Florida Department of Health in Manatee County has one document for their Community Health Assessment and their Community Health Improvement Plan. Please see below for the page number for each.

Community health assessment 3

Community Health Improvement Plan 19

Manatee County CHA/CHIP

Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP)

"The health of the individual is almost inseparable from the health of the larger community and that the health of every community in every state and territory determines the overall health status of the nation."—Healthy People 2020

Florida HEALTH Manatee County

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Manatee County Community Health Assessment

Manatee County Population Demographics:

Manatee County is located on Florida's Gulf Coast, bordered by Tampa Bay and St. Petersburg to the North, Hardee and DeSoto Counties to the East, Sarasota County to the South, and the beaches of Anna Maria Island and the Gulf of Mexico to the West. The county seat and the largest municipality in Manatee County is Bradenton. The county has five other municipalities, including the City of Anna Maria, Bradenton Beach, Holmes Beach, the town of Longboat Key, and Palmetto. Currently, about 334,000 people call Manatee County home, but the population increases considerably in the winter when high temperatures vary between 65 and 75 degrees and the snowbirds who own or rent homes arrive and spend the winter in Manatee County (see Figure 1 for Manatee County demographics).

Figure 1: Manatee County Demographics (2012)

Figure 1: Manatee County Demographics People QuickFacts	Manatee County	Florida
Population, 2012 estimate	333,895	19,317,568
Population, 2010 (April 1) estimates base	322,833	18,802,690
Population, percent change, April 1, 2010 to July 1, 2012	3.4%	2.7%
Population, 2010	322,833	18,801,310
Persons under 5 years, percent, 2011	5.6%	5.6%
Persons under 18 years, percent, 2011	20.4%	21.0%
Persons 65 years and over, percent, 2011	23.7%	17.6%
Female persons, percent, 2011	51.7%	51.1%
White persons, percent, 2011 (a)	86.8%	78.5%
Black persons, percent, 2011 (a)	9.3%	16.5%
American Indian and Alaska Native persons, percent, 2011 (a)	0.5%	0.5%
Asian persons, percent, 2011 (a)	1.8%	2.6%
Native Hawaiian and Other Pacific Islander persons, percent, 2011 (a)	0.1%	0.1%
Persons reporting two or more races, percent, 2011	1.5%	1.8%
Persons of Hispanic or Latino Origin, percent, 2011 (b)	15.1%	22.9%
White persons not Hispanic, percent, 2011	73.0%	57.5%
Living in same house 1 year & over, percent, 2007-2011	83.4%	83.5%
Foreign born persons, percent, 2007-2011	12.3%	19.2%
Language other than English spoken at home, percent age 5+, 2007-2011	16.3%	27.0%
High school graduate or higher, percent of persons age 25+, 2007-2011	86.7%	85.5%
Bachelor's degree or higher, percent of persons age 25+, 2007-2011	26.0%	26.0%
Veterans, 2007-2011	34,437	1,637,466
Mean travel time to work (minutes), workers age 16+, 2007-2011	23.6	25.7
Housing units, 2011	173,660	9,026,965
Homeownership rate, 2007-2011	73.0%	69.0%
Housing units in multi-unit structures, percent, 2007-2011	25.6%	29.9%
Median value of owner-occupied housing units, 2007-2011	$195,300	$188,600
Households, 2007-2011	131,318	7,140,096
Persons per household, 2007-2011	2.41	2.56
Per capita money income in the past 12 months (2011 dollars), 2007-2011	$27,918	$26,733
Median household income, 2007-2011	$48,181	$47,827
Persons below poverty level, percent, 2007-2011	13.6%	14.7%

Community Health Assessment/Community Health Improvement Participants:

The Manatee Healthcare Alliance, Inc. was formed in November 2010 to identify and address health issues and priorities in Manatee County. The Alliance is a non-profit whose mission is: Promoting and ensuring the health and wellbeing of Manatee County residents through fostering collaboration and partnerships, ensuring access to healthcare and promoting healthy behaviors.

The Alliance is comprised of more than 50 members who represent a broad and diverse section of the community, including public health, education, local government, businesses, healthcare providers, and community organizations (see Figure 2, Alliance Board Structure, and Figure 3, Alliance Members)

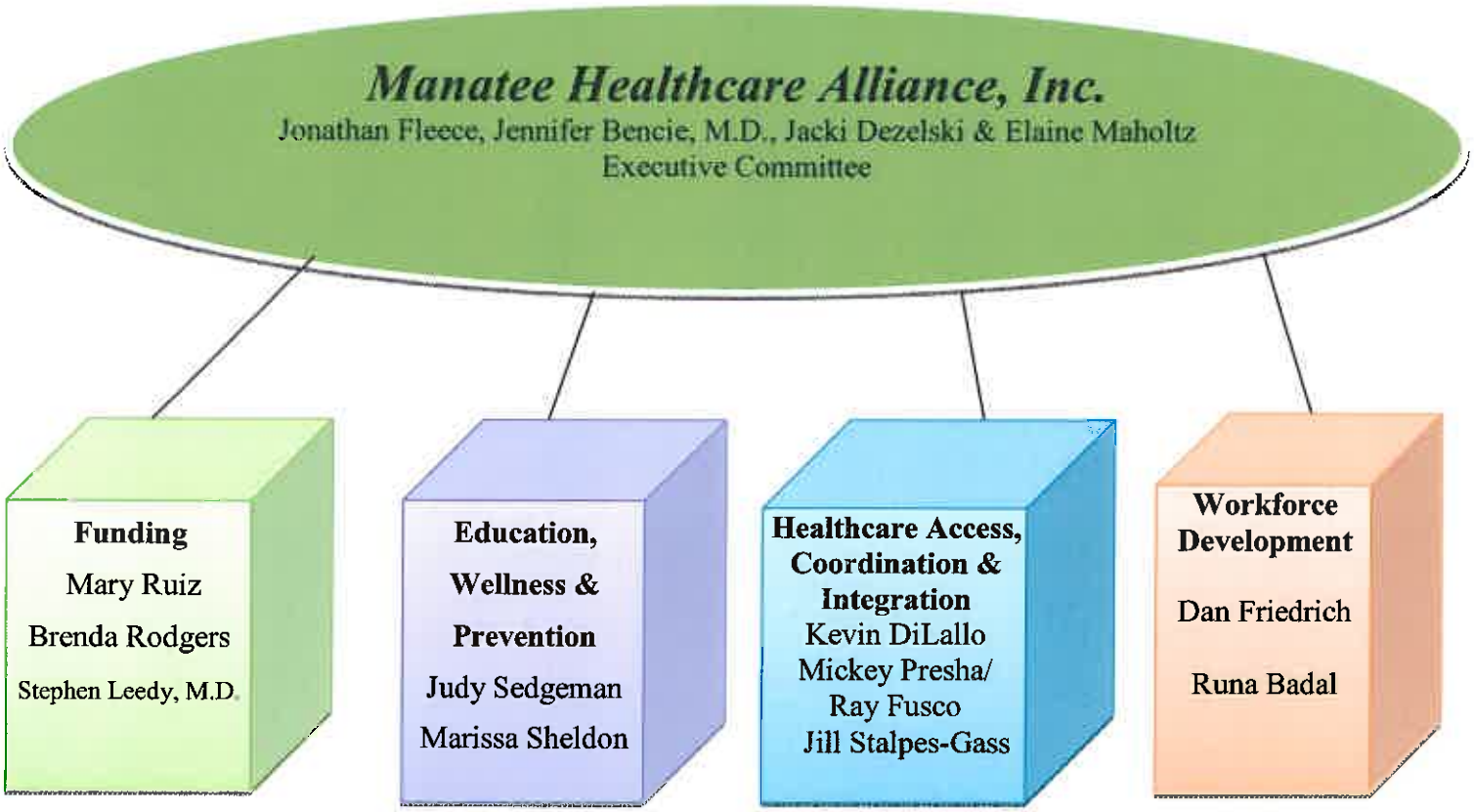


Figure 3 - Manatee Healthcare Alliance Member List

LAST NAME	FIRST NAME	ORGANIZATION	BOARD & COMMITTEES				
			Board	Funding	Education, Wellness, Prevention	Access, Coordination, Integration	Workforce Development
Badal	Runa	Suncoast Workforce Board	X				X
Baden	Virginia	New Medicine Community			X		
Bartz	Bob	Manatee Chamber of Commerce					
Batey	Todd	Pinnacle Medical Group		X			
Beard	Bert	Manatee Memorial Hospital					
Bencie	Jennifer	Manatee County Health Department	X				
Bush	Beth	Kelly Healthcare				X	
Cardillo	Christy	Shinn & Company			X		X
Carp	Jennifer	Career Edge					X
Conard	Dr. Richard						X
Dezelski	Jacki	Manatee Chamber of Commerce	X				
DiLallo	Kevin	Manatee Memorial Hospital	X			X	
de Mello	Linda	USFSM					X
Eavey	Mireya C.	CareerEdge					X
Evans	Dr. Chet	LECOM					X
Ferrara	Pamela	Ivir Inc.					X
Fleece	Jonathan	Blalock Walters, PA	X				
Friedrich	Dan	Blake Medical Center	X				X
Fusco	Ray	Manatee County Rural Health	X			X	
Gass	Dane	Gulf Coast HIE				X	
George	Robert	LECOM					X
Goodman	Bob	Generations Health Partners			X		
Goodman	Terri	Generations Health Partners			X		
Graham	Davis	Manatee Diagnostic Center			X	X	
Haflich	Dr. Priscilla	Manatee Technical Institute					X
Hall	Steve	AllTrust			X		
Hunzeker	Ed	Manatee County Government					
Leedy	Dr. Stephen	Tidewell Hospice & Palliative Care	X	X			
Loveless	Leslie						
Maholtz	Elaine	Manatee County Government	X	X	X	X	X
Mills	Napolean	NAACP			X		
Presha	Mickey	Manatee County Rural Health	X			X	
Ramsey	Carmen	Manatee Technical Institute					X
Read-Burke	Wanda	Florida Blood Services			X		
Roberts	Don	Goodwill Industries					
Rogers	Brenda	Manatee County Government	X	X			
Rogers, MD	Jim	Jim Rogers, MD				X	
Ruiz	Mary	Manatee Glens	X	X			
Sedgeman	Judith	Consultant	X		X		
Sheldon	Marissa	Manatee Co. Health Department	X		X		
Shinn	Garrett	Shinn & Company				X	
Spirtas	Neil	Manatee Chamber of Commerce					
Stalpes Gass	Jill	We Care Manatee	X			X	
Stroud	Kim	Manatee County Government			X		
Sullivan	Carmen	Kelly Healthcare					X
Tinsworth	Dr. Steve	Tinsworth Orthodontics			X		
Vale	Valerie	Manatee County Medical Society					
Whitmore	Carol	Commissioner		X			
Wiggs-Stayner	Kathleen	All Children's Hospital				X	
Wolfson	Dan	Manatee County Clerk of Court		X			
Zdravecky	Barbara	Planned Parenthood of SW/C FL					

Meeting Frequency:

The Alliance Board meets monthly, and Alliance members meet quarterly. Meetings are hosted by the Manatee Chamber of Commerce.

Community Health Assessment Process:

During the fall of 2010, a small group of community leaders began the community health assessment planning process by identifying the need for a community coalition to lead the community health assessment (CHA) and community health improvement planning (CHIP) processes; thus the Manatee County Healthcare Alliance was created. The board previewed the Mobilizing for Action through Planning and Partnerships (MAPP) model but felt that much of this process had already been accomplished through two previous Manatee healthcare studies (described below). The CHA process began with a community visioning summit held on November 3, 2010. Annually, the Alliance members review data, and identify community health issues. These issues are then prioritized and the Alliance identifies issues to be incorporated into the Alliance Strategic Pan (the community health improvement plan).

Annual State of the County Data Review:

In the initial November 2010 visioning summit, the Alliance reviewed data from a variety of sources, including:

- Two Manatee healthcare studies. The first healthcare study was conducted in 2006 by the Healthcare Access Task Force, a group of community and healthcare leaders. The Task Force published a report for the Manatee County Commission which outlined thirteen recommendations for providing indigent healthcare in Manatee County. The second study was the *2008 State of Health Care System in Manatee County, Findings and Analysis*, conducted by the Center for Research in Healthcare Systems and Policy and the Institute for Public Policy and Leadership, University of South Florida. The report was commissioned by the Manatee Chamber Foundation to 1) assess the healthcare delivery system, 2) identify challenges to the Manatee County healthcare system, 3) identify health care resources, and 4) identify health care organizing and financing. The recommendations from the two previous healthcare studies (specific recommendations from these studies are outlined in Figure 4, Healthcare Studies Side-by-Side).
- 2007 health status indicators from the Manatee County Health Profile (Florida CHARTS).
- 2010 community health center performance measures related to diabetes control, prenatal care, hypertension control, low birth weight, childhood immunizations and cervical cancer screenings
- Manatee Health Profile prepared by the Health Council of West Central Florida, Inc.
- 2010 Florida Behavioral Risk Factor Surveillance System (BRFSS) Data Report

Annually, the Alliance reviews the state of the county's health, using data from multiple sources, including:

- The Manatee County health profile with health status indicator level, trend and comparison data from Florida CHARTS is reviewed.
- Beginning In 2011, the Alliance incorporated into the annual review process data from the Robert Wood Johnson Foundation County Health Rankings (See Figures 7 & 8). The annual county health rankings have enhanced the Alliance's ability to focus on contributing causes to health challenges. For example, the Manatee County high school graduation rate lags the State and Nation and may be a contributing cause to the high teen birth rate.
- In 2012, the findings from a 2011 assessment of the local public health system against the National Public Health Performance Standards were included in the annual review of the county's health (see Figure 6). The assessment identified actions that were to be incorporated into the Alliance Strategic Plan and those that were to be incorporated into the FDOH-Manatee strategic plan.
- Additionally, Alliance members provide presentations and facilitate discussions on health issues and challenges they face. For example, in 2012 Alliance members presented several case studies regarding indigent healthcare users to highlight the need to shift to a patient-centered medical home model.

Health Issues and Contributing Causes:

The annual data review results in identification of health issues and contributing causes. These health issues are prioritized and used in the community health improvement planning process. A summary of unfavorable health indictors and issues identified annually through data review are provided in Figure 5. A detailed discussion of these challenges, contributing causes, and significant health disparities or health inequities are outlined below. Except where noted, data are from Florida CHARTS.

For 2010, the major health issues identified were:

- **Licensed Physicians**: Total Licensed Physicians (Three Year Rolling Rate, 2007-2009) showed a Manatee County rate of 177.7 licensed physicians, as compared to the Florida rate of 296.8. Total Licensed Dentists (Three Year Rolling Rate, 2007-2009) showed a Manatee County rate of 46.3 licensed dentists, as compared to the Florida rate of 62.4. Retention of physicians is impacted by the low Medicare reimbursement rate in Manatee County.

- **Alcohol-Related Vehicle Crashes** (rate per 100,000) for 2009 in Manatee County was 103.5, as compared to the Florida rate of 83.6. The 2010 Florida BRFSS Data Report showed that the percentage of adults who engage in heavy or binge drinking increased from 13.9% in 2007 to 19.4% in 2010, comparing unfavorably to the Florida rate of 15% in 2010. However, the report also showed the overall percentage of adults who, in the past 30 days, drove a vehicle after consuming too many alcohol beverages in Manatee County was .09 as compared to the Florida rate of 1.9.

- **Medically Uninsured:** In 2009, the percentage of population uninsured in Manatee County was 26%, as compared to 24.9% in Florida and 17.8% in the United States. This is impacted by Manatee's unemployment rate. In September 2010, the Manatee County unemployment rate was 12.6%, as compared to 11.9% in Florida and 9.6% in the United States. **This issue was of particular concern to the Alliance as it is estimated that the Manatee County Indigent Healthcare Trust Fund will be depleted by mid-2015.**

- **Early Prenatal Care:** For 2009, the percentage of pregnant women in Manatee County with access to early prenatal care was 67.6%, as compared to the Florida rate of 76.5%. There is a need to educate citizens on available resources.

- **Teen Repeat Births** (ages 15-19): For 2007, the repeat birth rate for teens ages 15-19 in Manatee County was 28.4%, as compared to the Florida rate of 24.1%.

- **Cancer** (2007 age-adjusted death rate per 100,000): The Manatee County prostrate cancer rate at 20.5 exceeded the Florida rate at 18.9. The Manatee County cervical cancer rate at 3.2 exceeded the Florida rate at 2.6. The Manatee County melanoma rate at 3.1 exceeded the Florida rate at 2.8.

- **Coronary Heart Disease:** The 2007 age-adjusted coronary heart disease death rate per 100,000 at 127.1 exceeded the Florida rate at 116.2.

- **Physical Activity**: The percentage of adults with recommended minimum vigorous activity in Manatee County was 23.8% as compared to Florida at 26%.

- **Hypertension:** The percentage diagnosed with hypertension in Manatee County at 32% exceeded Florida at 28.2%.

- **Adults with Asthma:** The 2007 percentage of adults diagnosed with asthma in Manatee County at 7.1% exceeded Florida at 6.2%.

- **Prescription Drug Misuse ("Pill Mills"):** Manatee County, along with neighboring counties, has seen an alarming number of deaths resulting from prescription drug overdoses.

For 2011, the major health issues identified were:

- **Overweight and Obesity:** In 2010, 25% of Manatee County youth and 50% of adults were overweight. In 2010, 9.5% of middle school students in Manatee County were obese, as compared to 14.4% in 2008. In 2010, 10.9% of Manatee County high school students were obese, as compared to 11.5% in 2008 and to Florida at 11.5% in 2010. In 2010, 58.9% of Manatee County adults were overweight or obese, as compared to 54.7% in 2007 and Florida at 65%. Lifestyle, including physical activity and nutrition, contribute to these rates.

- **Tobacco Use:** The percentage of Manatee County adults who are current smokers declined from 24.2% in 2002 to 14.9% in 2007, but increased to 17.4% in 2010, as compared to the Florida 2010 rate of 17.1. The percentage of high school students who have smoked one or more cigarettes in the past 30 days decreased from 17.6% in 2008 to 15% in 2010, but is higher than the Florida rate of 13.1%.

- **Coronary Heart Disease:** The coronary heart disease death rate per 100,000 has shown a positive trend, decreasing from 127.1 in 2007 to 121.6 in 2008 to 113.8 in 2009 but does not compare favorably to the 2009 Florida rate of 103.4. The 2007-2009 age-adjusted coronary heart disease death per 100,000 Black rate was 245.1 as compared to the White rate of 115.3, a ratio of 2.1 to 1.

- **Tuberculosis:** Manatee County new TB cases per 100,000 increased from 4.4 in 2009 to 5.6 in 2009 and 5.3 in 2010, as compared to the 2010 Florida rate of 4.4. The Healthy People 2020 goal is 1.0 per 100,000.

- **Cancer:** The Manatee County breast cancer incidence rate per 100,000 increased from 91.0 in 2006 to 105.6 in 2007 and 115.9 in 2008, as compared to the 2008 Florida rate of 113.5. The Manatee County cervical cancer incidence rate per 100,000 decreased from 10.2 in 2006 to 8.1 in 2007 and 8.2 in 2008, comparing favorably to the 2008 Florida rate of 9.0. The Manatee County melanoma incidence rate per 100,000 increased from 15.7 in 2006 to 17.8 in 2007 and 17.9 in 2008 but compares favorably to the 2008 Florida rate of 18.1.

- **Unintentional Injuries**: The Manatee County Unintentional Injury deaths per 100,000 decreased from 44.5 in 2007 to 43.8 in 2008 but increased to 47.9 in 2009, as compared to the 2009 Florida rate of 42.6. The Manatee County Unintentional Poisoning deaths decreased from 16.7 in 2007 to 16.5 in 2008 but increased to 21.5 in 2009, compared to the 2009 Florida rate of 14.5.

- **Teen Pregnancy:** Manatee County births to mothers age 15-19 per 1,000 decreased from 66.5 in 2007 to 65.5 in 2008 and 55.5 in 2009, but did not compare favorably to the 2009 Florida rate of 37.4. Manatee County repeat births to mothers age 15-19 per 1,000 increased from 23.1 in 2007 to 23.4 in 2008, and decreased to 22.7 in 2009, but did not compare favorably to the 2009 Florida rate of 18.9. The 2007-2009 Black teen birth rate was 24.90%, slightly higher than the White teen birth rate, and 2007-2009 the Hispanic teen birth rate at 30.40% exceeded the non-Hispanic teen birth rate at 18.90%.

- **Prenatal Care**: The percentage of Manatee County births to mothers without first trimester prenatal care decreased from 33.1% in 2007 to 30.5% in 2008 but increased to 32.8% in 2009, as compared to Florida at 21.7% in 2009.

- **HIV/AIDS:** The Manatee County HIV incidence rate per 100,000 decreased from 20.1 in 2007 to 16.6 in 2008 and 2009, as compared to the 2009 Florida rate of 27.7. The Manatee County AIDS incidence rate per 100,000 decreased from 14.2 in 2007 to 9.7 in 2008 to 8.2 in 2009, as compared to the 2009 Florida rate of 18.4.

- **Sexually Transmitted Diseases**: The Manatee County syphilis cases per 100,000 increased from .09 in 2008 to 1.3 in 2009 and 2010, but compares favorably to the 2010 Florida rate of 6.3.

- **Behavioral/Mental Health** issues were identified as a potential contributing cause to many of the county's health challenges. Data show the United States has the highest incidence of anxiety in the developed world, and unmet behavioral healthcare needs are the number one cause of disability in the United States. There are co-morbidity between behavioral health and medical problems: 24.5% cardiovascular, 18.9% central nervous system, 11.2% pulmonary and 9.5% gastrointestinal. The primary cause of death for the mentally ill is cardiovascular disease.

- Healthcare Access: Manatee County Percent of Individuals with No Health Insurance Coverage for 2010 was 17.3% as compared to Florida at 17%.

2012-2013 Major Issues:

During the annual State of the County data reviews in both 2012 and 2013, the Alliance placed a greater emphasis on using the Robert Wood Johnson Foundation County Health Rankings (CHR) data. The rankings and data place a greater focus on health factors that predict health, including the environment, education, and behaviors. The Rankings indicators also allow Manatee to compare itself to other Florida counties and to benchmark data nationally. Additional data were also considered. In 2012, the Florida State Health Improvement Plan (FL SHIP) was previewed for alignment and state targets. And in 2013 staff from Manatee Glens, the psychiatric, mental health and substance abuse hospital in Manatee County, presented data which shows the benefits of incorporating behavioral health technologies into care management.

In 2012 and 2013, many of the health issues remained the same as previous years. The priority health issues identified were:

Premature Death Rate: The rate increased from 7,912 in 2010 to 8,205 in 2011 decreased to 8,186 in 2012 and to 7,681 in 2013, but did not compare favorably to the 2013 Florida rate of 7,310.

Adult Obesity: The percentage of adults who are obese increased from 23% in 2010 to 24% in 2011, and to 26% in 2012 and 2013, 2013 Florida 26%. The FL SHIP has established a strategy and two objectives to assist communities in assessing overweight and obesity and to establish principles for safe and effective weight loss.

Teen Birth Rate: The Manatee County teen birth rate decreased from 68 per 1,000 in 2010 and 2011 to 64 in 2012, and to 57 in 2013, but still does not compare favorably to the 2013 Florida rate of 40. The rate for Black teen birth rate for 2009-2011 was 70.6, as compared to the White rate of 40.6, a ratio of 1.7 to 1. The Hispanic teen birth rate for 2009-2011 was 82.2 vs. the non-Hispanic rate of 34, a ratio of 2.4 to 1. The FL SHIP objective is to reduce the teen birth rate in Florida to 31.6 by December 31, 2015.

Uninsured: The percentage of Manatee County residents who are uninsured decreased from 26% in both 2010 and 2011, to 24% in both 2012 and 2013, better than Florida average at 25% 2013. This issue remains a high priority as the county's indigent healthcare trust fund is expected to be depleted in mid-2015. A potential contributing factor is the Manatee County unemployment rate, which increased from 7.0% in 2010, to 11.5% in 2011, to 12.3% in 2012, dropping to 10.8% in 2013 but above the 2013 Florida average of 10.5%. An additional potential contributing factor identified by the Manatee Chamber of Commerce is that more than 50% of Manatee County businesses have five or fewer employees, which may impact their ability to offer healthcare benefits to these employees. Preliminary data (not yet validated) from a USF research profile of 2011 Manatee County inpatient and emergency department utilization showed the following distribution by age, gender and race/ethnicity: The 21-60 year age group accounted for over 80% of the uninsured inpatient population. In comparison, 63% of the local/state government as payer group fell in those age groups. Over 17%of these patients received inpatient services paid for by local or state governments. Concerning emergency department services the age distribution is different. While a little over 80 percent of the uninsured fell in the 21-60 age range, over 86 percent of the local/state government patients were in this same age group. Similarly, 89 percent of non-paying patients fell in the 21-60 age range. The gender distribution of the inpatient uninsured is approximately even. However, in the case of local/state government and non-paying patients, respectively, 57 and 60 percent were male. The distribution in case of emergency department services episodes is split relatively evenly among males and females. The overwhelming majority of uninsured, local / state government, and non-paying patients receiving inpatient services were white (Caucasian): 80.2, 81.8, and 86.3 percent, respectively. Concerning emergency department services, whites also make up a large majority of patients, accounting for 74.1, 84.4, and 76.7 percent, respectively, in the uninsured, local/state government, and non-payment groups. African Americans account for 11.4, 13.9, and 9.3 percent of uninsured, local/state government, and non-paying patients receiving inpatient services. The percentage of African Americans increases in the case of emergency department services to 20.2, 15.4, and 21.4 percent for the same payer categories. Hispanics account for 12.9, 10.8, and 6.5 percent of patients receiving inpatient services in, respectively, the uninsured, local/state government, and non-paying groups. In the case of emergency department services, their shares rise to 17, 13.6, and 12.4 percent in the same payer groups. The FL SHIP includes a strategic issue area relative to ensuring access to care.

High School Graduation: The high school graduation rate increased from 63% in 2010, to 70% in 2011, to 76% in 2012, but dropped to 65% in 2013, as compared to the 2013 Florida average of 71%.

The Violent Crime rate in Manatee County decreased from 956 in both 2010 and 2011, to 887 in 2012, and to 789 in 2013 but did not compare favorably to the 2013 Florida rate of 614.

Assets Available to Address Health Issues:

Manatee County has a wealth of assets and resources that can be mobilized to address community health issues. The Alliance, led by a community healthcare advocate, Manatee County Government, the Manatee County Chamber of Commerce, and FDOH-Manatee, includes representatives from all sectors within the community. There are three major hospitals within the county: Blake Medical Center, Lakewood Ranch Medical Center, and Manatee Memorial Hospital. Manatee Glen Hospital provides psychiatric, mental health and substance abuse services on an inpatient and outpatient basis. Manatee County Rural Health Services is the largest federally qualified healthcare center in the Southeast, providing primary care access to residents. The county has twelve EMS units with an average response time of 6.05 minutes. There are community organizations that facilitate healthcare access and provide resources. For example, We Care Manatee is a non-profit organization focused on assisting low-income uninsured or underinsured individuals in accessing free medical care. Manatee County is also the home of the LeCom College of Osteopathic Medicine, School of Pharmacy and School of Dentistry. The Florida Department of Health in Manatee County was identified in 2010 by the CDC as an **ACHIEVE** community (**A**ction **C**ommunities for **H**ealth, **I**nnovation and En**V**ironmental Chang**E**). The ACHIEVE initiative is designed to shift communities from individual and program-based public health to a broader focus on policy, environmental and systems change to promote wellness and reduce risk factors for chronic diseases, including obesity and tobacco use. Manatee County also participates in a variety of regional health assessment and planning partnerships (described in the CHIP).

Input & Accessibility:

The original Community Health Assessment was presented at a County Commission meeting, open to the public, in November 2011. The assessment included a status report for the two previous healthcare task forces' recommendations, a report on the status of the county's health, including successes and challenges, an overview of the Alliance's mission and its 2011-2012 priorities, the Alliance committee action plans, including identifying legislation needed, such as increasing the county's Medicare reimbursement rate, interconnectivity of health care providers through a health information exchange, wellness and prevention strategies such as employee health plans, and identifying and addressing the business community's needs. The assessment was also presented to the Manatee Chamber Healthcare Committee in December 2011, and the assessment was posted on the Chamber Healthcare website, distributed to Alliance members, and posted on the Alliance website.

The annual data and summaries of discussions are made available through quarterly presentations to the County Commission, through the Alliance website, and updates to the Community Health Assessment Plan are posted on the FDOH-Manatee website.

Figure 4 Manatee County Healthcare Reports – Side by Side

Health Care Access Task Force Recommendations:	**USF: State of Health Care System in Manatee Co.**
#1: Develop/implement comprehensive cost-effective funding strategy for payment of indigent health care services in Manatee County. Actions: annualized spending plan of trust fund dollars to provide immediate compensation for indigent health care services (status: new service agreements negotiated); recommendation of a half (.5) cent surtax for healthcare (status: on hold). **#2: Establish** public education campaign targeted to the general public re half (.5) cent local health care surtax to improve access to health care to Manatee residents (status: on hold). **#3: To decrease** cost, indigent families should have access to care (in hospital or health care provider office). Funds for payment for services to eligible patients should follow patient (to health care provider/hospital). Expansion of eligible services should be clearly defined within the new Manatee Co. Indigent Health Care Program and offered only to persons meeting approved eligibility requirements. Actions: payment to indigent health care providers wherever services are rendered with no lapse; expansion of eligible chronic care services (status: new service agreements; no lapse; service expansion approved by BCC). **#4: Current** income eligibility of indigents should be increased from 125% to 200% Federal Poverty Level (FPL); increase payment options for eligible services (status: new service agreements increased to 135% FPL). **#5: Develop** designated point of service/coordinated case management model for the new Manatee Co. Indigent Health Care Program for both services / prescriptions to promote access to care, avoid impediments to prompt treatment. Actions: establish advisory group to implement/monitor coordinated case management program (status: pending Health Care Alliance). **#6: County-wide** Health Care study to include/build upon work conducted by the Indigent Health Care Task Force (inclusive of medical, behavioral, and public health needs). (Status – study completed 11/08). **#7: Recommend** legislative changes to impact delivery/payment of health care services to uninsured in Manatee and across Florida. Actions: proposal to BCC/Legislative Delegation (status: proposals provided 3/08 and 3/09). **#8: Improve** access to prevention, health care, specialty and ancillary care to Medicaid / low income uninsured patients not eligible for Manatee Co. Indigent Health Care Program. Actions: encourage providers to open access by developing system for preventative case management; specialty care with an authorized and improved payment plan (status: on hold). **#9: On-going** self-evaluation/assessment element within Manatee Co. Indigent Health Care Program. Actions: establish advisory group to conduct performance monitoring to reduce duplication of service/provide suggestions to streamline services (status: pending Health Care Alliance). **#10: Request** name change for Indigent Health Care Task Force. Actions: seek BCC approval to change to Health Care Access Task Force; amend all documents (status: approved; extended HCATF for one year). **#11: Recommend** full implementation of alcohol/drug abuse program related to Marchman facility at Manatee Glens Corp. Actions: release county funds for implementation (status: approved 11/07). **#12: Form** community-wide Health Care Alliance to address health care issues regardless of consumer income or ability to pay. Actions: community-wide health care summit to establish local strategy to improve access to health care (status: pending). **#13: Encourage** participation in establishing health care residency programs in Manatee Co. to improve shortage of health care providers and access to care for consumers (status: pending).	***Establish** a Manatee County Healthcare Alliance to improve open and constructive communication ***Conduct** a comprehensive countywide evaluation of healthcare funds and services rather than "open book" accounting, the aim should be transparency / awareness of funding streams and distribution, with evaluation at high level, comparing services delivered with mission. ***Develop** initiatives to recruit /retain physicians – especially family practitioners (including impact fees, loan forgiveness, lobbying for lower malpractice costs and partnering with the county school system to attract recruits (similar to Economic Development Council role). ***Pursue** development of a training or residency program at one or more hospitals. See "outreach" model used by FSU at Sarasota Memorial Hospital for opportunities to collaborate with USF, LECOM, etc. ***Lobby** for reform of legislation and insurance business practices to enable small businesses to combine their resources, providing their employees eligible health insurance. ***Expand** ER diversion programs, building on the experience (e.g. Blake Medical Center and MCRHS). ***Explore** development of wellness / other health education programs to reduce demand on the healthcare delivery system overall, and ERs. ***Improve** availability of health information to optimize coordination / effective delivery of county resources (advocating for a Regional Health information Organization-RHIO; expanding 211 resource base; set vision for healthcare standards in Manatee Co., and patient education / promotion of health-wellness programs; educate employers about available programs and services to maximize visibility / coordination, overcome lack of awareness of services among residents, business owners and service providers).

Figure 5 – Summary of Health Challenges Identified Annually in Manatee County

2010 Challenges	2011 Challenges	2012 Challenges	2013 Challenges
• Licensed Physicians • Alcohol-Related Vehicle Crashes • Unemployment Rate • Medically Uninsured • Physical Activity • Cancer • Hypertension • Coronary Heart Disease • Adults with Asthma • "Pill Mills"	• Overweight and Obesity • Tobacco Use • Coronary Heart Disease (health disparities) • Tuberculosis • Cancer (Breast, Cervical, Melanoma) • Unintentional Injuries • Teen Pregnancy • Prenatal Care • HIV/AIDS • STD • Access	• Obesity • Teen Birth Rate • Uninsured • High School Graduation • Unemployment • Violent Crime Rate	• Obesity • Teen Birth Rate • Uninsured • Smoking • High School Graduation Rate • Violent Crime Rate

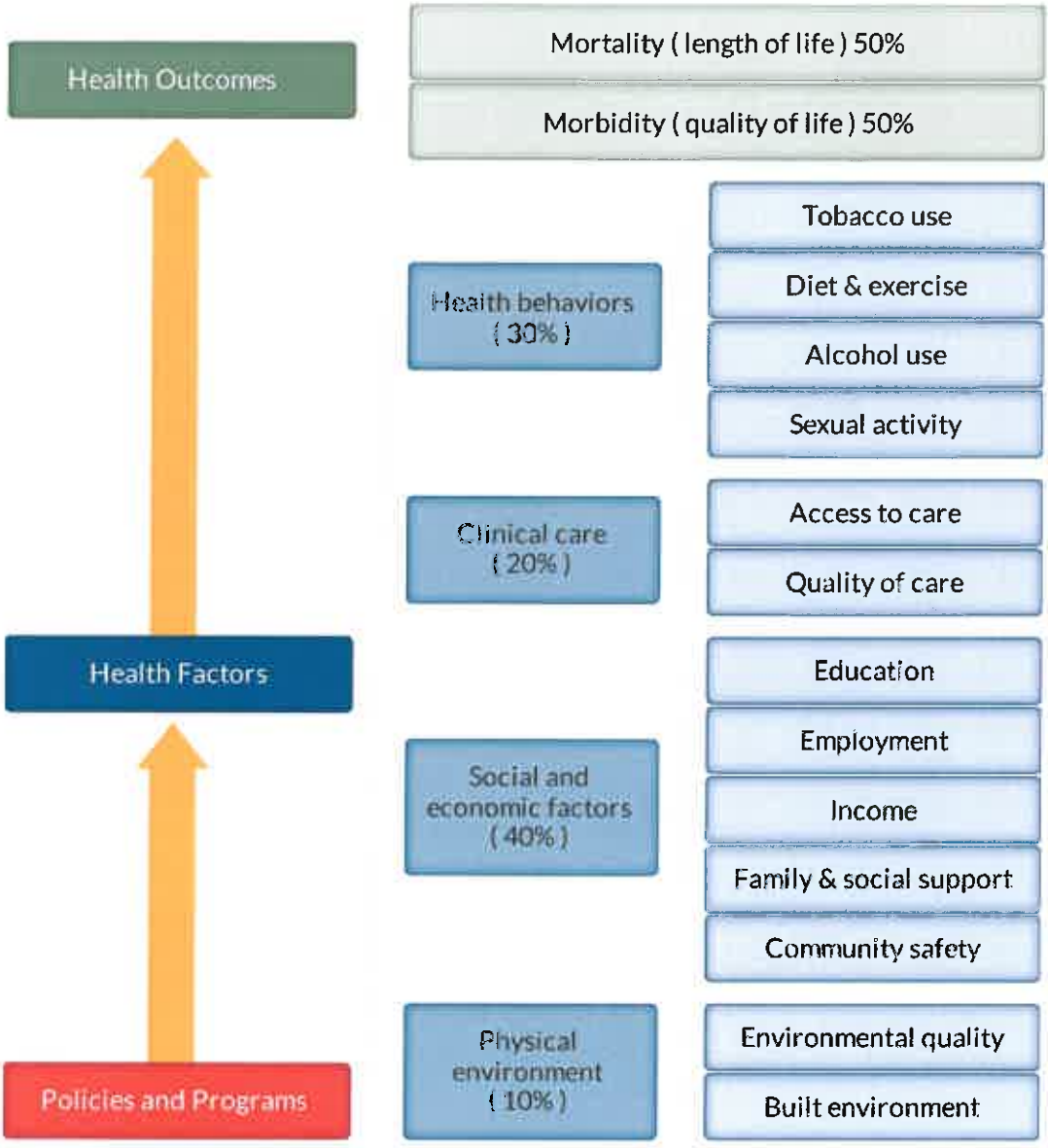
Figure 6 – Results of the Local Public Health System Assessment
Using the National Public Health Performance Standards
Manatee County Health Department
Assessed by: Manatee CHD Division Directors (evidence documented)
Validated by Community Partners (12 Responses from Manatee Healthcare Alliance members)
9-29-11

Figure 6 Legend: No activity; Minimal Activity(less than 25%); Moderate Activity (more than 25% but less than 50%); Significant Activity (more than 50% but less than 75%) Optimal Activity (more than 75%)

Essential Public Health Service (EPHS) # 1: Monitor Health Status to Identify Community Health Problems	
Standard 1.1: Population-based Community Health Profile (CHP)	3 Measures – rated Minimal (validated) Actions: Work with Manatee Healthcare Alliance
Standard 1.2 Current Technology to Manage and Communicate Population Health Data	3 Measures – rated Minimal (validated) Actions: Work with Manatee Healthcare Alliance, improve IT infrastructure
Standard 1.3 Maintenance of Population Health Registries	2 Measures – rated Minimal (validated) Actions: Much of data is lagging; increase use of data across all providers
EPHS #2 Diagnose and Investigate Health Problems and Health Hazards in the Community	
Standard 2.1: Identification and Surveillance of Health Threats	1 Measure Rated Significant; 1 Measure Rated Optimal, One Measure Rated Moderate (all validated). Actions: N/A
Standard 2.2: Investigation and Response to Public Health Threats and Emergencies	1 Measure Rated Significant, 4 Measures Rated Optimal (all validated) Actions: N/A
Standard 2.3: Laboratory Support for Investigation of Health	4 Measures Rated Optimal (all validated) Actions: N/A
EPHS #3: Inform, Educate, and Empower Individuals and Communities about Health Issues	
Standard 3.1 Health Education and Promotion	1 Measure Rated Moderate, 2 Measures Rated Significant (all validated) Actions: N/A
Standard 3.2: Health Communication	1 Measure Rated Minimal, 1 Measure Rated Moderate, 1 Measure Rated Significant (all validated) Actions: Develop formal health communication plan
Standard 3.3: Risk Communication	2 Measures rated Significant, 2 Measures rated Optimal (all validated) Actions: N/A
EPHS #4 Mobilize Community Partnerships to Identify and Solve Health Problems	
Standard 4.1: Constituency Development	1 Measure rated Significant; 3 Measures rated Optimal (all validated) Actions: N/A
Standard 4.2: Community Partnerships	1 Measure rated Optimal, 1 Measure rated Significant, 1 Measure rated Minimal (all validated, although one partner disagree with minimal rating and suggested moderate) Actions: Build evaluation model for community partnerships
EPHS #5 Develop Policies and Plans that Support Individual and Community Health Efforts	
Standard 5.1: Governmental Presence at the Local Level	1 Measure rated Significant, 3 Measures rated Optimal (all validated) Actions: N/A
Standard 5.2: Public Health Policy Development	3 Measures rated Moderate (all validated) Actions: N/A
5.3: Community Health Improvement Process and Strategic Planning	3 Measures rated as Minimal (all validated) Actions: Continue work with Alliance (early stages)
Standard 5.4: Plan for Public Health Emergencies	3 Measures rated as Optimal (all validated) Actions: N/A
EPHS #6 Enforce Laws and Regulations that Protect Health and Ensure Safety	
Standard 6.1: Review and Evaluation of Laws, Regulations, and Ordinances	1 Measure rated Minimal, 3 Measures rated Optimal (all validated) Actions: N/A
Standard 6.2: Involvement in the Improvement of Laws, Regulations, and Ordinances	3 Measures rated Moderate (all validated) Actions: N/A
Standard 6.3: Enforcement of Laws, Regulations, and	5 Measures rated as Optimal (all validated) Actions: N/A

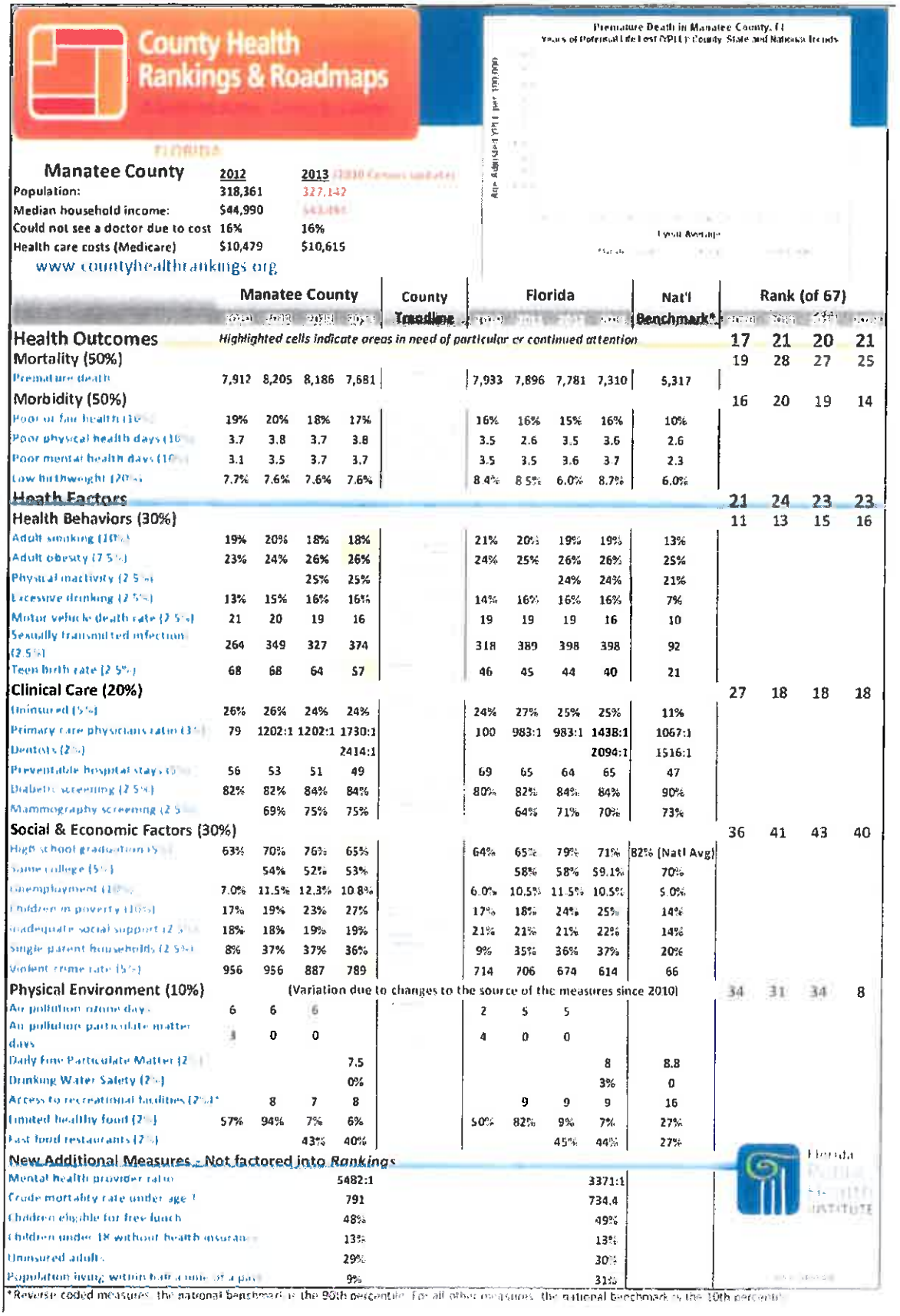
EPHS #7 Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	
Standard 7.1: Identification of Personal Health Service Needs of Populations	1 Measure rated as Moderate; 2 Measures rated as Significant (all validated) Actions: N/A
Standard 7.2: Assuring the Linkage of People to Personal Health Services	2 Measures rated as Minimal, 2 Measures rated as Moderate (all validated) Actions: Access to care initiative through Alliance
EPHS #8 Assure a Competent Public and Personal Health Care Workforce	
Standard 8.1: Workforce Assessment, Planning, and Development	3 Measures rated as Moderate (all validated) Actions: N/A
Standard 8.2: Public Health Workforce Standards	1 Measure rated as Moderate, 1 Measure Rated as Significant, 3 Measures Rated as Optimal (all validated) Actions: N/A
Standard 8.3: Life-Long Learning Through Continuing Education, Training, and Mentoring	1 Measure Rated as Minimal, 1 Measure Rated as Moderate, 2 Measures Rated as Significant (all validated) Actions: Training needs assessment to be conducted
Standard 8.4: Public Health Leadership	2 Measures Rated as Moderate, 2 Measures Rated as Significant (all validated although one partner disagreed with moderate rating and suggested significant) Actions: N/A
EPHS #9 Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	
Standard 9.1: Evaluation of Population-Based Health Services	3 Measures Rated Minimal, 1 Measure Rated Moderate (all validated) Actions: Continue Community Health Assessment process with Alliance (early stages)
Standard 9.2: Evaluation of Personal Health Services	4 Measures Rated Minimal (all validated) Actions: Continue Community Health Assessment/Community Health Improvement Planning processes with Alliance (early stages)
Standard 9.3: Evaluation of the Local Public Health System	2 Measures Rated Minimal, 1 Measure Rated Moderate, 1 Measure Rated Optimal (all validated) Actions: Continue Community Health Assessment/Community Health Improvement Planning processes with Alliance (early stages)
EPHS #10 Research for New Insights and Innovative Solutions to Health Problems	
Standard 10.1: Fostering Innovation	4 Measures Rated Minimal (all validated) Actions: will need to address through CHD strategic planning
Standard 10.2: Linkage with Institutions of Higher Learning and/or Research	1 Measure Rated Minimal, 1 Measure Rated Moderate, 1 Measure Rated Optimal Actions: N/A
Standard 10.3: Capacity to Initiate or Participate in Research	2 Measures Rated Minimal, 1 Measures Rated No Activity (all validated) Actions: N/A

Figure 7 – Robert Wood Johnson Annual County Health Rankings Model



County Health Rankings model ©2012 UWPHI

Figure 8 – 2013 Manatee RWJ County Health Ranking Snapshot



County Health Rankings & Roadmaps

FLORIDA

Manatee County	2012	2013
Population:	318,361	327,142
Median household income:	$44,990	
Could not see a doctor due to cost	16%	16%
Health care costs (Medicare)	$10,479	$10,615

www.countyhealthrankings.org

Premature Death in Manatee County, FL
Years of Potential Life Lost (YPLL) - County, State and National Trends

	Manatee County				County Trending	Florida				Nat'l Benchmark*	Rank (of 67)			
	[illegible]	[illegible]	[illegible]	[illegible]		[illegible]	[illegible]	[illegible]	[illegible]		[illegible]	[illegible]	[illegible]	[illegible]
Health Outcomes	*Highlighted cells indicate areas in need of particular or continued attention*										**17**	**21**	**20**	**21**
Mortality (50%)											19	28	27	25
Premature death	7,912	8,205	8,186	7,681		7,933	7,896	7,781	7,310	5,317				
Morbidity (50%)											16	20	19	14
Poor or fair health (10%)	19%	20%	18%	17%		16%	16%	15%	16%	10%				
Poor physical health days (10%)	3.7	3.8	3.7	3.8		3.5	2.6	3.5	3.6	2.6				
Poor mental health days (10%)	3.1	3.5	3.7	3.7		3.5	3.5	3.6	3.7	2.3				
Low birthweight (20%)	7.7%	7.6%	7.6%	7.6%		8.4%	8.5%	6.0%	8.7%	6.0%				
Health Factors											**21**	**24**	**23**	**23**
Health Behaviors (30%)											11	13	15	16
Adult smoking (10%)	19%	20%	18%	18%		21%	20%	19%	19%	13%				
Adult obesity (7.5%)	23%	24%	26%	26%		24%	25%	26%	26%	25%				
Physical inactivity (2.5%)			25%	25%				24%	24%	21%				
Excessive drinking (2.5%)	13%	15%	16%	16%		14%	16%	16%	16%	7%				
Motor vehicle death rate (2.5%)	21	20	19	16		19	19	19	16	10				
Sexually transmitted infections (2.5%)	264	349	327	374		318	389	398	398	92				
Teen birth rate (2.5%)	68	68	64	57		46	45	44	40	21				
Clinical Care (20%)											27	18	18	18
Uninsured (5%)	26%	26%	24%	24%		24%	27%	25%	25%	11%				
Primary care physicians ratio (3%)	79	1202:1	1202:1	1730:1		100	983:1	983:1	1438:1	1067:1				
Dentists (2%)				2414:1					2094:1	1516:1				
Preventable hospital stays (5%)	56	53	51	49		69	65	64	65	47				
Diabetic screening (2.5%)	82%	82%	84%	84%		80%	82%	84%	84%	90%				
Mammography screening (2.5%)		69%	75%	75%			64%	71%	70%	73%				
Social & Economic Factors (30%)											36	41	43	40
High school graduation (5%)	63%	70%	76%	65%		64%	65%	79%	71%	82% (Natl Avg)				
Some college (5%)		54%	52%	53%			58%	58%	59.1%	70%				
Unemployment (10%)	7.0%	11.5%	12.3%	10.8%		6.0%	10.5%	11.5%	10.5%	5.0%				
Children in poverty (10%)	17%	19%	23%	27%		17%	18%	24%	25%	14%				
Inadequate social support (2.5%)	18%	18%	19%	19%		21%	21%	21%	22%	14%				
Single parent households (2.5%)	8%	37%	37%	36%		9%	35%	36%	37%	20%				
Violent crime rate (5%)	956	956	887	789		714	706	674	614	66				
Physical Environment (10%)	(Variation due to changes to the source of the measures since 2010)										34	31	34	8
Air pollution ozone days	6	6	6			2	5	5						
Air pollution particulate matter days	1	0	0			4	0	0						
Daily fine Particulate Matter (2%)				7.5					8	8.8				
Drinking Water Safety (2%)				0%					3%	0				
Access to recreational facilities (2%)*		8	7	8			9	9	9	16				
Limited healthy food (2%)	57%	94%	7%	6%		50%	82%	9%	7%	27%				
Fast food restaurants (2%)			43%	40%				45%	44%	27%				
New Additional Measures - Not factored into *Rankings*														
Mental health provider ratio				5482:1					3371:1					
Crude mortality rate under age 1				791					734.4					
Children eligible for free lunch				48%					49%					
Children under 18 without health insurance				13%					13%					
Uninsured adults				29%					30%					
Population living within half a mile of a park				9%					31%					

*Reverse coded measures: the national benchmark is the 90th percentile. For all other measures, the national benchmark is the 10th percentile.

Florida [illegible] INSTITUTE

Manatee County Community Health Improvement Plan

Community Health Process, Priorities, Objectives, and Measures:

Following the initial review of community health assessment data in November 2010, the Alliance members were charged with identifying community priorities, identifying actions that will result in improvements to these priorities and to establish work groups to take ownership of these actions. During a visioning exercise, five priority themes emerged:

- Funding
- Legislation
- Access, Integration & Coordination
- Workforce Development
- Wellness, Education & Prevention

Members then self-selected into groups by themes to identify specific community health issues, actions needed, and to identify resources that could be leveraged. Each workgroup presented their priorities to the entire membership.

The following priority issues were established for 2011-2012:

Workforce Development:

- Physician Recruitment/Retention (including Dentists)
- Staff Recruitment, Training and Retention
- Funding for Competitive Wages

Healthcare Access, Coordination and Integration:

- Health Information Exchange (HIE)
- Healthcare Navigation
- Patient Communication
- Reimbursement

Education, Prevention & Wellness:

- Defining Wellness
- Early Education on Wellness
- Drive From The Top Down

Legislative Reform:

- Educate the Public on Healthcare Reform
- Small Business Groupings for Healthcare Insurance
- Understand Healthcare Reform

Funding:

- 2015 Indigent Care Funding
- Medicare Reimbursement
- Obtain Funding

The Alliance formed committees around these themes, and members self-selected into the committees. Next steps identified were to present these priorities to the Chamber Healthcare Committee in December 2010, and to use these priorities as the basis for community health improvement planning.

From January through July 2011, the Alliance Board met monthly to develop bylaws and incorporate as a non-profit, to formalize Alliance membership, to identify committee co-chairs, and to develop an action planning process which included prioritizing issues, and establishing measureable objectives, improvement strategies, and targets.

The Alliance met on August 4, 2011, to begin action planning to achieve the 2011-2012 priorities identified. Action planning training and tools were provided to the committee chairs and members, and the committees broke out to prioritize initiatives and create an action plan for the highest priorities. Each committee presented their priority initiatives and broad strategies to the general membership. Committees agreed to continue to recruit additional members, and to meet to continue development of action plans.

The Alliance met on September 20, 2011 to review action plans, and established a schedule of quarterly meetings for 2012.

At the January 2012 Alliance meeting, the committees presented planning updates, but expressed concern that the priorities were too broad, and identified the need to establish an Alliance strategic plan. During the meeting, the Alliance members articulated a mission and vision, and using the 2011-2012 community priorities established measures of success to help the committees establish action plans (see Figure 9A for Alliance Priorities/Measures of Success; and Figure 9B for Alliance Initiatives).

Over the next few months, as the committees continued the action planning process, it became apparent that the Alliance did not have the infrastructure and resources to positively impact all of the priorities established in the visioning session. During the April 2012 meeting, Alliance members were asked to articulate their highest priority for improving the community's health. Through this process two key themes were identified which all members endorsed as the County's highest priorities.

These priorities align to and support priorities established in the Florida State Health Improvement Plan:

- ***Priority: Ensure access to (total) care (pathways) for the uninsured below 200% poverty level by summer of 2015.***

  This priority aligns with and supports the Florida State Health Improvement Plan Strategic Issue Area – Access to Care, and Goal AC2, Improve access to primary care services for Floridians.

- ***Priority: Ensure the wellbeing of all persons through access to care, prevention, and disease management. Discussion re tactics included a focus on healthy behaviors, patient accountability, accountable care organizations, managing stress and addictions, addressing system dysfunction (the current system is not patient centered), a medical home for all (not just primary care but also follow-up care), a health information exchange, and worksite wellness.***

  This priority aligns with and supports the Florida State Health Improvement Plan Strategic Issue Areas of Access to Care and Chronic Disease Prevention and the goals within each.

The Board met monthly from May to August 2012 to finalize SMART objectives related to these two priorities and each Alliance committee was then assigned to support at least one of these objectives. The Alliance Strategic Plan was adopted by members in August 2012 (see Figure 10), and was presented to the County Commission in September 2012. Committees met face-to-face in November 2012 to continue action planning. The Healthy Manatee Plan (see Figures 11 and 12) was developed to address Strategic Priority #1 and an action plan to create a community-wide prevention campaign to encourage health screenings was drafted in response to Strategic Priority #2 (see Figure 13)

Policy Changes Needed to Accomplish Objectives:

In January 2013, the Alliance met and held a roundtable discussion with Dean Donna Petersen from the University of South Florida, College of Public Health to identify policy changes and actions needed to impact the two health priorities.

In March 2013, a Political Action Committee (PAC) formed to develop a healthcare access plan and to create a half-cent healthcare sales tax campaign. The PAC presented its plan to the Board of County Commissioners and the Commission established eligibility at 135% of federal poverty level. The Commission agreed to a special election for the healthcare sales tax campaign to be held on June 18, 2013.

Responsibility for Implementing the Strategic Plan

In April 2013, the Alliance met and articulated a new focus: to educate community leaders and the public on healthcare issues and to shape healthcare policy, with execution to be led by organizations with the infrastructure and resources to achieve these. The chair of the Alliance was transitioned to Jennifer Bencie, M.D., Administrator of the Florida Department of Health in Manatee County.

The Alliance agreed to continue to support the focus on the two strategic objectives of creating a sustainable, patient-centered healthcare model that will demonstrate cost-effectiveness and improved health outcomes and to support community health care campaigns that engage the Manatee County community in addressing an important health factor such as obesity or smoking. Seminole County Government and FDOH-Manatee have the lead responsibility for these two objectives.

An overview of the Healthy Manatee Plan and a copy of the plan were provided to Alliance members in April 2013 (see Figures 11 and 12). Alliance members were asked to provide input on the plan through the Alliance committees. Information on the sales tax campaign including a brochure with frequently asked questions was also provided to member. Alliance members were encouraged to support this campaign through fundraising, finding space for signs, education, and getting voters out.

Other priority health issues identified through the Community Health Assessment are being addressed through other partnerships. For example, FDOH-Manatee is working with the Healthy Teen Coalition to determine root cause(s) of the teen birth rate and to plan appropriate countermeasures. This issue is the FDOH-Manatee quality improvement project for 2013-2014.

Manatee County also participates in several other community health improvement partnerships, including:

- ONE BAY, an eight county collaboration designed to improve the health of the communities in the Tampa Bay region which will help to attract businesses to the area. ONE BAY has finalized its guiding principles, and is finalizing its areas of focus, including access to healthcare services, chronic disease prevention, and substance abuse. Additional information, including the community dashboard and demographic information, is available at the ONE BAY website: www.HealthyTampaBay.com. The Alliance collaborates with ONE BAY to promote community awareness and engagement in key health improvement efforts such as worksite wellness programs and the Walk to the Moon Challenge. The ONE Bay website will soon be used to provide another point of access to the community health assessment and community health improvement planning documents.

- The Manatee Chamber Healthcare Initiative: More than 50% of Manatee's chamber members have five or fewer employees. The Chamber Healthcare Initiative is focused on finding solutions for these small businesses.

- A four-county regional health planning partnership between the health departments and hospitals in Charlotte, DeSoto, Manatee and Sarasota Counties.

Other challenges, such as the high school graduation rate and the violent crime rate, will require partnerships with schools and law enforcement.

Figure 9A – 2010-2011 Alliance Priorities/Measures of Success/Initiatives

Legislation & Healthcare Reform	Funding	Education, Wellness & Prevention	Healthcare Access, Coordination and Integration	Workforce Development
Measures of Success (Establish baseline, short and long-term targets) Achieve national HC reform requirements (add links to data sources)	Measures of Success: (Establish baseline, short and long-term targets) Healthcare funding per capita PH funding per capita Average premium cost (segmented by large, medium, small employers) (IC funding?)	Measures of Success: (Establish baseline, short and long-term targets) % of Manatee County (MC) Students Who are Obese (favorable trend and FL comparison) % of MC Adults Who are Overweight or Obese (favorable trend and FL comparison) % of MC Adults Who are Current Smokers (variable trend; unfavorable comparison to HP 2020 target) % of MC youth who have smoked cigarettes within past 30 days (favorable trend and comparison to HP 2020 target) MC Coronary Heart Disease Deaths per 100,000 (favorable trend; unfavorable comparisons to FL rate & HP 2020 target) MC Unintentional Injury Deaths per 100,000 (unfavorable trends/comparisons) MC Unintentional Poisoning Deaths per 100,000 (unfavorable trends/comparisons)	Measures of Success: (Establish baseline, short and long-term targets) % of MC residents with no healthcare insurance (unfavorable comparison) % of MC residents with medical home % of MC Births to Mothers Without 1st Trimester Prenatal Care (variable trend, unfavorable comparisons) – here or Education? MC Births to Mothers Age 15-19 per 1,000 (variable trend, unfavorable comparison) MC Repeat births to Mothers Age 15-19 per 1,000 (favorable trend, unfavorable comparisons)	Measures of Success: (Establish baseline, short and long-term targets) Licensed physicians per 100,000 population (unfavorable comparison) Licensed dentists per 100,000 population (unfavorable comparison) CHD FTEs per 100,000 population (unfavorable comparisons)

Figure 9B– 2010-2011 Alliance Initiatives

Legislation & Healthcare Reform	Funding	Education, Wellness & Prevention	Healthcare Access, Coordination and Integration	Workforce Development
Initiatives:	Initiatives:	Initiatives:	Initiatives:	Initiatives:
1. Educating public on healthcare reform	1. 2016 Indigent Care Funding	1. Define Wellness	1. Health Information Exchange (HIE)	1. Physician recruitment & retention (including dentists)
2. Small business groupings for health insurance	2. Medicare Reimbursement (Mary to discuss with Dr. Leedy moving this Legislative committee)	2. Early Education on Wellness	2. Healthcare Navigation	2. Staff recruitment, training and retention
3. Understanding Healthcare Reform	3. Obtain Funding for Alliance (Jonathan will ask Beth Bush to become ex-officio member of Funding for marketing/ outreach)	3. Worksite Wellness (change from top down)	3. Communication to Patients	3. Funding for competitive wages
				4. Bringing in additional **educational** offerings

Figure 10
Manatee Healthcare Alliance, Inc.

Strategic Plan
Adopted 8-6-12

Mission: Promoting and ensuring the health and wellbeing of Manatee County residents through

- Fostering collaboration and partnerships
- Ensuring access to healthcare
- Promoting healthy behaviors

Vision: Manatee County is Florida's Healthiest Community
Measure of Success: Improvement in the annual County Health Ranking (CHR)
(2012 – Manatee County is ranked 20th out of 67 counties in Health Outcomes)

Strategic Priority #1:

Problem Statement: Limited access to health care services contributes to poor health outcomes.

Objective: By June 2013, create a sustainable patient-centered model for a Manatee County health care program that will demonstrate cost-effectiveness and improved outcomes.

Supported by:
Funding Committee
Access, Coordination & Integration Committee

Strategic Priority #2:

Problem Statement: Lifestyle challenges and lack of prevention create risk factors that negatively impact health outcomes and increase healthcare costs.

Objective: By June 2013, begin at least one community health care campaign that engages the Manatee County community in addressing an important health factor (the Education, Wellness & Prevention Committee will chose one of the following: physical activity, good nutrition, tobacco cessation, preventive health screenings).

Supported by:
Education, Wellness & Prevention Committee
Workforce Development Committee

Figure 11 – Overview of Healthy Manatee Plan

- **Financial Oversight**
  - Budget Oversight.
  - Review and recommend overall financial policies and plans.
  - Receive and review financial reports to assess actual performance compared to projections.
- **Quality Oversight**
  - Make quality of care and patient safety top priorities using national standards (Core Measures, HCAHPS, HEDIS, etc).
  - Review and carefully discuss quality reports that provide comparative statistical data, and set measurable policy targets to ensure continual improvement in quality performance.
- **Setting Strategic Direction/Mission Oversight**
  - Develop and recommend a comprehensive strategic plan.
  - Health Plan reflects the needs and concerns of the patients.
- **Self-Assessment and Development**
  - Annually participate in a formal evaluation process.
- **Management Oversight**
  - Recommend administrative structure and evaluate effectiveness.
  - Provide input to the County Administrator regarding goals, expectations, and concerns.
  - Maintain engagement in evaluation and development of structure.
- **Compliance Oversight**
  - Promote an ethical, self-governing culture throughout the County.
- **Advocacy**
  - Conduct a periodic community health needs assessment in coordination with the Manatee Health Department to understand the health issues of the communities served.

Figure 12 – Healthy Manatee Plan Administration Structure

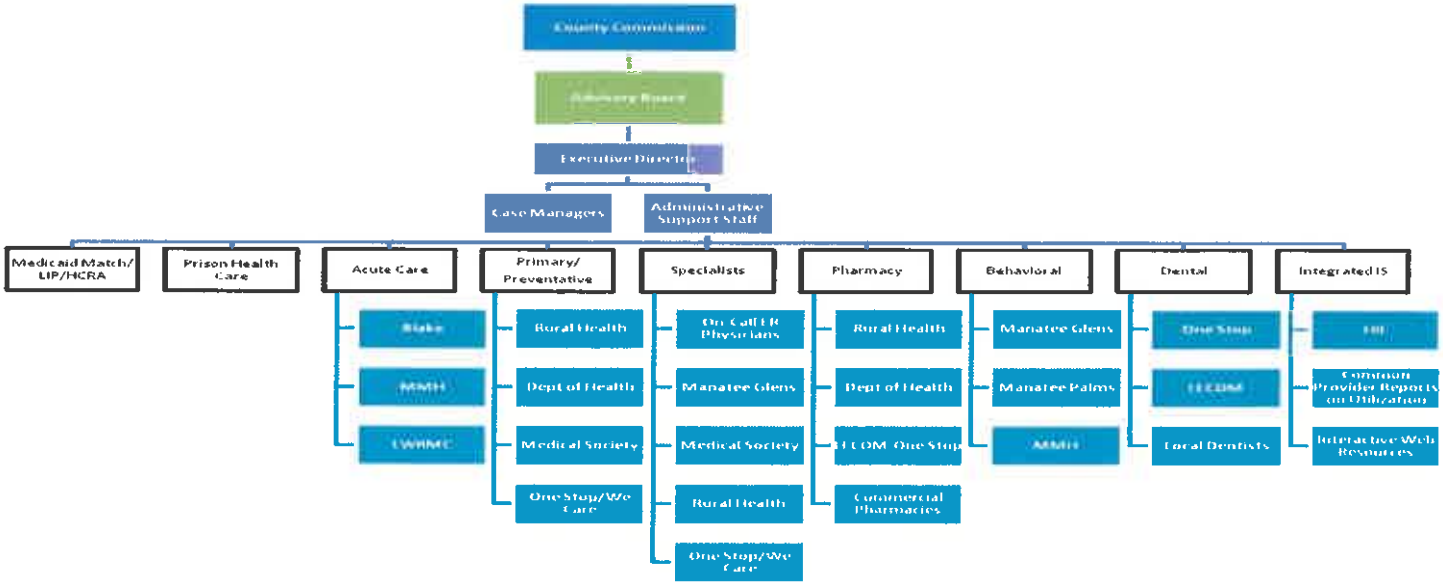


Figure 13 - Action Plan for Strategic Priority #2

Problem Statement: Lifestyle challenges and lack of prevention create risk factors that negatively impact health outcomes and increase healthcare costs.

Strategic Priority #2 Objective: By June 2013, begin at least one community health care campaign that engages the Manatee County community in addressing an important health factor (the Education, Wellness & Prevention Committee will chose one of the following: physical activity, good nutrition, tobacco cessation, preventive health screenings).

Action Plan:

Health Factor Selected: Health Screenings

Alliance Committee: Education, Wellness & Prevention Committee

Action Steps:

1. **Administer survey to a broad cross-section of the community to identify current health screening resources, seek input on appropriate locations, ways to motivate individuals, and to identify barriers to screenings (see survey tool)**
2. **Work with the Manatee Chamber of Commerce to offer a list of organizations and list where people can get health screenings (placed on the Chamber website's health resources page).**
3. **Work with the Manatee Chamber of Commerce to create a map of health screening locations throughout the county.**
4. **Market and promote resources**

Survey Tool:

1. What organizations or locations are you aware of where professional health screenings are provided? Please list those that come to mind in the space below.

2. What organizations or locations seem to you to be most appropriate for encouraging providers to set up occasional health screenings? Check all that apply.

☐ What organizations or locations seem to you to be most appropriate for encouraging providers to set up occasional health screenings? Check all that apply. Churches

☐ Farmers' Market ☐ Manatee County Fair ☐ Bus or Van that travels through County

☐ Civic organizations Other (please specify)

3. What do you think most motivates people to get screened? Check all that apply.

☐ What do you think most motivates people to get screened? Check all that apply. Peer pressure

☐ Fear of health problems ☐ Easy availability of screening

☐ Authority figures (ministers, teachers, leaders) setting example and encouraging it

☐ Health information in media ☐ Family members

Other (please specify)

Survey tool – continued:

4. What do you think most motivates people to follow up and receive medical attention once they are screened? Check all that apply.

☐ What do you think most motivates people to follow up and receive medical attention once they are screened? Check all that apply. Peer pressure

☐ Fear of health problems ☐ Easy access to health providers

☐ Authority figures ☐ Health information in media

☐ Family members

Other (please specify)

5. What barriers do you feel most likely prevent people from getting screened? Check all that apply.

☐ What barriers do you feel most likely prevent people from getting screened? Check all that apply. Cost

☐ Time (cannot access screenings during non-work hours)

☐ Access (cannot get to locations where screenings are available)

☐ Lack of access to treatment/care if screening identifies health issues

☐ Fear

Other (please specify)

6. Have you had health screening within the past year?

○ Yes

○ No

7. What is the most effective way to reach all people in Manatee County with important health information? (Rank your top four choices)

○ **Television and radio**

○ **Billboards**

○ **Internet**

○ **Schools and/or workplace**

○ **Flyers and posters distributed in public places**

○ **Churches**

○ **Civic organizations**

Note: this action plan has not yet been deployed.

Monitoring & Evaluation:

Successes:

During the past two and a half years, Manatee County has achieved several community health successes, including:

- Creation of the Manatee County Health Alliance
- Increased community awareness of and support for priority healthcare issues via annual State of Manatee County Health presentations
- Commitment to and support of the Manatee County Board of County Commissioners in improving health in Manatee County.
- D.O. Residency Program provides residents to the community clinic four days each week.
- The Healthy Manatee Plan to ensure healthcare access to individuals up to 135% of the federal poverty level has been approved by the Manatee County Commission and will be piloted in 2013.
- USF researched and provided preliminary data related to 2011 inpatient and emergency department utilization.
- Alliance education and prevention activities, including the Walk to the Moon Challenge and the Realize Bradenton Farmer's Market health campaign to promote wellness, prevention, lifestyle changes and healthy activities.
- Manatee County ACHIEVE project, including nutrition, physical activity and tobacco cessation programs. Success stories include:
  > The "Healthy Choices" menu options currently in place at 21 local restaurants with participation continuing to grow
  >A partnership between FDOH-Manatee, Manatee County Government and Manatee County School district to pilot a successful after hours open-playground policy during the summer of 2012
  >The Complete Streets Initiative, a partnership with multiple sectors and interest groups in the community, that developed and recommended a policy to encourage safe walking and bicycling; the policy has been adopted by the county commission, is now included in the county's Comprehensive Plan, and four focus areas have been identified for the next 5 to 10 years as funding becomes available
  >Creation of tobacco-free campuses at all Manatee Boys and Girls Clubs and tobacco-free zones at all Manatee Youth Athletic Leagues.

The two priority initiatives identified by the Alliance in August 2012 have not yet been fully achieved and will be ongoing. The one-half cent healthcare sales tax referendum was defeated, and new methods to fund the Healthy Manatee Plan are being explored.

Next steps include:

- The County and FDOH-Manatee will partner to identify support for the Alliance's strategic objectives through a partnership with the College of Public Health, University of South Florida (USF).
- In July 2013, two needs assessments were conducted (one face-to-face with healthcare practitioners and one via focus groups with consumers). Preliminary data will be published in the fall of 2013.
- The Healthy Manatee plan will be piloted (the pilot will focus on frequent users of the indigent healthcare trust fund).
- Continue to educate and engage stakeholders in the community health assessment and community health improvement planning processes. We will explore lessons learned from the Manatee County ESF-8 Workgroup in building and sustaining health care coalitions.
- Continue to partner with regional and state groups with mutual goals, such as ONE BAY.
- FDOH-Manatee will facilitate an evaluation of the community health assessment and community health planning processes.
- The Manatee CHA and CHIP will be updated, implemented, and monitored during 2013-2014, with a focus on a creating a community balanced scorecard, with health outcomes and process and performance measures that will monitor progress in achieving these.

The Manatee Community Health Assessment and Community Health Improvement Plan remains a living document that will continue to evolve over time.

To Provide Feedback or Request Additional Information
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