

# 2019

## Community Health Needs Assessment



Centerstone Florida - Hospital and Addiction Center

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# I. EXECUTIVE SUMMARY

The Patient Protection and Affordable Care Act, commonly called the Affordable Care Act (“ACA”), was enacted into law on March 23, 2010. The ACA created new requirements and guidelines for 501(c)(3) tax-exempt not-for-profit status healthcare facilities. Hospitals must meet the requirements imposed by section 501(r). Section 501 (r)(3)(A) requires hospital organizations to complete a Community Health Needs Assessment (“CHNA”) every three years with annual updates on implementation strategy progress.

In September of 2015, Centerstone acquired Manatee Glens, a Behavioral Health facility located in Bradenton, Florida. It was transitioned and renamed Centerstone Florida - Hospital and Addiction Center (“CHAC”).

A CHNA is an important tool that is helpful in identifying the health needs of a community. The results assist with prioritizing health needs. After the prioritization of needs, appropriate resources and the creation of new partnerships can be put in place to improve the health of the population. In an era where healthcare costs are projected to continue to rise due to increased life expectancy, chronic disease prevalence, frequency of obesity, and economic insecurity in rural America, healthcare organizations are being challenged to maximize the use of their collective resources and respond to the needs of the communities they serve.

The CHNA process was conducted under the direction of CHAC and facilitated by LBMC, a healthcare consulting firm. The framework utilized, during the CHNA process, was a community-driven strategic planning process. This process secured input from community representatives that express broad interest, in the community where the hospital operates, including those with knowledge of public health. The community committee met, during the CHNA process to discuss strategy, review available public health data, analyze the community health survey results, and prioritize the public health issues that are prevalent within the community. CHAC is aware of the number of issues currently present in the community. The board decided to focus on issues in CHAC’s service area. The 2019 community health priorities identified by the committee and approved by the hospital Board of Directors are:

## A. Addiction and Substance Abuse

## B. Suicide

An implementation strategy, addressing the issues identified above, has been created by CHAC. The strategy will seek to leverage valuable partnerships and resource allocation and collaborate with partners for collective impact while deploying specific interventions within the community.

The outcomes and results of these interventions will be followed annually and re-examined in preparation for the next CHNA scheduled for 2022.

## II. INTRODUCTION

In accordance with the guidelines set forth in the Affordable Care act, the CHNA has been conducted by CHAC to better understand the needs and resources within CHAC's service area to guide strategic planning. LBMC has a dedicated healthcare industry team and provides a wide range of services focusing on the particular needs of each client, and their services include financial, operational, and strategic support. In addition to exemplary traditional audit, tax, and accounting services, LBMC provides a comprehensive offering of advisory consulting, reimbursement, compliance, and strategic business services to healthcare clients. LBMC was engaged to assist with providing evaluations of the community health status, provide a blueprint for a collaborative environment for identifying initiatives and prioritizing health needs, as well as to provide an overview of the CHNA process in general and approach methodology.

### **CHNA Development Overview**

CHNAs and associated implementation strategies are required of tax-exempt hospitals as a result of the ACA. These assessments and strategies create an important opportunity to improve the overall health of communities served by not-for-profit hospitals. They ensure that hospitals have the information they need to provide enhanced benefits that meet the needs of their communities. They also provide an opportunity to improve coordination of hospital community benefits with other efforts to improve community health. By statute, the CHNA process must take into account input from "persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health."

### **Project Objectives**

The objective of the CHNA is a systematic data-driven approach to determining the health status, behaviors, and needs of residents in the service area of the hospital. The data obtained during this process will be utilized to inform decision makers and guide efforts to improve community health and wellness. The process will provide information so that communities may identify and prioritize the greatest need in order to make the appropriate resource allocations to those areas, thereby making the greatest possible impact on community health status. This CHNA will serve as a tool toward reaching three basic goals:

- To improve residents' health status, increase their life spans, and elevate their overall quality of life. A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.

- To reduce the health disparities among residents. By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may be developed to combat some of the socio-economic factors, which have historically had a negative impact on residents' health.
- To increase accessibility to preventive services for all community residents. More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for diseases.

## Approach

The approach for completing the CHNA process is as follows:

- Describe the process and methods used to conduct the assessment:
  - Sources of data and dates retrieved;
  - Analytical methods applied;
  - Information gaps impacting ability to assess the needs; and
  - Identify with whom the Hospital collaborated.
- Describe how the hospital gained input from community representatives:
  - When and how the organization consulted with these individuals;
  - Names, titles, and organizations of these individuals; and
  - Any special knowledge or expertise in public health possessed by these individuals.
- Describe the process and criteria used in prioritizing health needs.
- Describe existing resources available to meet the community health needs; and
- Identify the programs and resources the hospital facility plans to commit to meeting each identified need and the anticipated impact of those programs and resources on the health need.

## Centerstone Overview

Centerstone of America is a 501(c)(3) not-for-profit health care organization dedicated to delivering care that changes lives. Centerstone of America was formed to help provide behavioral health services and advanced programs to those who suffer from mental illness and addiction across multiple states. Centerstone's primary goals are to provide high quality behavioral health services to the communities they serve in five states to include Kentucky, Tennessee, Indiana,

Illinois and Florida. Centerstone Florida is a wholly owned subsidiary, that cares for more than 15,000 people a year throughout five locations; one of which is CHAC. Centerstone Florida employs more than 450 physicians, nurses, counselors, case workers, leaders, and support staff who serve one out of every 30 families in the community.

### **Centerstone Florida - Hospital and Addiction Center Overview**

CHAC is located in Bradenton, Florida (40 miles south of Tampa), and serves Manatee County and surrounding areas. The 37-bed facility focuses on Psychiatry and Addiction and has a suite of services including addiction recovery, counseling, inpatient services, a full range of outpatient services, and 24-hour crisis and urgent care.

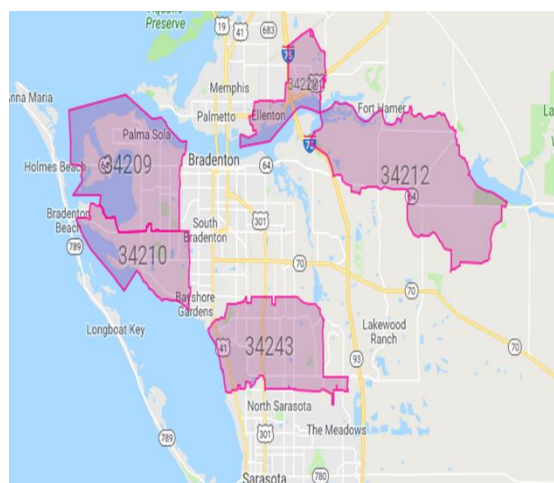
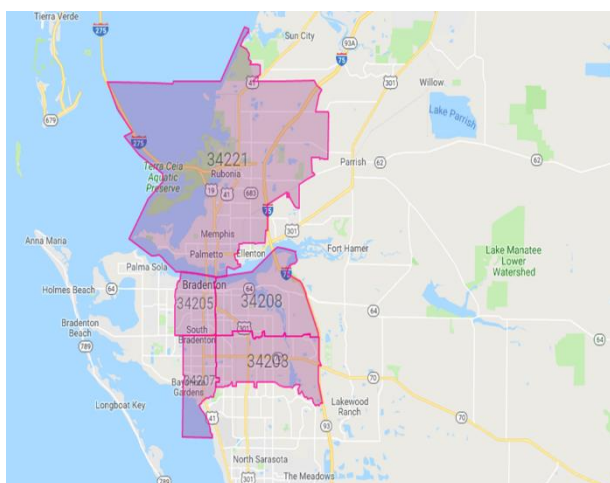
## III. DEMOGRAPHICS

### Definition of Service Area

Utilizing discharge data from CHAC for 2016, 2017 and 2018, the ZIP codes presented below represent approximately 95% of total discharges:

34205 - Bradenton, FL	34221 - Bradenton, FL	34210 - Bradenton, FL
34208 - Bradenton, FL	34209 - Bradenton, FL	34212 - Bradenton, FL
34207 - Bradenton, FL	34243 - Bradenton, FL	
34203 - Bradenton, FL	34222 - Bradenton, FL	

As a result of, for the purposes of the CHNA, the primary service area (“PSA”), is defined as and is limited to Manatee County.



### Manatee County “PSA” Demographics

Manatee County Florida is located between Tampa and Fort Myers Florida geographically. Manatee County’s neighboring counties include Hillsborough and Polk to the north, Hardeman to the east, and Sarasota to the south. The county seat is Bradenton.

**Centerstone Florida - Hospital and Addiction Center**  
**Manatee County, Florida**



Based on the most recent U.S. Census Bureau data available, the estimated population of the PSA is 394,855<sup>1</sup> with a gender ratio close to state and national ratios of (49%) male and (51%) female. The median age within the PSA is (47.6) years, which impacts numerous aspects of health including rates of some types of cancer, chronic disease and overall community health. Manatee County population is predominantly white, with a mix of Hispanic and African American races.

See table below for a summary of the most recent demographic details available per the U.S. Census Bureau for Manatee County.

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<sup>1</sup> All population information, unless otherwise cited, sourced from U.S. Census Bureau – American FactFinder



DEMOGRAPHICS			
Demographics	Manatee County	State of Florida	United States
Population and Community Overview			
Total	394,855	21,299,325	327,167,434
Female	50.8%	51.1%	51.7%
Male	49.2%	48.9%	48.3%
Median Age	37.8	41.8	74.6
Race			
White	86.2%	77.4%	76.6%
Black or African American	9.2%	16.9%	13.4%
American Indian and Alaska Native	0.5%	0.5%	1.3%
Asian	2.2%	2.9%	5.8%
Native Hawaiian and Other Pacific Islander	0.1%	0.1%	0.2%
Two or More Races	1.8%	2.1%	2.7%
Hispanic (of any Race)	16.3%	25.6%	18.1%
Age			
Under 5 years	4.8%	5.4%	6.1%
5 to 19 years	16.1%	17.2%	19.5%
20 to 44 years	25.9%	31.4%	33.4%
45 to 64 years	27.0%	26.7%	26.1%
65 and Older	26.0%	19.4%	14.9%
Socioeconomic			
Education			
Age 25+ with Less Than High School	4.4%	5.1%	12.6%
High School Graduate	30.4%	29.0%	27.3%
Bachelor's Degree or Higher	29.1%	25.5%	19.1%
Unemployment	6.6%	4.2%	4.1%
Median Household Income	\$55,268	\$50,883	\$57,652
Poverty Rate			
Overall	13.4%	15.5%	14.6%
Children Living in Poverty	22.8%	22.3%	20.3%
By Race			
White	12.0%	13.3%	12.0%
Black or African American	26.2%	24.8%	25.2%
American Indian and Alaska Native	11.8%	20.5%	26.8%
Asian	11.5%	12.6%	11.9%
Native Hawaiian and Other Pacific Islander	32.6%	25.1%	19.0%
Hispanic (any Race)	27.8%	19.8%	22.2%
By Educational Attainment			
Less than High School Graduate	26.4%	26.9%	26.4%
High School Graduate	13.4%	15.6%	14.1%
Some College or Associate's Degree	8.1%	10.7%	10.2%
Bachelor's Degree or Higher	4.9%	6.0%	4.5%

As displayed in the preceding table, the median household income for the county is \$55,268 which is 8% higher than the state of Florida. Educational attainment, the percent of the population that is a high school graduate or higher, is 88.9%, which is higher than both the state and national averages. Accordingly, over 13.4% of the population of the PSA is living in poverty. Furthermore, the percentage of children living in poverty within the community is 22.8%, which is approximately 12% higher than the national average and 2% higher than the state of Florida average. Consequently, over 56% of children enrolled in public schools are eligible for free lunch. With poverty being a key issue for the community, it is important to highlight that the unemployment rate for the County is 6.6%, which is higher than the national and state levels, per the most recent United States Census Bureau American Community Survey.

Quality of life issues are indicators that include, not only wealth and employment, but also the environment, physical and mental health, education, recreation and leisure time, and social belonging. The following section addresses social determinants of health, and how the PSA of Centerstone Florida - Hospital and Addiction Center rates relative to state and national figures.

## Health Indicators

### Poverty, Education, and Insurance Coverage

Research indicates that people living on limited incomes are more likely to forego visits to the doctor, in order to meet their more pressing financial responsibilities.<sup>2</sup> Low-income wage earners are also less likely to be covered by an employer's health insurance program, and if they are covered, they are often less able to pay their share of health expenses. Educational attainment and family or household income are two indicators commonly used to assess the influence of socioeconomic circumstances on health. Education has a strong relationship with future employment and income. In most persons, educational attainment reflects material and other resources of family origin and the knowledge and skills attained by young adulthood; therefore, it captures both the long-term influence of early life circumstances and the influence of adult circumstances on adult health. Income is the indicator that most directly measures material resources (1). Income can also influence health by its effect on living conditions (e.g., access to quality food sources, housing, leisure-time activities, and health-care services)

As mentioned above, The PSA's median household income of \$55,268 is higher than the statewide median household income of \$50,883 and is 4% lower than the United States of \$57,352. Research clearly represents that poverty is the single greatest threat to children's well-being.<sup>3</sup> While an adult may fall into poverty temporarily, falling into poverty in childhood can last a lifetime – rarely does a child get a second chance at an education or a healthy start in life. As such, child poverty threatens, not only the individual child but is likely to be passed on to future generations, entrenching and even exacerbating inequality in society. This indicator is relevant

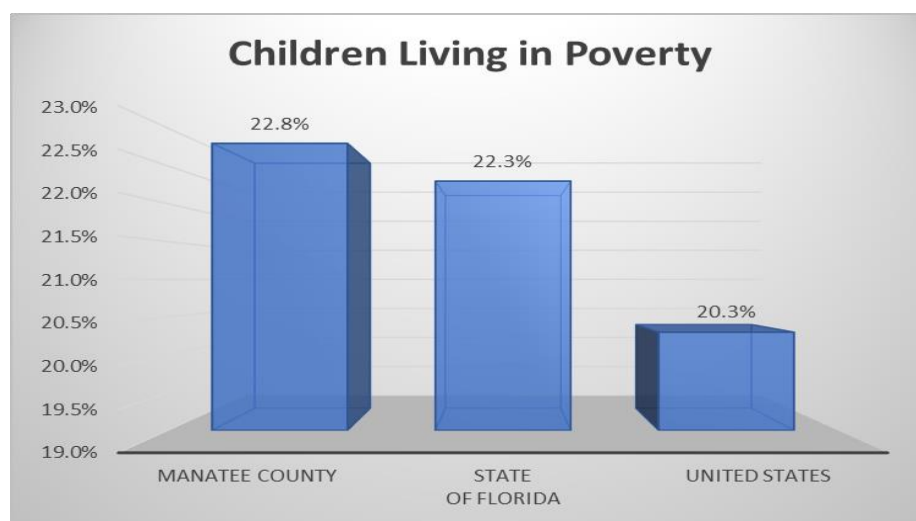
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<sup>2</sup> DeNavas-Walt C, Proctor BD, Mills RJ. Income, Poverty, and Health Insurance Coverage in the United States: 2003. U.S. Census Bureau, Current Population Reports, P60-226. U.S. Government Printing Office, Washington, DC, 2004.

<sup>3</sup> National Center for Children in Poverty

because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Twenty-two percent of all children in Manatee County– live in families with incomes below the federal poverty level – \$30,477 a year for a family of four.<sup>4</sup> Research shows that, on average, families need an income of about twice that level to cover basic expenses. Most of these children have parents who work, but low wages and unstable employment leave their families struggling to make ends meet. Poverty can impede children’s ability to learn and contribute to social, emotional, and behavioral problems. Poverty also can contribute to poor health and mental health. Risks are greatest for children who experience poverty when they are young and/or experience deep and persistent poverty. See comparison below.



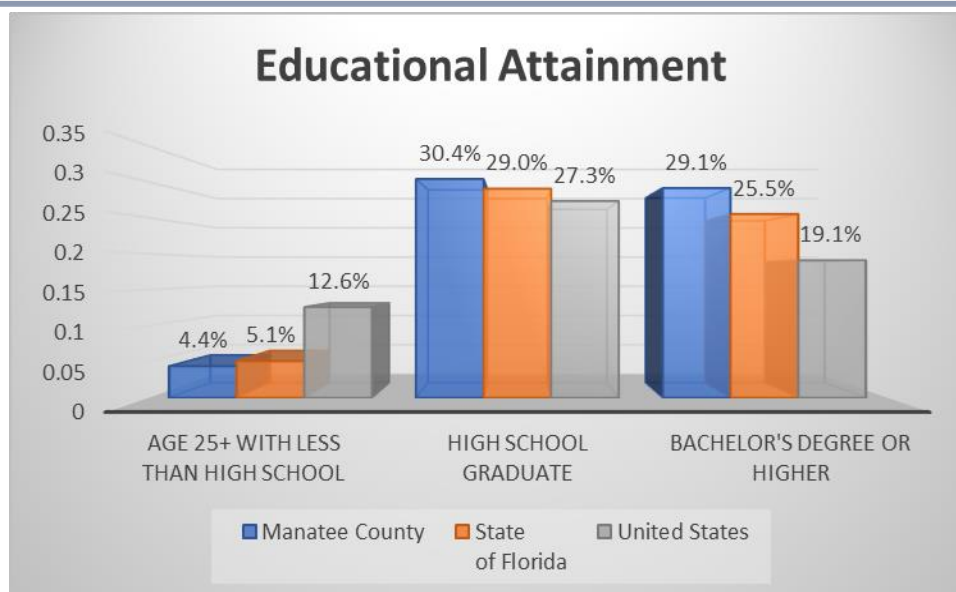
The exhibit below details the percentage of the population that is eligible to be enrolled in Medicaid. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

ACCESS TO HEALTHCARE			
Indicator		Manatee County	State of Florida
Median Monthly Medicaid Enrollment	% of population	15.9%	19.7%

A lack of education has also been cited as a major indicator of poor health in many studies.<sup>5</sup> Educational barriers often turn into impediments to employment, further increasing the likelihood of poverty and lack of insurance. Lack of adequate health education also impacts a person’s ability to understand medical information or recognize early symptoms of disease.

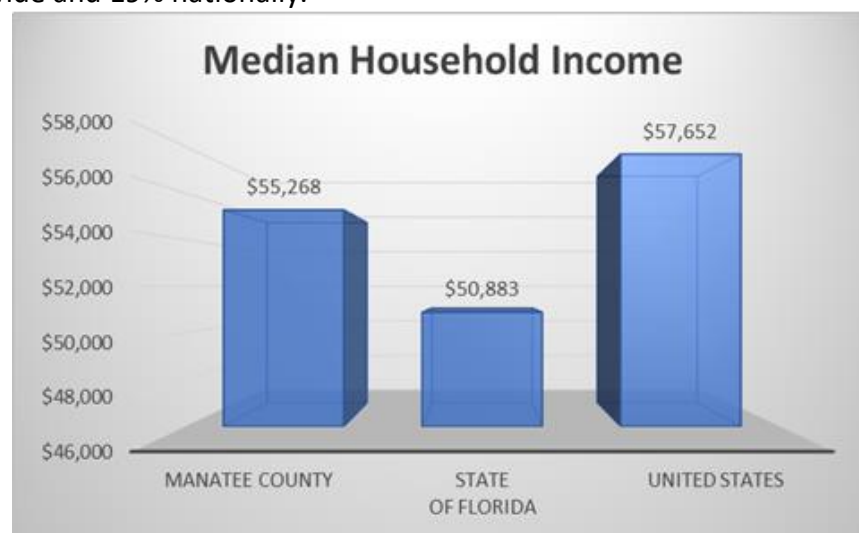
<sup>4</sup> U.S. Census Bureau, 2013 – 2017 American Community Survey 5-Year Estimates

<sup>5</sup> Fisher Wilson J. The Crucial Link between Literacy and Health. *Annals Internal Medicine*. 11/18/2003, Vol. 139 Issue 10, p875, 4p.



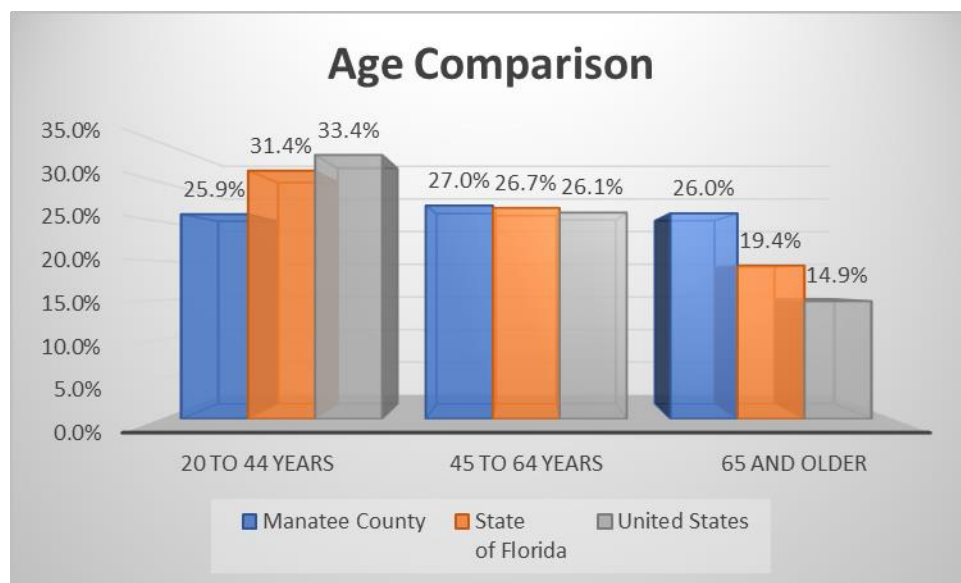
DEMOGRAPHICS				Comparison	
Demographics	Manatee County	State of Florida	United States	United States vs. Manatee County	Manatee County vs. Florida
Education					
Age 25+ w with Less Than High School	4.4%	5.1%	12.6%	-65.1%	-13.7%
High School Graduate	30.4%	29.0%	27.3%	11.2%	4.7%
Bachelor's Degree or Higher	29.1%	25.5%	19.1%	52.4%	14.1%
Unemployment	6.6%	4.2%	4.1%	61.0%	57.1%
Median Household Income	\$55,268	\$50,883	\$57,652	-4.1%	8.6%

The PSA's income level is directly correlated with its level of education. As displayed in the graph above, the PSA's educational attainment level, at all levels, is slightly higher than the state and national demographics; 29% of the PSA's residents hold a bachelor's degree or higher compared to 25% statewide and 19% nationally.



Another contributing factor to the PSA's overall health is the age of the population. Twenty-six percent of the PSA's population is over the age of 65. Twenty-seven percent of the population is between 45-64 years of age. That number is expected to increase rapidly in the coming years. Currently, 23% of the population over the age of 65 lives alone, which also has a negative effect on a person's health. Especially, those with multiple chronic conditions or diseases. Currently, older adults may only have limited access to other health care sources; this difficulty in reaching a provider may be the result of limited mobility, remote location, or loss of social networks.<sup>6</sup>

DEMOGRAPHICS			
Age	Manatee County	State of Florida	United States
Under 5 years	4.8%	5.4%	6.1%
5 to 19 years	16.1%	17.2%	19.5%
20 to 44 years	25.9%	31.4%	33.4%
45 to 64 years	27.0%	26.7%	26.1%
65 and Older	26.0%	19.4%	14.9%



The percentage of the Manatee County population without health insurance continues to be higher than the state and nation. According to the U.S. Census Bureau - Small Area Health Insurance Estimates, the percentage of residents in Manatee County without health insurance coverage was 19.1% in 2018, which is comparable to the state of Florida at 19% and is much higher than the national percentage.

<sup>6</sup> Lisa Smith Wagner, Todd H. Wagner, The Effect of Age on the Use of Health and Self-Care Information: Confronting the Stereotype, *The Gerontologist*, Volume 43, Issue 3, June 2003, Pages 318–324

ACCESS TO HEALTHCARE				
Indicator		Manatee County	United States	State of Florida
Uninsured				
Adults				
All Incomes	18 to 64 years	19.1%	6.0%	19.0%
Children (< 19 years)	< 19 years	7.5%	3.0%	7.2%
Health Care Costs	Medicare Reimbursements per Enrollee	\$10,239	n/a	\$10,980

The insured rates for the population lagging behind state and national norms could be due to financial constraints stemming from unemployment or coverage gaps that currently exist in the state. Those who are not eligible for Medicaid and cannot afford exchange subsidies may also contribute to the uninsured rate.

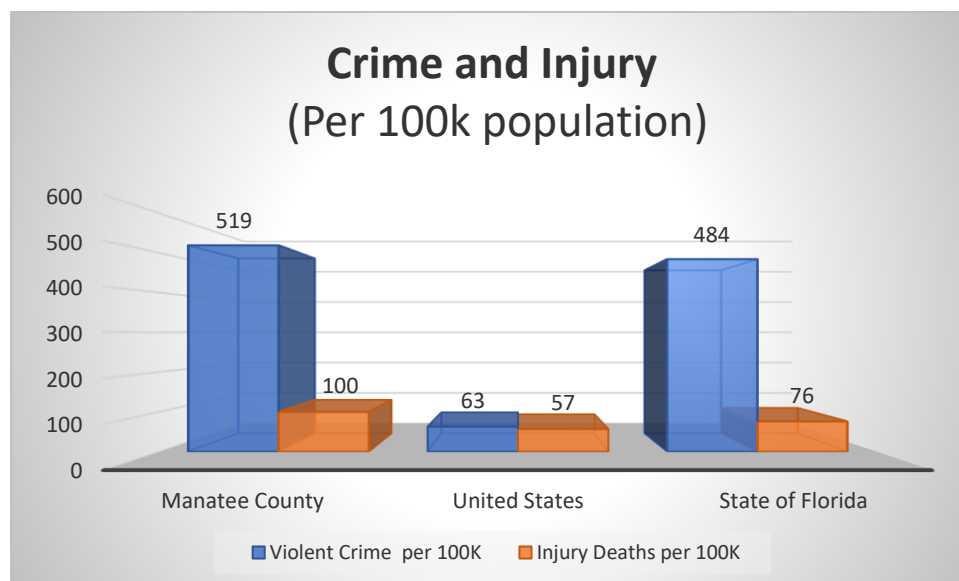
HEALTH ENVIRONMENT				
Indicator		Manatee County	United States	State of Florida
Physical Environment				
Air Pollution - Particular Matter	Ave Daily Density ( $\mu\text{g}$ per $\text{m}^3$ )	8.1	6.1	8.2
Severe Housing Problems	% w/ 1 to 4 CHAS Housing Problems	18%	9%	21%
Long Commute - Driving Alone	% Solo Drivers Commuting > 30 min	36%	15%	40%
Social Environment				
Violent Crime	per 100K	519	63	484
Injury Deaths	per 100K	100	57	76
Homicides	per 100k	6	2	6
Firearm fatalities	per 100k	0	7	0

### Healthy Environment

Healthy homes are essential to a healthy community and population. They contribute to meeting physical needs (e.g., air, water, food, and shelter) and to the occupants' psychological and social health. Housing is typically the greatest single expenditure for a family. Safe housing protects family members from exposure to environmental hazards, such as chemicals and allergens, and helps prevent unintentional injuries. Healthy housing can support occupants throughout their life stages, promote health and safety, and support mental and emotional health. In contrast, inadequate housing contributes to infectious and chronic diseases and injuries. It can also affect child development adversely. The table below displays basic health indicators of both the physical and social environment of the community housing.

The physical health environment of Manatee County is materially in line with the state of Florida norms, but it varies significantly from the top United States performers. Air quality within the PSA is a moderate concern as it scores 33% lower than national peers. Over 18% of the PSA population experiences housing issues deemed to be severe by the Comprehensive Housing

Affordability Strategy Administration (CHAS) annually which is slightly better than the state of Florida norms.



Another area of concern for the PSA is the high rate of violent crimes and injury-related deaths. Per the County Health Ranking and Roadmaps report for 2018, extrapolating the Manatee County population sample to a comparable size of 100 thousand, violent crimes are 723% (456 annual occurrences) more common than in the top United States performers. Additionally, preventable injury deaths in the PSA are 75% higher the top national performers and 31% higher than the state of Florida average.

### **Community Needs Index**

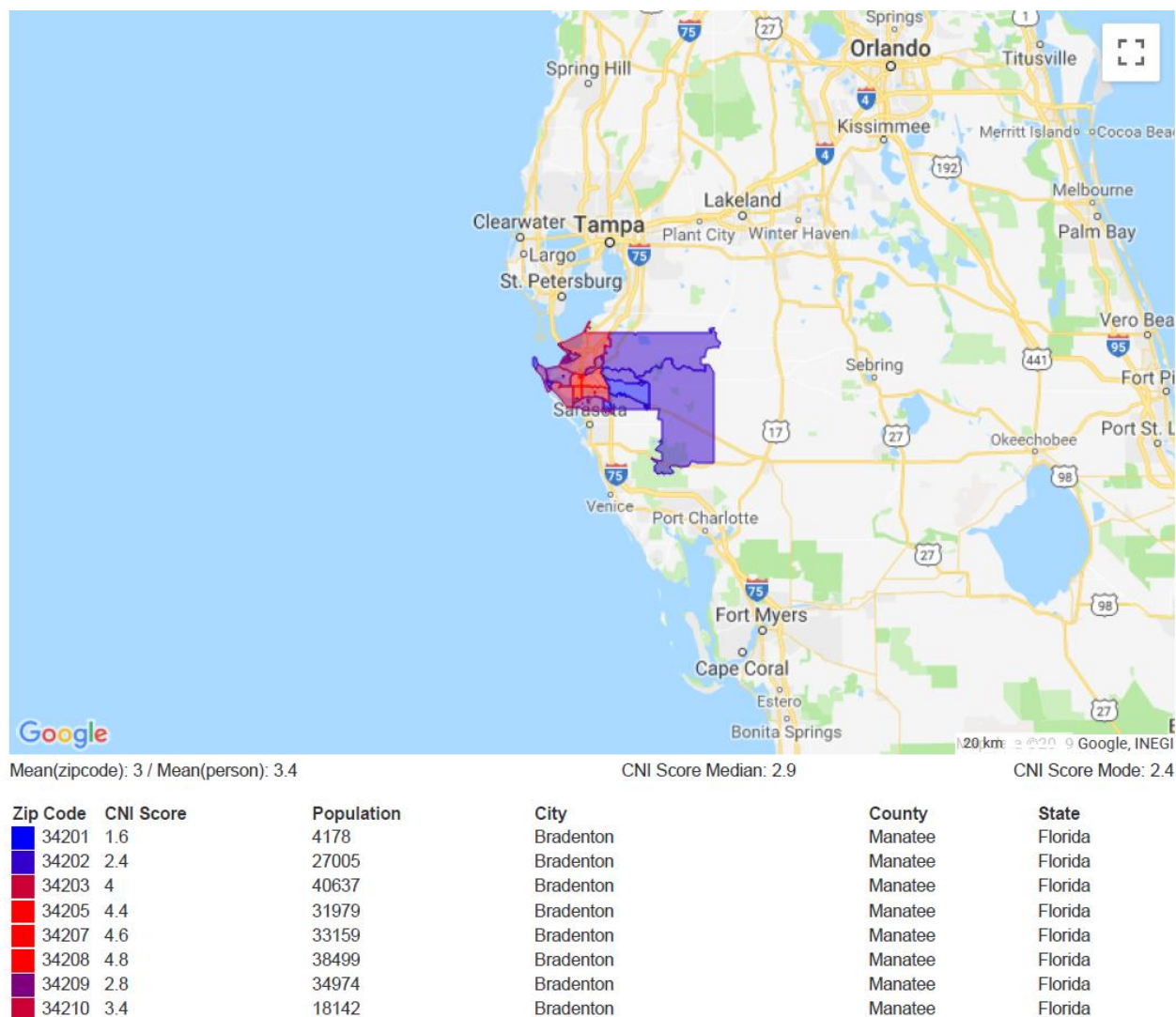
The Community Needs Index<sup>7</sup> “CNI” identifies the severity of health disparities for every ZIP code in the United States and demonstrates the link between community need, access to care, and preventable hospitalizations. For each ZIP code in the United States, the CNI aggregates five socio-economic indicators/barriers to health care access that are known to contribute to health disparities related to income, education, culture/language, insurance, and housing. LBMC uses the CNI to identify communities that have a high level of need and direct a range of community health and faith-based community outreach efforts to these areas.

To determine the severity of barriers to health care access in the primary service area of CHAC, the CNI gathers data about that community’s socio-economy. Specifically, it identifies what percentage of the population is elderly and living in poverty; what percentage of the population is uninsured; what percentage of the population is unemployed, etc. Using this data, the CNI assigns a score to each barrier condition. A score of 1.0 indicates a zip code with the lowest socio-economic barriers (low need), while a score of 5.0 represents a zip code with the most socio-

<sup>7</sup> <http://cni.chw-interactive.org/>



economic barriers (high need). The scores are then aggregated and averaged for a final CNI score (each barrier receives equal weight in the average). The following map provides the CNI scores for Manatee County.



As displayed in the preceding graphic, the weighted average CNI score for Manatee County is 3.4 with a median CNI score of 2.9 for the zip codes that comprise the county. As such, the overall need index for the community scores at the highest level signifying the greatest room for improvement.



## IV. COMMUNITY HEALTH ASSESSMENT: METHODOLOGY AND FINDINGS

With a focus on the demographic health indicators discussed in the preceding section of this report, a Community Health Committee was formed by CHAC that represents the broad interest of the community to weigh in on the health issues that are impacting the population. With the assistance of LBMC, a survey was generated to determine public perception about the community and prioritize issues that impact health. This survey was posted online and distributed within the community through avenues such as the hospital, chamber of commerce, public school board, local church and other civic group email list services.

The methodology utilized in this assessment incorporates data from both quantitative and qualitative sources. Quantitative data input includes primary research (the Community Health Survey) and secondary research (vital statistics and other existing health-related data); these quantitative components allow for trending and comparison to benchmark data at the state and national levels. Qualitative data input includes primary research gathered through an online survey that was deployed to the community along with the expertise provided by the Community Health Committee that was formed by the Hospital.

### **Community Health Committee**

The goal of establishing the Community Health Committee for this process was to solicit input from residents of the PSA that represent the diverse (underserved, chronically ill, low income, and minority populations) views of the community and to promote the broad interest of those served by the Hospital. The committee established by CHAC and their associated community roles or occupations are as follows:

<b>Name</b>	<b>Community Role or Occupation</b>
Melissa Larkin-Skinner	Centerstone-Florida/CHAC CEO
Mike Meehan	Citizen
James Crutchfield	MCG Public
Brandy Hamilton	Suncoast Behavioral
Bronwyn Beightol	United Way Suncoast
Silvia Caldwell	Tidewell Hospice
Jennifer Bencie	DOH-Manatee
Mary Ann Legler	Healthy Teens Coalition
Elanie Maholte	Manatee County Gov

Lisa Tavallali	LECOM
Runa Badal	DOH-Manatee
Joshua Barnett	Manatee County
Bill Colgate	MCR Health
Valerie Vale	MCMS
Victoria Lee	SMM
Philip Reber	Manatee Memorial
Valerie Vale	Manatee County Medical Society
Joshua Scales	LBMC
Andrew McDonald	LBMC

The Committee met five times over a three-month time-frame and was requested to assist with and provide direction for the following responsibilities:

- Interpreting and understanding CHNA requirements and deadlines
- Identifying primary and secondary data sources
- Identifying key community partners
- Developing the organization's CHNA instrument and methodology
- Developing targeted survey questions including identification of its community's population health experts
- Compiling and interpreting the data accumulated through the survey
- Achieving consensus, with its identified community partners, citizens and public health experts, in identifying the top health issues facing its community

Developing the Hospital's implementation strategy to address the findings of the CHNA

## Survey

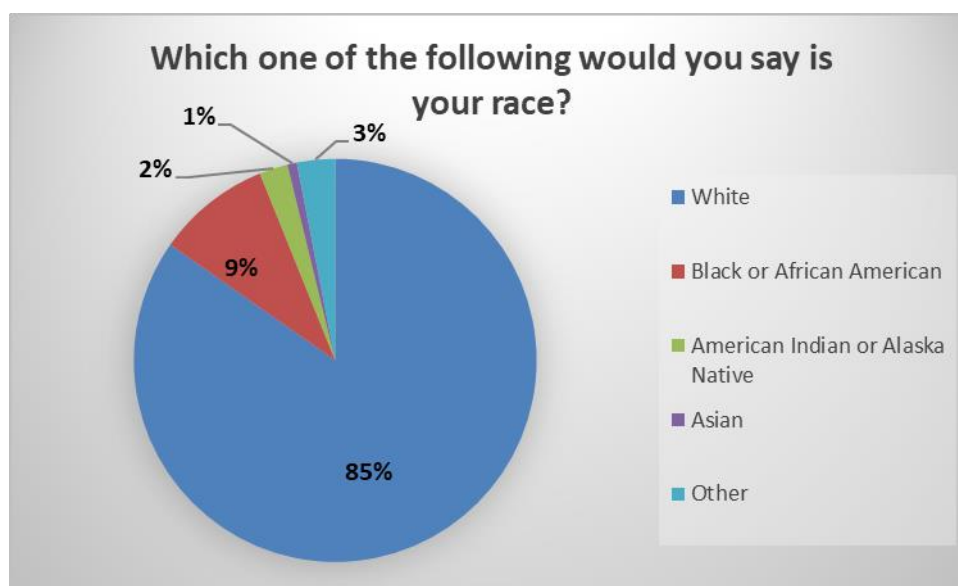
CHAC primary data collection vehicle for determining public perception about the various needs of the community was an online survey, seeking input regarding demographics and health status. In order to seek input from the medically underserved, chronically ill, and low-income individuals, and to ensure input from the overall population, the survey was dispersed by several different community partners who also helped distribute through their email list services. Additionally, the survey was available to the public, via survey monkey link, for a four-week period, from May 2019 to June 2019. In order to better gauge the community's perception of the local health needs, the community was asked what they perceive to be the most important health issues in their community. A total of 132 surveys were completed electronically. The full survey can be found in the appendix to this report and the associated results for the hospital are as follows:

<b>Total Responses:</b>	132
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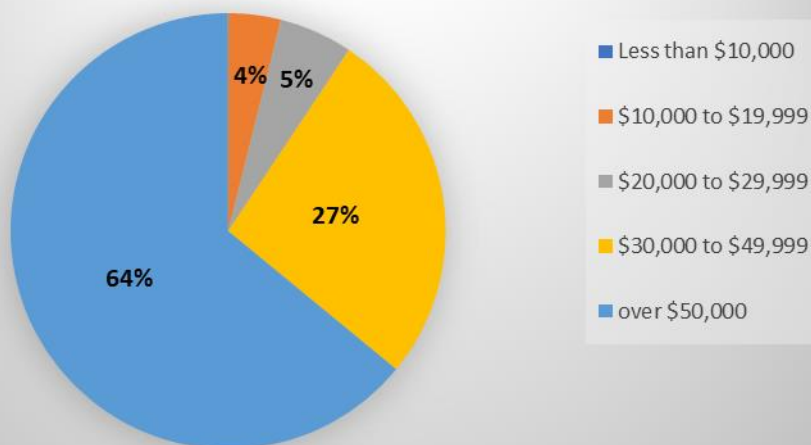
<b>Gender:</b>	
Male	23.4%
Female	76.5%

<b>Age:</b>	
Under 18	0.00%
18-24	3.13%
25-34	19.53%
35-44	28.13%
45-54	21.09%
55-64	21.88%
65+	6.25%
<b>Median Age:</b>	35-44

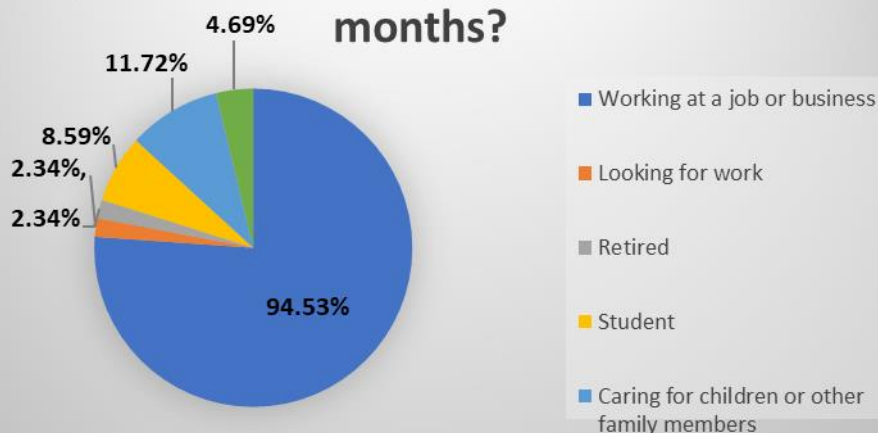
Of the 132 survey respondents, approximately 77% were female and 23% were male. The survey was successful in capturing respectable diversity with the age of the respondents. The median age of the respondent fell within the 35 to 44 age bucket. About 86% of the participants were married bringing the average and median household size to 2 with 45% of said households containing children under the age of 18. Below are a series of graphs and tables that further expand upon the diversity of the demographics of the community survey respondents:



### House income (per year)

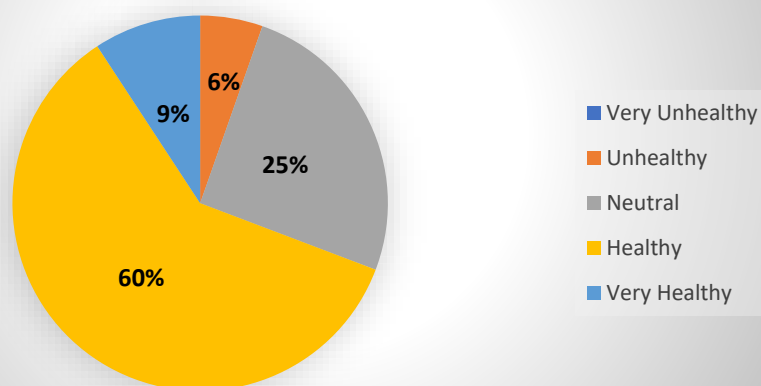


### Which of the following best describes your main activity during the last 3 months?

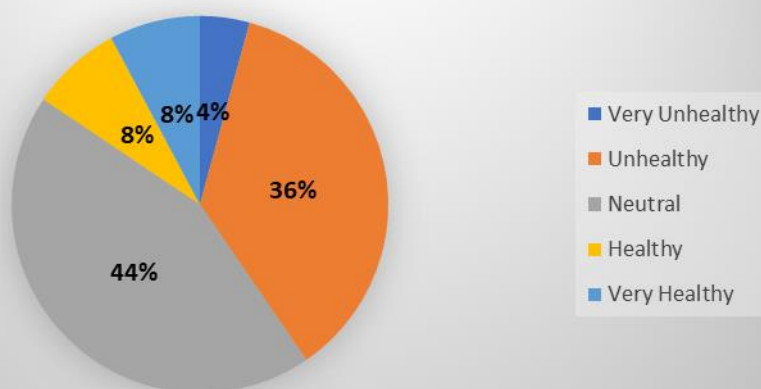


Subsequent to the demographic series of questions, the survey inquired of the respondent's personal health and their perception of the health of the community. The survey revealed that the majority of the respondents felt that they were in good health, but there were only a few who indicated very healthy or very unhealthy; thus, leaving room for improvement. As for the health of the community, over 48% selected neutral as their answer and 39% perceived the overall health of the community to be unhealthy.

### How would you rate your own personal health?

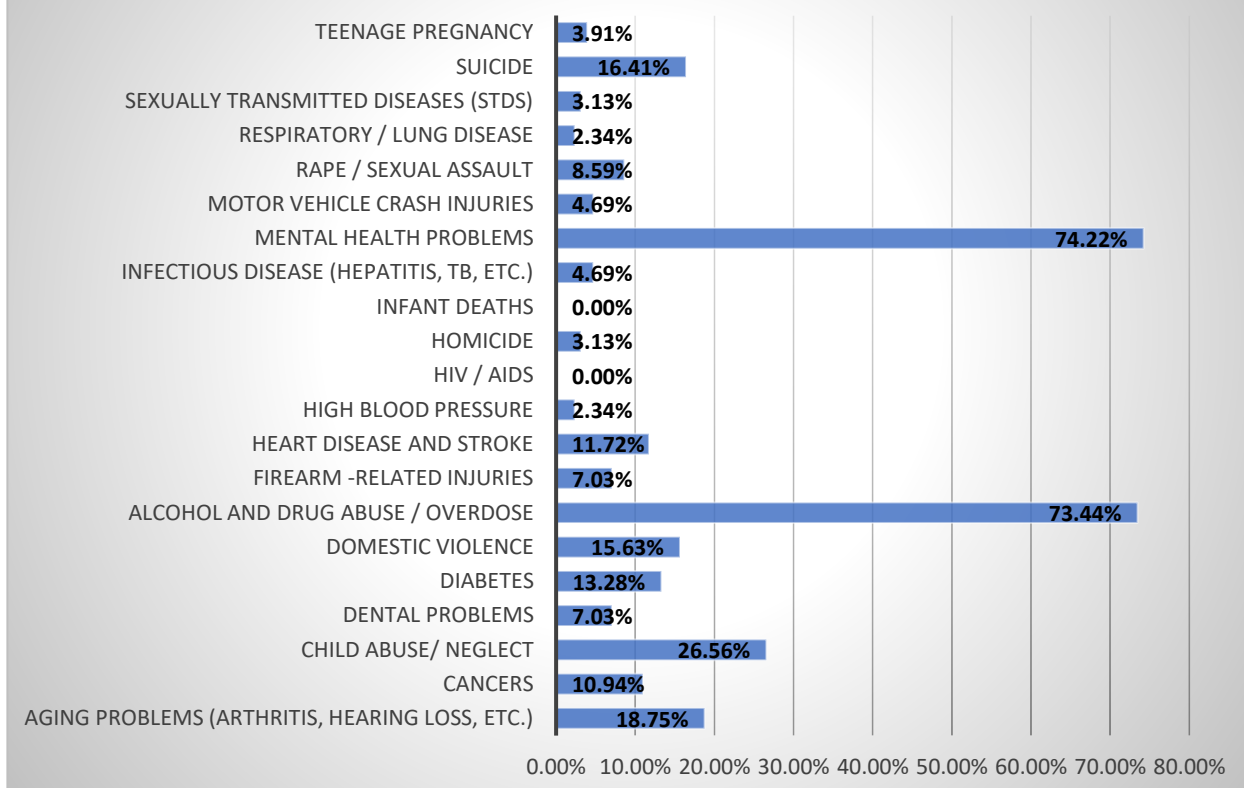


### How would you rate the overall health of the community?

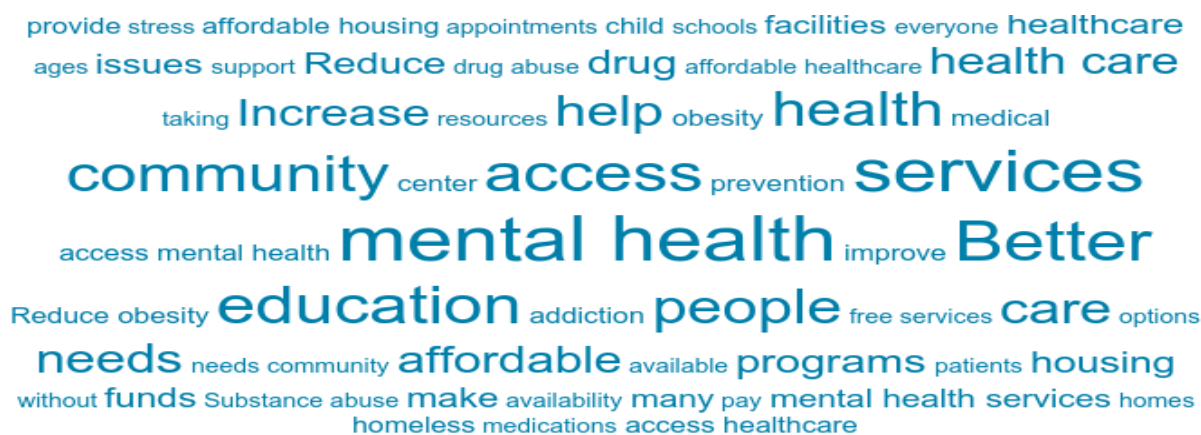


Social concerns and struggles within the community often directly impact the overall health of said community. The survey polled respondents seeking their opinion on the 3 most important health problems in the community. Within Manatee County, alcohol and drug abuse, mental health problems, child abuse/neglect, suicide, and aging problems were the most significant current social concerns identified and will be considered when prioritizing action items by the Community Health Committee.

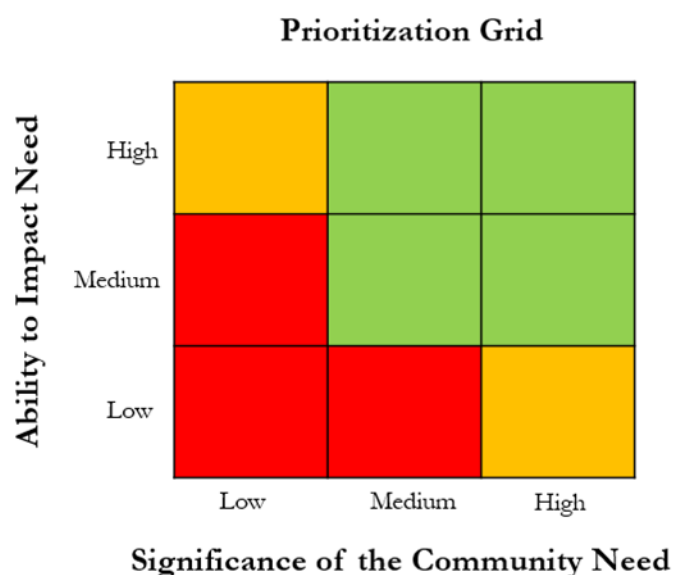
### What do you think are the 3 most important "health problems" are in the community?



On a similar scale, as the social concerns question, the survey inquired into the health concerns that need to be addressed within the community. Out of all the respondents, mental health, substance abuse, and access to care were some of the most commonly used responses. See word cloud for an illustration of the words mentioned most by the respondents:



As part of the assessment process, the Community Health Committee was presented the top ten most significant health issues, as summarized above, facing the PSA and requested to rank them based on their expertise. The grid below displays the methodology used in prioritizing the identified needs of the community based on the hospital's ability to impact the need and the significance of the need. The Committee was provided with primary and secondary data sources to assist them on determining the highest priority health care needs in the community. The Committee compared the raw secondary and primary data and took inventory of existing services and programming which address identified health needs. Consideration of community resources, budgetary constraints, available personnel and hospital "mission and vision" were all considerations in selecting which health needs to prioritize and address through the CHNA implementation plan strategy.



From the list of top ten areas of need, the Community Health Committee eliminated areas that were not adequate to their current service areas. While they are significant areas of need for the community, affordability of insurance and prescription drugs are national health concerns that will more than likely need to be handled through the highest levels of legislation. Further, given the CHAC's limited footprint, any efforts in stemming these issues would more than likely be met with minimal positive results. Consequently, after careful thought, debate and a thorough review of secondary data on the size, seriousness, available community resources, the Committee determined the following health needs which will be targeted for interventions by the CHNA committee in the implementation plan:

1. **Addiction and Substance Abuse**
2. **Suicide**

## V. IDENTIFIED COMMUNITY HEALTH NEEDS

### **Addiction and Substance Abuse**

Addiction and substance abuse have long been perceived to just be problems for urban settings, but in recent years illicit drugs and alcohol abuse have infiltrated towns of every size. Substance abuse can be especially hard to combat in underserved communities due to limited resources for prevention, treatment, and recovery. Per the Substance Abuse and Mental Health Services Administration, in 2016, an estimated 21 million Americans aged 12 and older self-reported needing treatment for alcohol or illicit drug use in the past year. These disorders are among the top conditions that cause disability and carry a high burden of disease in the United States, resulting in significant costs to families, employers, and publicly funded health systems. By 2022, mental and substance use disorders will surpass all physical diseases as a major cause of disability worldwide.

According to the SAMHSA, factors contributing to substance abuse in America include:

- Low educational attainment
- Poverty
- Unemployment
- High-risk behaviors
- Isolation

Substance abuse results in increased illegal activities, as well as physical and social health consequences, such as poor academic performance, poorer health status, changes in brain structure, and increased risk of death from overdose and suicide.

Substance abuse is a major public health issue because it impacts individuals, families, and communities. Drug and alcohol use can lead to other chronic diseases such as diabetes and heart disease. Addressing the impact of substance abuse alone is estimated to cost Americans more than \$600 billion each year. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. Per the Office of Disease Prevention and Health Promotion, these problems include, but are not limited to the following:



**Teenage pregnancy**  
**Sexually transmitted diseases (STDs)**  
**Domestic violence**  
**Child abuse**  
**Motor vehicle crashes**  
**Physical altercations**  
**Crime**  
**Homicide**  
**Suicide**  
**Physical Altercations**  
**Crime**  
**Homicide**  
**Suicide**

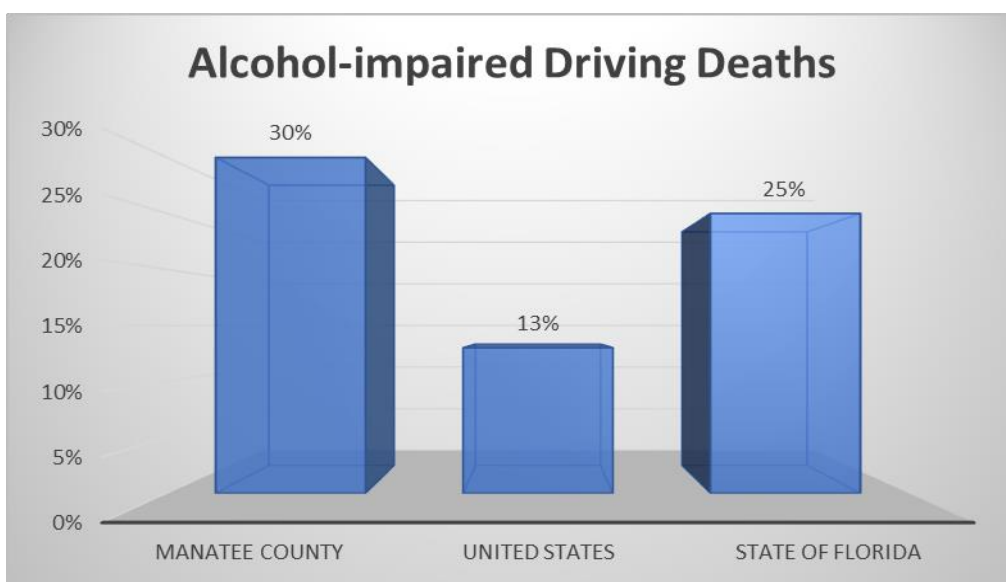
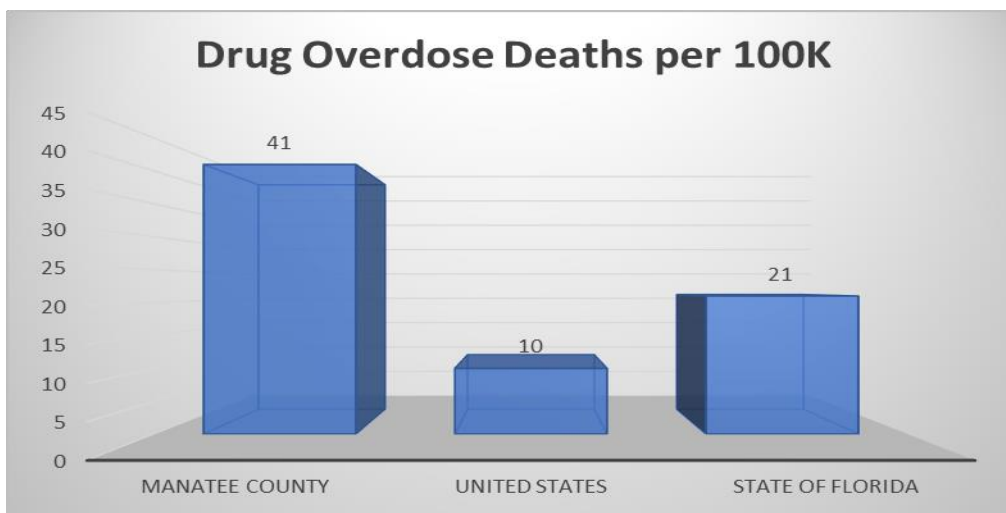
Substance abuse is defined as a set of related conditions associated with the consumption of mind and behavior altering substances that result in negative social and health outcomes. Public perception along with the political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues facing the nation. In addition to the considerable health implications, substance abuse has put a strain on the criminal justice system, sparking debates about social values: people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice or both.

Advances in research have led to the development of evidence-based strategies to effectively address substance abuse. Improvements in neuroimaging technologies and the development of medications that assist in treatment of substance abuse have gradually shifted the research and public perception of the disease. There is now a deeper understanding of substance abuse as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.

Improved evaluation of community-level prevention has enhanced researchers' understanding of environmental and social factors that contribute to the initiation and abuse of alcohol and illicit drugs, leading to a more sophisticated understanding of how to implement evidence-based strategies in specific social and cultural settings. A stronger emphasis on evaluation has expanded evidence-based practices for drug and alcohol treatment. Improvements have focused on the development of better clinical interventions through research and increasing the skills and qualifications of treatment providers.

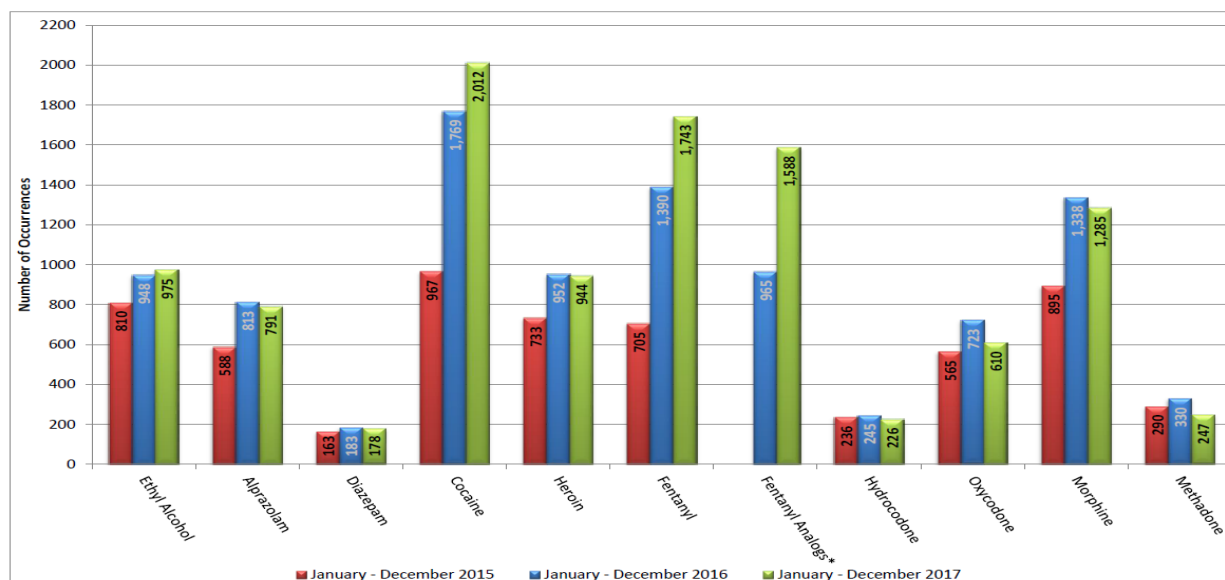
Addiction and substance abuse are major areas of concern for Manatee County residents. Drug and alcohol-related deaths within the community and state exceed national benchmarks for nearly every category that is tracked. Per the 2019 County Health Rankings and Roadmaps report, drug overdose deaths in Manatee County are 95% more likely to occur than the state of Florida benchmark and 310% greater than national norms. According to the 2017 Florida Drug

and Deceased Patients report, the number of Cocaine-caused deaths has increased by 179%, Heroin deaths by 131% and Fentanyl by 339% since 2016<sup>8</sup>. See graph below. This is a strong indication of the opioid epidemic in the state of Florida.



<sup>8</sup> Drugs Identified in Deceased Persons 2016 & 2017 Annual Report.

**Comparison of Drug Caused Deaths**  
2015 to 2017



Preventing substance abuse disorders and related problems in children, adolescents, and young adults is critical to behavioral and physical health. Behaviors and symptoms that signal the development of a behavioral disorder often manifest two to four years before a disorder is present. Prevention programs can help control substance abuse in rural communities, particularly when focused on adolescents. According to the SAMHSA, programs using evidence-based strategies that involve parents may discourage alcohol use by younger adults. Counselors, healthcare professionals, teachers, parents, and law enforcement can work together to identify problems and develop prevention strategies to control substance abuse in urban and rural communities by:

- Holding community or town hall meetings to raise awareness of the issues
- Developing a formal substance abuse prevention or treatment program for the community
- Providing care coordination and patient navigation services for people with substance use disorders
- Training law enforcement regarding liquor license compliance, underage drinking, and detection of impaired drivers
- Inviting speakers to talk to school-aged children and help them understand the consequences of addiction and substance abuse.
- Routine screening in primary care visits to identify at-risk children and adults
- Training adults as volunteers to identify and refer individuals at risk
- Collaborate with human services providers and local service organizations to ensure families affected by substance abuse have adequate food, housing, and mental health services

In addition, people diagnosed with a mental health issue are more likely to use alcohol or drugs than those not affected by a mental illness. The 2014 National Survey on Drug Use and Health showed that 18% of adults with mental illness also had a substance abuse disorder, but the rate dropped to 6% when no mental illness was present. If communities and families can intervene early, behavioral health disorders might be prevented, or symptoms can be mitigated.

## **Mental Health<sup>9</sup>**

Four of the ten leading causes of disability in the United States are mental health disorders according to the World Health Organization. By 2020, major depressive illness will be the leading cause of disability in the world for women and children. Mental health disorders are health conditions that are characterized by alterations in thinking, mood, and/or behavior that are associated with distress and/or impaired functioning. Mental health disorders contribute to a host of problems that may include disability, pain, and/or death.

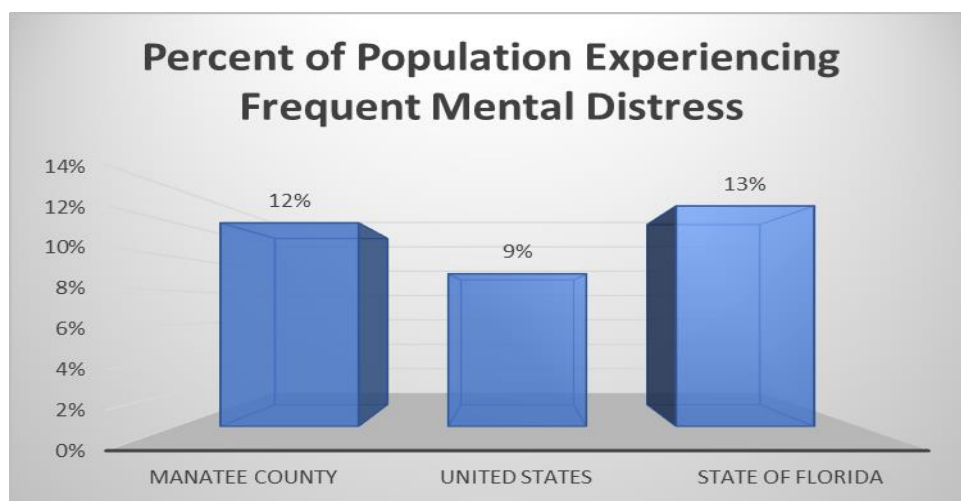
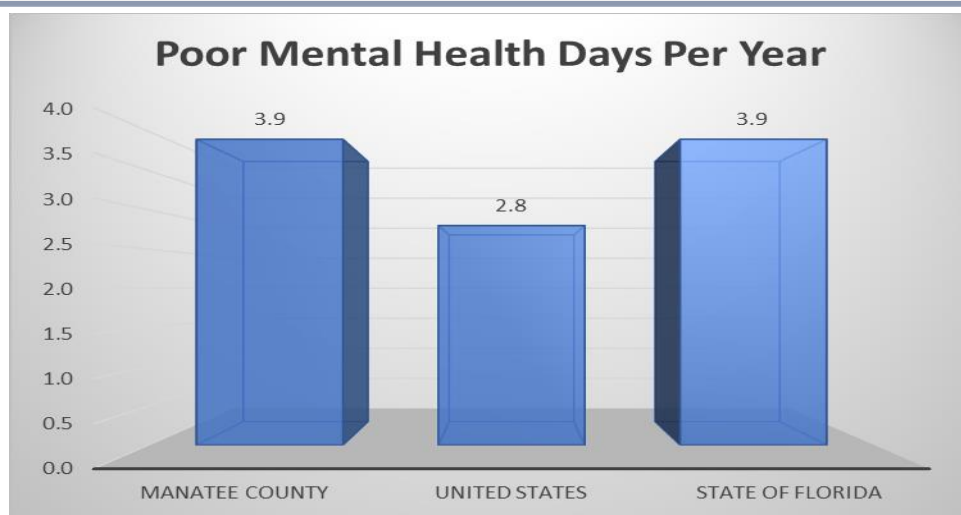
According to the Office of Disease Prevention and Health Promotion, annually, an estimated 18% (44 million) of United States adults suffer from mental illness and 4% (10 million) suffer from a seriously debilitating mental illness. The national annual economic cost of mental illness is estimated to be \$79 billion. Most of that amount — approximately \$63 billion — reflects the loss of productivity as a result of illness.

Mental health and physical health are closely connected. Mental health plays a major role in people's ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery. A combination of pharmacological and psychosocial treatments and support has been known to reduce symptoms and improve quality of life for between 70 and 90 percent of individuals diagnosed with mental illness. With appropriate, effective medication and a wide range of services tailored to their needs, most people who live with serious mental illnesses can significantly reduce the impact of their illness and find a satisfying degree of achievement and independence.

As displayed in the graph on the following page, poor mental health is an area of concern for Manatee County. According to the County Health Rankings and Roadmaps 2019 report, residents of Manatee County experience a 22% higher incident rate of poor mental health days than national benchmarks. Further, 12% of the population reports frequent mental distress which is in line with the state of Florida, but 33% higher than national benchmarks.

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<sup>9</sup> All Mental Health-related information, unless otherwise cited, sourced from the Centers for Disease Control and Prevention



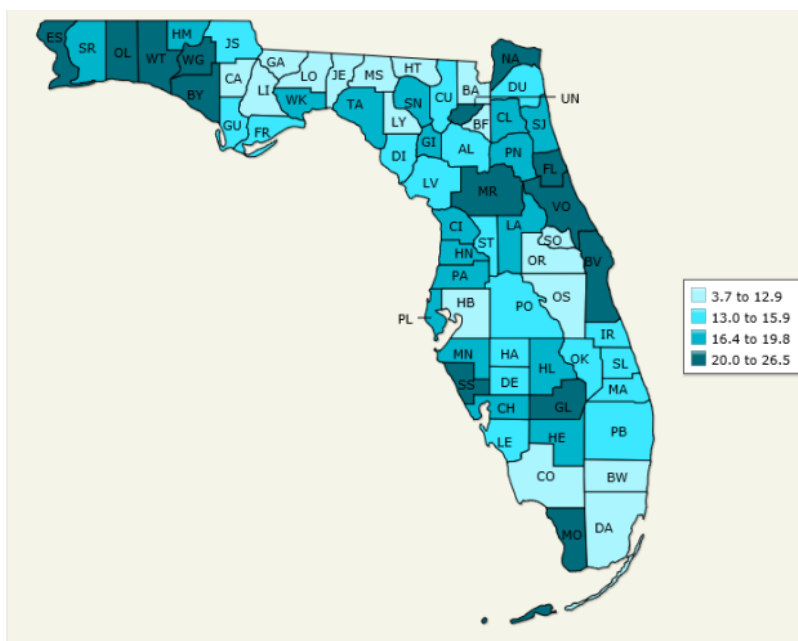
Effective treatments for mental health conditions will help people achieve psychological, social and emotional wellbeing, which can lead to better overall health. Early identification and access to appropriate treatment and recovery options can accelerate the recovery process. Additional resources and coordination of medical, social and financial services are required. Access to a continuum of services and prevention is especially critical for children and adolescents.

## Suicide

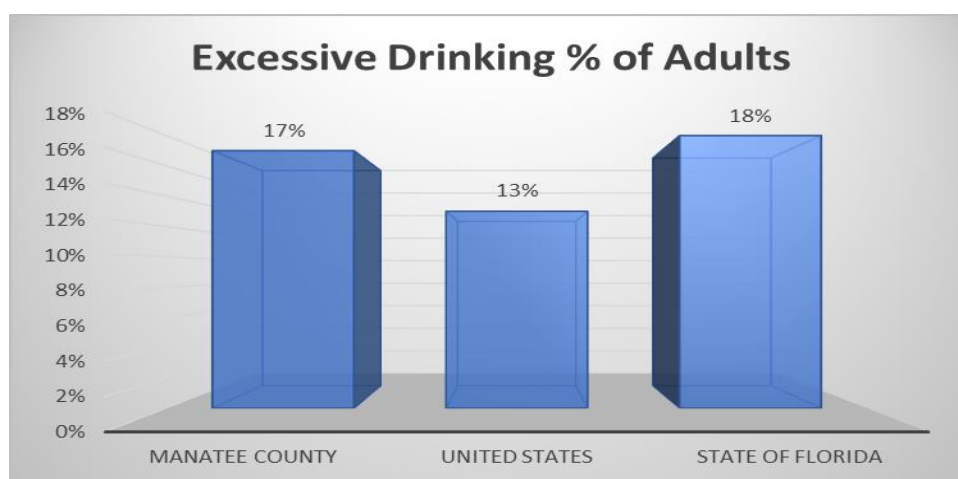
According to the Florida Department of Health, in 2017 there were 3,187 deaths in Florida due to suicide. Among the leading causes of death in Florida, suicide was the 8th highest. The age-adjusted death rate per 100,000 population (AADR) for suicide in 2017 was 14.1.<sup>10</sup>

<sup>10</sup> Florida Department of Health: CHARTS

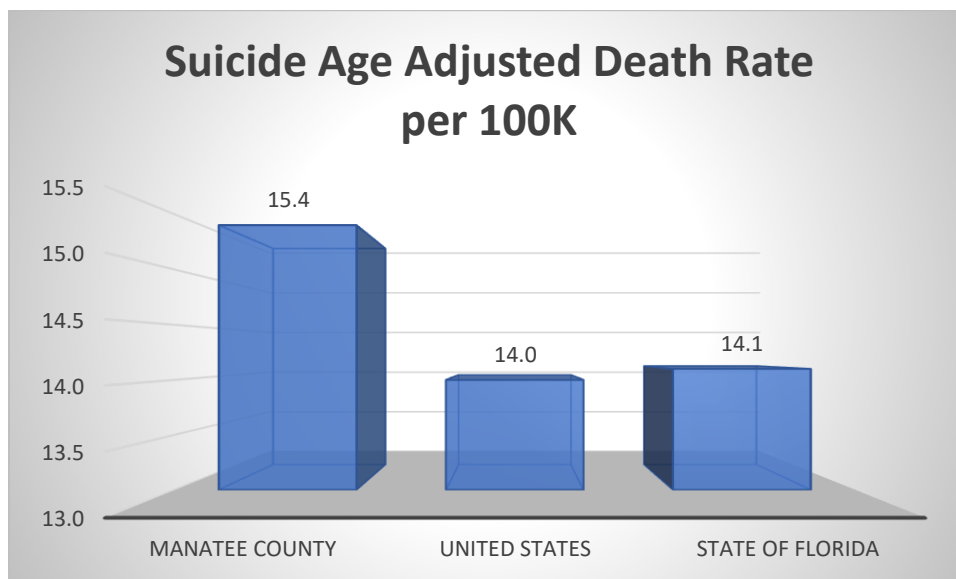
To put into perspective, the Healthy People 2020 objective, an organization providing science-based national objectives for improving the health of Americans, is less than 10.2 per 100,000 for suicide. In general, more than 90 percent of those who die by suicide have a diagnosable mental disorder. In 2005 the suicide rate for the state of Florida was at an all-time low at 12.3. Since then it has increased consistently over the years and is now 14.1. The map below displays the suicide age-adjusted death rates per 100,000 population by county of Florida 2015-2017.



Manatee County compares unfavorably to the state and national in suicide rates; in addition to substance abuse rates as well. Excessive drinking is the third leading lifestyle-related cause of death in the United States. Over 17 % of Manatee County residents claimed they excessively drink, compared to 18% for the state, and 13% for the nation.



Manatee County's suicide rate is currently at 15.4% which is 8% higher than the state and 9% higher than the national average. See graphs below for more detailed information.



While gaps in mental health care are evident, the scope and nature of the problem is not well understood. Manatee County enacted a countywide effort composed of government and private agencies to identify gaps in the current service delivery model. The goal is to move toward a zero-suicide community by combating mental health issues. The prevalence of substance abuse in the county suggests a need for education and outreach. In particular, educating people on the consequences of alcohol and drug use, and helping them to develop coping skills to resist peer pressure may help reduce future substance abuse. Another interesting factor is that the Suicide by Drug Poisoning rate is 2.1 per 100,000 population, which is 16% higher than the national average.

## VI. DATA GAPS IDENTIFIED

Where available, the most current and up-to-date data was used to determine the health needs of the community. Although the data set available is rich with information, data gaps do exist as follows:

- Data such as health insurance coverage, cancer screening, and incidence and mortality rates are not available by geographic areas within Manatee County.
- Data is not available, on all topics, to evaluate health needs within each race/ethnicity by age/gender specific subgroups.
- Diabetes prevalence is not available for children, a group that has had an increasing risk for type 2 diabetes in recent years, due to increasing overweight/obesity rates.
- Health risk behaviors that increase the risk for developing chronic diseases such as diabetes, are difficult to measure accurately in subpopulations, especially the Hispanic/Latino populations, due to Behavioral Risk Factor Surveillance System “BRFSS” methodology issues.
- County-wide data that characterize health risk and lifestyle behaviors like nutrition, exercise, and sedentary behaviors are not available for children.
- Data surrounding the hospitalization rate for ambulatory-care-sensitive conditions limits the population to mostly individuals age 65 and older and does not account for trends and disparities among younger age groups.
- The ratio of population to primary care physicians does not include mid-level providers, (i.e. NP & PA) who are a key part across the spectrum of health care, to meet the demands of a growing and aging population.



## VII. CONCLUSIONS

This CHNA was assembled to provide readers with an overview of the community's public health trends and to provide a platform to increase the communication across non-governmental as well as governmental agencies to improve the lives of residents. The findings from this process demonstrate that Manatee County residents include high concentrations of people at an increased risk for unhealthy living. After examining all the data sources used to create this report – the survey results, the input from the CHNA Committee, and various secondary data that were analyzed – it is clear that the need for establishing and expanding effective partnerships among city agencies is critical.

Collaboration holds the promise of allowing progress on issues where multiple parties are involved. Sustaining collaborations in Manatee County is possible, not only because of established partnerships, but also because of efforts such as the Manatee Healthcare Alliance, which will further strengthen existing relationships by highlighting major needs in the PSA.

In order to have improved collaborations throughout the service area, there needs to be better data exchange among health organizations. Both health and societal data is not consistently collected, and it is difficult to compare longitudinally. This frequently may not tell the whole story. To improve the health of Manatee County residents, CHAC and its partners must have access to accurate local data. There are opportunities to make significant improvements by gathering and tracking such data on all of these issues, particularly on the issues of chronic diseases and risk factors that contribute to health disparities. It is imperative that those working in public health and providers of direct clinical services collaborate to develop a strategic plan for the delivery of health care (including preventive care and mental health services) in a manner best suited to the community being served.

This report has presented a case that trends in health outcomes are not just determined by individual-level factors such as genetic make-up or access to medical services, but also by socio-economic factors. Manatee County stakeholders can no longer afford to ignore evidence linking social determinants of health with health outcomes. By building on the analysis in this report and partnerships throughout the county, Manatee County will take significant steps to build the capacity to understand and address the conditions contributing to the compromised health of its most vulnerable neighborhoods.

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# APPENDIX A

## Demographics and Indicator Summary

DEMOGRAPHICS					DEMOGRAPHICS		
Demographics	Manatee County	State of Florida	United States		Indicator	Data Source	Years of Data
Population and Community Overview					Population and Community Overview		
Total	394,855	21,299,325	327,167,434		Total	U.S. Census Bureau, Annual Estimates of Resident Population	2018
Female	50.8%	51.1%	51.7%		Female	U.S. Census Bureau, Demographic Profile Data	2017
Male	49.2%	48.9%	48.3%		Male		
Median Age	47.6	41.8	38		Median Age	U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates	2017
Race					Race		
White	86.2%	77.4%	76.6%		White	U.S. Census Bureau, Demographic Profile Data	2017
Black or African American	9.2%	16.9%	13.4%		Black or African American		
American Indian and Alaska Native	0.5%	0.5%	1.3%		American Indian and Alaska Native		
Asian	2.2%	2.9%	5.8%		Asian		
Native Hawaiian and Other Pacific Islander	0.1%	0.1%	0.2%		Native Hawaiian and Other Pacific Islander		
Two or More Races	1.8%	2.1%	2.7%		Two or More Races		
Hispanic (of any Race)	16.3%	25.6%	18.1%		Hispanic (of any Race)	U.S. Census Bureau, Demographic Profile Data	2017
Age					Age		
Under 5 years	4.8%	5.4%	6.1%		Under 5 years		
5 to 19 years	16.1%	17.2%	19.5%		5 to 19 years		
20 to 44 years	25.9%	31.4%	33.4%		20 to 44 years		
45 to 64 years	27.0%	26.7%	26.1%		45 to 64 years		
65 and Older	26.0%	19.4%	14.9%		65 and Older		
Socioeconomic					Socioeconomic		
Education					Education	U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates	2017
Age 25+ with Less Than High School	4.4%	5.1%	12.6%		Age 25+ with Less Than High School		
High School Graduate	30.4%	29.0%	27.3%		High School Graduate		
Bachelor's Degree or Higher	29.1%	25.5%	19.1%		Bachelor's Degree or Higher		
Unemployment	6.6%	4.2%	4.1%		Unemployment		
Median Household Income	\$55,268	\$50,883	\$57,652		Median Household Income		
Poverty Rate					Poverty Rate		
Overall	13.4%	15.5%	14.6%		Overall	U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates	2017
Children Living in Poverty	22.8%	22.3%	20.3%		Children Living in Poverty		
By Race					By Race		
White	12.0%	13.3%	12.0%		White	U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates	2017
Black or African American	26.2%	24.8%	25.2%		Black or African American		
American Indian and Alaska Native	11.8%	20.5%	26.8%		American Indian and Alaska Native		
Asian	11.5%	12.6%	11.9%		Asian		
Native Hawaiian and Other Pacific Islander	32.6%	25.1%	19.0%		Native Hawaiian and Other Pacific Islander		
Hispanic (any Race)	27.8%	19.8%	22.2%		Hispanic (any Race)		
By Educational Attainment					By Educational Attainment	U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates	2017
Less than High School Graduate	26.4%	26.9%	26.4%		Less than High School Graduate		
High School Graduate	13.4%	15.6%	14.1%		High School Graduate		
Some College or Associate's Degree	8.1%	10.7%	10.2%		Some College or Associate's Degree		
Bachelor's Degree or Higher	4.9%	6.0%	4.5%		Bachelor's Degree or Higher		

HEALTH OUTCOMES				
Indicator	Measure	Manatee County	United States	State of Florida
Natality				
Premature Death	< 75 years per 100K	8,300	5,400	7,200
Child Mortality	per 100K	50	40	50
Infant Mortality	< 1 year per 1K Live Births	7	5	7
Low Birthweight	% of Births	8%	6%	9%
Births With 3rd Trimester or No Prenatal Care	% of Births	7.3%	n/a	6.1%
Tobacco Use During Pregnancy	% of Births	8%	n/a	5.2%
Health Conditions				
Diabetes Prevalence	% dx > age 20	11%	8%	11%
HIV Prevalence	per 100K	323	49	599
Quality of Life				
Poor or Fair Health	% of Adults	16%	12%	19%
Poor Physical Health Days	% of Adults	3.7	2.9	3.9
Frequent Physical Distress	% of Adults	11%	9%	12%
Poor Mental Health Days	% of Adults	3.9	2.8	3.9
Frequent Mental Distress	% of Adults	12%	9%	13%
Miscellaneous Clinical Care				
Preventable Hospital Stays	per 1K Medicare Enrollees	4,196	2,765	5,066
Mammography Screening	% Female Medicare Enrollees 67 to 69	41%	49%	42%
Diabetes Monitoring	% of Medicare enrollees 65-75	86%	90%	85%
ACCESS TO HEALTHCARE				
Indicator		Manatee County	United States	State of Florida
Uninsured				
Adults				
All Incomes	18 to 64 years	19.1%	n/a	19.0%
Children (< 19 years)	< 19 years	7.5%	n/a	7.2%
Health Care Costs	Medicare Reimbursements per Enrollee	\$10,239	n/a	\$10,980
Median Monthly Medicaid Enrollment	% of population	15.9%	n/a	19.7%
Health Professional Shortage Area (HPSA) Designation				
Primary Care		Yes	n/a	n/a
Mental Health		Yes	n/a	n/a
Ratio of Population to Providers				
Primary Care Physicians		1,830:1	1,050:1	1,390:1
Mental Health Providers		1,030:1	12.92	27.92
Total Births	Per 1,000 Total Population	10,390	n/a	672,870

HEALTH OUTCOMES		
Indicator	Data Source	Year(s) of Data
Natality		
Premature Death	County Health Rankings & Roadmaps	2019
Child Mortality		
Infant Mortality		
Low Birthweight		
Births With 3rd Trimester or No Prenatal Care	County Birth Data Comparison	2015-2017
Tobacco Use During Pregnancy		
Health Conditions		
Diabetes Prevalence	County Health Rankings & Roadmaps	2019
HIV Prevalence		
Quality of Life		
Poor or Fair Health	County Health Rankings & Roadmaps	2019
Poor Physical Health Days		
Frequent Physical Distress		
Poor Mental Health Days		
Frequent Mental Distress		
Miscellaneous Clinical Care		
Preventable Hospital Stays	County Health Rankings & Roadmaps	2019
Mammography Screening		
Diabetes Monitoring		
ACCESS TO HEALTHCARE		
Indicator	Data Source	Year(s) of Data
Uninsured		
Adults		
All Incomes	Small Area Health Insurance Estimates (SAHIE)	2006-2017
Children (< 19 years)		
Health Care Costs	County Health Rankings & Roadmaps	2016
Median Monthly Medicaid Enrollment	County Health Status Indicators Report	2015-2017
Health Professional Shortage Area (HPSA) Designation		
Primary Care	Health Resources & Services Administration (HRSA) Data Warehouse	2017
Mental Health		
Ratio of Population to Providers		
Primary Care Physicians	County Health Rankings & Roadmaps	2016
Mental Health Providers		
Total Births	County Birth Data Comparison	15-17

HEALTH BEHAVIORS				
Indicator		Manatee County	United States	State of Florida
Food and Diet				
Adult Obesity	% of Adults with BMI 30+	28%	26%	27%
Children Eligible for Free Lunch	% Children in Public Schools	55%	32%	58%
Food Insecurity	% of Population	13%	9%	14%
Limited Access to Healthy Foods	% Low-income not Near a Grocery	6%	2%	7%
Drug and Alcohol				
Excessive Drinking	% of Adults	17%	13%	18%
Alcohol-impaired Driving Deaths		30%	13%	25%
Drug Overdose Deaths	per 100K	41	10	21
Motor Vehicle Crash Deaths	per 100K	14	9	14
Exercise and Lifestyle				
Insufficient Sleep	% of Adults that Average < 7 hrs Sleep	33%	27%	34%
Access to Exercise Opportunities	% of Population	91%	91%	88%
Physical Inactivity	% of Adults > 20 years	25%	19%	25%
Adult Smoking	% of Adults that are Current Smokers	16%	14%	15%
Sexually-transmitted Infections	per 100K	386.90	152.80	467.40
Teen Births	per 1K between 15 to 19 years	32	14	23
HEALTH ENVIRONMENT				
Indicator		Manatee County	United States	State of Florida
Physical Environment				
Air Pollution - Particular Matter	Ave Daily Density (µg per m³)	8.1	6.1	8.2
Severe Housing Problems	% w/ 1 to 4 CHAS Housing Problems	18%	9%	21%
Long Commute - Driving Alone	% Solo Drivers Commuting > 30 min	36%	15%	40%
Social Environment				
Violent Crime	per 100K	519	63	484
Injury Deaths	per 100K	100	57	76
Homicides	per 100k	6	2	6
Firearm fatalities	per 100k	0	7	0

HEALTH BEHAVIORS		
Indicator	Data Source	Year(s) of Data
Food and Diet		
Adult Obesity	County Health Rankings & Roadmaps	2019
Children Eligible for Free Lunch		
Food Insecurity		
Limited Access to Healthy Foods		
Drug and Alcohol		
Drug and Alcohol		
Excessive Drinking	County Health Rankings & Roadmaps	2019
Alcohol-impaired Driving Deaths		
Drug Overdose Deaths		
Motor Vehicle Crash Deaths		
Exercise and Lifestyle		
Insufficient Sleep	County Health Rankings & Roadmaps	2019
Access to Exercise Opportunities		
Physical Inactivity		
Adult Smoking		
Sexually-transmitted Infections		
Teen Births		
HEALTH ENVIRONMENT		
Indicator	Data Source	Year(s) of Data
Physical Environment		
Air Pollution - Particular Matter	County Health Rankings & Roadmaps	2019
Severe Housing Problems		
Long Commute - Driving Alone		
Social Environment		
Violent Crime	County Health Rankings & Roadmaps	2019
Injury Deaths		
Homicides		
Firearm Fatalities		

CAUSE OF DEATH INDICATORS					CAUSE OF DEATH INDICATORS		
Indicator		Manatee County	United States	State of Florida	Indicator	Data Source	Year(s) of Data
All Causes	per 100K	4,037	n/a	203,353	All Causes	County Health Status Indicators Report	2017
Heart Disease Age Adjusted Death Rate	per 100k	137.3	165.0	148.5	Heart Disease Age Adjusted Death Rate		
Cancer Age Adjusted Death Rate	per 100K	132.9	152.5	149.4	Cancer Age Adjusted Death Rate		
Unintentional Injuries Age Adjusted Death Rate	per 100K	70.6	49.4	56.0	Unintentional Injuries Age Adjusted Death Rate		
Chronic Low er Respiratory Disease Age Adjusted Death Rate	per 100K	32.1	40.9	40.0	Chronic Low er Respiratory Disease Age Adjusted Death Rate		
Stroke Age Adjusted Death Rate	per 100K	26.0	37.6	39.6	Stroke Age Adjusted Death Rate		
Alzheimer's Age-Adjusted Death Rate	per 100K	25.3	31.0	21.0	Alzheimer's Age-Adjusted Death Rate		
Suicide Age Adjusted Death Rate	per 100K	15.4	14.0	14.1	Suicide Age Adjusted Death Rate		
Diabetes Age Adjusted Death Rate	per 100K	14.5	21.5	20.7	Diabetes Age Adjusted Death Rate		
Motor Vehicle Crash Age Adjusted Death Rate	per 100K	14.4	n/a	14.8	Motor Vehicle Crash Age Adjusted Death Rate		
Chronic Liver Disease and Cirrhosis Age Adjusted Death Rate	per 100K	11.9	n/a	11.4	Chronic Liver Disease and Cirrhosis Age Adjusted Death Rate		
Pneumonia/Influenza Age Adjusted Death Rate	per 100K	7.9	14.3	9.8	Pneumonia/Influenza Age Adjusted Death Rate		
Homicide Age Adjusted Death Rate	per 100K	6.0	n/a	6.5	Homicide Age Adjusted Death Rate		
HIV/AIDS Age Adjusted Death Rate	per 100K	1.6	n/a	3.2	HIV/AIDS Age Adjusted Death Rate		
Drug Caused Deaths					Other		
Suicides by Drug Poisoning, Rate Per 100,000 Population, 3-Year Rollin	per 100K	2.1		1.8	Suicides by Drug Poisoning, Rate Per 100,000 Population, 3-Year Rollin	Social & Mental Health	2015-17
Unintentional Injury Deaths by Drug Poisoning, Rate Per 100,000 Population, 3-Year Rolling	per 100K	45.0		19.3	Unintentional Injury Deaths by Drug Poisoning, Rate Per 100,000 Population, 3-Year Rolling		
Drug Poisoning Deaths	per 100K	47.1		21.4	Drug Poisoning Deaths		

## APPENDIX B

### Survey

\* 1. In the following list, what do you think are the 3 most important "health problems" in the community?

- |   |   |
|---|---|
| <input type="checkbox"/> Aging problems (arthritis, hearing loss, etc.) | <input type="checkbox"/> Homicide                                 |
| <input type="checkbox"/> Cancers  | <input type="checkbox"/> Infant deaths                            |
| <input type="checkbox"/> Child abuse/Neglect                            | <input type="checkbox"/> Infectious disease (hepatitis, TB, etc.) |
| <input type="checkbox"/> Dental Problems                                | <input type="checkbox"/> Mental health problems                   |
| <input type="checkbox"/> Diabetes                                       | <input type="checkbox"/> Motor vehicle crash injuries             |
| <input type="checkbox"/> Domestic Violence                              | <input type="checkbox"/> Rape / sexual assault                    |
| <input type="checkbox"/> Alcohol and Drug Abuse / Overdose              | <input type="checkbox"/> Respiratory / lung disease               |
| <input type="checkbox"/> Firearm -related injuries                      | <input type="checkbox"/> Sexually transmitted diseases (STDs)     |
| <input type="checkbox"/> Heart disease and stroke                       | <input type="checkbox"/> Suicide                                  |
| <input type="checkbox"/> High blood pressure                            | <input type="checkbox"/> Teenage pregnancy                        |
| <input type="checkbox"/> HIV / AIDS                                     |   |

\* 2. Please use the space below to list what you think are the most important changes needed to achieve a "healthy community" in Manatee County (those changes which would most improve health and quality of life in our community, for example, tobacco cessation, reduce/prevent obesity, etc.). 100 character maximum

\* 3. Please rate the following: (check one box in each row)

	Very Unhealthy	Unhealthy	Neutral	Healthy	Very Healthy
How would you rate the overall health of the community?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**\* 4. Please rate the following: (check one box in each row)**

	Very Unhealthy	Unhealthy	Neutral	Healthy	Very Healthy
How would you rate your own personal health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**\* 5. Please rate the following: (check one box in each row)**

	Very Unsatisfied	Unsatisfied	Neutral	Satisfied	Very Satisfied
How satisfied are you with the quality of life in our community?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**\* 6. Please rate the following: (check one box in each row)**

	Very Unsatisfied	Unsatisfied	Neutral	Satisfied	Very Satisfied
How satisfied are you with healthcare in our community?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**\* 7. Was there a time in the past 12 months when you needed to see a doctor but could not...**

	because of cost?	because you didn't know where to go?	because no doctor would take your insurance?	because you don't have health insurance?	because you could not get an appointment in time?	because you had no way to get there (transportation, work schedule)?
Yes						
No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**8. Town or city in Manatee County where you live: (complete both if you live outside of Manatee county. or only enter the city if you live inside Manatee county.**

☐ I live outside Manatee County

Enter town/city

**9. Your Zip code:**

☐ I do not know

enter zip

**\* 10. What is your age? (select from drop menu)**

**\* 11. Gender**

- ☐ Male  
☐ Female

**\* 12. Including yourself, how many people live in your household?****\* 13. Which of the following best describes your main activity during the last 3 months? Select all that apply:**

- |   |  |
|---|--|
| <input type="checkbox"/> Working at a job or business | <input type="checkbox"/> Student                                     |
| <input type="checkbox"/> Looking for work             | <input type="checkbox"/> Caring for children or other family members |
| <input type="checkbox"/> Retired                      |  |
| <input type="checkbox"/> Other (please specify)       |  |

**\* 14. Are you Hispanic, Latino/Latina, or Spanish origin?**

- ☐ Yes  
☐ No

**\* 15. Which one of the following would you say is your race? Select all that apply:**

- ☐ White  
☐ Black or African American  
☐ American Indian or Alaska Native  
☐ Asian  
☐ Other

**\* 16. What is the highest grade or year of school you completed?**

- |   |   |
|---|---|
| <input type="radio"/> Never attended school or only Grades 1 through 8 (Elementary) | <input type="radio"/> College 1 year to 3 years |
| <input type="radio"/> Grades 9 through 11 (Some high school)                        | <input type="radio"/> College 4 years or more   |
| <input type="radio"/> Grade 12 or GED (High School graduate)                        |   |

**\* 17. House income (per year)**

- |  |  |
|--|--|
| <input type="radio"/> Less than \$10,000   | <input type="radio"/> \$30,000 to \$49,999 |
| <input type="radio"/> \$10,000 to \$19,999 | <input type="radio"/> over \$50,000        |
| <input type="radio"/> \$20,000 to \$29,999 |  |

**\* 18. During the past 12 months, did your employer: offer health promotion programs to employees?**

- ☐ Yes
- ☐ No

**\* 19. During the past 12 months did your employer offer a flexible schedule or opportunity to exercise (be active) at work?**

- ☐ Yes
- ☐ No

**\* 20. Within the past year, did you have access to a free nutrition class?**

- ☐ Yes
- ☐ No

**\* 21. Within the past year, did you attend a free nutrition class?**

- ☐ Yes
- ☐ No

**\* 22. Including yourself, how many adults in your household are retired?**

- |                              |                                    |
|------------------------------|------------------------------------|
| <input type="checkbox"/> All | <input type="checkbox"/> 3         |
| <input type="checkbox"/> 1   | <input type="checkbox"/> 4 or more |
| <input type="checkbox"/> 2   | <input type="checkbox"/> None      |

**\* 23. Including yourself, how many adults (18+) in your household are employed full time, year-round?**

- |                              |                                    |
|------------------------------|------------------------------------|
| <input type="checkbox"/> All | <input type="checkbox"/> 3         |
| <input type="checkbox"/> 1   | <input type="checkbox"/> 4 or more |
| <input type="checkbox"/> 2   | <input type="checkbox"/> None      |

**\* 24. How many household members are currently covered by health insurance?**Number of adults covered  
by health insurance:Number of children  
covered by health  
insurance:Number of household  
members not covered by  
insurance:**\* 25. If you or members of your household have health insurance coverage, how is it obtained?  
(check all that apply)**☐ Medicare A☐ Through an employer's health insurance plan☐ Medicare B☐ Veterans' Administration☐ Medicaid☐ Privately purchased☐ Through a retirement insurance plan**\* 26. Do any of these insurance policies provide dental coverage?**☐ Yes☐ No**\* 27. Do any of these insurances pay for prescription drugs?**☐ Yes, with co-payment☐ Yes, with no co-payment☐ No**\* 28. Are medical, dental or prescription co-pays a large enough problem that you postpone or go without services or prescriptions?**☐ Yes☐ No**\* 29. Do you have trouble getting transportation to health care services?**☐ Yes☐ No

**\* 30. How many Miles do you travel, one way:**

	1-5	6-10	11-20	21-30	>30
To see a doctor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To a hospital?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To school or job training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**\* 31. How would you describe your housing situation? (check only one)**

- ☐ Own a house or condo
 ☐ Multiple families sharing an apartment or house  
☐ Rent a house, condo, apartment or room
 ☐ Living in a shelter  
☐ living in a group home
 ☐ Living in a motel  
☐ Living temporarily with a friend or relative
 ☐ Living in senior housing to assisted living  
☐ Other (please explain)

**\* 32. Behavioral Health:**

Thinking about your mental health, which includes stress, anxiety, depression, and struggling with emotions, was there a time in the past 12 months when you needed to see a mental health provider but could not because of cost?

- ☐ Yes  
☐ No  
☐ Don't know / Not sure  
☐ Do not want to answer |

**\* 33. Other than cost, there are many other reasons people delay getting needed care. Have you delayed getting needed mental health care for any of the following reasons in the past 12 months? (Select the most important reason)**

- |  |   |
|--|---|
| <input type="checkbox"/> You couldn't get through on the phone.                          | <input type="checkbox"/> You didn't have transportation.  |
| <input type="checkbox"/> You didn't know where to go.                                    | <input type="checkbox"/> No, I did not delay getting mental health care/ did not need mental health care. |
| <input type="checkbox"/> You couldn't get an appointment soon enough.                    | <input type="checkbox"/> Don't know/ Not sure   |
| <input type="checkbox"/> Once you got there, you had to wait too long to see the doctor. | <input type="checkbox"/> Do not want to answer  |
| <input type="checkbox"/> The (clinic/doctor's) office wasn't open when you got there.    |   |
| <input type="checkbox"/> Other (please specify)  |   |

**\* 34. Substance abuse and addiction, which includes addiction and misuse of alcohol and drugs: was there a time in the past 12 months when you needed to get treatment for substance use or addiction but could not because of cost?**

- ☐ Yes
- ☐ No
- ☐ Don't know/ Not sure
- ☐ Do not want to answer

**\* 35. Other than cost, there are many other reasons people delay getting needed care. Have you delayed getting needed treatment for substance abuse or addiction for any of the following reasons in the past 12 months? (Select the most important reason)**

- |  |   |
|--|---|
| <input type="checkbox"/> You couldn't get through on the phone.                          | <input type="checkbox"/> You didn't have transportation.  |
| <input type="checkbox"/> You didn't know where to go.                                    | <input type="checkbox"/> No, I did not delay getting treatment for substance abuse or addiction/ did not need treatment for substance abuse or addiction. |
| <input type="checkbox"/> You couldn't get an appointment soon enough.                    | <input type="checkbox"/> Don't know/ Not sure   |
| <input type="checkbox"/> Once you got there, you had to wait too long to see the doctor. | <input type="checkbox"/> Do not want to answer  |
| <input type="checkbox"/> The (clinic/doctor's) office wasn't open when you got there.    |   |
| <input type="checkbox"/> Other (please specify)  |   |

## \* 36. Household Issues:

Some of the following may have been a problem for you or someone in your household. If it has been a problem in your household during the past 12 months, please tell us how much of a problem it has been.

(check one on each line)

	Not a problem	Minor Problem	Major Problem	Don't know
Adult substance use (alcohol or legal medications)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adult substance use (illegal drugs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Youth substance use ( <a href="#">alcohol</a> , drugs, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical violence against adults (domestic violence?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not having enough money to pay for mental health counselor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not having enough money to pay for housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not having enough money to pay for the doctor, dentist or pharmacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## APPENDIX C

### Centerstone Florida - Hospital and Addiction Center

#### CHNA Implementation Strategy

#	Community Health Need	Target Population	Objective/Goal	Action Plan	Partnering Organization(s)	Tracking Measurement
1-1	<b>Substance Abuse</b>	Service Area Population	Improve awareness on the Screening, Brief Intervention and Referral to Treatment (SBIRT) process	Educate primary care physicians on how to complete the process to improve screenings, interventions and how to do a referral for treatment	<b>Internal:</b> Hospital Employees	Number of trainings and screens completed
2-1	<b>Suicide</b>	Service Area Population	Improve suicide awareness in the community	Grow suicide awareness event from a onetime event to a campaign month	<b>Internal:</b> Hospital Employees <b>External:</b> Florida Department of Health & County Commissioner	Successfully expand Zero Suicide planning day to a month-long campaign