can indicate possible inappropriate use of emergency rooms for conditions that can be managed through adequate primary care. Table II-26 shows that Manatee Memorial had the highest number of ER visits and nearly 17% of those visits resulted in an admission. This does not mean that the remaining 83% of ER visits were inappropriate, but only that that they may have been inappropriate. Blake Medical Center had the highest percent of ER visits resulting in admissions at nearly 32 percent.

Table II-26: Emergency Room Visits and Admissions by Number and Percent, Manatee County Hospitals, July 1, 2007 through June 30, 2008

Facility	ER Visits	ER Admissions	% of Visits Resulting in Admission
Blake Medical Center	26,559	8,435	31.7
Lakewood Ranch Medical Center	22,119	2,243	10.1
Manatee Memorial Hospital	54,074	9,090	16.8
Total	102,752	19,768	19.2

Source: Health Council of West Central Florida, Quarterly Hospital Utilization Reports, Compiled January 2009

K. Avoidable Hospitalizations

The Health Planning Council of Broward County has developed the Prevention Quality Indicators Reporting system based on hospitalization data provided by the Agency for Health Care Administration (AHCA) and concepts developed through the Institutes of Medicine’s Ambulatory Care Sensitive (ACS) diseases.

The Prevention Quality Indicators (PQIs) are a set of measures that can be used with hospital inpatient discharge data to identify quality of care for ambulatory care-sensitive conditions. These are conditions for which appropriate outpatient care can potentially prevent the need for hospitalization, or for which early intervention can prevent complications or more severe disease.

Even though these indicators are based on hospital inpatient data, they provide insight into the community health care system or services outside the hospital setting. For example, patients with diabetes may be hospitalized for diabetic complications if their conditions are not adequately monitored or if they do not receive the patient education needed for appropriate self-management. Specific indicators used in the system are:

- Diabetes, short-term complications (PQI 1)
- Perforated appendicitis (PQI 2)
- Diabetes, long-term complications (PQI 3)
- Chronic obstructive pulmonary disease (PQI 5)
- Hypertension (PQI 7)
- Congestive heart failure (PQI 8)
- Low birth weight (PQI 9)
- Dehydration (PQI 10)
- Bacterial pneumonia (PQI 11)
- Urinary infections (PQI 12)
- Angina without procedure (PQI 13)

- Uncontrolled diabetes (PQI 14)
- Adult asthma (PQI 15)
- Lower extremity amputations - patients with diabetes (PQI 16)

Table II-27 provides the PQI indicators and charges related to the indicators for Manatee County residents obtaining service at Manatee County hospitals based on 2007 AHCA discharge data.

Table II-27: Prevention Quality Indicators, by Number and Charges, Manatee County, 2007

Indicator	Number	Charges in \$
Diabetes, Short-term Complications	87	1,531,480
Perforated Appendicitis	66	3,680,341
Diabetes, Long-term Complications	182	5,385,820
Chronic Obstructive Pulmonary Disease (COPD)	507	13,403,629
Hypertension	85	1,491,862
Congestive Heart Failure	1,068	27,368,097
Low Birth Weight	102	1,777,743
Dehydration	254	4,660,002
Bacterial Pneumonia	609	16,770,889
Urinary infections	401	8,352,132
Angina Without Procedure	52	632,386
Uncontrolled Diabetes	20	223,263
Adult Asthma	211	3,874,422
Lower Extremity Amputations - Patients with Diabetes	43	3,358,957
Total PQIs	3,687	92,511,023

Source: Health Planning Council of Broward County, Prevention Quality Indicators, Accessed February 2009

Note: Charges are raw charges (before negotiated rates are applied) and do not include physician charges.

Congestive heart failure was the most commonly occurring PQI in Manatee County, followed by bacterial pneumonia, COPD and urinary infections. Total charges related to all indicators were in excess of 90 million dollars.

L. Causes of Death

The leading causes of death vary by age. Younger persons are more likely to succumb to injuries, frequently motor vehicle crashes, and not from chronic disease. Table II-28 shows the leading causes of death in order of occurrence by age group in Manatee County. Cancer (malignant neoplasm) appears as a major cause of death for persons in their 30's and continues to be a leading cause of death throughout older age groups. Heart disease begins to appear

after age 35, and lung disease after age 55. Injuries are a leading cause of death from birth through age 64. Major causes of death by age do not vary significantly by race or ethnicity in Manatee County.

Table II-28: Major Causes of Death by Age Group, All Races, Manatee County, 1998 through 2007

Age group	Major Causes of Death
Less than One Year	Perinatal Conditions Congenital and Chromosomal Anomalies Injuries
1 - 5	Injuries
6 -14	Injuries Malignant Neoplasm
15-19	Injuries
20-24	Injuries Homicide Suicide
25-34	Injuries Suicide Malignant Neoplasm Diabetes
35-54	Malignant Neoplasm Injuries Major Cardiovascular Disease Suicide HIV/AIDS
55-64	Malignant Neoplasm Major Cardiovascular Disease Injuries Chronic Lower Respiratory Diseases Chronic Liver Diseases & Cirrhosis
65-74	Malignant Neoplasm Major Cardiovascular Disease Chronic Lower Respiratory Diseases
75-84	Major Cardiovascular Disease Malignant Neoplasm Chronic Lower Respiratory Diseases Cerebrovascular Disease
85+	Major Cardiovascular Disease Malignant Neoplasm Cerebrovascular Disease Chronic Lower Respiratory Diseases

Source: Florida CHARTS; Accessed January 2009

When the causes of death are reviewed in age-adjusted rates, heart disease becomes the leading cause of death (Table II-29). Death rates for Blacks in Manatee County are higher for nearly every cause of death except diabetes,

pneumonia/influenza, HIV/AIDS. Blacks in Manatee also have a higher total death rate than Blacks in Florida except for stroke, diabetes, pneumonia/influenza and HIV/AIDS.

Table II-29: Major Causes of Death, 3-Year Age Adjusted Death Rates, by Race per 100,000 Population, Manatee County and Florida, 2005-2007

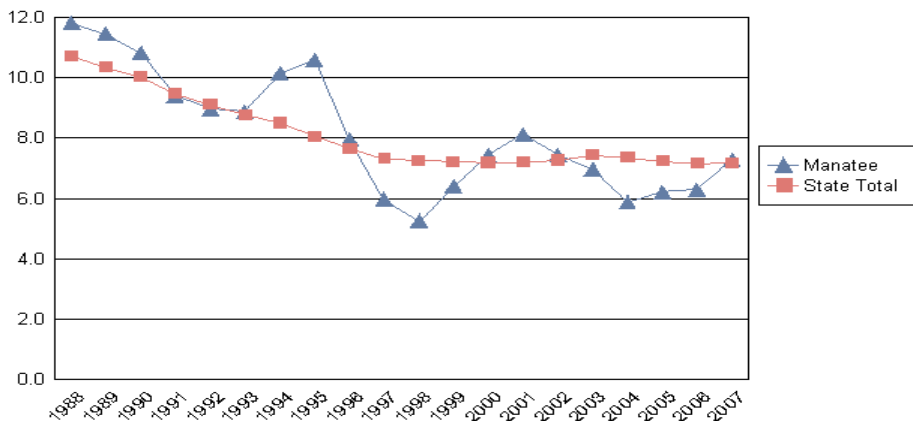
Cause of Death	Manatee County			Florida		
	White	Black	All Races	White	Black	All Races
Total Deaths	634.3	970.6	625.5	678.4	852.8	697.9
Heart Disease	173.1	338.0	178.9	168.2	208.6	172.5
Cancer	159.4	194.5	161.3	164.7	178.5	165.9
CLRD	29.7	26.4	29.9	37.5	23.6	36.3
Stroke	27.7	57.4	29.3	32.3	62.5	35.1
Motor Vehicle Crashes	20.2	22.0	20.4	19.0	16.2	18.3
Diabetes	11.7	32.2	12.5	18.7	45.3	21.1
Cirrhosis	11.8	5.7	11.2	10.8	5.6	10.0
Pneumonia/Influenza	6.9	1.5	6.8	9.4	12.6	9.7
HIV/AIDS	3.9	29.4	5.8	4.2	35.9	9.1

Source: Florida Charts, Accessed January 2009
 CLRD: Chronic Lower Respiratory Disease

1. Infant Deaths

Infant deaths for all races have been below that of Florida since 2002. The relatively small numbers of infant deaths can cause the great fluctuations seen in Figure II-29.

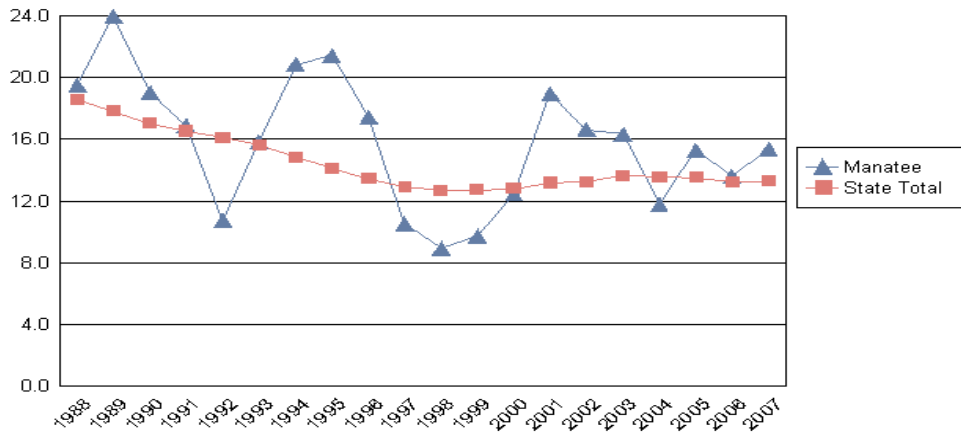
Figure II-29: Total Infant Deaths, Rolling 3-Year Rate per 1,000, Manatee County and Florida, 1988-2007



Source: Florida CHARTS, Accessed January 2009

Black infant death rates in Manatee are higher than Florida in most years (Figure II-30).

Figure II-30: Black Infant Deaths, Rolling 3-Year Rate per 1,000, Manatee County and Florida, 1988-2007



Source: Florida CHARTS, Accessed January 2009

Infant death rates were higher for all races in Manatee County than for Florida in 2007 (Table II-30).

Table II-30: Infant Deaths and Rates per 1,000 Live Births, By Race, Manatee County and Florida, 2007

Infants	Manatee		Florida	
	#	Rate per 1,000	#	Rate per 1,000
Total	36	8.7	1,689	7.1
White	25	7.5	906	5.2
Non-White	11	14.0	781	12.2

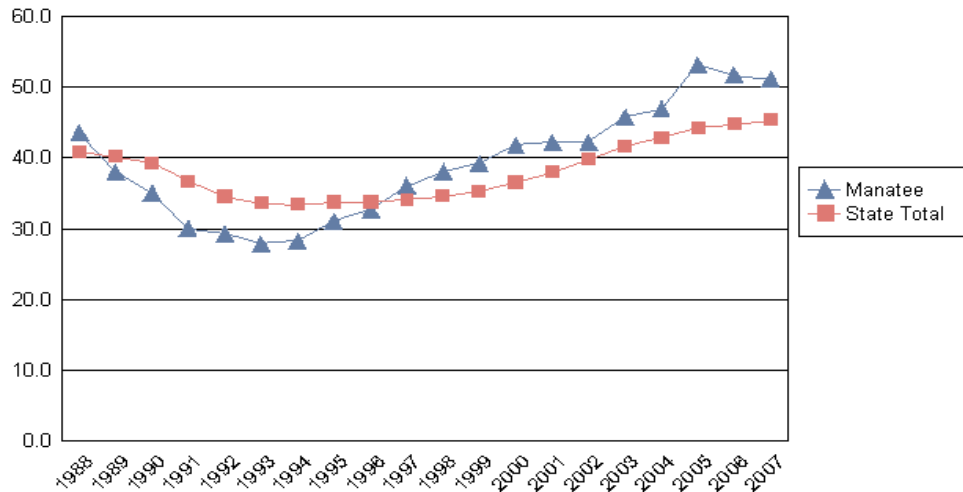
Source: Florida CHARTS, Accessed January 2009

2. Deaths from Injuries

Injuries are a major cause of death from birth to 64 years of age. Injuries still occur after age 64 and can lead to death or lasting disability, but diseases become more common as causes of death. Injuries have the greatest impact on potential years of life lost as they affect younger persons. Motor vehicle accidents, which accounted for 69% of unintentional injuries in 2007, are the most common cause of injury related death.

Figure II-31 shows that Manatee County has a higher rate of all accidental deaths than Florida, and that the trend is increasing.

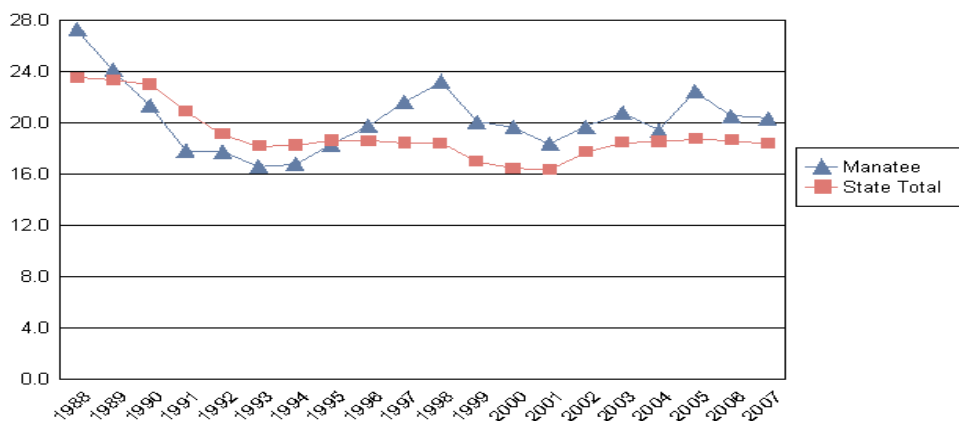
Figure II-31: Age-Adjusted Unintentional Injuries (Accidents)
 Rolling 3-Year Age-Adjusted Death Rate per 100,000 Population, Manatee County and Florida, 1988-2007



Source: Florida CHARTS, Accessed January 2009

Figure II-32 shows Manatee County also has higher motor vehicle crash rates than Florida since 1996.

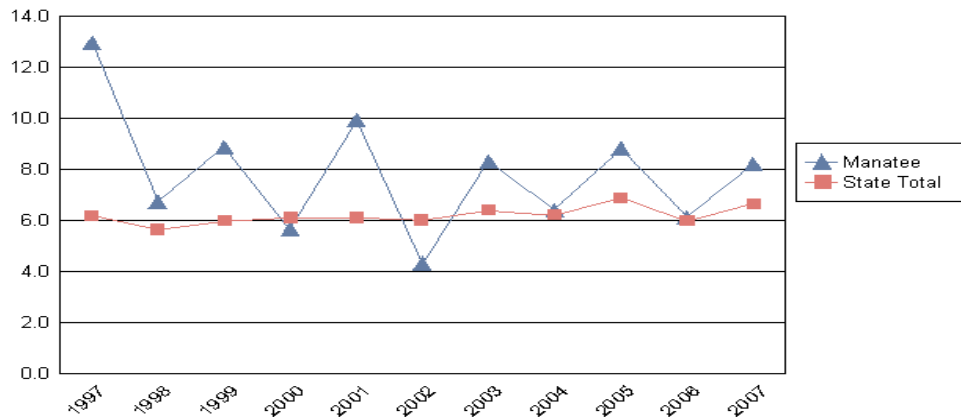
Figure II-32: Age-Adjusted Motor Vehicle Traffic Crashes,
 Rolling 3-Year Rate per 100,000 Population, Manatee County and Florida, 1988-2007



Source: Florida CHARTS.com, Accessed January 2009

Alcohol related motor vehicle crashes have more erratic rates in Manatee County when compared to Florida over time. In general, the rate of alcohol related crashes in Manatee County has been greater than Florida but no trend is identifiable (Figure II-33).

Figure II-33: Alcohol Related Motor Vehicle Traffic Crash Deaths, Single-Year Rate per 100,000 Population, Manatee County and Florida, 1997-2007



Source: Florida CHARTS.com, Accessed January 2009

M. Summary of Key Findings

Birth Indicators

When compared to Florida:

- Manatee County generally has a lower birth rate per 1,000.
- The birth rate in Manatee County for White, Black and Hispanics was higher in 2007.
- In 2007, the percent of births below 2500 grams was lower in Manatee County (6% vs. 8.6 %).
- Children born to Black women in Manatee County had more than twice the rate of low birthweight as all races combined.
- In 2007, Black women in Manatee County had higher rates of low birthweight than Black women in Florida.
- First trimester care for all women is lower in Manatee County.
 - Black women entered prenatal care later than other races in Manatee County.
- Manatee County has a higher teen birth rate.
- Manatee teens have higher rates of late or no prenatal care and histories of one or more previous births.
- The rate of smoking by pregnant women is slightly higher in Manatee County; however, there has been a steady decline in the number of women who smoke when pregnant in Manatee County.
- The rate of births to mothers with less than a high school education is higher.

Chronic Disease Incidence

When compared to Florida:

- Manatee County has higher rates of lung, colorectal, breast and prostate cancer.
- Manatee County has higher rates of hospitalization from stroke.
- Manatee has lower rates of hospitalization from congestive heart failure and from or with, coronary disease.
- Manatee has lower rates of hospitalization from Chronic Lower Respiratory Disease (CLRD).
- Manatee has slightly lower rates of hospitalizations from or with diabetes, and lower rates of amputation of lower extremities related to diabetes.

Behaviors Related to Health Status

When compared to Florida:

- Manatee County has lower rates of overweight adults; however, the rate of overweight adults in Manatee County has increased since 2002 and now represents over 50% of the population.
- Manatee has a higher rate of adults diagnosed with asthma.
- Manatee has lower rates of adults diagnosed with high cholesterol; however, one-third of the population in Manatee County has been diagnosed with high cholesterol.
- The rate of alcohol and marijuana abuse is higher in Manatee County.
- Manatee youth also have higher rates of homicide, child abuse, and sexually transmitted diseases.
- Based on height and weight reported in the 2008 Florida Youth Tobacco Survey, over 25% of Manatee youth are overweight or obese.
- Over 30% of Manatee County middle school students and over 40% of high school students don't have sufficient amount of vigorous activity.

Communicable and Infectious Disease

When compared to Florida:

- Manatee County has higher rates of Chlamydia and gonorrhea for females 15 to 19.
- An estimated 800 persons are living with HIV/AIDS in Manatee County.
 - The zip codes with the greatest number of persons living with HIV/AIDS are 34208, 34221 and 34205.

Disabilities

- It is estimated that over one-third of Manatee's population over the age of 65 has a disability.

When compared to Florida:

- The rate of disability among 5 to 15 year olds is higher in Manatee County.

Mental Health

When compared to Florida:

- The rate of Baker Act examinations is slightly lower in Manatee County.
- In general, the rate of suicide has been higher in Manatee County since 1995.
- The rate of domestic violence is higher in Manatee County.
- The rate of homicide per 100,000 residents is lower in Manatee County; however, homicide is a leading cause of death among 20 to 24 year olds in Manatee County.
- In-school violence in Manatee County is well below the state rate.
- The percent of children 4 to 11 experiencing child abuse is higher in Manatee County.

Hospital Utilization

- Manatee Memorial hospital had the highest overall occupancy rate, greatest number of admissions and patient days.
- Blake Medical Center had the longest length of stay among acute care facilities in Manatee County.
- Lakewood Ranch Medical Center had the highest occupancy rate for obstetrical beds.
- Manatee Memorial had the highest volume of cardiac catheterizations, and Blake Medical had the highest number of open heart surgeries.
- While Manatee Memorial Hospital had the highest number of emergency room visits, Blake Medical had a greater percentage of emergency room visits resulting in admission to the hospital.
- Prevention Quality Indicators related to inpatient discharge data provide information on conditions for which appropriate outpatient care can prevent the need for hospitalizations. A total of 3,687 hospitalizations were identified in 2007 as potentially preventable.

Causes of Death

- Injuries are the leading cause of death through age 34.
- Cancer becomes a major cause of death in the 35-54 age cohort.

- Cardiovascular disease also begins to emerge as a leading cause of death in the 35 to 54 age cohort.
- When age-adjusted rates are utilized heart disease is the leading cause of death in Manatee County. Cancer is second, and chronic lower respiratory disease (CLRD) is third.

When compared to Florida:

- Infant deaths were generally lower in Manatee County since 2002; however, Black infant deaths in Manatee County have been higher than Florida in most years since 1988.
- In 2007, Manatee had a higher infant death rate in all racial groups.
- The rate of death from unintentional injuries in Manatee County has been higher than the State rate since 1997.
- The rates for motor vehicle crashes and alcohol-related motor vehicle crashes are higher in Manatee County.

III. HEALTH RESOURCE AVAILABILITY AND ACCESS

Access to health care involves a number of variables. Elements commonly considered include:

- Availability of providers and facilities (Are there enough to meet the need?)
- Ability to pay for care (Is there a payment source, sliding fee scale or free care?)
- Ability to get to care (Is public transportation available? Is transportation provided?)
- Convenience of care (Are evening or expanded hours available? Are providers located throughout the community?)

This section provides, to the extent possible, information about the four areas of health resource availability and access. Data limitations make comparisons and conclusions difficult, but where possible, comparisons of Manatee County to Florida as a whole are provided a point of reference.

A. Provider and Facility Supply

1. Shortage Designations and Underserved Areas

The U.S Department of Health and Human Services (DHHS) has developed criteria to determine health shortage designations in state and local communities. There are two types of health professional shortage designations: Health Professional Shortage Areas (HPSA) and Medically Underserved Areas or Populations (MUA/MUP). Criteria for both designations include: infant death rate and low birth weight, primary care physician-to-population ratios, poverty, percent of elderly population and barriers to access care. These designations are used by more than 34 federal programs to determine eligibility for services or funding preferences. For example, the designations can be used to determine the need and location of community and migrant health centers and rural clinics, or for eligibility for National Health Service Corps scholarships and loan forgiveness programs.

HPSAs can include both urban and rural areas, specific populations, and facilities with shortages of primary care, dental and mental health providers. To be eligible for designation an area or population group (low income or migrant) must have a population to physician ratio greater than 3,000 to one. A score of 1 to 25 is issued for primary care and 1 to 26 for dental care with higher numbers indicating greater need. HPSAs are customarily reviewed every four years.

Manatee County was designated as HPSA for primary care and dental services in 2006 and for mental health services in 2004. The primary care and dental designations apply to low income populations in Bradenton (HPSA score for

dental is 13, and primary care is 8) and Palmetto/Parrish census tracts (HPSA score for dental is 11, and primary care is 9). Mental health designation includes low income and migrant populations in central Manatee County (HPSA score of 12).

MUA/MUPs are another measure of medically underserved communities. Using similar data, an index with scores ranging from 1 to 100 are assigned. A score of less than 62 is required for designation as an MUA/MUP. Manatee County has a designation as a Medically Underserved Population for low income and migrant farm workers county-wide based on a score of 50.1.

2. Licensed Providers

The availability of licensed clinicians is critical in meeting the health related needs of a community. The Division of Medical Quality Assurance of the Florida Department of Health is responsible for licensure of these providers, but records maintained by the Division correspond to the mailing address of the practitioner, not necessarily the county in which they work. There is no adjustment for actual hours worked so it is difficult to determine the full-time equivalents (FTEs) that the data represents. As such, care should be used in interpreting the data about licensed practitioners.

As indicated in Table III-1, Manatee County has less primary care physicians and less total licensed physicians per 100,000 population than Florida. While the lower rates of obstetricians/gynecologists (OB/GYN) and pediatricians in Manatee County is to be expected due to the older median age in the County when compared with Florida, the number of family practice physicians and internists is a better reflection of the potential need in the community. Primary care providers are essential in maintaining health and often serve as referral sources for specialty care.

Manatee County also has approximately 39% fewer dentists per 100,000 population than Florida. Dental care is essential to overall health including the prevention of heart disease and nutritional deficiencies.

The quartile ranking in Table III-1 reflects how Manatee County ranks when compared to other counties in Florida when divided into four divisions. A quartile ranking of 1 is best (as in the top 25% of the state), 4 is worst (as in the bottom 25% in the state).

Table III-1: Total Licensed Physicians, Dentists, Family Practice Physicians, Internists, OB/GYN, and Pediatricians by Number, Rate per 100,000, and Quartile, Manatee County and Florida, 2007

Type of Physician	Number	Manatee Rate per 100,000 Population	Quartile	Florida Rate per 100,000 Population
Dentists	139	43.8	3	60.9
Family Practice	45	14.2	3	17.4
Internists	94	29.6	3	49.0
OB/GYN	27	8.5	3	9.9
Pediatricians	42	13.2	4	19.9
Total Licensed Physicians	551	177.0	3	276.7

Source: Florida CHARTS, Accessed January 2009

The number of nurses per 100,000 is also lower in Manatee than in Florida (Table III-2).

Table III-2: Number of Registered Nurses and Licensed Practical Nurses and Rate per 100,000 Population, Manatee County and Florida, 2008

Area	Number and Type			Rate per 100,000 Population
	RN	LPN	RN/LPN Combined	
Manatee County	4,005	1,321	5,326	1,568.2
Florida	220,087	64,885	284,972	1,783.0

Source: Florida Department of Health, Division of Medical Quality Assurance, 2009 and ESRI Business Solutions

Primary care is also provided by Advanced Registered Nurse Practitioners (ARNP) and Physician Assistants (PA) in Manatee County. Manatee County has fewer ARNPs and PAs per 100,000 than Florida (Table III-3).

Table III-3: Number of Advanced Registered Nurse Practitioners and Physician Assistants and Rate per 100,000 Population, Manatee County and Florida, 2008

Area	# ARNP	Rate per 100,000	# PA	Rate per 100,000
Manatee	42	12.3	37	10.9
Florida	3,227	16.9	2,298	12.0

Source: Florida Department of Health, Division of Medical Quality Assurance, 2009 and ESRI Business Solutions

Mental health services are an important component of health care. There are several types of licensed mental health professionals including Licensed Clinical Social Workers, Licensed Marriage and Family Therapists, Mental Health Counselors, and Psychologists. Manatee County has fewer mental health professionals per 100,000 in all categories than Florida (Table III-4).

Table III-4: Licensed Clinical Social Workers, Marriage and Family Therapists, Mental Health Counselors and Psychologists, and Rate per 100,000 Population, Manatee County and Florida, 2008

Type of License	Manatee		Florida	
	Number	Rate	Number	Rate
Licensed Clinical Social Workers	108	31.80	9,227	57.7
Marriage and Family Therapists	19	5.59	2,348	14.7
Mental Health Counselors	125	36.80	9,694	60.6
Psychologists	56	16.49	5,808	36.3
Total Mental Health Professionals	308	90.69	27,077	141.6

Source: Florida Department of Health, Division of Medical Quality Assurance, 2009 and ESRI Business Solutions

3. Facilities

Provision of health care also requires facilities from which care can be provided. The State of Florida requires licenses for many health care facilities. Table III-5 lists the types of licensed facilities in Manatee County.

Table III-5: Licensed Facilities by Type and Capacity, Manatee County, as of December 2008

Type of Facility	Number	Capacity
Adult Day Care	1	100
Adult Family Care Home	4	19
Ambulatory Surgical Center	8	18
Assisted Living	35	1,665
Clinical Labs	194	N/A
Community Mental Health Partial Hospitalization	1	N/A
Crisis Stabilization Unit	2	45
End Stage Renal Disease	6	N/A
Health Care Clinic Exemptions	100	N/A
Health Care Clinics	23	N/A
Health Care Services Pool	9	N/A
Home Health	31	N/A
Homemaker/Companion	42	N/A
Home Medical Equipment	16	N/A
Hospitals	5	909
Nurse Registry	4	N/A
Nursing Home	13	1,562
Portable X-ray	1	N/A
Prescribed Pediatric Extended Care	1	N/A

Type of Facility	Number	Capacity
Rehabilitation Agencies	4	N/A
Transitional Living	3	18

Source: www.floridahealthfinder.gov, December 2008

The number of hospital and nursing home beds is important when assessing the availability of care. There are fewer hospital beds per 100,000 population in Manatee than Florida. Manatee has more nursing home beds per 100,000 population than Florida which is to be expected due to Manatee's older population (Table III-6).

Table III-6: Total Hospital Beds, Acute Care Beds, Specialty Care Beds and Nursing Home Beds, Manatee County and Florida, 2007

Type	Number of Beds	Rate per 100,000 Population	Quartile	Florida Rate per 100,000 Population
Total Hospital Beds	909	286.4	3	314.0
Acute Care Beds	764	240.7	3	262.7
Specialty Care Beds	145	45.7	3	51.4
Nursing Home	1,562	492.1	3	440.3

Source: Florida CHARTS, Accessed January 2009

4. Utilization

Utilization is defined as the extent to which a given group uses a particular service in a specified period of time. Data is most often expressed as the number of services used per year, as a rate per 100 or per 1,000 persons eligible for the service, or as a percentage.

Utilization is important in assessing the availability of services, but since most data is expressed on an annualized basis, lower utilization rate do not mean that capacity is constant throughout the year. Manatee County has a seasonal population that may affect bed availability during winter months, particularly for hospitals. Table III-7 shows that, on average for 2008, nearly 84% of nursing home beds and 50% of hospital beds were occupied.

Table III-7: Hospital and Nursing Home Utilization by Percent, Manatee and Florida, 2008

Rates	Manatee	Florida
Hospitals	50.1	57.9
Nursing Homes	83.8	88.1

Source: Florida CHARTS, Accessed January 2009

B. Ability to Pay for Care

The cost of health care has increased at a greater rate than the overall cost of living for more than a decade. While the ability to pay for care is the most

common barrier to care, having insurance does not guarantee access to care. High deductibles and co-payments can affect an individual's decision to seek care. Also, there may be a lack of specialty providers in the community or a lack of providers who accept certain forms of payment, such as Medicaid.

1. Insurance Status

Most working-age individuals and their families get health insurance through their employers. As previously mentioned, employment choices within Manatee County are largely in retail and service industries, with smaller numbers of employees. Small employers have a more difficult time than larger employers finding group policies that are affordable due to the way in which risk is assessed.

Individual policies are available for those who do not have access to employer sponsored plans. As a rule, Individual policies are more expensive than group policies and underwriting criteria can make it difficult for some people, particularly those with existing chronic conditions, to get health insurance at any price.

Many insured individuals are in fact under-insured, with policy exclusions and out-of-pocket expenses leaving the potential for large medical bills despite coverage. Unfortunately, there is no commonly accepted definition of under-insured. The Commonwealth Fund released a report about the underinsured which defined it as 1) annual out of pocket medical expenses amount to 10 percent or more of income; 2) for low income adults (less than 200% of FPL), out of pocket expenses amount to 5 percent or more of income; or 3) health plan deductibles equal to or exceeding 5 percent of income. The Kaiser Commission on Medicaid and the Uninsured defines the uninsured as those who "have health insurance but face significant cost sharing or limits on benefits that may affect its usefulness in accessing or paying for needed health services."

Available data sources did not provide the means to estimate the number of underinsured in Manatee County, but the fact that underinsured individuals and families exist should not be overlooked.

The Florida Health Insurance Advisory Board published the "2007 Florida Health Insurance Market Report" which indicated an 11.8 percent decrease in total enrollment in commercial health plans between 2001 and 2006. Premiums increased 40.2 percent during the same period. Data for 2007 and 2008 is not currently available, but the decrease in number of covered persons is expected to be even greater.

Florida is also one of nine states in which the average premium for COBRA, which provides health care coverage for laid-off workers and their families, equals or exceeds the average unemployment benefits, according to a study by

Families USA. The report said the average monthly unemployment benefit in Florida is \$1,013 while the average monthly family COBRA premium is \$1,037, or 102.4 percent of the benefit. For individuals in Florida, the average monthly COBRA premium is \$371 or 36.6 percent of the unemployment benefit.

The State of Florida conducted a large scale study to estimate the number of uninsured individuals in 2004. Table III-8 uses the percentages of uninsured by zip code identified in the 2004 study computed with 2008 population estimates. Actual numbers of the uninsured may be higher due to the increase in the rate of unemployment from approximately 3% in 2004 to over 8% in 2008.

Table III-8: Estimate of Uninsured by Zip Code, Number and Percent, 2008

Zip Code	2008 Population (Age 0 to 64 years)	Uninsured	
		Percent 2004	Estimated Number
34201 (Bradenton)	1,613	15.7	253
34202 (Bradenton)	17,130	17.4	2,980
34203 (Bradenton)	29,333	22.3	6,541
34205 (Bradenton)	25,435	22.1	5,621
34207 (Bradenton)	21,922	20.9	4,582
34208 (Bradenton)	28,681	23.4	6,711
34209 (Bradenton)	23,998	17.0	4,080
34210 (Bradenton)	10,297	18.5	1,905
34211 (Bradenton)	2,353	N/A	N/A
34212 (Bradenton)	12,852	15.5	1,992
34215 (Cortez)	333	15.4	513
34217 (Bradenton Beach)	6,211	16.2	1,006
34219 (Parrish)	10,867	18.4	2,000
34221 (Palmetto)	30,149	24.8	7,477
34222 (Ellenton)	5,108	18.3	935
34243 (Sarasota)	18,361	18.5	3,397
34251 (Myakka City)	5,129	21.7	1,113
33834 (Bowling Green)	7,106	29.4	2,089

Source: ESRI Business Solutions, 2008. Agency for Health Care Administration, Florida Health Insurance Study, 2004, Zip Code Estimates of People without Health Insurance

2. Medicaid and Florida KidCare

Medicaid is a program that provides medical coverage to low income individuals and families. Eligibility is determined by the Department of Children and Families or the Social Security Administration.

Medicaid eligibles can include:

- Low income families with children
- Children only

- Pregnant women
- Non-citizens with medical emergencies
- Aged and/or disabled people not currently receiving Supplemental Security Income (SSI)

Coverage for children can be obtained through standard Medicaid which provides children with scheduled check ups, immunizations, dental screenings and other medical services.

Medicaid for pregnant women allows women to keep coverage for two months after delivery and provides coverage for the baby for one year.

To be eligible for emergency Medicaid for non-citizens, an individual must meet the same criteria as citizens for Medicaid eligibility, and they can get coverage only for documented emergencies, including child birth.

Aged and disabled eligibility is related to receipt of SSI payments, and covers long term care as well as other medical care.

Individuals not eligible for Medicaid because their income or assets exceed the program limits may qualify for the Medically Needy program. In this program, an individual must incur a certain amount of medical bills (share of cost) each month before Medicaid can be approved for the remainder of that month.

Although Medicaid eligibility varies month by month, enrollments in Manatee County and in Florida have been increasing. Table III-9 shows the increase in Medicaid from 2007 to 2008. As indicated, the rate of Medicaid enrolled in Manatee County has increased at a faster rate than Florida in all age groups. Again, continued increase in the number of Medicaid eligible persons is expected as more jobs are lost.

Medicaid also offers managed care plans. As of December 1, 2008 Manatee County had 16,686 enrolled in Medicaid managed care plans, which includes children.

Table III-9: Number of Medicaid Eligibles by Manatee and Florida as of November 30, 2007 and November 30, 2008 and Percent of Change

Age	Manatee		% Change	Florida		% Change
	2007	2008		2007	2008	
0 - 5	8,502	9,782	13	536,345	584,650	9
6-10	3,787	4,851	28	274,362	312,333	14
11-18	4,434	5,467	23	354,082	397,679	12
19-20	577	789	37	46,023	54,721	19
21-35	330	411	24	260,925	305,427	17
36-59	3,146	3,666	16	276,997	306,829	11
60-64	550	624	13	50,801	54,575	7
65-74	1,347	1,490	10	157,144	167,225	6
75-84	1,347	1,098	-18	124,949	128,704	3
85+	635	638	<1	63,516	64,873	2
Total	27,317	32,516	19	2,145,144	2,377,016	11

Source: Florida Agency for Health Care Administration, January 2009

Florida KidCare covers children in families with incomes less than 200% of FPL who cannot be covered by Medicaid. Families are required to pay premiums based on income and the age of the child, which are \$15 to \$20 per child. The program is also open to families exceeding the income limits for a monthly premium of \$159 per child.

Table III-10 shows the number of children served by Florida KidCare in Manatee and Florida as of October 31, 2008.

Table III-10: Florida KidCare Participants, Manatee County and Florida as of October 31, 2008

Area	Up to 150% FPL	Income between 150% and 200% FPL	Full Pay	Total
Manatee	77	92	13	182
Florida	8,718	10,073	1,948	20,739

Source: Florida Agency for Health Care Administration, January 2009

Table III-11 shows Manatee County Medicaid expenditures by category for July 1, 2005 through June 30, 2006.

Table III-11: Medicaid Services by Category, Number of Recipients, Number of Paid Claims and Amount Paid, July 1, 2005 through June 30, 2006

Service Category	Manatee County N =16,721		
	Recipients	Paid Claims	Amount Paid \$
Hospital Inpatient	710	1,021	4,734,756
Hospital Inpatient > 45 days	16	39	642,747
Hospital Outpatient	3,187	7,113	1,905,290
Physician Services	6,240	55,730	1,841,041
Prescribed Medicine	5,836	59,459	3,886,929
Lab X-ray	1,760	12,368	130,123
Transportation	330	506	97,656
Family Planning	302	731	30,996
Home Health Service	551	2,822	335,380
EPSDT Screening	1,476	2,084	149,280
Child Dental	1,025	8,407	274,635
Child Vision	299	1,125	21,746
Child Hearing	7	19	1,609
Adult Dental	92	528	41,431
Adult Vision	96	178	7,082
Adult Hearing	2	4	69
Nurse Practitioner	31	36	2,716
Birthing Center	0	0	0
Rural Health Services	120	358	25,480
Physical Therapy	32	479	9,051
Speech Therapy	60	1,018	44,801
Occupational Therapy	71	1,377	71,127
Respiratory therapy	224	7,883	534,914
FQHC	4,348	10,663	1151,305
Clinic Services	202	402	57,001
Physician Assistant	81	170	6,184
Dialysis Center	5	16	23,004
Community	138	1,537	95,821

Service Category	Manatee County N =16,721		
	Recipients	Paid Claims	Amount Paid \$
Mental Health			
TFC Case Management	16	201	8,390
TFC Community Mental Health	160	595	97,408
Mental Health Case Management	10	153	6,100
Therapeutic Services	3	98	31,942
Medipass	7,090	45,434	145,302
Total	34,520	222,554	16,411,316

Source: Florida Medicaid, Medicaid Program Analysis System Support Section, February. 2008.

Note: FQHC: Federally Qualified Health Center

TFC: Therapeutic Foster Care

3. New Initiatives

Florida enacted two new programs that are designed to improve access to health care, Cover Florida and Florida Discount Drug Card.

Cover Florida is designed to provide more affordable access to health insurance options. The plans were selected by the State through a competitive bidding process, and all plans offer two benefit options: one which includes catastrophic and hospital care and one which does not.

Plans can be purchased by an individual who is between 19 and 64 years old, and who has been without health insurance for at least six months. Other ways to qualify include:

- Loss of a job that provided employer-sponsored benefits
- Loss of COBRA benefits
- Death of, or divorce from, a spouse who provided employer-sponsored health benefits

Plans are portable and employers may share in the cost of the plans with an employee.

Cover Florida began accepting enrollees in January 2009, so no data on participation or potential impact is available at this time. Manatee County has two providers offering the plans, and rates and benefits can be reviewed by visiting coverfloridahealthcare.com.

The Florida Discount Drug Card was designed to lower the cost of prescriptions for Floridians earning less than 300% of FPL with no drug insurance coverage, or

those who are in the Medicare Prescription Drug Coverage gap known as the “doughnut hole”. Savings vary by the drug needed and range from 5 to 42 percent. Like Cover Florida, there is no data available on the cost savings or participation rates at this time.

Access to prescription medications is a critical factor in the effective management of chronic disease, and the maintenance of health. The inability to purchase prescription drugs can exacerbate a chronic condition which may lead to higher medical costs in the form of hospitalization or emergency room visits. Low income, medically underserved, and the uninsured, may be forced to choose between purchasing prescription drugs or other essential goods and services (Duncan et al. 2005).

Low cost medication programs have been introduced by several national and regional discount and grocery stores. For example, Wal-Mart offers a 90-day supply of 350 medications for \$10.00 and 1,000 over-the-counter medications for \$4.00 or less. Offerings also include certain medications related to women’s health at \$9.00 for a 30-day supply. While these programs can help fill the need for some, individuals with very low incomes may find it difficult to afford multiple prescriptions, and those who can not successfully be treated with generic medications will not benefit from these programs.

Low income, uninsured individuals may also be eligible for free prescription medications through patient assistance programs offered by drug manufacturers. Eligibility criteria and drugs covered vary by manufacturer and require the submission of an application form, documentation and valid prescription. The application process can be confusing to some individuals, and no program exists in Manatee County that helps residents with the process, as exists in surrounding areas (Pinellas, Polk and Hillsborough counties). Also, undocumented individuals are often ineligible for participation in many of the patient assistance programs, making access to medications for this population more difficult.

4. Sliding Scale and Free Care

a. Manatee Rural Health Service

Manatee Rural Health Service (MRHS) which operates at 15 sites in the county, as well as providing services in nearby Arcadia and Sarasota. Manatee Rural Health Service is a Federally Qualified Health Center, and as such, provides care on a sliding fee scale basis.

The array of service provided includes:

- Primary Care - four sites
- OB/GYN Care- three sites
- Pediatrics- three sites

- Dental - two sites
- Podiatry- two sites
- Optometry - one site
- Chiropractic Care - two sites
- Infectious Disease- one site
- Pharmacy - five sites

From January 1, 2008 through December 31, 2008, MRHS served 73,671 persons at its Manatee County facilities. Of these, 3,727 were classified as migrant or seasonal workers. A total of 191,507 encounters were provided to the users.

Table III-12 provides a profile of Manatee Rural Health Service users in calendar year 2008.

Table III-12: Characteristics of Manatee Rural Health Users at Manatee County Locations, January 1, 2008 to December 31, 2008

Characteristic	Percent of Clients
Income as % of Federal Poverty Level	
100% and below	46.7
101%-150%	7.8
151%-200%	1.8
Over 200%	42.5
Unknown	1
Ethnicity	
Hispanic or Latino	25.3
Race	
Asian/Pacific Islander	<1
Black	13.1
American Indian/Alaskan Native	<1
White	59.1
More than one race	<1
Unknown/Not reported	27.2
Language	
Users needing interpretation	8.8

Source: Manatee Rural Health Systems, UDS Reporting, January 2009

Table III-13 provides a summary of selected services provided by both encounters and users for Manatee Rural Health Service.

Table III-13: Encounters and Users of MRHS by Selected Diagnostic/Service Categories for Manatee County Locations, January 1 to December 31, 2008

Diagnostic/Service Category	Number of Encounters	Number of Users
Symptomatic HIV	1,531	303
Asthma	2,317	983
Bronchitis/Emphysema	4,490	3,210
Diabetes	12,275	3,591
Heart Disease	2,039	280
Hypertension	10,127	5,553
Otitis Media	7,007	4,633
Mood Disorder	31,437	7,905
Anxiety Disorder	6,419	2,948
Other Mental Health	42,051	9,028
Immunizations	14,802	10,394
Oral Exams	4,455	3,617
Prophylaxis-Dental	1,566	1,206
Restorative Dental	1,310	716
Oral Surgery	1,793	1,576
Fluoride Treatment	1,202	962

Source: Manatee Rural Health Systems, UDS Reporting, January 2009

b. We Care Manatee

We Care Manatee, Inc. provides free specialty and primary medical care to low-income, uninsured residents of Manatee County. The program was started by the Manatee County Medical Society in 1999 to address the ever-increasing problem of access to specialty medical services by low-income, uninsured residents.

We Care Manatee operates three (3) distinct programs:

- Specialty Physician Program
- Pharmaceutical Program
- We Care's Free Clinic

The Specialty Physician Program enables qualified residents of Manatee County to receive specialty medical services that they could not otherwise afford. All services provided through this program are carried out by many specialists within the County on a completely voluntarily basis. The current specialties offered include cardiology, chiropractic, dermatology, gastroenterology, gynecology, nephrology, neurology, neurosurgery, ophthalmology, otolaryngology (ENT), psychiatry, pulmonology, radiation oncology, rheumatology, surgery (general, orthopedic, plastic/reconstructive, and vascular) and urology.

To enroll We Care an individual needs to be referred by his or her primary care physician and must meet the following criteria:

- 18 to 64 years of age
- have no form of health insurance coverage
- reside in Manatee County
- earn at or below 150% of the Federal Poverty Level and be unable to pay for the needed specialty medical services

The Pharmaceutical Program helps individuals who are enrolled in the Specialty Physician Program to get prescription medication, prescribed by one of We Care's volunteer specialty physicians, free of charge.

The Free Clinic provides primary medical care to low-income residents who do not have health insurance and who cannot afford the cost of a doctor's visit. The clinic is open one Saturday each month (closed once a year in June) from 9:00 a.m. to 12:00 p.m. Between 150 and 200 patients are seen at the Free Clinic each year.

The number of referrals for specialty care range from 75 to 115 patients per month. On average about 30 patients can be seen. Reasons patients are not seen include: no physician available to meet need; patient doesn't qualify for service; lack of follow-up by patient; and patient need is outside the available scope of services.

Table III-14 illustrates the number of services and the estimated dollar value of services rendered. The data reflects information provided by physicians, and it is estimated that approximately one-half of participating physicians report their contributions, making the actual impact of this program much greater. Reporting for 2008 was not complete at the time of the inquiry, and the project was not fully staffed during the year, which explains some of the cutback in services reported when compared to 2007.

Table III-14: We Care Manatee Physician Services Provided and Dollar Value, 2006, 2007 and 2008

Services	2006		2007		2008	
	# of Services	\$ Value	# of Services	\$ Value	# of Services	\$ Value
Physician Services	283	176,347	407	246,916	328	173,998
Other Providers	N/A	2,479	N/A	152,841	N/A	8,005

Source: We Care Manatee, January 2009

5. Manatee County Public Health Department

The role of public health centers on protecting and improving the health of the community as a whole. Some activities include:

- Monitor health status to identify community health problems
- Diagnose and investigate health hazards in the community
- Enforce laws and regulations that protect health
- Educate people about health issues
- Mobilize community partnerships to address community health problems

Manatee County Public Health offers:

- Environmental health (water supply monitoring, sewage treatment, food hygiene, biomedical waste management, beach and public pool safety, inspections of group homes, migrant labor camps, mobile home parks, body piercing facilities, tanning salons; rabies control, disaster preparedness, and used sharps exchange)
- Community nutrition and WIC programs
- Vital statistics
- Epidemiology
- Breast and cervical cancer screening; diabetes care; HIV/AIDS prevention and testing; pediatric and overseas immunizations; Immigration and Naturalization Service (INS), school and employment physicals; family planning; sexually transmitted disease clinic; school health; tuberculosis; and work site wellness

The main location for Manatee County Public Health Department is located in Bradenton. There are four satellite offices with limited hours and services located in Bradenton and Palmetto.

Table III-15 shows health related service counts provided by the Manatee County Health Department in 2008.

Table III-15: Selected Manatee County Health Department Services, 2008

Service	Number of Services Provided
Chronic Disease Services	4,022
Comprehensive Adult Services	14,559
Comprehensive Child Health	4,478
Family Planning	19,163
Hepatitis Prevention	588
HIV/AIDS testing	10,413
Immunizations	14,571
Injury Prevention	5,349
Non-State provided Vaccines (flu shots, travel vaccines, hepatitis B)	10,743

Service	Number of Services Provided
School Health	534,850
STDs	14,268
Tobacco Prevention	11,069
Tuberculosis	2,857

Source: Florida CHARTS, Accessed January, 2009

The Women, Infants and Children program (WIC) provides 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.

WIC served 11,275 clients in December 2008 compared with 7,275 in December 2003, for an increase of 55% over five years. WIC saw the largest increases in enrollments in 2008, adding between 100 to 150 new clients each month. Like Medicaid, the number of enrolled persons changes monthly. Table III-16 provides the categorical breakout of WIC enrolled clients as of December, 2008.

Table III-16: WIC Enrollment by Category as of December 2008

Category	Number of Clients
Pregnant Women	1,059
Breastfeeding Women	932
Non-breastfeeding, post partum women	746
Infants	2,574
Children	5,964
Total	11,275

Source: Manatee County Health Department, WIC program, January 2009

C. Transportation

As previously mentioned, a large percentage of Manatee County residents live in the unincorporated portion of the county. Transportation is a critical factor in accessing health care, and without a personal vehicle, funds for cab fare or a willing friend or family member to provide transportation, the inability to reach a provider is a serious barrier to care. The cost of maintaining and operating personal vehicles can be a challenge to low and moderate income individuals.

Manatee County Area Transit (MCAT) provides ten bus routes serving Bradenton, Ellenton, Palmetto and the Gulf Beaches. It is not uncommon for Manatee residents to travel to Sarasota County for medical care, which is more difficult to reach if public transportation is relied upon.

MCAT also provides Handy Bus service for individuals who qualify for the transportation disadvantaged program based on income and disability. Manatee County Veterans Services division also has limited transportation

available for qualifying individuals and a few private firms offer low-cost transportation to elderly within certain criteria.

While many providers are located along major transportation corridors, accessing care in the more rural parts of the county is still problematic for many Manatee residents.

D. Convenience of Care

Convenience of care relates to hours of operation and location. Locations of providers are often driven by market analyses (located near population centers, complimentary services, on transit lines, etc.) and zoning or land use regulations.

Many individuals who are hourly employees, or who work in jobs that do not provide sick pay, may not be able to access care during normal business hours. While it is reasonable for some types of services to operate only during normal business hours, primary care and acute care services are often needed during non-traditional hours.

Some walk-in centers offer services at non-traditional hours, but payment is most often expected at the time of service. For uninsured patients, this can create an additional barrier to care, and may cause them to seek care at an emergency room, where they know they will be seen. Many of these visits are inappropriate for the emergency room setting, and as such, cost much more than the same service provided in a more appropriate setting. If the patient is unable to pay for the care received, the amount of uncompensated care provided by hospitals increases, which increases cost of care for everyone.

Manatee Rural Health Center has one facility in Bradenton (East Manatee Family Healthcare Center) with extended hours.

The We Care Free Clinic at Mary Simpson Strong Full Service Center at Tillman Elementary School is open the 3rd Saturday of each month (closed once a year in June) from 9:00am to 12:00pm.

The Manatee County Health Department hours are:

General Clinic: Monday through Friday 8:00 - 11:30 a.m. and 1:00 - 4:30 p.m.

Environmental Health: Monday through Friday 8:00 a.m. - 5:00 p.m.

Pediatric Immunization Clinic: Monday through Friday 8:00 - 11:30 a.m. and 1:00 - 4:30 p.m.

INS Physicals: Monday from 8:00 - 11:15 a.m. and 12:30 - 7:00 pm; Tuesday through Friday 8:00 - 11:15 a.m. and 12:30 - 4:00 p.m.

Daycare, school, and employment physicals: Wednesday 8:00 - 11:00 a.m.

Overseas Immunizations: Monday and Thursday 1:00 - 4:00pm and Friday 8:00 4:00 p.m.

Family Planning: Monday through Friday 8:00 - 11:00 a.m. and 1:00 - 4:00 p.m.

STD Clinic: Monday through Friday 8:00 - 11:00 a.m. and 1:00 - 4:00 p.m.

Vital Statistics: Monday through Friday 7:30 a.m. - 4:00 p.m.

WIC Clinic: Monday through Thursday 7:30 a.m. - 6:30 p.m., Friday 7:30 a.m. - 4:30 p.m. by appointment.

All clinical services are closed on the 4th Friday afternoon of each month from 1:00 until 5:00 p.m.

Manatee Technical Institute - TAPP (For Students Only)

1st and 3rd Tuesday of each month, 8:15 a.m. - 2:30 p.m.

Harlee Middle School

4th Tuesday of each month, 8:30 a.m. - 2:00 p.m.

Pine Village Apartments

Thursday, 8:30 a.m.-6:00 p.m.

Tillman Full Service

1st and 3rd Monday of each month, 8:30a.m. - 6:00 p.m.

A map of locations for hospitals, Manatee Rural Health System, We Care Free Clinic and Manatee County Health Department facilities appears in Figure III-1.

Figure III-1: Provider Locations

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E. Summary of Findings

Providers and Facilities

- Manatee County is a designated Health Professional Shortage area for low income populations in Bradenton, Palmetto, and Parrish for primary care and dental services. Manatee is also designated as a mental health shortage area for low income and migrant populations in the central part of the county.
- Low income individuals and migrant farm workers are designated as Medically Underserved Populations.

When compared to Florida:

- Manatee County has fewer primary care and total licensed physicians, expressed as a rate per 100,000 population. The lack of primary care physicians is of concern given the older population of the county and the increased need for health care that often accompanies aging.
- Manatee County has 39% fewer dentists per 100,000 population. Dental care is essential to overall health and can contribute to the effective management of chronic diseases.
- Manatee County has lower rates per 100,000 population for all mental health professionals, including Licensed Clinical Social Workers, Marriage and Family Therapists, Mental Health Counselors, and Psychologists.
- Hospital bed availability is lower in Manatee County per 100,000 residents (286.4 vs. 314.0).
- Hospital utilization is lower in Manatee County (50.1% vs. 57.9%).
- Manatee County has more nursing home beds per 100,000 residents (492.1 vs. 440.3).
- Nursing home utilization is lower in Manatee County (83.8% vs. 88.1%).

Ability to Pay for Care

- Fewer people were covered by commercial health plans statewide between 2001 and 2006, and premiums increased 40 percent during that period.
- Recent increases in unemployment in Manatee County and throughout Florida, coupled with the high cost of COBRA coverage will likely lead to continued loss of health insurance benefits.
- Based on the 2004 study of the uninsured, the zip codes with the largest estimated percent of uninsured residents are 33834, 34221, 34208, 34203, 34205, 34251, and 34207.
- Manatee Rural Health Systems provides sliding fee scale services at 18 sites in Manatee County and provided 191,507 encounters for 73,671 persons in 2008. Mental health services represent the greatest number of encounters, and immunizations had the greatest number of users.

- We Care Manatee offers free specialty and primary medical on a limited basis for Manatee County residents using volunteer physicians. Demand for services exceeds the ability to provide requested care.
- While the Manatee County Public Health Department does not provide primary care services, it does support the community's health through immunizations, physicals, wellness education, STD, tuberculosis and HIV testing, school health, breast and cervical cancer screening, diabetes care, family planning services and Women, Infants and Children (WIC) program.
- New WIC enrollments averaged 100 to 150 new clients per month in 2008.

When compared to Florida:

- Growth in Medicaid enrollment was higher in Manatee County between 2007 and 2008 (19% vs. 11%).

Transportation and Convenience of Care

- Public transportation is limited in Manatee County to the cities of Bradenton, Ellenton, Palmetto and the Gulf Beaches. Residents of unincorporated areas do not have access to public transportation.
- Handy Bus provides services for individuals who qualify for the Transportation Disadvantaged program and the County Veterans Service provides limited medical transportation to eligible clients.
- There are limited options for uninsured individuals to access primary care or acute/urgent care outside of traditional business hours. One Manatee Rural Health System facility and We Care Manatee Free Clinic offer extended and limited Saturday hours.

IV. SPECIAL ISSUE: TOBACCO

Tobacco use includes smoking and smokeless tobacco (also known as spitting tobacco) and exposure to second hand smoke. Cigarette use alone results in an estimated 430,000 deaths each year in the United States, including 28,700 deaths in Florida.

A. Smoking

Tobacco smoking includes cigarettes, cigars and pipes. While many pipe and cigar smokers may not inhale smoke as cigarette smokers do, risk factors for diseases such as oral, throat and esophageal cancers, are nonetheless present.

According to the American Lung Association, cigarette smoking has been identified as the most important source of preventable morbidity (disease and illness) and premature mortality (death) worldwide. Smoking costs the United States over \$193 billion in 2004, including \$97 billion in lost productivity and \$96 billion in direct health care expenditures, or an average of \$4,260 per adult smoker. Other facts related to smoking are:

- Smoking is directly responsible for about 90 percent of lung cancer deaths and roughly 80-90 percent of COPD (emphysema and chronic bronchitis) deaths.
- Among current smokers, chronic lung disease accounts for 73 percent of smoking-related conditions.
- The list of diseases caused by smoking includes chronic obstructive pulmonary disease (COPD, including chronic bronchitis and emphysema), heart disease, stroke, abdominal aortic aneurysm, acute myeloid leukemia, cataract, pneumonia, periodontitis, and bladder, esophageal, laryngeal, lung, oral, throat, cervical, kidney, stomach, and pancreatic cancers. Smoking is also a major factor in a variety of other conditions and disorders, including slowed healing of wounds, infertility, and peptic ulcer disease.
- Ninety percent of adults who smoke started by the age of 21, and half of them became regular smokers by their 18th birthday.
- Nationally, in 2007, 20 percent of high school students were current smokers. Over six percent of middle school students were current smokers in 2006.
- The tobacco industry spends \$969 million each year to market their products in Florida (more than in any other state in the nation).
- Florida's cigarette tax ranked 46th in the nation in 2008 at 33.9 cents per pack.
- 72 youth in Florida become regular smokers everyday.

B. Smokeless (Spitting) Tobacco

There are two types of smokeless tobacco that are most commonly used. Chewing tobacco comes in loose leaf, plug and twist form. Snuff is finely ground tobacco that can be dry, moist, or in pouches. Most smokeless tobacco users place the product in the cheek or between their gum and cheek, suck on the tobacco and spit out the juices, which is why smokeless tobacco is often called spitting tobacco.

- Smokeless tobacco increases the chance of developing oral cancer compared to cigarette smoking.
- A study found that more than 2,200 young people 11-19 years of age try smokeless tobacco and 830 young people become regular users of smokeless tobacco daily in the United States.
- An estimated seven percent of high school students and three percent of middle school students in the United States are current smokeless tobacco users. Smokeless tobacco is more common among male than female high school students (12 percent vs. 2 percent).

C. Second Hand Smoke

Secondhand smoke is a mixture of the smoke given off by the burning end of a cigarette, pipe or cigar and the smoke exhaled from the lungs of smokers. Secondhand smoke has more than 250 chemicals known to be toxic or cancer causing, including formaldehyde, benzene, vinyl chloride, arsenic, ammonia, and hydrogen cyanide.

- Smoking by parents is associated with a wide range of adverse effects in their children, including exacerbation of asthma, increased frequency of colds and ear infections, lower respiratory tract infections, such as pneumonia and bronchitis, and sudden infant death syndrome.
- It is estimated that secondhand smoke causes more than 202,000 asthma episodes, 790,000 doctor visits for buildup of fluid in the middle ear (otitis media, or middle ear infection), and 430 sudden infant death syndrome (SIDS) cases each year in the United States.
- Infants and young children are especially susceptible to second hand smoke. Their lungs are still developing and childhood exposure to secondhand smoke results in decreased lung function. Children who breathe secondhand smoke are more likely to suffer from cough, wheeze, phlegm and breathlessness.
- Nationally, smoking in pregnancy accounts for an estimated 20 to 30 percent of low-birth weight babies, up to 14 percent of preterm deliveries, and about 10 percent of all infant deaths. Even apparently healthy, full-term babies of smokers have been found to be born with narrowed airways and reduced lung function.

- Secondhand smoke involuntarily inhaled by non-smokers from other people's cigarettes is responsible for about 3,400 lung cancer deaths and 46,000 heart disease deaths in adult non-smokers each year in the United States.
- Reductions in adult tobacco use would result in decreased exposure to secondhand smoke for all Floridians.

D. Smoking Cessation

Nicotine is an addictive drug, which when inhaled in cigarette smoke reaches the brain faster than drugs that enter the body intravenously. Smokers not only become physically addicted to nicotine; they also link smoking with many social activities, making smoking a hard habit to break. According to the American Lung Association:

- In 2006, an estimated 45.7 million adults in the United States were former smokers. Of the 45.3 million current adult smokers, 44 percent stopped smoking at least one day in the preceding year because they were trying to quit smoking completely.
- Quitting smoking often requires multiple attempts. Using counseling or medication alone increases the chance of a quit attempt being successful; the combination of both is even more effective.
- Nicotine replacement products can help relieve withdrawal symptoms people experience when they quit smoking.
- There are seven medications approved by the FDA to aid in quitting smoking. Nicotine patches, nicotine gum and nicotine lozenges are available over-the-counter, and a nicotine nasal spray and inhaler are currently available by prescription. Bupropion SR (Zyban) and varenicline tartrate (Chantix) are non-nicotine pills used to treat smoking.
- Individual, group and telephone counseling are effective, especially when combined with other methods. Telephone quit-line counseling is available in Florida and is effective for many smokers.
- When adults abstain from smoking, they promote social norms that smoking is not a normative or acceptable behavior for youth.

Health improvements begin almost immediately upon quitting smoking.

Benefits of quitting over the long term include:

- Risk of heart disease is half that of a smoker's after one year, and is that of a non-smoker's after 15 years.
- Risk for stroke goes down to that of a non-smoker in 5 to 15 years.
- Lung cancer death rate is about half that of a person who still smokes after 10 years.
- Risk of cancer of the mouth, throat, esophagus, bladder, kidney, and pancreas goes down after 10 years.

E. Florida's Response

The Florida Clean Indoor Air Act (FCIAA) was enacted in 1985. The purpose of the Act was to protect people from the health hazards of secondhand smoke and to implement the Florida health initiative in Section 20, Article X of the state constitution. In November 2002, 71 percent of Florida's citizens voted for a constitutional amendment to prohibit smoking in all enclosed indoor workplaces. The smoke free law became effective July 1, 2003.

Florida began receiving federal funding to implement tobacco prevention and control activities in 1989. In 1997, Florida successfully settled with the tobacco industry for \$11.3 billion to recoup Medicaid costs incurred by smokers. As part of the settlement agreement, Florida launched the Tobacco Pilot Program targeting tobacco use among underage youth. Five years later, the funding for the tobacco program was cut to \$1 million. This required the program to end some key components of its youth tobacco program such as school-based tobacco education, youth development, and counter-marketing efforts, otherwise known as the "truth" campaign.

In 2006, Florida voters passed a constitutional amendment that allocated 15% of tobacco trust fund interest payments to fund a comprehensive, statewide tobacco education and prevention programs, with one-third of total annual funding being used for educational and counter-marketing mass media. Florida State Constitution Section 27, Article X, requires that the tobacco program follow to the 1999 Centers for Disease Control and Prevention's (CDC) Best Practices for Comprehensive Tobacco Control Programs, as revised, to protect people, especially youth, from the health hazards of tobacco.

In 2007, legislation was passed to implement the constitutional amendment. Section 381.84, Florida Statutes, authorized the Department of Health (DOH) to create a statewide comprehensive tobacco prevention and control program consistent with the CDC's Best Practices for Comprehensive Tobacco Control Programs. Also, the statute required DOH to work with a 23-member advisory council to advise the State Surgeon General as to the direction and the scope of the tobacco program; adopt rules for the program; award funding to Area Health Education Centers (AHEC) for cessation and training; and provide an annual report that evaluates the program effectiveness in reducing and preventing tobacco use and recommends improvements to enhance the program's effectiveness.

The DOH Bureau of Tobacco Prevention Program currently operates with a total of \$60 million in funding allocated from two sources: state funds (\$59.3 million) and the CDC (\$705,000). Ten million of the \$59.3 million has been allocated to the Area Health Education Centers (AHEC) Network to expand smoking cessation initiatives to every county in the state.

Students Working Against Tobacco (SWAT) is Florida's statewide youth organization working to mobilize, educate and equip Florida youth to revolt

against and de-glamorize Big Tobacco. The goals of SWAT are to prevent and reduce tobacco use among youth and to protect youth from secondhand smoke. Youth in SWAT are engaged in activities that educate their peers and policy makers about the need to change social norms related to tobacco. Since SWAT began in 1998, youth who have ever tried cigarettes has decreased by 58.7% among middle school students and 44.3% among high school students.

The Florida Department of Health annually conducts the Florida Adult Tobacco Survey (FLATS), sponsored by the Centers for Disease Control and Prevention (CDC), to monitor and evaluate smoking and tobacco-related health behaviors. FLATS is a confidential telephone survey drawn from the total non-institutionalized Florida adult (ages 18 or older) population residing in telephone-equipped households and was first administered in 2003.

The Florida Youth Tobacco Survey (FYTS) tracks indicators of tobacco use and exposure to second-hand smoke among Florida public middle and high school students, and provides data for monitoring and evaluating tobacco use among youth in the Florida Tobacco Prevention and Control Program. The first FYTS was administered in 1998. Since then, the FYTS has been conducted annually by the Florida Department of Health. County level data was not collected in every year, and recently the FYTS has become a part of the Florida Youth Survey (FYS), which includes the Youth Risk Behavior Survey (YRBS), Youth Physical Activity and Nutrition Survey (YPANS), and Florida Youth Substance Abuse Survey (FYSAS).

F. Tobacco Use

1. Adult Tobacco Use

In 2006, 21% of the population in Florida smoked cigarettes, 6.7% smoked cigars and 1.8% used smokeless tobacco. The 2006 Florida Adult Tobacco Survey (FLATS) showed smoking prevalence for the following groups is greater than that of the general population: individuals with less than high school diploma (27.2%); young adults ages 18-24 (26.9%); individuals with income less than \$25,000 (22.8%); males of all races (21.3%); and the disabled population (20.4%).

Cigar smoking tends to decrease with age and more persons 25 to 34 smoked cigars more often than those over 55 years of age. There appears to be no significant differences in cigar smoking prevalence by education, disability of race/ethnicity.

Smokeless tobacco is more likely to occur for men, and it is estimated that 1.8 percent of the population statewide use smokeless tobacco.

Table IV-1 shows Manatee County has a lower rate of smoking among 18-44 year olds than Florida, a higher percent of former smokers than Florida, and a lower rate of exposure to second hand smoke than Florida. Manatee has slightly

higher rates of smoking among 45 to 64 year olds when compared with Florida, as well as higher rates of former smokers and persons exposed to second hand smoke. Manatee County adults age 65 and older smoke at lower rates than Florida, but are exposed to second hand smoke at slightly higher rates than Florida.

Table IV-1: Smoking Related Characteristics of Adults by Age, Manatee County and Florida, 2007

Area	18-44	45-64	65+
% of Adults who are Current Smokers			
Manatee	15.0	22.8	6.8
Florida	22.1	22.0	9.7
% of Adults who Tried to Quit Smoking at Least Once in the Past Year			
Manatee	N/A	31.1	N/A
Florida	58.3	48.5	45.0
% of Adults who are Former Smokers			
Manatee	15.9	29.1	44.6
Florida	14.7	28.3	46.5
% of Non-smoking Adults Exposed to Second Hand Smoke in the Past Seven Days			
Manatee	14.8	18.9	6.7
Florida	18.9	13.2	6.3

Source: Florida Charts, Accessed February 2009

2. Youth Tobacco Use

Florida has seen a decline in youth smoking, due in part to active participation in smoking prevention and cessation programs for youth. Between 1998 and 2001, 47% less middle school youth and 30.6% less high school youth reported smoking a cigarette in the past 30 days. This represented a decline of nearly 75,000 youth smokers in Florida during that time period.

The 2007 Florida Youth Risk Behavior Study shows that statewide, 16% of high school students currently smoke cigarettes, 12% smoke cigars, cigarillos or little cigars, and 6% use smokeless tobacco. Table IV-2 shows the decline of high school smokers in Manatee County since 2000. Between 2006 and 2008 reported smoking of cigarettes in the past 30 days increased, but is still below the 2000 rate.

Table IV-2: Percent of High School Students Smoking Cigarettes in the Past 30 Days, Manatee County, 2000, 2002, 2006, 2008

Year	% High School Students
2000	22.3
2002	20.2
2006	14.0
2008	17.6

Source: Florida CHARTS, Accessed January 2009

Table IV-3 shows that:

When compared to Florida:

- The percent of middle and high school students using tobacco in all its forms is higher in Manatee County.
- The percent of committed non-smokers in both middle and high school is lower in Manatee County.
- Manatee County youth report a lower percent of tobacco prevention education.
- Manatee County middle school students report lower rates of exposure to second hand smoke, but high school students report a higher percent of second hand smoke exposure.
- Manatee County middle and high school students report slightly lower rates of smoking allowed in the home.
- Manatee County middle and high school youth participated in anti-tobacco community activities and SWAT programs at a lower rate than Florida.
- Manatee County high school students report that they definitely DO NOT think the smoking makes young people look cool or fit in at lower rates than Florida.
- Manatee County middle and high school students report they definitely DO NOT think that young people who smoke have more friends at lower rates than Florida.

Table IV-3: Florida Youth Tobacco Survey Results, Middle and High School Students, Manatee County and Florida, 2008

Indicator	Middle School		High School	
	Manatee %	Florida %	Manatee %	Florida %
Used any Form of Tobacco on One or More of the Past 30 Days	9.7	9.0	28.2	22.4
Smoked Cigarettes on One or More of the Past 30 Days	8.2	3.0	17.6	14.5
Smoked Cigars on One or More of the Past 30 Days	6.0	5.3	19.6	13.5

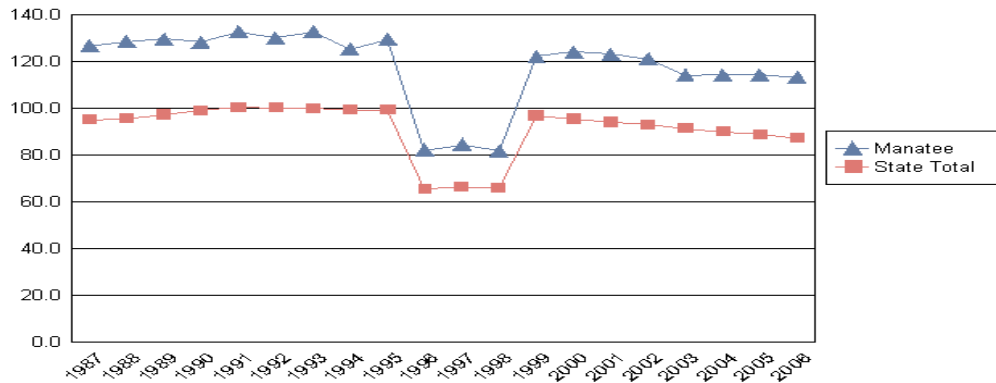
Indicator	Middle School		High School	
	Manatee %	Florida %	Manatee %	Florida %
Used Smokeless Tobacco on One or More of the Past 30 Days	3.4	3.0	11.3	6.0
Committed Never Smokers	66.4	68.9	48.5	54.6
Received ANY Tobacco Use Prevention Education	67.7	72.8	49.2	50.4
Received Comprehensive Tobacco Use Prevention Education	9.9	16.1	6.5	8.6
Exposed to Second Hand Smoke During the Past 7 Days	47.7	50.3	63.7	58.8
Smoking Allowed in the Home	13.2	13.3	12.5	13.1
Participated in Anti-Tobacco Community Event	18.3	25.5	12.1	14.7
Participated in SWAT	1.9	3.1	2.7	2.5
Definitely DO NOT Think that Smoking Makes Young People Look Cool or Fit In	75.3	75.4	69.4	73.2
Definitely DO NOT Think that Young People Who Smoke Have More Friends	33.1	36.3	31.2	34.4

Source: 2008 Florida Youth Tobacco Survey County Data Book, Florida Department of Health, January 2009

3. Smoking Related Morbidity and Mortality

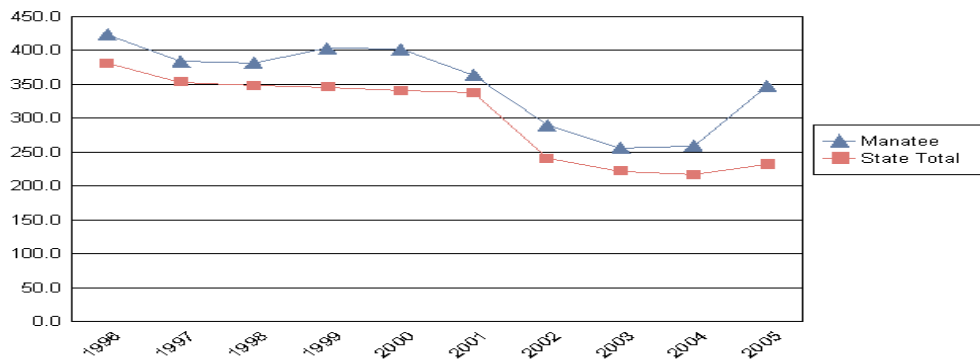
Manatee County has higher rates of death from smoking-related cancer than Florida (Figure IV-1) and higher smoking attributable deaths over the age of 35 than Florida (FigureIV-2).

Figure IV-1: Total Deaths from Smoking-Related Cancers, Manatee County and Florida, 1987-2006



Source: Florida CHARTS, Accessed February 2009

Figure IV-2: Smoking Attributable Deaths over age 35, Manatee County and Florida, 1998- 2005

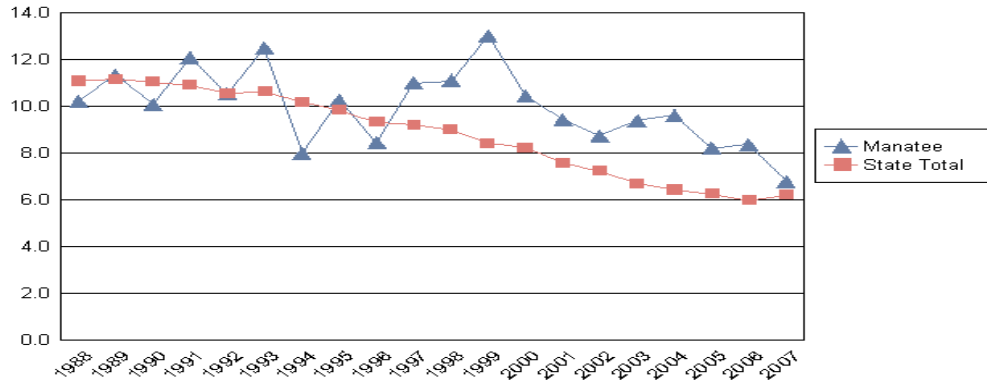


Source: Florida CHARTS, Accessed, February 2009

a. Oral Cancer

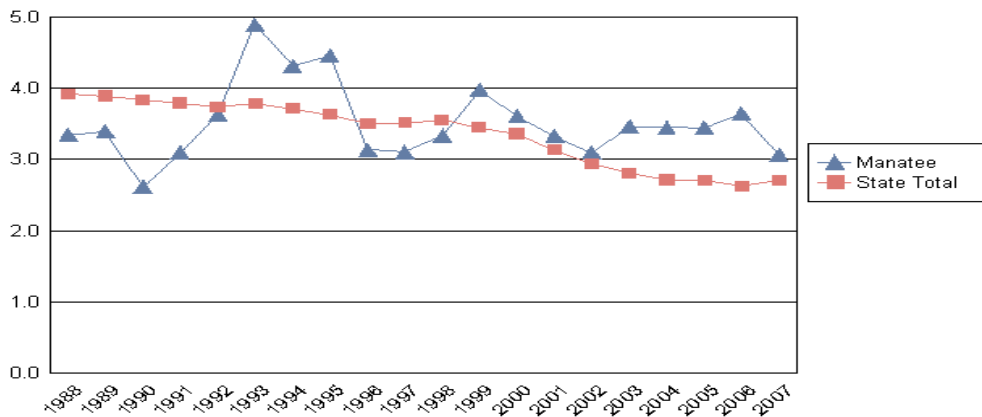
Oral cancer is linked to spitting tobacco use as well as smoking. Manatee County has higher rates of death from oral cancer than Florida (Figure IV -3). Death rates from oral cancer among non-whites in Manatee have been higher than death rates among whites. (Figures IV- 4 and IV-5).

Figure IV-3: Total Deaths per 100,000 from Oral Cancer, Persons aged 45-74, Manatee County and Florida, 1988-2007



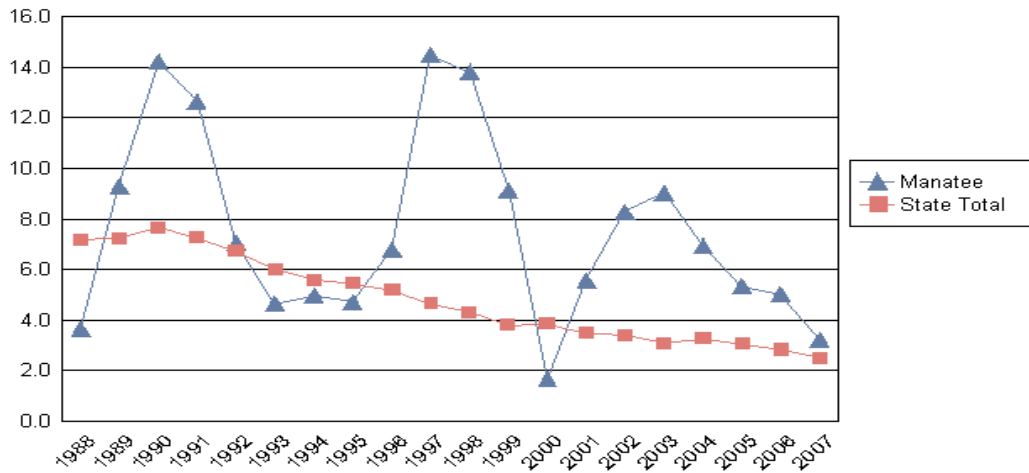
Source: Florida CHARTS, Accessed February 2009

Figure IV-4: White Age Adjusted Death Rate Oral Cancer, Manatee County and Florida, 1988-2007



Source: Florida CHARTS, Accessed February 2009

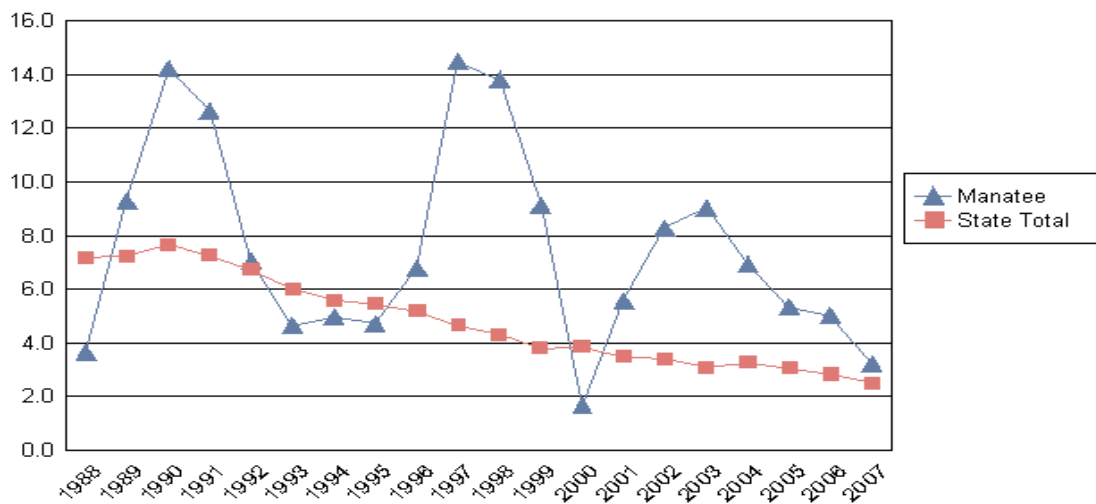
Figure IV-5: Non-White Age-Adjusted Oral Cancer Death Rates, Manatee County and Florida, 1988-2007



Source: Florida CHARTS, Accessed February 2009

In general, the incidence of oral cancer has been higher in Manatee County than Florida (Figure IV-6).

Figure IV-6: Age-Adjusted Oral Cancer Incidence Rates, All Races, Manatee County and Florida, 1988-2007

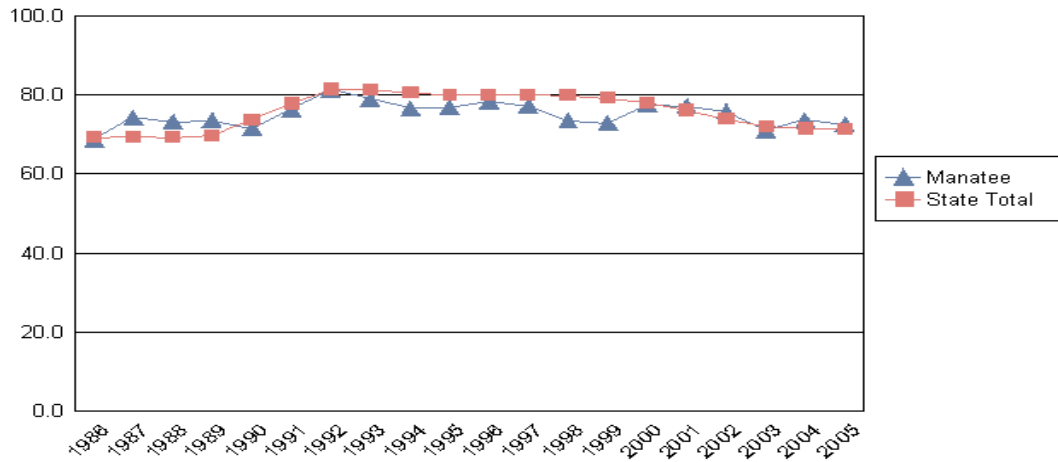


Source: Florida CHARTS, Accessed February 2009

b. Lung Cancer

Smoking and second hand smoke exposure are two main causes of lung cancer. Death rates from lung cancer in Manatee County are slightly below Florida (Figure IV-7).

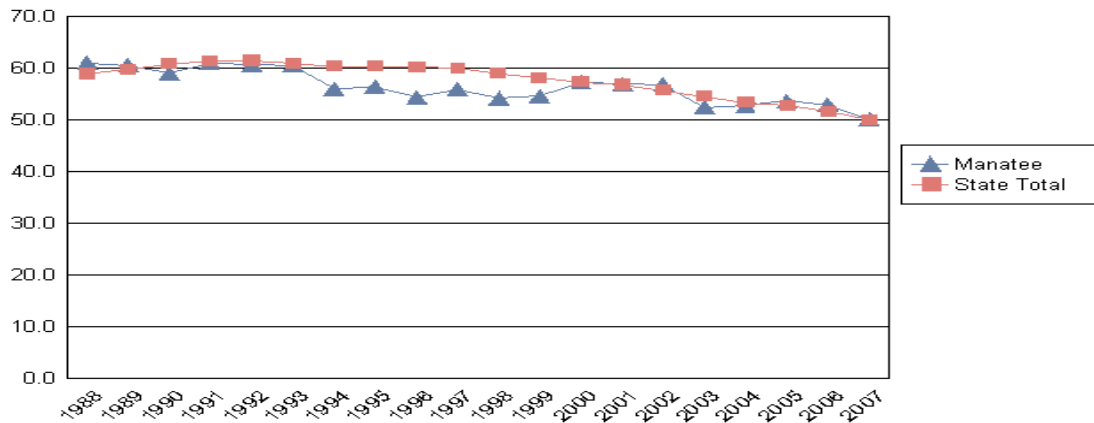
Figure IV-7: Lung Cancer Age-Adjusted Death Rates, Manatee County and Florida, 1988-2005



Source: Florida CHARTS, Accessed February 2009

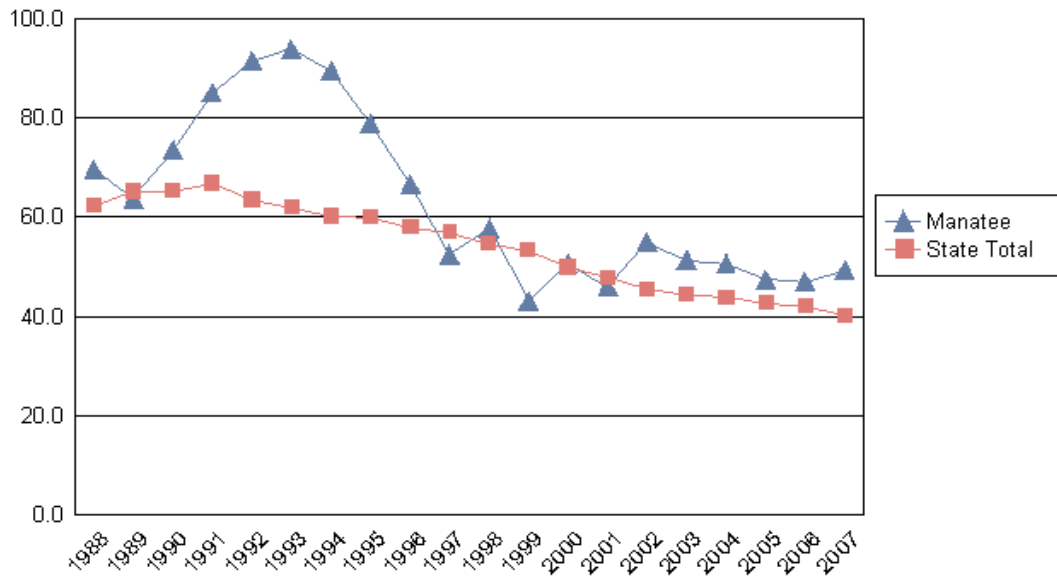
Figures IV-8 and IV-9 show white and non-white lung cancer death rates for Manatee County and Florida. Non-whites in Manatee County have generally had higher rates of death from lung cancer than non-whites in Florida.

Figure IV-8: White Lung Cancer Death Rates per 100,000, Manatee County and Florida, 1988-2007



Source: Florida CHARTS, Accessed February 2009

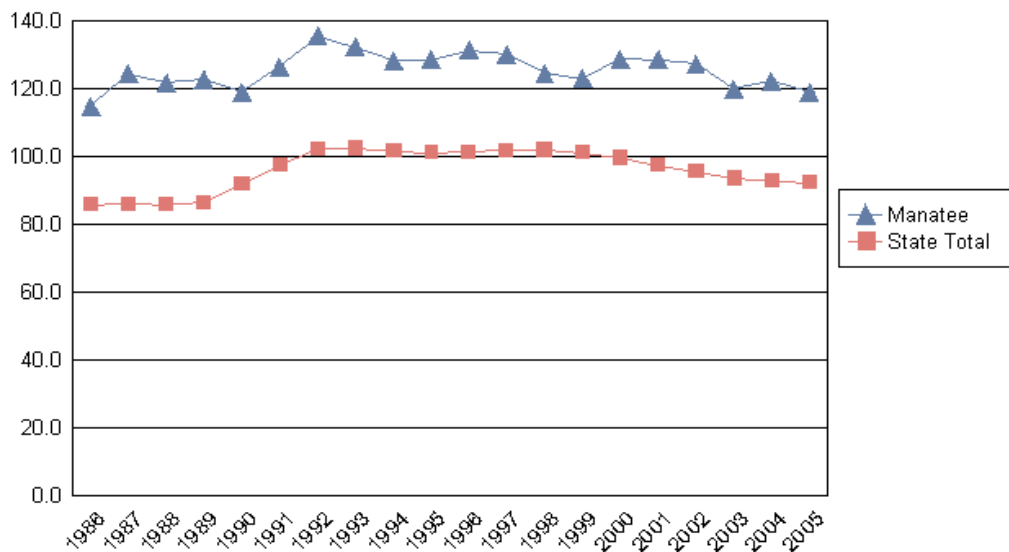
Figure IV-9: Non-White Lung Cancer Death Rates per 100,000, Manatee County and Florida, 1988-2007



Source: Florida CHARTS, Accessed February 2009

Lung cancer incidence rates are higher in Manatee County than in Florida (Figure IV-10).

Figure IV-10: Lung Cancer Incidence Rates, Manatee County and Florida, 1988-2005



Source: Florida CHARTS, Accessed February 2009

G. Manatee County Tobacco Prevention and Cessation Efforts

The Gulf Coast South Area Health Education Center (GCSAHEC) provides several tobacco prevention training programs for health professionals and students studying to become health professionals, as well as smoking cessation services for individuals.

Health Professions Student Training

Health professions students learn about tobacco abuse, prevention and cessation issues. Training includes online learning modules, live training sessions, and service learning opportunities into the curriculum to ensure that health professions students receive comprehensive training on the consequence of tobacco use and, most importantly, on how to counsel patients to avoid or stop tobacco use. A key component of the program is motivational interviewing, a highly effective technique for counseling patients on any variety of unhealthy behaviors.

Students are deployed into middle schools where they serve as role models while teaching sixth graders about the consequences of tobacco use. The students use a lesson plan with creative teaching methods, learning activities, and games specifically designed for middle school students.

Health Care Provider Continuing Education

Professional continuing education and training is offered by qualified staff and recognized experts in the field to health care providers and community partners on a variety of tobacco cessation related topics. Trainings are complimentary for providers who work with medically underserved populations in our service area. CEU and CME professional education credits are available. Tobacco CME is an online continuing education program used for both health professions students and health care professionals. Completion of the modules broadens a health care professional's understanding of tobacco-related issues and treatment modalities. These modules are provided free to health care providers. Registration is required to receive credit.

Quit Smoking Now (QSN) Group Facilitator Training

A free program offered periodically that is designed to give health care professionals the skills necessary to help people quit using tobacco through group facilitation. Trainees must be non-smokers or ex-smokers for at least six months.

Client Cessation Services

The GCSAHEC also offers free client smoking cessation services for individuals in the community with limited access to health care. Clients are self-referred or are referred by health care providers from Manatee County Rural Health

Services and the Manatee Healthy Start Coalition. The QuitTeam works with the client to design a personalized quit plan. Support sessions can be conducted on an individual basis, in a group setting or over the phone. While no data was available on the number of persons served or number of classes offered, individuals interested in cessation classes should contact the quit line toll free at 866-534-7909.

Both Chantix and Zyban are available for free to certain low income and uninsured individuals through patient assistance programs.

The Manatee County Health Department focuses efforts on youth tobacco prevention, secondhand smoke education, and tobacco cessation programs.

Youth Prevention

The Tobacco Prevention and Control Program manages seven SWAT (Students Working Against Tobacco) teams. About 100 middle and high school students comprise the seven SWAT teams in Manatee County.

SWAT is an organization for students between the ages of 12-18 years. Students who join SWAT participate in on-going activities and events that support Florida's Tobacco Prevention and Control efforts. SWAT promotes youth leadership and provides opportunities for youth to grow as community advocates. In Manatee County, SWAT youth participate in leadership workshops, local parades, school activities, and many other community events. One such activity provided SWAT youth with 600 signed postcard petitions from community members requesting that selected musical entertainers reject funds offered from the tobacco industry in exchange for advertising at their concerts.

Cessation

Cessation efforts include promotion of the Florida Quitline and local tobacco cessation classes through media and local health fairs. The Florida Quitline is a service of the Florida Department of Health and provides support for Florida smokers who are ready to make a quit attempt. The Quitline is a toll-free phone number (1-877-U-CAN-NOW) that provides proactive counseling sessions, self-help materials, and coupons for nicotine replacement therapy.

Since July 1, 2008, twenty-four healthcare provider locations have been educated about and encouraged to promote with their clients the Florida Quitline services and to use the Quitline fax referral system, making it easier for patients to connect with Quitline services.

Through the Tobacco Prevention and Control Program, the Health Department works with Gulfcoast South AHEC to provide cessation classes for residents in Manatee County. The Program promotes voluntary smoke-free policies and is assisting two Manatee County businesses with the implementation of a voluntary 100% smoke-free campus policy.

Secondhand Smoke Education

The Program is currently promoting a Smoke-free Homes and Cars Campaign where Manatee County residents pledge to disallow anyone from smoking in their home or car, particularly when children are present. More than 250 petitions have been signed as of February 27, 2009, with a goal of 400 signed petitions by June 30, 2009.

Tobacco-Free Coalition of Manatee County

The Manatee County Health Department also serves as the lead agency for the local Tobacco-Free Coalition. The Coalition is comprised of ten organizations and is preparing a published directory of tobacco prevention and cessation resources in Manatee County.

H. Summary of Findings

- Smoking is directly responsible for about 90 percent of lung cancer deaths and about 80-90 percent of COPD (emphysema and chronic bronchitis) deaths.
- Ninety percent of adults who smoke started by the age of 21, and half of them became regular smokers by their 18th birthday.
- 72 youth in Florida become regular smokers everyday.
- Smoking by parents is associated with a wide range of adverse effects in their children, including exacerbation of asthma, increased frequency of colds and ear infections, lower respiratory tract infections, such as pneumonia and bronchitis, and sudden infant death syndrome.
- Florida has seen a decline in youth smoking since 1998, due in part to active participation in smoking prevention and cessation programs for youth.
- When compared to Florida:
 - Manatee County has a lower rate of smoking among 18-44 year olds, a higher percent of former smokers, and a lower rate of exposure to second hand smoke.
 - Manatee has slightly higher rates of smoking among 45 to 64 year olds, as well as higher rates of former smokers and persons exposed to second hand smoke.
 - Manatee County adults age 65 and older smoke at lower rates than Florida, but are exposed to second hand smoke at slightly higher rates than Florida.
 - Manatee County middle and high school students use tobacco in all of its forms at higher percentages.
 - Manatee County also has lower percent of committed non-smokers in both middle and high schools.
 - Manatee County youth report lower percent of tobacco prevention education.

- Manatee County middle school students report lower rates of exposure to second hand smoke, but high school students report higher percent of second hand smoke exposure than Florida.
- Manatee County middle and high school students report slightly lower rates of smoking allowed in the home.
- Manatee County middle and high school youth participated in anti-tobacco community activities and SWAT programs at a lower rate.
- Manatee County high school students report that they definitely DO NOT think that smoking makes young people look cool or fit in at lower rates.
- Manatee County middle and high school students report they definitely DO NOT think that young people who smoke have more friends at lower rates.
- Manatee County has higher rates of death from oral cancer.
- Death rates from oral cancer among non-whites in Manatee have been higher than death rates among whites.
- In general, the incidence of oral cancer is higher in Manatee County.
- Death rates from lung cancer are slightly lower in Manatee County; however, non-whites in Manatee County have had generally higher rates of death from lung cancer than non-whites in Florida.

V. KEY INFORMANT INTERVIEWS

A. Methodology

Interviews were conducted with key informants in Manatee County to determine their perception of the health status of Manatee County residents. Attempts were made to include a variety of viewpoints and identify common themes within responses received.

A list of interview candidates was developed in conjunction with the Manatee County Health Department staff. A total of 22 individuals were contacted to determine their willingness and availability to participate in the interview process. Participants were told that the findings would only be reported in aggregate and no individual would be tied to specific opinions. A ten question survey was conducted by telephone with individuals who agreed to participate (See Attachment 2).

B. Responses

Sixteen individuals participated in the process. Respondents had lived or worked in Manatee County between five and 50 years. The median length of time living or working in the County was 15 years.

Most respondents had some working knowledge of health and social services issues, as well as education, business and government.

1. Overall Health Status

Respondents were asked to rate the overall health of Manatee residents on a scale of excellent, very good, good, fair, poor, or don't know/not sure. Fifty percent (50%) of respondents rated overall health as "fair". Twenty-five percent (25%) indicated they were unsure and most qualified the answer with a statement that it depends on the population. Another 25% responded with "good" or "very good".

2. Special Challenges

When asked if there were certain populations that face more challenges related to health than others, the most common answers included:

- Minorities (Blacks, Hispanics, and all other immigrant groups, such as Haitian and Asians)
- Migrant farm workers
- Low income persons
- Elderly
- Uninsured

Other groups cited included persons with HIV/AIDS, pregnant women, less educated persons, disabled children and adults, persons with chronic diseases, obese persons, underinsured moderate income persons, and rural youth.

3. Barriers to Care

Responses have been grouped by theme and placed in order of frequency of occurrence.

Nearly all respondents indicated that the lack of health insurance, other payment source, or affordable care was a barrier to health care access in Manatee County. Several individuals noted that this causes emergency rooms to be overwhelmed with health issues that should be addressed in primary care settings, and that inappropriate use drives up the cost of health care for everyone.

Over 50% of respondents cited language barriers, lack of transportation, and lack of knowledge about available resources as barriers to care.

The lack of providers including primary care, certain specialists (such as pediatric dentistry and orthopedics), and providers who accept Medicaid, was seen as a barrier in 50% of responses.

The location of facilities was seen as a barrier to care, particularly for low income and transportation disadvantaged individuals.

Barriers related to health plans included poor provider reimbursement, plan limitations, and limited access to care for some HMO members. Medicare health plan issues included changing services covered, selling limited menus of services, and not consistently offering plans in the County from one year to the next.

Health literacy was cited by several individuals as a barrier. The lack of culturally and linguistically appropriate health education, as well as information written at too high of a grade level for English speakers, can prevent individuals from actively participating in their health decisions. Cultural stigma surrounding certain diseases including cancer and HIV/AIDS was also cited.

For immigrants and migrant workers, the lack of classes for English as a Second Language (ESOL) was cited as a barrier to care, along with lack of documentation, trouble getting identification and other needed paperwork, and lack of support systems.

Respondents also cited that the lack of child care can be a barrier to getting health care for the parent, if they must bring their children with them to the doctor.

4. Health Improvement for Population Groups

Participants were asked to identify what they thought was important to improving health for five populations. Responses have been grouped by theme and placed in order of frequency of occurrence.

a. Children under 14

Education, including general health and hygiene, sex education, and life skills were the most commonly cited education topics needed to improve the health of children. Parental education was also cited including an understanding of normal child development, the need for well child care, and childhood diseases.

Expansion of health insurance through increased employer provided health insurance, Medicaid and Kid Care expansion and universal health care was the second most commonly cited way to improve the health of children.

More access to preventive care, access to dental care, and more pediatric specialists was the third most common theme.

Proper nutrition, providing breakfast in schools for all students, and encouraging family centered physical activity relate to prevention of obesity.

Mental health services, increasing developmental screenings and follow-up on developmental screening results, and early substance abuse treatment relate to behavioral health.

Immunization created the most diverse set of responses. Encouraging parents to have immunizations up to date when children are young and not playing "catch-up" when children start school was indicated, as was offering immunizations IN school settings. There was also a comment that children should not be receiving immunizations at all.

Better integration of services including health and social services was also indicated by one respondent as essential to improving the health of children.

b. Adolescents and Young Adults (15-24)

Sex education including STD and HIV prevention, and family planning was the most commonly cited response. Most of the respondents also indicated that more realistic prevention methods, not just abstinence based approaches, needed to be implemented and that messages targeted toward youth needed to be culturally appropriate as to race or ethnic identity as well as relevant to youth culture (example: types of media used to deliver messages). It was also indicated by several respondents that both boys and girls needed to receive the messages.

General health education including hygiene, nutrition, physical activity, tobacco prevention education, education about communicable diseases, infection control, and substance abuse prevention were cited. It was also suggested that stronger mandates for school-based health education should be considered.

Expansion of health insurance and improved access to low cost or sliding fee scale coverage for young adults was indicated. Also noted was the issue of children aging out of the child welfare and children's mental health systems upon their 18th birthday, and the need to make the transition to adult systems of care more seamless.

Access to dental services was seen as increasingly important for this age cohort due to the relationship of dental care to overall health, as well as the shortage of dentists.

Doctor training for primary care providers is needed to provide better service to disabled adolescents and young adults, especially those with developmental disabilities.

Better integration of services including health and social services was also indicated by one respondent as essential to improving the health of adolescents and young adults.

c. Adults Aged 25-64

Health insurance and affordable health care through expansion of employer provided insurance, universal coverage, and more free or sliding fee scale programs was the most commonly cited theme for this age cohort. Also, programs that assist with high deductibles and co-payments were also mentioned as important due to ongoing increases in these costs.

Chronic disease screening and management was the second most frequent theme mentioned, and included obesity prevention, diabetes self-management and cancer screenings (colorectal cancer screening was specifically cited by several respondents).

Community based mental health care, more substance abuse treatment options, (particularly for pain medication abuse), and respite services for adults caring for children and the elderly became more important in this age cohort than among younger persons.

Culturally competent health education, including STD and HIV prevention, nutrition, adult immunizations and general hygiene practices continued to be important for adults.

Dental care remained important for adults due to the effect of poor dental health on a variety of chronic diseases including heart disease.

Offering services in languages other than English and Spanish is becoming more critical as the immigrant population grows in number and diversity in the County.

There was also a suggestion for a consumer-based physician rating system which would help individuals select a health care provider with whom they feel comfortable.

d. Adults Aged 65 and Older

There was less variation in respondents' perceptions of the needs among this cohort.

Assistance obtaining affordable coverage, expanding Medicare for vision, hearing and dental services and navigating health insurance issues (such as plan selection, what is covered, how to file an appeal, what providers can be used) tied with increased access to mental health services and access to prescription drugs (particularly when the patient hits the doughnut hole) were the most common themes for this age cohort.

Education on drug interaction, chronic disease management and general health education were also cited as having continued importance. One respondent noted that "they need to know it's never too late to change" to improve their health. Peer educators were suggested as a way to reach this population. It was also suggested that seniors should be trained in using technologies such as the internet to become more active participants in their health care.

Resources to care for the frail elderly, address isolation, develop intergenerational and culturally and linguistically appropriate programs, and provide better transportation were indicated for this cohort.

e. Migrant Farmworkers

More providers that speak Spanish, providing trained medical interpreters and more provider training for cultural competency was by far the most common theme for this population.

Expansion of payment options including Medicaid that could provide basic care was the second most common theme.

Expansion of mental health services to assist with issues about the lack of a support system was also indicated.

Access to care could be improved through the use of a mobile medical van, and developing partnerships within the communities that are culturally relevant, assuring confidentiality, and assisting with obtaining documentation to receive services. Crew leaders and growers need to be encouraged to allow workers to go to medical appointments without fear of losing their job, and possibly provide transportation.

Environmental health issues such as education in the safe use of pesticides and safety regulations presented in pictorial form, and access to clothes washers and dryers to prevent workers from carrying pesticides home to their children. Improvement of living conditions to assure a healthy living environment was also indicated as important for improving the health of this population.

Providing more school breakfasts, making sure that adults and children have immunizations, having child care options so babies are not taken into the fields, improving pay for migrant workers so they can better provide for their families and expanding general health education in a culturally and linguistically appropriate manner were all cited as important for this population's health.

f. Women of Child Bearing Age (14-44)

Sex education, including family planning and teen pregnancy prevention was the most common theme for this population.

Pre-conception health (nutrition, folic acid use, smoking cessation, education about risk factors) and pre-natal care access were nearly as commonly represented for this population as sex education.

Expansions of Medicaid for mothers beyond two months after childbirth, and new programs to assist with co-pays and deductibles for moderate income families were suggested. Expansion of free and sliding fee scale clinics and more obstetrical providers for the indigent would help improve access to care.

Better chronic disease education including the importance of breast self-exams and diabetes was suggested.

Increased knowledge of resources in the community including those for domestic violence and mental health services could help women better navigate their own care.

Education about child development and the need to request developmental screening, and environmental health (lead paint, toxins in the home) awareness were also cited as important for this population.

5. Prevention and Wellness

Respondents were asked to choose the three most important areas of focus for prevention and wellness. A list of possible responses was read.

Table V-1: Rankings of Prevention and Wellness Areas of Focus

Area of Focus	Ranking
Obesity Prevention	1
Chronic Disease Screening	2 (tie)
HIV/STD Prevention	2 (tie)
Tobacco Prevention and Cessation	4
Diabetic Self-Management	5
Alcohol and Other Substance Abuse Prevention	6
Injury Prevention	7

Source: Key Informant Interviews, Health Council of West Central Florida, Conducted February 2009

6. Most Pressing Needs

Respondents were asked to reflect on the three most pressing needs related to health in Manatee County. Responses have been grouped by theme and placed in order of frequency of occurrence.

Improved information and referral services with “no wrong door” for accessing care was the most frequently occurring theme. This included better integration of services, continuity of care, and “one-stop shopping”.

Access to health insurance was the second most common theme. There was special emphasis on increasing number of individuals who are losing their health coverage due to unemployment, and the inability to afford COBRA payments. Also, respondents noted that many types of businesses in Manatee County do not offer health insurance coverage for their employees.

Funding shortfalls for safety net programs and the lack of culturally appropriate health education tied for the third most common themes.

Teen pregnancy prevention, dental care, chronic disease prevention, the need for more wellness programs (employer sponsored and government sponsored), lack of follow-up from health fair screenings, need for more doctors, and substance abuse treatment programs each had several responses.

Issues with single responses included developmental screenings, mental health services, adolescent health programs, patient unwillingness to seek care before a health issue becomes a crisis, and finding a provider that can give the appropriate diagnosis, treatment and follow-up.

7. Available Resources

Respondents were asked if they thought the resources available adequately meet the needs in the County.

Overwhelmingly, respondents felt that Manatee County had seen a positive growth in resources in recent years. But, respondents were equally aware that the demands being placed on those resources were increasing at a much faster rate than in the past and there was concern about the ability to continue to meet needs. It was also stated by several persons that economic stressors might lead to an even greater need for mental health services in the coming months.

Several respondents felt that seniors and healthy children had high availability of services, and several respondents cited long standing service gaps in dental, mental health and sex education.

8. Response to Needs

Respondents were asked for suggestions as to what could be done in the future to address unmet needs.

The most common response was more effective collaborations and partnerships. Engaging stakeholders, particularly consumer advocates, in the process of improving the health care delivery system was seen as a key factor in bridging the gap between needs and resources. Some work has begun in the County around this issue, but additional work needs to be done.

Several respondents noted that many residents of the County are out of touch with the needs of others. They recommended public awareness campaigns to make sure people know more about the County as a whole, not just their peer group. A public awareness campaign created around health issues at the state and local level was suggested.

Other ideas included:

- The maximization of technologies to improve efficiency, including on-line service intake and electronic medical records.
- Encourage more doctors to take ownership of their patients and not drop them when the patient loses insurance coverage. Emergency rooms should also have more follow through with patients, not just do the bare minimum and release the patient to find follow-up services on their own.
- Develop a pediatric outreach program to encourage pediatricians to conduct developmental screenings, and providing pediatricians with information on referrals for parents.

- Encourage a cultural shift in medical school education to a more holistic approach to care.
- Teach decision making skills to adolescents.
- Evaluate prevention and education programs to see what works and replicate effective models.
- Offer more cultural competency training to medical providers.
- Offer more sliding fee scale options for moderate income persons or redefine criteria for eligibility to include higher income persons without insurance coverage.

9. Leadership

Respondents were asked who should take leadership in addressing community needs. While there was some variation in this answer the Health Department, County, State and local government, health care providers and community based organizations were the key leaders identified for most efforts.

Other responses included:

- School Board
- Higher Education and Medical schools
- Faith-based organizations
- United Way
- Employers/Business Owners
- Chamber of Commerce
- Consumers

To summarize, there were common themes that came out of every question. While some of the details about how to accomplish things may be different, there was much more consistency in what needs to be done, and who needs to spearhead efforts to improve the health of Manatee County residents.

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ATTACHMENT 1

Zip Code Map

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ATTACHMENT 2

Key Informant Questionnaire

1. How long have you lived or worked in Manatee County?

2. What is your overall assessment of the health of Manatee County residents?
(Read choices)

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't know/not sure

3. Do you feel that there are some populations in Manatee County that face more challenges related to health than others?

If yes, who?

4. What are the major barriers for accessing health care in Manatee County?

5. I will name five populations groups in Manatee County. Please tell me what you think can be done to improve the health of:

Children (under 14)

Adolescents/Young Adults (14 to 24)

Adults 25-64

Adults 65 years and older

Migrant Farmworkers

Women of Childbearing Age 14-44

6. With regard to prevention and wellness efforts, what three areas of focus do you think should be priorities in the community?

- Tobacco prevention and cessation
- Obesity prevention
- Diabetic self-management education
- Adult and childhood immunizations
- Alcohol and other substance Abuse prevention
- Injury prevention
- Chronic disease screenings (cancer, diabetes, blood pressure)
- STD/HIV prevention
- Other

7. Given our discussion, what do you think are the three most pressing needs in Manatee County related to health?
8. How well do you think available resources meet the needs in the County?
9. What could be done that isn't currently being done to better address needs in the community?
10. Who should take the lead on addressing these needs?

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