



JOHNS HOPKINS
All Children's Hospital



2025

Community Health Needs Assessment

Manatee County

crescendo | cg

Prepared by Crescendo Consulting Group

Contents

Introduction	4
Purpose.....	4
Acknowledgments	4
About the All4HealthFL Collaborative	5
CHNA Methodology.....	6
Social Drivers of Health.....	7
Healthy People 2030	7
Demographics	8
Needs Prioritization Process	10
Community Needs.....	11
Behavioral Health.....	12
Key Secondary Data Findings	12
Key Qualitative Findings	16
Key Community Survey Findings	17
Healthcare Access and Quality.....	22
Key Secondary Data Findings	22
Key Qualitative Findings	27
Key Community Survey Findings	28
Exercise, Nutrition, and Weight	31
Key Secondary Data Findings	31
Key Qualitative Findings.....	33
Key Community Survey Findings	34
Economic Stability	37
Key Secondary Data Findings	37
Key Qualitative Findings	41
Key Community Survey Findings	42
Neighborhood and Built Environment.....	48

Key Secondary Data Findings	48
Key Qualitative Findings	51
Key Community Survey Findings	52
Dental	54
Key Secondary Data Findings	54
Key Qualitative Findings	57
Key Community Survey Findings	58
Heart Disease and Stroke.....	60
Key Secondary Data Findings	60
Key Qualitative Findings	63
Key Community Survey Findings	64
Cancer.....	66
Key Secondary Data Findings	66
Key Qualitative Findings	69
Key Community Survey Findings	70
Conclusion.....	72
Appendices Summary.....	73

Introduction

The world has changed a lot over the past five years. COVID-19 is no longer one of the leading causes of death, yet many of the barriers and challenges that existed three years ago still exist today. With the continuing rise in cost of living, inflation, and changes in policy at the local, state, and national level, there are several emerging needs that have been identified in the 2025 Community Health Needs Assessment.

The following Community Health Needs Assessment report will highlight the priority areas in Manatee County.

Primary and secondary quantitative and qualitative data were collected from September 2024 through February 2025. Unfortunately, during the research phase, West Central Florida was hit by Hurricanes Helene and Milton in September and October 2024, which resulted in major damage across the region. To respect the community's efforts to rebuild neighborhoods and communities, the Community Health Needs Assessment was paused until January 2025. In addition, the impacts of the hurricanes influenced community-identified needs. Whenever possible, the impacts of the hurricane are included in the findings.

Purpose

The Community Health Needs Assessment (CHNA) is a comprehensive process that identifies the health needs, barriers to accessing care, and the social drivers of health (SDOH) in a community. Intentional outreach was made to include the voices and lived experiences of the community's most vulnerable populations that may not have historically participated in this process in prior years. The Community Health Needs Assessment is also a requirement of all not-for-profit hospitals to complete every three years as part of the Patient Protection and Affordable Care Act and codified under IRS Section 501(r)(3).

Acknowledgments

The Community Health Needs Assessment could not have happened without the support and participation of all community partners within Manatee County. The All4HealthFL Collaborative members were integral in outreach and marketing of the stakeholder interviews, focus groups, and community survey.

Crescendo Consulting Group, a woman-owned business with over 20 years of experience in conducting Community Needs Assessments across the United States, conducted the research for the Community Health Needs Assessment. By partnering with the All4HealthFL Collaborative members, the Crescendo team conducted qualitative and quantitative research, facilitated the needs prioritization process, and developed the county reports. To learn more about Crescendo Consulting Group, please visit www.crescendocg.com.

About the All4HealthFL Collaborative

Established in 2019, the All4HealthFL Collaborative is a partnership between seven not-for-profit health systems and four Florida Departments of Health in West Central Florida. The Collaborative has a mutual interest in improving health by leading regional, outcome-driven health initiatives that have been prioritized through community health needs assessments. This process is conducted every three years and aims to identify health priorities in the community and develop strategies to address them.

The All4HealthFL Collaborative works together to plan, implement and evaluate strategies that align with identified health priorities. Together, the group strives to make West Central Florida the healthiest region in Florida.

Historically, the All4HealthFL Collaborative has worked together to conduct Community Health Needs Assessments in Hillsborough, Pasco, Pinellas, and Polk counties. In 2025, the work expanded to include Citrus, Hardee, Hernando, Highlands, Manatee, Marion, and Sarasota counties.

The All4HealthFL Collaborative consists of content experts from the following organizations and agencies:



CHNA Methodology

A mixed-methods approach consisting of a combination of primary and secondary quantitative and qualitative research methods designed to evaluate the perspectives and opinions of community stakeholders, especially those from underserved and vulnerable populations, was implemented between September 2024 and February 2025.

Intentional outreach was made to vulnerable populations in the community, such as people of color, persons experiencing homelessness, persons living with behavioral health conditions, caregivers, and young families. Focus groups and surveys were available in multiple languages to ensure community residents were able to participate in the process in their language of choice.

Each activity is described below in more detail.



Secondary Data provided a critical insight into demographics of Manatee County, social drivers of health, and behavioral health-related measures, among many others. The data was mainly collected from the U.S. Census Bureau American Community Survey, United States Centers for Disease Control and Prevention, and FLHealthCharts.

Qualitative Research included 36 one-on-one stakeholder interviews and two focus groups, speaking with over 20 participants. The primary qualitative data was conducted between September 2024 and February 2025 in-person and virtually.

A **Community Survey** was conducted via SurveyMonkey and paper copies in English, Spanish, Haitian Creole, Russian, and Vietnamese to evaluate and address healthcare, housing, employment, and other needs, gaps, and resources in the community. A total of 364 responses were collected and analyzed. Survey responses are provided for Manatee County in this report.

The **Needs Prioritization Process** was conducted on March 31, 2025, with 42 community partners and All4HealthFL Collaborative members. The meeting consisted of a data presentation, discussion of data, the identified community needs, and potential strategies. A survey using a modified Hanlon Method was used to prioritize the needs based on magnitude, severity, and feasibility of addressing the needs in each county.

Social Drivers of Health

The social drivers of health (SDoH), also called social determinants of health, are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.¹ Clinical care impacts only 20.0% of health outcomes, while social drivers impact as much as 50.0% of health outcomes.² Examples of SDoH include economic stability, safe and affordable housing, access to nutritious foods, and many more. The social drivers of health model³ consists of five domains shown below in Exhibit 1.

EXHIBIT 1: SOCIAL DRIVERS OF HEALTH FRAMEWORK



Healthy People 2030

Healthy People 2030 sets data-driven national objectives to improve health and well-being of communities across the United States over the next decade. The federal initiative is managed by the U.S. Department of Health and Human Services Office of Disease Prevention and Health Promotion. The needs identified through CHNA use similar language to the Healthy People 2030 objectives and indicators. For more information about Healthy People 2030, please visit <https://odphp.health.gov/healthypeople>.

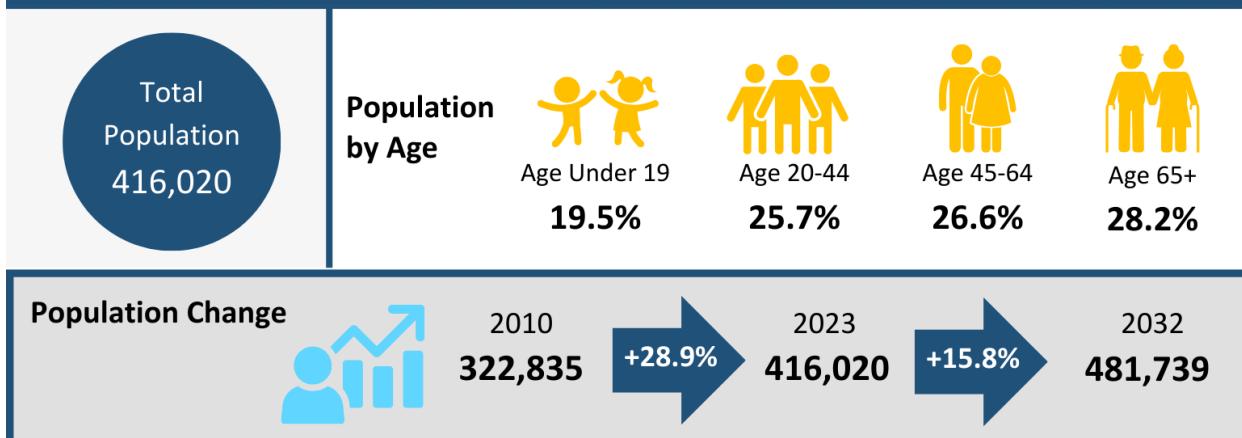
¹ ODHPHP, n.d. Social Determinants of Health.

² Whitman et al. (ASPE), 2022.

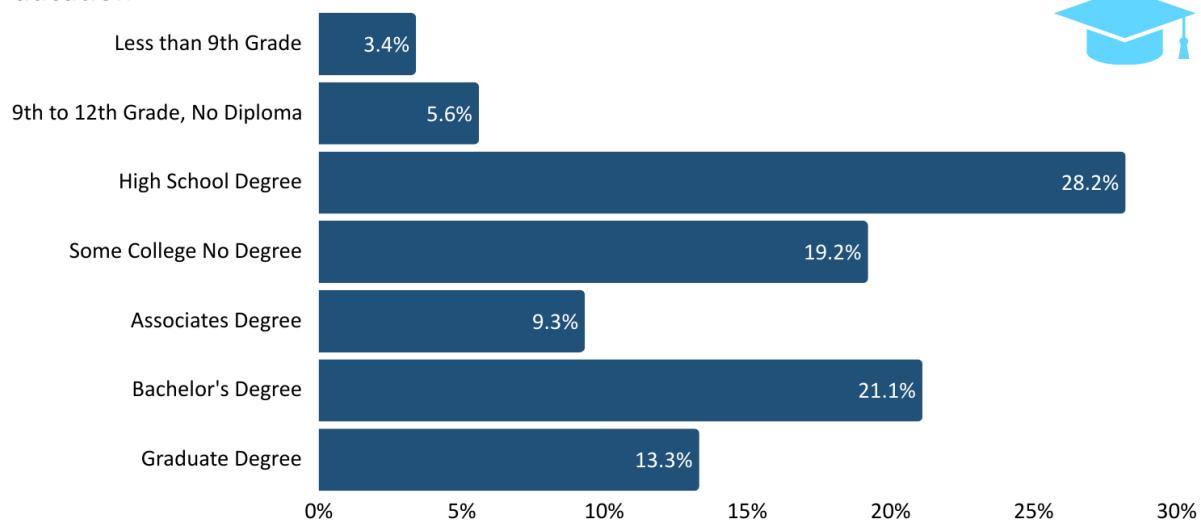
³ ODHPHP, n.d. Social Determinants of Health.

Demographics

Manatee County, Florida Demographic Overview



Education



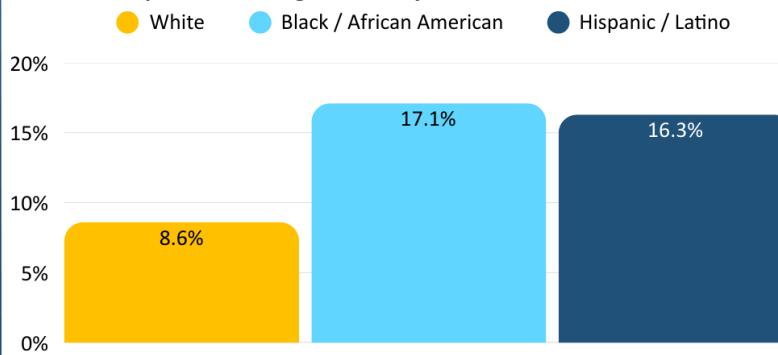
43.7% of Manatee County residents have earned a higher education degree.

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

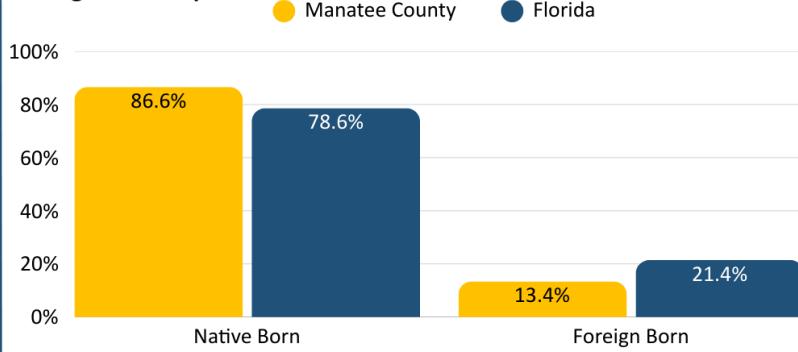
Manatee County, Florida

Demographic Overview

Trend of Population Living in Poverty



Foreign-Born Population



Economic Wellbeing



Median Household Income
\$75,792



Households Below Poverty Level
10.9%



Unemployment Rate
5.1%



Households Receiving SNAP Benefits
7.8%

Race / Ethnicity



74.6%

White

17.9%
Hispanic / Latino

10.5%

Two or More Races

7.9%

Black / African American

18.9%

Speak a Language Other than English at Home

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Needs Prioritization Process

The needs prioritization process is a critical step to finalizing the Community Health Needs Assessment. The quantitative and qualitative research for Manatee County was analyzed, and eight community needs were identified.

On March 31, 2025, participants from the All4HealthFL Collaborative and community partners that serve residents of Manatee County came together to prioritize the most significant health needs for Manatee County. The Needs Prioritization meeting was a three-hour in-person meeting facilitated by Crescendo Consulting Group. A total of 42 individuals were in attendance at the prioritization meeting. The meeting was divided into three sections: presentation of collected data, evaluation of community needs, and proposal of potential strategies.

The first part of the meeting consisted of a data presentation followed by a roundtable discussion, and additional data presented in the data placemats. The data placemats provided a high-level overview of health status and outcomes and can be found in Appendix E.

Ahead of the second roundtable discussion, each table was assigned one of the community needs. The discussion focused on the magnitude and severity of the community needs, potential barriers to addressing the needs, and what happens if the community needs are not addressed in the county. All tables reported the high-level findings of their discussions.

Following the second round of discussions, all participants completed a short survey to vote on the top needs. The needs were ranked using a modified Hanlon method, where they are scored on a scale from one to five based on magnitude, severity, and feasibility. The lower the overall score, the more pressing the health need is to address.

The final roundtable discussions focused on potential strategies for addressing the needs that were prioritized. This information is included in this report for each All4HealthFL Collaborative member to consider as they build their hospital Implementation Strategy Plans, and for any community partners to use for their own planning efforts.

Community Needs

The following eight community needs were identified.



Rank	Community Need	Score
1	Behavioral Health	8.44
2	Healthcare Access and Quality	10.70
3	Exercise, Nutrition, and Weight	11.82
4	Economic Stability	12.77
5	Neighborhood and Built Environment	13.10
6	Dental	13.30
7	Heart Disease and Stroke	14.06
8	Cancer	14.12

Behavioral Health

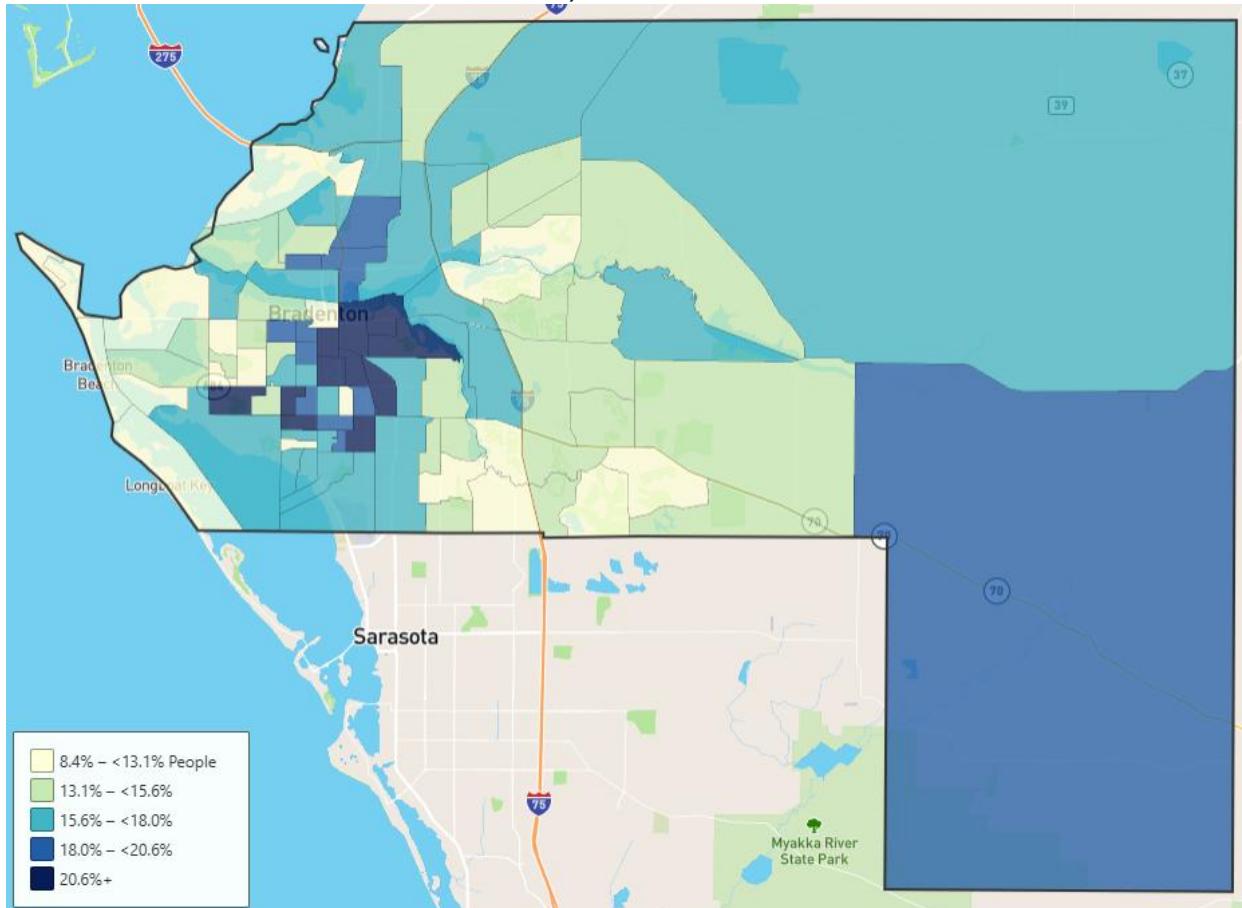
Behavioral Health is a critical component of overall health and is deeply connected to the other five drivers of health. Poor mental health can impact physical health and mental health conditions, like depression, and can increase the risk of other health conditions, such as diabetes and Alzheimer's disease.

NIMH, 2024.

Key Secondary Data Findings

In Manatee County, a significant proportion of adults report experiencing frequent poor mental health days. According to the Behavioral Risk Factor Surveillance System (BRFSS), 16.1% of adults reported 14 or more mentally unhealthy days in the past month, with those living in the darker blue regions experiencing more poor mental health days. This rate reflects elevated stress, anxiety, and depression that can interfere with daily functioning and quality of life.⁴

EXHIBIT 2: POOR MENTAL HEALTH AMONG ADULTS, 2022



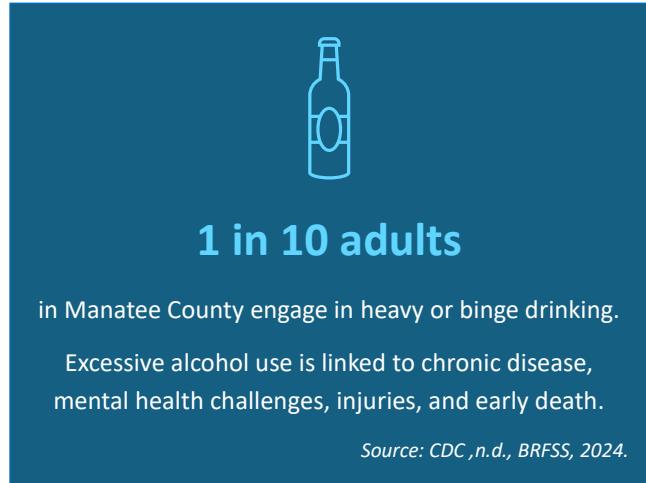
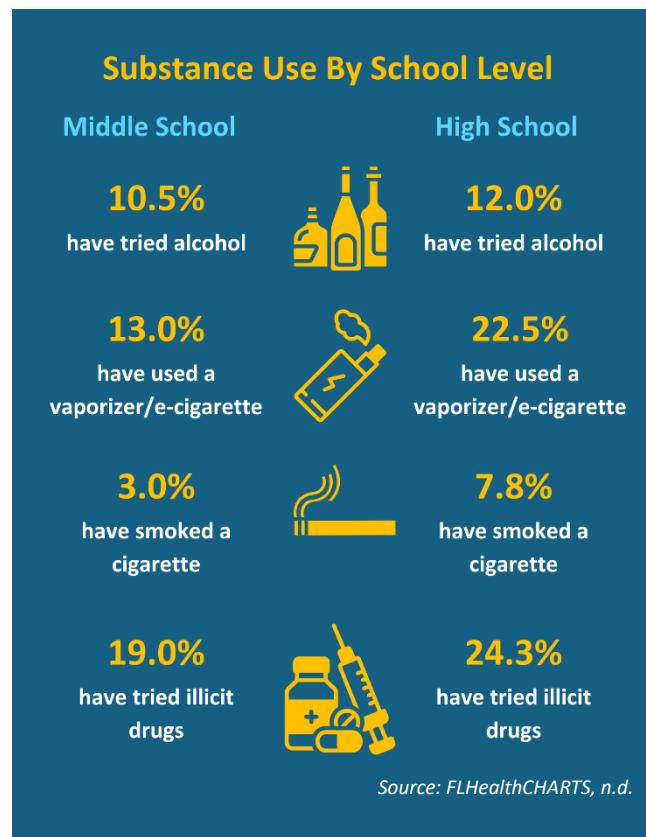
Source: CDC, n.d. BRFSS, 2022.

⁴ CDC, 2024. About Behavioral Health.

Substance use among youth is a growing concern in Manatee County. By high school, nearly one in four students report using illicit drugs, and over one in five have used e-cigarettes or vapes containing nicotine. Among middle school students in Manatee County, substance use patterns begin early: 19.0% have tried illicit drugs, 10.5% have consumed alcohol, 13.0% have used a vaporizer or e-cigarette at least once in their lifetime.

The reason teens use substances vary – from peer pressure and stress relief to family patterns and lack of supervision. But the risks are serious: substance use at a young age is linked to mental health issues, academic struggles, and increased risk of overdose.⁵

In Manatee County, binge drinking is also a growing concern among adults. Despite the binge drinking rate being lower in Manatee County (13.9%) than Florida (16.1%), there can still be lasting effects on individuals and the community. Binge drinking in adults can lead to serious health problems, increase the risk of injuries and chronic diseases, and place significant economic and social stress on families and communities.⁶



⁵ CDC, 2024. Substance Use Among Youth.

⁶ NIAA, 2025. What is Binge Drinking?

Access to care is a critical factor in behavioral health outcomes. In Manatee County, the mental health provider ratio is 1,171:1, meaning there are approximately 1,171 people for every one mental health provider. It is important to note that this provider pool includes psychiatrists, psychologists, counselors, and other mental health professionals, many of whom may not be accepting new patients, may have long waitlists, or may not accept certain types of insurance. Limited access can contribute to delayed care, unmet mental health needs, and increased burden on emergency and crisis services.⁷

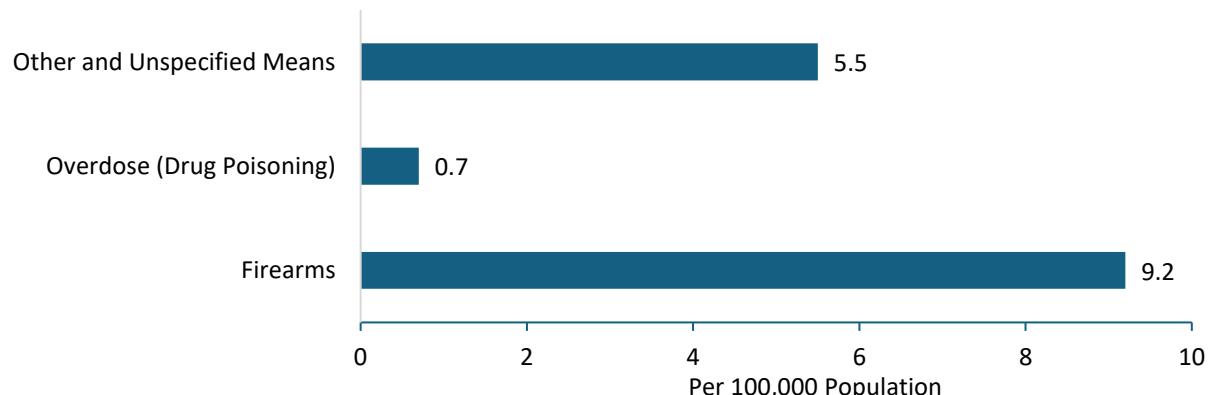
EXHIBIT 3: PEOPLE PER MENTAL HEALTH PROVIDER, 2024

	Florida	Manatee County
Mental Health Provider Ratio	693:1	1,171:1

Source: CMS, n.d. NPPES NPI, 2024.

Suicide is another critical indicator of unmet behavioral health needs. Between 2021-2023, Manatee County had a suicide rate of 15.4 per 100,000 people when combining all methods. Notably, firearms were the most common method, with a rate of 9.2 deaths per 100,000. These numbers highlight the importance of upstream prevention, mental health support, and safe storage of lethal means.

EXHIBIT 4: SUICIDE RATE BY MEANS PER 100,000 POPULATION, 2021-2023



Source: FLHealthCHARTS, n.d.

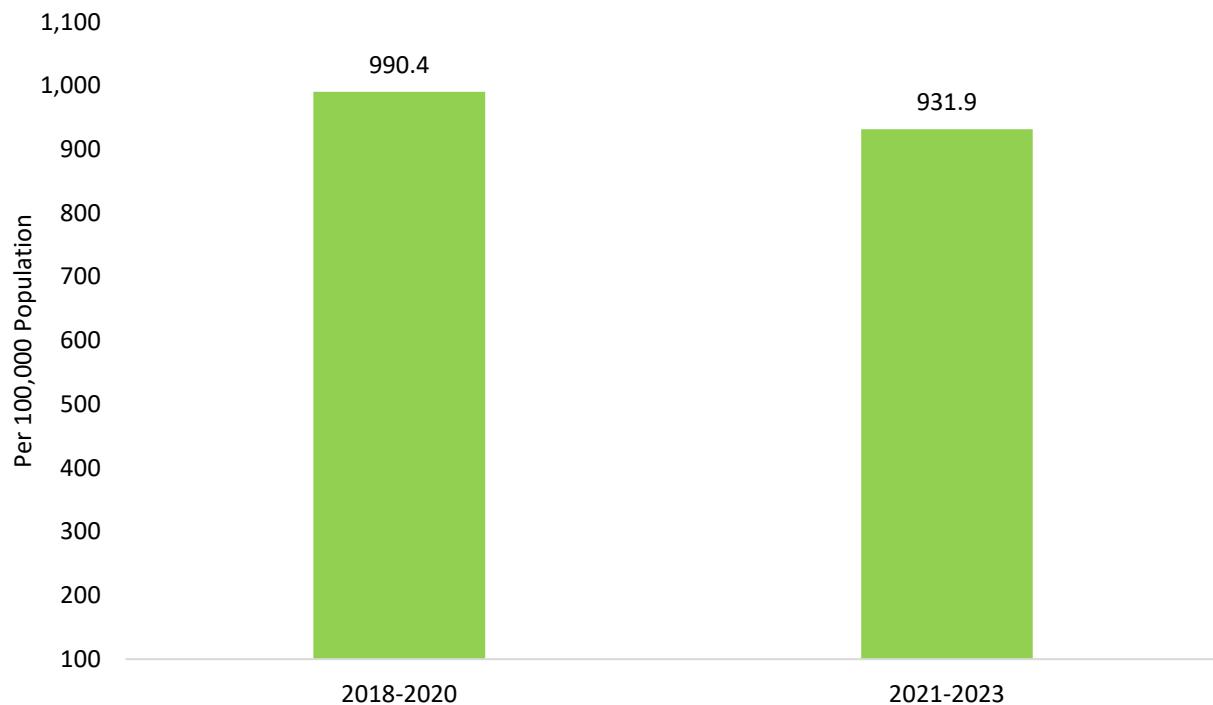
Behavioral health also drives significant use of emergency and inpatient care. In Manatee County, hospitalizations due to mental health disorders occurred at a rate of 886 per 100,000 people, lower than the state rate of 963.2 per 100,000.⁸ The county also reported 931.9

⁷ Nordstrom et al., 2023.

⁸ FLHealthCHARTS, n.d. Hospitalizations for Mental Disorders, 2020-2023.

emergency department visits per 100,000 people for mental health conditions, reflecting an ongoing demand for crisis services.

EXHIBIT 5: EMERGENCY DEPARTMENT VISITS FOR MENTAL HEALTH CONDITIONS IN MANATEE COUNTY (2018–2020 VS. 2021–2023)



Source: FLHealthCHARTS, n.d.

Key Qualitative Findings

When discussing behavioral health, stakeholder interview and focus group participants shared their first-hand experiences as well as perceptions gleaned from working closely with vulnerable populations. The following chart, summary, and quotes represent the results of thematic and content analyses of the qualitative data collected during the community health needs assessment.

Qualitative findings are represented visually. **Key needs or barriers** are in the center column and **key populations impacted** are in the column on the right. The order and height of each box represents the frequency in which it was discussed in stakeholder interviews and community focus groups.



Participants noted an ongoing need for mental health services, especially those that focus on prevention and post-crisis support. Participants identified a shortage of local behavioral healthcare providers as a factor that exacerbates this need. Many participants focused on the need for services for youth populations, including general mental health promotion, specialized care, and substance use prevention and treatment. They shared that stigma regarding behavioral healthcare continues to discourage individuals from seeking care, though participants also shared that stigma has decreased in recent years.

“There’s families with children with autism that need to just speak to a therapist – they don’t have any openings, and they have a wait list. [There are] Children that are having substance abuse issues too.”

“There are limited resources, specifically for middle-aged teen groups; by the time they are getting help, it’s too late.”

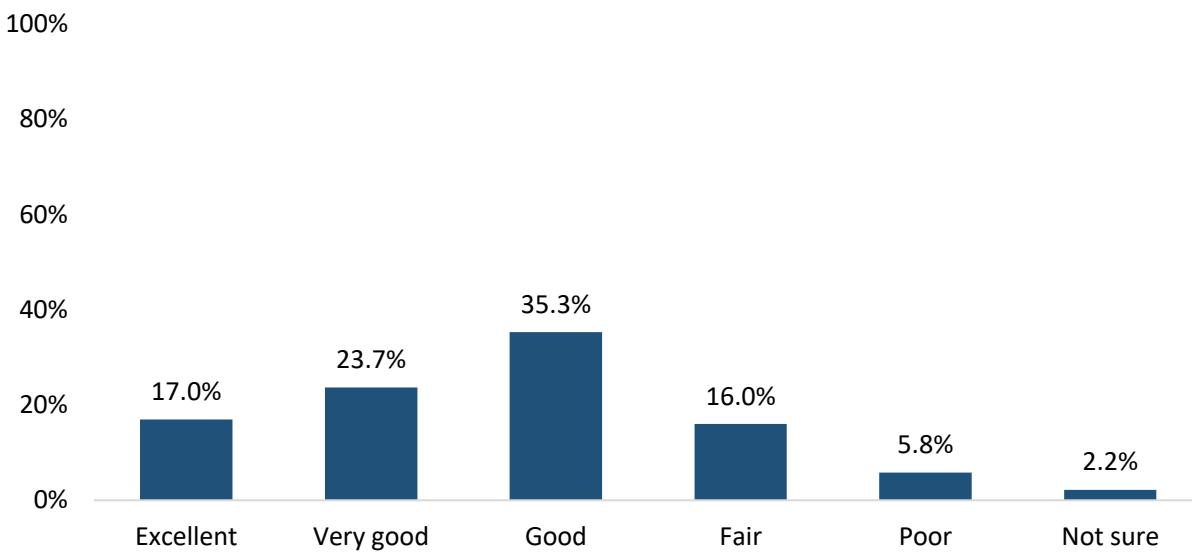
– Focus Group Participants

Key Community Survey Findings

This section presents respondents' perceptions regarding mental and behavioral health needs, examines barriers to accessing care, and discusses the prevalence of Adverse Childhood Experiences (ACEs). ACEs are potentially traumatic events that occur in childhood. These events can include physical, sexual, or emotional abuse, witnessing violence in the home or community, parental separation or divorce, household dysfunction (e.g., substance abuse, mental illness), and incarceration of a parent or caregiver.⁹ Such experiences are known to impact long-term mental and physical health outcomes.¹⁰

More than half of respondents said their own mental health was either excellent or very good (50.7%). In Manatee County, 35.3% of respondents rated their mental health as good. A little over one in five respondents said their mental health was either fair or poor (21.8%).

EXHIBIT 6: HOW WOULD YOU RATE YOUR OWN MENTAL HEALTH?

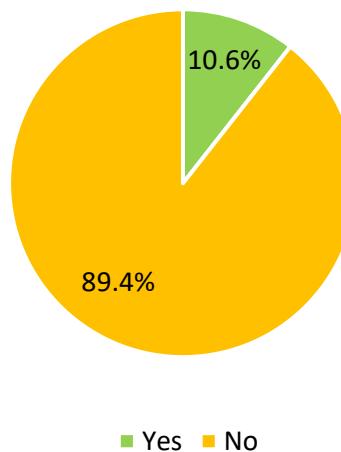


⁹ CDC, 2024. About Adverse Childhood Experiences.

¹⁰ Monnat & Chandler, 2016.

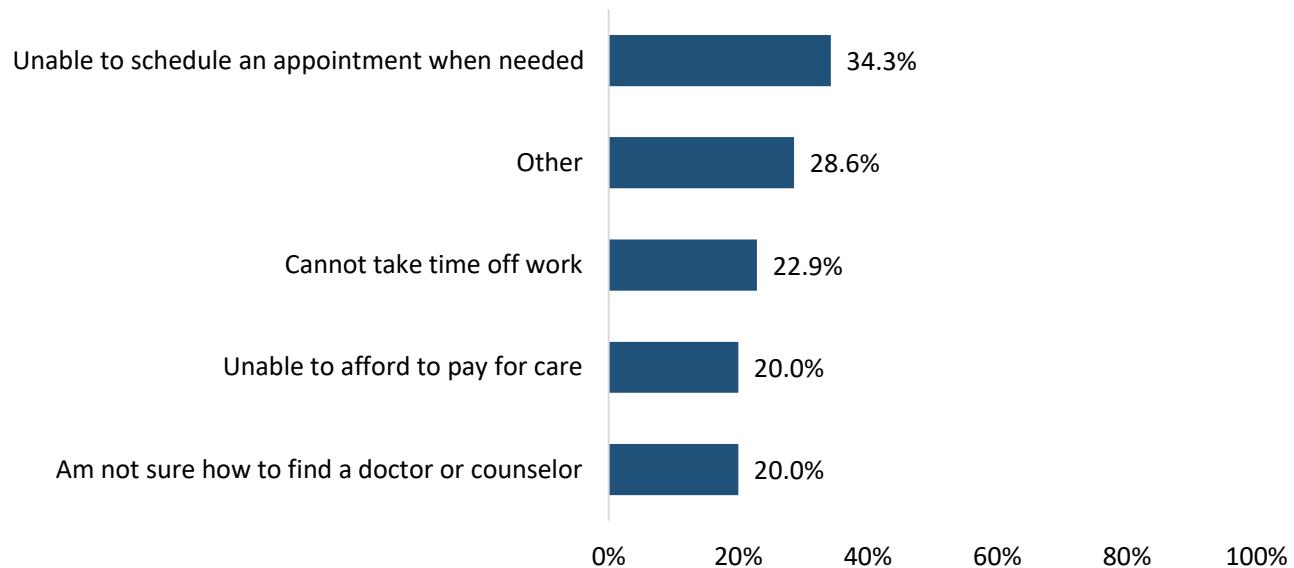
In Manatee County, 10.6% of respondents said in the past 12 months that they needed mental healthcare but did not get the care they needed.

EXHIBIT 7: WAS THERE A TIME IN THE PAST 12 MONTHS WHEN YOU NEEDED MENTAL HEALTHCARE BUT DID NOT GET THE CARE YOU NEEDED?



The top five reasons that prevent respondents getting the care they needed were unable to schedule an appointment (34.3%), other reasons such as don't know where to start or did not seek out the care when needed (28.6%), cannot take time off work (22.9%), unable to afford to pay for care (20.0%), and not sure where to find a doctor (20.0%).

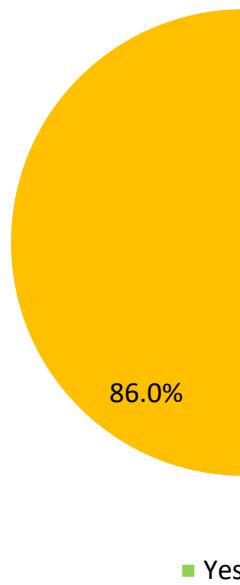
EXHIBIT 8: WHAT ARE SOME REASONS THAT KEPT YOU FROM GETTING MENTAL HEALTHCARE?¹¹



¹¹ For complete list, please refer to the appendix.

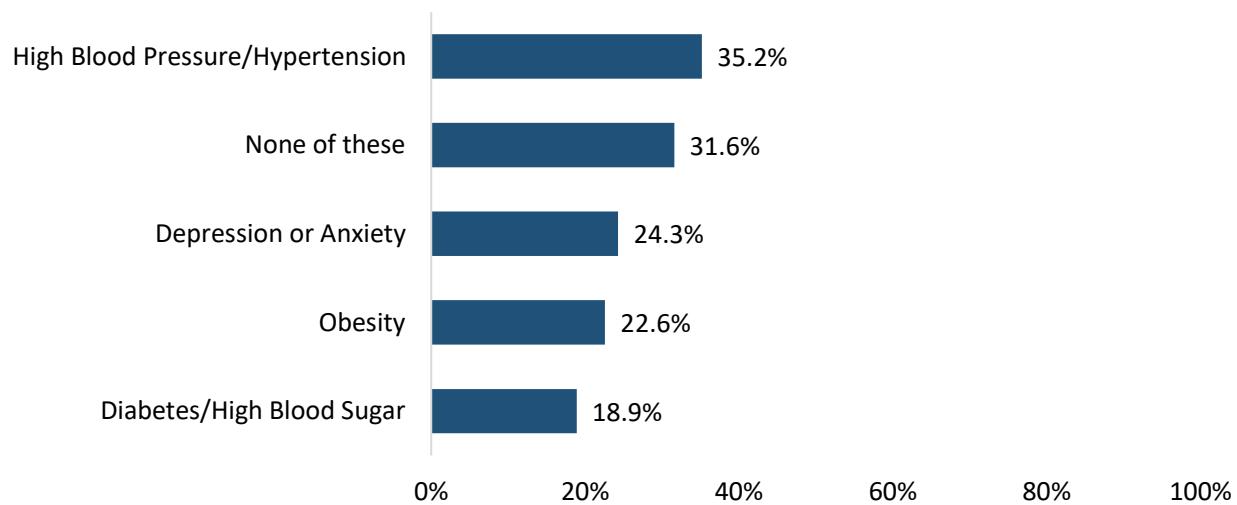
When asked if children at home needed mental or behavioral healthcare, 14.0% of respondents responded that the children needed care but did not get the care they needed.

EXHIBIT 9: WAS THERE A TIME IN THE PAST 12 MONTHS WHEN CHILDREN IN YOUR HOME NEEDED MENTAL OR BEHAVIORAL HEALTHCARE BUT DID NOT GET THE CARE THEY NEEDED?



In Manatee County, 24.3% of the respondents were told by either a doctor or other medical provider that they have depression or anxiety.

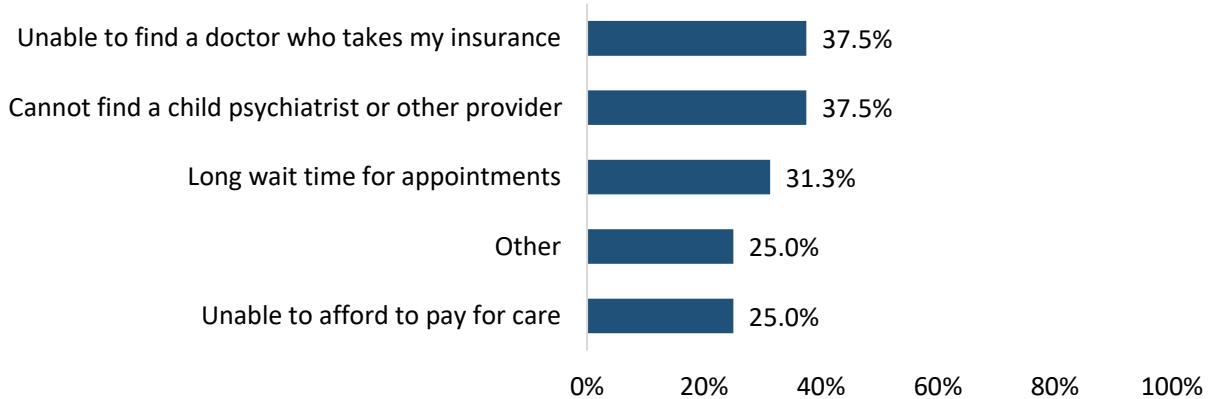
EXHIBIT 10: HAVE YOU EVER BEEN TOLD BY A DOCTOR OR OTHER MEDICAL PROVIDER THAT YOU HAD ANY OF THE FOLLOWING HEALTH ISSUES?¹²



¹² For complete list, please refer to the appendix.

The top five reasons that prevent respondents getting the care they needed were unable to find doctor who takes the insurance (37.5%), cannot find child psychiatrist (37.5%), long wait time for appointment (31.3%), other reasons such as need to find a place to take underage children to see doctors (25.0%), and unable to afford to pay for care (25.0%).

EXHIBIT 11: WHAT ARE SOME REASONS THAT KEPT THEM FROM GETTING THE MENTAL CARE THEY NEEDED?¹³



In Manatee County, 15.4% of respondents reported they had experienced four or more Adverse Childhood Experiences (ACEs) before the age of 18. ACEs are potentially traumatic events that occur in childhood. These events can include physical, sexual, or emotional abuse, witnessing violence in the home or community, parental separation or divorce, household dysfunction (e.g., substance abuse, mental illness), and incarceration of a parent or caregiver.¹⁴ Such experiences are known to impact long-term mental and physical health outcomes.¹⁵

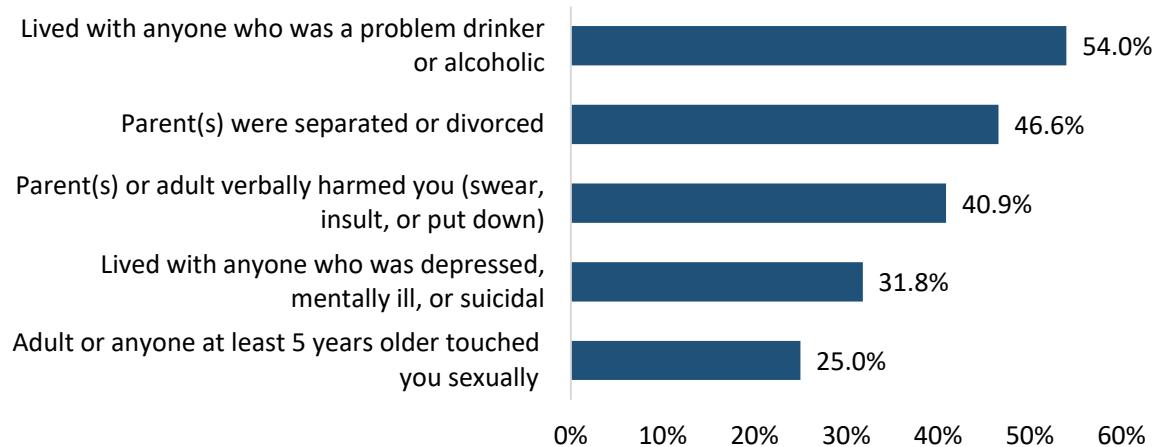
¹³ For complete list, please refer to the appendix.

¹⁴ CDC, 2024. About Adverse Childhood Experiences.

¹⁵ Monnat & Chandler, 2016.

Exhibit 12 presents the top five ACEs respondents reported experiencing at least once during childhood. More than half of the respondents lived with someone who was a problem drinker or alcoholic (54.0%). Nearly half of the respondents had parents who were divorced or separated (46.6%). 40.9% of respondents were verbally harmed by their parents. Thirty-one point eight percent of respondents lived with anyone who was depressed, mentally ill or suicidal. One in four experienced adults touching them sexually before the age of 18 (25.0%).

EXHIBIT 12: EVENTS YOU EXPERIENCED BEFORE THE AGE OF 18¹⁶



¹⁶ For complete list, please refer to the appendix.

Healthcare Access and Quality

Healthcare Access and Quality is one of the five social determinants of health. Individuals without health insurance are less likely to have a primary care provider and may struggle to afford necessary health care services and medications. Increasing insurance coverage is essential to ensure more people have access to vital health services, including preventive care and treatment for chronic conditions.

ODPHP, n.d.

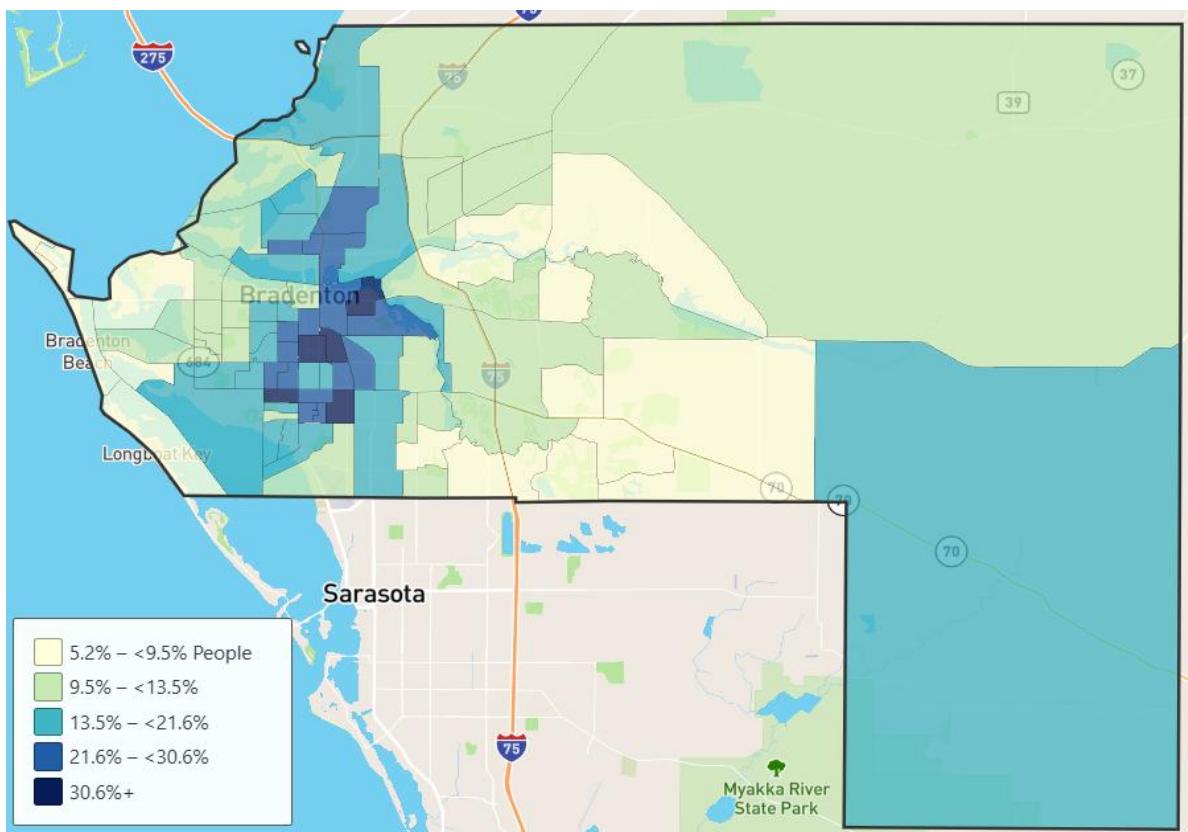
Key Secondary Data Findings

Health insurance and the ability to pay for care is often one of the main reasons people do not seek healthcare.¹⁷ Even with health insurance, people may not be able to afford copays and deductibles. In Manatee County, 11.6% of the total population does not have health insurance. Approximately one in five (18.4%) of adults aged 19 to 64 years do not have health insurance. In some census tracts¹⁸ in Manatee County, nearly one in three adults do not have health insurance as shown in the darker blue regions in the map below.

¹⁷ Taber et al., 2015.

¹⁸ Census Tracts are “relatively permanent geographic divisions of a county or county equivalent.” Census Tracts typically have a population of 1,200 to 8,000 with the optimum threshold of 4,000 people. For more information, please see <https://www2.census.gov/geo/pdfs/partnerships/psap/G-650.pdf>.

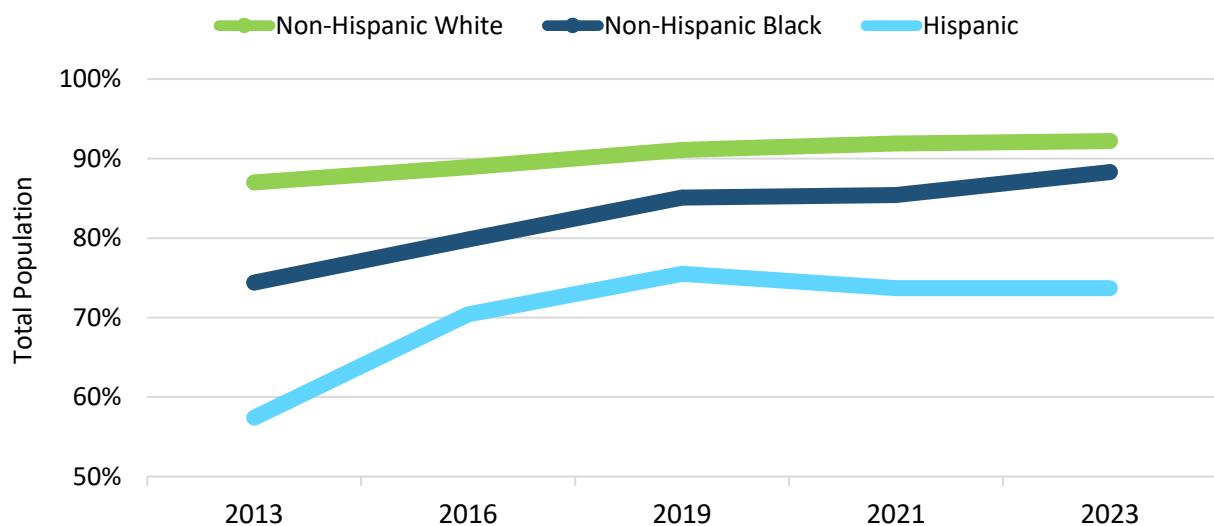
EXHIBIT 13: LACK OF HEALTH INSURANCE AMONG ADULTS, 2022



Source: CDC, n.d. BRFSS Places, 2022.

Health insurance rates vary by race and ethnicity. The Hispanic or Latino population in Exhibit 14 shows that the Hispanic / Latino population has consistently had the lowest rates of adults with health insurance.

EXHIBIT 14: ADULTS WITH HEALTH INSURANCE COVERAGE IN MANATEE COUNTY BY RACE/ETHNICITY, 2019-2023



Source: U.S. Census Bureau, n.d. American Community Survey, 2019-2023 Five-Year Estimates

Much of Manatee County has been designated a Health Professional Shortage Area (HPSA) for primary care, indicating there are not enough providers to adequately serve the needs of low-income residents.¹⁹

EXHIBIT 15: HEALTHCARE PROVIDER RATIOS (PEOPLE PER PROVIDER), 2024

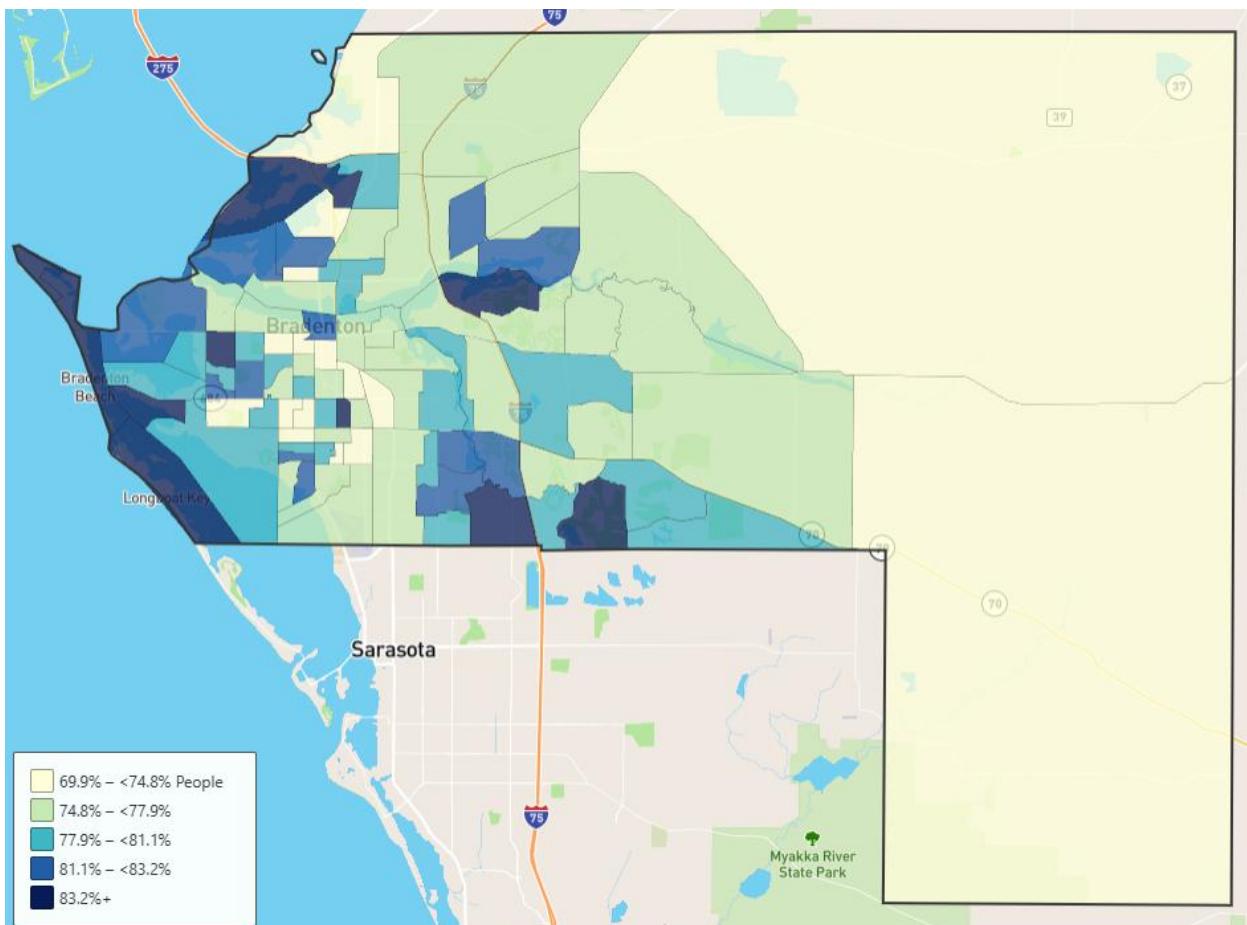
	United States	Florida	Manatee County
Primary Care Physician	879:1	858:1	990:1
Primary Care Nurse Practitioner	1,110:1	800:1	1,151:1
Dentist	1,532:1	1,686:1	1,660:1
Mental Health Provider	550:1	693:1	1,171:1
Pediatrician	795:1	879:1	1,275:1
Obstetrics Gynecology (OBGYN)	3,454:1	3,919:1	4,005:1
Midwife and Doula	9,336:1	9,029:1	20,826:1

Source: CMS, n.d. NPPES NIH, 2024.

¹⁹ HRSA, n.d. Health Provider Shortage Areas.

In Manatee County, 77.9% of adults received a medical checkup in 2022. The percentage of adults varies across the census tracts in the county, with a higher percentage those reporting having received a check up in the last year shown in the darker blue areas on the map. There are parts of the county where nearly one in three adults did not see a doctor (Exhibit 16).

EXHIBIT 16: ANNUAL DOCTOR CHECKUP IN THE PAST YEAR AMONG ADULTS, 2022

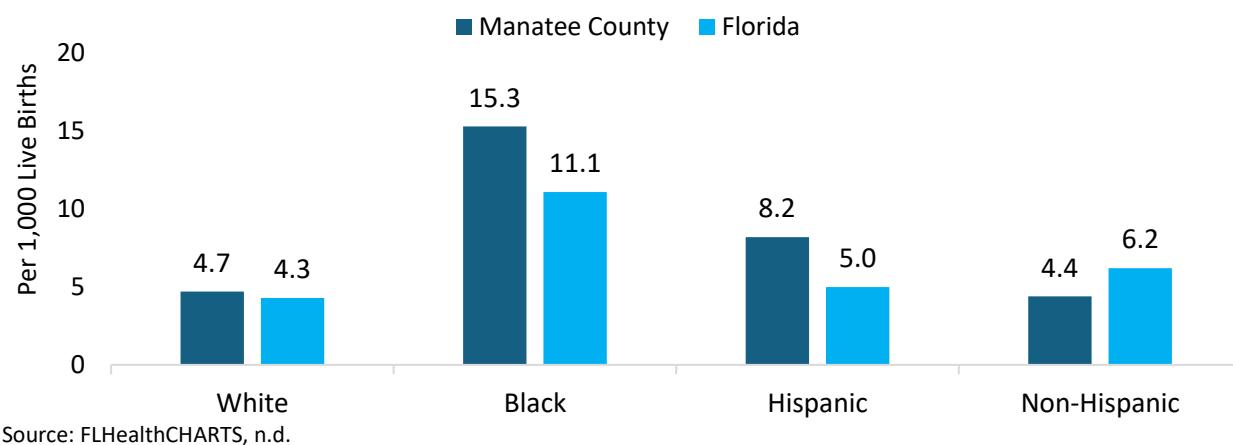


Source: CDC, n.d. BRFSS Places, 2022.

Access to care is especially critical during pregnancy, as early and consistent prenatal care plays a vital role in supporting healthy birth outcomes and reducing infant mortality.²⁰

In Manatee County, and Florida, infant mortality rates are higher among Black and Hispanic populations compared to White and non-Hispanic populations. Similar disparities are seen in the rates of mothers initiating prenatal care during the first trimester, with Black and Hispanic mothers less likely to access early care. These local patterns reflect national trends, where Black, American Indian and Alaskan Native, Pacific Islander, and Hispanic infants experience higher rates of infant mortality compared with White and non-Hispanic infants.²¹

EXHIBIT 17: INFANT MORTALITY (AGED 0-364 DAYS), RATE PER 1,000 LIVE BIRTHS BY RACE / ETHNICITY, 2021-2023



Early prenatal care, particularly in the first trimester, is a key factor in improving outcomes. In Manatee County, White mothers had the highest rate of early prenatal care at 75.5%, while Black mothers had the lowest at 62.6%. Hispanic and non-Hispanic mothers reported rates of 66.9% and 74.2%, respectively. Although most groups in Manatee County are near or above the state averages, the differences by race and ethnicity highlight continued disparities in timely access to prenatal care.

EXHIBIT 18: BIRTHS WITH PRENATAL CARE IN THE 1ST TRIMESTER, BY RACE / ETHNICITY, 2021-2023

	Florida	Manatee County
White	74.3%	75.5%
Black	63.7%	62.6%
Hispanic	70.5%	66.9%
Non-Hispanic	72.3%	74.2%

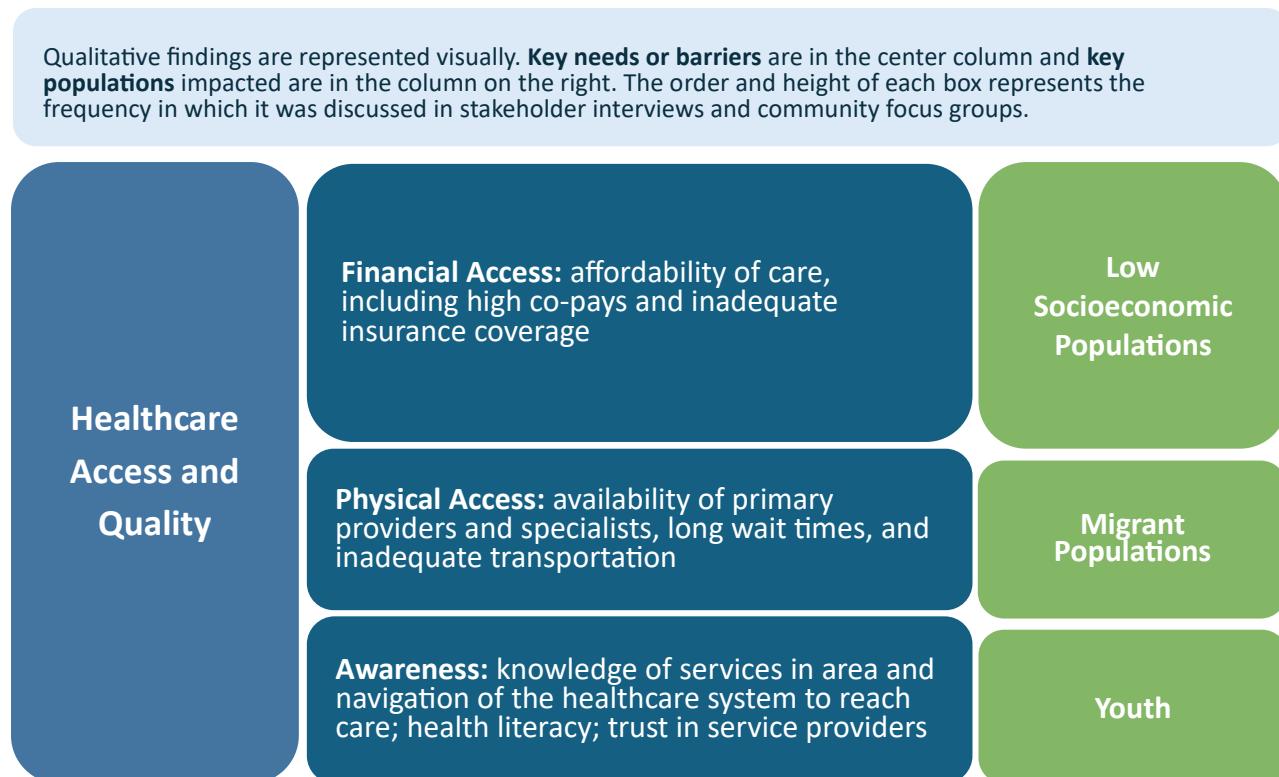
Source: FLHealthCHARTS, n.d.

²⁰ CDC, 2024. Infant Mortality.

²¹ CDC, 2024. Infant Mortality.

Key Qualitative Findings

When discussing healthcare access and quality, stakeholder interview and focus group participants shared their first-hand experiences as well as perceptions gleaned from working closely with vulnerable populations. The following chart, summary, and quotes represent the results of thematic and content analyses of the qualitative data collected during the community health needs assessment.



Stakeholders and focus group participants expressed several healthcare access-related concerns, including financial barriers, a lack of awareness and low health literacy, and physical access to providers, especially in the more rural parts of Manatee County. Adequate staffing of primary and specialty care providers, chronic disease prevention, and assistance with navigating the complex healthcare system were repeatedly mentioned as strategies to improve healthcare access. Those on fixed incomes, youth, and migrant populations were identified as populations with notable barriers to accessing healthcare.

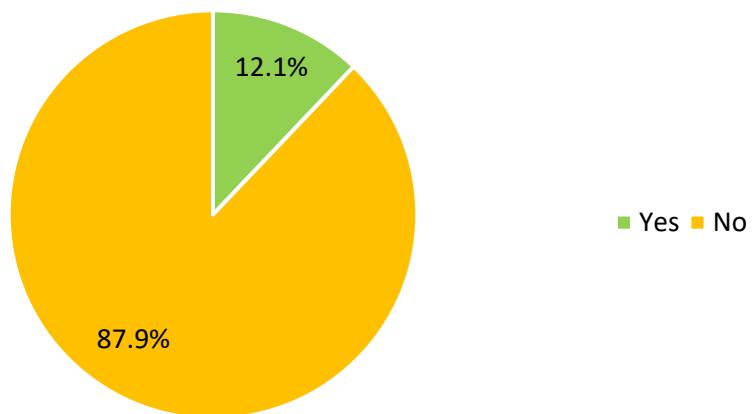
“In some areas, they have no providers and have to drive two-plus hours. A lot of providers cut services due to Medicaid coverage, and it impacts this population.” – Focus Group Participant

Key Community Survey Findings

This section presents respondents' perceptions from the community survey on access to medical care, self-rated health status, and emergency room usage. Responses help identify barriers to care and highlight areas where improvement in healthcare delivery may be needed.

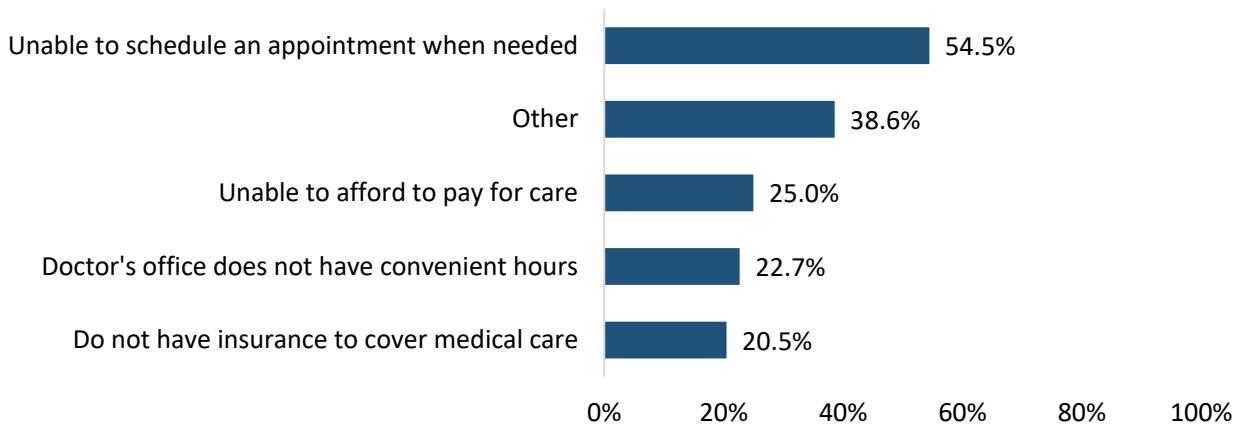
When asking respondents about their medical care access, 15.6% of the respondents responded in the past 12 months that they needed medical care but did not get it.

EXHIBIT 19: WAS THERE A TIME IN THE PAST 12 MONTHS WHEN YOU NEEDED MEDICAL CARE BUT DID NOT GET THE CARE YOU NEEDED?



The top five reasons for not getting the care needed are due to unable to schedule an appointment (54.5%), other reasons such as not have enough providers, and respondents appointment got cancelled (38.6%), unable to afford to pay for care (25.0%), doctor's office does not have convenient hours (22.7%), and do not have insurance to cover the care (20.5%).

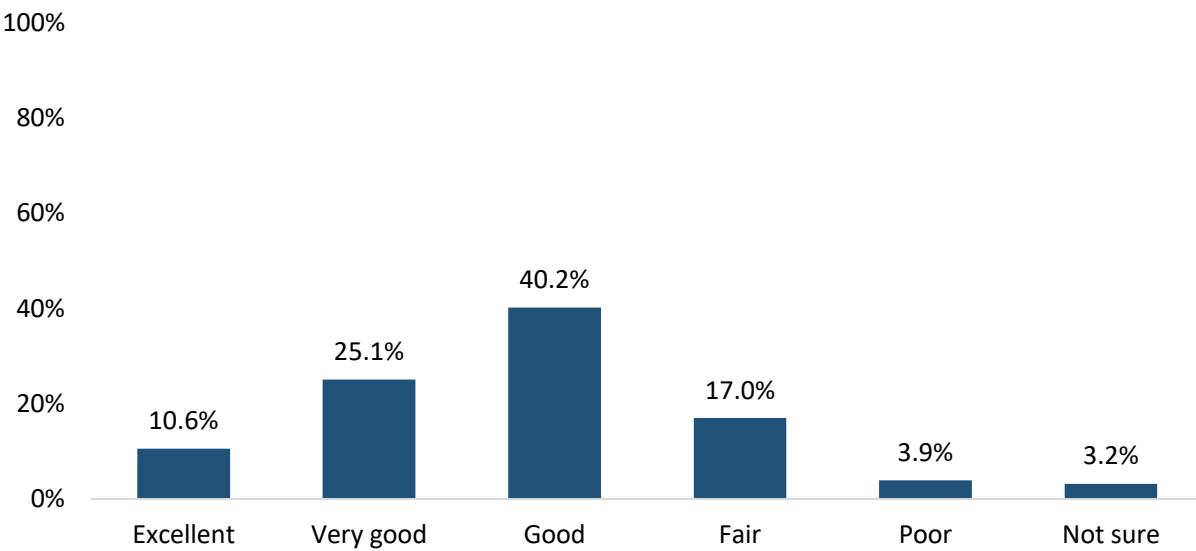
EXHIBIT 20: WHAT ARE SOME REASONS THAT KEPT YOU FROM GETTING MEDICAL CARE?²²



²² For complete list, please refer to the appendix.

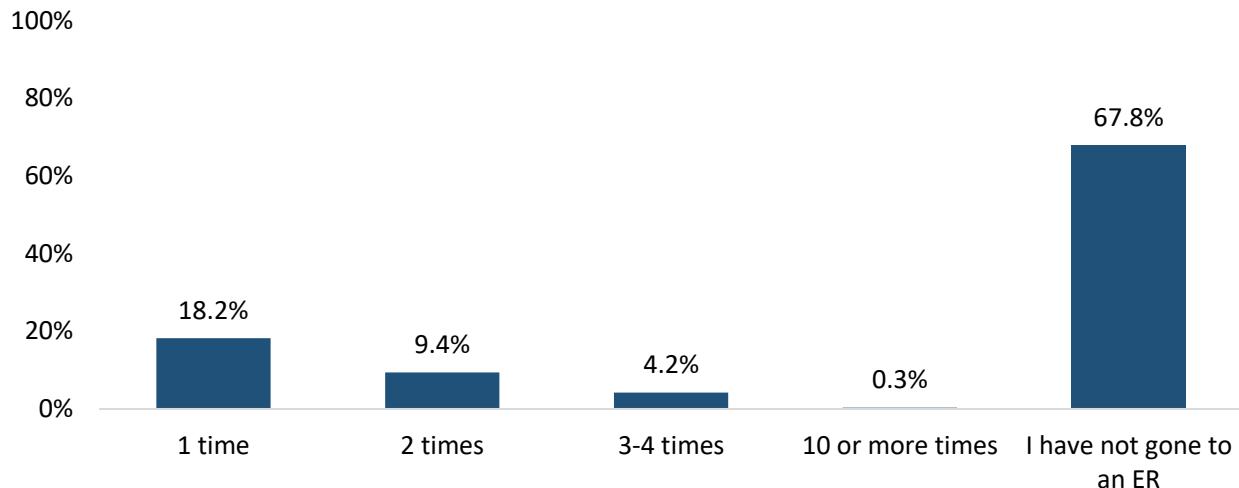
In Manatee County, 35.7% of respondents said their own personal health was excellent or very good. Another 40.2% of respondents responded that their personal health was good. 20.9% of respondents said their own health was either fair or poor.

EXHIBIT 21: OVERALL, HOW WOULD YOU RATE YOUR OWN PERSONAL HEALTH?



In Manatee County, 27.6% of respondents went to the ER one to two times in the past 12 months. Approximately 4.2% of respondents went to the ER three to four times, less than one percent of respondents went to the ER five or more times.

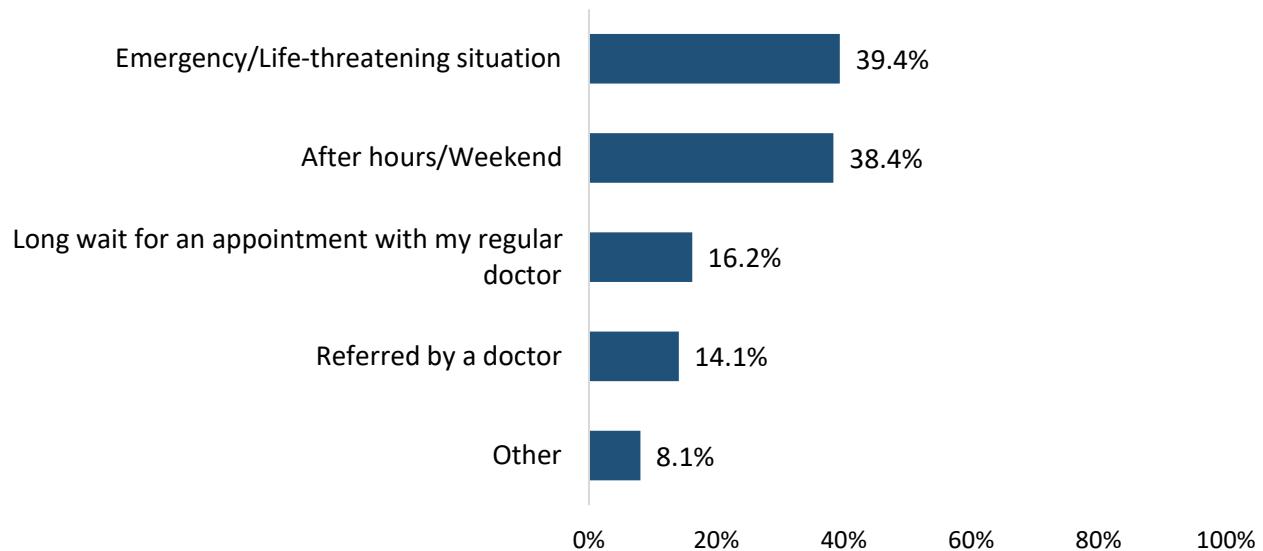
EXHIBIT 22 IN THE PAST 12 MONTHS, HOW MANY TIMES HAVE YOU GONE TO AN EMERGENCY ROOM (ER, NOT URGENT CARE) ABOUT YOUR OWN HEALTH?²³



²³ "5-9 times" was excluded due to a lack of response from survey respondents.

The top two reasons respondents went to the ER instead of the doctor's office are because of emergency or life-threatening situations (39.4%).

EXHIBIT 23 WHAT ARE THE MAIN REASONS YOU USED THE ER INSTEAD OF GOING TO A DOCTOR'S OFFICE OR CLINIC²⁴



²⁴ For complete list, please refer to the appendix.

Exercise, Nutrition, and Weight

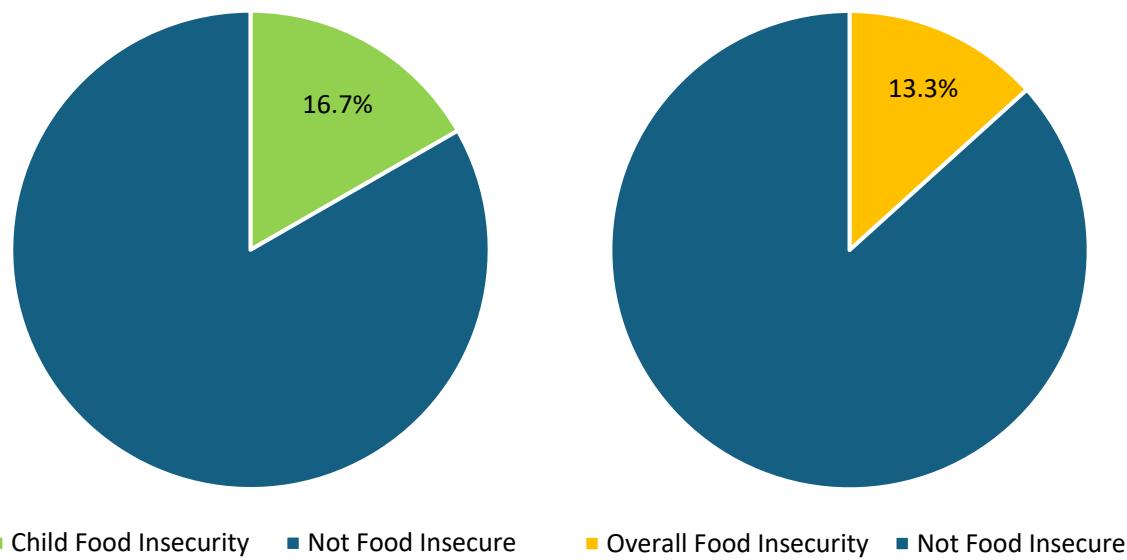
Engaging in regular physical activity offers both immediate and long-term health benefits. It can enhance brain function, strengthen bones and muscles, and improve the ability to carry out daily tasks. Proper nutrition is also a vital component to healthy well-being at every stage of life.

CDC, 2024.

Key Secondary Data Findings

The child food insecurity rate in Manatee County is 16.7%, considerably higher than the adult food insecurity rate of 13.3%. This means that one in six children may not have consistent access to enough food to support an active, healthy life. Food insecurity can negatively affect physical development, academic performance, and mental health in children, and it often coexists with poor nutritional quality and increased risk of obesity.²⁵

EXHIBIT 24: FOOD INSECURE INDIVIDUALS BY AGE, 2022

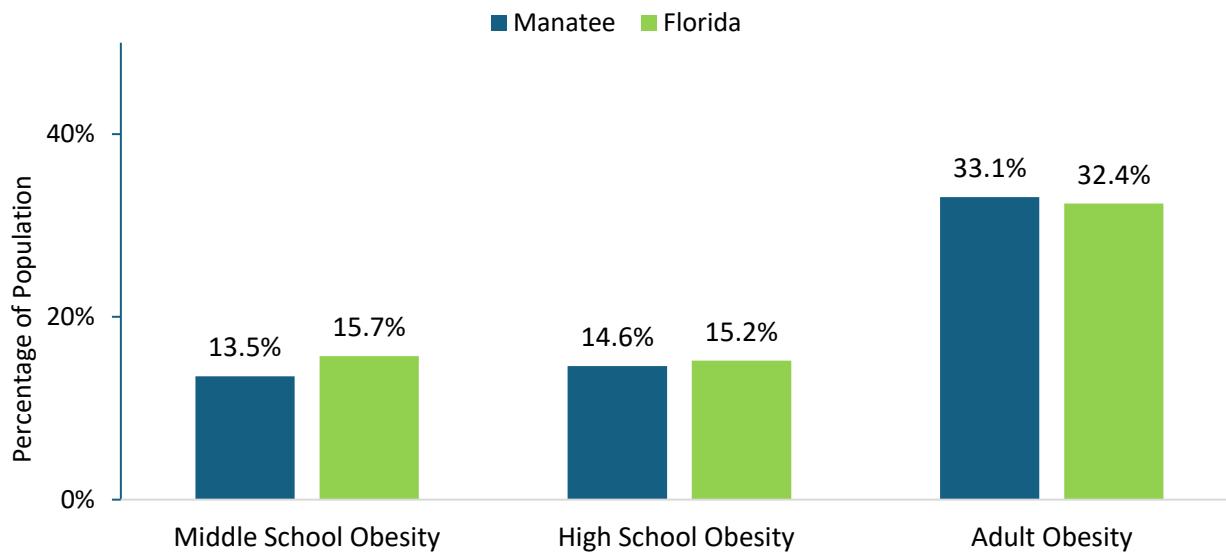


Source: Feeding America, Map the Meal Gap, 2022.

²⁵ Feeding America, n.d. Child Hunger Facts.

Weight-related health concerns are prevalent across all age groups in Manatee County. According to 2022 data, one in three adults and one in seven adolescents are obese. These rates are concerning, as excess weight is associated with increased risk for chronic conditions, such as heart disease, diabetes, and certain cancers.²⁶ Among young people, being obese can also lead to social stigma, lower self-esteem, and the early onset of health problems previously only seen in adults.²⁷

EXHIBIT 25: MANATEE COUNTY WEIGHT RATES, 2022



Source: FLHealthCHARTS, n.d.

Additionally, 53.1% of elementary school students in Manatee County are eligible for free or reduced-price lunch²⁸, indicating widespread economic vulnerability and reliance on school-based nutrition programs to meet daily food needs. At the household level, 7.8% of Manatee County households receive Supplemental Nutrition Assistance Program (SNAP) benefits²⁹, a significantly lower proportion to both Florida (12.6%) and the United States (11.8%).

These figures highlight ongoing challenges related to food access and affordability—issues that not only affect dietary habits, but also influence energy levels, physical activity, and long-term health outcomes. Lower-income families may struggle to access fresh, healthy food or safe places to exercise, compounding the risk of obesity, diabetes, and other chronic conditions.^{30 31}

²⁶ NIDDK, 2023. Health Risks of Overweight & Obesity.

²⁷ Balasundaram, P., Krishna, S. (NIH), 2023.

²⁸ FLHealthCHARTS, n.d. Elementary School Students Eligible for Free/Reduced Lunch 2022-24.

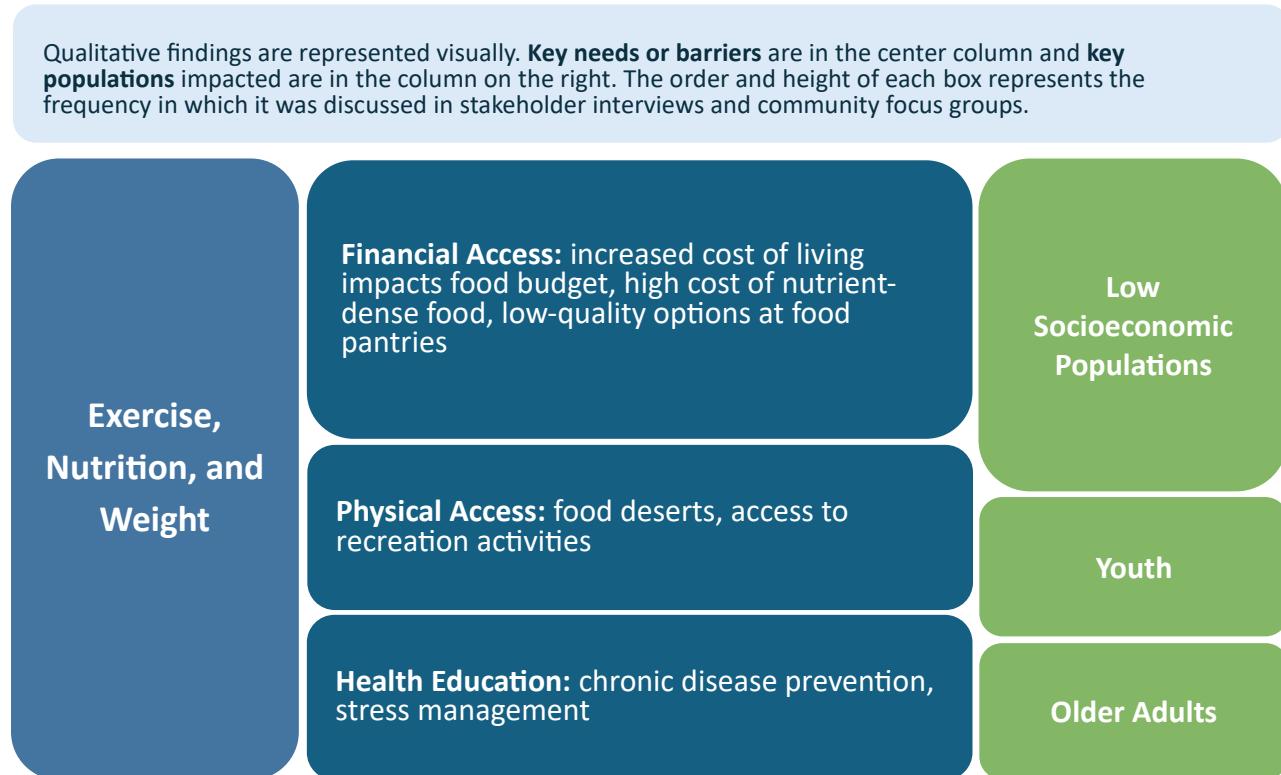
²⁹ U.S. Census Bureau, n.d. American Community Survey, 2019-2023 Five-Year-Estimates.

³⁰ CDC, 2024. Healthy Food Environments.

³¹ ODPHP, n.d. Access to Foods.

Key Qualitative Findings

When discussing exercise, nutrition, and weight, stakeholder interview and focus group participants shared their first-hand experiences as well as perceptions gleaned from working closely with vulnerable populations. The following chart, summary, and quotes represent the results of thematic and content analyses of the qualitative data collected during the community health needs assessment.



Participants discussed the compounded needs of weight, nutrition, and exercise in Manatee County. When discussing nutrition, participants discussed the impact of food deserts on community members' ability to eat nutrient-dense foods. Above all, financial resources were identified as the key need for individuals to be able to engage in healthy behaviors. Health education in the community was also identified as a strategy to improve health behaviors.

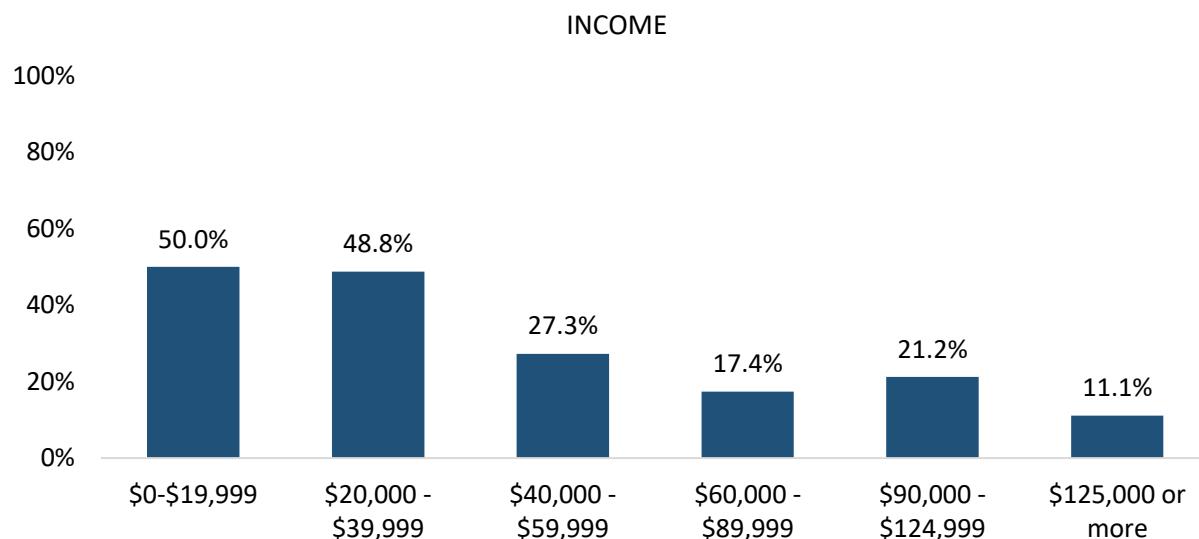
“I would like to just also mention that diabetes and childhood obesity is a big problem. And I think that just this, really, lack of understanding from most people about diet and the importance of an appropriate diet.”— Stakeholder Interview

Key Community Survey Findings

This section presents respondents' perceptions from the community survey related to nutrition, food access, and weight. These three factors, if not well maintained, can increase the risk of obesity, type 2 diabetes, heart disease, and cancer.³² This includes eating the recommended fruits and vegetables and getting enough exercise. Understanding a community's barriers to maintaining a healthy diet and lifestyle can help prevent poor long-term health outcomes.³³

In Manatee County, 24.4% of respondents reported they had experienced food insecurity. Among the different income groups, as income increases, food insecurity decreases. When reviewing responses by Racial groupings, respondents who identify in another way experienced the highest food insecurity (53.3%) followed by the multiracial group (46.7%). Respondents who identified as Hispanic experienced much higher food insecurity compared to those who identified as non-Hispanic (49.4% vs. 15.8%).³⁴

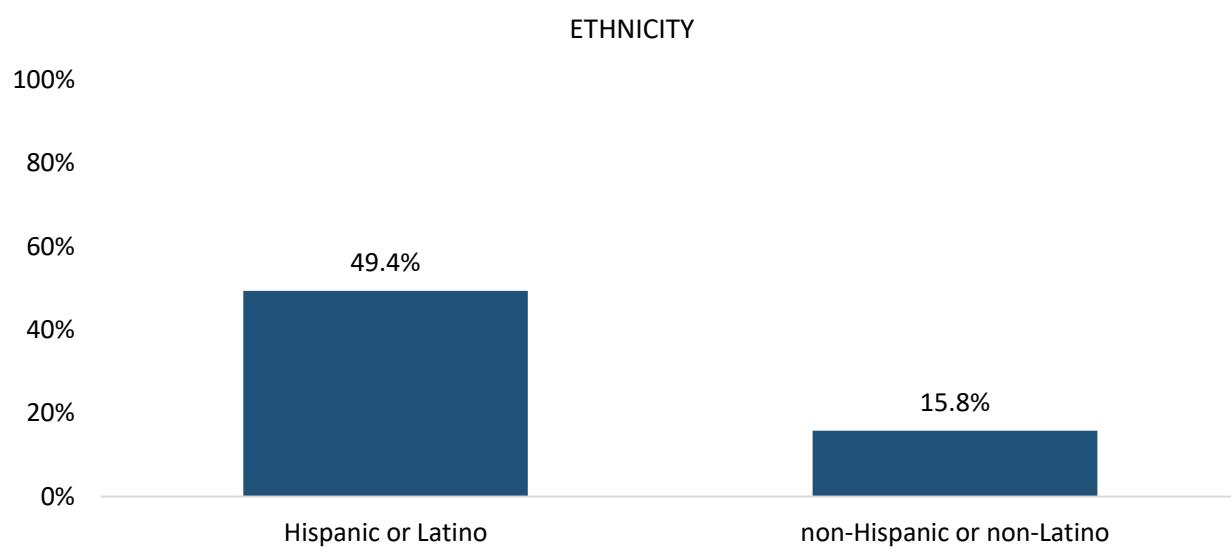
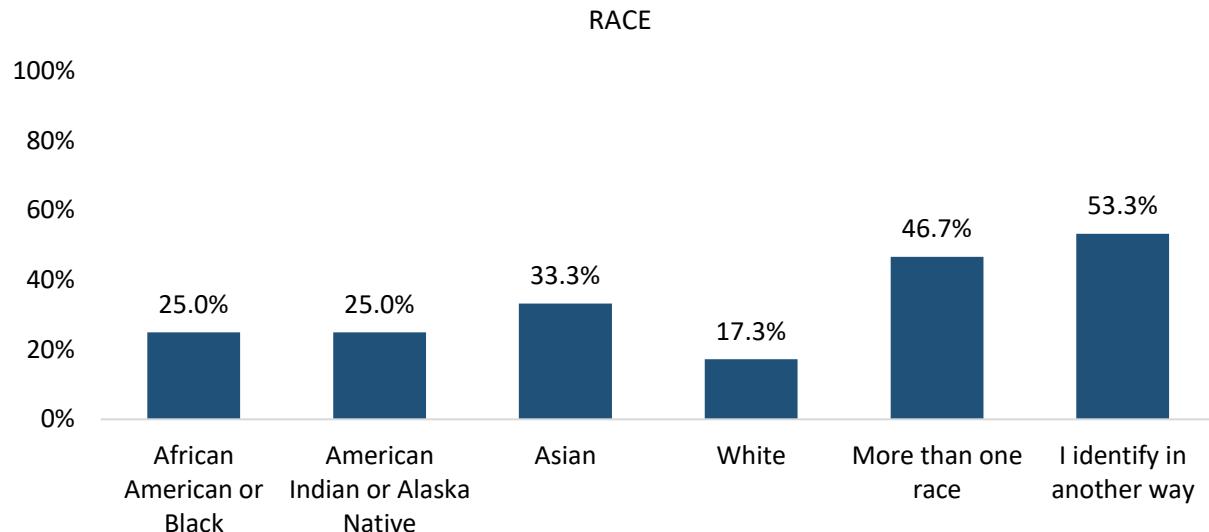
EXHIBIT 26: FOOD INSECURITY BY INCOME, RACE, AND ETHNICITY



³² Gropper, 2023.

³³ CDC, 2024. Nutrition, Physical Activity, and Weight Status.

³⁴ "Native Hawaiian or Pacific Islander" was excluded due to a lack of response from survey respondents



Exhibits 27 through 30 presented respondents with a series of questions about their access to food. 21.1% of respondents reported that it was often true or sometimes true that they worried their food would run out before they had money to buy more, and 19.1% of respondents said that the food they bought did not last and that they lacked the money to get more. Additionally, 13.7% of respondents reported receiving emergency food from a church, food pantry, food bank, or soup kitchen in the past 12 months. While 70.0% agreed that it is easy to get healthy food, nearly 21.8% disagreed with this statement.

EXHIBIT 27: I WORRIED ABOUT WHETHER OUR FOOD WOULD RUNOUT BEFORE WE GOT MONEY TO BUY MORE

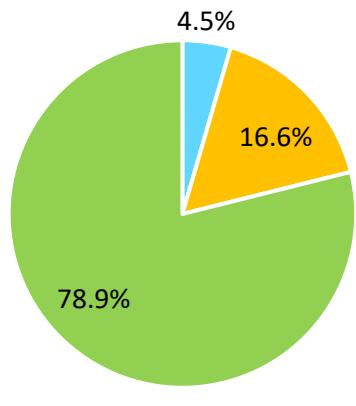
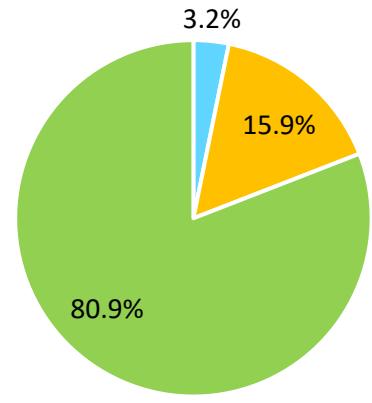


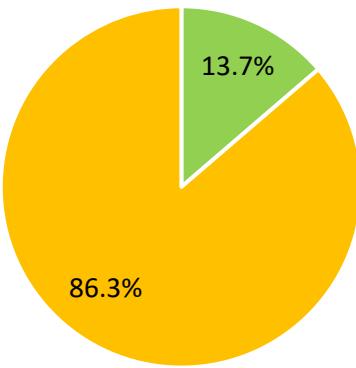
EXHIBIT 28: IN THE PAST 12 MONTHS, THE FOOD THAT WE BOUGHT JUST DID NOT LAST, AND WE DID NOT HAVE MONEY TO GET MORE



■ Often true ■ Sometimes true ■ Never true

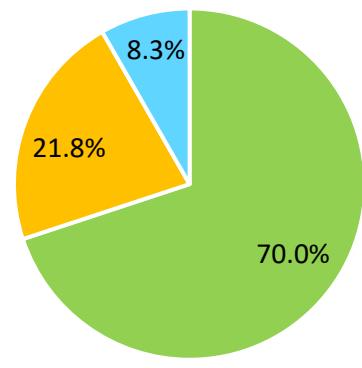
■ Often true ■ Sometimes true ■ Never true

EXHIBIT 29: DID YOU EVER GET EMERGENCY FOOD FROM A CHURCH, A FOOD PANTRY, FOOD BANK, OR EAT IN A SOUP KITCHEN?



■ Yes ■ No

EXHIBIT 30: I AM ABLE TO GET HEALTHY FOOD EASILY



■ Agree ■ Disagree ■ Not sure

Economic Stability

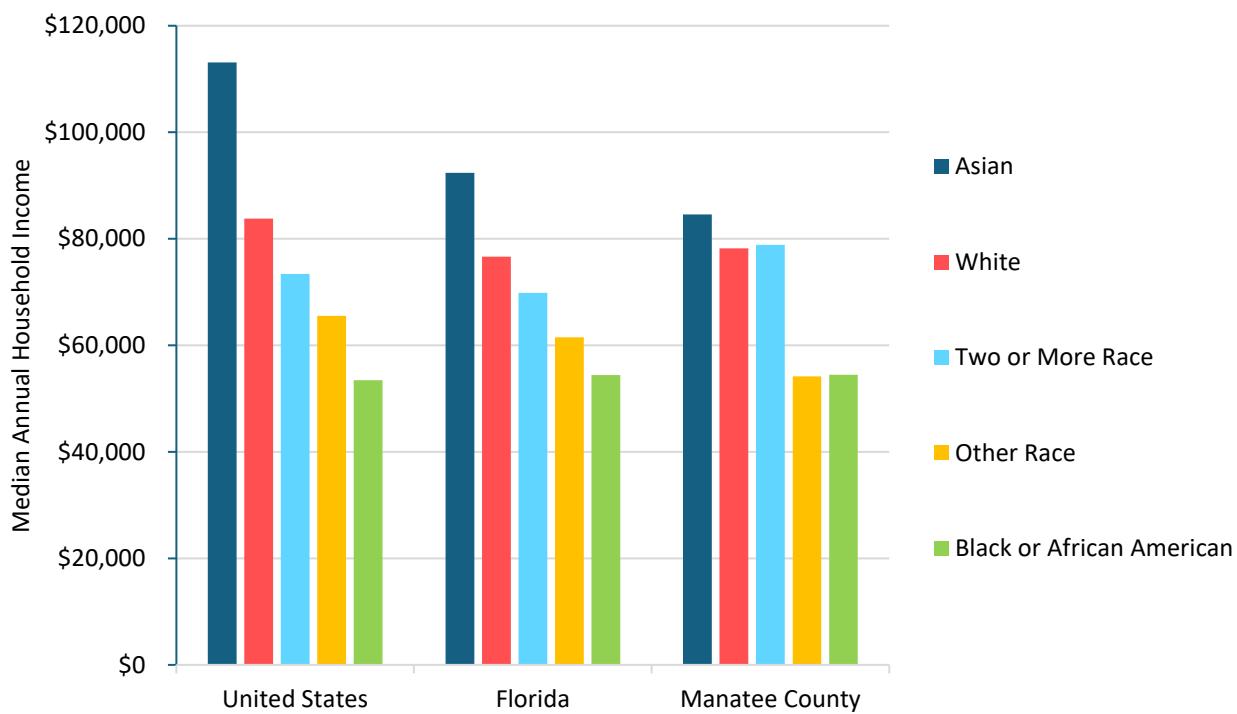
Economic Stability is one of the five social drivers of health. It includes key issues, such as income, poverty, employment, food security, and housing stability. People living in poverty are more likely to experience food insecurity, housing instability or poor housing conditions, and limited access to healthcare services, which can all contribute to poor health outcomes.

CDC, 2024.

Key Secondary Data Findings

Economic stability plays a key role in overall health outcomes, as financial insecurity can limit access to healthcare, nutritious food, and stable housing. In Manatee County, the median household income is \$75,792 annually, \$4,081 more than Florida's \$71,711 median household income and \$2,746 less than the United States median household income of \$78,538. The median household income varies across different racial groups.

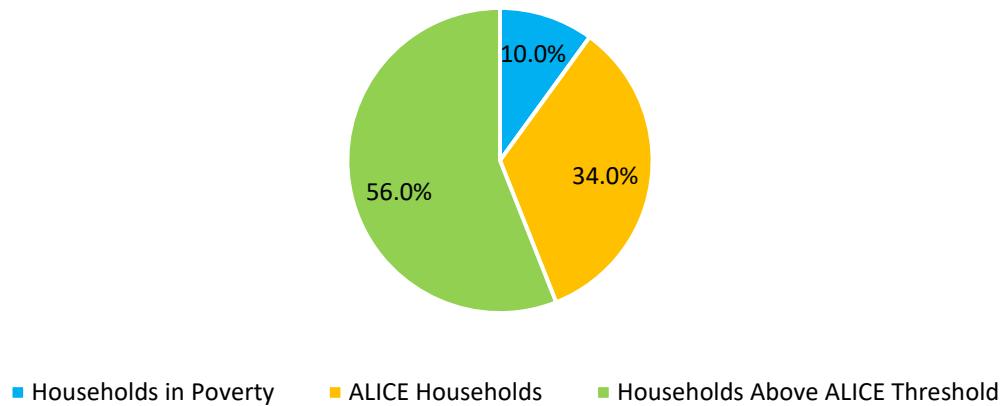
EXHIBIT 31: MEDIAN HOUSEHOLD INCOME, BY RACE, 2019-2023



Source: U.S. Census Bureau, n.d. American Community Survey 2019-2023, Five-year Estimates.

Poverty is a well-established driver of health outcomes. In Manatee County, 10.4% of the population lives below the poverty line, a lower percentage than both the state (12.6%) and national average (12.4%). However, traditional poverty metrics often undercount those struggling to meet basic needs.³⁵

EXHIBIT 32: TRENDS IN HOUSEHOLD INCOME STATUS IN MANATEE COUNTY, 2022



Source: United for ALICE, n.d.

The ALICE population (Asset Limited, Income Constrained, Employed) represents households that earn above the Federal Poverty Level but still struggle to afford necessary costs like housing, childcare, food, transportation, and healthcare.³⁶ In Manatee County, 34.0% of households are considered ALICE.

³⁵ Kildruff (PRB), 2022.

³⁶ United for ALICE, n.d. About Us - Meet ALICE.

Housing is one of the most immediate and essential costs for households. When income does not keep pace with local housing costs, residents may face housing instability or become severely cost-burdened – spending a disproportionate share of their income on rent or mortgage payments. In Manatee County, 31.6% of low-income households currently spend 50.0% or more of their income on housing costs alone.³⁷

Additionally, the median home value in Manatee County is \$359,800, higher than the state median of \$325,000 – and out of reach for many working families.³⁸ The disconnect between wages, rental costs, and homeownership opportunities highlights the affordability challenges faced by many Manatee County residents.

Internet access is essential for employment, education, healthcare (including telehealth), and civic participation. In Manatee County, 4.8%³⁹ of households lack internet access, slightly less than the state's overall percentage of households without internet access (6.8%). Limited connectivity can disproportionately impact rural communities, low-income families, and older adults.⁴⁰



To afford a modest **two-bedroom rental home** in Manatee County without being housing cost-burdened, a full-time worker must earn

\$24.04 per hour

At the current minimum wage of \$12/hour, a worker would need to work over **80 hours per week just to afford rent in Manatee County.**

Source: NLIHC, 2024.

³⁷ U.S. Census Bureau, n.d. American Community Survey, 2019-2023, Five-Year Estimates.

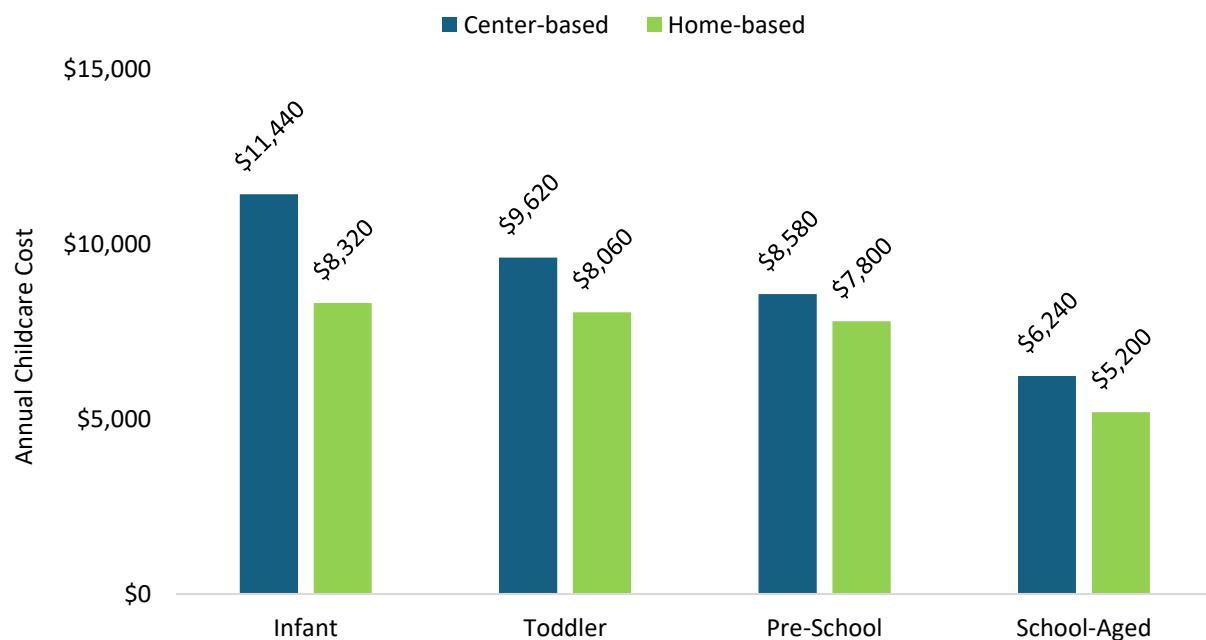
³⁸ U.S. Census Bureau, n.d. American Community Survey, 2019-2023, Five-Year Estimates.

³⁹ U.S. Census Bureau, n.d. American Community Survey, 2019-2023, Five-Year Estimates.

⁴⁰ Turcios (SAMHSA), 2023.

Childcare remains a critical yet costly need for working families in Manatee County. Center-based infant care costs \$11,440 annually, with home-based options slightly lower at \$8,320. Although childcare costs decline with age, even school-aged care is \$6,240 annually for center-based programs. For families already navigating tight budgets – especially those classified as ALICE or low-income – these expenses represent a substantial portion of household income.

EXHIBIT 33: ANNUAL CHILDCARE COSTS BY AGE AND TYPE, 2022



Source: Women's Bureau, 2025. The Price of Childcare by County.

To put this in context, the median household income in Manatee County is \$75,792.⁴¹ A family spending approximately \$19,116 per year on housing⁴² and \$11,440 on infant childcare⁴³ would be left with just \$45,236 for all other essentials, including food, transportation, healthcare, utilities, and emergencies. This narrow margin leaves little room for unexpected expenses or savings, underscoring how the rising cost of living can threaten household stability even among working families. Combined with high rates of internet inaccessibility and limited affordable options for childcare, these conditions highlight the need for targeted support to improve financial security and promote equitable access to opportunity. Addressing these economic barriers is essential for improving overall health and well-being across the Manatee County community.

⁴¹ U.S. Census Bureau, n.d. American Community Survey, 2019-2023

⁴² NLIHC, 2024. Out of Reach: Florida.

⁴³ Women's Bureau, 2025. The Price of Childcare by County.

Key Qualitative Findings

When discussing economic stability, stakeholder interview and focus group participants shared their first-hand experiences as well as perceptions gleaned from working closely with vulnerable populations. The following chart, summary, and quotes represent the results of thematic and content analyses of the qualitative data collected during the community health needs assessment.

Qualitative findings are represented visually. **Key needs, barriers, or impacts** are in the center column and **key populations impacted** are in the column on the right. The order and height of each box represents the frequency in which it was discussed in stakeholder interviews and community focus groups.



Participants identified economic instability and lack of livable wages as being at the root of many of the concerns highlighted. Affordable housing was identified as the most prominent need related to economic stability. They noted that the ALICE population is struggling each month to pay for basic needs and those on a fixed income, such as older adults, are struggling to cope with the impacts of inflation. Participants noted that access to affordable childcare would be beneficial for parents' ability to seek employment outside of the home.

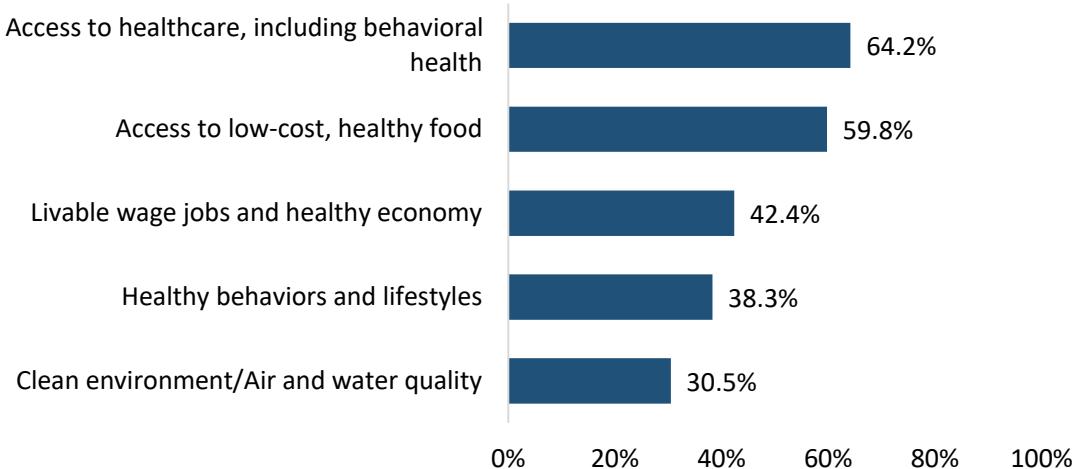
“Daycare and affordable housing. You have public housing then the ACC [American Campus Communities] housing; I’m considered ALICE, and I can’t get in to either of those options.” – Focus Group Participant

Key Community Survey Findings

This section presents community survey respondents' perceptions related to the economic well-being of the community. It includes answers to questions asking community members to identify what they believe are important to improve the quality of life, living conditions, and ability to meet their basic needs, such as livable wage jobs, housing, utilities, and food. The findings are examined across income groups, race, and ethnicity to better understand disparities.

In Manatee County, 42.4% of respondents identified livable wage jobs and a healthy economy as one of the most important areas to address in order to improve the quality of life in the community. This issue also ranked among the top five priorities. Moreover, access to healthcare (64.2%) and access to low-cost, healthy food (59.8%) are ranked by respondents as the top two most important factors to improve the quality of life in the community.

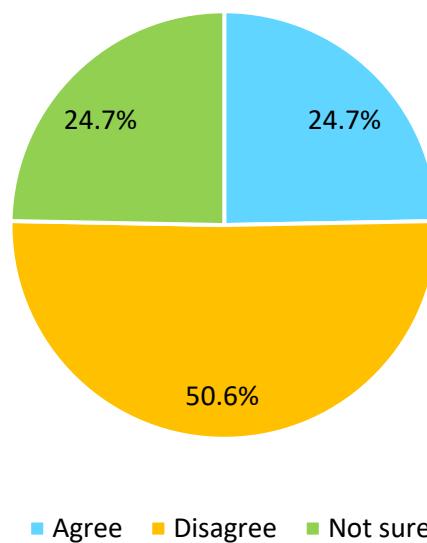
EXHIBIT 34: PLEASE READ THE LIST BELOW. WHICH DO YOU BELIEVE ARE THE 5 MOST IMPORTANT FACTORS TO IMPROVE THE QUALITY OF LIFE IN A COMMUNITY? ⁴⁴



⁴⁴ For complete list, please refer to the appendix.

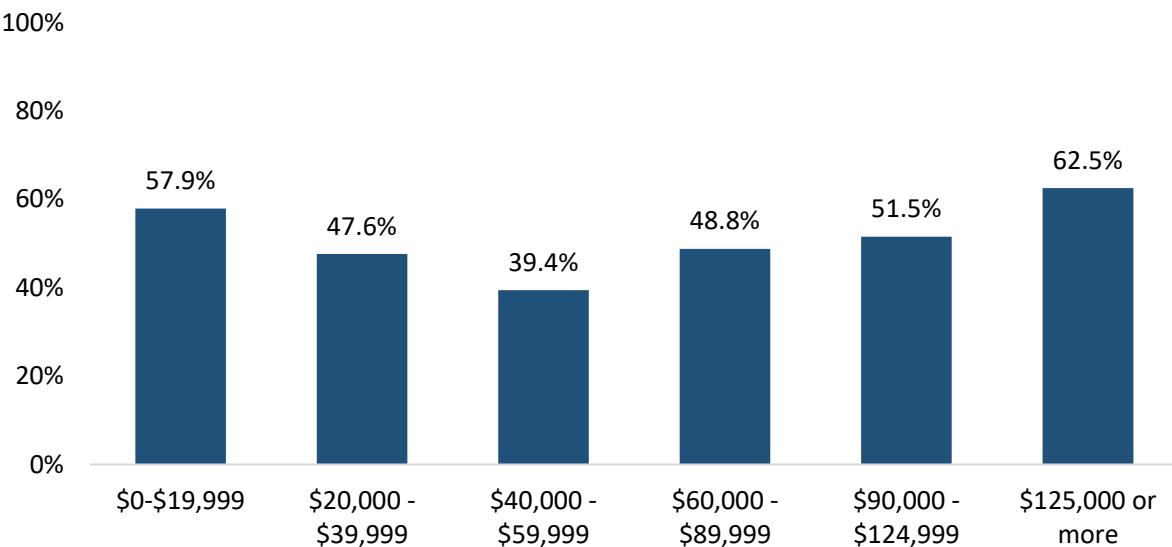
Exhibit 35 through 38 presents respondents' opinions on the availability of livable wage jobs, with results analyzed by income level, race, and ethnicity. When asked whether they agreed with the statement "There are plenty of livable wage jobs available," 50.6% of respondents disagreed.

EXHIBIT 35: THERE ARE PLENTY OF LIVABLE WAGE JOBS AVAILABLE FOR THOSE WHO WANT THEM



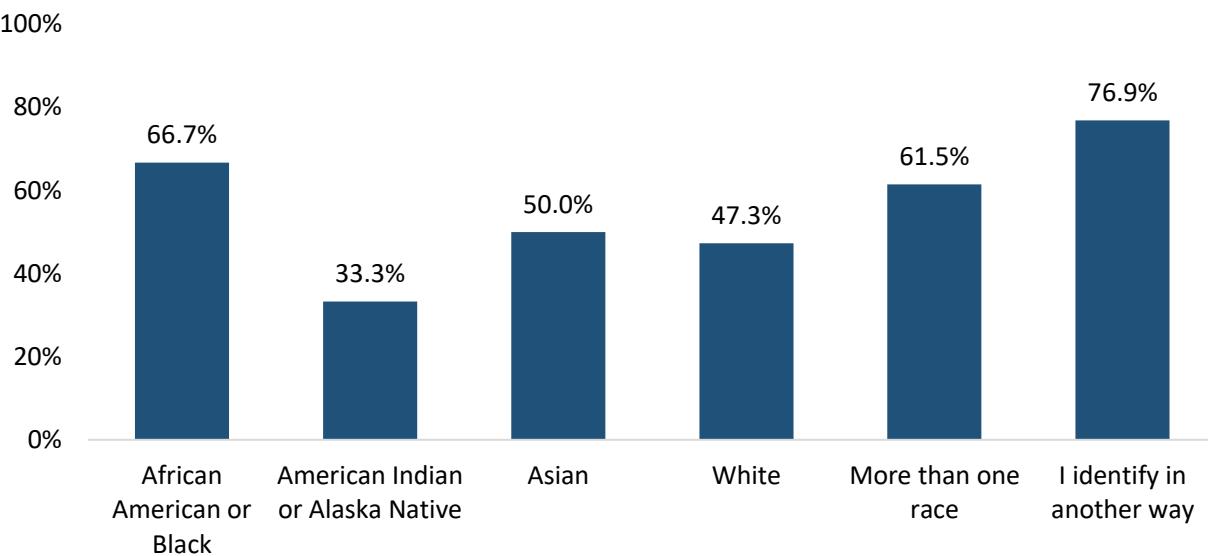
Across all income brackets, more than half of respondents expressed disagreement, with individuals with household income of \$125,000 or more expressing the highest disagreement (62.5%), followed by individuals with household income below \$19,999 (57.9%).

EXHIBIT 36: DISAGREE BY INCOME-- THERE ARE PLENTY OF LIVABLE WAGE JOBS AVAILABLE FOR THOSE WHO WANT THEM



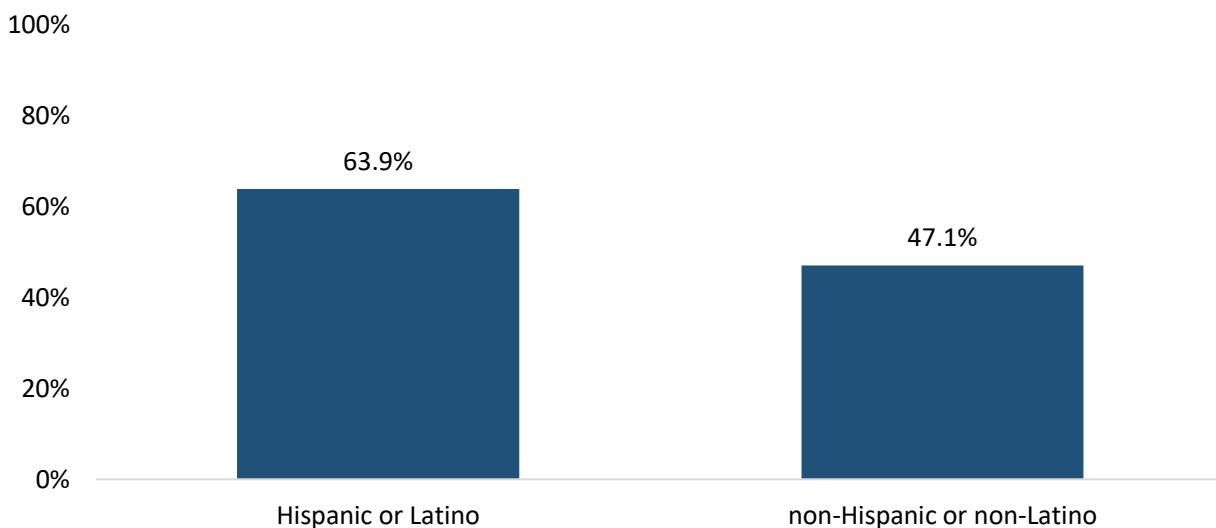
A majority of respondents from each racial group disagreed with the statement, with 76.9% of participants who identify another way expressing disagreement—the highest among all groups—followed by African American or Black (66.7%).

EXHIBIT 37: DISAGREE BY RACE--THERE ARE PLENTY OF LIVABLE WAGE JOBS AVAILABLE FOR THOSE WHO WANT THEM⁴⁵



More than 60.0% of respondents who are Hispanic or Latino disagreed with the statement (63.9%) and 47.1% non-Hispanic or Latino disagreed with the statement.

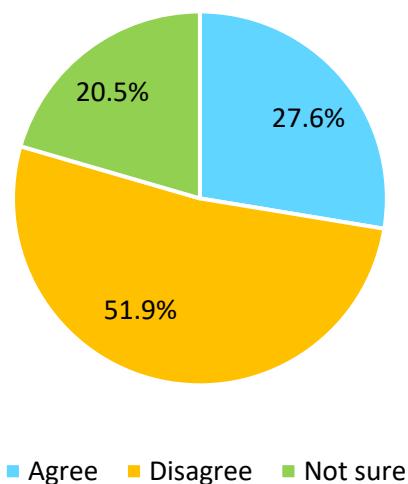
EXHIBIT 38: DISAGREE BY ETHNICITY--THERE ARE PLENTY OF LIVABLE WAGE JOBS AVAILABLE FOR THOSE WHO WANT THEM



⁴⁵ "Native Hawaiian or Pacific Islander" was excluded due lack of a response from survey respondents.

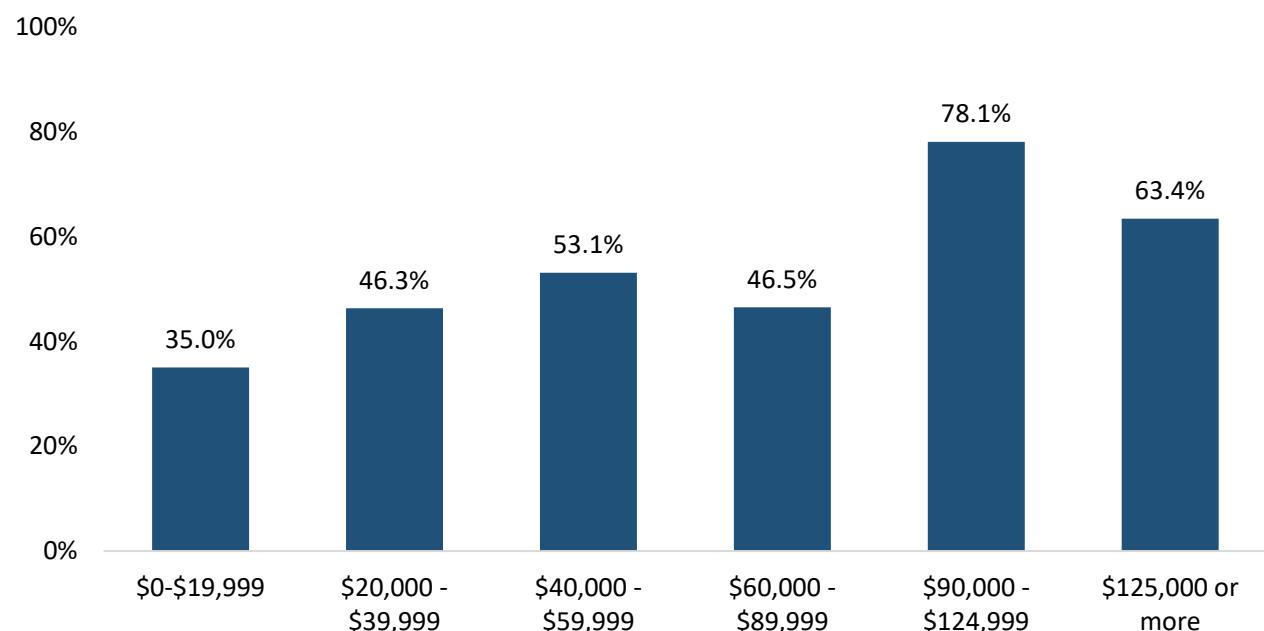
Exhibits 39 through 42 presents respondents' opinions on the affordable place to live, with results analyzed by income level, race, and ethnicity. When asked whether they agreed with the statement "There are affordable places to live in my community", 51.9% of respondents disagreed.

EXHIBIT 39: THERE ARE AFFORDABLE PLACES TO LIVE IN MY COMMUNITY



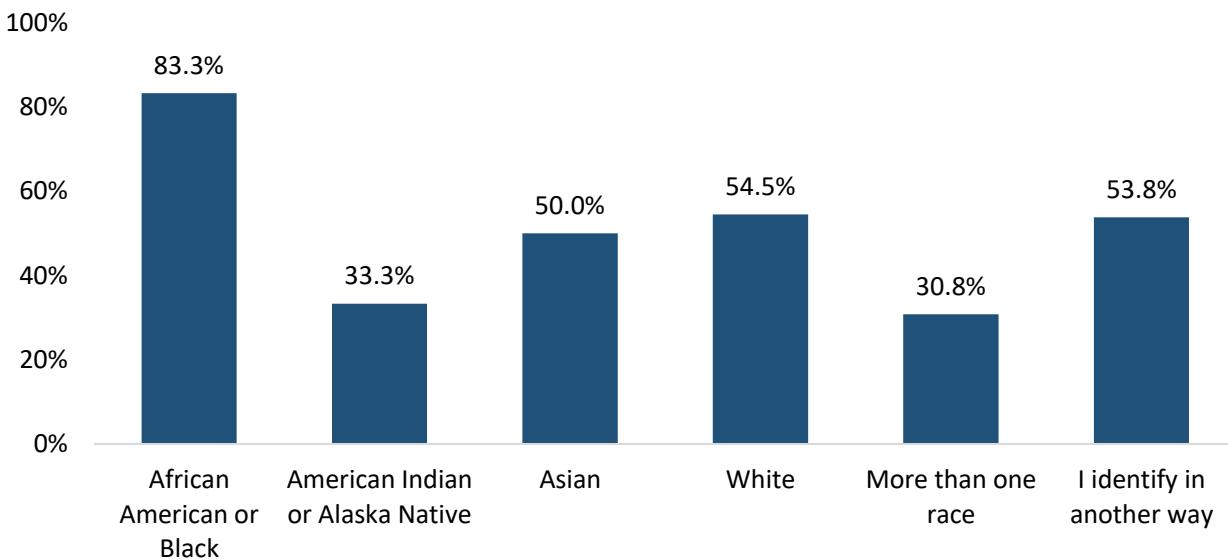
Across all income brackets, more than half of respondents expressed disagreement with individuals who have a household income between \$90,000 - \$124,999 expressed the highest disagreement (78.1%), followed by individuals with household income of \$125,000 or more (63.4%).

EXHIBIT 40: DISAGREE BY INCOME--THERE ARE AFFORDABLE PLACES TO LIVE IN MY COMMUNITY



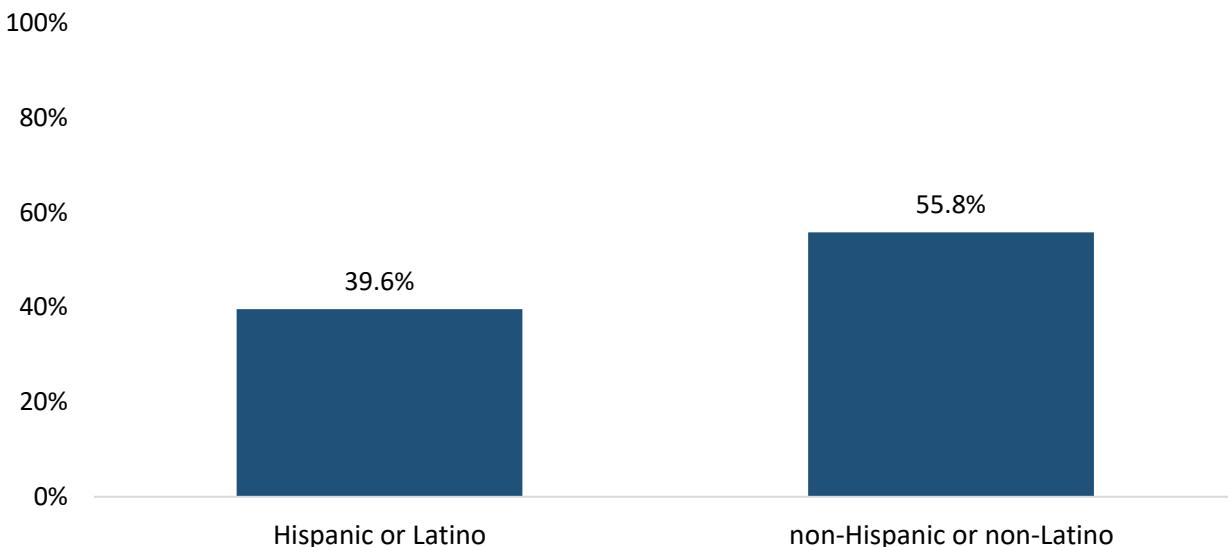
Similarly, a majority of respondents from each racial group disagreed, with 83.3% African American or Black expressing disagreement – the highest among all groups, followed by White (54.5%).

EXHIBIT 41: DISAGREE BY RACE--THERE ARE AFFORDABLE PLACES TO LIVE IN MY COMMUNITY⁴⁶



Additionally, 39.6% of respondents who are Hispanic disagreed with the statement and 55.8% of respondents who are non-Hispanic expressed disagreement.

EXHIBIT 42: DISAGREE BY ETHNICITY--THERE ARE AFFORDABLE PLACES TO LIVE IN MY COMMUNITY



Exhibits 43 and 44 ask respondents a series of questions regarding housing security. In Manatee County, 12.0% of the respondents were worried or concerned about whether they would have a

⁴⁶ Native Hawaiian or Pacific Islander is excluded due to a lack of response from survey respondents.

stable place to live in the next two months. In addition, 1.9% of respondents said in the past 12 months, utility companies shut off their services due to not paying the bills.

EXHIBIT 43: ARE YOU WORRIED OR CONCERNED THAT IN THE NEXT 2 MONTHS YOU MAY NOT HAVE STABLE HOUSING THAT YOU OWN, RENT, OR STAY?

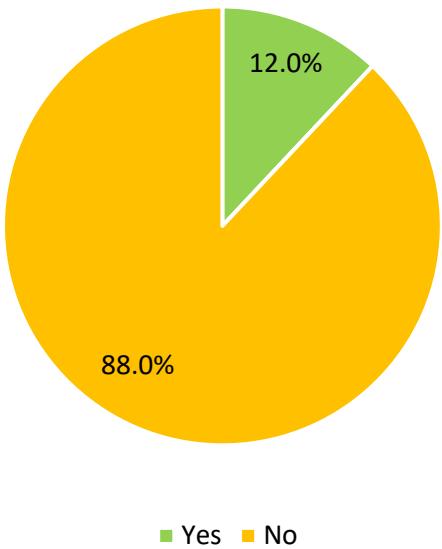
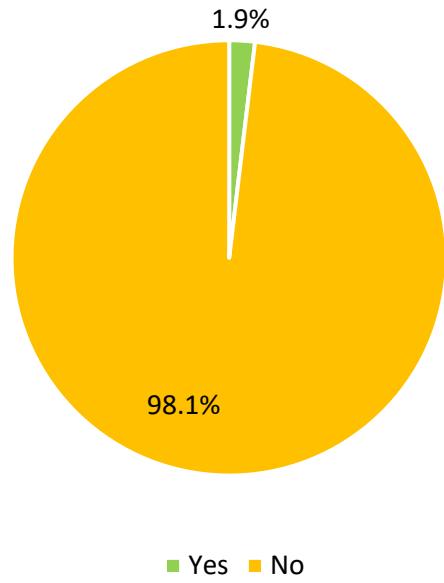


EXHIBIT 44: IN THE PAST 12 MONTHS, HAS YOUR UTILITY COMPANY SHUT OFF YOUR SERVICE FOR NOT PAYING YOUR BILLS?



Neighborhood and Built Environment

The neighborhood and built environment of Manatee County plays a crucial role in shaping residents' health and quality of life. This domain includes access to transportation, availability of healthy foods, safe places to walk or bike, and other infrastructure features of the community. These factors can either enable healthy lifestyles or create barriers – often with the greatest impact on vulnerable or low-income populations.

ODPHP, n.d.

Key Secondary Data Findings

Most people in Manatee County rely on a car to get where they need to go. About 84.0% of workers drive alone to work, more than the state or national average. Only 0.6% of people use public transportation, which is far lower than the rest of Florida (1.2%) and the U.S. (3.5%).⁴⁷

EXHIBIT 45: MEANS OF TRANSPORTATION TO WORK, 2023

	Florida	Manatee County
Worked at Home	13.3%	14.9%
Walked	1.3%	1.6%
Bicycle	0.5%	0.6%
Carpooled	8.7%	11.6%
Drove Alone	73.3%	83.5%
Public Transport	1.2%	0.6%
Other	1.7%	2.1%

Source: U.S. Census Bureau, n.d. American Community Survey 2019-2023 Five-year Estimates.

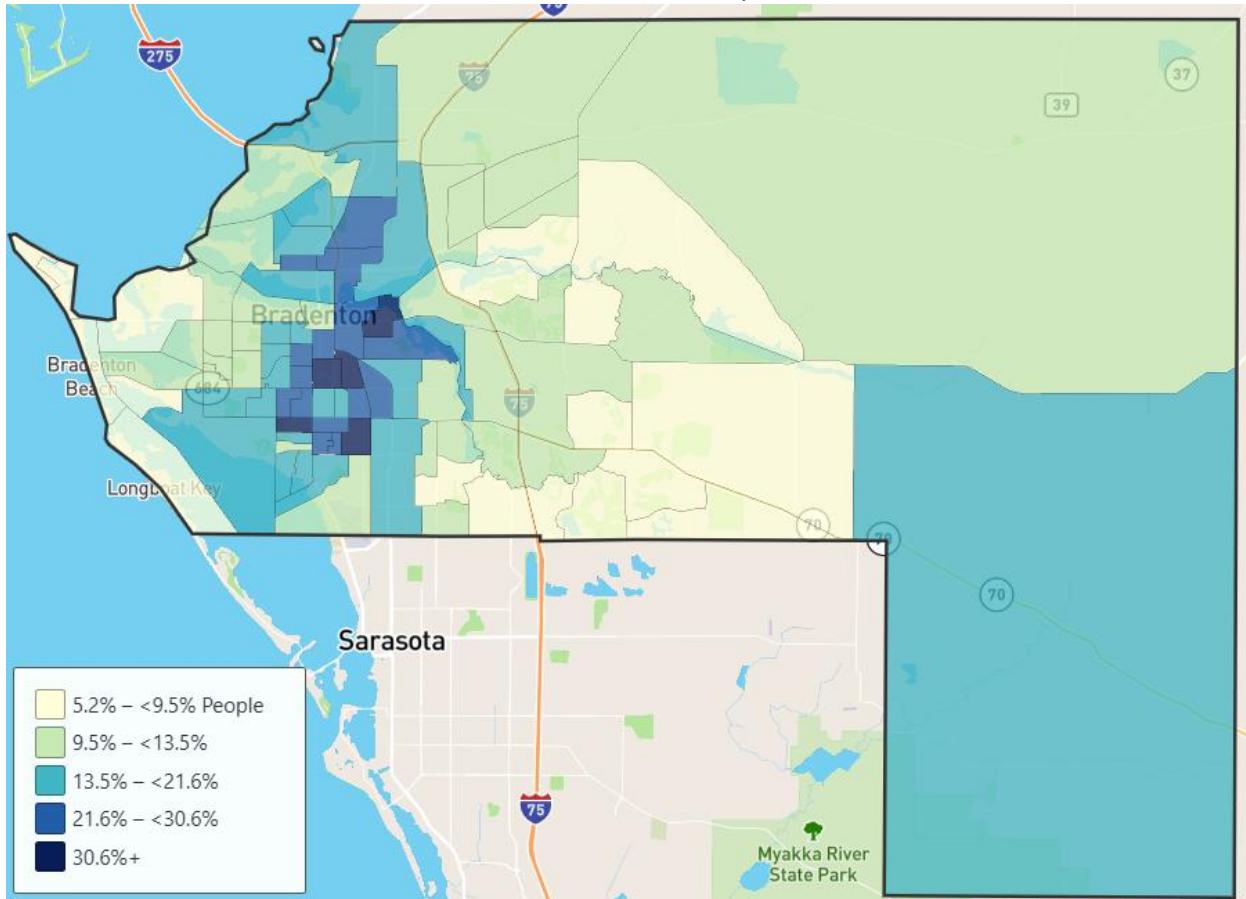
The average commute in Manatee County is approximately 27.3 minutes, similar to most areas. Although only 8.3% of households don't have a vehicle, those without cars face big challenges in getting to work, stores, and healthcare.⁴⁸

⁴⁷ U.S. Census Bureau, n.d. American Community Survey 2019-2023 Five-year Estimates.

⁴⁸ U.S. Census Bureau, n.d. American Community Survey 2019-2023 Five-year Estimates.

Many parts of Manatee County are considered “food deserts” — places where people live far from full-service grocery stores or places to buy fresh food as shown in the lighter green and yellow areas in the map below (Exhibit 46). According to the USDA, thousands of residents in Manatee County live more than a mile away from healthy food options. This is especially true in rural areas and the outer parts of the county. When healthy food isn’t close by, people may have to rely on convenience stores or fast food, which can increase the risk of obesity, diabetes, and other health issues.⁴⁹

EXHIBIT 46: CENSUS TRACTS WITH LOW ACCESS TO HEALTHY FOOD, 2019

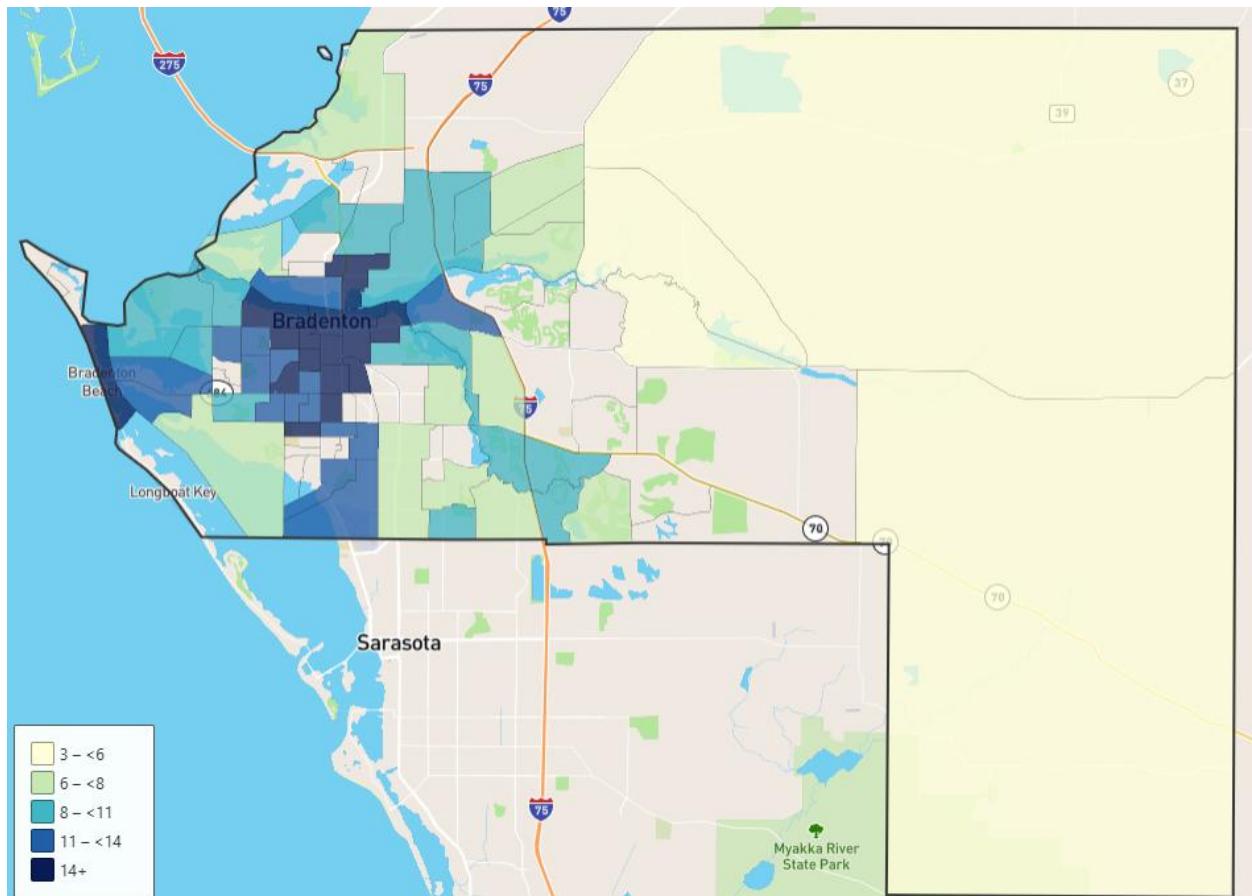


Source: USDA ERS FARA, n.d.

⁴⁹ CDC, 2024. Healthy Food Environments.

Walkability – how easy it is to walk around in a community – plays an important role in promoting physical activity, access to daily needs, and reducing reliance on vehicles. In Manatee County, higher walkability scores (seen in the dark blue areas on the map Exhibit 47) are concentrated on the western side of the county, however, most of the county shows low walkability scores. These areas may lack sidewalks, pedestrian crossings, or destinations within walking distance – limiting residents' ability to walk for errands, exercise, or commuting.

EXHIBIT 47: WALKABILITY INDEX, 2021



Key Qualitative Findings

When discussing the neighborhood and built environment, stakeholder interview and focus group participants shared their first-hand experiences as well as perceptions gleaned from working closely with vulnerable populations. The following chart, summary, and quotes represent the results of thematic and content analyses of the qualitative data collected during the community health needs assessment.

Qualitative findings are represented visually. **Key needs, barriers, or co-factors** are in the center column and **key populations** impacted are in the column on the right. The order and height of each box represents the frequency in which it was discussed in stakeholder interviews and community focus groups.



Participants described a lack of affordable housing options in Manatee County, which was further impacted by the recent hurricanes. They also noted that community members are experiencing transportation barriers that limit access to employment, healthcare, and other basic needs. Participants reported that the lack of affordable housing has contributed to a growing unhoused population, particularly among low-income and fixed-income populations.

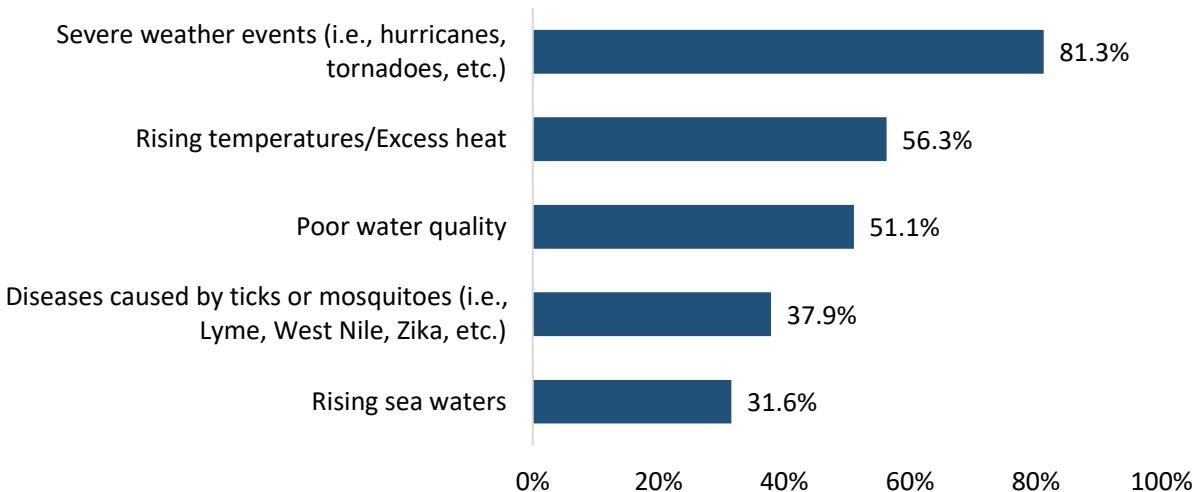
“Many families live in atrocious apartments taking care of older family members, and during the hurricane, apartments were destroyed. FEMA is moving slower than molasses, and now families are paying for two rents, old and new, taking care of older adults in the family, and having to transport people to appointments.” – Focus Group Participant

Key Community Survey Findings

This section explores respondents' perceptions about how environmental and climate-related issues may impact their health, such as air and water quality, extreme weather and other environmental factors shaped by the neighborhood and built environment.

More than 80.0% of respondents expressed concern about severe weather events. The top concerns for how weather will impact their own health included: hurricanes or tornadoes impacting their health (81.3%), followed by respondents who think that rising temperatures or excess heat (56.3%) are concerns impacting their health. Poor water quality ranks as the third most concerning environmental issue, with 51.1% of respondents indicating that it has an impact on their health. Exhibit 48 shows the top five concerns.

EXHIBIT 48: ARE YOU CONCERNED ABOUT ANY OF THE FOLLOWING ENVIRONMENTAL OR CLIMATE-RELATED CONCERNs IMPACTING YOUR HEALTH?⁵⁰



⁵⁰ For complete list, please refer to the appendix.

Exhibits 49 through 52 present a series of questions exploring community insights on neighborhood and environment. Responses were mixed regarding crime in the community, with 32.5% of respondents agreeing and 39.5% disagreeing that it is a problem. More than half of the respondents agreed that their neighborhoods have good sidewalks (61.4%). While 52.3% of respondents disagreed that air pollution is a problem in their community, 53.7% agreed that extreme heat is a concern.

EXHIBIT 49: CRIME IS A PROBLEM IN MY COMMUNITY

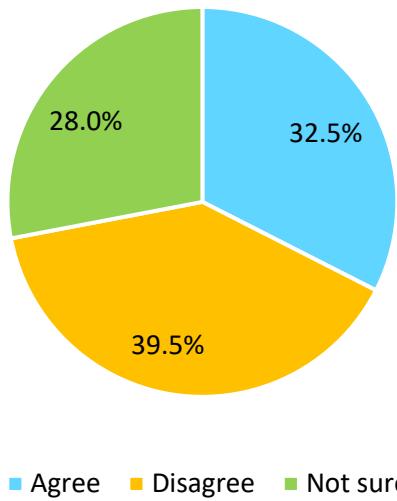


EXHIBIT 50: THERE ARE GOOD SIDEWALKS FOR WALKING SAFELY

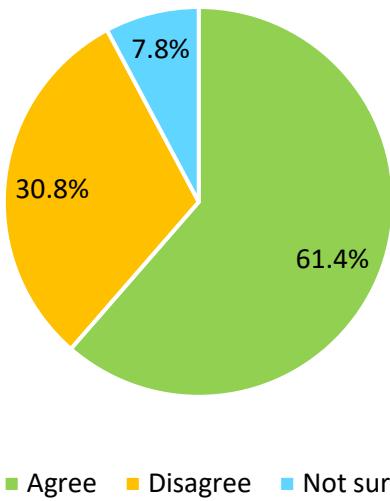


EXHIBIT 51: AIR POLLUTION IS A PROBLEM IN MY COMMUNITY

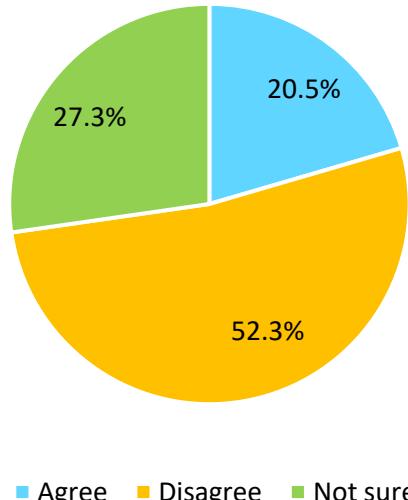
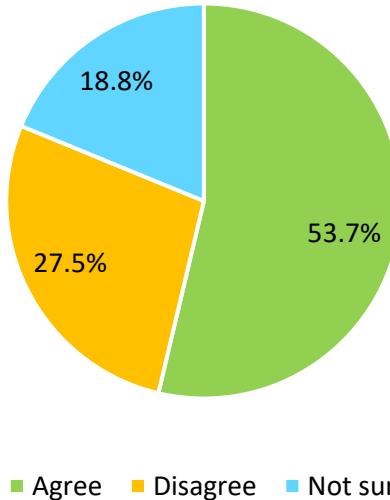


EXHIBIT 52: EXTREME HEAT IS A PROBLEM IN MY COMMUNITY



Dental

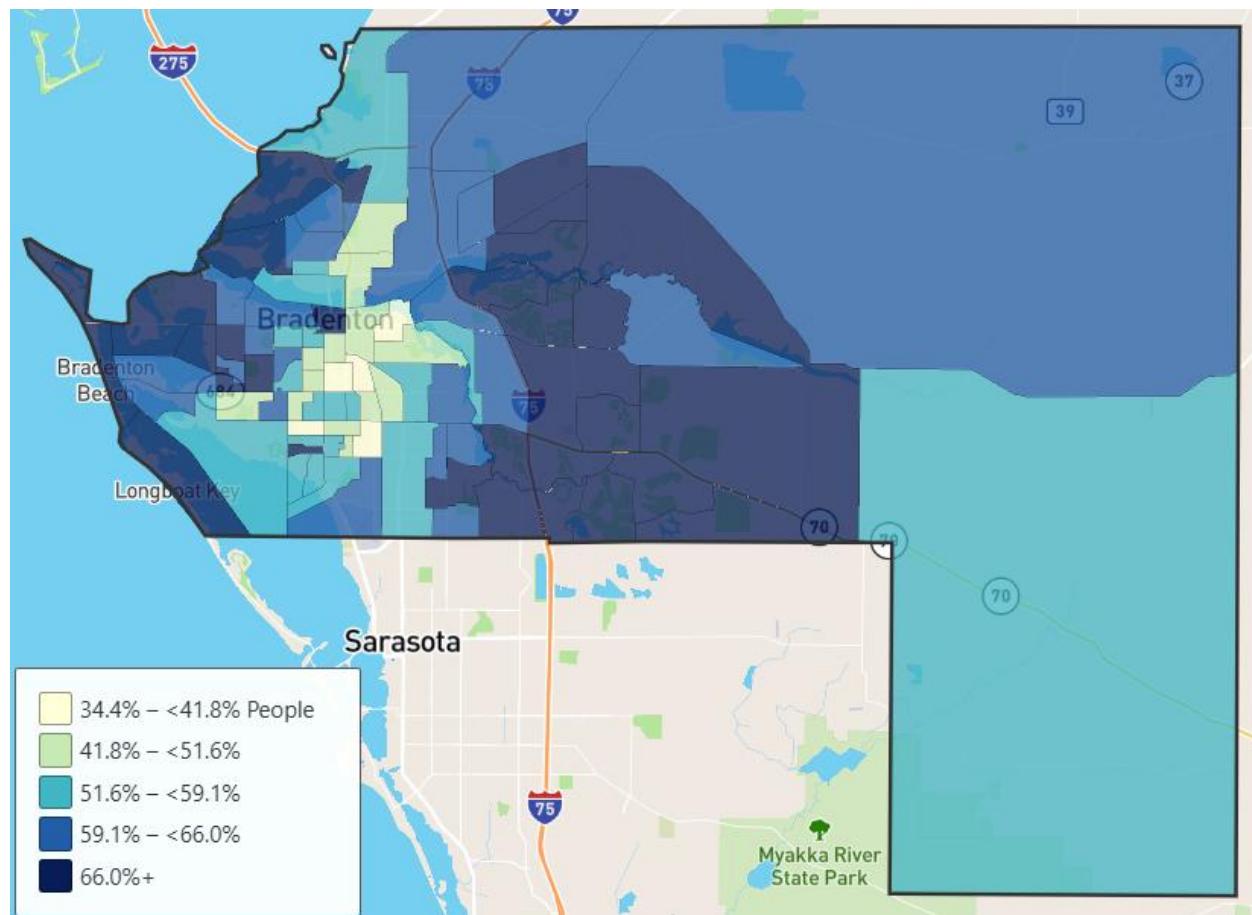
Oral health is an essential part of overall health and well-being, yet many individuals in Manatee County face challenges accessing timely and affordable dental care. These challenges contribute to poorer health outcomes and may lead to preventable complications that affect both physical and economic well-being.

CDC, 2024.

Key Secondary Data Findings

In 2022, an estimated 58.0% of adults in Manatee County had a dental visit. In some census tracts, fewer than 50.0% of adults reported seeing a dentist, while other areas approached 60.0% as shown in the darker blue areas on the map. These differences may reflect a variety of barriers, including cost, transportation, limited provider availability, and lack of dental insurance.

EXHIBIT 53: DENTAL VISITS AMONG ADULTS, 2022



Source: CDC, n.d. BRFSS Places, 2022.

Low rates of dental visits are concerning given Manatee County's shortage of dental professionals. As of 2024, there is approximately one dentist for every 1,660 residents, slightly higher than the Florida average of one dentist per 1,686 people.

EXHIBIT 54: DENTAL CARE PROVIDER RATIO (PEOPLE PER PROVIDER), 2024

	United States	Florida	Manatee County
Dentists	1,532:1	1,686:1	1,660:1

Source: CMS, n.d. NPPES NPI, 2024.

The county also has more dental hygienists, with a rate of 81.5 per 100,000 people, compared to 65.3 per 100,000 across Florida. These provider shortages may contribute to longer wait times for appointments, delays in preventive care, and reduced availability of treatment, particularly for residents in rural areas or those who are uninsured.

EXHIBIT 55: DENTAL HYGIENISTS, RATE PER 100,000 POPULATION, 2024

	Florida	Manatee County
Dental Hygienists	65.3	81.5

Source: FLHealthCHARTS, n.d.

When preventive dental care is out of reach, individuals may delay treatment until conditions become severe, leading to avoidable complications that require emergency or hospital care. The rate in Manatee County for dental-related conditions among individuals under age 65 was 7.9 hospitalizations per 100,000 people, slightly lower than the statewide rate of 9.3 per 100,000 during the same period.

EXHIBIT 56: PREVENTABLE HOSPITALIZATIONS UNDER 65 FROM DENTAL CONDITIONS, PER 100,000 3-YEAR ROLLING, 2020-2022

	Florida	Manatee County
Preventable hospitalizations under 65 from dental conditions	9.3	7.9

Source: FLHealthCHARTS, n.d.

From 2020 to 2023, Manatee County consistently reported rates of hospitalizations for dental conditions that were lower than the state average.

EXHIBIT 57: AMBULATORY CARE SENSITIVE HOSPITALIZATIONS FROM DENTAL CONDITIONS (0-64 YEARS), 2020-2023

	Florida	Manatee County
2023	9.9	8.1
2022	9.3	7.6
2021	9.3	7.9
2020	9.4	7.3

Source: FLHealthCHARTS, n.d.

Key Qualitative Findings

When discussing dental care, stakeholder interview and focus group participants shared their first-hand experiences as well as perceptions gleaned from working closely with vulnerable populations. The following chart, summary, and quotes represent the results of thematic and content analyses of the qualitative data collected during the community health needs assessment.

Qualitative findings are represented visually. **Key needs or barriers** are in the center column and **key populations impacted** are in the column on the right. The order and height of each box represents the frequency in which it was discussed in stakeholder interviews and community focus groups.



Participants highlighted the barriers that community members experience when accessing dental care, including inadequate insurance coverage and lack of local providers. Participants shared they have found that when families are struggling to pay for basic needs, they may choose to forego dental care if they are not aware of its importance for overall health.

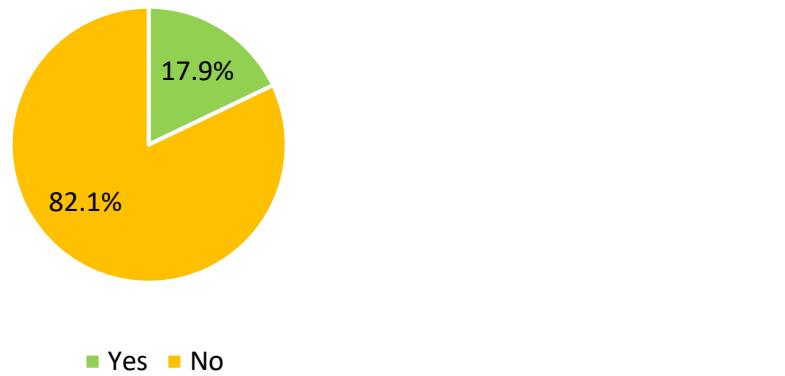
Dental services – you’re not even looking at local dental offices; you’re looking at traveling two hours. For undocumented children, it’s harder, even on a sliding scale. Mothers have to pay \$150 for just a consultation.” – Focus Group Participant

Key Community Survey Findings

This section presents community survey respondents' perceptions related to access and barriers to dental care. Understanding these challenges is essential for identifying gaps in dental care services and addressing unmet needs in the community.

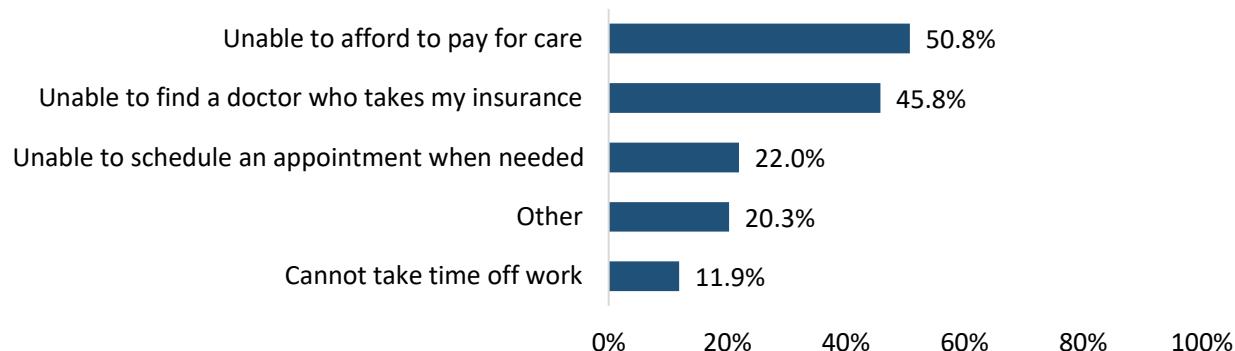
In Manatee County, 17.9% of respondents said they did not get dental care when they needed it.

EXHIBIT 58: WAS THERE A TIME IN THE PAST 12 MONTHS WHEN YOU NEEDED DENTAL CARE BUT DID NOT GET THE CARE YOU NEEDED?



The top barriers prevent respondents from the dental care they needed include being unable to afford pay for care (50.8%), followed by unable able to find a doctor who takes their insurance (45.8%), unable to schedule an appointment when needed (22.0%), other reasons such as the care is too expensive, VA does not provide dental care (20.3%), and cannot take time off work (11.9%). For the complete list, please refer to the appendix.

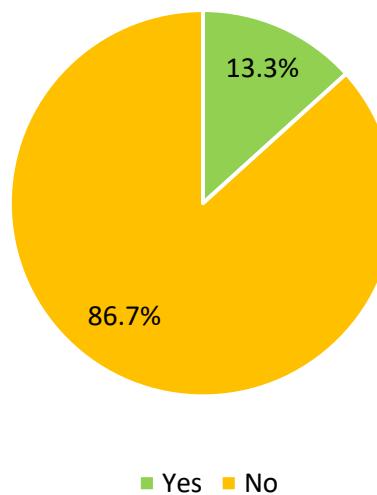
EXHIBIT 59: WHAT ARE SOME REASONS THAT KEPT YOU FROM GETTING DENTAL CARE?⁵¹



⁵¹ For complete list, please refer to the appendix.

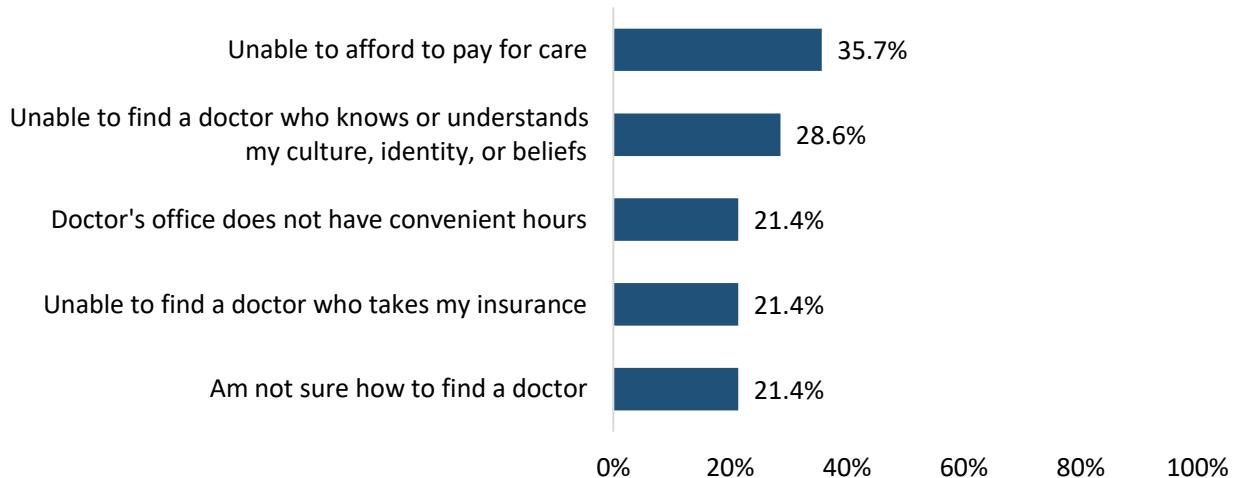
In the past 12 months, 13.3% of children needed dental care but were unable to get the care they needed.

EXHIBIT 60: WAS THERE A TIME IN THE PAST 12 MONTHS WHEN CHILDREN IN YOUR HOME NEEDED DENTAL CARE BUT DID NOT GET THE CARE THEY NEEDED?



Top reasons preventing children from getting the dental care they needed include unable to afford to pay for care (35.7%), unable to find a doctor who knows my culture (28.6%), doctor's office does not have convenient hours (21.4%), unable to find a doctor who take my insurance (21.4%), and not sure how to find a doctor (21.4%).

EXHIBIT 61: WHAT ARE SOME REASONS THAT KEPT THEM FROM GETTING THE CARE THEY NEEDED?⁵²



⁵² For complete list, please refer to the appendix.

Heart Disease and Stroke

Nationwide, heart disease is the leading cause of death. Key risk factors for heart disease include other chronic diseases and lifestyle choices, such as high blood pressure and cholesterol, smoking and alcohol use, obesity and an unhealthy diet, as well as physical inactivity, among others. A stroke happens when blood flow to a part of the brain is blocked or when a blood vessel in the brain ruptures.

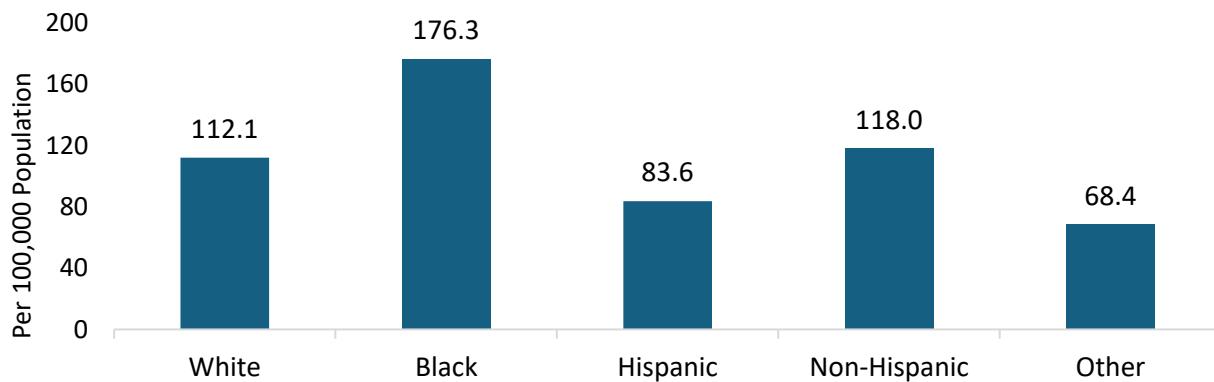
CDC, 2024.

Key Secondary Data Findings

Heart disease is one of the leading causes of death in Manatee County, accounting for 109.9 deaths per 100,000 people in 2023. This mirrors national trends, where cardiovascular disease remains a top contributor to mortality and long-term disability. Heart disease includes a range of conditions that affect the heart's structure and function, such as coronary artery disease, arrhythmias, and heart failure.⁵³ Many of these conditions are preventable through lifestyle changes, early detection, and consistent access to healthcare.

Differences in outcomes by race and ethnicity reveal important patterns in how heart disease and stroke affect the community. Exhibit 62 shows death rates from heart disease by race and ethnicity. In Manatee County, age-adjusted death rates from heart disease were highest among Black residents (176.3 per 100,000), followed by non-Hispanic (118.0) and White (112.1).

EXHIBIT 62: AGE-ADJUSTED DEATHS FROM HEART DISEASE, RATE PER 100,000 POPULATION, 2021-2023

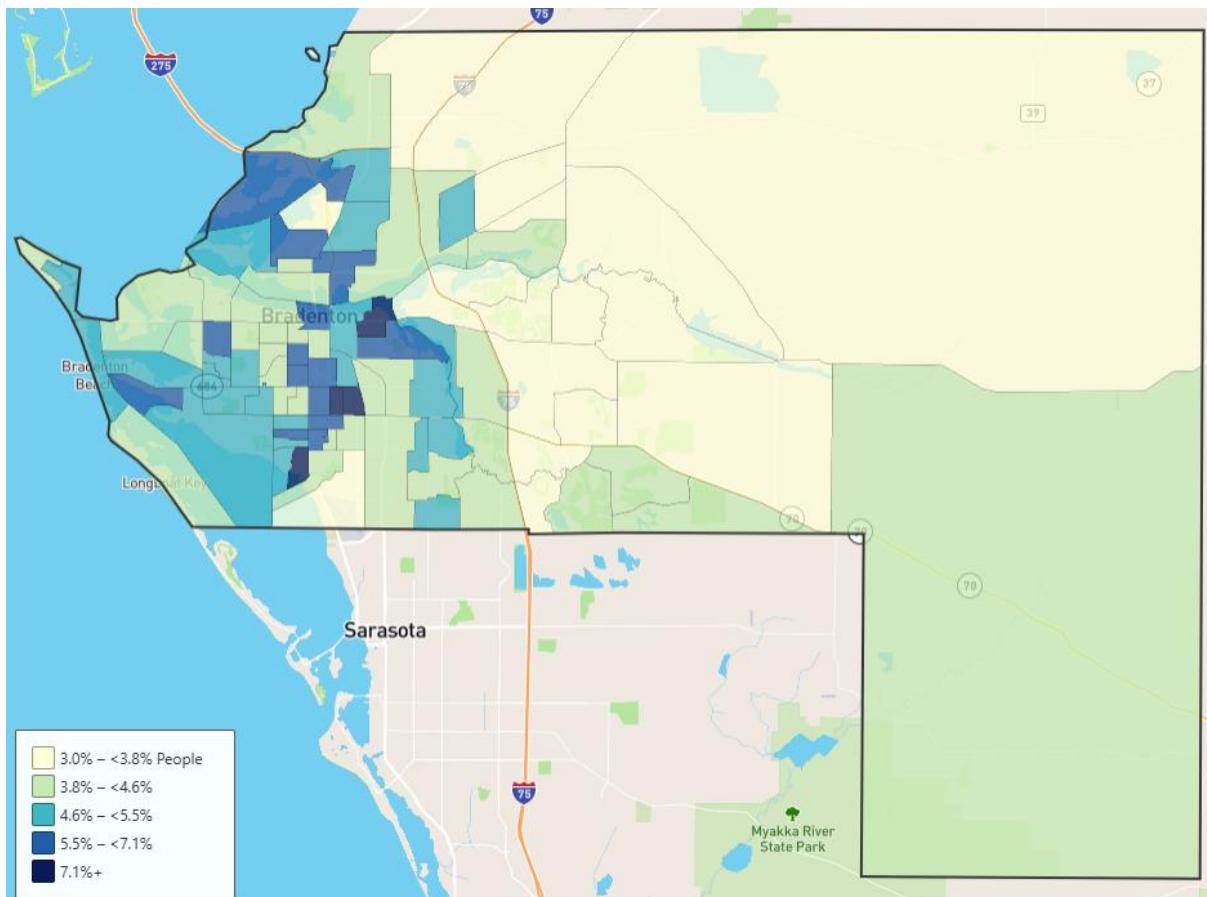


Source: FLHealthCHARTS, n.d.

⁵³ AHA, 2024. What is Cardiovascular Disease?

Strokes are another major concern, often linked to uncontrolled high blood pressure and other cardiovascular risk factors.⁵⁴ In Manatee County 4.5% of adults reported having had a stroke in 2022, according to CDC data. Some areas of the county report rates above 6.0% as shown in the darker blue areas on the map below.

EXHIBIT 63: STROKE AMONG ADULTS, 2022

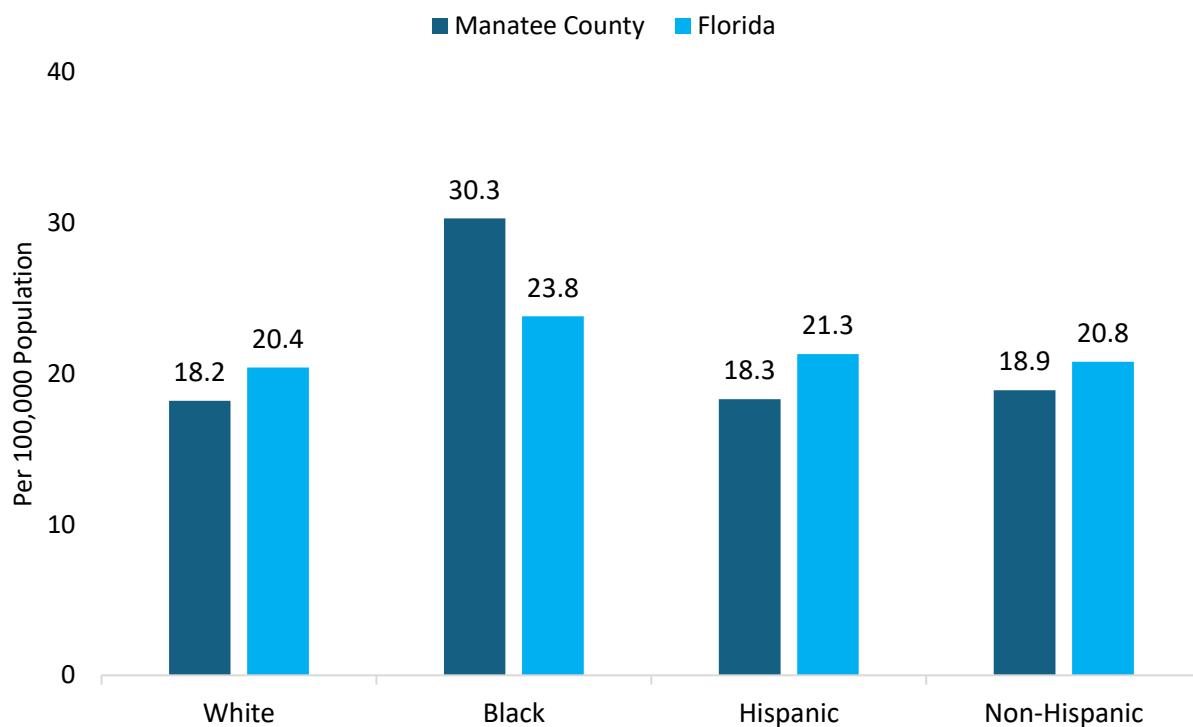


Source: CDC, n.d. BRFSS Places, 2022.

⁵⁴ WHO, 2021. Cardiovascular Diseases.

Exhibit 64 shows death rates from heart attacks (acute myocardial infarction) by race and ethnicity. In Manatee County, Black residents experienced a higher rate of 30.3, exceeding the state average of 23.8. Among Hispanic residents, the death rate was 18.3, which is below the state average of 21.3. Similarly, non-Hispanic residents in Manatee had a rate of 18.9, compared to 20.8 per 100,000 statewide. Although some local rates are lower than the state average, differences across racial and ethnic groups may reflect disparities in access to early diagnosis, emergency care, or follow-up treatment.

EXHIBIT 64: DEATHS FROM ACUTE MYOCARDIAL INFARCTION (HEART ATTACK), RATE PER 100,000 BY RACE, 2021-2023

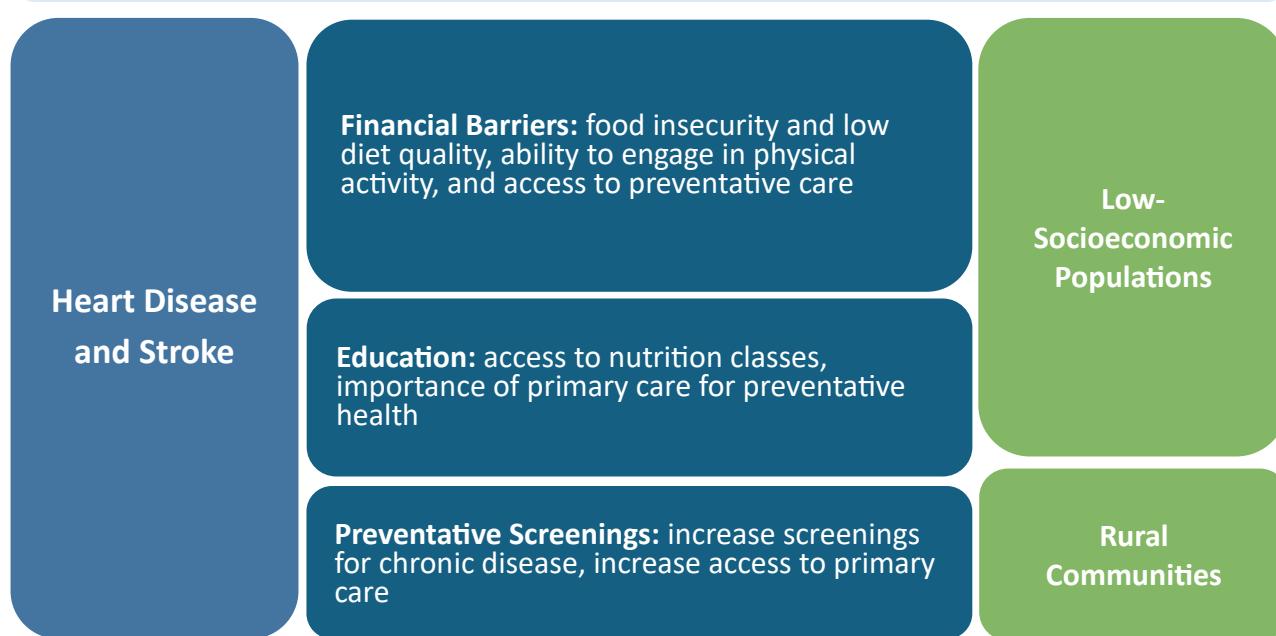


Source: FLHealthCHARTS, n.d.

Key Qualitative Findings

When discussing the factors related to heart disease and stroke, stakeholder interview and focus group participants shared their first-hand experiences as well as perceptions gleaned from working closely with vulnerable populations. The following chart, summary, and quotes represent the results of thematic and content analyses of the qualitative data collected during the community health needs assessment.

Qualitative findings are represented visually. **Key needs or barriers** are in the center column and **key populations impacted** are in the column on the right. The order and height of each box represents the frequency in which it was discussed in stakeholder interviews and community focus groups.



Participants' discussions regarding heart disease and stroke centered on preventive efforts and the barriers that inhibit engaging in preventative behaviors. This included food insecurity, low levels of health literacy, and access to resources such as screenings and primary care. Participants highlighted the relationship between economic stability, education levels, and chronic disease. They also noted a need for education about preventative behaviors and when to seek care to prevent disease progression.

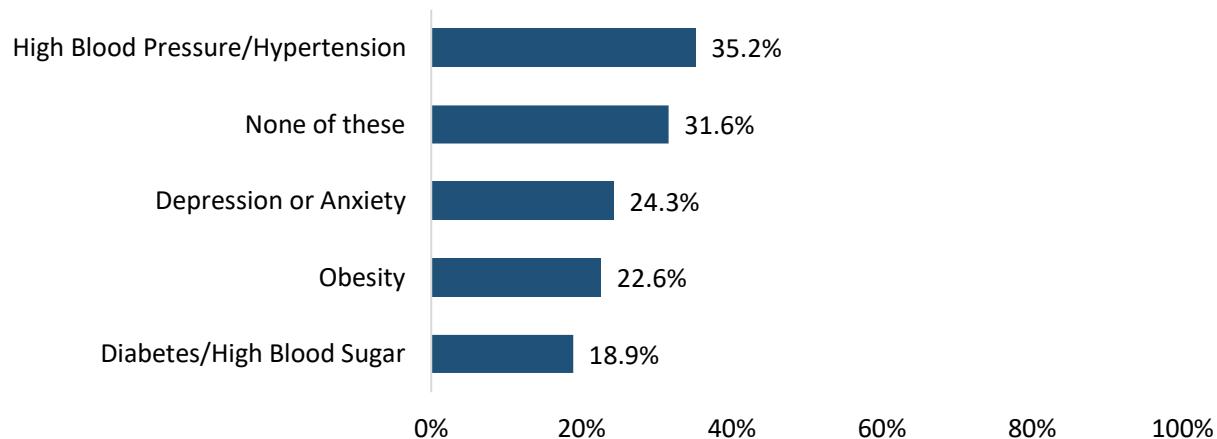
"Obesity is giving us a lot of problems – diabetes and hypertension and heart disease; we monitor that. Childhood obesity is increasing and it's related to healthy affordable foods. It's the awareness part and then affordability – if you're just trying to pay rent, then fast food is about survival." – Stakeholder Interview

Key Community Survey Findings

This section presents community survey respondents' perceptions related to risk of heart disease and stroke, including individual and community conditions that contribute to poor cardiovascular health. These insights help us understand heart disease and stroke risks at both individual and community levels.

In Manatee County, 35.2% of the respondents have been told by a doctor or other medical provider that they have high blood pressure or hypertension. Exhibit 65 shows the top 5 responses to this question.

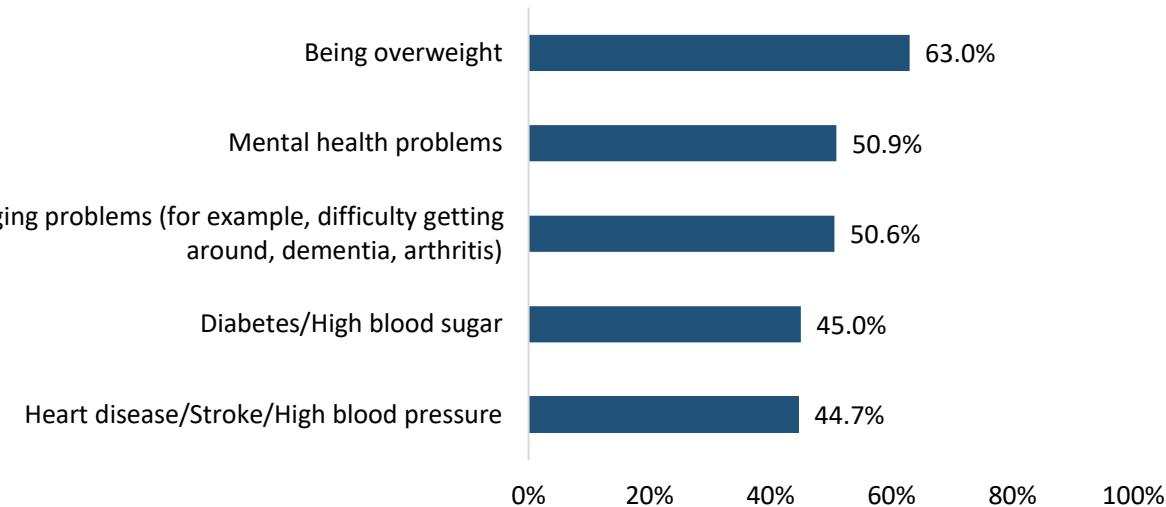
EXHIBIT 65: HAVE YOU EVER BEEN TOLD BY A DOCTOR OR OTHER MEDICAL PROVIDER THAT YOU HAD ANY OF THE FOLLOWING HEALTH ISSUES?⁵⁵



⁵⁵ For complete list, please refer to the appendix.

When asked about the most important health issue to address in order to improve community health, 44.7% of respondents identified heart disease, stroke, or high blood pressure—ranking it fifth among the top health priorities. In addition, nearly 63.0% of respondents identified being overweight as the number one priority, followed by mental health problems (50.9%), aging-related problems (50.6%), and diabetes or high blood sugar (45.0%).

EXHIBIT 66: READ THE LIST OF FACTORS THAT CONTRIBUTE TO POOR HEALTH AND THINK ABOUT YOUR COMMUNITY. WHICH OF THESE DO YOU BELIEVE ARE MOST IMPORTANT TO ADDRESS TO IMPROVE THE HEALTH OF YOUR COMMUNITY?⁵⁶



⁵⁶ The top five most important factors to address are presented in the exhibit. For complete list, please refer to the appendix.

Cancer

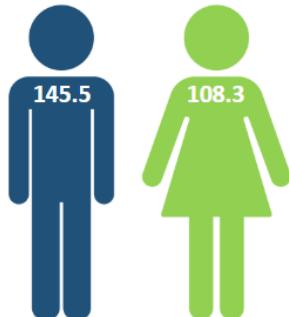
Cancer is not a single disease but a group of distinct diseases, each with its own causes, that share the common feature of uncontrolled cell growth and division. The number of cancer cases and deaths can be reduced by addressing behavioral and environmental risk factors, ensuring access to screening and treatment for everyone, supporting medically underserved communities, and enhancing the quality of life for cancer survivors.

CDC, 2024.

Key Secondary Data Findings

Cancer continues to be a significant and persistent health concern in Manatee County, contributing to considerable illness and mortality. Alongside heart disease and COVID-19, it remains one of the leading causes of death in the county, in 2021.⁵⁷

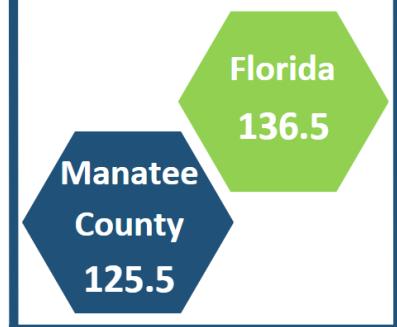
The age-adjusted cancer death rate is 125.5 per 100,000 people, lower than the statewide rate of 136.5.⁵⁸



Cancer affects men and women differently in Manatee County. From 2020 to 2022, men had a significantly higher death rate (145.5 per 100,000) than women (108.3 per 100,000).⁵⁹ This may be influenced by differences in health behaviors, rates of screening, and chronic exposure to occupational or environmental risk factors.

Cancer incidence rates in Manatee County are lower than state averages for several common cancers. Colon and rectal cancer are reported at 31.6 per 100,000 in Manatee, slightly below the state rate of 35.1. Lung cancer occurs at a rate of 48.6 per 100,000 in the county, lower than the state average of 52.3. Other cancer incidence rates in Manatee County are higher. The rate of female breast cancer is 130.0 per 100,000, compared to 127.3 per 100,000 statewide.

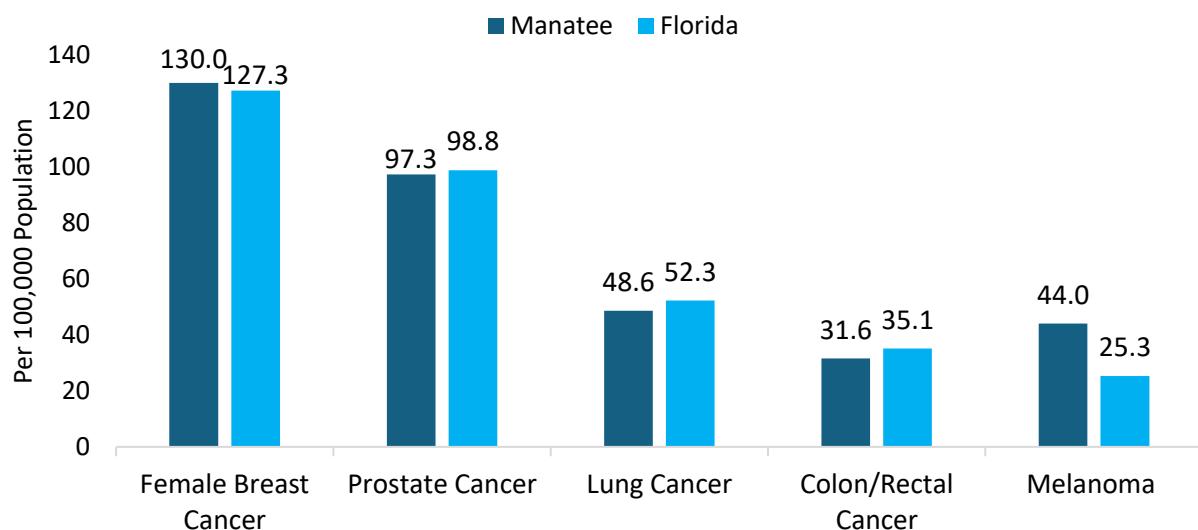
Cancer Death Rate



⁵⁷ CDC WONDER, n.d. Causes of Death, 2021.

⁵⁸ FLHealthCHARTS, n.d. Deaths from Cancer, 2023.

⁵⁹ FLHealthCHARTS, n.d. Deaths from Cancer, By Sex, 2022.

EXHIBIT 67: CANCER INCIDENCE RATE, PER 100,000 POPULATION, 2020-2022

Source: FLHealthCHARTS, n.d.

Manatee County reports lower or comparable death rates to the state for most major types. These differences may reflect gaps in screening access, delayed diagnoses, or challenges with treatment availability and follow-up care.

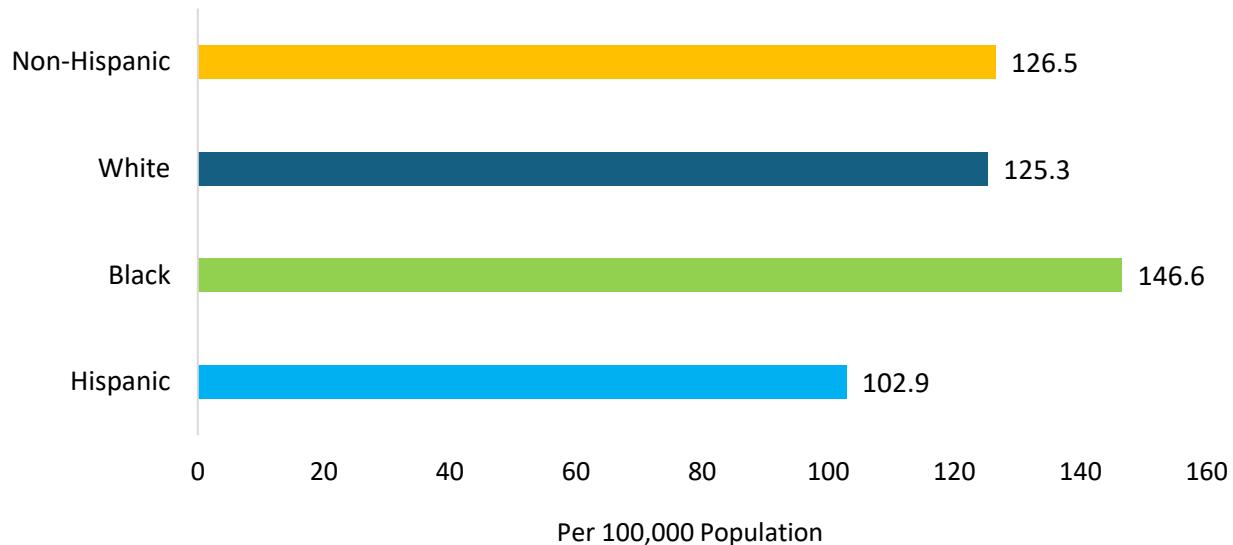
EXHIBIT 68: CANCER DEATH RATES BY TYPE, AGE-ADJUSTED DEATHS PER 100,000 POPULATION

	Florida	Manatee County
Female Breast Cancer	18.7	18.0
Prostate Cancer	16.6	13.7
Lung Cancer	30.7	25.6
Colon/Rectal Cancer	12.2	11.3

Source: FLHealthCHARTS, n.d.

Rates of cancer-related deaths also vary across racial and ethnic groups. The highest rates were observed among Black residents, at 149.6 deaths per 100,000. Followed by non-Hispanic residents at 126.5, and White residents at 125.3. Hispanic residents had the lowest cancer death rate, at 102.9 per 100,000.

EXHIBIT 69: CANCER DEATH RATE, BY RACE / ETHNICITY, 2021-2023



Source: FLHealthCHARTS, n.d.

Key Qualitative Findings

There was a lack of qualitative data related to cancer in Manatee County. However, participants discussed how stress and long wait times in the community may increase community members' risk and barriers to cancer-related care.

"Over the past eight years or so, stress, you know, whether it be the political climate or the inflation and so on - has increased hatred and stress in people in general. I really, like, you can sense it even while driving." – Stakeholder Interview

"Wait times to see providers is difficult. [...] I haven't seen my physician in three years. It took me six months to see a specialist. If you have cancer, then I can't fathom waiting that long." – Stakeholder Interview

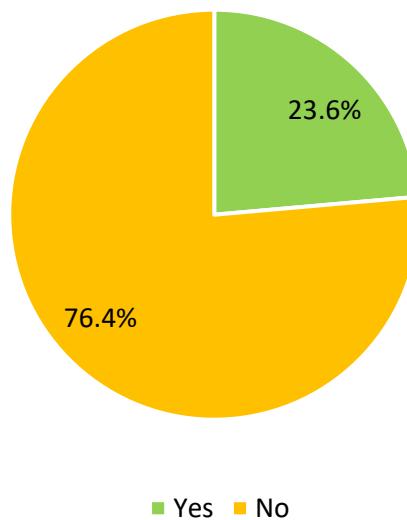
Key Community Survey Findings

This section presents community survey respondents' perceptions related to lifestyle behaviors and cancer prevention, such as responses regarding daily fruit and vegetable consumption and frequency of moderate-intensity physical activity. These insights help us to better understand the communities' perceptions on behaviors that are known as cancer risks.⁶⁰

In Manatee County, 76.4% of respondents do not eat at least five cups of fruit or vegetables every day.

EXHIBIT 70: DO YOU EAT AT LEAST 5 CUPS OF FRUITS OR VEGETABLES EVERY DAY?

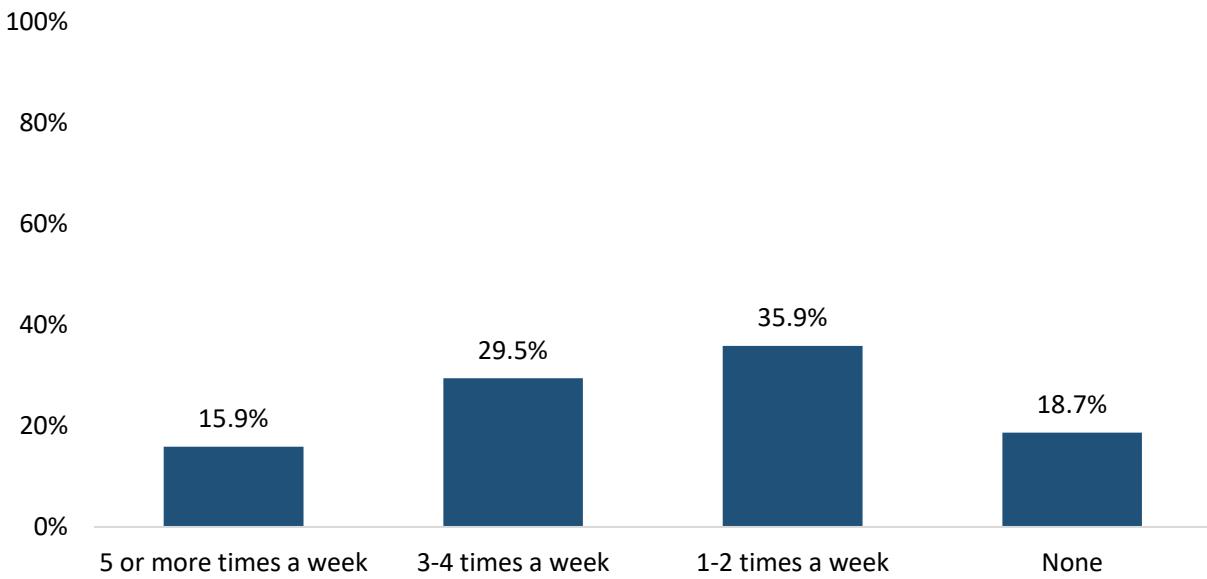
CHART: DO YOU EAT AT LEAST 5 CUPS OF FRUITS OR VEGETABLES EVERY DAY?



Approximately 15.9% of respondents exercise five or more times a week; more than half of the respondents (62.4%) exercise between one to four times a week. Additionally, 18.7% of respondents do not exercise at all.

EXHIBIT 71: HOW MANY TIMES A WEEK DO YOU USUALLY DO 30 MINUTES OR MORE OF MODERATE-INTENSITY PHYSICAL ACTIVITY?

⁶⁰ Brunet et al., 2013.



Conclusion

The next three years will harbor a lot of unknowns, but what is known about Manatee County is that it is a growing community. With growth comes the need for more services, providers, and infrastructure to accommodate the projected population growth and changes.

With the addition of the new BayCare hospital in the coming years and the continued commitment of Johns Hopkins All Children's in Manatee County, there is a great opportunity to continue partnering with the many longstanding community partners to address some of the most pressing concerns in Manatee County.

Appendices Summary

The following support documents are shared separately on the All4HealthFL website.

A. Secondary Data

- a. Additional secondary data tables

B. Qualitative Research

- a. Methodology Overview
- b. Additional Qualitative Findings
- c. Community Engagement
- d. Stakeholder Interview Guide
- e. Focus Group Interview Guide

C. Community Survey

- a. Methodology Overview
- b. Complete Community Survey Findings
- c. Community Survey Tool (English)

D. Maps

E. Needs Prioritization

- a. Needs Prioritization Presentation
- b. Data Placemats

F. Community Partners and Committee Members

G. Bibliography