



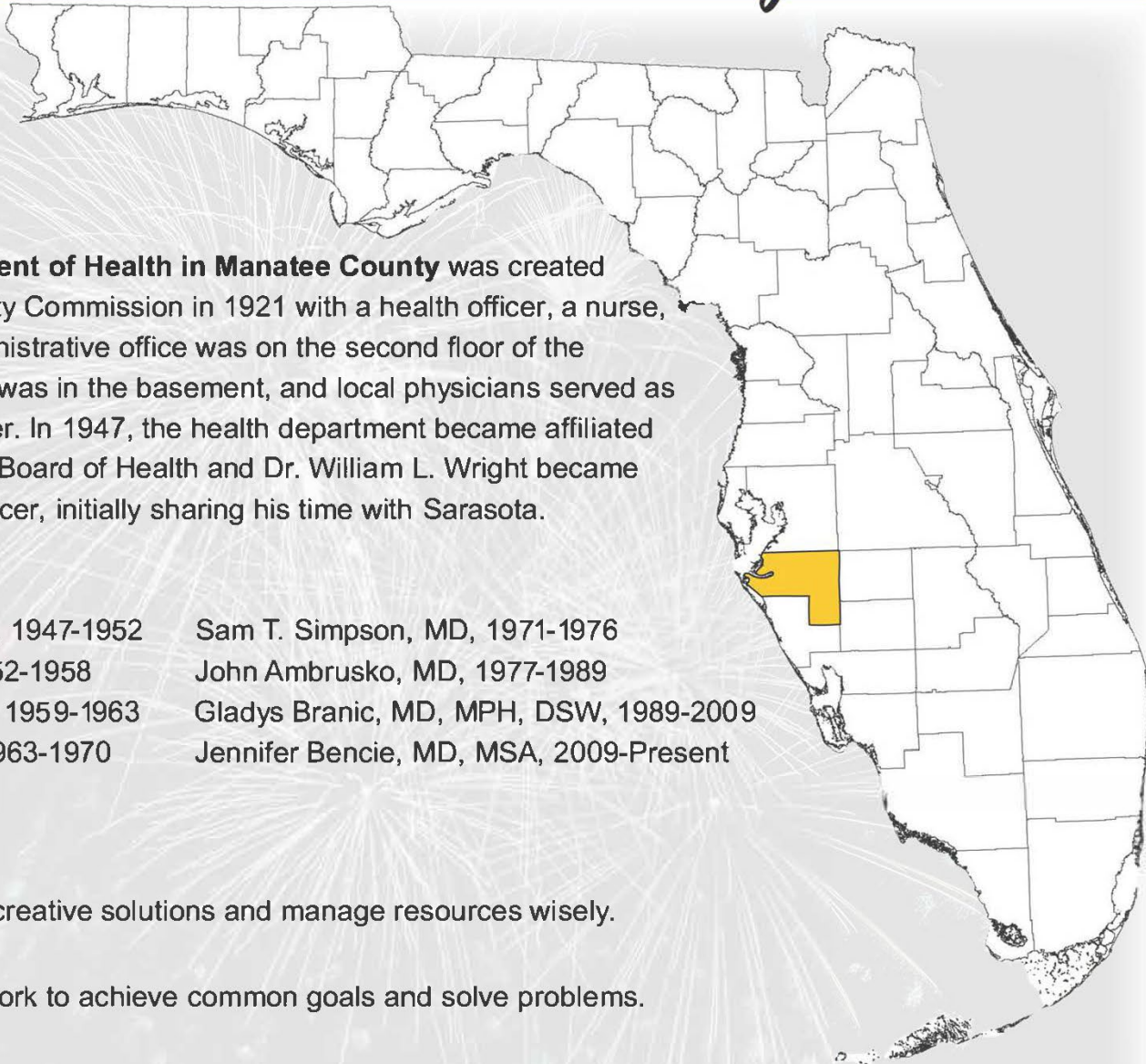
# 2022 – 2026 Health Equity Plan

## Manatee County



Prepared by the Florida Department of Health in Manatee County  
with support by the Manatee Healthcare Alliance, Inc.

# Celebrating 100 years of public health in Manatee County



## Our History

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

## Our Directors

William L. Wright, MD, 1947-1952

John S. Neill, MD, 1952-1958

Fredrick K. Allen, MD, 1959-1963

George Dame, MD, 1963-1970

Sam T. Simpson, MD, 1971-1976

John Ambrusko, MD, 1977-1989

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

Jennifer Bencie, MD, MSA, 2009-Present

## Values

### Innovation

We search for creative solutions and manage resources wisely.

### Collaboration

We use teamwork to achieve common goals and solve problems.

### Accountability

We perform with integrity and respect.

### Responsiveness

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

### Excellence

We promote quality outcomes through learning and continuous performance improvement.

## Mission

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

## Vision

To be the *Healthiest State* in the Nation.

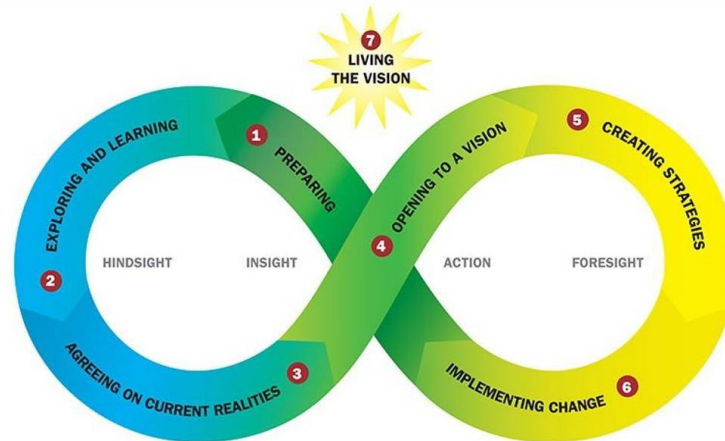
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# I. VISION

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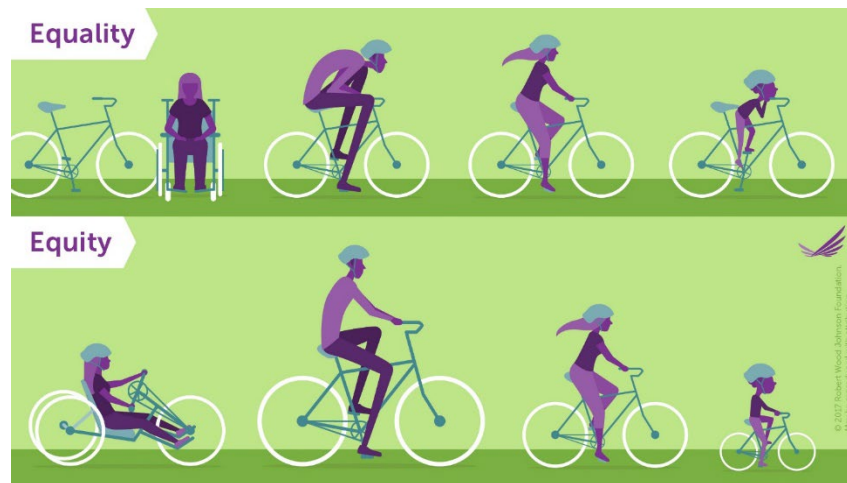
Visioning guides the community through a collaborative and creative process that leads to a shared community vision and common values.

Vision and value statements provide focus, purpose, and direction to the Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) so that participants collectively achieve a shared vision for the future. A shared community vision provides an overarching goal for the community - a statement to reflect a view of the ideal future. Values are the fundamental principles and beliefs that guide a community-driven planning process.

Developing a vision is completed at the beginning of the CHA and CHIP process. It serves as a practical mechanism for convening the community and building enthusiasm for the process, setting the stage for planning, and providing a common framework throughout subsequent phases.

For the 2021-2023 CHA and CHIP, the Manatee Healthcare Alliance (MHCA) met on November 21, 2019, and finalized the vision statement: *To be the Healthiest County in Florida*. The Health Equity Team adopted the same vision for the 2022-2026 Health Equity Plan as it supports the community's efforts to eliminate health disparities for all in Manatee County and aligns with the current CHA and CHIP.

## II. PURPOSE OF THE HEALTH EQUITY PLAN



The Florida Department of Health’s Office of Minority Health and Health Equity (OMHHE), located at the State Health Office in Tallahassee, Florida, works with government agencies and community organizations to address the barriers inhibiting populations from reaching optimal health. A focus on health equity means recognizing and eliminating the systemic barriers that have produced disparities in achieving wellness. In response to Chapter 2021-1700 of the Florida Statute, effective July 1, 2021, each county health department (CHD) has been provided resources to create a Health Equity Plan to address health disparities in their communities.

The Health Equity Plan should guide counties in their efforts to create and improve systems and opportunities to achieve optimal health for all residents, especially vulnerable populations. County organizations have a critical role in addressing the social determinants of health (SDOH) by fostering multi-sector and multi-level partnerships, conducting surveillance, integrating data from multiple sources, and leading approaches to develop upstream policies and solutions. This plan acknowledges that collaborative initiatives to address the SDOH are the most effective at reducing health disparities.

The purpose of the Health Equity Plan is to increase health equity in Manatee County. To develop this plan, The Florida Department of Health in Manatee County (DOH-Manatee) followed the approach of multi-sector engagement to analyze data and resources, coordinate existing efforts, and establish collaborative initiatives. This plan addresses key SDOH indicators affecting health disparities in Manatee County. This is a county-wide Health Equity Plan through which the Health Equity Task Force, including a variety of government, non-profit, and other community organizations, align to address the SDOH that impact health and well-being in the county.

### III. DEFINITIONS

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**Health equity** is achieved when everyone can attain optimal health.

**Health inequities** are systemic differences in the opportunity's groups health, leading to avoidable differences in health outcomes.

**Health disparities** are the quantifiable differences, when comparing two groups, on a particular measure of health. Health disparities are typically reported as rate, proportion, mean, or some other measure.

**Equality** each individual or group of people is given the same resources or opportunities.

**Social determinants of health** are the conditions in which people are born, grow, learn, work, live, worship, and age that influence the health of people and communities. The Centers for Disease Control and Prevention (CDC) provide the following definitions:

- **Education Access and Quality** is the connection of education to health and wellbeing. This domain includes key issues such as graduating from high school, enrollment in higher education, educational attainment in general, language and literacy, and early childhood development.
- **Economic Stability** is the connection between the financial resources people have – income, cost of living, and socioeconomic status – and their health. This area includes key issues such as poverty, employment, food security, and housing stability.
- **Neighborhood and Built Environment** is the connection between where a person lives – housing, neighborhood, and environment – and their health and wellbeing. This includes topics like quality of housing, access to transportation, availability of healthy foods, air and water quality, and built structures.
- **Social and Community Context** is the connection between characteristics of the contexts within which people live, work, and play, and their health and wellbeing. This includes topics like cohesion within a community, civic participation, discrimination, conditions in the workplace, and incarceration.
- **Healthcare Access and Quality** is the connection between people's access to and understanding of health services. This domain includes key issues such as access to healthcare, access to primary care, health insurance coverage, and health literacy.

## IV. COALITION PARTICIPATION

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In 2010, the MHCA was established as a community coalition of professionals and residents interested in health care. The coalition was formed to engage the community in the Community Health Assessment (CHA) and the Community Health Improvement Plan (CHIP) and will now be engaged in the creation and execution of the County's Health Equity Plan.

The MHCA is a non-profit organization with the mission of "promoting and ensuring the health and well-being of Manatee County residents through fostering collaboration and partnerships, ensuring access to health care, and promoting healthy behaviors."

The organizational structure of the MHCA includes a Board of Directors and committees dedicated to strategic priorities. As community health needs and trends evolve, DOH-Manatee facilitates the MHCA in completing the CHA and CHIP process every three years. The MHCA completed the most recent CHA and CHIP for 2021-2023. As a result, four CHIP subcommittees, which include a chair, co-chair, and a liaison from DOH-Manatee to support, were established to address six strategic issues. The four subcommittees are Youth Development, Healthy Living, Communicable Diseases, and Behavioral Health. Each subcommittee ensured to address health equity while developing their workplans.

For the 2022-2026 Health Equity Plan, the MHCA discussed strategies to improve the health of the community. The strategies focused on the SDOH: education access and quality, health care access and quality, economic stability, social and community context, and neighborhood and built environment. The coalition assisted the Health Equity Task Force by reviewing their Health Equity Plan for feasibility.

Each subcommittee is charged with reporting progress at the monthly MHCA meetings to ensure ongoing communications with partners on the progress of the CHIP objectives. The Health Equity Task Force will follow the same reporting mechanism to ensure partners are updated on project progress. In addition, a new Manatee County Community Dashboard has been created to host the CHA and CHIP updates, as well as the Health Equity Plan using the mySidewalks platform.

The MHCA serves as the guiding force for the 2021-2023 CHA and CHIP and the 2022-2026 Health Equity Plan. See addendum for a list of Coalition members.

## A. Minority Health Liaison

One representative located in each CHD serves as a Minority Health Liaison to assist the OMHHE with advancing health equity and improving health outcomes for racial, ethnic, and minority, and vulnerable populations through partnership engagement, health equity planning, and implementation of health equity projects to improve SDOH. The Minority Health Liaison facilitates health equity discussions, initiatives, and collaborations related to elevating the shared efforts of the county.

**Minority Health Liaison:** Anastasia Peele

**Minority Health Liaison Backup:** Paige Wesley

## B. Health Equity Team and Task Force

The Health Equity Team includes individuals that represent different programs in DOH-Manatee. Members of the Health Equity Team assessed the current understanding of health equity. They explored opportunities to improve efforts within the CHD and county. These members were also the leaders of the Green Belt Projects. They did extensive research to understand health disparities in the county. The Minority Health Liaison guides these discussions and the implementation of initiatives. The Health Equity Team met to gather data, conduct data analysis and relayed information and data concerning key health disparities and SDOH in Manatee to the Health Equity Task Force.

The Health Equity Task Force includes DOH-Manatee staff and representatives from various organizations that provide services to address various SDOH. Members of this task force brought their knowledge about community needs and collaborated to address upstream factors to achieve health equity. The Task Force wrote the Manatee County Health Equity Plan and oversaw the design and implementation of projects.

The Health Equity Team and Task force will continue to meet quarterly to track progress and report progress updates to the MHCA. The membership of the Health Equity Team and Task Force is listed on the next page.



Name	Title	Program
Anastasia Peele	Health Educator Consultant	Minority Health and Health Equity
Paige Wesley	Health Educator Consultant	Healthiest Weight Florida
Dr. Carla McGill	Health Educator Consultant	Maternal Child Health Healthy Babies
Runa Badal	Division Director	Community Health
Dee LeBoff	Personnel Manager	Workforce Development
Olivia Hilliard	Gov. Operations Consultant	Quality Improvement
Jacqueline Perez	Health Educator Consultant	Overdose Data to Action
Diana Zavala	Chief Deputy Registrar	Vital Statistics/Fiscal
Melissa Rosenburg Ehrmann	Division Director	Women, Infant, and Children
Dr. Brooke Baker	Operations Consultant	Quality Improvement
Sonal Pathak	Consultant	Clinical Services
Meredith Shuler	Health Educator Consultant	Tobacco Prevention and Intervention
Myriam McDevitt	Health Educator Consultant	Tobacco Prevention and Intervention
Ruth Harenchar	Chair	Healthy Living CHIP Subcommittee
Dr. Skip Wilhoit	Chair	Youth Development CHIP Subcommittee
Charles Whitfield	Chair	Behavioral Health CHIP Subcommittee

The Health Equity Task Force met in various ways during the health equity planning process. The task force includes the leaders of the CHIP subcommittees. They are responsible for leading their respective groups in addressing priority health needs. The 2021-2023 CHIP subcommittees are completing multiple projects addressing health equity. As a result of addressing health equity, the 2022-2026 Health Equity Plan provided an avenue for expanding data and developing new projects. The subcommittee Chairs meet with their groups monthly to discuss progress on their current CHIP goals, objectives, and activities. The monthly meetings gave the task force the foundational knowledge needed to develop new goals, objectives, and projects for the Health Equity Plan. Members of the task force also serve as part of the greater coalition, the MHCA, Inc., where subcommittee Chairs report monthly on their groups' progress. The Minority Health Liaison was part of these meetings to gather relevant data to assist with prioritizing a health disparity and inform the Health Equity plan and its projects. Implementation of projects will require the development of a workgroup to carry out specific tasks.

Meeting Name	Meeting Schedule
Youth Development CHIP Subcommittee Monthly Meeting	Second Wednesday of the month
Healthy Living CHIP Subcommittee Monthly Meeting	Third Thursday of the month
Behavioral Health CHIP Subcommittee Monthly Meeting	Second Tuesday of the month
Manatee Healthcare Alliance Monthly Meeting	Fourth Thursday of the month

### C. Regional Health Equity Coordinators

There are eight Regional Health Equity Coordinators with expertise in Project Coordination. These coordinators provide the Minority Health Liaison, Health Equity Team, and Health Equity Task Force with technical assistance, training, and project coordination.

<b>Name</b>	<b>Region (Headquarters)</b>
Carrie Rickman	Emerald Coast Consortium (Jackson County)
Quincy Wimberly	Capitol Consortium (Wakulla County)
Ida Wright	North Central Consortium (Volusia County)
Diane Padilla	Northeast Consortium (Alachua County)
Rafik Brooks	West Consortium (Pinellas County)
Lesli Ahonkhai	Central Consortium (Seminole County)
Frank Diaz	Southwest Consortium (Broward County)
Fatima Mohamed	Southeast Consortium (Lee County)

## V. HEALTH EQUITY TRAINING AND PROMOTION

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### A. County Health Equity Training

Health Equity is a primary focus for the MHCA. In striving to be the *Healthiest County in Florida*, addressing health inequities is critical for improving the health of where people live, work, play, and worship. The MHCA meets monthly and invites a guest presenter to each meeting. Guest presenters represent different SDOH domains. Examples include, but are not limited to, the local hospital systems, the school district, and law enforcement. Guest presenters provide partners with information on emerging trends and issues, policy updates, opportunities for new partnerships and projects, and updates on existing collaborations. Additionally, the Minority Health Liaison consolidates and distributes health equity training opportunities to communicate to the MHCA continuously.

### B. County Health Department Health Equity Training and Projects

DOH-Manatee recognizes that ongoing training and projects focusing on health equity and cultural competency are critical for creating a sustainable health equity focus, improving staff health and productivity, and maintaining a diverse and inclusive culture. DOH-Manatee is committed to improving health equity in the county using quality improvement methodologies.

<b>Date</b>	<b>Topics</b>
Ongoing	Adoption of DOH Office of Communications Recommendations: Using Health Equity Principles to Improve Our Brand
Annually	Cultural Awareness: Introduction to Cultural Competency and Addressing Health Equity: A Public Health Essential
March 2021	The Batie Group Interviews: Creating a More Equitable, Diverse, and Inclusive Culture
July 2021	Lean Six Sigma Green Belt Project: Increasing Breastfeeding Initiation in Manatee County
July 2021	Lean Six Sigma Green Belt Project: Reducing Infant Mortality in Manatee County (2022 Florida Sterling Council Story Board Champion)
August 2022	Lean Six Sigma Green Belt Project: Addressing Hispanic Repeat Teen Pregnancies in Manatee County

### C. Minority Health Liaison Training

The OMHHE and Regional Health Equity Coordinator provide training and technical support to the Minority Health Liaison on topics such as: the health equity planning process, goals and reporting requirements, taking a systems approach to address health disparities, prioritization techniques, and facilitation. The Minority Health Liaison’s training is recorded below.

<b>Date</b>	<b>Topics</b>
March 2022	Minority Health and Health Equity Liaison Onboarding and Training
April 2022	Technology of Participation (ToP) Facilitation Training and Certification

## D. National Minority Health Month Promotion



April 1, 2022

### WEST CENTRAL FLORIDA COUNTY HEALTH DEPARTMENTS LEAD NATIONAL MINORITY HEALTH MONTH ACTIVITIES



**Contact:**

Christopher Tittel  
Communication Director, DOH-Manatee  
(305) 924-6839

**Bradenton, Fla.** – April is National Minority Health Month, a time when West Central Florida county health departments and the communities they serve consider health disparities, champion health equity and brainstorm projects that can improve health outcomes for minority populations.

West Central Florida county health departments include those serving Citrus, Hardee, Hernando, Highlands, Hillsborough, Manatee, Pasco, Pinellas, Polk and Sarasota counties.

The goal is to strengthen the capacity of local communities to eliminate the disproportionate burden of premature death and preventable illness in minority populations through prevention, early detection and control of disease complications.

National Minority Health Month began when Booker T. Washington advocated for a National Black Health Week in 1915.

In 2002, Congress established a National Minority Health Month and Health Disparities Month "to promote educational efforts on the health problems facing minorities and other health disparity populations."

For more information on National Minority Health Month, visit

<https://www.floridahealth.gov/programs-and-services/minority-health/minority-health-month.html>  
or <https://www.nmqf.org/national-minority-health-month>.

April is National Minority Health Month, a time when DOH-Manatee and the communities they serve consider health disparities, champion health equity and brainstorm projects that can improve health outcomes for vulnerable populations.

On Saturday, April 9, 2022, DOH-Manatee partnered with the Manatee Branch of the National Association for the Advancement of Colored People (NAACP) at their monthly Farmer's Market to offer flu vaccines, blood pressure screenings, tobacco cessation resources, safe sleep education, and additional information on community resources and services. Attendees also received nutrition education that included learning about healthy food portions, the nutrition fact label, and the importance of the proper food choices to aid in the prevention and management of chronic diseases.

## VI. PRIORITIZING A HEALTH DISPARITY

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The Health Equity Team identified and reviewed health disparities data in Manatee. Data were pulled from multiple sources including FLHealthCharts, Vital Statistics, Centers for Disease Control and Prevention, United States Census Bureau, Robert Wood Johnson Health Rankings, and the 2021-2023 Manatee County Community Health Improvement Plan and Community Health Assessment.

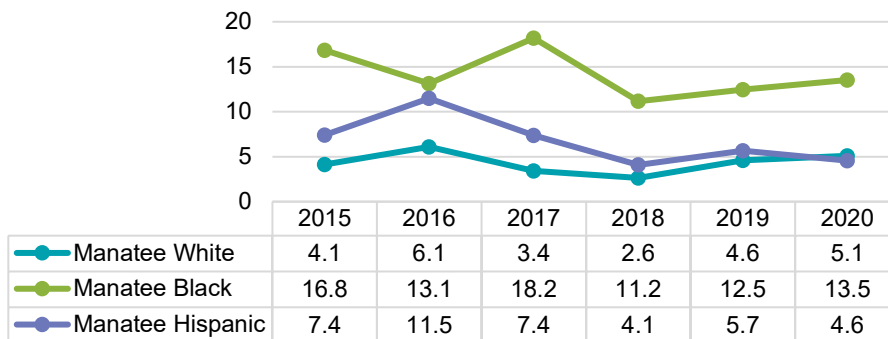
While Manatee County is well positioned in many ways regarding education, income, and clinical care, there are populations being left behind. The following health disparities were identified in Manatee County:

- Black residents have a higher incidence of nearly every chronic disease, higher death rates and hospitalization rates due to chronic diseases, poor birth outcomes, higher number of persons who smoke, shorter life expectancy and greater number of years of potential life loss than White residents.
- Hispanics in Manatee County face many of the same health outcomes seen in Blacks, including higher rates of obesity/overweight and teen pregnancy.
- Black infants are four times more likely to die than White infants in Manatee County. Even though in 2020, Manatee County had a lower overall rate (6.5/1,000 live births) of infant mortality, the infant mortality rate for Black infants was 2.8 points higher in Manatee County (13.5/1,000 live births) than Black infants in Florida (10.7/1,000 live births).

The need to address health disparities in Manatee County is high. Therefore, the Health Equity Team prioritized eliminating racial and ethnic disparities in Infant Mortality due to the significant racial disparity seen in Black infants compared to Hispanic and White infants. It is important to note that data concerning various priority populations were undefined or unavailable and therefore limited throughout this plan. The populations include but are not limited to Veterans, LGBTQ+, and Asian/Pacific Islanders.

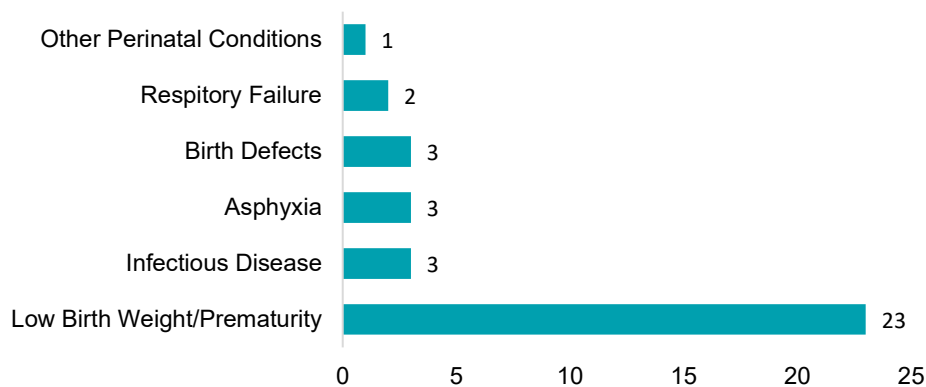
The objective of the Health Equity Plan is, by June 2026, to reduce the Manatee County Black Infant Mortality (IM) Rate from 13.5/1,000 live births to 10.5/1,000 live births (FLHealthCharts). At a minimum, this is a rate decrease of 3.0/1,000 live births. After conducting a trend analysis, the Health Equity Task Force determined a 67% chance of meeting this objective. The next page includes data concerning racial and ethnic disparities in infant mortality.

Figure A. Infant Mortality (Aged 0-364 Days), Rate Per 1,000 Live Births by Race and Ethnicity, Manatee, 2015-2020



Source: Florida Department of Health, Bureau of Vital Statistics

Figure B. Number of Black Infant Deaths by Cause (Ages 0-1 month), Manatee, 2013-2020



Source: Florida Vital Statistics

The Black infant mortality rate in Manatee County is almost three times higher than the White and Hispanic infant mortality rate (Figure A). The Black infant mortality rate has been steadily increasing since 2018. Further analysis revealed that the causes of death for Black infants who passed within their first month of life did not survive due to low birth weight/prematurity, which is consistent with the leading causes of infant deaths in the United States (Figure B).

The Infant Mortality Rate is an important factor in understanding a population’s overall health. It is used globally to indicate the health of different populations. Many factors that contribute to infant deaths also affect the health of a population. Some of those factors include access to health care, trained medical providers, clean water, and a safe food supply.

America’s Health Rankings (2021) reports that in the United States, significant disparities persist in infant mortality among different racial and ethnic groups, but the most striking disparity is found between babies born to Black women and babies born to White or Asian women. Other populations with higher rates of infant mortality include mothers younger than 25 years and older than 40 years compared with those aged 25-40, those living in high poverty counties compared with those in low and middle poverty counties, and those living in rural counties compared with those in urban counties. Reducing the disparities seen in infant mortality will promote a healthier and more diverse community, school student population, and workforce in Manatee County.

## VII. SDOH DATA

Social Determinants of Health (SDOHs) are conditions in the places where people live, learn, work, and play that affect a wide range of health and quality-of life-risks and outcomes. The SDOHs can be broken into the following categories: education access and quality, health care access and quality, neighborhood and built environment, social and community context, and economic stability. The Health Equity Team identified multiple SDOHs that impact the racial and ethnic disparities in Infant Mortality. They are listed below.

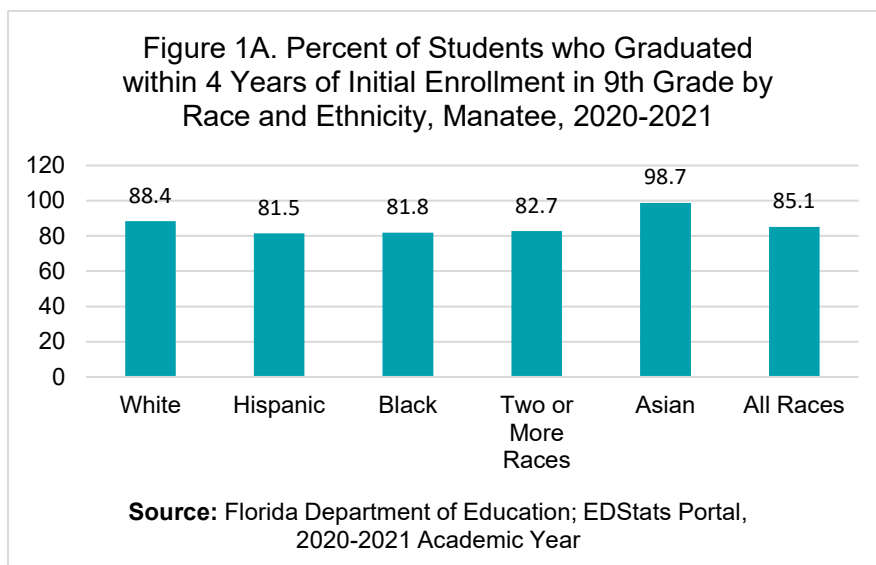


## Education Access and Quality

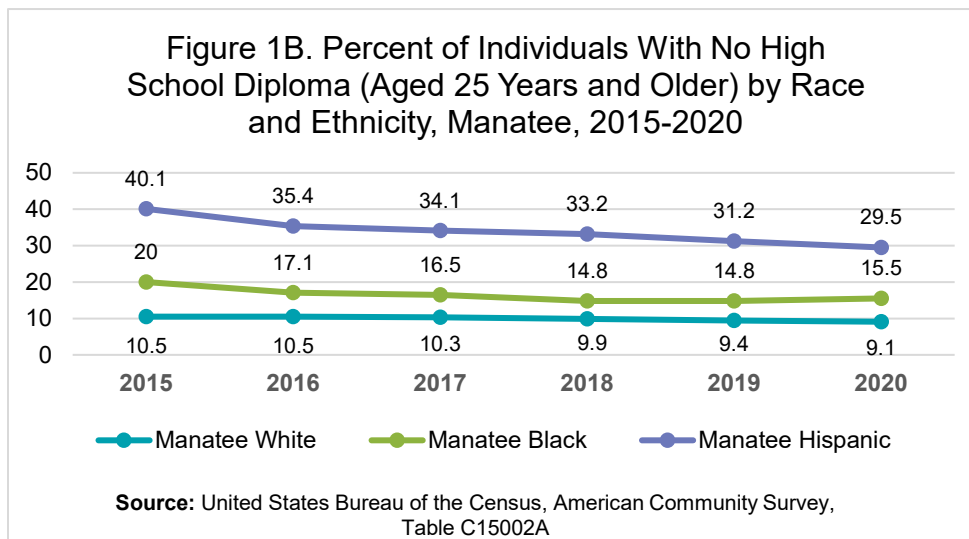


People with higher levels of education are more likely to be healthier and live longer. Not graduating from high school or earning a postsecondary degree impacts the ability to get safe, high-paying jobs and increases the likelihood of health problems like heart disease, diabetes, and depression. In addition, the stress of living in poverty can also affect child brain development, making it harder for them to do well in school.

To identify how disparities in education access and quality impact infant mortality in Manatee County, information regarding high school graduation rates, vocational training rates, and higher education rates by race and ethnicity were sought. The data found are reported below.

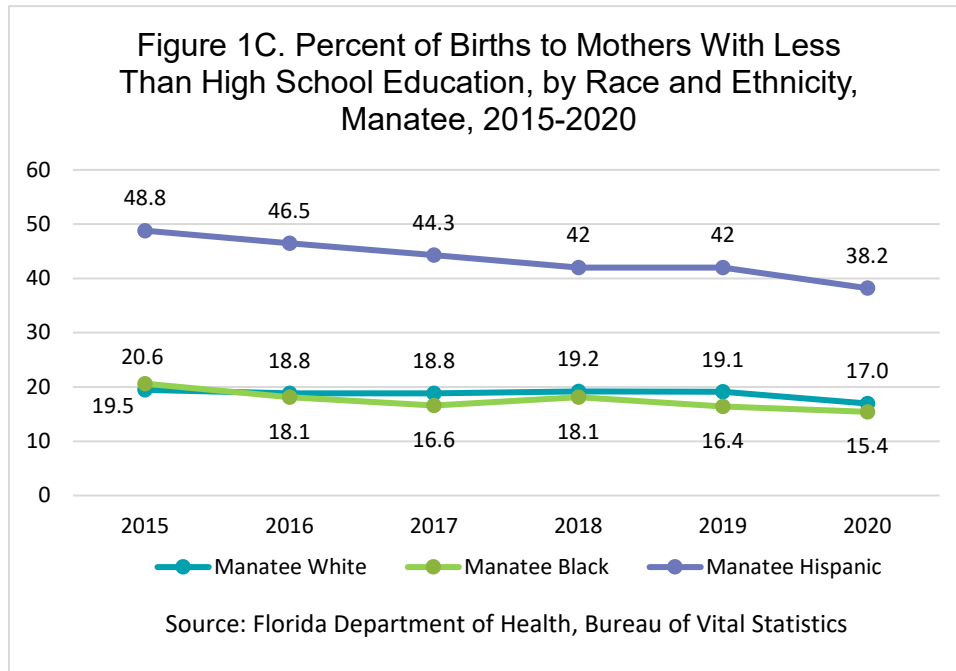


For the 2020-2021 school year, graduation within four years of enrollment in the 9th grade averaged 85.1% across all races and ethnicities in Manatee County. Blacks and Hispanics had lower graduation rates at 81.8% and 81.5% respectively (Figure 1A).

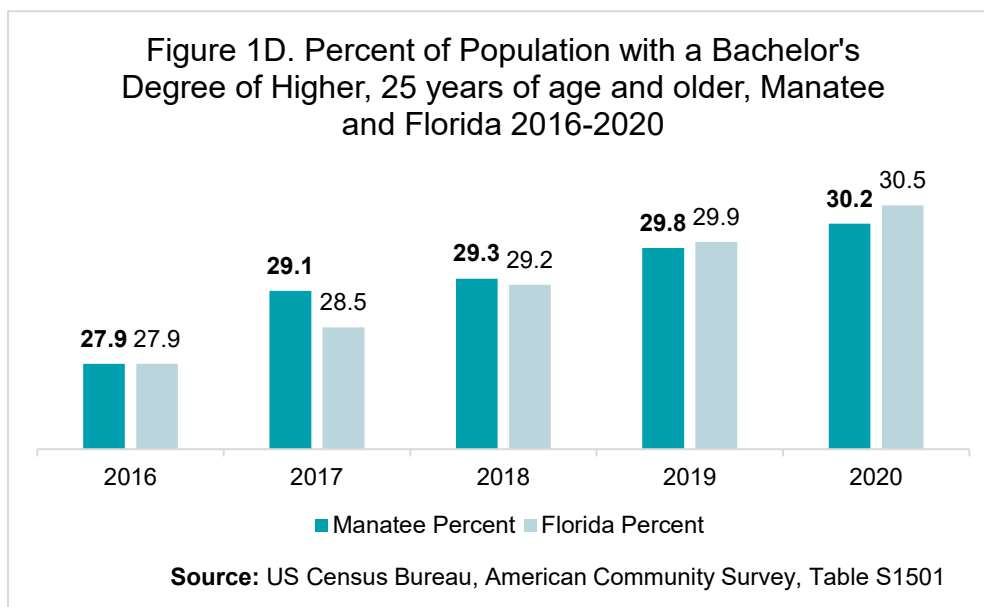


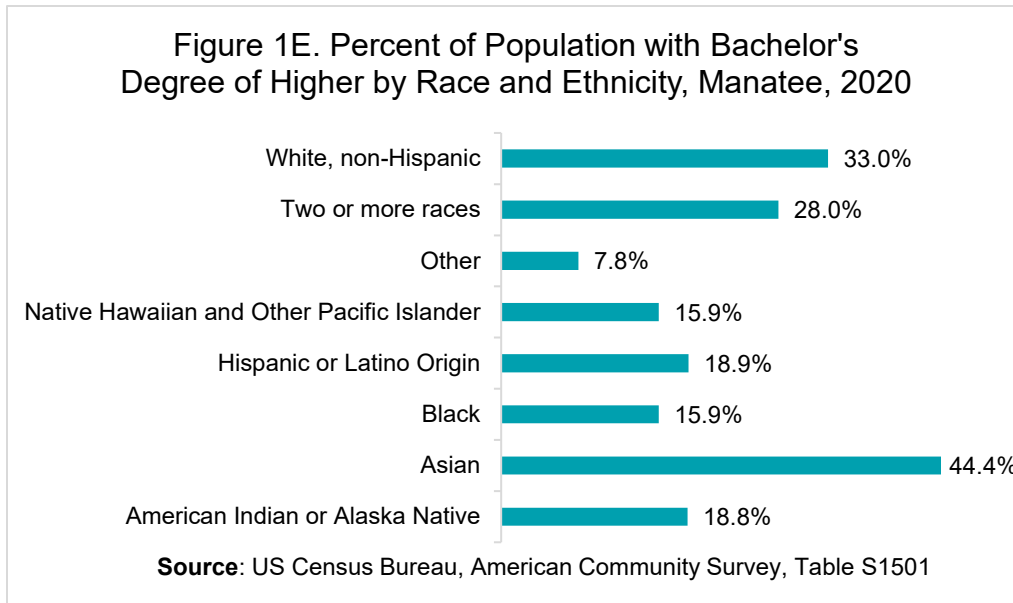


Hispanics in Manatee County have the highest percent of individuals aged 25 years and older who do not have a high school diploma (29.5% in 2020). This is followed by Blacks in Manatee County of which in 2020, 15.5% did not have a high school diploma (Figure 1B).

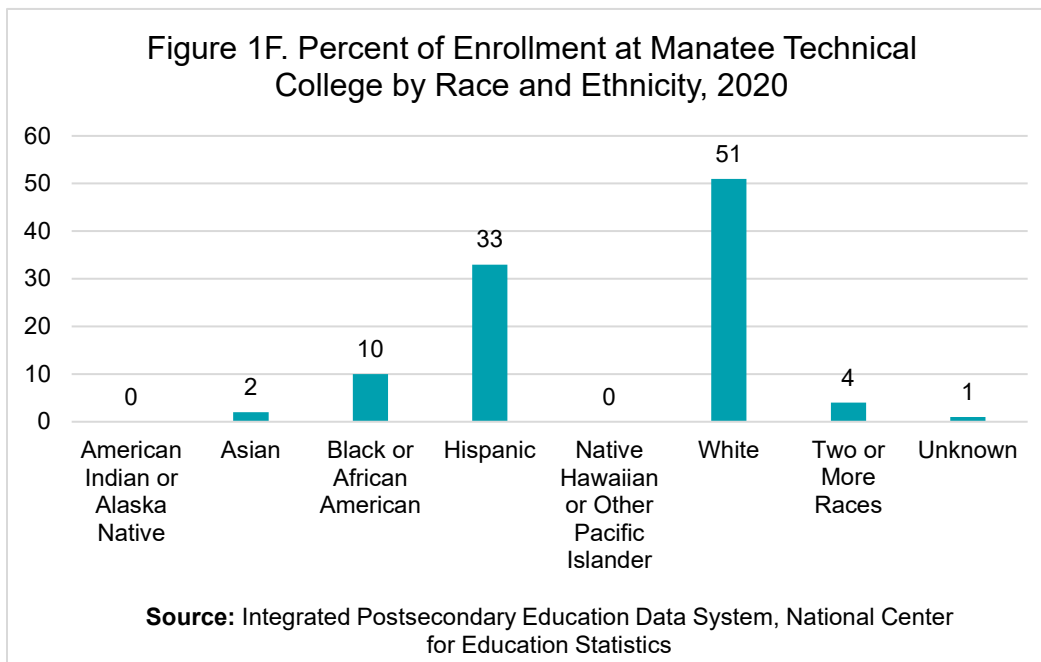


In 2020, the percentage of births to mothers with less than a high school education was highest among Hispanic women in Manatee County, at 38.2% (Figure 1C). This is almost two times the rate of that of White (17.0%) and Black mothers (15.4%).





In 2020, 30.2% of Manatee County’s population had a bachelor’s degree or higher which is close to the Florida rate (30.5%) (Figure 1D). Blacks and Native Hawaiian and Other Pacific Islanders in Manatee County are less likely to have a bachelor’s degree or higher, and Asians are the most likely to have a bachelor’s degree of higher (Figure 1E).



Manatee Technical College (MTC) is Manatee County’s largest educational institution for vocational training. More than half of the student population enrolled at MTC for the 2020 Fall semester are White (51%), followed by Hispanic (33%), and Black or African American (10%) (Figure 1F).

## The Impact of Education Access and Quality on Racial and Ethnic Disparities in Infant Mortality

Education Access and Quality		
SDOH	Vulnerable Populations Impacted	How the SDOH Impacts (Health Disparity)
High School Education and/or No Post-Secondary Education	Teen Mothers, Hispanics, Blacks	<p>The data above shows that in Manatee County, Blacks are less likely to have a post-secondary degree while Hispanics are less likely to have a high school diploma. Higher levels of educational attainment are important for securing income and accessing necessary resources. In fact, higher levels of educational attainment have been shown to greatly benefit both non-Hispanic Whites and Hispanics in terms of reducing infant mortality. However, the same benefit is not experienced by non-Hispanic Blacks (Fishman, et al., 2021; Green &amp; Hamilton, 2019). In other words, the infants of college-educated Black women are three times more likely to die which is similar to the risk of those infants of White women who do not have a high school diploma (Fishman, et al., 2021). As a result, education access and quality as a social determinant of health for infant mortality may be more beneficial for reducing White and Hispanic infant mortality. Reducing Black infant mortality will likely require a focus on additional social determinants of health.</p>

## Economic Stability



People with steady employment are less likely to live in poverty and more likely to be healthy, but many people have trouble finding and keeping a job. People with disabilities, injuries, or medical conditions may be especially limited in their ability to work. In addition, many people with steady work still don't earn enough to afford the things they need to stay healthy.

To identify how disparities in economic stability impact infant mortality in Manatee County, information regarding household income, unemployment, poverty, and financial assistance rates were sought. The data found are reported below.

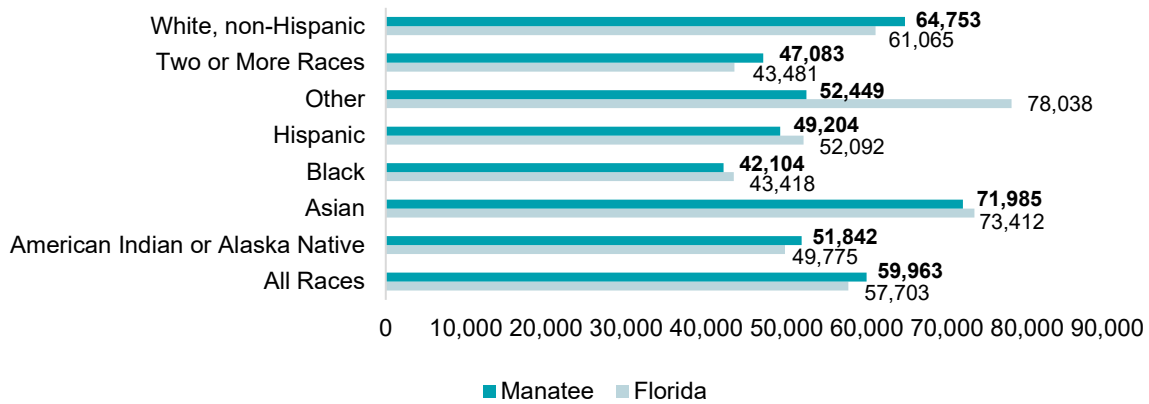
**Figure 2A. Industry Estimates for Civilian Employed Population 16 Years and Over, Manatee, 2018**

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

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

Manatee County's economy includes health care and social services, government services, agricultural, tourism, and retail employment. The Florida Department of Economic Opportunity estimated the labor force in Manatee County to be 192,063, with a 97.8% (approximately 187,759) employment rate in May 2022. Key business sectors for job growth in Manatee County include advanced manufacturing, aviation, aerospace and defense, corporate headquarters, life science, logistics and distribution, sports performance, and technology. Services and retail trade make up over 56% of the Manatee County workforce, and these industries are impacted both positively and negatively by tourism (Figure 2A).

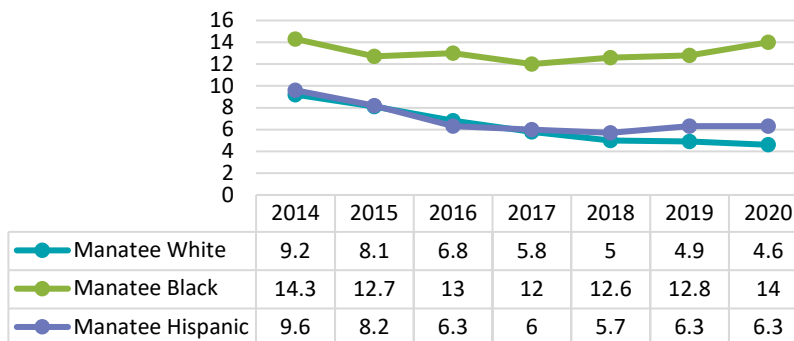
Figure 2B. Median Household Income by Race and Ethnicity, Manatee and Florida, 2020



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

The median income in Manatee County has typically been higher than Florida. Data from 2020 shows the median income for all races in Manatee County was \$59,963 which was higher than the overall state average of \$57,703. However, when examined by race and ethnicity, Manatee County Black, Other, Hispanic, and Asian residents reported lower incomes when compared with the same groups in Florida (Figure 2B). According to data from the US Census American Community Survey, the median income for 2020 shows significant disparities for Black and Hispanic residents in Manatee County. The median income for Blacks (\$42,104) and Hispanics (\$49,204) is lower when compared to Whites (\$62,930) and Asians (\$71,985) in the county.

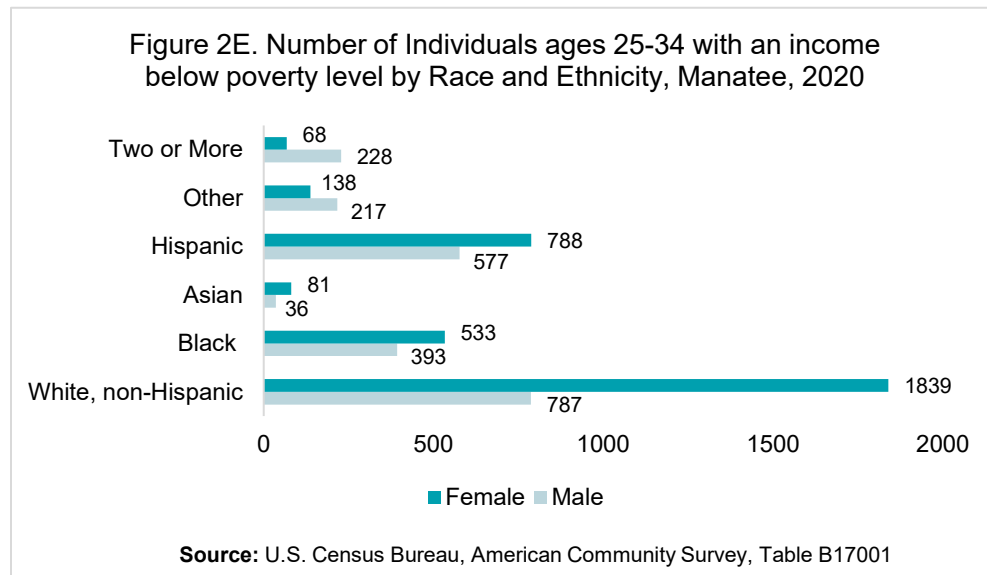
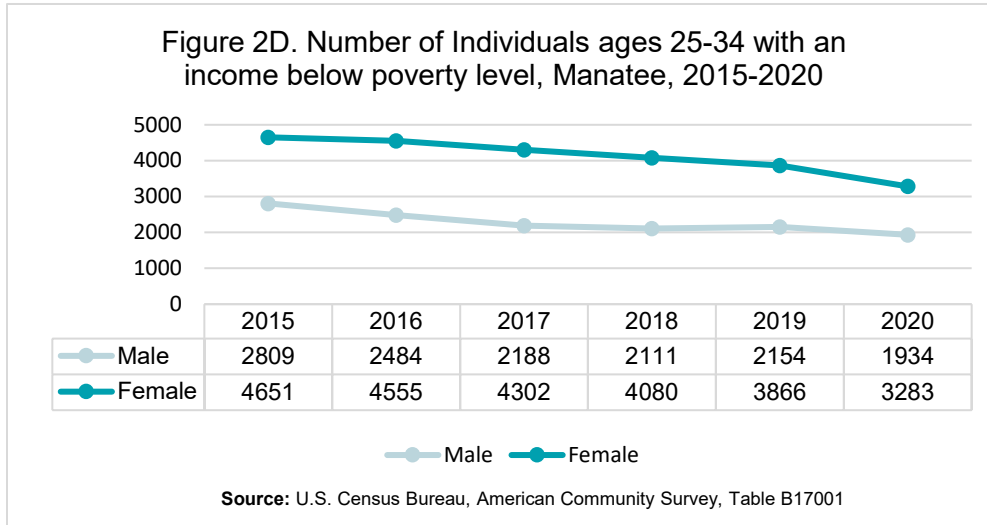
Figure 2C. Percent of Unemployed Civilian Labor Force by Race and Ethnicity, Manatee, 2014-2020



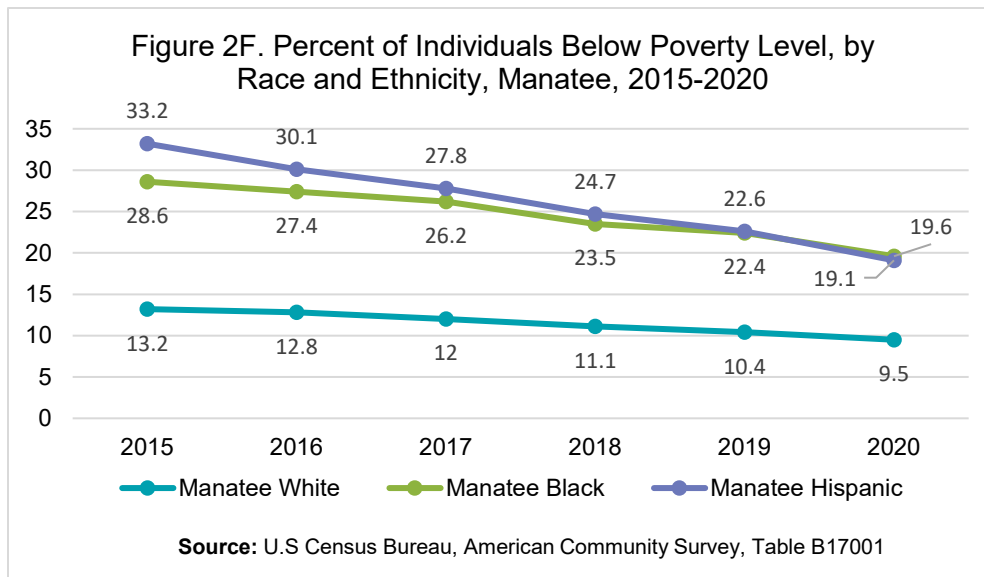
Source: FLHealthCharts, Bureau of Community Health Assessment

The unemployment rate in Manatee County has typically been lower than in Florida. According to the US Bureau of Labor Statistics, the annual average rate of unemployment in Manatee County in 2019 was 3.1%. However, unemployment in 2020 reached 11.8% in May, 9.5% in July, and 6.3% in August as a result of COVID-19. Employment continues to be impacted, and unemployment rates are fluctuating monthly. From 2014-2020, Blacks have had consistently

higher unemployment rates in Manatee County when compared to Whites and Hispanics (Figure 2C). As of May 2022, the Florida Department of Economic Opportunity reported the unemployment rate to be 2.2% in Manatee County.



The US Census Bureau reports that between 2015 and 2020, there was a higher number of females ages 25-34 years old who had an annual income below the poverty level in Manatee County when compared to males of the same age group (Figure 2D). When females ages 25-34 years old were compared to males and females across all age groups, additional analysis revealed that this cohort still had the highest number of those who had an annual income below the poverty level. When broken down by race and ethnicity, White, Black, Hispanic, and Asian females ages 25-34 are more likely to have an income below the poverty level when compared to Two or More Races and Other (Figure 2E).



When poverty is broken down by race and ethnicity, Blacks (19.6%) and Hispanics (19.1%) have higher poverty rates when compared to Whites (9.5%) in Manatee County (Figure 2D). While poverty rates have been declining in Manatee County since 2015, Hispanic and Black residents have the highest rates of poverty in the County and Florida. Furthermore, the rate of poverty among children under the age of five in Manatee County is higher than the total population, with 23.6% of children living at or below the poverty level, as evidenced in the United Way ALICE (Asset Limited, Income Constrained, Employed) Report.

Figure 2E: ALICE Household Survival Budget, Manatee, 2018

	Single Adult	One Adult, One Child	One Adult, One In Child Care	Two Adults	Two Adults Two Children	Two Adults, Two In Child Care	Single Senior	Two Seniors
Housing	\$766	\$841	\$841	\$841	\$1,078	\$1,078	\$766	\$841
Child Care	\$0	\$223	\$638	\$0	\$446	\$1,233	\$0	\$0
Food	\$300	\$517	\$432	\$622	\$1,039	\$908	\$255	\$530
Transportation	\$375	\$532	\$532	\$546	\$843	\$843	\$329	\$455
Health Care	\$200	\$507	\$507	\$507	\$803	\$803	\$485	\$970
Technology	\$55	\$55	\$55	\$75	\$75	\$75	\$55	\$75
Miscellaneous	\$197	\$297	\$338	\$300	\$475	\$557	\$217	\$328
Taxes	\$276	\$290	\$375	\$405	\$464	\$633	\$276	\$405
Monthly Total	\$2,169	\$3,262	\$3,718	\$3,296	\$5,223	\$6,130	\$2,383	\$3,604
Annual Total	\$26,028	\$39,144	\$44,616	\$39,552	\$62,676	\$73,560	\$28,596	\$43,248
Hourly Wage	\$13.01	\$19.57	\$22.31	\$19.78	\$31.34	\$36.78	\$14.30	\$21.62

Source: Bureau of Labor Statistics, Occupational Employment Statistics, 2018.

As evidenced in the United Way ALICE Report, the Household Survival Budget reflects the bare minimum cost to live and work in the modern economy and includes housing, childcare,

food, transportation, health care, technology (a smartphone plan), and taxes. It does not include savings for emergencies or future goals like college or retirement. In 2018, household costs in Manatee County were well above the Federal Poverty Level of \$12,140 for a single adult and \$25,100 for a family of four.

**The Impact of Economic Stability on  
 Racial and Ethnic Disparities in Infant Mortality**

<b>Economic Stability</b>		
<b>SDOH</b>	<b>Vulnerable Populations Impacted</b>	<b>How the SDOH Impacts (Health Disparity)</b>
Income	Black, Hispanic	The data above shows that Black and Hispanic Manatee County residents have a lower median household income. There are also significant disparities in median hourly wages for Black and Hispanic residents. Income inequality has been cited as a contributing factor of infant mortality because low financial resources limit access to nutrition and prenatal care (National Institute on Minority Health and Health Disparities, 2022).
Employment	Black	Manatee County Blacks have the highest unemployment rate as of 2020. Unemployment contributes to low-income status and low financial resources, which both can contribute to infant mortality.
Expenses	Low-income individuals	In Manatee County, financial assistance for housing and shelter are of the greatest need according to the Uniter Way Suncoast 2-1-1 Dashboard. The rising costs of housing and shelter place financial strain on all individuals. This impacts infant mortality by increasing the risk of homelessness in pregnant women or limiting the income that families have for prenatal care, nutrition, and other essential needs to promote a healthy birth.
Financial Hardship	Females ages 25-34 years; Blacks	Blacks and females ages 25-34 years have the highest rates of poverty in Manatee County. Poverty has been cited by many researchers as a risk factor for infant mortality because it increases the likelihood of birth defects, premature birth, and other birth complications (Pabayo, et al., 2019).

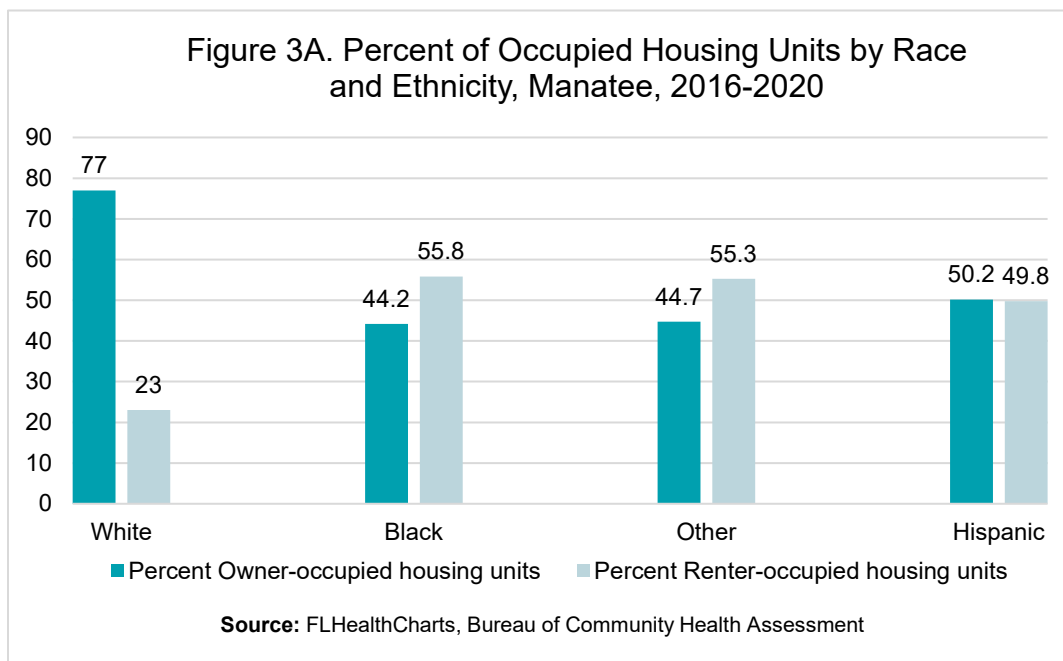


## Neighborhood and Built Environment



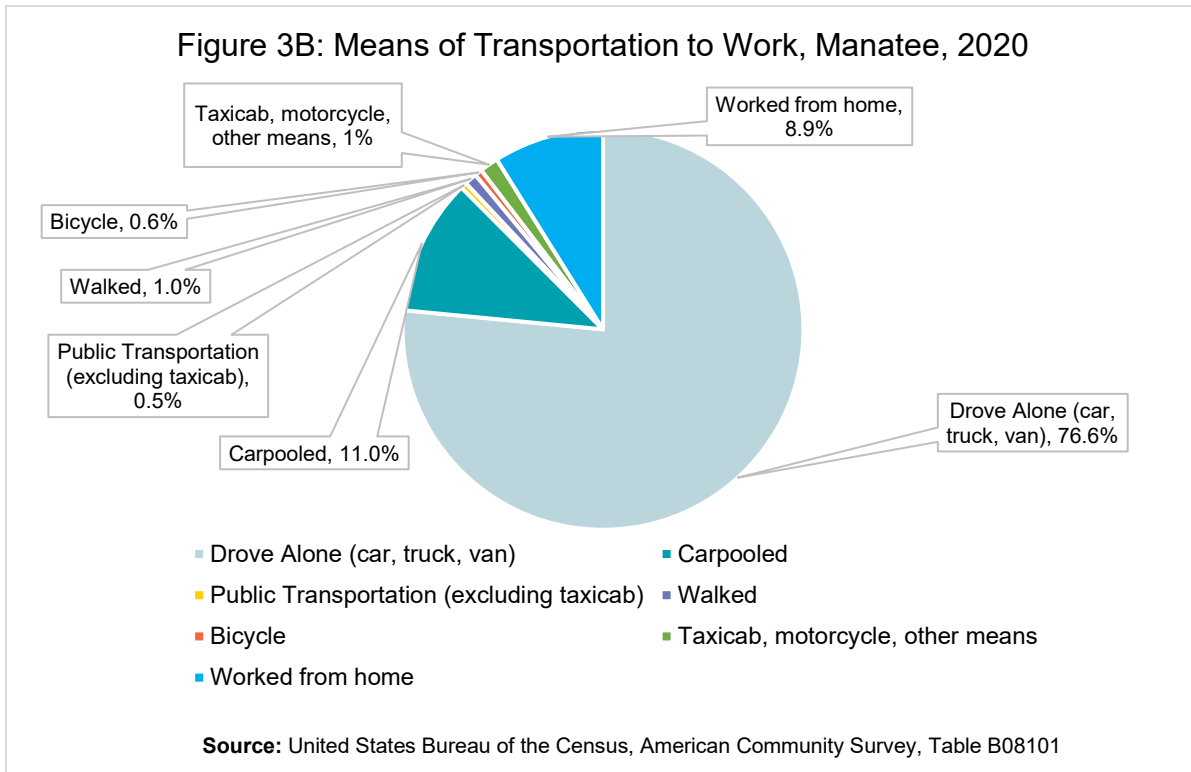
The built environment includes neighborhoods, buildings, roads, parks, and other built structures. These structures impact an individual’s access to a wide range of resources that affect health and well-being. In other words, the built environment influences the conditions in which individuals grow, work, play, and worship.

To identify how disparities in the neighborhood and built environment impact infant mortality in Manatee County, information regarding housing, transportation, green spaces, and access to nutritional food were sought. The data found are reported below.

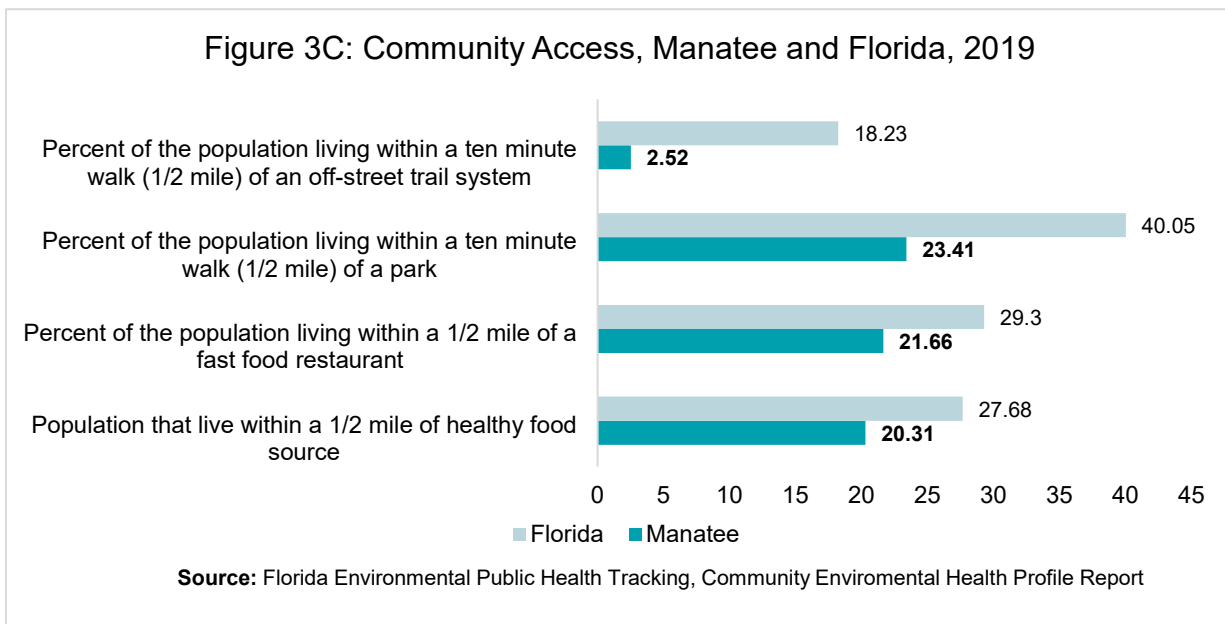


Whites have the largest percentage of housing ownership while Blacks, Hispanics, and Other races are more likely to live in rental housing units (Figure 3A).

Housing insecurity is on the rise due in part to COVID-19 and resulting loss or reduction of income. Housing and shelter are the areas of greatest financial need among Manatee County residents. According to the United Way 2-1-1 Suncoast Dashboard, between May 17, 2021, and May 16, 2022, 43% of calls (roughly 4,443 calls) were regarding housing and shelter assistance, with rental assistance and finding temporary housing as the top concerns. Another 23% of calls were regarding utility assistance, with electricity payments being the main concern. A larger housing crisis may be looming for renters who were protected under the eviction moratorium but are now facing homelessness. Having an eviction on record can make it difficult to obtain housing even if employment has stabilized. Coupled with rising housing prices and stagnant wages, an estimated 45% of households in Manatee County are below the ALICE threshold. The ALICE Threshold represents the minimum income level necessary for survival for a household.

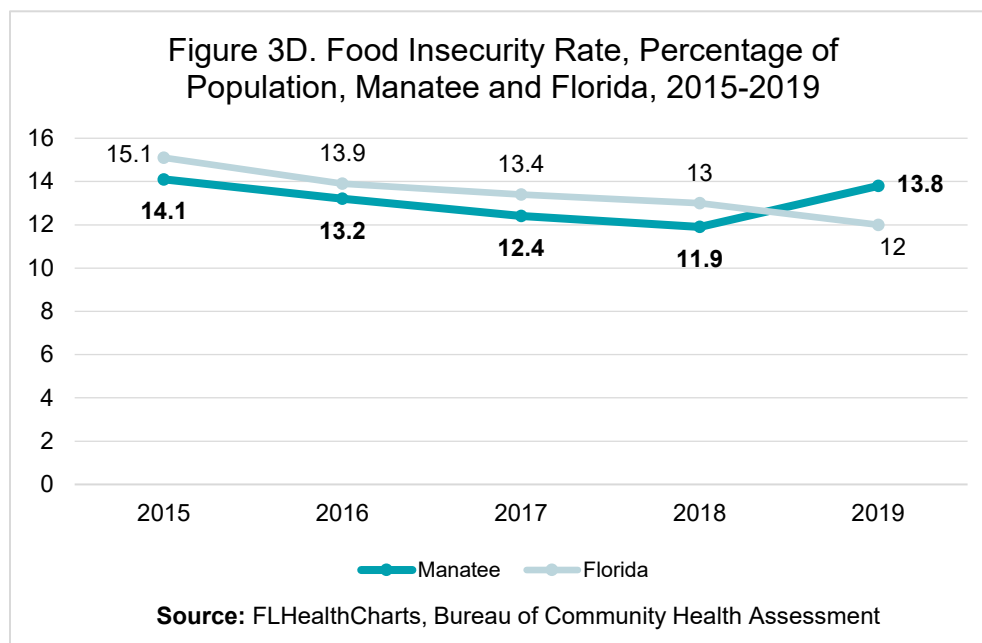


In terms of transportation access, fewer people commute to work using public transportation in Manatee County (0.5%) compared to the overall state average (1.6%). This trend has been consistent for the past decade. Moreover, about 76.6% of workers in Manatee reported commuting to work using a personal vehicle in 2020 (Figure 3B). Issues regarding a lack of reliable transportation were cited by several community members in the 2021-2023 CHA report.



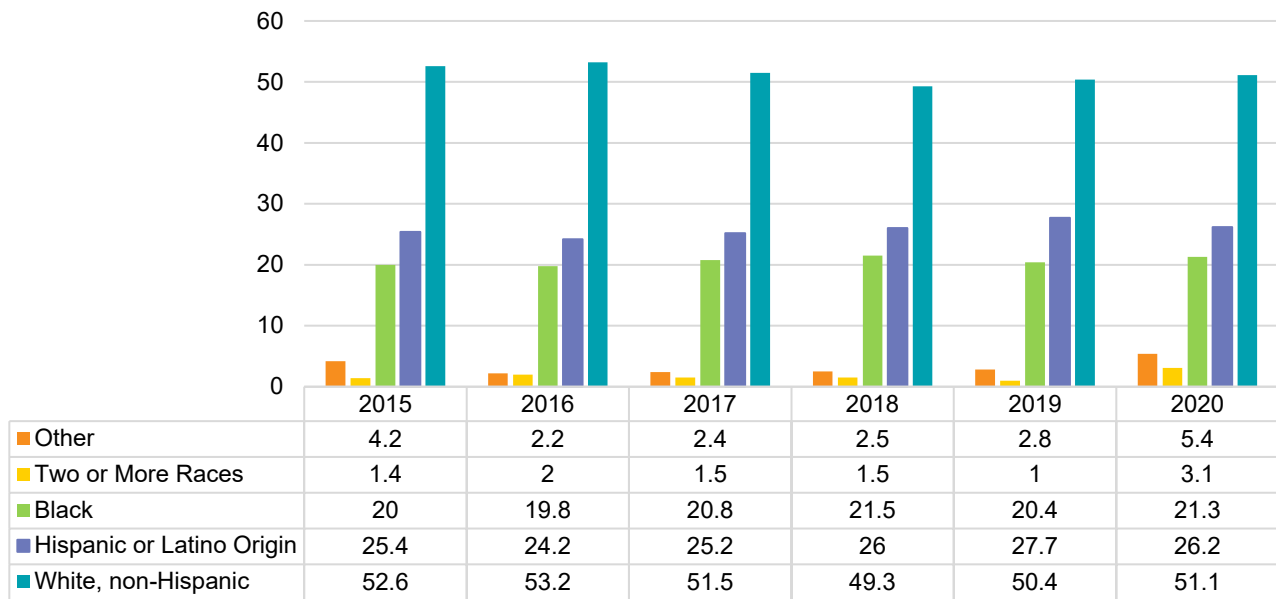
Individuals living in Manatee County have less access to green spaces in their neighborhoods. In 2019, less than three percent of Manatee County residents lived within a ten-minute walk of a national park and/or trail system, compared to over 18% of the state population. Furthermore, only 23.41% of Manatee County residents lived within a ten-minute walk of a park compared to 40.05% of the state population (Figure 3C).

Additionally, community access to healthy food sources in Manatee County is limited. In 2019, only 20.31% of community residents lived within ½ mile of a healthy food source which is lower than the state average of 27.68%. Slightly more Manatee residents lived within ½ mile of a fast-food restaurant (21.66%) than a healthy food source. Although this is a lower percentage than the state (29.33%), it remains a barrier to a healthy weight and adequate nutrition (Figure 3C).



According to FLHealthCharts, 13.8% (approximately 54,886) of people were considered food insecure in Manatee County in 2019 (Figure 3D). This is an increase from 2018 where 11.9% (approximately 46,259) of people were considered food insecure. Since the pandemic, food banks have reported increases in the number of people seeking assistance, many of whom have not sought assistance before. In 2020, the US Census Bureau reported 14,325 households in Manatee County receiving some amount of assistance under SNAP (Supplemental Nutrition Assistance Program) (Figure 3E). The median income for households receiving some amount under SNAP is \$31,994, with 34.6% of households receiving SNAP being below the poverty level, and 65.4% at or above the poverty level.

Figure 3E. Percent of Households receiving Food Stamps/SNAP, Manatee, 2015-2020



Source: U.S. Census Bureau, American Community Survey, Table S2201

### The Impact of Neighborhood and Built Environment on Racial and Ethnic Disparities in Infant Mortality

Neighborhood and Built Environment		
SDOH	Vulnerable Populations Impacted	How the SDOH Impacts (Health Disparity)
Housing	Black, Hispanic, and Other	The data above shows that community members in Manatee County who identify as Black, Hispanic, and “Other” are more likely to live in rental housing. Recent rent increases place these groups at risk for housing insecurity and homelessness. The lack of stable housing impacts infant mortality by increasing maternal stress during pregnancy and a lack of shelter for infants.
Transportation	All residents	More people in Manatee County commute using their own personal vehicle rather than using public transportation. The lack of adequate and affordable public transportation can affect infant mortality by limiting the access that pregnant women and newborns have to local clinics and essential health care services

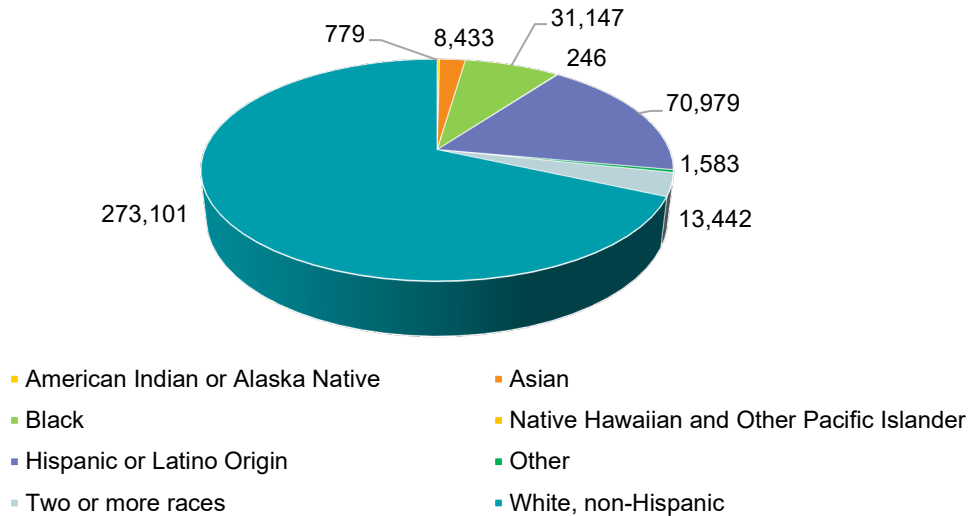
		such as prenatal care and/or well-baby visits during the first year of life.
Parks and Walkability	All residents	Manatee County residents have less access to a public park or national trail than compared to the overall state of Florida. In addition, a low percentage of residents have reported walking to work, suggesting inadequate neighborhood walkability. This results in less physical activity which can contribute to an increased risk of obesity and overweight in pregnant mothers. On average, Manatee County has had higher rates of obesity in mothers at the time pregnancy occurs, than Florida. Women who are obese or overweight during their pregnancy are more likely to have delivery complications, cesarean delivery, and premature delivery which can negatively impact infant outcomes (Centers for Disease Control and Prevention, 2021).
Access to nutritional food	All residents	Access to quality nutritious food is essential to healthy pregnancies, births, and babies. Federal programs such as WIC, provide pregnant women with access to quality nutrition and breastfeeding services which helps to reduce the risk of preterm birth, low birthweight, and infant mortality; increases breastfeeding initiation and duration, and enhances children’s diet quality as an effective intervention to mitigate childhood obesity (National WIC Association, 2021). A lack of access to nutritious foods before and during pregnancy and after birth can result in morbidity and mortality for both the mother and the infant.

## Social and Community Context

Humans are social beings by nature. As a result, the social and community context has both positive and negative effects on health and well-being. The social and community context includes both the people within a community and how they interact with one another. People’s relationships and interactions with family, friends, co-workers, and community members can have a major impact on their health and well-being.

To identify how disparities in the social and community context impact infant mortality in Manatee County, information regarding social support and engagement, literacy, safety, stress/mental health, and breastfeeding were sought. The data found are reported below.

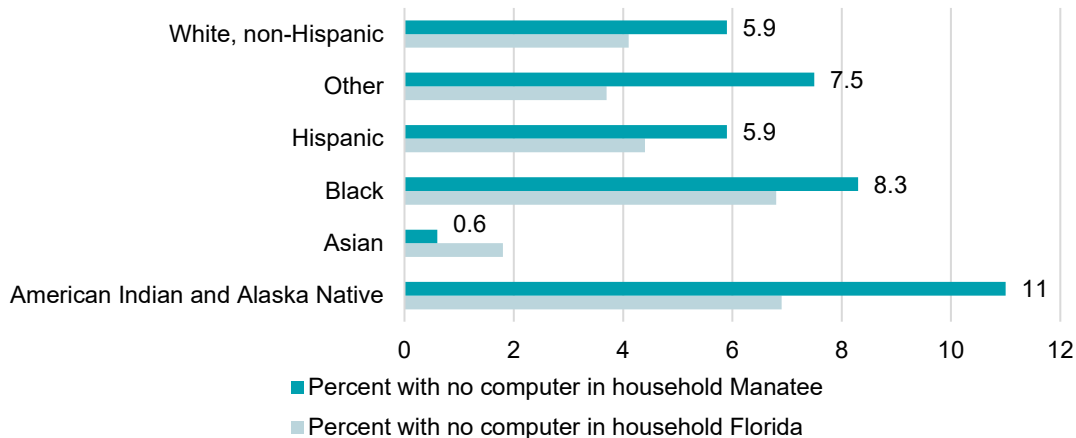
Figure 4A. Population Estimate by Race and Ethnicity, Manatee, 2020



Source: U.S. Census Bureau, Decennial Census, Tab P2

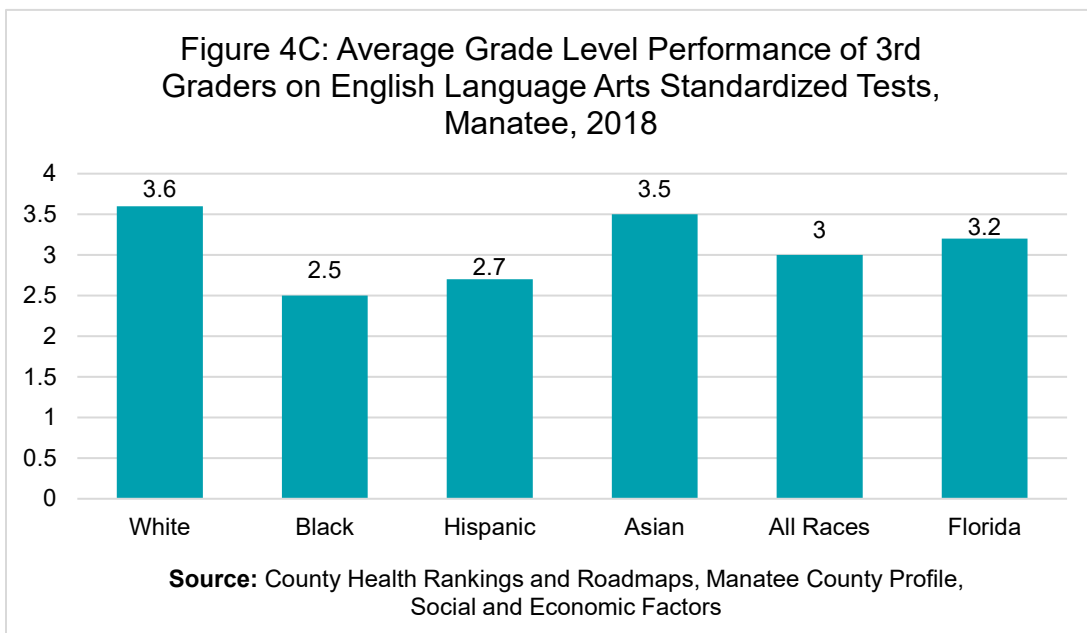
As of 2020, Manatee County was home to an estimated population of 413,253. The county closely reflects the age distribution of Florida with the largest population in the 25-54 age cohort. When comparing race and ethnicity, the population of Manatee County has a higher percent of White residents (86%) than Florida (77%); a lower percent of Black residents (9.3%) when compared to Florida (16.9%), and a lower percent of Asian residents (2.3%) when compared to Florida (3.0%). The Hispanic/Latino population is also lower in Manatee County at 16.9% when compared to Florida at 26.4%.

Figure 4B: Households with No Computer by Race and Ethnicity, Manatee and Florida, 2020



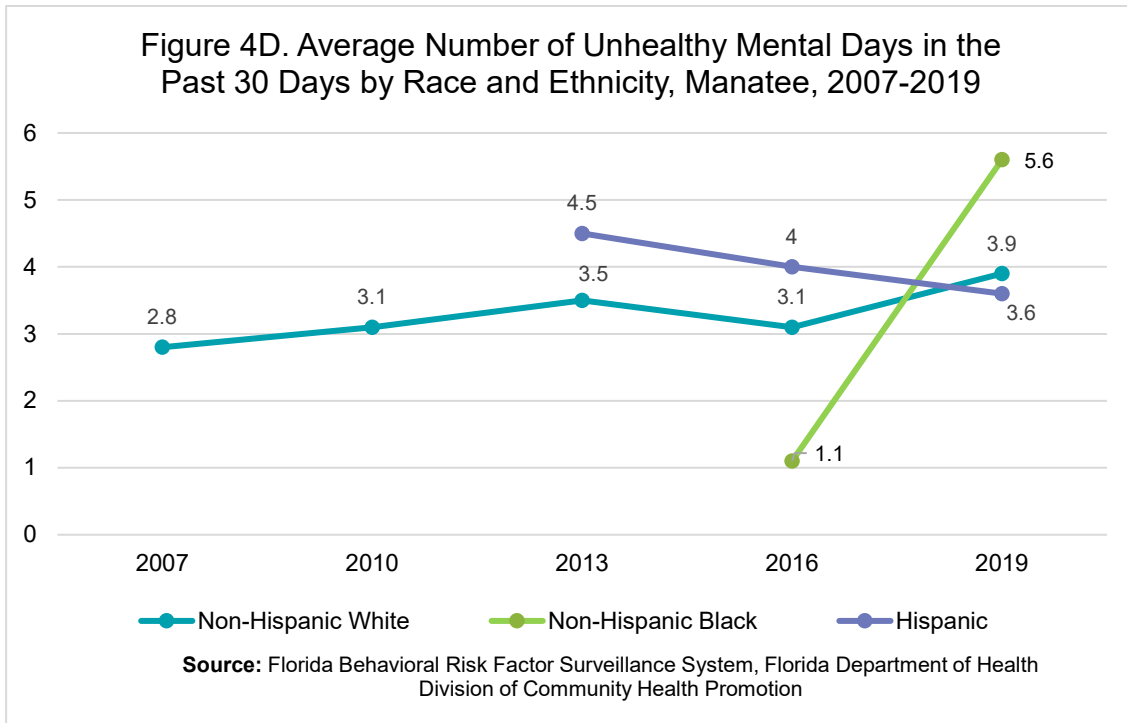
Source: U.S. Census Bureau, American Community Survey, Table S2802

Measuring the presence of a computer in the household provides insight into the access that individuals have to a variety of information, online services, entertainment, and communication with the larger community. More importantly, computers and internet access allow people to better manage their health and well-being by making informed decisions and seeking the appropriate medical services. In Manatee County, American Indians and Alaska Natives have the highest percentage of households without a computer (11%), followed by Blacks (8.3%). Furthermore, across all races and ethnicities, Manatee County has a lower number of households with a computer except for Asians (Figure 4B).

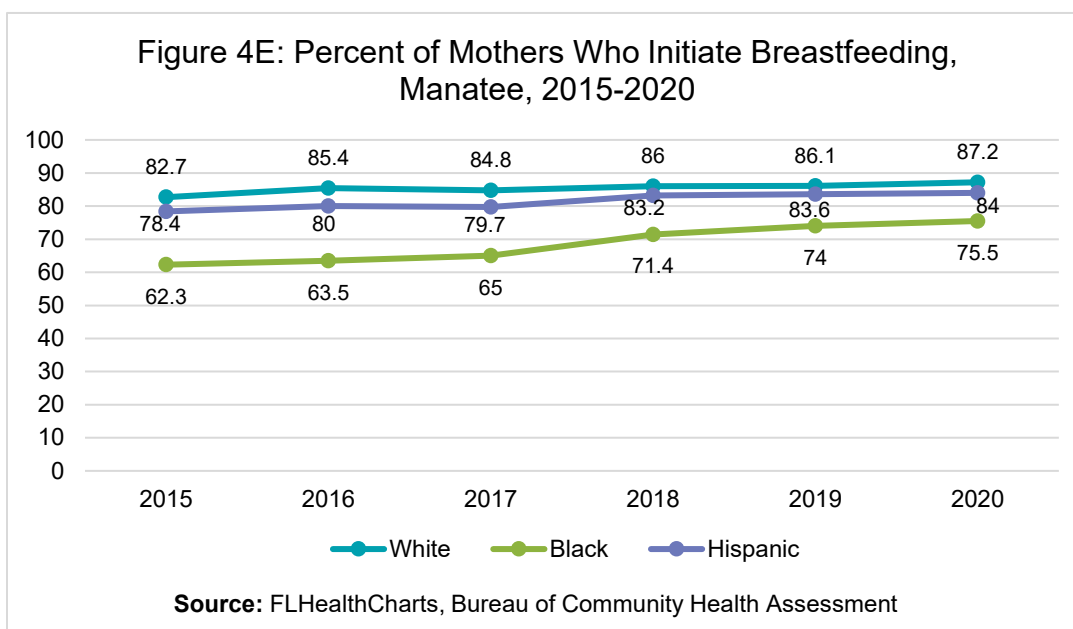


According to the County Health Rankings, Black and Hispanic 3<sup>rd</sup> grade students in Manatee County have lower performance levels on English standardized testing (Figure 4C). Both English language arts standardized testing and reading scores are predictors of future academic outcomes.

Safety is a contributing factor to both physical and mental well-being. According to the 2022 County Health Rankings, Manatee County had an annual average of 1,874 violent crime incidents. Despite slightly improving over the last few years, this average is still higher than the Florida average and the national average (Uniform Crime Reporting (UCR) Program, 2022). Of these violent crimes, 6/100,000 people in Manatee County involved homicides (National Vital Statistics System (NVSS), 2022). Manatee Blacks had the highest rate of deaths due to homicide (27/100,000 people) followed by Manatee Hispanics (7/100,000 people).



In 2019, Manatee County Non-Hispanic Blacks have a higher average number of unhealthy mental days, with 5.6 unhealthy mental days in the past 30 days when compared to 3.9 unhealthy mental days for Non-Hispanic Whites and 3.6 unhealthy mental days for Hispanics (Figure 4D). It is likely that the COVID-19 pandemic has increased the average number of unhealthy mental days across all races/ethnicities. As of 2022, 245 calls to the United Way 2-1-1 Suncoast call center have been regarding mental health and addiction. Moreover, 46.9% of these calls were made to locate local mental health services.





The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides federal grants to states for supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk. The Florida Policy Institute completed a report on enrollment in WIC across Florida. In 2019, 6,500 people were served, which is 61.7% of the estimated persons eligible for WIC in Manatee County.

According to FLHealthCharts, Black mothers are less likely to initiate breastfeeding when compared to White and Hispanic mothers (Figure 4E). Recent data from 2020 shows that 75.5% of Black mothers initiated breastfeeding compared to 84% of Hispanic mothers and 87.2% of White mothers (Figure 4E). Overall, in 2020, Manatee County mothers initiated breastfeeding at 85.3% which is similar to the state at 85.4%. DOH-Manatee conducted a Green Belt Project to identify improvement actions that would increase the percentage of Black WIC moms in Manatee County initiating breastfeeding. The Green Belt team identified through a qualitative analysis that one root cause of Black WIC moms not initiating breastfeeding was due to a lack of breastfeeding support in their personal network because of a lack of breastfeeding education.

### **The Impact of Social and Community Context on Racial and Ethnic Disparities in Infant Mortality**

<b>Social and Community Context</b>		
<b>SDOH</b>	<b>Vulnerable Populations Impacted</b>	<b>How the SDOH Impacts (Health Disparity)</b>
Social Engagement	Blacks and American Indian and Alaska Native	The data above shows that Black and American Indian/Alaska Native residents in Manatee County are less likely to have a computer in their household. This lack of access to a computer can further widen the disparities in infant mortality by limiting the amount of information that pregnant women, new mothers, and households have regarding their health, their infant’s health, and affordable resources. Having a portable computer, even without internet in the household, still allows individuals to seek no-cost wireless internet services at local community buildings and businesses.
Literacy	Blacks and Hispanics	In Manatee County, Black and Hispanic students perform lower in English language arts (ELA) standardized testing. ELA testing and reading scores are associated with future academic success and better health outcomes including life expectancy (Stanford Education Data Archive, 2022). Low literacy contributes to disparities in infant mortality by limiting health care access, health-related knowledge, serving

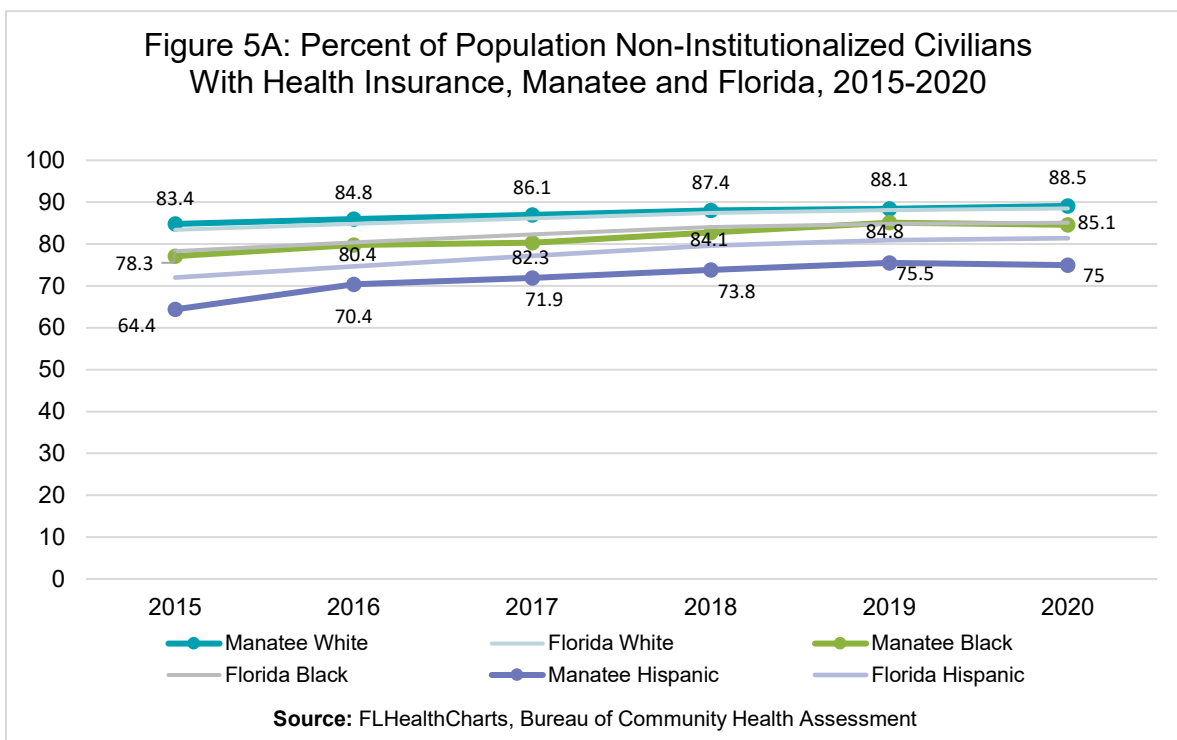
		as a barrier to effective patient-provider communication, access to a post-secondary education, and employment opportunities.
Safety	All residents	In Manatee County, the average number of violent crime incidents is higher than the overall state average. The presence of violent crime can contribute to infant mortality both directly and indirectly. Pregnant women and newborn infants run the risk of being caught in or witnesses to violent crime. Violent crime can also contribute to increased stress levels and poor mental health (see below).
Mental Health	Blacks	Blacks in Manatee County have a higher rate of unhealthy mental days, suggesting lower levels of mental health and higher stress levels among this population. Stress and poor mental health have been cited as contributing factors of infant mortality, especially among Blacks infants (National Institute for Children’s Healthy Quality, 2022).
Support Systems	Blacks	Infants who are breastfed have reduced risks of asthma, obesity, Type 1 diabetes, severe lower respiratory disease, Acute Otitis Media (ear infections), sudden infant death syndrome (SIDS), Gastrointestinal infections (diarrhea/vomiting), and Necrotizing enterocolitis (NEC) for preterm infants (Centers for Disease Control and Prevention, 2022). Dr. Ruth Petersen, director of CDC’s Division of Nutrition, Physical Activity, and Obesity stated, “Breastfeeding provides unmatched health benefits for babies and mothers. It is the clinical gold standard for infant feeding and nutrition, with breast milk uniquely tailored to meet the health needs of a growing baby. We must do more to create supportive and safe environments for mothers who choose to breastfeed.” A lack of a personal support system can negatively impact a mother’s decision to initiate breastfeeding.

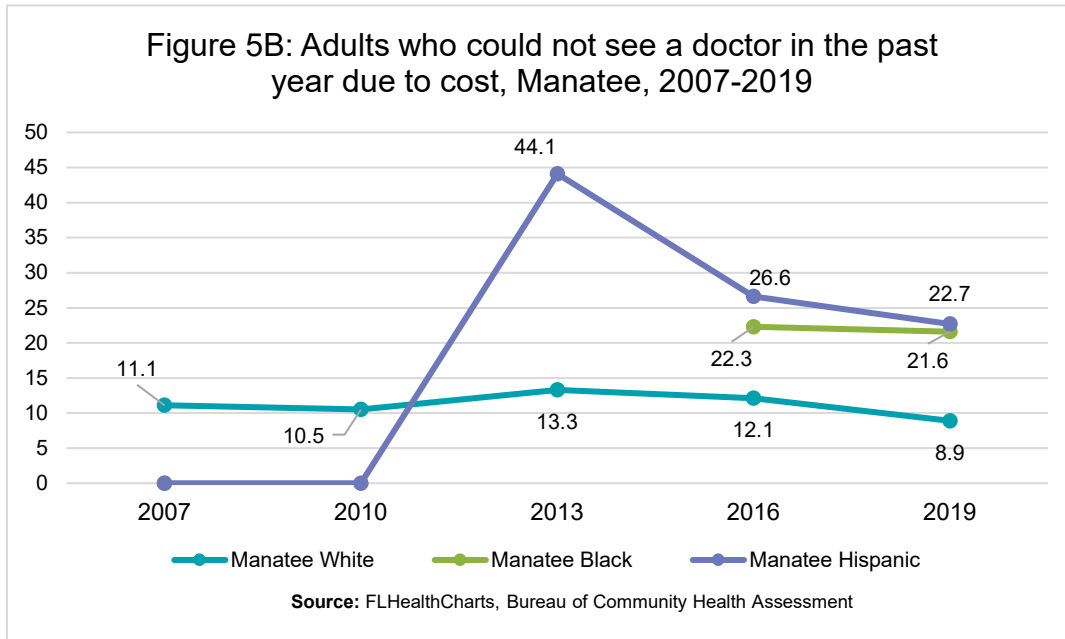
## Healthcare Access and Quality



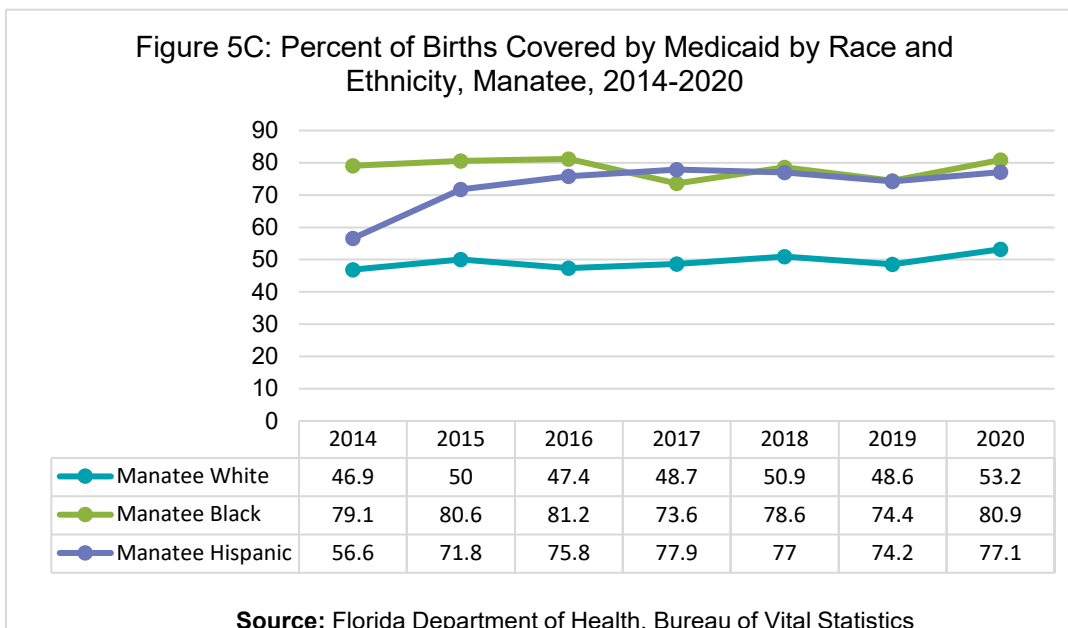
People without health insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need. Lack of a primary health care provider can lead to not receiving recommended health care services, like physical exams and newborn screenings. In addition to affordability, the lack of access to health care may also be a result of transportation issues and lack of providers nearby.

To identify how disparities in health care access and quality impact infant mortality in Manatee County, information regarding health insurance, doctor visits, and prenatal care were sought. The data found are reported below.

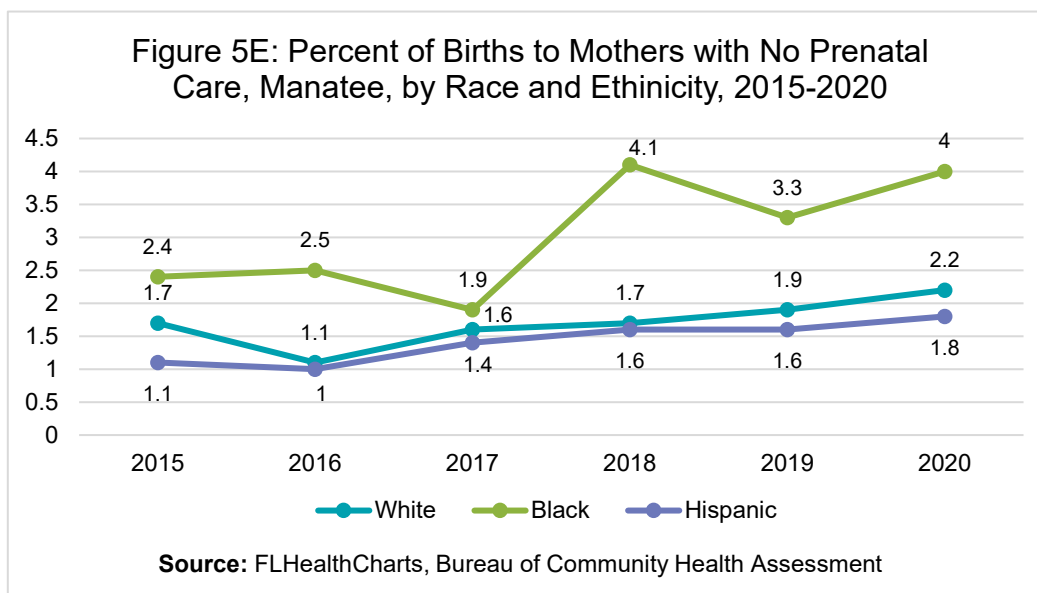
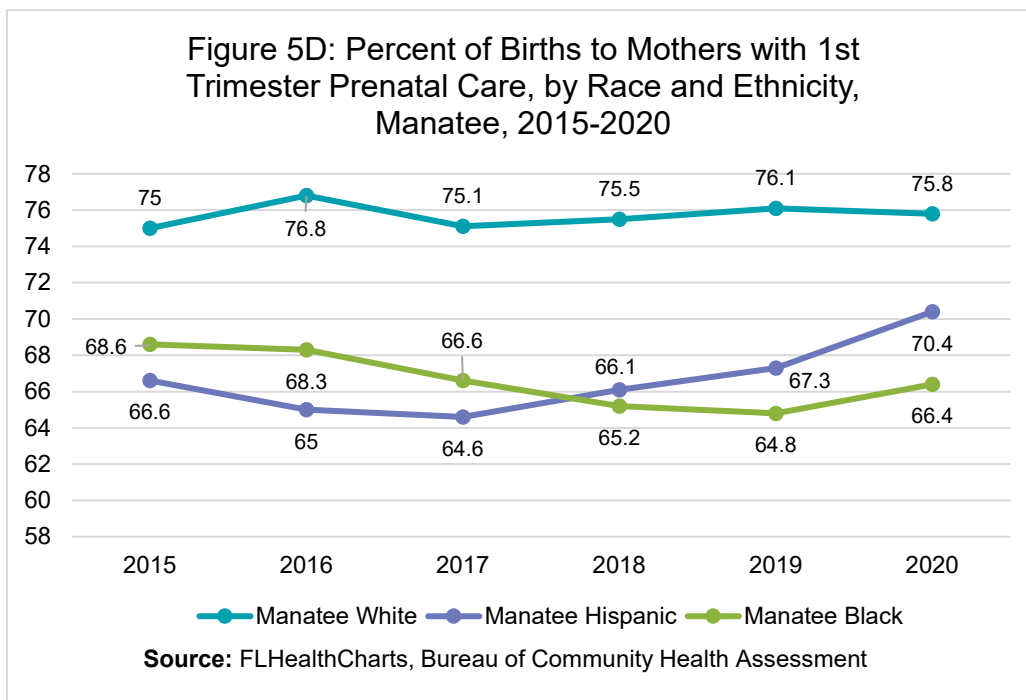




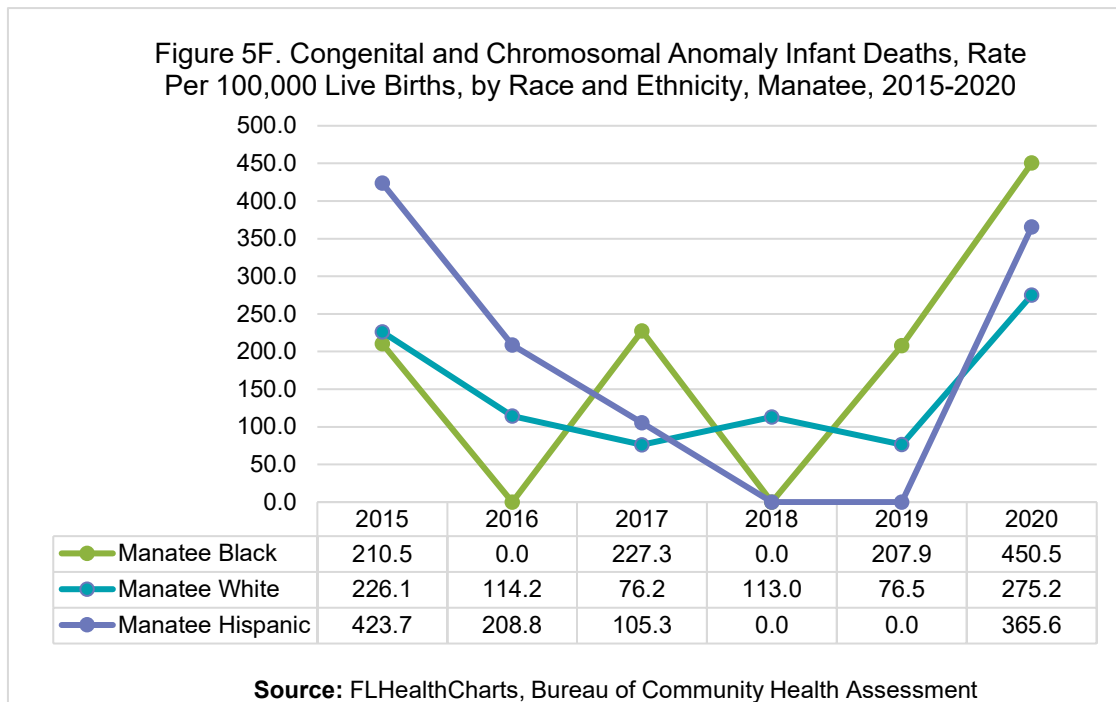
According to FLHealthCharts, Hispanics in Manatee County and in the State of Florida are less likely to have health insurance when compared to Whites and Blacks (Figure 5A). Notably, 22.7% of Hispanics and 21.6% of Blacks in Manatee County are less likely to see a doctor due to affordability when compared to Whites (Figure 5B). In the 2021-2023 CHA, multiple key informants identified a lack of insurance due to cost or being employed by an employer who does not provide health insurance coverage. It was mentioned that medium to small business owners are not required to provide employees with health insurance and if they do, it is typically at a high deductible. Additionally, COVID-19 may have contributed to individuals losing their health insurance coverage as a result of lay-offs and business closings.



Medicaid provides temporary insurance coverage for pregnant women with low financial resources. In 2020, 80.9% of births to Black women in Manatee County were covered by Medicaid, compared to 77.1% for Hispanic women, and 53.2% for White women (Figure 5C). Although the percentage of Black women in Manatee whose pregnancies are covered by Medicaid has remained at a consistently high rate, both Hispanic and White women have also had a rise in Medicaid coverage during their pregnancy in the past decade. FLHealthCharts reports that in 2020, 58.7% (approximately 1900) of all births were covered by Medicaid. Notably, there are nine Obstetricians in Manatee County that accept Medicaid



Manatee County has a lower percentage of Black (66.4%) and Hispanic (70.4%) pregnant women who receive prenatal care during their first trimester compared to White pregnant women (75.8%) (Figure 5D). The percentage of Hispanic pregnant women receiving prenatal care during their first trimester has steadily increased since 2015. Moreover, from 2015-2020, Black pregnant women have been less likely to not receive prenatal care than White and Hispanic pregnant women (Figure 5E).



According to FLHealthCharts, Black and Hispanic infants had higher rates of congenital and chromosomal anomaly deaths in 2020 when compared to White infants in the same year. Additionally, in 2020, the Manatee County race and ethnicity congenital and chromosomal anomaly infant death rates per 100,000 live births were approximately three times the Florida rates, Black (169.9/100,000 live births), White (90.7/100,000 live births), and Hispanic (110.5/100,000 live births), respectively. Notably, in 2016 and 2018, Manatee Black infants experienced no deaths due to congenital and chromosomal anomalies, and the same for Manatee Hispanic infants for two consecutive years in 2018 and 2019 (Figure 5F). Nationally, during 2003–2017, rates of infant mortality attributable to birth defects declined 10% overall, including among infants of Hispanic mothers (4%), non-Hispanic Black mothers (11%), and non-Hispanic White mothers (12%); however, racial/ethnic disparities remained. Rates decreased for extremely preterm infants (20–27 completed gestational weeks) and late term/postterm infants (39–44 weeks) but increased for moderate/late preterm infants (32–36 weeks) (Almli, Ely, Ailes, et al., 2020).

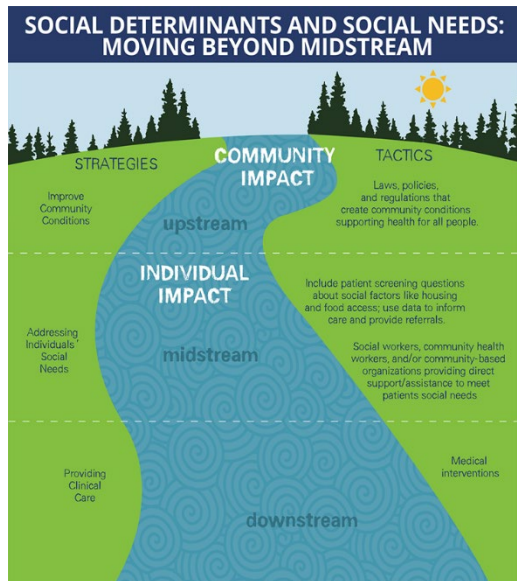
## The Impact of Healthcare Access and Quality on Racial and Ethnic Disparities in Infant Mortality

Health Care Access and Quality		
SDOH	Vulnerable Populations Impacted	How the SDOH Impacts (Health Disparity)
Health Coverage	Blacks and Hispanics	Black and Hispanic residents in Manatee County are less likely to have health insurance, with Hispanics having the lowest rate of health insurance in Manatee. Uninsured people are far more likely than those with insurance to postpone health care or forgo it altogether. Therefore, the lack of health insurance can increase the risk of infant mortality by making it difficult to access affordable health care services that are vital for a healthy pregnancy.
Cost of Care	Blacks and Hispanics	A higher percent of Hispanic adults, followed by Black adults, in Manatee County reported being unable to seek medical care due to the financial cost. Not being able to access affordable health care services contributes to the disparities seen in infant mortality by increasing the risk of pregnancy complications and not being able to access preventative services during pregnancy such as prenatal care, weight checks, and folic acid supplements.
Medicaid	Black and Hispanic women	The data above shows that most births to Black and Hispanic women are covered by Medicaid. This percentage has been increasing for Whites and Hispanics since 2017. Medicaid covers prenatal care, labor and delivery, and dental benefits during pregnancy. Having Medicaid coverage lowers the risk of infant mortality because pregnant women gain access to prenatal care which is cited as “one of the best ways to promote a healthy birth” (Medicaid, n.d.; National Institute of Child Health and Human Development, 2017). Several studies have also concluded that increasing Medicaid coverage and expanding Medicaid can lower infant mortality (Bhatt & Beck-Sague, 2018; Burak, et al., 2018).
Prenatal Care	Black and Hispanic women	In Manatee County, Black and Hispanic pregnant women have lower rates of receiving prenatal care beginning in their first trimester. Moreover, Black pregnant women have higher rates of receiving no prenatal care. Getting early and regular prenatal care has been cited as one of the best ways to have a

		<p>healthy pregnancy and birth outcomes. Prenatal care lowers the risk of pregnancy complications and other contributing factors of infant mortality such as low birth weight (LBW) and sudden infant death syndrome (SIDS) (National Institute of Child Health and Human Development, 2017).</p>
<p>Congenital Disabilities</p>	<p>All pregnant women</p>	<p>There are certain congenital disabilities that cannot be prevented; however, women can increase their chances of having a healthy pregnancy by managing health conditions and adopting healthy behaviors before becoming pregnant (Centers for Disease Control and Prevention, 2021). Congenital disabilities occur in approximately 3% of births yet are a leading cause of infant mortality. A decline in infant mortality attributable to birth defects (IMBD) could be influenced by improvements in prenatal care, birth defects prevention measures, and improvements in medical care of infants with birth defects, in addition to factors influencing the overall infant mortality rate. The observed differences in IMBD rates by race and ethnicity might be influenced by access to and utilization of health care before and during pregnancy, prenatal screening, losses of pregnancies with fetal anomalies, and insurance type. Although IMBD rates for extremely preterm and late term/postterm infants significantly decreased over the 15-year period, rates among moderate and late preterm infants increased. These trends could be influenced by the quantity and quality of care for infants born before 30 weeks gestation, compared with that of those born closer to term (Almli, Ely, Ailes, et al., 2020).</p>
<p>Availability of Obstetricians</p>	<p>All pregnant women</p>	<p>Manatee is primarily an urban county with a few rural areas. There are nine Obstetricians in Manatee County. Access to obstetric-gynecologic care in rural communities is declining, which has resulted in increased numbers of out-of-hospital births, births in hospitals without an obstetric unit, and preterm births as well as higher rates of delayed prenatal care, pregnancy-related hospitalizations, low birth weight infants, and infant mortality. The obstetrician-gynecologist professional workforce is experiencing a physician shortage and maldistribution, which disproportionately impacts rural areas (The American College of Obstetricians and Gynecologists, 2020).</p>



## VIII. COMMUNITY PROJECTS



The Minority Health Liaison recruited and engaged members across the county, including government agencies, nonprofits, private businesses, and community organizations to join the Health Equity Task Force. The Task Force took into consideration the prioritized health disparity and the impactful SDOH described in this plan. The group reviewed data, the 2021-2023 CHA and CHIP, as well as the Lean Six Sigma Green Belt projects to consider all data indicators and available feedback provided by priority populations. Following the data analysis, the Task Force researched evidence-based and promising approaches to improve the identified SDOH.

To formulate goals and strategies, the MHCA defines health as the state of complete physical, mental, and social well-being. Health also has the goal of preventing disease and prolonging life. The health of a community is determined by various social, economic, and environmental factors. Higher levels of education, access to healthy food options, clean air, safe and clean neighborhoods, and opportunities for physical activity positively influence health behaviors. A healthy community is one in which all groups of the community work together and collaborate to prevent disease and make healthy living options accessible. A healthy community promotes healthy living to bring the greatest health benefits to the greatest number of people. A healthy community works together to reduce health gaps caused by various social, economic, and environmental factors.

The Health Equity Task Force researched evidence-based upstream strategies to improve the SDOH that impact infant mortality. The Task Force used this information to collaboratively design community projects to address the social and community context determinants, as well as the neighborhood and built environment determinants that affect infant mortality. The developed workplans include short, medium, and long-term project goals with measurable objectives. The workplans also align with the 2022-2026 Florida State Health Improvement Plan, the 2021-2023 Manatee CHIP, the 22-23 Manatee Maternal Child Health Healthy Babies Workplan, the 21-22 Manatee Healthiest Weight Florida Workplan, and DOH-Manatee's Strategic Plan. Descriptions of the strategies are listed on the next page.

- **Social and Community Context:** The Healthy Equity Task Force prioritized developing projects in this domain to support breastfeeding mothers. The Florida Breastfeeding Coalition, Inc. (2022) reports that companies that provide time and space for women to express their milk when they are in the workplace and apart from their babies have been proven to enjoy significant cost savings, including lower rates of absenteeism, lower healthcare costs, better retention of employees, higher productivity, and company loyalty. The Florida Breastfeeding Friendly Employer Recognition Program is an award program to recognize businesses that are providing support in the workplace to their breastfeeding employees. The United Nations Children’s Fund (UNICEF) (2020) reports that research has found that returning to work without adequate support mechanisms can hamper optimal breastfeeding practices. Breastfeeding support is therefore essential for the health and development of children, for mothers and society. Employers play a critical role in supporting families and enabling women to continue breastfeeding for as long as they choose. The Health Equity Task Force chose this project as it benefits multiple stakeholders: breastfeeding mothers and families, employers, and the community at large.
  
- **Neighborhood and Built Environment:** The Health Equity Task Force prioritized developing projects in this domain to improve walkability and the use of green spaces. The task force identified using the Walk Score Methodology as a first step to achieving improvements. Walk Score measures the walkability of any address using a patented system and measures pedestrian friendliness by analyzing population density and road metrics such as block length and intersection density. Secondly, the Protocol for Assessing Community Excellence in Environmental Health (PACE-EH) Methodology was determined as the next step to achieving improvements. NACCHO defines PACE-EH as a guidebook that is designed to help communities systematically conduct and act on an assessment of environmental health status in their localities. The methodology takes the user through a community-based process for:
  - Characterizing and evaluating local environmental health conditions and concerns
  - Identifying populations at risk of exposure to environmental hazards
  - Identifying and collecting meaningful environmental health data
  - Setting priorities for local action to address environmental health problems

## IX. HEALTH EQUITY PLAN OBJECTIVES

### A. Health Equity Workplans

Social Determinant of Health: Social and Community Context			
Lead Unit: Healthy Living CHIP Subcommittee		Lead Person: Healthy Living CHIP Subcommittee Chair	
Purpose: To address the social and community context determinants that impact infant mortality.			
Goal: Increase breastfeeding rates in Manatee County by 2026.			
SMART Objective	Projects	Progress	Measures
By June 2026, increase the percentage of Black mothers who initiate breastfeeding from 75.5% (June 2022) to 79.7% (June 2026) (FLHealthCharts).  <b>Barriers:</b> <ul style="list-style-type: none"> <li>No control over if commissioners vote to adopt the proclamation</li> <li>Workplaces are offering more work from home positions, which may hinder their interest in creating lactation rooms</li> <li>Attempting to promote consistent messaging without using the proper communication channels may hinder priority populations from receiving the information</li> </ul>	Develop and present a proclamation to Manatee County Board of Commissioners to recognize Manatee County as a Breastfeeding Friendly Community by June 2023.		<ul style="list-style-type: none"> <li>DOH-Manatee WIC Breastfeeding Data</li> <li>FLHealthCharts</li> <li>Number of partners engaged</li> <li>Number of Workplaces reached</li> <li>Number of individuals reached through outreach campaigns</li> <li>Completed Proclamation</li> </ul>
	Promote the breastfeeding friendly workplaces recognition and provide technical assistance to 10 new workplaces to achieve the recognition by June 2024.		
	Engage with partners who serve prenatal and perinatal women to promote consistent messages around the benefits of breastfeeding to prenatal women by June 2026.		
	Design and implement outreach campaigns to promote annually in August during Breastfeeding Awareness Month (2022, 2023, 2024, 2025, 2026).		

Social Determinant of Health: Neighborhood and Built Environment			
Lead Unit: Health Equity Taskforce/Team		Lead Point Person: DOH-Manatee Healthiest Weight Florida Coordinator	
Purpose: To address the neighborhood and built environment determinants that impact infant mortality.			
Goal 1: Increase walkability and access to green spaces for Manatee County residents by 2026.			
SMART Objectives	Projects	Progress	Measures
<p>By June 2026, increase the percentage of individuals who live within a ten-minute walk of a national park and/or trail system from 2.52% (June 2022) to 4% (June 2026)(FL Environmental Health Tracking).</p> <p>By June 2026, increase the percentage of individuals who live within a ten-minute walk of a park from 23.41% (June 2022) to 25% (June 2026)(FL Environmental Health Tracking).</p> <p><b>Barriers:</b></p> <ul style="list-style-type: none"> <li>• Limited community champions in identified neighborhoods</li> <li>• Language Barriers</li> <li>• Limited funding to address findings and proposed solutions</li> <li>• Restrictions to what can and cannot be done to the infrastructure</li> </ul>	Identify and prioritize neighborhoods that need improved access to walkability and/or green spaces by their Walk Score by June 2023.		<ul style="list-style-type: none"> <li>• Florida Environmental Health Tracking</li> <li>• Walk Score</li> <li>• PACE-EH Tasks completed</li> </ul>
	Conduct a barriers/aids analysis on each neighborhood and prioritize one for a PACE-EH project by June 2023.		
	Complete Tasks 1-4 of the PACE-EH methodology by June 2024.		
	Complete Tasks 5-9 of the PACE-EH methodology by June 2025.		
	Complete Tasks 10-13 of the PACE-EH methodology by June 2026.		

## **X. PERFORMANCE TRACKING AND REPORTING**

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Ongoing communication is critical to achieving health equity goals and the institutionalization of a health equity focus. The successes of the Health Equity Plan projects are shared with the OMHHE, partners, other county health departments and staff, and the State Health Office through systematic information-sharing, networking, collecting, and reporting on knowledge gained, so that lessons learned can be replicated in other counties and programs. Regional Health Equity Coordinators facilitate systematic communication within their region.

The Minority Health Liaison serves as the point of contact in their county for sharing progress updates, implementation barriers, and practices associated with the Health Equity Plan. The Minority Health Liaison is responsible for gathering data and monitoring and reporting progress achieved on the goals and objectives of the Health Equity Plan. Quarterly, the Minority Health Liaison will meet with the Health Equity Task Force to discuss progress and barriers, and monthly at the MHCA meetings to share progress updates. Indicator values will be tracked through Clearpoint and submitted to the OMHHE within 15 days of the quarter's end.

Annually, the Minority Health Liaison submits a Health Equity Plan Annual Report assessing progress toward reaching goals, objectives, achievements, obstacles, and revisions to the Regional Health Equity Coordinator and Coalition. The Regional Health Equity Coordinator and Coalition leaders provide feedback to the Minority Health Liaison and the Health Equity Task Force from these annual reports. The Minority Health Liaison then submits the completed report to the OMHHE annually by July 15.

## XI. REVISIONS

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Annually, the Health Equity Task Force reviews the Health Equity Plan to identify strengths, opportunities for improvement, and lessons learned. This information is then used to revise the plan as needed.

Revision	Revised By	Revision Date	Rationale for Revision

## XII. ADDENDUM

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### A. Manatee Healthcare Alliance Membership List

Last Name	First Name	Organization
Adams	Tracie	Manatee County Government
Albright	Cheryl	Soul to Soul Yoga SRQ
Alitz	Paige	DOH-Manatee
Allan	Tari	Centerstone
Allen	Tarah	Manatee County School District
Andrews	Robert	Manatee County Sheriff's Office
Ardila	Suzi	Manatee County School District
Avila	Albert	The Center of Urgent Care
Badal	Runa	DOH-Manatee
Baker	Brooke	DOH-Manatee
Beightol	Bronwyn	United Way Suncoast
Bellamy	Reggie	Manatee County
Bencie	Jennifer	DOH-Manatee
Benford	Kelly	Parenting Matters
Bergmann	Ally	North River Prevention Partners
Breitinger	Annie	We Care Manatee
Brown	Bonnie	Drug Free Manatee
Bush	Scott	Suncoast Blood Centers
Centeno	Ruben	DOH-Manatee
Clark	Beth	BGC Manatee
Clark	Dana	Clark Health Solutions
Clayson	Gemma	Centerstone
Coble	Andrew	Family Resources Inc
Colgate	Bill	MCR Health
Concick	Teresa (Tess)	Suncoast Blood Centers
Cordes	Geoff	Manatee County Government
Cramer	Kathleen	Turning Points
Critchfield	Brenda	Avenue941
Crutchfield	James	Manatee County EMS
Davis	Lisa	Family Resources Inc
Destefano	Gerri	Manatee Memorial Hospital
Dezelski	Jacki	Manatee Chamber of Commerce
Drawdy	Lynne	DOH-Manatee
Dwyer	Sean	Manatee City Government
Evans	Jonathan	Healthy Teens Coalition of Manatee, Inc.

<b>Last Name</b>	<b>First Name</b>	<b>Organization</b>
Filice	Cindy	Blake Medical Center Trauma
Franco	Veronica	Centerstone
Gage	Tara	University of Florida IFAS Extension Family Nutrition Program
Grant	Emily	University of Florida IFAS Extension Family Nutrition Program
Gray	Karen	Big Brothers Big Sisters of the Sun Coast
Hagen	Kristi	Manatee County Government
Hall	Doug	Community Member
Hall	Michelle	Community Member
Hannah	Janice	Groups Recover Together
Harenchar	Ruth	League of Women Voters Manatee
Harter	Carrie	Lakewood Ranch Medical Center
Hawn	Pam	Day for Hope
Henderson	Patricia	Senior Connection Center
Hernandez	Edwin	DOH-Manatee
Hilliard	Olivia	DOH-Manatee
Houston	Renita	Manatee Elementary School
Hoy	Sandra	Freedom Health, Inc.
Hughson	Whitney	Groups Recover Together
James	Alfred	Drug Treatment Court
Jewett	Joy	Manatee County Sheriff's Office
Jones Abnar	JoOni	Multicultural Health Institute
Kasdan	Victoria	Mission Made Possible
Katz	Randi	Pace Center
Keegan	Heather	Manatee County School District
Kelly	Teresa	Health Council of West Central Florida
Kemker	Brett	University of South Florida
Kutch	Kim	Department of Children and Families
Larkin-Skinner	Melissa	Centerstone
Le	Thu	Manatee County Government
LeBoff	Dee	DOH-Manatee
Lee	Victoria	Elite Health
Legler	Mary Ann	Healthy Teens Coalition of Manatee Co., Inc.
Lessig	Mack	University of Florida IFAS Extension
Letourneau	Sandra	Manatee Memorial Hospital
Linton	Cecilia	Centerstone
Lipps	Bryan	Meals on Wheels PLUS of Manatee
Lucas	Megan	Manatee Memorial Hospital
Maholtz	Elaine	Manatee County Government
Marochi	Belisa	University of South Florida Sarasota-Manatee
Marquez	Nicole	Gulf Coast South AHEC



<b>Last Name</b>	<b>First Name</b>	<b>Organization</b>
Mcdevitt	Myriam	DOH-Manatee
McGill	Carla	DOH-Manatee
Meneely	Terrence	Naphcare at Manatee County Jail
Midyette	Tima	DOH-Manatee
Miele	Kim	Brain Health Initiative
Mochizuki	Masatoshi	Communications and Outreach Director
Mora	Ansley	Gulf Coast South AHEC
O'Meara	Jodi	Manatee County School District
Peabody	Stephanie	Brain Health Initiative
Peele	Anastasia	DOH-Manatee
Pelea	Bernice	Alzheimer's Association
Peters	Carol	DOH-Manatee
Poulton	Tara	Manatee Chamber of Commerce
Preston	Carissa	Nutrition Initiative of Manatee
Pugh	Lanita	Senior Care Group
Rauda	Stephanie	Healthy Teens Manatee
Rawe	Teresa	Manatee Memorial Hospital
Reyes	Elizabeth	Centerstone
Rosa	Eddie	DOH-Manatee
Roseboro	Jane	Centerstone
Rosenburg Ehrmann	Melissa	DOH-Manatee
Ross	Kim	Manatee County Government
Rusnak	Jamie	Manatee YMCA
Schmitz	Angie	Manatee County School District
Schroeder	Misti	United Health Services, Inc.
Scott	Nathan	Family Safety Alliance DOH
Shea	Donna	First Step of Sarasota
Shrestha	Carina	Wynton's Place
Shuhart	Sonia	Manatee County Government
Shuler	Meredith	DOH-Manatee
Slawinski	Michelle	DOH-Manatee
Snyder	Linda	MCR Health
Stolper	Giselle	Centerstone
Tabor	Rob	Central Florida Behavioral Health Network
Tavallali	Lisa	LECOM
Taylor	Jenita	MCR Health
Thompson	Linda	Drug Free Manatee
Thompson	Tierney	Senior Connection Center
Tittel	Christopher	DOH-Manatee
Tordesillas	Judy	MCR Health

<b>Last Name</b>	<b>First Name</b>	<b>Organization</b>
Tsai	Margaret	Kindred Home Health Bradenton
Turner	Sidney	Resilient Retreat
Vale	Valerie	Manatee County Medical Society
Venuto	Jennifer	Hanley Foundation
Washington	Melissa	Palmetto Youth Center
Webb	Jennifer	Omni Public
Wesley	Paige	DOH-Manatee
White	Molly	Manatee County Parks and Natural Resources
Whitfield	Charles	Centerstone
Whitmore	Carol	Manatee County Government
Wilhoit	Skip	Manatee County School District
Wilson	Tina	First 1,000 Days
Wolf	Abby	DOH-Manatee
Zeni	Mary Beth	DOH-Manatee

**B. Social Determinants and Social Needs Illustration**



**Source:** Castrucci, B. C., & Auerbach, J. (2019, January 16). *Meeting Individual Social Needs Falls Short of Addressing Social Determinants of Health*. Health Affairs Blog. DOI: [10.1377/hblog20190115.234942](https://doi.org/10.1377/hblog20190115.234942)

## C. References

- 211 Suncoast. (2022). *Suncoast counts*. <https://suncoast.211counts.org/>
- American College of Obstetricians and Gynecologists. (2020). *ACOG Seeks to Expand Access, Increase Quality, and Improve Outcomes for Maternal Health in Rural Communities*. <https://www.acog.org/news/news-articles/2020/06/acog-seeks-to-expand-access-increase-quality-and-improve-outcomes-for-maternal-health-in-rural-communities>
- America's Health Rankings. (2021). *Health of Women and Children*. United Health Foundation. [https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/IMR\\_MCH/state/ALL](https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/IMR_MCH/state/ALL)
- Almli, L.M., Ely, D.M., Ailes, E.C., Abouk, R., Grosse, S.D., Isenburg, J.L., Waldron, D.B., Reefhuis, J. (2020). *Infant Mortality Attributable to Birth Defects — United States, 2003–2017*. *MMWR Morb Mortal Wkly Rep* 2020;69:25–29. DOI: <http://dx.doi.org/10.15585/mmwr.mm6902a1>
- Bhatt, C. B., & Beck-Sagué, C. M. (2018). Medicaid expansion and infant mortality in the United States. *American journal of public health, 108*(4), 565–567. <https://doi.org/10.2105/AJPH.2017.304218>
- Burak, E. W., Dwyer, A., Corcoran, A., & Osorio, A. (2018, January 25). *Want to reduce your state's infant mortality rate? Try expanding Medicaid*. Center For Children and Families. <https://ccf.georgetown.edu/2018/01/24/want-to-reduce-your-states-infant-mortality-rate-expand-medicaid/>
- Centers for Disease Control and Prevention. (2021, May 26). *Weight Gain During Pregnancy*. CDC. <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-weight-gain.htm>
- Centers for Disease Control and Prevention. (2021b, August 23). *Why It Matter*. CDC. <https://www.cdc.gov/breastfeeding/about-breastfeeding/why-it-matters.html>
- Centers for Medicare and Medicaid Services. (2022). *Maternal & Infant Health Care Quality | Medicaid*. Medicaid. <https://www.medicare.gov/medicaid/quality-of-care/improvement-initiatives/maternal-infant-health-care-quality/index.html#:~:text=The%20infant%20mortality%20rate%20for%20deliveries%20paid%20for,time%20children%20turn%2015%20months%20of%20age.%20>
- Fishman, S.H., Hummer, R. A., Sierra, G., Hargrove, T., Powers, D. A., & Rogers, R. G. (2021). Race/ethnicity, maternal educational attainment, and infant mortality in the United States. *Biodemography and Social Biology, 66*(1), 1–26, DOI:[10.1080/19485565.2020.1793659](https://doi.org/10.1080/19485565.2020.1793659)

- Florida Breastfeeding Coalition, Inc. (2022). *Business Case for Breastfeeding*. Florida Breastfeeding Coalition, Inc. <https://www.flbreastfeeding.org/business-case-for-breastfeeding/>
- Green, T., & Hamilton, T. G. (2019). Maternal educational attainment and infant mortality in the United States: Does the gradient vary by race/ethnicity and nativity? *Demographic Research*, 41, 713–752. <https://www.jstor.org/stable/26850665>
- National Institute of Child Health and Human Development. (2017). *What is prenatal care and why is it important?* NICHD. <https://www.nichd.nih.gov/health/topics/pregnancy/conditioninfo/prenatal-care#:~:text=Having%20a%20healthy%20pregnancy%20is%20one%20of%20the,pre-pregnancy%20care%20visit%20to%20a%20health%20care%20provider.>
- National Institute for Children’s Health Quality. (2022). *Managing life stressors helps to reduce infant mortality*. NICHQ. <https://www.nichq.org/insight/managing-life-stressors-helps-reduce-infant-mortality>
- National Institute on Minority Health and Health Disparities. (2022, January 14). *Minimum wage and disparity in infant mortality*. NIMHD. <https://www.nimhd.nih.gov/news-events/research-spotlights/infant-mortality.html>
- National Vital Statistics System. (2022). *Homicides*. County Health Rankings and Roadmaps. <https://www.countyhealthrankings.org/app/florida/2022/measure/factors/15/data>
- National WIC Association. (2021). *Strong Majority of Likely Voters Support Increased WIC Funding to Strengthen Maternal, Child Nutrition*. NWA. <https://www.nwica.org/press-releases/strong-majority-of-likely-voters-support-increased-wic-funding-to-strengthen-maternal-child-nutrition#.YqjygWDMKUK>
- Pabayo, R., Cook, D. M., Harling, G., Gunawan, A., Rosenquist, N. A., & Muennig, P. (2019). State-level income inequality and mortality among infants born in the United States 2007-2010: A cohort study. *BMC public health*, 19(1), 1333. <https://doi.org/10.1186/s12889-019-7651-y>
- Stanford Education Data Archive. (2022). *Reading scores*. County Health Rankings and Roadmaps. <https://www.countyhealthrankings.org/app/florida/2022/measure/factors/159/data>
- United Nations Children’s Fund (UNICEF). (2020). *Breastfeeding Support in the Workplace*. UNICEF. <https://www.unicef.org/media/73206/file/Breastfeeding-room-guide.pdf>
- Uniform Crime Reporting Program. (2022). *Violent crime*. County Health Rankings and Roadmaps. <https://www.countyhealthrankings.org/app/florida/2022/measure/factors/43/datasource>