

2019 COMMUNITY HEALTH NEEDS ASSESSMENT REPORT



Approved by Tallahassee Memorial HealthCare
Board of Directors September 25, 2019

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Acknowledgements and Considerations

Tallahassee Memorial HealthCare produced this report to benefit the community. Use of this report is encouraged for planning purposes and we are interested in learning of its utilization. Comments, questions and collaborative interests are welcome and can be submitted to Melissa Dancer, Tallahassee Memorial HealthCare, Director of Health Promotion, 3333 Capital Oaks Drive, Tallahassee, Florida, 32308; Email: melissa.dancer@tmh.org or phone: 850-431-3720.

Members of the Community Health Needs Assessment (CHNA) Advisory Team reviewed all documents prior to publication and provided critical edits. Every effort was made to ensure the accuracy of the information presented in this report.

Success of the Tallahassee Memorial HealthCare 2019 CHNA was due to the strong leadership of its CHNA Advisory Team and the Community Health Assessment Partners and Stakeholders. A special thank you to the consulting firms, CommunityWorks, Golden Rod Consulting and TypeStyle Graphics Studio and to our partner Florida State University Center for Demography & Population Health for their valuable insight and contributions to this project. Thank you to all community members who participated in the Community Health Survey and focus groups. Finally, thank you to the Tallahassee Memorial HealthCare Board of Directors and Executive Leadership Team for their support of the Community Health Improvement Process.

Tallahassee Memorial HealthCare CHNA Advisory Team

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Community Engagement

Tallahassee Memorial HealthCare CHNAs are community-driven projects and success is highly dependent on the involvement of citizens, health and human service agencies, businesses, and community leaders. Community partner and stakeholder collaborations were essential in distribution and collection of community health surveys and soliciting valuable input through focus groups. The partners and stakeholders consist of health and human service agency leaders, persons with special knowledge of or expertise in public health, local health departments, and leaders/representatives of those medically underserved, people with chronic diseases, low-income and minority populations. The CHNA Advisory Team invited partners and stakeholders to attend both the CHNA Community Health Partners Meeting in January 2019 and the Prioritization of Needs Meeting in May 2019. The following partners and stakeholders attended the CHNA Community Health Partners Meeting and/or the Prioritization of Needs Meeting. This list also represents some of the valuable health care facilities and resources within the community that are available to respond to health needs.

PARTNERS AND STAKEHOLDERS LIST

NAME	ORGANIZATION
Courtney Atkins	Whole Child Leon
Loranne Ausley	Florida House of Representatives
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Mark Baldino	Elder Care Services
Patty Ballantine	Care Point Health and Wellness Center
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Pam Beck	Department of Health, Jefferson County
Les Beitsch	Department of Behavioral Sciences and Social Medicine, Florida State University College of Medicine
Tori Bell	211 Big Bend
Regina Bernadin	International Rescue Committee
Cindy Bigbie	Independent Counselor/Educator
Tiffany Black	Neighborhood Medical Center
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Heidi Copeland	University of Florida, Institute of Food and Agricultural Sciences
Karen Cramer	Twelve Oaks Recovery Center

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Beth DuMond	Be Smart Gun Safety
Donnell Durden	Bond Community Health Center
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Talethia Edwards	Greater Bond Community
Monique Ellsworth	Connecting Everyone with Second Chances (CESC)
Heather Flynn	Florida State University, College of Medicine
Jeanne Freeman	Neighborhood Medical Center
Benjamin Fullington	The Dwellings
Agnes Furey	Crime Survivors for Safety and Justice
Carol Gagliano	The Center for Health Equity, Inc.
Celma Garcia	Tallahassee Memorial HealthCare, Finance
Mary Goble	Capital Health Plan
Michelle Gomez	The Oasis Center
Elizabeth Green	Greater Elizabeth Missionary Baptist Church
Timothy Griffin	Florida Department of Health
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Tiffany Harris	Leon County Office of Human Services & Community Partnerships
Robin Hassler-Thompson	Survive and Thrive Advocacy
Emma Henderson	Community Member
Christic Henry	Capital Area Neighborhood Network (CANN)
Kenessa Hugger	Greater Elizabeth Missionary Baptist Church
Zoila Huston	Elder Care Services
Jane Johnson	Florida Council for Community Mental Health
Fayettea Justin	HCA Healthcare
Emily Keeney	Connecting Everyone with Second Chances (CESC)
Emily Kohler	Big Bend Area Health Education Centers
Clara Leonard	University of Florida, Institute of Food and Agricultural Sciences
Unam Mansoor	Florida Department of Health
Chelsey McCoy	Department of Health, Jefferson County
Bailey McCrary	Representative Ausley's Office

NAME	ORGANIZATION
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Kelli Mercer	Capital Regional Medical Center
Miaisha Mitchell	Frenchtown Revitalization/Tallahassee Food Network
Debbie Moroney	Alzheimer's Project
Amy Mullins	University of Florida, Institute of Food and Agricultural Sciences
Katie Norman	Representative Ausley's Office
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Edward Zapert	Florida Department of Health

Executive Summary

Improving the health of our community involves many people and organizations. It is important to assess the health concerns of a community periodically to address health needs. A Community Health Needs Assessment (CHNA) every three years will identify needs, allow for prioritization and guide efforts for measurable change. The work of conducting this CHNA and the public availability of its findings are a tool for creating healthier communities.

This Executive Summary provides a brief overview of the process, findings and identified priorities. Immediately following is the comprehensive Tallahassee Memorial HealthCare 2019 Community Health Needs Assessment Report containing detailed descriptions of process, primary and secondary data, significant findings and prioritization of community health needs.

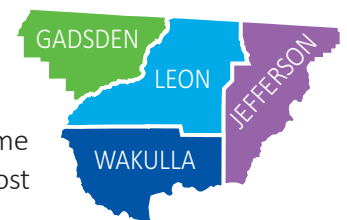
METHODOLOGY

The Tallahassee Memorial HealthCare CHNA Advisory Team directed the planning and execution of the CHNA process and activities. Team members were invited based on special knowledge, skills and professional role. The CHNA Advisory Team began monthly meetings in August 2018. The team created a timeline for activities, designed survey tools, created the Community Health Partners invitation list, engaged necessary consultants and planned and scheduled community meetings.

Beginning in January 2019, primary data collection included partner and stakeholder facilitated discussions, Professional Informant Survey, Community Health Survey, and focus groups. Secondary data collection included demographic and socioeconomic indicators as well as health indicators addressing access to care, health status, prevention, wellness, health behaviors and social determinants of health. The Office of Disease Prevention of Health Promotion (ODPHP), Healthy People 2020, Leading Health Indicators (LHI) were used to structure and organize both primary and secondary data collection. Healthy People 2020 (healthypeople.gov) provides a comprehensive set of 10-year, national goals and objectives for improving the health of all Americans. Healthy People 2020 contains 42 topic areas with more than 1,200 objectives. The LHI are a smaller set of Healthy People 2020 objectives, selected to communicate high-priority health issues and interventions.

COMMUNITY SERVED

Tallahassee Memorial HealthCare determined the definition and scope of the community served by assessing the geographic area representing 80% of its inpatient discharges and outpatient services. For this CHNA, the defined service area includes Gadsden, Jefferson, Leon and Wakulla counties. Nearly 80% of Tallahassee Memorial HealthCare’s patient volume annually, from 2012 to 2017, are from these counties. Leon County alone accounts for almost 58%. (Data Source: Agency for Healthcare Administration, Florida Inpatient State Data)



TARGET POPULATION

The target populations for Tallahassee Memorial HealthCare’s CHNA projects consist of the following groups: low-income individuals, uninsured and under-insured individuals, populations with barriers to accessing healthcare and other necessary resources, populations living with chronic diseases and minority groups facing significant health disparities. Partners and stakeholders were engaged to assist in reaching these target populations since barriers such as transportation, language, literacy, health and financial situation may limit participation.

DEMOGRAPHICS OF THE COMMUNITY

Tallahassee Memorial HealthCare's service area, comprised of Gadsden, Jefferson, Leon and Wakulla counties, has a total population greater than 385,000 according to the most recent American Community Survey by the United States Census Bureau. Seventy-six percent of the population lives in Leon County with Gadsden, Wakulla and Jefferson comprising of 12%, 8% and 4% respectively. The four counties differ greatly in age, race, socioeconomic status and health outcomes of residents.

SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY

The findings of the 2019 CHNA revealed vast and distinct disparities for community members based on locality of residence (both county and specific neighborhoods/areas), age and race/ethnicity. Disparities in the social determinants of health including higher poverty rates, lower academic attainment rates and higher unemployment rates are more evident in both Gadsden and Jefferson counties compared to Leon and Wakulla counties and to statewide averages.

CHNA data also reveal that residents of all four counties report high rates of missed activities due to poor physical and/or mental health days. Adult obesity rates exceed the state level. Fewer than 20% of adults are eating the recommended minimum five fruit and vegetable servings per day and well below half of Community Health Survey respondents reporting meeting minimum physical activity recommendations in all four counties.

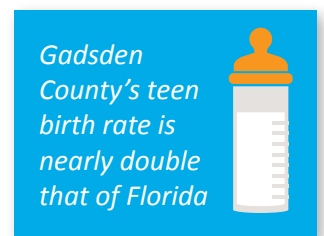
Several measures of reproductive and sexual health are notable. Teen births are high, compared to state averages in all counties except Leon. Gadsden's teen birth rate is almost double that of Florida. Sexually transmitted infections also remain a significant issue with Leon experiencing 2.5 times the rate of Florida, Gadsden at 1.7 times that of Florida and the other counties just below the state figures.

Respondents to the Community Health Survey (CHS) and focus group participants, whether insured or uninsured, noted that the cost of services, long wait times and lack of evening and weekend services keeps them from accessing healthcare.

There are significant differences in resource insecurities between Black and White CHS respondents. Black respondents are over 3 times more likely to worry about running out of food before they can afford more and are more likely than White respondents to report housing insecurity.

Mental health, social isolation and cultural competency resonated strongly among focus group participants. Focus group participants called for more community-based approaches and use of technology regarding education and healthcare services due to transportation challenges and economic inequalities.

Partners and stakeholders cited lack of transportation, limited education, low health literacy, access to care, systemic issues with provider and healthcare network and poverty/cost of care as major barriers to the populations they serve. Also noted by partners and stakeholders, are specific localities or neighborhood with the greatest needs including Southside Tallahassee, Highway 20 (zip code 32304), rural communities in all counties, communities with Title 1 Schools and Gadsden County specifically.



Partners and stakeholders see a strong need to develop a “Culture of Health” with an emphasis on health literacy, access to healthcare, access to healthy foods, increased physical activity and mental/behavioral health. The community is rich in resources; however, coordination of care, eliminating barriers to care and focusing on social determinants for target populations could significantly improve access to health care and preventive services. Partners and stakeholders also see a need for policy changes and better regulation of the healthcare industry.

PRIORITIZATION OF NEEDS

On May 29, 2019, the CHNA Advisory Team, partners and stakeholders participated in an interactive exercise to identify the greatest needs in the service area based on the primary and secondary data presented. Seventy-four people participated in the exercise. The top five significant needs emerged from these findings include:

- ⊕ Access to Health Services
- ⊕ Mental Health
- ⊕ Nutrition, Physical Activity and Obesity
- ⊕ Clinical Preventive Services
- ⊕ Maternal, Infant and Child Health

On June 6, 2019, the CHNA Advisory Team reviewed and discussed the results of the priority rankings and the Tallahassee Memorial HealthCare Mission, Vision and Strategic Plan. After this review and discussion, the CHNA Advisory Team recommends the following final priorities:

1 Access to Health Services

2 Mental Health and Substance Abuse

3 Preventive Services related to Nutrition, Physical Activity and Obesity

Tallahassee Memorial HealthCare will work with partners and stakeholders in the fall/winter of 2019/2020 to develop an Implementation Strategy. The CHNA Advisory Team recommends giving special attention to Maternal, Infant and Child Health and Social Determinants of Health during creation of the Implementation Strategy as these were also identified as high priority areas and tactics may be designed to achieve outcomes spanning priority areas.

Community Health Improvement Process

Tallahassee Memorial Healthcare's process for Community Health Improvement includes four distinct phases. The process is completed on a three-year, continuous cycle to comply with Internal Revenue Service requirements. The CHNA Advisory Team is responsible for directing, monitoring and updating the process every three years.

PHASE 1: CONDUCT COMMUNITY HEALTH NEEDS ASSESSMENT

The first step of conducting a CHNA is to create a timeline. This timeline documents the upcoming tasks needed to conduct the CHNA, who is responsible for each task and start and end dates for each task. A copy of this timeline is available upon request to the Tallahassee Memorial HealthCare Health Promotion Department.

The next step in the CHNA process is to collect relevant primary and secondary data. Primary data includes stakeholder and partner input via facilitated discussion and a Professional Information Survey, a Community Health Survey (CHS) and focus groups. Secondary data includes a review of scientific samples and population records from state and federal sources and is used to describe the community. Description of each type of data is found below.



Stakeholder and Partner Input

Tallahassee Memorial HealthCare obtains input from persons representing the broad interest of the community served and/or representatives with a special knowledge of or expertise in public health by conducting a Community Health Partners Meeting with facilitated discussion and inviting partners and stakeholders to complete a Professional Informant Survey. See Appendix 1 for the Professional Informant Survey tool.



Community Health Survey (CHS)

The CHS consists of fifty-one questions designed to assess health and wellbeing of people living in the Tallahassee Memorial HealthCare service area. Questions ask about access and barriers to healthcare, current health status, health behaviors and lifestyle, social determinants of health and demographic information. See Appendix 2 for the Community Health Survey instrument.



Focus Groups

Focus groups are conducted with the target population and stakeholders. The goal of the focus groups is to obtain detailed information about personal and group feelings, perceptions and opinions that are not easily explained by survey or other quantitative means.



Secondary Data Collection

Secondary data includes a full review of existing literature and data to get a picture of health and social factors of the community. Healthy People 2020 Leading Health Indicators and other national best measures and trends are analyzed to benchmark secondary data.

Prioritization

After all primary and secondary data collection is complete, the CHNA Advisory Team, stakeholders and partners review all data and participate in a prioritization activity. This consists of members and small groups identifying the five most pertinent community needs and ranking them on a scale of one to five, with one being the highest need. Final rankings equal total number for each topic divided by the number of responses. The CHNA Advisory Team then reviews partner and stakeholder final rankings, CHS responses to greatest community needs and the Tallahassee Memorial HealthCare Mission, Vision and Strategic Plan to determine final CHNA priorities.

Community Health Needs Assessment Report

The last step of the CHNA is publishing the primary and secondary data, significant findings and the prioritization of needs into a final CHNA report. The CHNA report is approved by the Tallahassee Memorial HealthCare Board of Directors and is published in the same fiscal year as the data collection and written document. The CHNA report is made widely available to the community. Tallahassee Memorial HealthCare publishes the CHNA on its website at www.tmh.org/about-us/community-reports/community-need-report and has print copies available through the Tallahassee Memorial HealthCare Health Promotion Department. Stakeholder and Partner organizations may also publish data on their websites with proper citation and attribution.

PHASE 2: IMPLEMENTATION STRATEGY DEVELOPMENT

After the CHNA is completed and approved by the Board of Directors, Tallahassee Memorial HealthCare develops a written Implementation Strategy that specifies what health needs were identified in the CHNA, what needs the organization plans to address, and what needs the organization does not plan to address and reasons for each.

Included in the document are proposed evidence-based interventions for each health priority with specific goals and objectives. Progress will be tracked over time with both process and outcome measures. The Tallahassee Memorial HealthCare's Board of Directors will approve the Implementation Strategy. Tallahassee Memorial HealthCare will integrate the Implementation Strategy with existing organizational and community plans and host an event in the community to present the CHNA results and the corresponding Implementation Strategy in Spring 2020. The Implementation Strategy is reported to the Internal Revenue Service on the organization's Form 990.

PHASE 3: PROGRAM IMPLEMENTATION

Tallahassee Memorial HealthCare responds to the community health needs identified in the CHNA by utilizing and expanding existing programs and partnerships and by establishing new programs and initiatives where needed.

PHASE 4: EVALUATION

Tallahassee Memorial HealthCare's Health Promotion Department and the CHNA Advisory Team monitor process and outcome measures associated with the Implementation Strategy.

Tallahassee Memorial HealthCare provides a written report of progress made toward goals and objectives identified in the Implementation Strategy on the annual Internal Revenue Service Form 990.

Comprehensive Tallahassee Memorial HealthCare 2019 Community Health Needs Assessment Report

DEFINITION OF THE COMMUNITY SERVED BY THE HOSPITAL FACILITY

Tallahassee Memorial HealthCare determined the definition and scope of the community served by assessing the geographic area representing 80% of its inpatient discharges and outpatient services. For this CHNA, the defined service area includes Gadsden, Jefferson, Leon and Wakulla counties. These counties comprised nearly 80% of Tallahassee Memorial HealthCare’s patient volume annually from 2012 to 2017, with Leon County alone accounting for almost 58%. (Data Source: Agency for Healthcare Administration, Florida Inpatient State Data)

DEMOGRAPHICS OF THE COMMUNITY

Tallahassee Memorial Healthcare is based in Tallahassee, the core city in the Tallahassee Metropolitan Statistical Area (MSA),¹ which is made up of the four counties that comprise the Tallahassee Memorial HealthCare primary service area. The Tallahassee MSA is in Florida’s Big Bend region, which stretches across northern Florida from the St. John’s River west to the Apalachicola River, encompassing St. Marks National Wildlife Refuge and the Apalachicola National Forest. The MSA has an estimated 2018 population of 385,145 individuals, 76% of whom reside in Leon County. Leon County has the largest population of the four-county area and is the most densely populated. Leon is bordered to the south by Wakulla County and to the east by Jefferson County. Gadsden County lies to the west and, like both Leon and Jefferson counties, is bordered to the north by southwest Georgia. Jefferson and Wakulla counties are on the Gulf of Mexico and their landscapes include salt marshes and oyster reefs, as well as the mix of agricultural land, hardwood and pine forests, lakes, swamps, and freshwater springs that characterize much of the region.

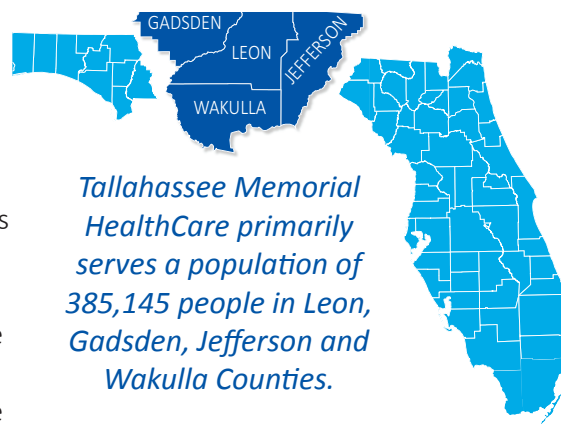


Table 1 Characteristics of Counties

	Total Area (square miles)	Land area (square miles)	Estimated population, 2018	Density (population per square mile)
Leon	702	667	292,502	439
Gadsden	529	516	45,894	89
Jefferson	637	598	14,288	24
Wakulla	736	606	32,461	54
MSA total	2,604	2,387	385,145	161

Source: U.S. Census Bureau, 2019, www.census.gov/quickfacts/

Census Bureau estimates suggest the Tallahassee MSA population has increased by about five percent since the 2010 decennial Census, but that growth has not been evenly distributed across the four counties. Gadsden and Jefferson have experienced population decline (-3.9% and -3.2% respectively), likely reflecting the economic challenges that characterize much of rural North Florida. Population increase in Leon (6.2%) has been spurred by a healthy and increasingly diverse economy, and Wakulla (5.5% increase) has benefited from easy access to both Tallahassee and the Gulf Coast.

¹The Census Bureau (2018) defines an MSA as a “core area containing a substantial population nucleus, together with adjacent communities having a high degree of economic and social integration with that core.” See www.census.gov/programs-surveys/metro-micro/about.html

Table 2**Tallahassee MSA Population, by County and Year**

	2010	2011	2012	2013	2014	2015	2016	2017	2018
Gadsden	47,793	47,366	46,581	46,090	46,119	46,051	46,051	45,972	45,894
Jefferson	14,754	14,526	14,216	14,207	14,052	14,101	13,938	14,147	14,288
Leon	275,969	278,334	283,609	281,893	283,785	285,997	286,977	291,247	292,502
Wakulla	30,825	30,970	30,852	30,999	31,410	31,522	31,893	32,101	32,461
Total	369,341	371,196	375,258	373,189	375,366	377,671	378,859	383,467	385,145

Source: U.S. Census Bureau, 2019, *Annual Estimates of the Resident Population for Counties: April 1, 2010 to July 1, 2018*.
www.census.gov/data/datasets/time-series/demo/popest/2010s-counties-total.html

Tallahassee, the only incorporated municipality in Leon County, is the state capital and the largest city in Florida’s Panhandle. Tallahassee serves as the agricultural and commercial hub for the Tallahassee MSA and is home not only to state government offices but also to two of Florida’s public universities—Florida State University (FSU) and Florida A&M University (FAMU)—and Tallahassee Community College (TCC), part of the Florida College System. Student enrollments at these three schools exceeded 70,000 in 2017, giving Tallahassee the feel of a college town, with shopping, services, and cultural and recreational opportunities not available outside of Leon County.

Leon County also serves as the hub for health and service agencies serving residents of the Tallahassee MSA. Its resources include a Level II Trauma Center (Tallahassee Memorial HealthCare), the Sergeant Ernest I. “Boots” Thomas VA Clinic, a non-profit mental health center offering in-patient, out-patient, and residential services, and two hospitals: Tallahassee Memorial HealthCare and Capital Regional Medical Center.




All three post-secondary institutions in Tallahassee offer educational and training programs for the health professions: FAMU has a highly-regarded College of Pharmacy and Pharmaceutical Sciences, as well as a public health, health administration and informatics, occupational, physical and respiratory therapy, and cardiopulmonary sciences degree programs. TCC’s programs include degrees in nursing (AS and BS), dental hygiene and respiratory care. FSU has a School of Nursing as well as a College of Medicine that was created in 2000 in part to ameliorate the shortage of family care doctors in Florida’s rural areas. FSU also has programs in speech, physical and occupational therapy, and audiology.

Residents of the four-county area do not benefit equally from these resources, a disparity that is evident in the designation of Gadsden and Wakulla counties as medically underserved areas (MUA); Jefferson and Leon counties are designated as having medically underserved populations (MUP). Evaluation of medical underservice is based on the ratio of primary care providers to population, rates of infant mortality, and percentage of the population that is elderly and/or poor. Similarly, Gadsden, Jefferson, and Wakulla counties are designated Geographic Health Professional Shortage Areas (HPSA), with too few primary care physicians, dentists and dental hygienists, and mental health professionals. Leon’s low-income population also is designated as HPSA.

Table 3Index of Medical Underservice Score²

MUA	
Gadsden County	53.7
Wakulla County	55.7
MUP	
Jefferson County's low-income population	51.5
Leon County's low-income population	59.5



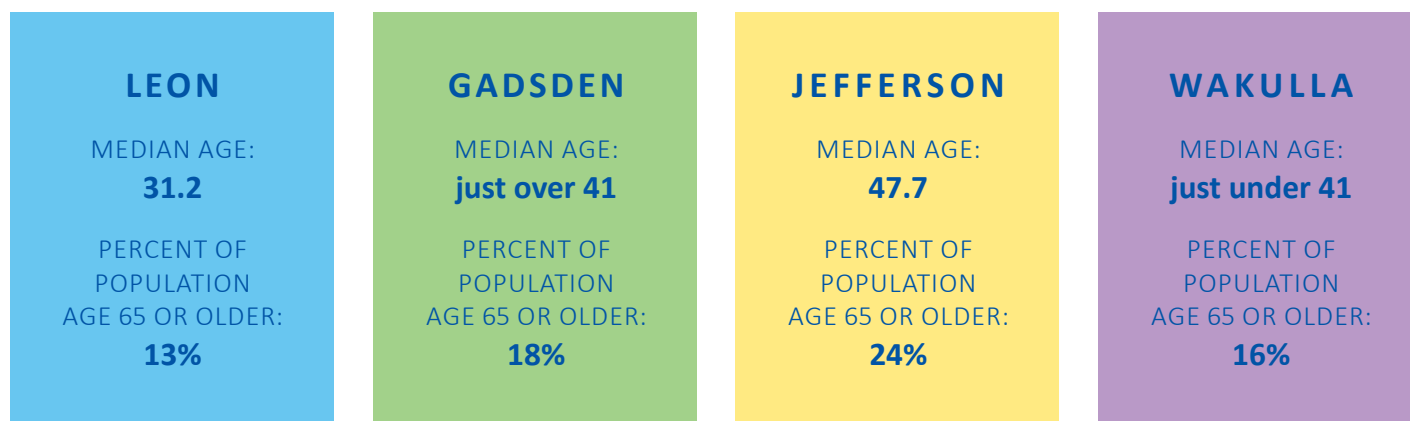
Source: Health Resources & Services Administration: <https://data.hrsa.gov/tools/shortage-area/mua-find>

Reflecting this designation, the four-county area has three federally qualified health centers; in addition, all four counties have health departments that provide free or low-cost medical and dental services and an array of other health and social services intended to provide at least some access to care for under and uninsured residents.

COMMUNITY DEMOGRAPHIC AND SOCIOECONOMIC CHARACTERISTICS

The four counties that comprise the Tallahassee MSA are demographically and socioeconomically diverse, with differences in the distributions of their respective populations by age, education, economic status, race/ethnicity, and nativity. A brief consideration of these characteristics illuminates the area's medically underserved designation. Greater detail is included in tables presented later in this report, with the Community Health Assessment Data.

Age: Jefferson County has the oldest population in the Tallahassee MSA: about 24% of its population is age 65 or older and its median age is 47.7 years. Wakulla and Gadsden are characterized by age distributions that are somewhat younger than Jefferson's. Median age in Gadsden is just over 41 years and in Wakulla it is just under 41 years. Almost 18% of the Gadsden population is 65 or older, and almost 16% of the Wakulla population is aged 65 or older. Leon County has the youngest age distribution of the Tallahassee MSA, reflecting the large student population. Leon's median age is 31.2 and over 13% of its population is age 65 or older.



²The IMUS score ranges from 0 to 100, with 0 representing the greatest need. To be designated a Medically Underserved Area or Medically Underserved Population, an area must score less than 62. See <https://bhwh.hrsa.gov/shortage-designation/types-for-more-information>.

Table 4 Distribution of the Resident Population by Age Groups, 2018

	Leon	Gadsden	Jefferson	Wakulla
Under 18 years	18.6	22.0	17.0	21.4
■ Under 5 years	5.2	6.0	4.5	5.6
■ 5 to 13 years	9.3	11.2	8.9	10.7
■ 14 to 17 years	4.2	4.8	3.7	5.2
18 years and over	81.4	78.0	83.0	78.6
18 to 64 years	68.0	60.1	59.5	62.9
■ 18 to 24 years	21.5	8.1	6.3	7.0
■ 25 to 44 years	25.5	24.5	23.2	27.4
■ 45 to 64 years	21.0	27.5	29.9	28.6
65 years and over	13.4	17.9	23.5	15.7
85 years and over	1.4	1.9	2.6	1.2
Total population	292,502	45,894	14,288	32,461
Median age	31.2	41.3	47.7	40.7

Source: U.S. Census Bureau, 2019, Annual Estimates of the Resident Population by Age Groups for Counties: April 1, 2010 to July 1, 2018. Accessed from <https://factfinder.census.gov>

Educational attainment: The four counties differ markedly with respect to the educational attainment of adults ages 25 and older. As might be expected given its large government and university work-force, the population of Leon County has the largest share of adults with a bachelor's, graduate, or professional degree (45.5%). Educational attainment in Wakulla County is comparable to the state, where 88% of adults have at least a high school degree. In contrast, about one-in-five residents of both Gadsden and Jefferson counties lack high school degree or its equivalent.

Table 5 Educational Attainment of Adults Aged 25 and Older, 2017

	Leon	Gadsden	Jefferson	Wakulla	TMH PSA
Population 25 years and over	167,484	31,955	10,932	22,804	233,175
■ Did not complete high school	6.8	20.3	19.1	12.5	9.8
■ High school graduate or GED	38.1	56.5	50.7	61.7	43.5
■ Associate degree	9.6	6.9	9	8.1	9.1
■ Bachelor's degree	25.6	10.6	12.7	12.0	21.6
■ Graduate or professional degree	19.9	5.7	8.4	5.8	16.0

Economic Status: Three of the four counties have median household incomes lower than the state average of about \$51,000 annually and a larger share of residents living in poverty (14%). In Gadsden, median household income is less than \$40,000 and more than one-in-five residents live below the poverty level. Median household income is higher in both Leon (\$49,941) and Jefferson (\$47,599), and about 18% of their residents live in poverty. In contrast, median household income in Wakulla County is \$57,866 and just less than 13% of residents are in poverty. Nearly 30% of the population of Gadsden County lacks health insurance coverage.

The proportions in Jefferson (15.3%), Wakulla (17.7%), and Leon (13.9%) are lower but still higher than the state (12.9%).

Table 6 Economic Indicators by County

	Leon	Gadsden	Jefferson	Wakulla
Median household income, 2017	\$49,941	\$39,830	\$47,599	\$57,866
Persons in poverty (%), 2017	18.0	23.1	17.7	12.9
Persons without health insurance, 2017 (%)	10.8	16.3	13.6	12.4

Race/Ethnicity: Although a greater share of the Tallahassee MSA is White non-Hispanic (61.5%) than is the case for the state (54.9%), three counties have populations with a much larger Black population than the state (17%). Gadsden County is Florida’s only minority-majority county, with a population that is 55.3% Black and 10.0% Hispanic. Leon’s population is 30% Black and 6% Hispanic, and Jefferson’s is 35% Black and 4% Hispanic. Wakulla County has a substantial White majority; 15% of the population is Black and just 3% are Hispanic.

Table 7 Distribution of the Population by Race and Hispanic-Origin, 2017

	Leon	Gadsden	Jefferson	Wakulla	Florida
Non-Hispanic and:					
■ White	57.2	32.6	58.2	79.3	75.7
■ Black	30.7	55.3	35.1	14.9	16.1
■ Asian	3.3	0.5	0.1	0.4	2.7
■ Alaskan Native / Native American	0.2	0.1	0.4	0.4	.3
■ Hawaiian / Pacific Islander	0.0	0.1	0.0	0.0	.1
■ Other	0.2	0.2	0.9	1.4	2.6
Hispanic / Latino	6.1	10.0	4.0	3.2	24.7
Total population	285,890	46,113	14,085	31,586	20,278,447

Source: American Community Survey, accessed through the American Factfinder site: <https://factfinder.census.gov>

Nativity: The Tallahassee MSA also is not typical of the state with respect to the share of resident immigrants. Overall, just over 20% of Florida residents were born outside the United States; in contrast, only 6% of Tallahassee MSA residents are U.S. immigrants. Of the four counties, Leon County has the largest share of foreign-born residents (7%); it also has the largest share of native-born residents born outside of Florida (28%). Wakulla County has the smallest foreign-born population (less than 2%), and Gadsden has the smallest population of persons from out-of-state (23%).

Table 8 Percentage Distribution of the Resident Population by Birth Place, 2017

	Leon	Gadsden	Jefferson	Wakulla	TMH PSA
Total population	285,890	46,113	14,085	31,586	377,674
Native-born	93.3	94.7	96.9	98.2	94.0
■ In Florida	55.3	71.5	62.1	60.7	58.0
■ Outside Florida	38.0	23.2	34.8	37.5	36.0
Foreign-born	6.7	5.3	3.1	1.8	6.0

Source: American Community Survey, accessed through the American Factfinder site: <https://factfinder.census.gov>

Primary Data

Tallahassee Memorial HealthCare involved the community and collected primary data using the following methods. Detailed descriptions of each method and the results of the inquiry are found in the following sections: Stakeholder and Partner Involvement, Community Health Survey and Focus Groups.

STAKEHOLDER AND PARTNER INPUT

Input from community stakeholders and partners was solicited in three ways during the CHNA process. Stakeholder and partner feedback was solicited with a combination of group discussions and individual surveys, as described below. In this analysis, “N” equals the number of actual written responses via survey and the “Collective Voice” is the total number of people represented in each facilitated discussion.



- 1 A Community Health Partners Meeting was held January 22, 2019. This meeting had two main objectives (1) to obtain input from persons who represent the broad interests of the community served by the hospital facility, including those with a special knowledge of or expertise in public health and (2) to ask for assistance from our Community Health Partners in reaching vulnerable populations for completion of the Community Health Survey. The CHNA Advisory Team composed the Community Health Partners invitation list based on knowledge of existing healthcare resources and facilities. Community Health Partners Invitation list is available upon request to the Tallahassee Memorial HealthCare Health Promotion Department. An electronic invitation was sent via email and recipients were encouraged to forward to colleagues and other professionals as appropriate.

Sixty-One Community Health Partners attended the meeting and participated in a facilitated discussion. Eight small groups, each comprised of 5 to 8 persons, jointly completed a set of questions from the Tallahassee Memorial HealthCare 2019 Community Health Needs Assessment (CHNA) Professional Informant Survey (Appendix 1) as they exchanged information about their areas of expertise and the localities they serve.

2

The Professional Informant Survey was distributed electronically to the Community Health Partners distribution list and was made available on TMH.org. Twelve stakeholders completed an online survey. Many recipients of the emailed survey had previously participated in the facilitated discussion and feedback session at the Community Health Partners Meeting.

3

The Professional Informant Survey was used to facilitate group discussion and obtain feedback from Tallahassee Memorial HealthCare Service Line Administrators (SLA) and leaders/directors. Participants included:

- ▶ Dr. Dean Watson, VP/Chief Health Operations Officer
- ▶ Terri McDonald, SLA Cardiology
- ▶ Kathy Brooks, SLA Oncology
- ▶ Lauren Faison, SLA Population Health and Regional Development
- ▶ Judy Greenwald, SLA Orthopedics and Rehabilitation
- ▶ Connie Styons, SLA Women and Children Services
- ▶ Linda Fox, SLA Surgical Services
- ▶ James Livingston, Executive Director of Emergency Services
- ▶ Heather Lincicome, SLA Behavioral Health
- ▶ Lindsay Ancheta, Director of Business Development
- ▶ Rob Fisher, SLA Neurology and Neuroscience
- ▶ Leanne Adkins, Director of Project Management
- ▶ Don Lindsey, VP/Chief Information Officer

This section provides a summary of the partner and stakeholder perspectives, based on the collective responses to the Professional Informant Survey and outcomes of facilitated discussions.

The Office of Disease Prevention of Health Promotion (ODPHP), Healthy People 2020 (healthypeople.gov) Leading Health Indicators were used to structure the data collection. Healthy People 2020 provides a comprehensive set of 10-year, national goals and objectives for improving the health of all Americans. Healthy People 2020 contains 42 topic areas with more than 1,200 objectives. The Leading Health Indicators is a selection of twelve topics used to communicate high-priority health issues and actions that can be taken to address them.

THE HEALTHY PEOPLE 2020 LEADING HEALTH INDICATORS:

- | | |
|-------------------------------------|--------------------------------------------|
| ▶ Access to Health Services | ▶ Nutrition, Physical Activity and Obesity |
| ▶ Preventive Health Services | ▶ Oral Health |
| ▶ Environment Exposures | ▶ Reproductive and Sexual Health |
| ▶ Injury and Violence | ▶ Social Determinants |
| ▶ Maternal, Infant and Child Health | ▶ Substance Abuse |
| ▶ Mental Health | ▶ Tobacco |

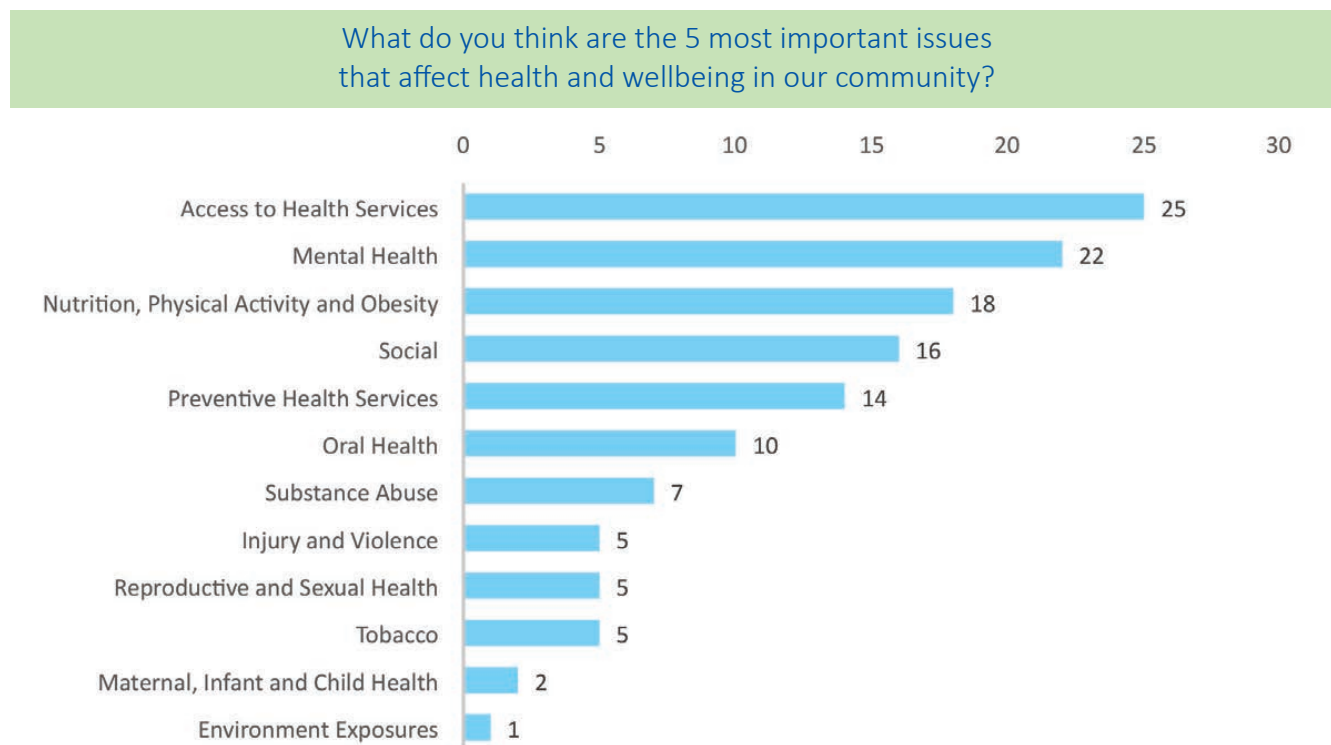


“Five Most Important Issues”

A list of the Healthy People 2020 Leading Health Indicators was shown to stakeholders and partners, and they were asked to select the **“five most important issues that affect health and well-being in our community.”** Responses were ranked by frequency, from most to least often noted. The rankings of the twelve Leading Health Indicators is shown in the graph below. Access to Health Services was ranked as the most important issue with Mental Health and Nutrition, Physical Activity and Obesity ranked second and third respectively. Also, in the top five were Preventive Health Services and Social Determinants of Health. Oral Health came in as number six; however, still holding a significant number of mentions.

Figure 1

Healthy People 2020—Leading Health Indicators: Five Most Important Issues, N=29, Collective Voice 80+





Barriers to Health To identify barriers to health in our community from the perspective of our stakeholders and partners, the Professional Informant Survey asked respondents **“What are the barriers to health for the populations you serve?”** Their responses revealed major barriers related to community infrastructure, service availability, and individual characteristics. These barriers are listed in the next graph, ordered by the number of overall mentions.

The three most-often mentioned barriers to health in our community, together accounting for over 45% of responses, were transportation, limited income/low health literacy and access to providers or health system issues. Poverty and lack of insurance or cost of healthcare were also identified as significantly affecting the populations served. Less frequently mentioned barriers included limited social support and poor nutrition and lifestyle.



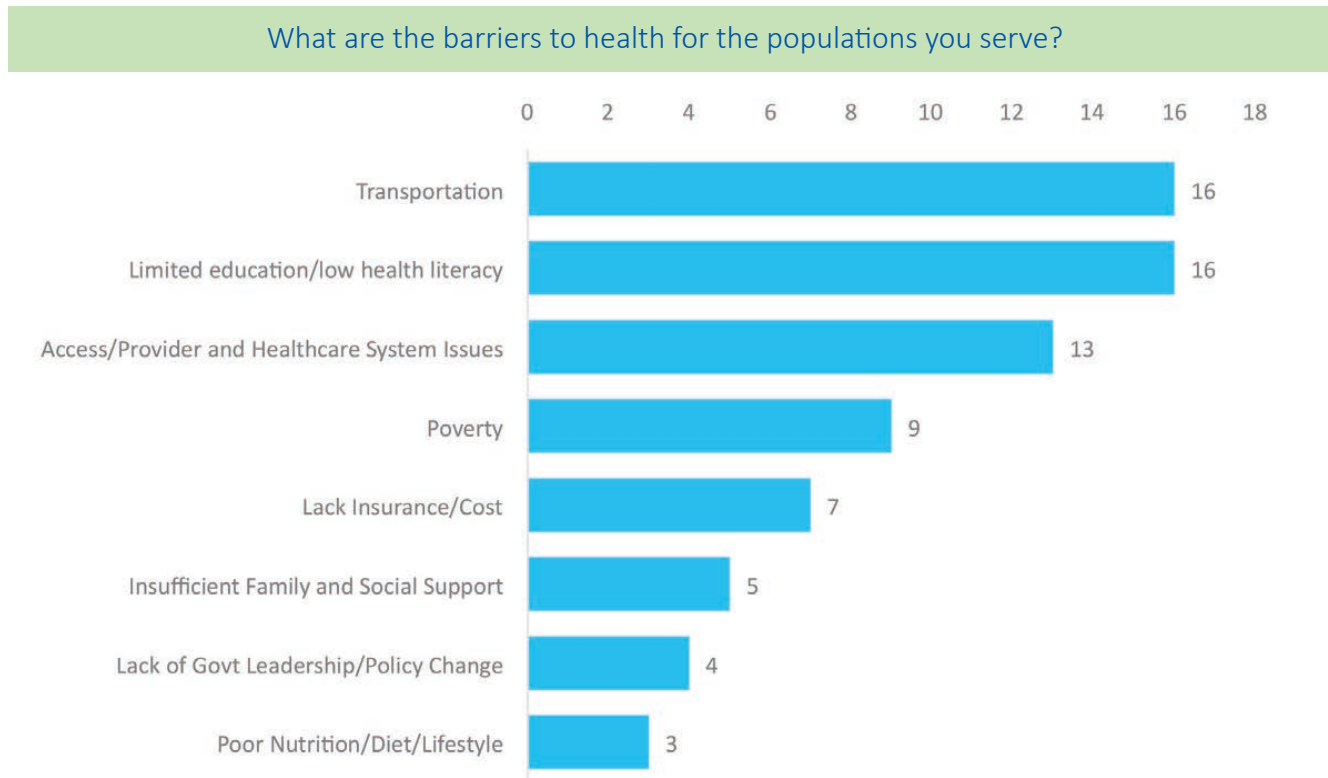
TOP BARRIERS TO HEALTH IN OUR COMMUNITY

LACK OF TRANSPORTATION

LOW INCOME/ LOW HEALTH LITERACY

LACK OF ACCESS TO PROVIDERS

Figure 2 Barriers for Specific Populations, N=20, Collective Voice 80+





Populations with Unmet Needs

Stakeholders and partners were asked **“Is there one population group with the greatest unmet need?”** and a follow-up, **“If so, why?”** Nearly all responses to the first question mentioned multiple populations which were typically defined in terms of social characteristics. Responses to the second question identified the specific unmet needs.

Table 9 Populations with Unmet Needs

POPULATIONS WITH UNMET NEEDS	QUALIFIERS & NEEDS	NUMBER OF MENTIONS
Seniors	Low-income, rural, transportation, homebound	11
Low-income	Lack health insurance, social support, transportation	10
Children	Need for early childhood education, childcare	6
Racial/ethnic minorities	Low-income, unaware of available services	6
Women and single mothers	Services for their children, vulnerable	6

Five specific populations were identified as having the highest levels of unmet need. The single group mentioned most often was senior citizens, a group whose unmet needs include lack of funding for in-home services and lack of transportation, a problem that one respondent noted is particularly problematic for low-income rural seniors. Stakeholder and partners also identified children as a population having high levels of unmet needs, specifically early childhood education and childcare that provides both quality and affordability. Low-income families and individuals also were recognized as having unmet needs, particularly health insurance and social support. Racial and ethnic minorities and unauthorized immigrants were mentioned, in conjunction with their higher poverty rates, lower rates of health insurance, and a greater lack of knowledge about available resources. In addition to these groups, Congolese refugees in the Bond Community, homeless and homebound adults, and college students were identified.



Localities with Unmet Needs

Respondents were asked **“Is there one locality / neighborhood with the greatest unmet need? If so, why?”** Just as when they were asked to identify the population with the highest level of unmet need, the typical respondent did not identify just one locality. Of the five specific localities identified, Tallahassee’s Southside neighborhood was the most-frequently mentioned, followed by the city’s west side and the rural areas of Gadsden, Jefferson, and Wakulla, Gadsden County in its entirety, and Tallahassee’s Frenchtown neighborhood. Reasons point to high barriers to health in these localities, including poverty, limited access to health care and transportation, and a dearth of available providers. The following table lists the responses, rationales, and number of mentions for each locality.

Table 10**Localities and Neighborhoods with Greatest Need**

	WHY?	NUMBER OF MENTIONS
Tallahassee: Southside	Poverty, racial disparities	9
32304/Highway 20	Poverty	6
Rural areas:		
■ Gadsden, Jefferson, Wakulla	Limited access to care, transportation, poverty	5
Communities with Title 1 Schools	Poverty	3
Gadsden County	Lack of providers, transportation	3

**Existing Health Care Facilities and Resources**

Stakeholders and partners were asked “**What are the resources for health for the populations you serve?**” A list of the specific agencies and services identified is provided at the end of this sub-section. These agencies and services represent 11 distinct categories which are noted in the table below along with the total number of times each was mentioned.

Each of the 11 categories merited at least one mention by respondents to the Professional Informant Survey and group discussion feedback. The most-often mentioned resources were community-based health clinics and outreach services. Bond Community Center, for example, received multiple mentions as did CarePoint and the county health departments. Both local hospitals—Tallahassee Memorial HealthCare and Capital Regional Medical Center—were identified as resources, as was the telemedicine program implemented by Tallahassee Memorial HealthCare. The Apalachee Mental Health Center and DISC Village were noted as critical sources of mental health and substance abuse treatment. Respondents also identified multiple federal assistance program as resources, including Medicare, Medicaid, SNAP and WIC.

Table 11**Resources for the Populations You Serve**

	NUMBER OF MENTIONS
Health clinics and outreach services	18
Community-based programs and organizations	13
Federal assistance programs	9
Mental health centers	6
Education programs for individuals	5
Local hospitals	4
Grant programs	4
Charitable foundations	4
Education and resource coordination agencies	2
Substance abuse programs	2
None	2
Transportation Services	1
Total	70



Table 12 Community Resources: Specific Agencies, Programs, and Services

FEDERAL ASSISTANCE PROGRAMS

- + Medicaid
- + Medicare
- + Supplemental Nutrition Assistance Program (SNAP)
- + Women, Infants, and Children (WIC)

HEALTH CLINICS & OUTREACH SERVICES

- + Federally Qualified Health Centers
- + County Health Departments
- + Bond Community Health Center
- + CareNet
- + CarePoint
- + Mobile Response Team
- + Big Bend Cares

LOCAL HOSPITALS

- + Tallahassee Memorial HealthCare
- + Capital Regional Medical Center

MENTAL HEALTH AND SUBSTANCE ABUSE PROGRAMS

- + Apalachee Mental Health Center
- + DISC Village

COMMUNITY-BASED PROGRAMS & ORGANIZATIONS

- + Boys & Girls Clubs of Leon County
- + 211 Big Bend
- + TPD Victims Advocate Services

GRANT PROGRAMS

- + SAMHSA
- + Ryan White Foundation
- + State of Florida

EDUCATIONAL PROGRAMS

- + Early Childhood Obesity Program
- + SHINE (Medicare)
- + AHEC Tobacco Cessation Program

EDUCATION AND RESOURCE COORDINATION AGENCIES

- + Big Bend Area Health Education Center
- + Big Bend Rural Health Network

CHARITABLE FOUNDATIONS & PROGRAMS

- + Capital Medical Society
- + WeCare

TRANSPORTATION SERVICES

- + Big Bend Transit



Prioritizing Change

In closing, participants were asked to identify a single change that would improve health and well-being in the community: **“If we could make one change as a community to meet the needs and reduce the barriers to health in your community what would that be?”** Here, too, few of our community stakeholders and partners limited themselves to “just one” answer. The suggested changes are grouped thematically in the table below.

Table 13 Suggested Changes for Highest Impact

THEME	SUGGESTED CHANGES	NUMBER OF MENTIONS
Targeted solutions	<ul style="list-style-type: none"> ■ More attention to at-risk populations, rural communities, low-income individuals and families ■ Seniors need assisted living options ■ Create Children's Services Council 	9
Government and industry change	<ul style="list-style-type: none"> ■ Policy change ■ Regulate health care industry 	8
Efficient service delivery	<ul style="list-style-type: none"> ■ Coordinated solutions ■ Nurse navigator ■ Wrap-around services 	7
Health care access: general	<ul style="list-style-type: none"> ■ Universal health care ■ Affordable health care ■ Increased health care access 	6
Community change	<ul style="list-style-type: none"> ■ Public health campaign ■ Community report card ■ Forums to discuss challenges openly 	6
Health care access: specific	<ul style="list-style-type: none"> ■ Accessible transportation ■ Telemedicine 	4
Individual-focused changes	<ul style="list-style-type: none"> ■ Reduce obesity ■ Improve educational outcomes 	3

Respondents prioritized interventions designed to benefit vulnerable populations. Respondents also indicated a need for policy change by state government and industry, suggesting the importance of price transparency and a need to view health and health care more holistically by integrating health considerations into policies generally. Incentives appeared to figure into some discussions, with two groups noting the need for economic incentives to motivate healthier behaviors and state investment in making medical school a more attractive option for high school and college students. Moreover, responses also pointed to the need for greater efficiency and collaboration among agencies and service providers.



Community Health Survey

A Community Health Survey (CHS) was conducted to solicit input from residents of the four counties that comprise the Tallahassee Memorial HealthCare primary service area. The survey was designed to illuminate not only the health of community members but also their use of available health services, barriers to maintaining or improving health, and their health-related behaviors, attitudes, and perceptions. The results reveal potential areas for improvement and identify health assets.

This section begins by discussing the survey's development and sampling procedures including how the survey was advertised and how people were recruited to participate. The next section describes these participants. Following these preliminaries is an extended discussion of the survey's results.

METHODOLOGY

The Tallahassee Memorial HealthCare 2019 CHS was designed by the CHNA Advisory Team to assess health and well-being in Tallahassee Memorial HealthCare Service Area. Survey design was guided by three criteria: (1) consistency with the Leading Health Indicators framework developed by the federal government's Healthy People 2020 program (www.healthypeople.gov/); (2) reliance on established measures of health and well-being; and (3) minimizing respondent burden.

The resulting survey instrument comprises 51 questions drawn largely from national health surveys administered annually or biennially by the Centers for Disease Control, including the Behavioral Risk Factor Surveillance System, the National Health Interview Survey, the Youth Risk Behavior Surveillance System, and the National Health and Nutrition Examination Survey. Survey topics include:

- 1 access to medical and dental care, such as having a primary care doctor or dentist
- 2 health insurance status and source
- 3 preventive health services, such as Pap smears for women and colonoscopies for older adults
- 4 health and health-risk behaviors, such as exercise, tobacco and alcohol use
- 5 mental health, including stress and use of mental health services
- 6 social engagement, such as regular contact with friends and family members
- 7 community perceptions, including a sense of personal safety and access to goods and services
- 8 chronic illness, such as diabetes or high blood pressure

The survey also collected basic demographic information, including age, sex, and race/ethnicity. No identifying information was collected, and participants were assured of complete anonymity. Respondent burden was minimized by incorporation of a skip pattern, so that respondents did not see questions that did not pertain to them. A copy of the survey is included in Appendix 2: Community Health Survey.

The survey's only screening criterion was residence in one of the four counties comprising the primary service area of Tallahassee Memorial HealthCare: Leon, Gadsden, Jefferson, and Wakulla. Nonprobability (convenience) sampling, the approach used in most Community Health Needs Assessments, was used to recruit respondents, with outreach efforts targeted to both the general population of the four counties and specific groups of special interest, including:

- ▶ Low-income and/or uninsured residents
- ▶ Racial and ethnic minorities
- ▶ Seniors
- ▶ Persons living with chronic illness and/or serious long-term health problems.

The CHS was available in paper and online formats from January 22nd through March 15th of 2019. The online version was supported by the Qualtrics platform at Florida State University and accessed through the Tallahassee Memorial HealthCare web site (www.tmh.org/about-us/community-health-needs-assessment/about-chna). Paper versions of the survey, along with cards and flyers advertising it, were distributed to partners at the January 22nd Community Health Partners meeting, and to all physician partners and clinics in the Tallahassee Memorial HealthCare system. Additional strategies for survey distribution included:

- ▶ Media coverage by local television stations and the local newspaper announcing the URL for the survey
- ▶ Facebook
- ▶ Face-to-face survey interviews, facilitated by volunteers and/or staff at sites and Tallahassee Memorial HealthCare sponsored events serving the target populations
- ▶ Flyers posted and cards distributed at sites/agencies that serve the general community and target populations
- ▶ Email notices with the survey link to Tallahassee Memorial HealthCare patients and volunteers

Survey participation was voluntary and, although incentives were not offered generally, some participants did receive incentives. Students at Florida State University who completed the survey received \$5 Starbucks gift cards. Parents of children attending Title 1 Schools and members of churches in target populations entered drawings for grocery store gift cards.

More than 1,500 people accessed the online version of the CHS, 1,438 of whom were residents of the four eligible counties. An additional 211 individuals from these counties completed paper surveys at a Tallahassee Memorial HealthCare affiliated clinic or physician's office, at a Tallahassee Memorial HealthCare sponsored community events, or on the campus of Florida State University. Information from the papers surveys was entered into Microsoft Excel by Tallahassee Memorial HealthCare staff and volunteers and uploaded into Qualtrics. Altogether, the CHS obtained information for a total of 1,649 individuals. Their responses were analyzed using Qualtrics and Excel.

WHO PARTICIPATED IN THE COMMUNITY HEALTH SURVEY?

This section describes the residents who participated in the Tallahassee Memorial HealthCare 2019 CHNA by answering the Community Health Survey. The total number of responses is provided with each chart and table, because not all participants responded to every question.

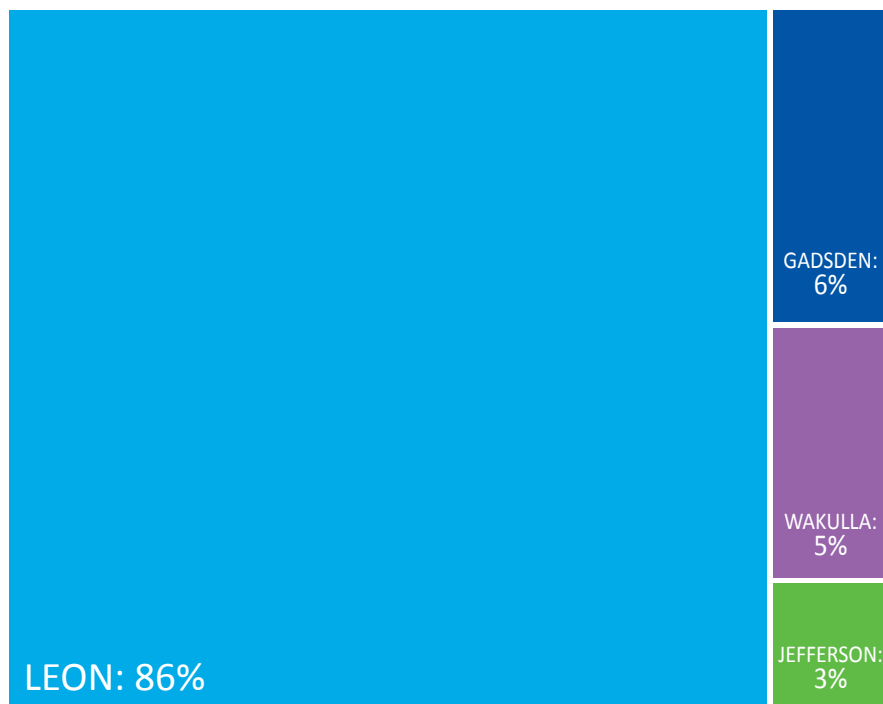


County of Residence

Most respondents to the CHS live in Leon County (86%), with just 14% residing in Wakulla (5%), Gadsden (6%), or Jefferson (3%) counties.

Figure 3

County of Residence
COMMUNITY SURVEY RESPONDENTS



Age

The average age of CHS participants ranges from 19 to 94, with an average of 52.5 years. The largest age-group, accounting for just over one-third of respondents, is persons 65 and older. The second-largest age-group comprises persons aged 35 to 54, who make up about one-quarter of the sample. Roughly 20% of respondents were between 20 and 34 and just under 20% were between 55 and 64. The smallest age-group is persons 19 and under, who make up less than 1.4% of the sample.

Table 14

Age

What is your age?

	PERCENT	NUMBER OF RESPONDENTS
19 and under	1.4	19
20-34	21.8	291
35-54	24.5	327
55-64	18.8	252
65 and over	33.5	448
Total		1,337



Gender

More CHS participants identified as female (77%) than male (21%), and fewer than one percent identified as non-binary, third gender, or gender-fluid. In a follow-up question, less than one-percent indicated being transgender.

Table 15 Gender

What is your gender?		
	PERCENT	NUMBER OF RESPONDENTS
Male	21.4	290
Female	77.4	1,049
Non-binary / third gender	0.2	3
Prefer not to say	1.0	13
Total		1,355

Table 16 Identification as Transgender

Do you identify as transgender?		
	PERCENT	NUMBER OF RESPONDENTS
Yes	0.4	6
No	98.8	1,329
Prefer not to say	0.7	10
Total		1,355



Race and Ethnicity

Of the 1,385 respondents willing to provide their racial/ethnic identity, a majority (65%) identified themselves as White and not of Hispanic/Latino ethnicity. About one-quarter identify as Black or African American, 3% as Hispanic/Latino, and 6% hold some other race or ethnic identity. Health and health-related behaviors may be different between members of specific races and ethnicities because of culture, social history and community economic factors.

Figure 4

Race and Ethnicity COMMUNITY SURVEY RESPONDENTS



Few CHS respondents identified themselves as a race/ethnicity other than Black or Non-Hispanic White. When discussing race/ethnic differences, this report uses a three-category breakdown that combines respondents who identified as Latino or Hispanic with those who identified as other race/ethnic identities.

PARTICIPANT CHARACTERISTICS BY RACE/ETHNICITY AND COUNTY OF RESIDENCE



Race/Ethnic Identity by County

The race/ethnic profile of respondents differs by county. Wakulla County has the smallest share of Black respondents and the largest share of both non-Hispanic White respondents and respondents of other identities. Gadsden County has the largest share of Black respondents and smallest share of both White respondents and those of other identities.

Table 17

Race by County

	Leon		Gadsden		Jefferson		Wakulla	
	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER
Non-Hispanic White	66.3	797	47.8	43	50.0	14	77.8	49
Black, Afro-Caribbean, or African American	24.5	295	44.4	40	39.3	11	9.5	6
All other identities	9.2	110	7.8	7	10.7	3	12.7	8
Total		1,202		90		28		63

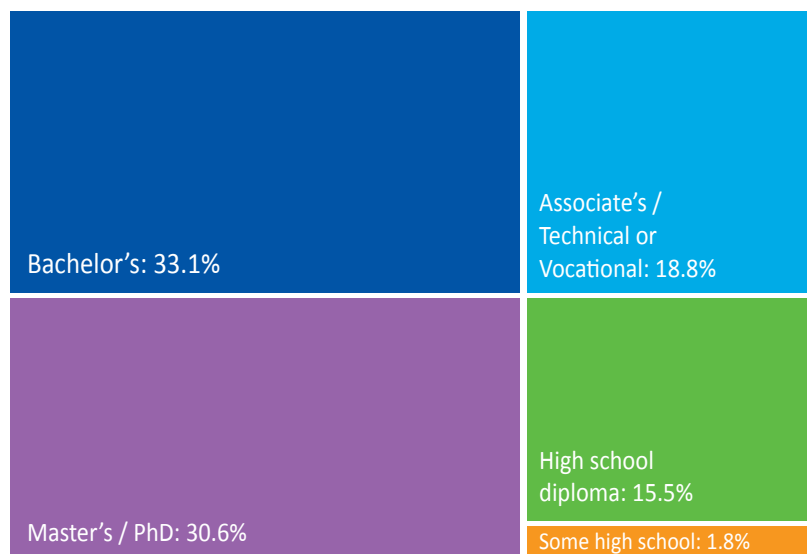
Altogether, CHS respondents reported 13 primary languages. English is the primary language for the majority (98%) and just one-half of one percent report Spanish as the primary language.

Table 18 Primary Languages Spoken

	PERCENT	NUMBER OF RESPONDENTS
English	98.4	1,333
Spanish	0.5	7
Other:		
■ Arabic	0.1	2
■ Bengali	0.1	1
■ Chinese	0.1	1
■ Creole (unspecified)	0.2	3
■ Creole and French	0.1	1
■ Filipino	0.1	1
■ French	0.1	1
■ Haitian Creole	0.1	2
■ Igbo (Nigerian Kwa)	0.1	1
■ Papiamento (Spanish Creole)	0.1	1
■ Polish	0.1	1
Total		1,355

Figure 5 Percentage by Educational Attainment

COMMUNITY SURVEY RESPONDENTS



Educational Attainment

CHS respondents tended to be well-educated, with 64% holding a bachelor's degree or an advanced or professional degree. An additional 19% reported having an associate degree or certification from a Technical or Vocational school. Over 15% of respondents are high school graduates without a higher degree and the remainder have not completed high school.



Educational Attainment by County

Respondents from Leon County have a higher level of education, on average, than those from Gadsden, Jefferson, and Wakulla counties, with over 67% reporting a bachelor's or graduate degree. Over 37% of respondents from Gadsden and Jefferson and 30% of Wakulla respondents report a high school diploma as their highest attainment. About 23% of both Gadsden and Wakulla respondents report having a technical or vocational certification, as did 31% of Jefferson respondents. Gadsden County shows a significantly higher rate of respondents not completing high school as compared to the other three counties.

Table 19 Educational Attainment by County

	Leon		Gadsden		Jefferson		Wakulla	
	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER
Did not complete HS	1.9	22	6.7	6	0.0	0	0.0	0
High school diploma	12.7	149	37.1	33	37.9	11	29.8	17
Associate or Technical/Vocational	18.0	212	22.5	20	31.0	9	22.8	13
Bachelor's	34.3	404	20.2	18	20.7	6	31.6	18
Master's / PhD	33.1	390	13.5	12	10.3	3	15.8	9
Total		1,177		89		29		57



Educational Attainment by Race

CHS participants are well-educated, on average, but there are differences by race/ethnic identity. More non-Hispanic Whites hold a bachelor's or graduate degree (69%) than do Blacks (52%) or persons of other identities (55%). More persons of other identities have associate degrees or technical/vocational certificates (25%), and more Black respondents reported a high school degree as their highest educational attainment.

Table 20 Educational Attainment by Race

	Non-Hispanic White		Black, Afro-Caribbean African American		All other identities	
	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER
Did not complete HS	0.5	5	5.7	20	1.6	2
High school diploma	12.3	111	23.5	82	19.0	24
Associates or Technical/Vocational	18.3	165	18.3	64	24.6	31
Bachelor's	35.2	318	30.1	105	24.6	31
Master's / PhD	33.7	305	22.3	78	30.2	38
Total	100.0	904	100.0	349	100.0	126



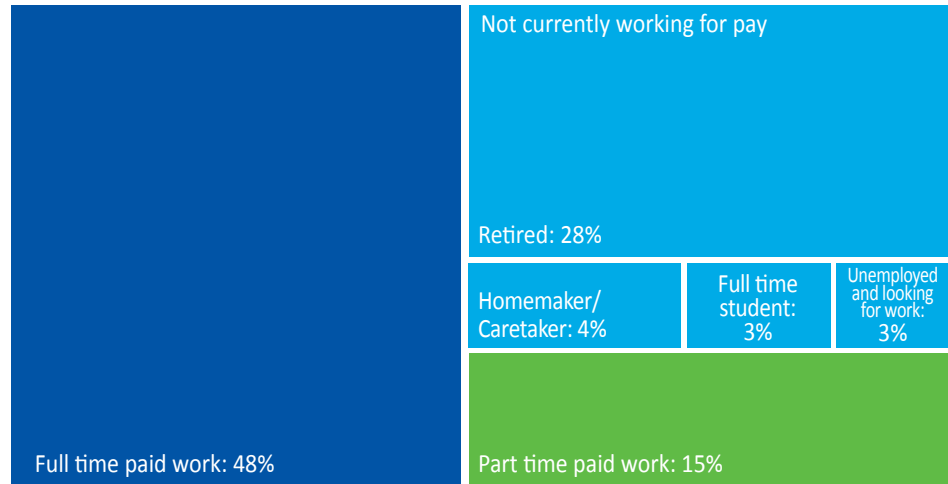
Employment

Almost half of the respondents report working full time and 15% report working part-time. Of those who report not working for pay currently, the majority reported being retired. Much smaller numbers say that they were homemakers, caretakers, full-time students or unemployed but looking for work.

Figure 6

Employment Status

COMMUNITY SURVEY RESPONDENTS



Employment by County

The employment profile of respondents differs across the four counties. Most Leon (65%) and Wakulla (57%) respondents currently working for pay, but more than half of Gadsden (55%) and Jefferson (54%) respondents do not. Most respondents in all four counties who describe themselves as not currently working report being retired, with the highest share in Wakulla (88%) and the lowest in Jefferson (54%).

Table 21

Employment Status by County

What is your current employment status?

	Leon		Gadsden		Jefferson		Wakulla	
	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER
Full time paid work	50.0	578	32.5	27	39.3	11	43.1	25
Part time paid work	15.3	177	12.0	10	7.1	2	13.8	8
Not currently working	34.6	400	55.4	46	53.6	15	43.1	25
Total		1,155		83		28		58

Table 22

Not Currently Working by County

If you're not currently working, are you:

	Leon		Gadsden		Jefferson		Wakulla	
	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER
Retired	77.8	301	75.6	34	53.8	7	88.0	22
Full-time student	7.8	30	4.4	2	7.7	1	0.0	0
Homemaker/Caretaker	8.8	34	11.1	5	15.4	2	8.0	2
Unemployed, looking for work	5.7	22	8.9	4	23.1	3	4.0	1
Total		387		45		13		25



Employment by Race/Ethnicity

More Black respondents reported being currently employed (77%) than did White respondents (58%) or persons of other identities (69%). More non-Hispanic White respondents said that they are not currently working for pay (43%) than did Black respondents (23%) or persons of other identities (31%). Of those not working for pay, most White respondents (83%) report being retired, as did most persons of other identities and nearly half of Black respondents. Black respondents reported being homemakers or caretakers more frequently (24%) than did either White respondents (9%) or persons of other identities (5%), and also more often reported being unemployed.

Table 23

Employment by Race

What is your current employment status?

	Non-Hispanic White		Black, Afro-Caribbean African American		All other identities	
	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER
Full time paid work	44.8	397	58.0	196	48.4	60
Part time paid work	12.7	113	19.2	65	21.0	26
Not currently working	42.5	377	22.8	97	30.6	42
Total		887		358		124

Table 24

Not Currently Working by Race

If not currently working, are you:

	Non-Hispanic White		Black, Afro-Caribbean African American		All other identities	
	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER
Retired	82.5	302	48.5	47	73.0	27
Full time student	4.9	18	13.4	13	13.5	5
Homemaker/Caretaker	8.7	32	23.7	23	5.4	2
Unemployed, looking for work	3.8	14	14.4	14	8.1	3
Total		366		97		37



Income

Over 1,000 respondents skipped the question on household income. Those who did respond tended to report household incomes above what is typical for residents in our community.

Table 25

Annual Income

What is your yearly household income?

	PERCENT	NUMBER
Under \$10,000	6.4	79
\$10,000 to \$20,000	9.0	111
\$20,001 to \$30,000	7.2	89
\$30,001 to \$40,000	8.9	110
\$40,001 to \$50,000	9.6	118
\$50,001 to \$60,000	9.0	111
\$60,001 to \$70,000	7.3	90
\$70,001 to \$80,000	5.8	72
\$80,001 to \$90,000	4.6	57
Above \$90,000	32.2	398
Total		1,235



Income by County

Median reported annual income for respondents living in Leon County falls between \$60,001 and \$70,000, compared to a median between \$40,001 and \$50,000 for respondents in Gadsden, Jefferson, and Wakulla counties. Nearly 35% of respondents in Leon reported annual incomes over \$90,000, compared to 20% in Wakulla, 16% in Gadsden, and 9% in Jefferson.

Table 26

Annual Income by County

	Leon		Gadsden		Jefferson		Wakulla	
	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER
Under \$10,000	6.4	69	6.1	5	17.4	4	2.0	1
\$10,000 to \$20,000	8.5	92	15.9	13	13.0	3	5.9	3
\$20,001 to \$30,000	7.1	76	7.3	6	0.0	0	13.7	7
\$30,001 to \$40,000	8.0	86	14.6	12	17.4	4	15.7	8
\$40,001 to \$50,000	8.7	94	11.0	9	21.7	5	17.6	9
\$50,001 to \$60,000	8.6	93	9.8	8	13.0	3	13.7	7
\$60,001 to \$70,000	7.4	80	6.1	5	8.7	2	5.9	3
\$70,001 to \$80,000	5.8	63	8.5	7	0.0	0	3.9	2
\$80,001 to \$90,000	4.8	52	4.9	4	0.0	0	2.0	1
Above \$90,000	34.5	372	15.9	13	8.7	2	19.6	10
Total		1,077		82		23		51



Income by Race/Ethnicity

As with housing and education, reported income varies across race/ethnic groups. More than 41% of non-Hispanic White respondents report an annual income over \$90,000, compared to 12% of Black respondents and 28% of respondents of other identities. Black respondents (30%) and those of other identities (28%) also more often report annual incomes of \$20,000 and below than do Whites (8%).

Table 27 Annual Income by Race

What is your yearly household income?

	Non-Hispanic White		Black, Afro-Caribbean African American		All other identities	
	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER
Under \$10,000	2.8	23	14.3	47	11.2	13
\$10,000 to \$20,000	5.9	48	15.5	51	17.2	20
\$20,001 to \$30,000	4.6	38	12.5	41	9.5	11
\$30,001 to \$40,000	7.7	63	12.5	41	5.2	6
\$40,001 to \$50,000	9.7	79	9.5	31	7.8	9
\$50,001 to \$60,000	8.7	71	10.7	35	4.3	5
\$60,001 to \$70,000	6.8	56	7.6	25	7.8	9
\$70,001 to \$80,000	6.7	55	4.0	13	3.4	4
\$80,001 to \$90,000	5.6	46	1.8	6	5.2	6
Above \$90,000	41.4	339	11.6	38	28.4	33
Total		818	100.0	328	100.0	116



Housing

Nearly 70% of CHS respondents report owning their homes; over 26% rent and less than 1% live in public or subsidized housing. More than 2% report not having housing, but stay with friends or relatives, in a shelter, or live on the streets.

Table 28 Housing Status

	PERCENT	NUMBER
Home owner	69.3	938
Renter	26.4	358
I stay in public or subsidized housing	0.8	11
I do not have housing	2.2	30
I choose not to answer	1.3	17
Total		1,354



Table 29 Housing by County

	Leon		Gadsden		Jefferson		Wakulla	
	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER
Own	67.8	799	74.4	67	85.2	23	82.5	47
Rent	28.4	334	16.7	15	3.7	1	14.0	8
Stay in public or subsidized housing	0.8	9	1.1	1	3.7	1	0.0	0
I do not have housing	2.0	24	5.6	5	3.7	1	0.0	0
I choose not to answer	1.0	12	2.2	2	3.7	1	3.5	2
Total		1,178		90		27		57

More respondents living in Wakulla (83%), Jefferson (85%), and Gadsden (74%) own their homes than do respondents living in Leon (68%). Conversely, Leon residents more often are renters. The share of respondents reporting that they do not have stable housing is highest in Gadsden County (6%).

Table 30 Housing by Race/Ethnicity

	Non-Hispanic White		Black, Afro-Caribbean African American		All other identities	
	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER
Own	77.9	702	49.7	175	60.6	77
Rent	19.9	179	41.8	147	31.5	40
Stay in public or subsidized housing	0.1	1	2.8	10	0.0	0
I do not have housing	1.3	12	4.0	14	3.9	5
I choose not to answer	0.8	7	1.7	6	3.9	5
Total		901		352		127

Comparisons of housing reveal substantial differences across the three race/ethnic groups. Nearly four-fifths of White respondents own their homes compared to about half of Black respondents and over 60% of respondents of other identities. Black respondents (42%) and those of other identities (32%) more often rent their homes, and both groups are more likely than White respondents to report not having stable housing.



Living Arrangements by Age

Respondents were asked how many people in each of three age groups—17 and under, 18 to 64, and 65 and older—lived in their household. Based on their responses, we can describe the kinds of households the CHS respondents live in. The most common household type in the CHS sample is a two-adult household without children: 28% of respondents live in household where both adults are between 18 and 64, 4% in households where both respondents are 65 and older, and 6% in “mixed” (Two-person household, one 18-64 and one 65+) age-group households. Just under 30% of respondents live in households with at least one child aged 17 or younger, and about 22% of respondents live alone.

Table 31 Household Composition

	PERCENT	NUMBER
Households with children aged 17 and younger	29.4	389
Two-person household, both 18-64	27.5	364
One-person household, 18-64	11.6	153
One-person household, 65+	10.6	140
Households with 3+ persons, 18-64	8	106
Two-person household, one 18-64 and one 65+	5.7	75
Two-person household, both 65+	3.9	52
Other	3.1	41
Group quarters (20+ adults)	0.2	2
Total		1,322

Community Health Survey Results



Introduction

This section describes results from the Community Health Survey (CHS). Results are organized by the eight topics listed at the start of this chapter, in the description of the survey’s development. Much of the discussion focuses on findings for the full sample—all the survey’s participants. However, some responses differ by respondents’ race/ethnic identity and/or county of residence and, when this occurs, those differences are described here. Responses to all questions by race/ethnic identity and county are available by request to the Tallahassee Memorial HealthCare Health Promotion Department.

SURVEY RESULTS: ACCESS TO HEALTH SERVICES



Medical Care

Most respondents (90%) reported having a specific doctor or place that go when they are sick or need medical advice or referrals, but this share varies by race/ethnic identity. Just 80% of Black respondents say that they have a usual doctor or health provider compared to about 94% of Non-Hispanic White respondents, and 87% of persons of other races.

Table 32 Accessing Primary Care

Is there a particular doctor’s office, health center, or other place that you usually go if you are sick or need advice about your health?				
	Full Sample PERCENT	White PERCENT	Black PERCENT	Other Identities PERCENT
Yes	89.6	93.9	80.1	86.7
No	10.4	6.1	19.9	13.3
Total	1,599	904	351	128



Overall, 166 respondents said they do not have a usual doctor. They were asked where they obtain care for illness or medical advice. Just five individuals reported no use of medical services; the remainder reported nearly three alternatives each, for a total of 462 alternative locations for health care. Notably, the most frequently identified alternatives to a personal physician or clinic are locations with physicians or other trained medical personnel.

Table 33**Accessing Care without a Primary Doctor**

If you do not have a particular doctor, where do you go when you are sick or need advice about your health? (Check all that apply)

	PERCENT	NUMBER
Doctor's office	25.3	117
Urgent care / Walk in clinic	23.2	107
Emergency room	21.2	98
Community clinic	7.6	35
Health Department	6.3	29
Student health services	5.6	26
Pharmacy clinic	4.5	21
Veterans medical center (VA)	1.5	7
Family/friend is doctor/nurse	0.9	4
Planned Parenthood	0.6	3
Telemedicine / Virtual care	0.2	1
Other	1.9	9
Nowhere or don't get sick	1.1	5
Total		462

**Oral Health**

Overall, the most frequently reported provider of dental care is a private dentist (89%). As with medical care, however, dental care arrangements vary by race/ethnic identity. About 93% of White respondents receive oral care from a private dentist compared to 73% of Black respondents and 83% of respondents of other identities. Black respondents and those of other race/ethnicities more often rely on their county health departments or local clinics.

Just 42 respondents (2.6%) report that they do not see anyone for dental care. Of these, 12% report lacking teeth, 26% report being unable to afford care and/or dental insurance, and 12% report not having a dentist.

Table 34**Accessing Dental Care**

Where do you go for dental care? (Check all that apply)

	Full Sample PERCENT	White PERCENT	Black PERCENT	Other Identities PERCENT
Private dentist/clinic	88.6	92.5	73.0	86.7
ER / Urgent care / Walk-in clinic	2.6	1.0	3.0	3.0
County health department	2.1	0.2	7.2	2.0
Community clinic	2.1	0.0	5.6	1.9
TCC dental hygiene clinic	1.1	0.9	3.5	1.1
Other, including none	3.4	4.8	6.7	5.4
Total	1,588	891	337	125

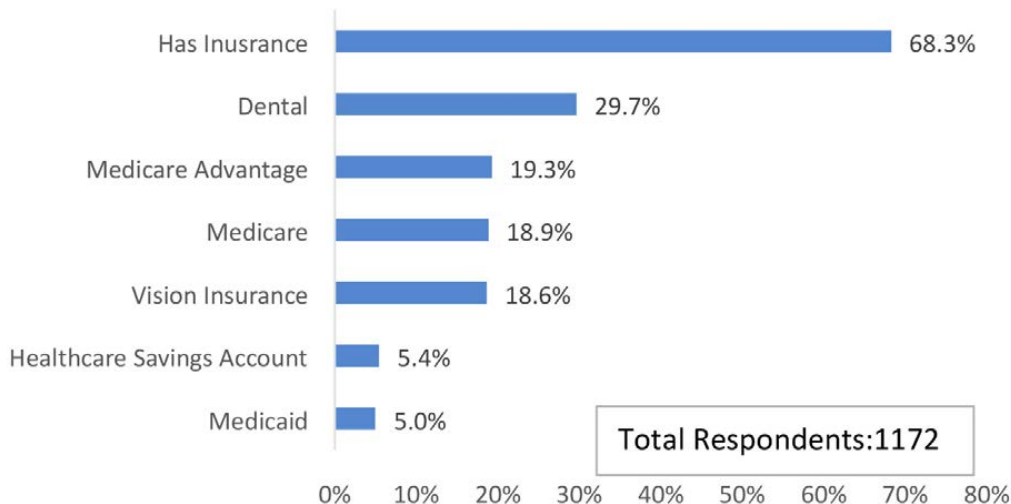
Table 35**Reasons for Lack of Dental Care**

Of those reporting no dental care:

	PERCENT	NUMBER
Lacking teeth	11.9	5
No insurance / can't afford	26.2	11
Don't have dentist	11.9	5
Don't go, reason unspecified	50.0	21
Total		42

**Health Insurance**

Information on health insurance status and sources was obtained by a single question that presented respondents with a list of insurance types and sources and asking them “Which of the following describes your current type of health insurance?” Respondents checked all applicable items. The responses indicate that about 68% of respondents have privately-purchased or employer-provided health insurance. Close to 19% are covered under Medicare and 5% are insured through Medicaid. Just over 5% of respondents have no health insurance.

Figure 7**Health Insurance Status**

Black respondents were 5 times more likely to report having no insurance than either Non-Hispanic White or other race/ethnic identities. Black respondents were also much more likely to report having Medicaid than other groups of respondents.

Focusing only on those with health insurance reveals that over half (52%) of all CHS participants with health insurance obtain that insurance through their employers, and about one-quarter obtain care through Medicare or Medicaid. Five percent of participants have health insurance as benefit of former or current service in the armed forces. Over 11% have market-based care, and an additional half of a percent purchase care through a COBRA plan. These figures vary somewhat across counties, consistent with county-level differences in labor force participation, including the percentage retired and the percentage working full-time.

Figure 8

Lack of Health Insurance by Race

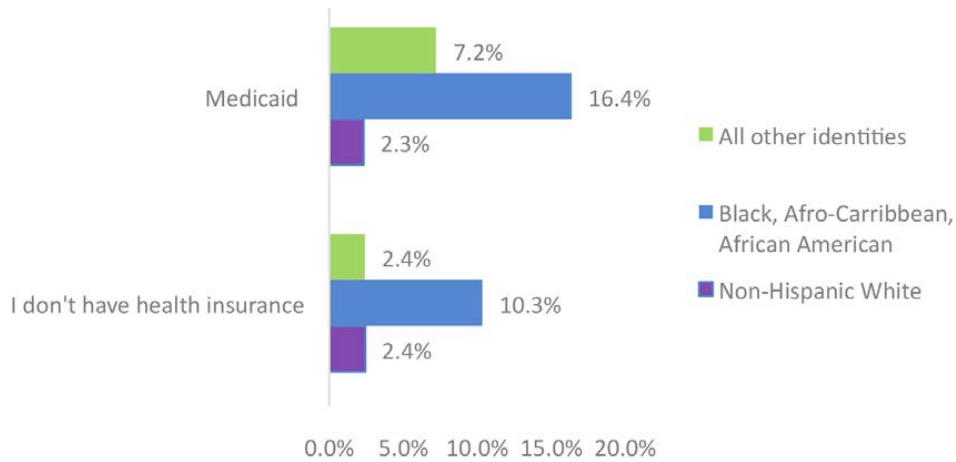


Table 36

Primary Health Insurance by County

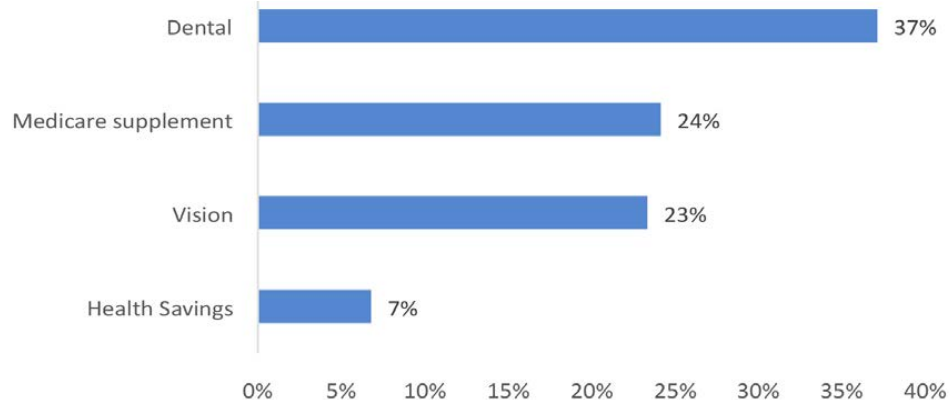
Source of Primary Health Insurance:

	Full Sample PERCENT	Leon PERCENT	Gadsden PERCENT	Jefferson PERCENT	Wakulla PERCENT
Employer Provided Insurance	51.8	53.1	40.2	29.4	54.5
Private purchase or COBRA	11.9	12.5	13.4	5.9	1.8
VA, Tricare, Champus	5.0	5.0	4.9	5.9	5.5
Medicaid	6.5	6.2	8.5	17.6	3.6
Medicare	24.8	23.2	32.9	41.2	34.5
Total	1,309	1,176	89	29	59

Many participants in the CHS have at least one form of supplemental insurance. Dental insurance is the most frequently mentioned form of supplemental coverage, followed by Medicare supplemental plans, vision coverage, and health savings accounts.

Figure 9

Supplemental Insurance Coverage





Barriers to Care

When asked what keeps them from getting needed healthcare, respondents described barriers encompassing cost, access, time and transportation constraints, and perceptions of providers. No single item dominates the list of barriers, but the five items that were most frequently mentioned point to problems of cost and provider access.

Table 37 Barriers to Healthcare

What keeps you from getting the healthcare you need? (Check all that apply)		
	PERCENT	NUMBER
Long waits for appointments	15.9	333
It costs too much	15.8	331
I have insurance but still have to pay too much	14.3	300
Lack of evening and weekend services	11.3	236
I'm too busy	10.0	210
I don't know what types of services are available	4.2	89
I don't have a doctor	4.2	88
I don't have insurance	4.0	84
Demands of taking care of others	3.6	76
Fear of bad news	2.9	60
I can't find providers that accept my Medicaid insurance	2.6	54
I can't find providers that accept my Medicare insurance	2.4	51
I don't trust doctors / clinics	2.1	43
I don't have transportation	2.0	41
I don't like my doctor	1.6	34
I don't have childcare	1.1	22
I don't understand what doctors say	1.1	22
I don't like accepting government assistance	1.0	21
Total		2,095

A second question addressed the availability of care in the Tallahassee Memorial HealthCare Service Area, asking respondents to identify the types of health care they found hard to get. One-fifth of CHS respondents report having no problems getting the care they need and less than one-percent reported being unable to get any type of care. Between those two endpoints, the most-often mentioned is alternative therapies (11%), followed by adult dental care (8%) and mental health care (6%). Preventive care and specialty care each account for about 5% of mentions.

Table 38

Healthcare that is Difficult to Access

Which healthcare is hard for you to get? (Check all that apply)

	PERCENT	NUMBER
None	20.3	559
Alternative therapy (ex. herbal, acupuncture, massage)	10.7	294
Dental Care (Adult)	8.1	223
Mental health / counseling	6.2	172
Preventive and wellness care	4.9	134
Specialty care (ex. heart doctor)	4.6	128
Medication / medical supplies	3.8	104
Dermatology	3.6	98
Vision care	3.2	88
Family doctor	3.0	84
Physical therapy	3.0	83
Eldercare	2.8	77
Chiropractic care	2.7	74
Women's health services	2.4	66
Lab work	2.1	58
Emergency room	2.0	55
Urgent care / walk in clinic	1.9	53
Preventive Screenings like mammogram and colonoscopy	1.5	41
Substance abuse services –drug and alcohol	1.3	37
Hospital Care	1.3	36
X-rays	1.2	34
Dental Care (Child)	1.2	33
Domestic violence services	1.2	32
Family planning / birth control	1.1	30
Programs to stop using tobacco products	1.0	28
Ambulance services	0.9	26
Cancer care	0.9	26
Vaccines or Immunizations	0.7	20
End of life / hospice / palliative care	0.7	19
All of the above	0.1	3
Other:		
■ Bariatric services	0.0	1
■ Hearing aids	0.1	3
■ Sexual and reproductive health care	0.1	2
■ CAT/MRI & other diagnostic services	0.1	4
■ Education on what is available	0.0	1
■ Not specified	1.1	31
Total		2,757

SURVEY RESULTS: HEALTH CARE USE



Routine Care

When asked about routine health care, most respondents indicated that, in the year preceding the survey, they had obtained routine eye (70%) and dental (77%) care and had a physical or routine checkup (84%). A minority (12%) indicating having at least one mental health visit. These percentages varied across race/ethnic identities. Black respondents typically reported lower levels of routine care than either White respondents or respondents of other identities.

Table 39 Routine Healthcare by Race

In the past year, respondent has had...				
	Full Sample PERCENT	White PERCENT	Black PERCENT	Other Identities PERCENT
An eye exam <i>Number of respondents</i>	70.0 1,400	73.3 904	60.8 342	67.2 128
A mental health visit <i>Number of respondents</i>	11.7 1,390	12.5 897	10.5 344	14.3 126
A dental exam <i>Number of respondents</i>	77.0 1,402	81.2 903	65.5 345	71.7 127
A routine check-up <i>Number of respondents</i>	83.8 1,400	85.5 901	80.2 344	84.4 128



Clinical Preventive Care

In addition to their use of routine care, respondents were asked about use of clinical preventive services appropriate to their age and gender. Although most adults say that they are current on recommended preventive diagnostic tests, approximately 30% of women aged 40 and over had not had a mammography within the 12 months preceding the survey, and nearly that share of women over 21 years of age have not had a Pap smear within three years of the survey.

Use of clinical preventive services varied by race/ethnic identity. In an exception to the lower use of health services generally, young Black women more often are up-to-date on Pap smears (80%) than White respondents (72%) and respondents of other identities (68%). Lower shares of middle-age Black women (67%) and women of other identities (61%) reported having had a mammogram in the past year than did White women (72%). Among adults over 50, 81% of Whites reported a colonoscopy within ten years compared to less than 70% of Blacks and respondents of other identities.

Table 40 Preventive Care by Race

I am female and over ___ years of age and have had...				
	Full Sample PERCENT	White PERCENT	Black PERCENT	Other Identities PERCENT
I am female and over 21 years of age and have had a Pap smear within the past three years. <i>Number of respondents</i>	72.6 1,025	71.9 644	79.8 341	65.3 95
I am female and over 40 years of age and have had a mammogram within the past year. <i>Number of respondents</i>	70.7 810	72.4 544	67.1 167	61.4 70
I am over 50 years of age and have had had a colonoscopy within the past 10 years. <i>Number of respondents</i>	70.7 892	72.4 645	67.1 158	61.4 72




Emergency Care

Respondents also were asked about emergency room (ER) visits over the past year. Their answers suggest that ER visits for illness are considerably more common than those for injury. About 23% of persons answering this question had been seen in the ER for illness compared to just under 10% who were seen for injuries.

Table 41 Emergency Care

In the past year, respondent has had...

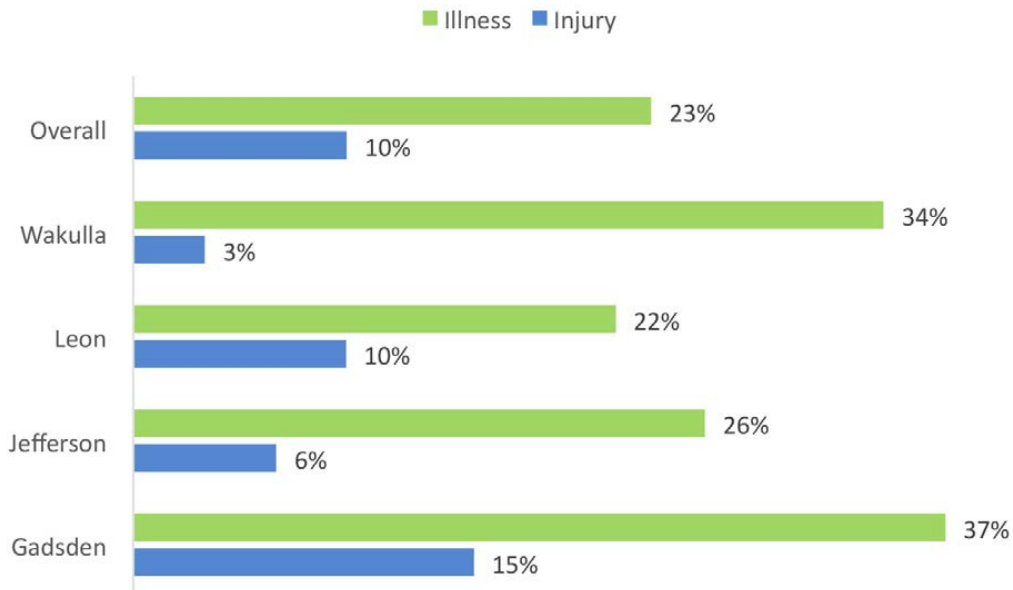
	PERCENT	NUMBER
An ER visit for illness	23.3	1,392
An ER visit for an injury	9.6	1,393



ER visits varied by county of residence. Respondents in Leon County reported the lowest share of illness-related ER visits (22%), while Wakulla reported the lowest share of injury-related visits (3%). Gadsden respondents reported the highest share of both injury (15%) and illness (37%) related ER visits.

Figure 10

Emergency Care for Injury or Illness



MOST PREVALENT HEALTH CONDITIONS REPORTED BY CHS RESPONDENTS



SURVEY RESULTS: HEALTH STATUS

Two items in the CHS shed light on respondents’ health status, one which asks about medically-diagnosed health problems and a second item asking about days that respondents were unable to engage in normal activities.

Doctor-diagnosed health issues

CHS respondents were presented with a list of 14 health problems (Table 43) and asked to indicate whether a doctor had diagnosed them with those problems or with any others. About 15% of the full sample (251 individuals) reported that they have no health problems. The remainder selected at least one of the 14 original conditions a total of 2,293 times; eight health conditions identified in the “other” category garnered an additional 143 responses. The five most prevalent conditions reported in the CHS are high blood pressure (19% of responses), obesity or overweight (15%), high cholesterol (14%), depression or anxiety (12%), and high blood sugar or diabetes (9%).

Missed days due to illness or pain

Nearly four-fifths (79%) of CHS respondents reported no missed work or school days in the last month because of illness or pain. About 8% say that physical or mental pain or illness caused them to miss one day and 10% reported missing between 2 and 5 days. Just 3% of respondents reported missing six or more days.

Table 42 Missed Days of Work

During the last 30 days, how many days did you miss work or school due to pain or illness (physical or mental)?

	PERCENT	NUMBER OF RESPONDENTS
None	79.0	934
1	7.9	94
2-5	10.0	118
6 or more	3.3	39
Total		1,183

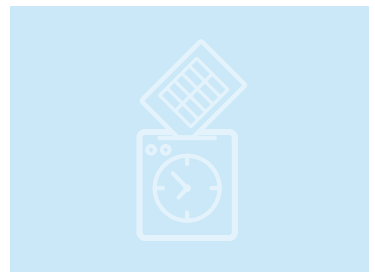


Table 43

Reported Health Conditions

Have you been told by a doctor that you have... (Check all that apply)

	PERCENT	NUMBER
High blood pressure	18.8	476
Obesity or overweight	14.9	376
High cholesterol	13.6	345
Depression or anxiety	11.5	290
High blood sugar or diabetes	9.0	227
Asthma	6.7	170
Cancer	4.8	121
Heart disease	4.5	115
Mental health problems	2.9	73
COPD / chronic bronchitis / Emphysema	2.1	53
Stroke / Cerebrovascular disease	1.2	30
Drug or alcohol problems	0.5	12
HIV / AIDS	0.1	3
Cerebral palsy	0.1	2
Other:		
■ Thyroid disorder	1.3	33
■ Autoimmune disease (MS, SLE, Crohn's, RA)	1.1	28
■ Arthritis / osteoarthritis	0.8	21
■ Osteoporosis / osteopenia	0.6	15
■ Neurological disorders	0.5	13
■ Fibromyalgia	0.3	8
■ Spinal fusion / stenosis / scoliosis	0.3	7
■ Digestive disorders	0.2	6
■ Anemia	0.2	5
■ Liver cirrhosis	0.1	3
■ Sickle cell	0.1	2
■ Glaucoma	0.1	2
■ Other health condition	3.7	93
Subtotal	100.0	2,529
I have no health problems	—	251
Total		2,780

SURVEY RESULTS: NUTRITION

The CHS included questions about two aspects of nutrition: food sources and consumption of fruits and vegetables.

Respondents were asked to identify the sources of food they consume at home. Their top three selections were “grocery store” (47%), “take-out, fast food, or restaurant” (21%), and “Farmers’ Market” (11%). About 11% of responses represent sources that indicate monetary constraints —food banks, food donations, backpack programs, and purchasing food at reduced price stores (“Dollar store”).

Table 44 Sources of Food

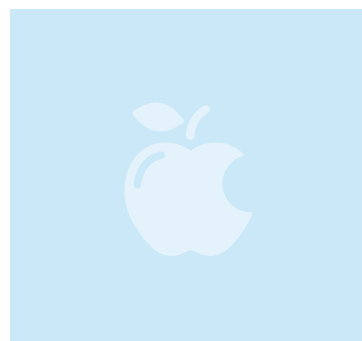
Where do you get the food that you eat at home? (Check all that apply)		
	PERCENT	NUMBER
Grocery store	47.1	1,382
Take-out / fast food / restaurant	20.9	614
Farmers’ Market	10.6	312
Dollar Store	6.6	195
Home Garden	5.2	152
Corner store / convenience store / gas station	3.2	95
Food bank / food kitchen / food pantry	2.5	73
Receive food from family, friends, neighbors, or church	1.5	43
Community Garden	0.6	19
Back-pack or summer food programs	0.2	7
I do not eat at home	0.2	6
Meals on Wheels	0.1	3
Other sources:	1.1	33
■ Meal delivery service	0.2	6
■ Big box retailers	0.1	4
■ Retirement community dining	0.1	2
■ Live/eat at shelter	0.1	2
■ Food co-op	0.0	1
■ University meal plan	0.0	1
■ Not specified	0.6	17
Total		2,394

Participants in the CHS also were asked about their consumption of fruits and vegetables, whether fresh or frozen, over the previous seven days. About one-third of respondents reported that they ate one or two servings daily; an additional 18% reported consuming at least three servings daily. About 46% reported eating fruits or vegetables less than once daily over the past week: almost 24% said they did so between 4 and 6 times and nearly 23% said between 1 and 3 times in the previous seven days.

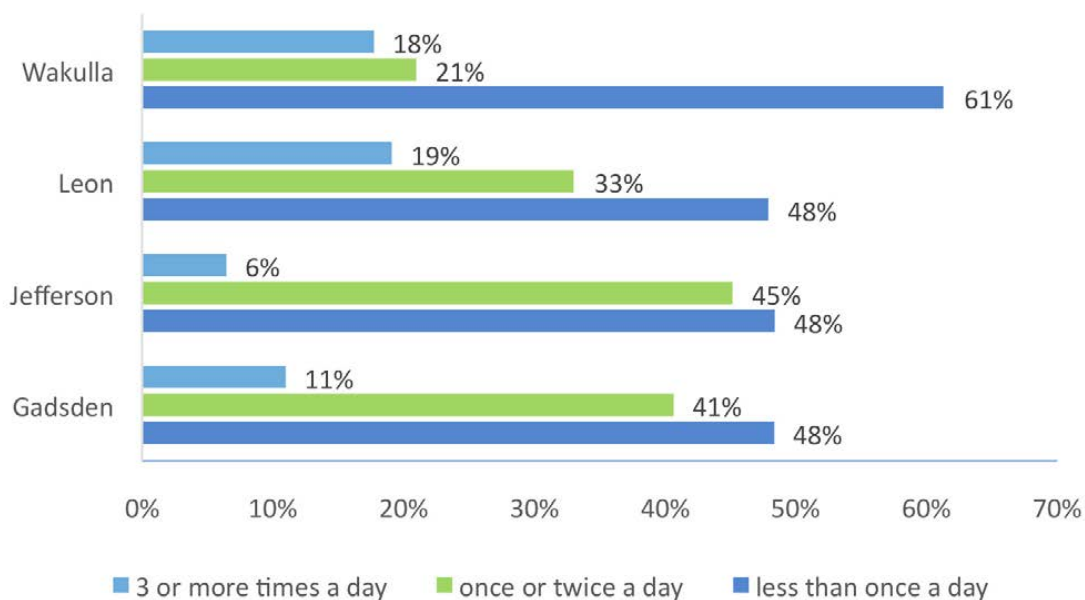
Table 45**How Often are Fruit or Vegetables Consumed?**

During the past 7 days, how many times did you eat fruit or vegetables (fresh or frozen)?
Do not count fruit or vegetable juice.

	PERCENT	NUMBER
Not at all	2.3	32
1 – 3 times in past 7 days	22.5	315
4 – 6 times in past 7 days	23.8	334
1-2 times per day	33.2	465
3 or more times per day	18.2	255
Total		1,401



Consumption patterns differ across counties. In Wakulla County, 61% of respondents reported less than one daily serving of fresh fruits and vegetables compared to about 48% of respondents in Leon, Gadsden and Jefferson counties. Over 19% of Leon respondents eat three or more servings daily, compared to 11% of Gadsden respondents, 18% of Wakulla respondents, and just 6% of respondents in Jefferson.

Figure 11**Servings of Fruit and Vegetables by County**

SURVEY RESULTS: HEALTH AND HEALTH-RISK BEHAVIORS

Respondents were asked about engagement in both cardiovascular and strength-enhancing exercise during their leisure time, and about their use of tobacco, alcoholic beverages, and drugs for the purposes of getting high.



Vigorous Exercise

About 20% of CHS respondents report never doing vigorous physical activities as a form of leisure, and an additional 15% report being unable to engage in vigorous physical activities. Over half of respondents (58%) say that they do some form of vigorous activity for at least 10 minutes at least once weekly. Nearly two-thirds (63%) of respondents who do engage in vigorous exercise do so between 3 and 5 days per week, with most (77%) reporting exercise sessions of 30 minutes or more.

Table 46 Frequency of Vigorous Leisure-Time Physical Activity

How often do you do VIGOROUS LEISURE-TIME physical activities for AT LEAST 10 MINUTES that cause HEAVY sweating or LARGE increases in breathing or heart rate?

	PERCENT	NUMBER
Never	19.9	277
Unable to do this type activity	14.7	205
At least once a week	58.2	812
Don't know	7.2	101
Total		1,395



Table 47 Days per Week of Vigorous Activity

Among those who do vigorous activity:

DAYS PER WEEK:	PERCENT	NUMBER
One	8.5	67
Two	16.8	132
Three	26.4	207
Four	21.5	169
Five	15.2	119
Six	4.7	37
Seven	6.9	54
Total		785

Table 48**Minutes per Activity**

For how many minutes?

	PERCENT	NUMBER
less than 15 minutes	6.1	48
15 to 29 minutes	16.5	129
30 to 59 minutes	47.1	369
60 minutes	21.8	171
more than 60 minutes	8.5	67
Total		785



Light or Moderate Exercise

A greater share of CHS respondents report engagement in light or moderate physical activity at least once weekly (76%), with fewer reporting never doing light or moderate exercise (9%) or being unable to engage in this type of activity (6%). Of those who do light or moderate activity, about half (51%) do so between three and five days weekly, and most (69%) report exercise sessions of at least 15 minutes but less than one-hour.

Table 49**Frequency of Light or Moderate Leisure-Time Physical Activities**

How often do you do LIGHT OR MODERATE LEISURE-TIME physical activities for AT LEAST 10 MINUTES that cause ONLY LIGHT sweating or a SLIGHT to MODERATE increase in breathing or heart rate?

	PERCENT	NUMBER
Never	9.3	128
Unable to do this type activity	5.9	81
At least once a week	75.8	1040
Don't know	9.0	123
Total		1,372

**Table 50****Days per Week of Light or Moderate Activity**

Among those who do light or moderate activity:

DAYS PER WEEK:	PERCENT	NUMBER
One	7.5	75
Two	21.0	210
Three	22.5	225
Four	10.6	106
Five	18.2	182
Six	3.5	35
Seven	16.6	166
Total		999

Table 51**Minutes per Activity**

For how many minutes?

	PERCENT	NUMBER
less than 15 minutes	16.2	169
15 to 29 minutes	28.9	302
30 to 59 minutes	39.8	416
60 minutes	11.2	117
more than 60 minutes	3.8	40
Total		1,044



Muscle-Strengthening Exercise

One-third (33%) of CHS respondents say that they never engage in muscle-strengthening activities and nearly 10% report being unable to do this type of activity. Less than half of respondents (46%) say that they perform muscle-strengthening activities at least once weekly. Most (76%) respondents who do strengthening exercises report doing so three or fewer days per week.

Table 52**Leisure-Time Activities to Build Strength**

How often do you do LEISURE-TIME physical activities specifically designed to STRENGTHEN your muscles such as lifting weights or doing calisthenics?
(Include all such activities even if you have mentioned them before.)

	PERCENT	NUMBER
Never	33.4	446
Unable to do this type activity	9.2	123
At least once a week	46.1	616
Don't know	11.3	151
Total		1,336

**Table 53****Days per Week of Muscle-Strengthening Activity**

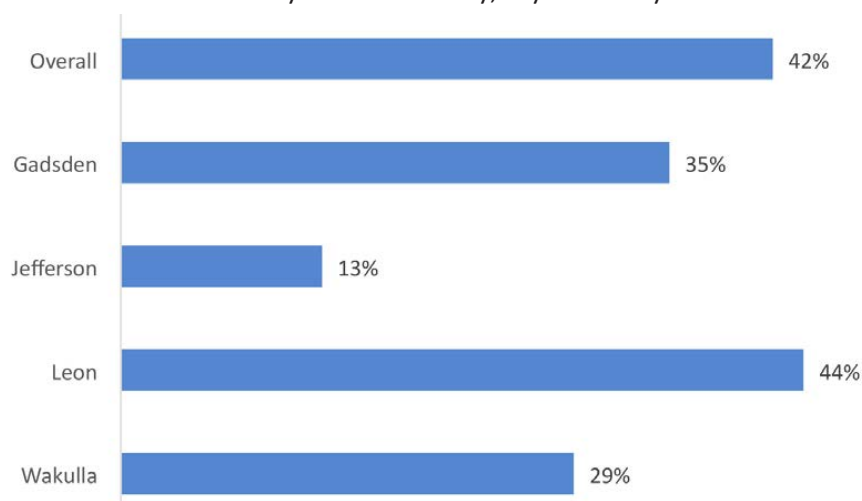
Among those who do muscle-strengthening activity:

DAYS PER WEEK:	PERCENT	NUMBER
One	17.6	104
Two	31.6	187
Three	26.5	157
Four	7.8	46
Five	10.1	60
Six	1.7	10
Seven	4.7	28
Total		592

The share of respondents reporting regular weekly engagement in physical activity differs by county. The United States Department of Health and Human Services (HHS) recommends a minimum of 150 minutes of moderate intensity physical activity per week. Overall, less than half of survey participants (42%) reported meeting this minimum recommendation. Jefferson County reports the lowest participation at 13% of respondents meeting the minimum recommendation and Leon County has the highest participation but still only 44% of respondents.

Figure 12

Percent Reporting at Least 150 Minutes of Physical Activity, by County



Health-Risk Behaviors

CHS respondents were presented with a list of five health-risk behaviors and asked to indicate which, if any, they had engaged in during the 30 days prior to the survey. Nearly 83% of respondents reported no engagement in any of the behaviors. Of the five behaviors on the list, the two most frequently selected were tobacco use and binge drinking, defined for males as consuming five or more drinks and for females as four or more drinks within a few hours. Each accounted for about 6% of the responses. Marijuana use accounted for just under 5% of responses; reported use or misuse of other drugs was rare.

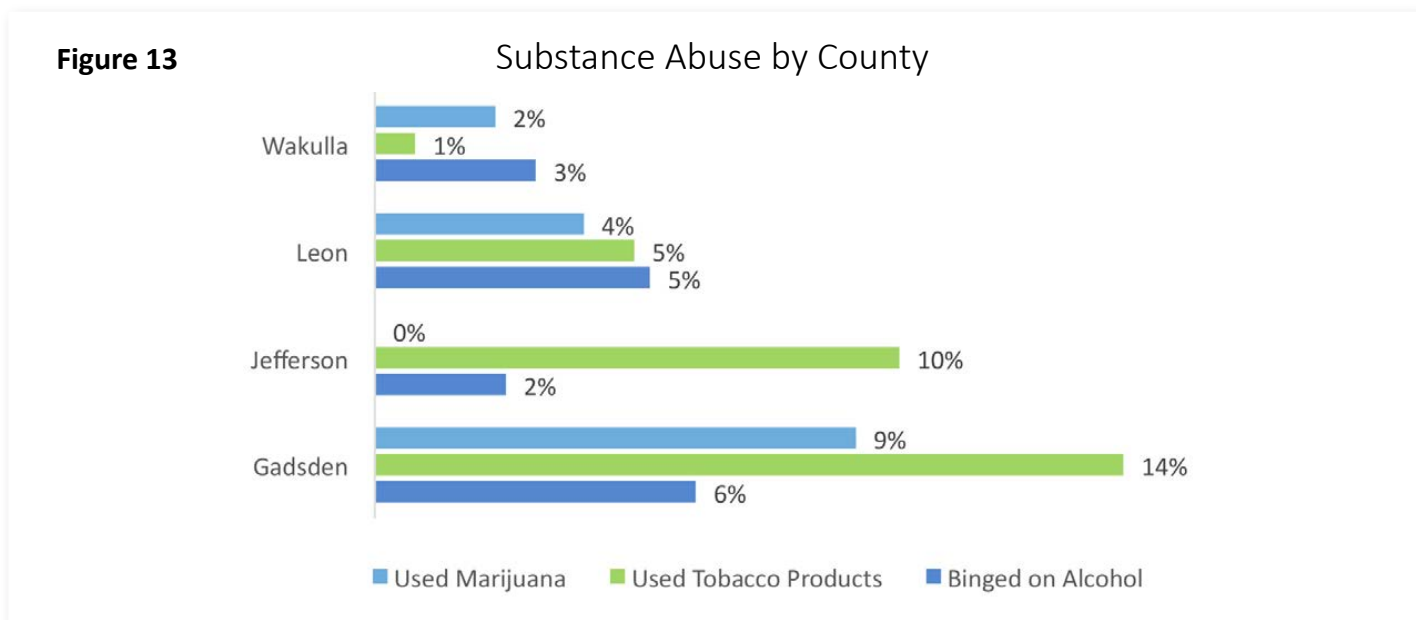
Table 54

Substance Abuse

During the past 30 days, have you? (Check all that apply)

	PERCENT	NUMBER
Binged on alcohol	5.9	82
Used tobacco (cigarettes, smokeless tobacco, e-cigarettes, vapes)	6.2	86
Taken prescription drugs to get high	0.2	3
Used marijuana	4.7	66
Used drugs such as cocaine, heroin, ecstasy, crack, or LSD	0.1	1
None of the above	82.9	1156
Total		1,394

Engagement in substance use differed across counties. Tobacco use and marijuana use are highest in Gadsden County (14% and 9%, respectively). About 10% of Jefferson respondents use tobacco products, 2% report binge drinking and none reported marijuana use. One percent of Wakulla County respondents say they use tobacco products. About 5% of Leon respondents report tobacco use and binge drinking, and 4% report marijuana use.




SURVEY RESULTS: EMOTIONAL WELL-BEING AND MENTAL HEALTH

The CHS asked respondents about their experience of stress or anxiety in the 30 days preceding the survey. Approximately one-in-six respondents (16%) reported no feelings of stress or anxiety at all and just over 1% did not want to answer. About half (51%) characterized themselves as feeling “a little bit” or “somewhat” stressed, while nearly 32% reported that they felt stress “quite a bit” or “very much.”

Table 55 Stress

Stress is when someone feels tense, nervous, anxious, or can't sleep at night because their mind is troubled. How stressed have you been in the past 30 days?

	PERCENT	NUMBER
Not at all	16.0	217
A little bit	30.2	409
Somewhat	20.8	282
Quite a bit	19.0	258
Very much	12.8	174
I choose not to answer	1.1	15
Total		1,355





Sources of Stress

The CHS includes multiple questions concerning about various aspects of the individual’s social environment that may lead to a reduced sense of control and/or feelings of fear. A key source of stress in many communities is insecurity about having sufficient resources—such as food or housing—to meet basic needs. Two items in the CHS focus on food insecurity. Both items were embedded in a list of Yes/No questions. Just over 14% of respondents say that they worry about running out of food before they have money to buy more. A slightly lower percentage report having insufficient funds to purchase the food they need.

Table 56 Food Insecurity

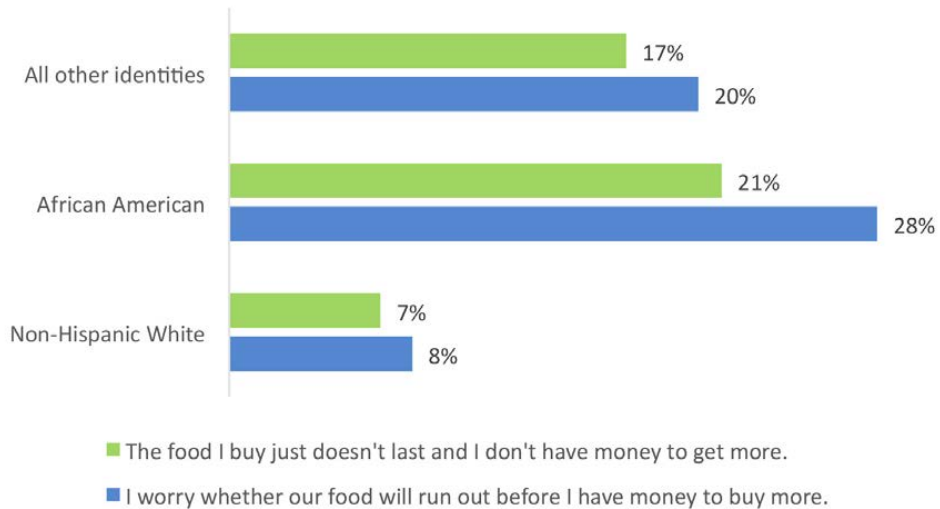
	PERCENT	NUMBER
I worry whether our food will run out before I have money to buy more.	14.2	1,385
The food I buy just doesn’t last and I don’t have money to get more.	11.1	1,377



The share of respondents who experience food insecurity differs by race. Over 28% of Black respondents agree that they worry about food running out before they can afford to purchase more, compared to 21% of respondents who identify with other race/ethnic groups and 8% of White respondents. A smaller share (21%) of Black respondents agree that “the food I buy just doesn’t last,” compared to 17% of respondents of other identities and less than 7% of White respondents.

Figure 14

Food Insecurity by Race



Housing insecurity is a problem for fewer CHS respondents than is food insecurity. When asked about their current housing situation, just over 2% of respondents said they do not have housing of their own, but stay with others, live in a hotel, shelter or car, or live outside. About 6% of CHS respondents answered “yes” when asked if they were worried about losing their housing.

Table 57 Housing Insecurity

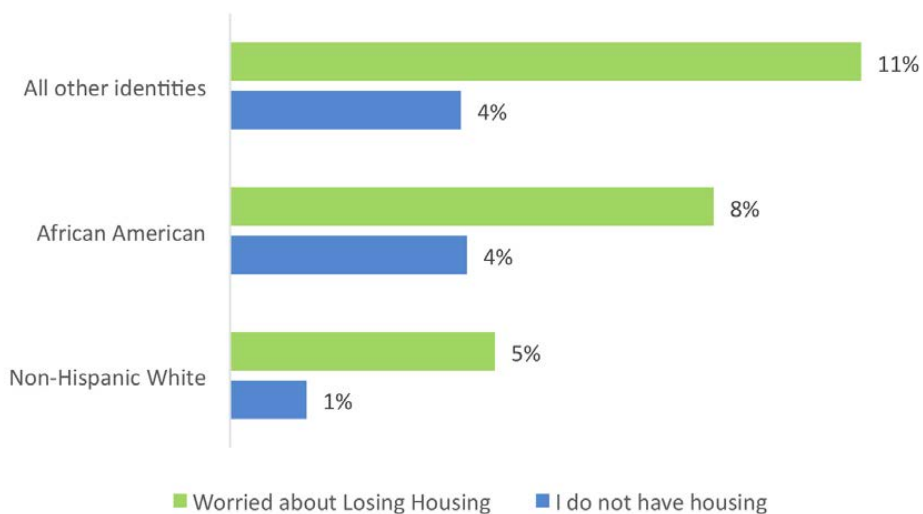
	PERCENT	NUMBER
I do not have housing (staying with others; in a hotel, shelter, or car; or outside)	2.2	1,354
I worry about losing my housing	6.3	1,343



The share of respondents experiencing housing insecurity differs by race/ethnic identity. About 4% of both Black respondents and those of other identities report not having housing of their own, compared to just over 1% of White respondents. Among those who have housing, respondents of other race/ethnic identities have higher levels of insecurity: nearly 11% say that they worry about losing their housing, a worry shared by over 8% of Black respondents and less than 5% of Whites.

Figure 15

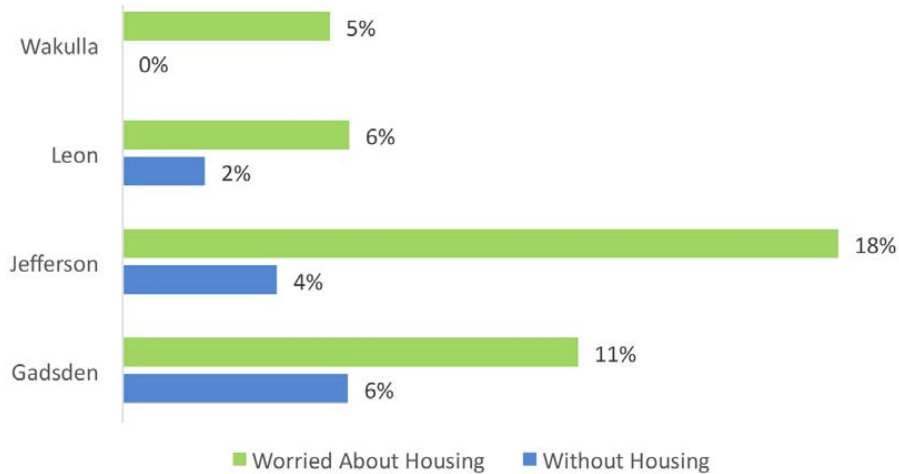
Housing Insecurity by Race/Ethnic Identity



The share of respondents who report housing insecurity also differs by county of residence. Nearly 18% of Jefferson County respondents report worrying about housing loss, as do about 11% of Gadsden respondents. The share of respondents in Leon and Wakulla counties are 6% and 5% respectively. The county with the highest percentage of respondents without housing is Gadsden (6%), followed by Jefferson (4%) and Leon (2%).

Figure 16

Housing Insecurity by County



Other Resource Insecurity

A measure of resource insecurity over the past year consisted of six items and asked if CHS participants to report all those they had been unable to get over the past year. Together, the six necessities were selected 366 times. Of these, the item selected most frequently was medicine or health care, followed by food, utilities, and clothing. Additionally, 101 respondents made use the “other” category, accounting for 21% of selections overall. Nine respondents specified necessities (e.g., diapers, transportation) that they had done without in the past year.

Table 58

Other Forms of Insecurity

In the past year, have you or any family members you live with been unable to get any of the following when it was really needed? Check all that apply.

	PERCENT	NUMBER
Medicine or any health care	33	156
Food	17	81
Utilities	11	51
Clothing	6.6	31
Child Care	5.4	25
Phone	4.7	22
Other:		
■ Not specified	20	92
■ Help from FEMA for Hurricane Michael	0.4	2
■ Money	0.4	2
■ Transportation	0.4	2
■ Diapers for grandchild	0.2	1
■ Elder daycare	0.2	1
■ Not specified	19.7	92
Total		467






Employment-Related Stress

Resource-related stress for many individuals is related to employment, either the lack of a job or needing to work multiple jobs to make ends meet. Of the nearly 500 respondents who are not currently working for pay, 6% report being unemployed and looking for work. Of the more than 800 respondents who are currently working for pay, nearly 17% work two or more jobs.

Table 59 Employment-Related Stress

	PERCENT	NUMBER
Unemployed and looking for work	6.2	499
Working 2 or more jobs	16.8	822




Other Stressors

A set of items with Yes/No response options provide insight into other sources of stress for members of our community. Over one-third (34%) of participants have been diagnosed with a long-term or chronic illness. Nearly 1.5% have been a victim of domestic violence or abuse, and just under one percent have been imprisoned for two or more nights in the past year.

Table 60 Other Sources of Stress

	PERCENT	NUMBER
My doctor has told me that I have a long-term or chronic illness.	34.3	1,394
I have been a victim of domestic violence or abuse in the past year.	1.4	1,389
In the past year, I've spent more than 2 nights in a row in a jail, prison, detention center, or juvenile correctional facility.	0.9	1,387



Mental Health

About 7% of CHS respondents reported using mental health services or services for persons struggling with alcohol or drug abuse. Their responses to a follow-up question revealed that the most frequently used provider of mental health care is a private doctor or counselor (56%), followed by Tallahassee Memorial Behavioral Health Center (14%), and the Apalachee Center (8%). About 7% of respondents make use of community support groups, such as Alcoholics Anonymous.

Table 61 Mental or Behavioral Health Services for Substance Abuse

Do you use mental or behavioral health services or services for alcohol or drug abuse?		
	PERCENT	NUMBER
Yes	7.2	111
No	92.8	1,436
Total		1,547




Table 62

Sources of Mental and Behavioral Health or Services for Substance Abuse

If yes, where do you go for mental or behavioral health, alcohol or drug abuse services?
(Check all that apply)

	PERCENT	NUMBER
Doctor / Counselor's Office	55.9	71
Tallahassee Memorial Behavioral Health Center	14.2	18
Apalachee Center, Inc.	7.9	10
Community Support Group	7.1	9
University/College Counseling Center	3.9	5
Employee Assistance Program	3.1	4
Emergency Room	0.8	1
Capital Regional Behavioral Health Center	0.8	1
Townsend Addiction Recovery Center	0.8	1
DISC Village Behavioral Health	0.0	0
Urgent Care / Walk in Clinic	0.0	0
Other:		
■ Big Bend Hospice at Capstone Center	0.8	1
■ Veteran's Medical Center (VA)	0.8	1
■ Not specified	2.4	3
Total		125

SURVEY RESULTS: SOCIAL ENGAGEMENT

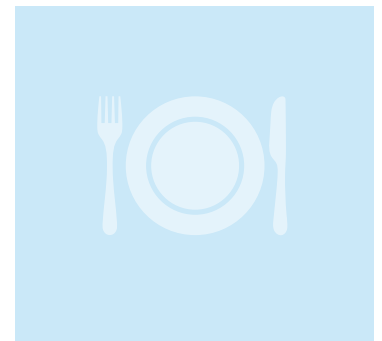
The CHS included two questions about the respondents' frequency of contact with family members and friends. The first asked about meals with household members and the second addressed social engagement more generally.

Over half (57%) of CHS respondents report sharing a meal with household members most days, and an additional 18% report doing one or more times weekly. Nearly one-fifth (19%) of respondents live alone.

Table 63 Household Meals

How often do the people living in your home eat a meal together?

	PERCENT	NUMBER
Most days	57.0	774
A few times a week	15.2	207
Once a week	2.9	40
Not at all	6.2	84
I live alone	18.7	254
Total		1,359

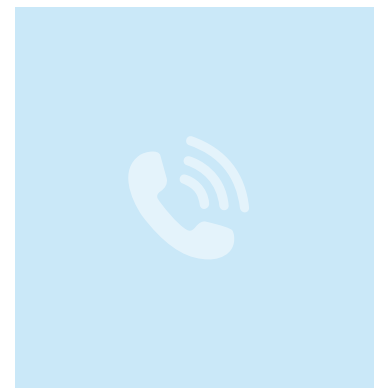


Asked about the frequency of more general forms of social contact over the past month, a majority of respondents (59%) say they spoke with or saw people they feel close to more than five times weekly. Over one-third (36%) report seeing or talking with people they care about between one and five times weekly. About 4% report social engagement less than once weekly and just over 1% did not want to provide an answer.

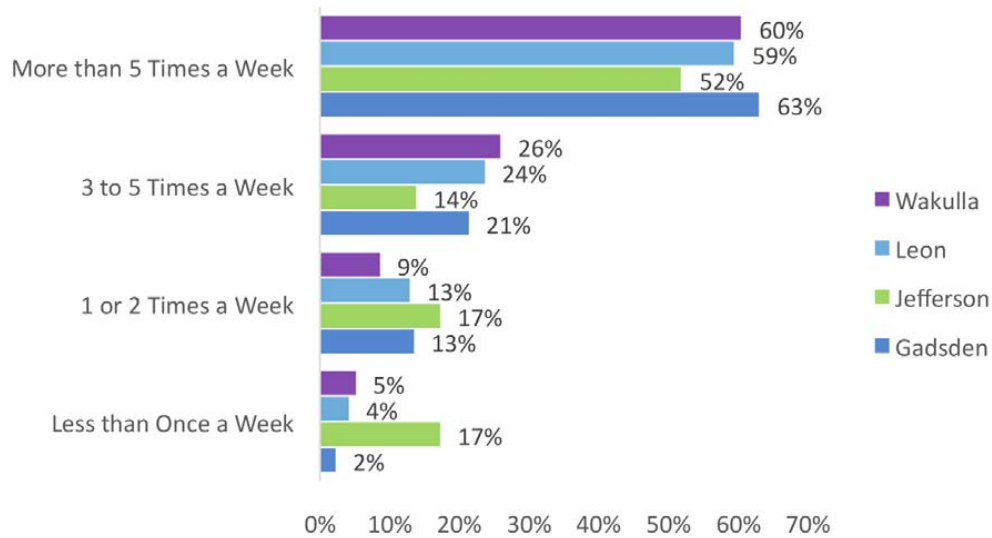
Table 64 Social Contact

How often have you seen or talked to people that you care about and feel close to in the past 30 days?
(For example: talking to friends on the phone, visiting friends or family, going to church or club meetings)

	PERCENT	NUMBER
Most days	57.0	774
Less than once a week	4.3	58
1 or 2 times a week	12.6	171
3 to 5 times a week	23.1	312
More than 5 times a week	58.8	795
I choose not to answer	1.3	17
Total		1,353



Frequency of social contact differs by county of residence. Jefferson County residents have the highest share reporting meaningful contact less often than once weekly (17%) while Gadsden County respondents have the lowest share (2%); percentages for Leon (4%) and Wakulla (5%) respondents are also quite low in comparison to Jefferson. Gadsden respondents also have the highest share (63%) reporting meaningful more than five times weekly, nearly 11 points higher than the share in Jefferson (52%), and slightly higher than the share for Leon (59%) and Wakulla (60%).

Figure 17**Frequency of Meaningful Social Contact by County****SURVEY RESULTS: COMMUNITY PERCEPTIONS**

Respondents were asked about how they perceive their communities, including what they believe are the critical issues affecting the health and well-being of the community and about how well their neighborhoods serve their own needs for exercise, nutrition, and safety.

**Perceptions of the “Area I Live”**

Several questions in the CHS asked respondents about the area they live in and whether its features support healthy behaviors and promote a feeling of safety. Overall, respondents expressed positive views of the areas in which they live. Over 92% of respondents feel physically and emotionally safe where they live; 86% say that their area offers opportunities for outdoor exercise; and 89% say that they have easy access to affordable fresh fruits and vegetables.

Table 65 Perceptions of “Area I Live”

	PERCENT	NUMBER
I feel physically and emotionally safe where I currently live	92.4	1,386
The area I live in is a good place for exercise such as walking, biking and going to parks	86.2	1,392
In the area that I live, it is easy for me to get affordable fresh fruits and vegetables	88.9	1,385

Although respondents’ perceptions of their immediate community are overwhelmingly positive in all four counties, some differences are noteworthy. Respondents in Leon County more often say that it is easy to get fresh fruits and vegetables (90%) and to get to a good grocery store (96%) than those in Gadsden (79%, 82%), Jefferson (87%, 87%), and Wakulla (81%, 84%). Wakulla (94%) and Leon (87%) respondents also more often agree that they live in an area with plenty of opportunities for exercise than do Gadsden (78%) and Jefferson (81%) respondents.



“Five most important issues”

Community participants were asked to answer the same question posed to partners and stakeholders: “What do you think are the five most important issues that affect health and wellbeing in our community?” The table below shows the results two ways—as a percentage of the total number of responses and as a percentage of the persons who responded to the question. The most-frequently selected issue is Access to Health Services, which garnered 16% of all responses; 76% of respondents included this issue in their “top five” selection. Preventive Health Services is the second ranked choice, representing 14% of all selections and noted by 68% of the respondents. The third through fifth-ranked issues, respectively are Nutrition, Physical Activity, and Obesity, Mental Health, and Substance Use.

Table 66 Top Five Issues That Affect Health and Wellbeing in our Community

What do you think are the five most important issues that affect health and wellbeing in our community? (Please read all choices and then check five)

	PERCENT	NUMBER
Access to Health Services	15.7	76.1
Preventive Health Services	14.0	67.8
Nutrition, Physical Activity and Obesity	12.7	61.7
Mental Health	12.4	60.2
Substance Abuse	9.7	47.1
Oral Health	7.3	35.7
Social	5.5	26.8
Injury and Violence	5.3	25.6
Reproductive and Sexual Health	5.2	25.1
Maternal, Infant and Child Health	4.9	23.7
Tobacco	4.6	22.2
Environment Exposures	2.9	14.0
Total	6,756	1,390

FOCUS GROUPS

In March 2019, the Tallahassee Memorial HealthCare contracted with Golden Rod Consulting, LLC to conduct three (3) focus group discussions. The purpose of the discussions was to identify perceptions and knowledge of varied stakeholders and community members related to healthcare resources, programs and services in the Tallahassee Memorial HealthCare service area and to present the findings. The groups provided compelling insights into the healthcare resources, programs and services in the Tallahassee Memorial HealthCare service area. Community needs were clearly expressed when discussing healthcare barriers and the best referral mechanisms.

Mental health, social isolation and cultural competency resonated strongly among all three (3) focus groups as being barriers and areas for improvement. These were also listed by all groups as what keeps people from being healthy. The disconnection between services and the people who need them also resounded. Social media is being used to find services by young Latinos. Amongst Latinos there was a call for a better social media presence and for a technology approach to healthcare.

There is a call for more community-based approaches due to transportation challenges and economic inequalities. Equity also resonated in the conversations regarding the need for fairness in the distribution of good healthcare services and it was expressed that state of the art medical approaches are missing in healthcare services in this area. The three (3) focus groups consisted of a Coalition, a Title 1 School and a Latino group.

The Coalition and Title 1 School focus group participants seemed to be strongly connected to local healthcare resources, programs and services, while the Latino focus group mentioned only two of the services in other lists and offered their frustration of the difficulty to find services. These findings are meant to be considered along with the overall Tallahassee Memorial HealthCare Community Health Needs Assessment.

Methodology



DATA COLLECTION

After the administration of informed consent forms, data from three focus group discussions was recorded manually, and by audio recorder. Assistant facilitators and recorders were trained to enhance the data collected and to support validity and reliability. In addition to the manual recording of focus group discussions, the recorders also submitted a “recorder summary sheet.” The purpose of the summary sheet was to have an additional method to triangulate data.



DATA ANALYSIS

The Golden Rod consultant team performed a modified content analysis to identify the main themes that emerged through the focus group discussions. The process followed three steps: (1) information from the audio recording was transcribed (2) a review of transcripts three times employing content analysis to sort and color code and (3) a coding process where themes, categories and quotes were identified.



FOCUS GROUP QUESTIONS

The focus group interview questions that guided the discussions are provided in Table 67. Questions 3 and 4 were separated in terms of resources, programs and services to cover all areas

Table 67 Focus Group Questions

1	In one to two words what does health mean to you?
2	What keeps you/those you serve from being healthy?
3	What healthcare resources in your community help you and/or those you serve stay healthy? What healthcare programs in your community help you and/or those you serve stay healthy? What healthcare services in your community help you and/or those you serve stay healthy?
4	How do you know where to refer those you serve for healthcare resources? How do you know where to refer those you serve for healthcare programs? How do you know where to refer those you serve for healthcare services?
5	What are the best ways to help people know about existing resources, programs and services?
6	Is there anything else you would like to share?



FOCUS GROUP DESCRIPTIONS

Tallahassee Memorial HealthCare conducted three focus groups as part of the CHNA to learn and gather perception from specific groups that may be difficult to reach by survey. Focus group discussions create space to learn of perceptions, thoughts and opinions that are not revealed or explored in other inquiry formats. Each focus group will be described by the titles Coalition, Title 1 School and Latino respectively throughout this report. The definitions of each are provided in Table 68.

Table 68 Focus Group Descriptions

COALITION	TITLE 1 SCHOOL	LATINO
<p><i>The Safe Kids Big Bend Coalition</i> aims to be a resource to the communities served & to create safe environments for our children. With expertise of individuals from organizations such as law enforcement, Emergency Management Services, service groups, schools, child care providers, parents, & others, Safe Kids Big Bend aims to collectively carry out the Safe Kids mission by addressing safety at home, school, play, and on the way.</p>	<p><i>Hartsfield Elementary School</i> is a Title 1, School in Leon County, FL. Title I, Part A is a federal program designed to provide children opportunities to receive fair, equitable, and high-quality education, & to close educational achievement gaps. Funds are used to build equity of opportunity and to provide programs and services that support learning for children whose struggles often keep them from meeting high academic standards.</p>	<p><i>Latino</i> refers to a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture of origin regardless of race (Census, 2010). The Latino population is a growing population in the TMH service area and add needed voices to the CHNA. They represent an important part of the changing ethnic diversity in the service area.</p>



FINDINGS

Three (3) focus groups were held on Wednesday, March 6, Wednesday, March 13 and Friday, March 15, 2019, and were attended by a total of 24 people. Participants were invited by Tallahassee Memorial HealthCare and the focus group facilitator. The three (3) focus groups consisted of participants from the Safe Kids Coalition, a Latino/Spanish Speaking group, and those working at a Title 1 Elementary School in Tallahassee, Florida. Each focus group identified words that depict what health means to them; resources, programs and services that help them or those they serve to stay healthy; and how they know where to go for resources, programs and services. The groups exhibited strong consistency in their comments and conclusions. The validation summaries and notetaking templates acted to support the themes presented in the focus groups. A list of the best ways to help people know about existing healthcare resources, programs and services and the barriers to being healthy was produced. This section presents the findings of the focus group study. The basic demographic composition of each focus group in terms of income, race/ethnicity, age, gender and education varied and is presented in Table 69.



DEMOGRAPHIC COMPOSITION

The demographic composition of each focus group is represented here. The groups were Coalition, Title 1 School and Latino. The racial/ethnic background included White, African American and Latino. The age ranges varied from 18 to 64. The economic background ranged from \$15,000 to over \$50,000. Most had some level of college or more. Most were female with a few male participants. The Latino group was all male (See Table 69).

Table 69 Demographics of Focus Groups

	Coalition (n=10)		Title 1 School (n=11)		Latino (n=3)	
AGE	18 to 24 years	–	18 to 24 years	–	18 to 24 years	2
	25 to 34 years	5	25 to 34 years	3	25 to 34 years	1
	35 to 44 years	–	35 to 44 years	3	35 to 44 years	–
	45 to 54 years	2	45 to 54 years	1	45 to 54 years	–
	55 to 64 years	3	55 to 64 years	2	55 to 64 years	–
	65 to 74 years	–	65 to 74 years	–	65 to 74 years	–
	75 and over	–	75 and over	–	75 and over	–
RACE / ETHNICITY	White	7	White	6	White	–
	Black/African American	1	Black/African American	3	Black/African American	–
	Hispanic/Latino	2	Hispanic/Latino	2	Hispanic/Latino	3
	Native American	–	Native American	–	Native American	–
	Pacific Islander	–	Pacific Islander	–	Pacific Islander	–
	Asian	–	Asian	–	Asian	–
	Other	–	Other	–	Other	–
GENDER	Male	–	Male	2	Male	3
	Female	9	Female	9	Female	–
EDUCATION	Less than HS	–	Less than HS	–	Less than HS	–
	High School	–	High School	–	High School	–
	Some College/AS	2	Some College/AS	–	Some College/AS	1
	Bachelor / Higher	8	Bachelor / Higher	11	Bachelor / Higher	2
INCOME	Less than \$10,000	–	Less than \$10,000	–	Less than \$10,000	–
	\$10,000- \$14,999	–	\$10,000- \$14,999	–	\$10,000- \$14,999	–
	\$15,000- \$25,999	–	\$15,000- \$25,999	–	\$15,000- \$25,999	3
	\$25,000- \$34,999	–	\$25,000- \$34,999	1	\$25,000- \$34,999	–
	\$35,000- \$49,999	2	\$35,000- \$49,999	2	\$35,000- \$49,999	–
	\$50,000 on up	8	\$50,000 on up	4	\$50,000 on up	–
HOME	Rented	2	Rented	4	Rented	3
	Owned	8	Owned	3	Owned	–



FOCUS GROUP QUESTION RESPONSES

What do you “like” and “not like” about healthcare in this area?

Three (3) questions were asked as an introduction to the primary focus group inquiry, what do you like and what do you not like about healthcare in this area (Table 70). “What could be better” and “what are the barriers to healthcare in this area” were also asked (Table 71). Aspects of healthcare shared as being liked in the service area included: nurses being on the school campus, the school being a trauma-informed community, doctors being seen in community, accessibility, services, variety of services, outreach, and partnerships.

Aspects of healthcare shared as NOT being liked about healthcare in the service area were: wait time, transportation, cost, lack of sense of urgency, too much red tape, lack of knowledge about healthcare resources, acceptance standards by physicians, not enough providers, adult cost vs child cost, and there being only one (1) pediatric emergency facility. It might be helpful to note that access was also shared as NOT being liked about healthcare in the area. The groups had many ways to express access dissatisfaction from, no access to dental, poor access to mental health care, poor access to health care, lack of access to services, and accessibility.

Table 70 Liked and NOT Liked about Healthcare in this Area

Liked About Healthcare	Not Liked About Healthcare
<ul style="list-style-type: none"> ■ Nurses on Campus ■ Trauma Informed Community ■ Doctors seen in community ■ Accessibility ■ Services ■ Variety ■ Outreach ■ Partnerships 	<ul style="list-style-type: none"> ■ No access to dental ■ Wait time ■ Not knowing where the services are ■ Poor access to mental healthcare ■ Poor access to healthcare ■ Transportation ■ Cost ■ Lack of sense of urgency ■ Too much red tape ■ Lack of Knowledge about healthcare resources ■ Acceptance standards by physicians ■ Not enough providers ■ Adult cost vs child cost ■ Only one pediatric emergency facility

What could be better about healthcare in this area?

For the question “what could be better about healthcare in this area”, two (2) categories were identified: education and systemic. The educational category had four (4) concerns listed; traffic safety education, community education, affordable healthcare options education and mental health education. The systemic category listed nine (9) concerns including; access after-hours, primary care services, a plan or strategy for referral, wait time, incorporation of consultation with treatment, more focus on prevention, mental health service, use of the Adverse Childhood Experiences (ACE) Questionnaire for trauma and universal healthcare.

What are the barriers to healthcare in this area?

Three (3) categories emerged about barriers to healthcare in this area emerged including social determinants of health, infrastructure and populations. The social determinants of health category included transportation, communication, insurance vs no insurance, social isolation, stigma, cultural & linguistic competency, location, distance, time, trust, and bad experiences. The infrastructure category included partnerships, trust, demystification of costs, no trauma informed care, and no facility for dementia. The populations category included; the aging population and multigenerational health insurance. Multigenerational insurance was a topic of discussion among the Latino focus group. Younger generations are not having access to health insurance and there is a need for all generations to have access to health insurance. Three (3) categories and seventeen (17) factors were discussed within those three (3) categories.

Table 71 Barriers to Accessing Healthcare in this Area

Could be Better	Barriers
<p>EDUCATION</p> <ul style="list-style-type: none"> ■ Traffic safety ■ Community ■ Affordable healthcare options ■ Mental health <p>SYSTEMIC</p> <ul style="list-style-type: none"> ■ Access after hours ■ Primary care services ■ Plan or strategy for referral ■ Wait time ■ Incorporate consultation with treatment ■ Focus more on prevention ■ Mental health service ■ Use of ACE questionnaire for trauma ■ Universal healthcare 	<p>SOCIAL DETERMINANTS OF HEALTH</p> <ul style="list-style-type: none"> ■ Transportation ■ Communication ■ Insurance vs No Insurance ■ Social Isolation ■ Stigma ■ Cultural & linguistic competency ■ Location ■ Distance ■ Time ■ Trust ■ Bad experiences <p>INFRASTRUCTURE</p> <ul style="list-style-type: none"> ■ Partnerships & trust ■ Demystification of costs ■ No trauma informed care ■ No facility for dementia <p>POPULATIONS</p> <ul style="list-style-type: none"> ■ Aging population ■ Multigenerational health insurance

In one or two words, what does health mean to you?

Varying perceptions of what health means were expressed by focus group participants. In one or two words participants defined, “what health means to them.” These words were placed in a word cloud platform to obtain a graphic that depicts what health means to the focus group participants (Figure 18). The larger sized words were mentioned more than once or many times. While the Latino focus group consisted of three (3) people, three (3) themes that resonated strongly were mental health, cultural & linguistic competence and health as a right. These words may provide an avenue for understanding and action for the healthcare system.



“...the choices you make can affect you and your health and others an example is drinking and driving...”

—COALITION

Figure 18

Meaning of Health



What keeps you and those you serve from being healthy?

Focus group participants responded to the question, “What keeps you or those you serve from being healthy?” Major themes were identified and included such as affordability, behavior, culture, environmental factors, knowledge, awareness, skills, personal factors and time management. Both major themes, sub themes and participant quotes are illustrated in Table 72.

Table 72

Barriers to Being “Healthy”

MAJOR THEME	SUB THEME	PARTICIPANT QUOTE
AFFORDABILITY	<ul style="list-style-type: none"> ■ Cost ■ Affordability ■ Finances 	<p>Finances: “... there has not been a single time where I have not thought about first, do I need to go, because I know I am going to have to pay a bill after this. I always think about how much is it going to come up to, can I fix this on my own...” —<i>Latino</i></p>
BEHAVIOR	<ul style="list-style-type: none"> ■ Nutrition ■ Choices ■ Lifestyle ■ Addictions ■ Temptations 	<p>Lifestyle: “Lack of self-care or taking time to see a therapist.” —<i>Title 1 School</i></p>
CULTURE	<ul style="list-style-type: none"> ■ Generational curse ■ Language ■ Cultural Norms 	<p>Cultural Norm: “...Sometimes we go through things and don’t realize if we’re depressed or not. Sometimes we think depression is not depression, but we just think that we are tired or overwhelmed. In the black community we like to keep everything in the home and don’t like to talk to others or communicate with others about our problem....” —<i>Title 1 School</i></p>
ENVIRONMENTAL FACTORS	<ul style="list-style-type: none"> ■ Who you are surrounded by ■ Food deserts 	<p>Food Deserts: “...Greenville is in Madison county and also lies in a food desert, there is no grocery store, there is no access to fresh fruits and vegetables, Greenville has nothing other than a Dollar General, that sells frozen foods.” “...access and transportation is what keeps people from being healthy...” —<i>Coalition</i></p>
KNOWLEDGE AWARENESS SKILLS	<ul style="list-style-type: none"> ■ Lack of education ■ Lack of knowledge ■ Inability to read labels ■ Communication ■ Correct messages 	<p>Knowledge: “...when I was young, I thought fries were healthy because they were a vegetable and now I know a little better...” —<i>Coalition</i></p>
PERSONAL & SOCIAL FACTORS	<ul style="list-style-type: none"> ■ Exhaustion ■ Burnout ■ Stress (work, home) ■ No Accountable Buddy ■ Mental illness ■ Poverty ■ Emotional Instability ■ Depression/Anxiety ■ Sense of Shame ■ Lack of Support ■ Poverty ■ Inequity ■ Excessive Wealth 	<p>Mental Health: “...people do not acknowledge mental health disorders and they do not know what they are. People aren’t always supportive...” —<i>Title 1 School</i></p> <p>Excessively Wealthy: Excessive Wealth/Inequity: “...it is a very negative thing in our lives to be aware that disparity between the excesses, excessively poor, excessively wealthy and I think that’s a serious barrier to the mental health of our population...” —<i>Title 1 School</i></p>
TIME MANAGEMENT	<ul style="list-style-type: none"> ■ Lack of time ■ Work – home life balance ■ Super busy 	<p>Time constraints: “...work and getting appointments are always complicated to fit in...” —<i>Latino</i></p>

The healthcare resources, programs and services identified that help participants and those they serve to stay healthy are listed in Table 73. The lists for each focus group are presented independently of each other to get a grasp of the different resources, programs and services identified by each focus group. In addition, the separate listing also helps to capture resources, programs and services that were repeated across groups. Major themes were community, schools, medical, city, agencies (for Coalition members), strategies, feeding programs (for Title 1 School) and social media (for Latino). Resources mentioned by



PARTNERSHIP:

“...we like to use people’s strengths and use people’s connections to the benefit of our students as much as possible...”

—TITLE 1 SCHOOL

all three groups were churches, schools (public, college and university), and the health department. Mentioned across two groups (Coalition members and Title 1 School) was the Bond Clinic dental program and the Molar Express. These same two (2) focus groups also mentioned the City of Tallahassee and various programs including; parks and recreation, Star Metro and City wellbeing incentive programs. The Coalition members group shared two agencies that help them. The educator group talked about strategies used, like partnerships

and listed three (3) feeding programs that included, Second Harvest of the Big Bend, Farm Share and Meals on Wheels. All the additionally listed services, programs and resources varied. The Latino group was knowledgeable about healthcare resources, programs and services associated with Florida State University, Tallahassee Memorial HealthCare and Department of Health while also acknowledging experiences with CVS pharmacy and small clinics. This group also emphasized the use of social media and technology (See Table 73).



CHURCHES:

“...they seem to be very vested in health and wellbeing, DOH does a lot of programs with them, they have health fairs and health screenings...”

—COALITION



TALLAHASSEE MEMORIAL HEALTHCARE (TMH):

“...the last time I went to seek healthcare it was at TMH there was a small side building where you could go in real quick something like that, I remember I had a pain on my back and the healthcare provider created a very personal relationship with me and it made me have a lot more confidence to go back to this place where I had only been to for the first time...”

—LATINO

Table 73

Health Resources

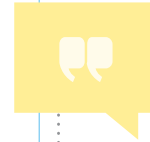
Coalition	Title 1 School	Latino
<p>COMMUNITY</p> <ul style="list-style-type: none"> ■ Churches 	<p>COMMUNITY</p> <ul style="list-style-type: none"> ■ Churches ■ Community Organizations ■ United Way ■ Capital City Youth Services ■ Big Brothers Big Sisters ■ Mentors (grandparents) 	<p>COMMUNITY</p> <ul style="list-style-type: none"> ■ Churches
<p>SCHOOLS</p> <ul style="list-style-type: none"> ■ Public Schools ■ Colleges ■ Tallahassee Community College 	<p>SCHOOLS</p> <ul style="list-style-type: none"> ■ The School Garden ■ School Social Worker ■ School Guidance Counselor 	<p>SCHOOLS</p> <ul style="list-style-type: none"> ■ Center for Health Advocacy (CHAW)
<p>MEDICAL</p> <ul style="list-style-type: none"> ■ The Bond Clinic Dental ■ Dental — Tallahassee Community College ■ Capital Area Health Plan ■ Health Department ■ Fitness Centers (cost) ■ Gyms ■ Health coaching ■ Nurse at the Pediatrician’s office ■ The Molar Express 	<p>MEDICAL</p> <ul style="list-style-type: none"> ■ The Molar Express ■ Free screenings In School ■ SMILES (screening for dental) ■ The Champions Exercise ■ Health Screenings ■ The Bond Clinic Dental ■ Pediatric Clinic- N. Monroe ■ Free gym memberships (District) ■ Fleet Feet Running Club ■ Leon County Health Department 	<p>MEDICAL</p> <ul style="list-style-type: none"> ■ Tallahassee Memorial Health ■ Department of Health ■ Primary Care Physician ■ CVS Pharmacy ■ Health Screenings ■ Small Clinics
<p>CITY</p> <ul style="list-style-type: none"> ■ City of Tallahassee Wellbeing incentives ■ Park/Recreation Tallahassee (fitness centers) 	<p>CITY</p> <ul style="list-style-type: none"> ■ City of Tallahassee ■ Park/Recreation Tallahassee ■ Star Metro partnership ■ Staff, with partner organizations 	
<p>AGENCIES</p> <ul style="list-style-type: none"> ■ 2-1-1 Big Bend ■ Big Bend AHEC 		
		<p>SOCIAL MEDIA</p> <ul style="list-style-type: none"> ■ Google
	<p>STRATEGIES</p> <ul style="list-style-type: none"> ■ Partnerships 	
	<p>FEEDING</p> <ul style="list-style-type: none"> ■ Second Harvest ■ Farm Share ■ Meals on Wheels 	



WHERE TO REFER PEOPLE FOR HEALTHCARE

Knowing where to refer for healthcare resources, services and programs was expressed by focus group participants as both strategic and challenging. For the Coalition and Title 1 School focus groups; strategically networking, word of mouth, connections and an established list of resources are utilized to help with referrals. For the Title 1 School focus group, personnel in educational systems help with referrals including social workers and media specialists. For the Latino focus group participants, knowing where to go for healthcare resources, services and programs depends largely on technology, in addition to their primary care doctor, employers and the Department of Health as sources of information. They also shared that they collect information from flyers, advertisements and direct contact from those who provide the resource, service or program.

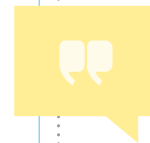
The challenges expressed by the Coalition focus group participants included lack of adequate services for the elder population, no Internet access in their rural area, health not being tangible and the need for a community health network. For the elders, sometimes they need services for mental health, but not involuntary service. For areas that do not have Internet access, residents cannot access services, programs or resources utilizing technology. One focus group participant discussed the intangibility of health care, expressing that it is not something that you can touch, feel or see so sometimes those you serve may not grasp the importance of protecting it. Table 74 lists where focus group participants refer those that they serve. These are sources that sometimes lead them to other resources, services or programs as reported in the focus group discussion. However, where to refer people for healthcare services, programs and resources was an expressed challenge for all focus group participants.



COMPLEXITY:

“...the system is very hard to navigate, and you can understand the position of fragile families, fragile communities who are overwhelmed by their life situations...”

—TITLE 1 SCHOOL



EQUITY:

“...the service providers have the best intentions and often they are very good at what they do...”

“...but we’re not very good as a community in terms of us allowing all to be at the table & really being collaborative, being very transparent...”

—TITLE 1 SCHOOL

Table 74

Referral Mechanisms

Coalition	Title 1 School	Latino
<ul style="list-style-type: none"> ■ Networking ■ A running list of resources ■ Second Harvest website 	<ul style="list-style-type: none"> ■ Social worker ■ Well-connected community ■ Word of mouth ■ Leveraging human resources ■ Media Specialist ■ Health in schools ■ Partnership 	<ul style="list-style-type: none"> ■ Google, Internet, website ■ Advertisement, flyers ■ Direct contact ■ Referral from primary care doctor ■ Employer ■ Department of Health

BEST WAYS TO HELP PEOPLE KNOW ABOUT HEALTHCARE

When talking about the best ways to let people know about healthcare programs, resources and services, major themes and sub themes were identified for each focus group. The major themes were; media, community, strategies. The focus group participants expressed sub themes of television commercials, radio, social media as well as schools, sororities and fraternities. Programs like the LINK program (research-based peer-to-peer support model for students with autism), Jack and Jill (an African-American leadership initiative) are further examples. The church was a great way to let people know about healthcare programs, resources, and services and is supportive especially during disaster. As an example, it was shared that during the Hurricane Michael churches were out in the neighborhoods building roofs and repairing homes. The Red Cross and Catholic Charities were also mentioned as best ways to let people know about healthcare programs, resources and services. One participant expressed the need for a “boots on the ground” approach to be in conversation with those needing services, programs or resources which will help people to invest into their own healthcare. Another shared view was that “a continuous presence” is needed and that once a month is not enough.

Ideas about a Saturday Fit & Learn day at the park emerged and another idea of a healthcare initiative was to create a hub for programs, resources and services accessible by partners.

The Latino focus group expressed the importance of creating personal relationships to bridge the trust gap and went on to suggest a free checkup weekend to help build relationships. They also shared the importance of a stronger social media presence, utilizing YouTube and Facebook advertising and the need for increased community engagement to let people know about programs, resources and services. Outreach to schools such as Tallahassee Community College, universities and creating good programs and services were also discussed.

A HEALTHCARE INITIATIVE:
“...there are great resources no one knows where to find them, a citywide initiative to create a hub accessible to partners...”
 —COALITION

THE BEST WAYS TO HELP PEOPLE KNOW ABOUT HEALTHCARE RESOURCES, PROGRAMS AND SERVICES:
“...creating a personal relationship because if you are talking to patients who may not trust the system, and if you help the family members and coworkers, then they are far more likely to use those services. Reaching out to areas with a lot more exposure like churches (direct contact), creates like a grassroots campaign then you would be more effective...”
 —LATINO

Table 75

Best Ways to Inform about Healthcare

Coalition	Title 1 School	Latino
<p>MEDIA</p> <ul style="list-style-type: none"> ■ Television ■ Radio ■ Social media 	<p>MEDIA</p> <ul style="list-style-type: none"> ■ Radio ■ Social Media ■ Google 	<p>MEDIA</p> <ul style="list-style-type: none"> ■ Social media presence
<p>COMMUNITY</p> <ul style="list-style-type: none"> ■ Schools ■ Churches ■ Sororities & Fraternities ■ Links ■ Jack & Jill ■ Red Cross ■ Catholic Charities 	<p>COMMUNITY</p> <ul style="list-style-type: none"> ■ Community fairs ■ Engagement ■ Involvement ■ Information ■ Families in Transition ■ Refuge House ■ Children’s Lighthouse ■ Boys Town ■ The School Principal ■ Capital City Youth Services 	<p>COMMUNITY</p> <ul style="list-style-type: none"> ■ A free checkup ■ Churches ■ Schools/Universities
<p>STRATEGIES</p> <ul style="list-style-type: none"> ■ Boots on the ground ■ Continuous presence ■ Saturday Fit and Learns ■ A Health Care Initiative ■ Partnership ■ Creating personal relationships ■ A free check up ■ Reach out to schools (TCC) ■ Creating good programs 	<p>STRATEGIES</p> <ul style="list-style-type: none"> ■ Health classes in school ■ Parent Engagement Conference ■ Providers come to the school ■ Communicate with the kids ■ Fight Fit, Right time, Fight Place ■ Meet people where they are ■ Campus activities ■ Communicate — kids let parents know 	<p>STRATEGIES</p> <ul style="list-style-type: none"> ■ Partnership ■ Create good programs and services ■ Community outreach to minority populations ■ Creating personal relationships



ADDITIONAL PERCEPTIONS ON HEALTHCARE

At the end of the focus group discussion participants could share any additional perceptions related to any of the questions we posed or thoughts that resonated with them beyond the questions. The additional perceptions were about culture, language, ideas, problems and personal sentiments about healthcare in the Tallahassee service area. The major additional perceptions are listed here and categorized into major themes, sub themes and participant quotes (Table 76).

Table 76

Additional Perceptions on Healthcare

MAJOR THEME	SUB THEME	PARTICIPANT QUOTE
PERSONAL SENTIMENTS	■ Social responsibility	<i>"...encourage the individual more, usually the agencies are to blame, the individual should be encouraged to reach out and find those resources..."</i>
	■ Great experience	<i>"...it's not all the time you go to the hospital and have a bad experience, I went to TMH and I had a great experience..."</i>
CULTURAL AND LANGUAGE	■ Culture	<i>"...Cultural awareness build trust..."</i>
	■ Not enough research	<i>"...there is not enough research going on of the Hispanic population in the United States especially considering that the Hispanic population is the fastest growing minority group..."</i>
	■ Emphasis on forming cultural relationships	<i>"...even if you may not be Hispanic and you are servicing a Hispanic patient, if you have some background on who they are or what they may go through or how they live their life, they may be more open to listening to you..."</i>
	■ Phobia of Hospitals	<i>"...in the African American community, a lot of the older people have a phobia of hospitals and getting checkups..."</i>
	■ Fear	<i>"...there are some communities of people afraid to come out, many of these are parents of children who are immigrants, they are afraid to go out and seek the help because of ISIS..."</i>
	■ Generational knowledge	<i>"...in Jefferson, all that many people know is what they have seen from their parents, they don't know the world outside the boundaries in which they live..."</i>
	■ Translating forms into different languages	<i>"...it's not about just translating forms into different languages, its more, it's about helping them to read the forms if they need it, working with them to fill out the form, we need a hands-on approach..."</i>
■ Eye opening	<i>"...you would not think about someplace like this in Florida. Madison is the poorest county in the state..."</i>	

Table 76

Additional Perceptions on Healthcare

MAJOR THEME	SUB THEME	PARTICIPANT QUOTE
IDEAS	■ Web professionals	<i>"...integrating web professionals in medical business may be really important..." "...it may be hard to get people through the door, but it is not hard to get them on their phone..."</i>
	■ An ER just for kids	<i>"...the cost should not be the same as adults..."</i>
	■ Conversation	<i>"...this should be an ongoing conversation..."</i>
	■ Collaboration between hospitals and university	<i>"...you don't see the hospitals working collaboratively with the universities and the community being the recipient... you don't see that..." "...there is no coordination and that is the same with the coordination of healthcare in general..."</i>
	■ Year 2020	<i>"...a marketing tool; is your health at 2020, use it like people ask, is your vision 2020, we can ask, is your health 2020 or, where will your health be in 2020..."</i>
PROBLEMS	■ Advocacy	<i>"...in Miami they have a large Hispanic and Caribbean community and lots of agencies to assist in filling out applications, sometimes a family may not be able to fill out an application, because of this, we need more agencies that can help families fill out applications..."</i>
	■ One NICU	<i>"...there is one NICU in our city, one..." "...a child is born at Capital Regional that needs to be sent to the NICU is transported via ambulance without their parents sometimes, this is a huge problem..."</i>
	■ Self-Worth	<i>"...we don't see ourselves as being entitled really to something as vital as health..."</i>
	■ Not a cutting edge medical community	<i>"...there is nothing cutting edge, nothing..." "...there is no impetus to be out in front of the medical community and that is why so many take the road to Shands Hospital in Gainesville or take the road to Jacksonville..."</i>
	■ Needs	<i>"...we have no permanent social worker or nurse..." "...we've kept health and sex education. Even though they cut it, they've managed to keep it a little bit in the schools that my kids go to anyways. I think that's something we need to protect..."</i>
	■ Knowing about health	<i>"...sometimes people have a lot of physical illness that they have been dealing with for years, if they had knowledge about what is going on and how to seek treatment physical or mental, that would improve healthcare..."</i>



DISCUSSION

Throughout the discussions about barriers, and what keeps people from being healthy, issues of access to quality care, prevention, mental health, food/health deserts, education, knowledge and awareness of health, lack of urgency from healthcare, affordability, transportation, culture and language, community outreach, and unaddressed healthcare needs of rural and surrounding communities were voiced. Social isolation was also spoken about at length.

When talking about existing resources, programs and services that help people to be healthy, all focus groups are utilizing community, school, medical, city, and agencies as existing sources but all share that there is a need to help people know about the existing sources of healthcare. This is evident because there were differences in the resources, programs and services identified by each focus group.

Referring for healthcare resources, programs and services is a challenge as discussed in each focus group. Networking and people in key positions know where to refer people for healthcare. Attention to fairness is emphasized. Primary care doctors and the Department of Health appear to play major role for those of the Latino focus group and being alerted may help both to understand their important role even more. Partnerships were suggested as an approach or strategy and again the social media and technology approaches are offered as referral mechanisms.

While it was expressed that many do not know about the existing healthcare resources, programs and services, these focus group participants provided a variety of ideas on how to help people to know about existing healthcare resources, programs and services. Utilizing media and churches were suggested strategies.



CONCLUSIONS

Healthcare resources, programs and services in the Tallahassee Memorial HealthCare service area are vast and varied. Those who can help with access are using a networking and partnership approach, however, if a person is not connected to an existing structure like a school, or a church or an organization, they may miss important information about health and services that could help them to be healthy. Mental health services are needed in the area and approaches that help people to receive the care needed. Culture and language are important factors (and need attention) for our community as it grows more and more diverse. Rural communities are challenged and need help to know what exists and is accessible.



SECONDARY DATA

The primary data collected through the 2019 Community Health Needs Assessment speaks to the attitudes and needs of residents who participated in the CHNA process. Secondary data based on scientific samples and population records describe the community, providing a context for interpreting the primary data. The secondary data presented in the tables and graphs in this section come from multiple federal and state-level sources, including:

- ▶ American Community Survey (ACS), U.S. Census Bureau
- ▶ Behavioral Risk Factor Surveillance Survey (BRFSS), Centers for Disease Control
- ▶ Florida Department of Health
- ▶ Florida Department of Education

The first section of this chapter describes the demographic and socioeconomic characteristics of the population residing in the Tallahassee Memorial HealthCare Primary Service Area (PSA). Estimates are from either the Census Bureau's Population Estimates and Projections program or the American Community Survey Five-Year Estimates for 2013-2017. All estimates are provided for each of the four counties that comprise the PSA and for the PSA as a whole.

The chapter's second section describes health and health-related behaviors in the PSA population. The section begins by looking at mortality and morbidity in the PSA. The data, derived from death certificates, were obtained from the Florida Bureau of Vital Statistics at the Florida Department of Health. The section then considers the population's performance on the 12 Healthy People 2020 Leading Health Indicators. Data for 37 different measures are shown for each of the four counties, and for the state of Florida as a whole. Where available, data are shown for multiple time-points to track trends over time.

Demographic and Socioeconomic Indicators

TALLAHASSEE MEMORIAL HEALTHCARE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT

Population Size

- Primary Service Area population, 2010 – 2018 year

Age Distribution

- Population estimates by sex and age group, 2018
- Median age, 2018
- Percentage distribution of population by age group, 2018

Race & Ethnic Identification

- Percentage distribution of the population by race and Hispanic-origin, 2017

Nativity

- Distribution of population by birth place, 2017
- Selected characteristics of the foreign-born population, 2017
- Language spoken at home and English-language proficiency, 2017

Families & Households

- Percentage distribution by sex and marital status, 2017
- Household relationships, 2017
- Household and family types, 2017
- Grandparents with resident grandchildren, 2017

Household Economic Status

- Annual income by household type, 2017
- Household income and benefits, 2017
- Percentage of families and individuals with poverty-level incomes, 2017
- Household internet, telephone service, and vehicles available, 2017
- Characteristics of housing units, 2017

Educational Attainment and Enrollments

- Adults' highest level attained, 2017
- Percentage of population ages 3 and older currently enrolled in school, 2017

Additional Adult Characteristics

- Veteran status, 2017
- Disability status by age group, 2017



POPULATION SIZE

Table 77 Primary Service Area Population:
Tallahassee Memorial Healthcare Primary Service Area Population
by County and Year

	2010	2011	2012	2013	2014	2015	2016	2017	2018
Gadsden	47,793	47,366	46,581	46,090	46,119	46,051	46,051	45,972	45,894
Jefferson	14,754	14,526	14,216	14,207	14,052	14,101	13,938	14,147	14,288
Leon	275,969	278,334	283,609	281,893	283,785	285,997	286,977	291,247	292,502
Wakulla	30,825	30,970	30,852	30,999	31,410	31,522	31,893	32,101	32,461
Total	369,341	371,196	375,258	373,189	375,366	377,671	378,859	383,467	385,145

Source: U.S. Census Bureau, 2019, Annual Estimates of the Resident Population for Counties: April 1, 2010 to July 1, 2018.
www.census.gov/data/datasets/time-series/demo-popest/2010s-counties-total.html

Table 78 Percentage and Size Estimates of the Resident Population
by Sex and Age Group, 2018

	Total		Under 18		18-64		65+	
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
Leon (%)	47.4	52.6	52.1	47.9	47.2	52.8	43.6	56.4
Number	138,642	153,860	27,747	26,725	93,804	105,071	17,091	22,064
Gadsden (%)	47.5	52.5	49.9	50.1	46.8	53.2	43.4	56.6
Number	21,790	24,104	5,042	5,055	13,194	14,406	3,554	4,643
Jefferson (%)	52.4	47.6	52.1	47.9	53.2	45.1	46.4	53.6
Number	7,491	6,797	1,266	1,165	4,664	3,831	1,561	1,801
Wakulla (%)	53.4	46.6	51.4	48.6	55.2	44.8	48.8	51.2
Number	17,327	15,134	3,572	3,373	11,275	9,155	2,480	2,606
TMH PSA (%)	48.1	51.9	50.9	49.1	48.1	51.9	44.2	55.8
Number	185,250	199,895	37,627	36,318	122,937	160,463	24,686	31,114

Source: U.S. Census Bureau, 2019, Annual Estimates of the Resident Population by Age Groups for Counties: April 1, 2010 to July 1, 2018. Accessed through American Fact Finder: <https://factfinder.census.gov>



AGE DISTRIBUTION

Table 79 Percentage Estimates of the Resident Population by Age Groups and Median Age, 2018

	Leon	Gadsden	Jefferson	Wakulla	TMH PSA
Median age	31.2	41.3	47.7	40.7	33.3
Under 18 years	18.6	22.0	17.0	21.4	19.2
■ Under 5 years	5.2	6.0	4.5	5.6	5.3
■ 5 to 13 years	9.3	11.2	8.9	10.7	9.6
■ 14 to 17 years	4.2	4.8	3.7	5.2	4.3
18 years and over	81.4	78.0	83.0	78.6	80.8
18 to 64 years	68.0	60.1	59.5	62.9	66.3
■ 18 to 24 years	21.5	8.1	6.3	7.0	18.1
■ 25 to 44 years	25.5	24.5	23.2	27.4	25.5
■ 45 to 64 years	21.0	27.5	29.9	28.6	22.7
65 years and over	13.4	17.9	23.5	15.7	14.5
85 years and over	1.4	1.9	2.6	1.2	1.5
Total population	292,502	45,894	14,288	32,461	385,145

Source: U.S. Census Bureau, 2019, Annual Estimates of the Resident Population by Age Groups for Counties: April 1, 2010 to July 1, 2018. Accessed through American Fact Finder: <https://factfinder.census.gov>



RACE & ETHNIC IDENTIFICATION

Table 80 Percentage Distribution of the Resident Population by Race and Hispanic-Origin, 2017

	Leon	Gadsden	Jefferson	Wakulla	TMH PSA
Non-Hispanic and:					
■ White	57.2	32.6	58.2	79.3	56.1
■ Black	30.7	55.3	35.1	14.9	32.6
■ Asian	3.3	0.5	0.1	0.4	2.6
■ Alaskan Native / Native American	0.2	0.1	0.4	0.4	0.2
■ Hawaiian / Pacific Islander	0.0	0.1	0.0	0.0	0.0
■ Other	0.2	0.2	0.9	1.4	0.2
Hispanic / Latino	6.1	10.0	4.0	3.2	6.3
Total population	285,890	46,113	14,085	31,586	377,674

Source: U.S. Census Bureau estimates from the 2013-2017 from the American Community Survey. Accessed through American Fact Finder: <https://factfinder.census.gov>



NATIVITY

Table 81 Percentage Distribution of the Resident Population by Birth Place, 2017

	Leon	Gadsden	Jefferson	Wakulla	TMH PSA
Total population	285,890	46,113	14,085	31,586	377,674
Native-born	93.3	94.7	96.9	98.2	94.0
Born in United States:	91.3	93.4	95.4	97.1	92.2
■ In Florida	55.3	71.5	62.1	60.7	58.0
■ Another state	36.0	21.9	33.3	36.4	34.2
Born in Puerto Rico, U.S. Island areas, or born abroad to American parent(s)	2.0	1.3	1.5	1.1	1.8
Foreign-born	6.7	5.3	3.1	1.8	6.0

Source: Census Bureau estimates from the 2013-2017 from the American Community Survey, accessed through the American Factfinder site: <https://factfinder.census.gov>

Table 82 Selected Characteristics of the Foreign-Born Population, 2017

	Leon	Gadsden	Jefferson	Wakulla	TMH PSA
Foreign-born population	19,178	2,422	436	559	22,595
Region of birth:					
■ Europe	14.5	5.0	31.7	29.0	14.2
■ Asia	39.6	15.9	8.3	13.1	35.8
■ Africa	8.9	2.1	2.1	4.8	7.9
■ Oceania	0.8	0.5	0.0	0.0	0.7
■ Latin America	33.0	75.2	50.0	50.4	38.3
■ Northern America	3.2	1.3	8.0	2.7	3.1
Period of entry:					
■ Entered 2010 or later	21.8	15.4	12.4	0.0	20.4
■ Entered before 2010	78.2	84.6	87.6	100.0	79.6
Citizenship:					
■ Naturalized U.S. citizen	49.1	30.9	29.1	56.2	46.9
■ Not a U.S. citizen	50.9	69.1	70.9	43.8	53.1

Source: Census Bureau estimates from the 2013-2017 from the American Community Survey, accessed through the American Factfinder site: <https://factfinder.census.gov>



Table 83 Percentage Distribution of the Resident Population Aged 5 and Older by Language Spoken at Home and Spoken English Proficiency, 2017

	Leon	Gadsden	Jefferson	Wakulla	TMH PSA
Population 5 years and over	271,022	43,374	13,471	30,038	357,905
■ English only	90.2	89.0	93.0	93.9	90.5
■ Language other than English	9.8	11.0	7.0	6.1	9.5
■ Speak English less than "very well"	2.3	4.8	1.6	0.8	2.5
■ Spanish	4.1	8.6	4.8	3.3	4.6
■ Speak English less than "very well"	0.9	3.9	1.3	0.6	1.2
■ Other Indo-European languages	2.8	0.9	1.5	2.1	2.5
■ Speak English less than "very well"	0.6	0.2	0.2	0.1	0.5
■ Asian and Pacific Islander languages	2.2	0.8	0.3	0.3	1.8
■ Speak English less than "very well"	0.7	0.4	0.1	0.1	0.6
■ Other languages	0.7	0.8	0.4	0.4	0.7
■ Speak English less than "very well"	0.2	0.2	0.0	0.0	0.2

Source: Census Bureau estimates from the 2013-2017 from the American Community Survey, accessed through the American Factfinder site: <https://factfinder.census.gov>

Table 84

Percentage Distribution of the Resident Population by Sex and Marital Status, 2017

	Leon	Gadsden	Jefferson	Wakulla	TMH PSA
 Males 15 years and over	113,192	17,608	6,577	14,709	152,086
■ Never married	48.4	37.9	38.8	34.9	45.5
■ Currently married	40.8	46.9	42.1	44.9	42.0
■ Separated	1.0	1.1	2.7	2.4	1.2
■ Widowed	1.7	4.0	2.3	3.1	2.1
■ Divorced	8.1	10.2	14.1	14.7	9.3
 Females 15 years and over	127,979	19,811	5,579	11,522	164,891
■ Never married	44.8	35.8	20.0	24.1	41.4
■ Currently married	35.7	36.5	55.2	53.9	37.7
■ Separated	1.7	3.8	1.5	1.7	1.9
■ Widowed	6.1	9.4	11.0	7.2	6.8
■ Divorced	11.7	14.5	12.3	13.1	12.1

Source: Census Bureau estimates from the 2013-2017 from the American Community Survey, accessed through the American Factfinder site: <https://factfinder.census.gov>

Table 85 Percentage Distribution of the Resident Population Living in Households
by Relationship to Householder, 2017

	Leon	Gadsden	Jefferson	Wakulla	TMH PSA
Population in households	272,110	42,251	11,547	28,043	353,951
■ Householder	41.3	41	49.4	39.5	41.4
■ Spouse	15.8	16.6	23.1	21.1	16.5
■ Child	25.2	30.2	20.1	28.8	25.9
■ Other relatives	5.3	8.3	4.3	5.7	5.7
■ Nonrelatives	12.4	4	3.1	4.9	10.5
■ Unmarried partner	2.7	2.2	2	2.6	2.6

Source: Census Bureau estimates from the 2013-2017 from the American Community Survey, accessed through the American Factfinder site: <https://factfinder.census.gov>

Table 86**Characteristics of Households and Families, 2017**

	Leon	Gadsden	Jefferson	Wakulla	TMH PSA
Total households	112,373	17,130	5,702	11,075	146,460
One or more persons under 18 (%)	25.9	30.3	23.5	25.9	26.9
One or more persons 60 or older (%)	30.4	44.5	53.9	40.8	33.8
Householder lives alone (%)	30.2	28.1	30.7	22.7	29.4
Householder is 65+ and lives alone (%)	8.6	11.3	13.6	11.0	9.3
Family household (%)	55.1	67.9	66.1	71.8	58.3
Family household with children under 18 (%)	23.2	24.5	19.0	29.6	23.7
Married couple with children under 18 (%)	14.6	11.3	11.0	19.3	14.4
Female householder, no husband, with children under 18 (%)	6.9	11.9	6.0	5.7	7.3
Male householder, no wife, with children under 18 (%)	1.8	1.2	2.0	4.6	1.9
Non-family households (%)	44.9	32.1	33.9	28.2	41.7
Households with own children under 18	26,049	4,234	1,081	3,277	34,641
Children are all under 6 (%)	24.4	15.5	18.9	14.9	22.2
Children are all 6 to 17 (%)	56.7	57.5	63.1	63.0	57.6
Children in both age groups (%)	18.9	26.9	18.0	22.2	20.2
Average household size	2.4	2.4	2.0	2.5	2.4
Average family size	3.0	3.0	2.5	3.0	3.0

Source: Census Bureau estimates from the 2013-2017 from the American Community Survey, accessed through the American Factfinder site: <https://factfinder.census.gov>

Table 87**Grandparents with Resident Grandchildren, 2017**

	Leon	Gadsden	Jefferson	Wakulla	TMH PSA
Number of grandparents living with own grandchildren under 18 years	3,953	1,363	297	622	6,235
Percent responsible for grandchildren	50.1	30.7	50.2	52.6	46.1
By years responsible for grandchildren:					
■ Less than 1 year	10.8	3	14.1	14.5	9.6
■ 1 or 2 years	9.7	8	2	24.3	10.4
■ 3 or 4 years	9.1	2.2	3.7	2.1	6.6
■ 5 or more years	20.5	17.5	30.3	11.7	19.4
Number of grandparents responsible for own grandchildren under 18 years					
■ Who are female	1,980	419	149	327	2,875
■ Who are married	69.3	68.3	76.5	59.9	68.5
	61.5	60.4	57	79.5	63.1

Source: Census Bureau estimates from the 2013-2017 from the American Community Survey, accessed through the American Factfinder site: <https://factfinder.census.gov>



HOUSEHOLD ECONOMIC STATUS

Table 88**Income by Household Type (2017 Inflation-Adjusted Dollars)**

	Leon	Gadsden	Jefferson	Wakulla	TMH PSA
Total households	112,373	17,310	5,702	11,075	146,460
■ Median household income (\$)	49,941	39,830	47,599	57,866	48,618
■ Mean household income (\$)	70,672	50,733	59,427	64,609	67,419
Total family households	61,964	11,757	3,770	7,957	85,448
■ Median family income (\$)	72,816	47,277	59,245	65,911	66,913
■ Mean family income (\$)	91,842	59,223	75,053	72,324	84,663
Total nonfamily households	50,409	5,553	1,932	3,118	61,012
■ Median nonfamily income (\$)	32,011	24,172	25,795	35,568	31,008
■ Mean nonfamily income (\$)	41,857	31,554	32,083	41,477	40,590

Source: Census Bureau estimates from the 2013-2017 from the American Community Survey, accessed through the American Factfinder site: <https://factfinder.census.gov>

Table 89 Household Income and Benefits (2017 Inflation-Adjusted Dollars)

	Leon	Gadsden	Jefferson	Wakulla	TMH PSA
Total households	112,373	17,310	5,702	11,075	146,460
Household income:					
■ Less than \$10,000	10.0	12.4	8.9	6.0	9.9
■ \$10,000 to \$14,999	4.8	5.5	4.6	3.1	4.8
■ \$15,000 to \$24,999	10.1	13.1	13.7	9.2	10.5
■ \$25,000 to \$34,999	10.7	13.0	13.4	10.3	11.0
■ \$35,000 to \$49,999	14.5	17.7	11.1	15.4	14.8
■ \$50,000 to \$74,999	16.7	17.9	22.9	22.1	17.5
■ \$75,000 to \$99,999	11.5	9.4	10.6	17.1	11.6
■ \$100,000 to \$149,999	12.3	7.6	10.5	12.4	11.7
■ \$150,000 to \$199,999	4.9	2.4	2.9	2.7	4.3
■ \$200,000 or more	4.6	1.1	1.4	1.7	3.9
Income types:					
■ Households with earnings (%)	81.9	65.5	71.5	78.6	79.3
■ Mean earnings (\$)	67,875	51,400	56,442	64,594	65,620
■ Households with Social Security (%)	24.1	38.0	43.8	32.2	27.1
■ Mean Social Security income (\$)	19,268	17,263	19,066	17,974	18,806
■ Households with retirement income (%)	18.6	28.1	26.8	20.3	20.1
■ Mean retirement income (\$)	30,184	22,187	22,601	25,026	28,080
■ Households with Supplemental Security Income (%)	3.7	9.3	9.4	5.3	4.7
■ Mean Supplemental Security Income (\$)	10,140	10,243	9,403	7,957	9,921
■ Households with cash public assistance income (%)	1.6	1.8	2.0	2.6	1.7
■ Mean cash public assistance income (\$)	2,533	1,962	5,203	1,690	2,489
■ Households with Food Stamp/SNAP benefits in the past 12 months (%)	12.5	25.7	15.6	13.9	14.3

Source: Census Bureau estimates from the 2013-2017 from the American Community Survey, accessed through the American Factfinder site: <https://factfinder.census.gov>

Table 90

Percentage of Families and Individuals with Annual Income Below the Poverty Level, 2017

	Leon	Gadsden	Jefferson	Wakulla	TMH PSA
Total households	61,964	11,757	3,770	7,957	85,448
All families in poverty	9.5%	17.0%	10.8%	8.8%	10.5%
■ With children under 18 years	14.7%	32.0%	18.0%	14.9%	17.1%
■ With children under 5 years only	15.8%	30.7%	13.2%	26.0%	17.8%
Married couple families	3.9%	5.8%	6.9%	4.7%	4.3%
■ With children under 18 years	5.4%	11.9%	9.6%	7.6%	6.4%
■ With children under 5 years only	5.0%	0.0%	0.0%	6.8%	4.7%
Families with female householder, no husband present	24.4%	38.4%	22.0%	22.3%	26.8%
■ With children under 18 years	31.6%	51.0%	33.7%	35.2%	35.8%
■ With children under 5 years only	42.2%	53.8%	47.1%	64.0%	45.5%
All people in households	272,110	42,251	11,547	28,043	353,951
All people	20.5%	24.4%	13.9%	12.6%	20.2%
■ Under 18 years	18.8%	40.8%	19.2%	15.9%	21.6%
■ 18 to 64 years	23.6%	21.7%	14.1%	11.6%	22.2%
■ 65 years and over	6.3%	11.9%	9.2%	11.6%	7.8%
People in families	10.6%	20.6%	11.3%	9.2%	11.9%
Unrelated individuals 15 years and over	N/A	41.4%	24.5%	30.7%	41.4%

Source: Census Bureau estimates from the 2013-2017 from the American Community Survey, accessed through the American Factfinder site: <https://factfinder.census.gov>

Table 91

Household Internet, Telephone Service, and Vehicles Available, 2017

	Leon	Gadsden	Jefferson	Wakulla	TMH PSA
Total households	112,373	17,130	5,702	11,075	146,460
As a % of all households:					
■ Has one or more computing devices	93.5	71.3	80.5	88.8	90.0
■ Has internet subscription (any)	84.6	58.2	68.8	76.2	79.8
■ Has broadband internet	84.2	57.9	66.8	75.2	79.3
■ No telephone service available	2.4	3.7	2.8	4.0	2.7
■ No vehicles available	5.9	11.4	5.5	3.1	6.3

Notes: Computing devices include desktop and desktop computers, tablets, and internet-enabled cellphones.

Source: Census Bureau estimates from the 2013-2017 from the American Community Survey, accessed through the American Factfinder site: <https://factfinder.census.gov>

Table 92**Characteristics of Housing Units, 2017**

	Leon	Gadsden	Jefferson	Wakulla	TMH PSA
Total households	112,373	17,130	5,702	11,075	146,460
As a % of all units:					
■ Occupied by renter	47.4	29.8	22.6	19.6	42.2
■ Lacks heating source	0.6	0.8	1.3	1.0	0.7
■ Lacks complete plumbing facilities	0.1	0.2	0.4	0.5	0.1
■ Lacks complete kitchen facilities	0.7	0.3	0.4	1.3	0.7
■ No vehicles available	5.9	11.4	5.5	3.1	6.3

Source: Census Bureau estimates from the 2013-2017 from the American Community Survey, accessed through the American Factfinder site: <https://factfinder.census.gov>



EDUCATIONAL ATTAINMENT AND ENROLLMENTS

Table 93 Percentage Distribution of the Resident Population Aged 25 and Older by Educational Attainment

	Leon	Gadsden	Jefferson	Wakulla	TMH PSA
Population 25 years and over	167,484	31,955	10,932	22,804	233,175
■ Less than 9th grade	2.1	6.5	6.1	2.7	2.9
■ 9th to 12th grade, no diploma	4.7	13.8	13.0	9.8	6.9
■ High school graduate (includes equivalency)	18.6	36.2	32.9	36.2	23.4
■ Some college, no degree	19.5	20.3	17.8	25.5	20.1
■ Associate degree	9.6	6.9	9	8.1	9.1
■ Bachelor's degree	25.6	10.6	12.7	12	21.6
■ Graduate or professional degree	19.9	5.7	8.4	5.8	16.0

Source: Census Bureau estimates from the 2013-2017 from the American Community Survey, accessed through the American Factfinder site: <https://factfinder.census.gov>

Table 94 Percentage Distribution of the Resident Population Aged 3 years and Older Enrolled in School, 2017

	Leon	Gadsden	Jefferson	Wakulla	TMH PSA
Population 3 years and over enrolled in school	104,264	11,588	2,432	6,949	125,233
■ Nursery school, preschool	4.5	7.7	9.2	6.2	5
■ Kindergarten	2.9	6.1	6.5	5.1	3.4
■ Elementary school (grades 1-8)	23.7	43.2	44.8	44.9	27.1
■ High school (grades 9-12)	12	21.6	25.5	24.6	13.9
■ College or graduate school	56.9	21.3	14	19.3	50.7

Source: Census Bureau estimates from the 2013-2017 from the American Community Survey, accessed through the American Factfinder site: <https://factfinder.census.gov>

Table 95 Veteran Status of the Civilian Population Aged 18 and Over, 2017

	Leon	Gadsden	Jefferson	Wakulla	TMH PSA
Civilian population 18 years and over	231,870	35,891	11,770	24,936	304,467
Veterans (%)	6.8	10.0	10.0	11.2	7.6

Source: Census Bureau estimates from the 2013-2017 from the American Community Survey, accessed through the American Factfinder site: <https://factfinder.census.gov>

Table 96 Disability Status of the Civilian Noninstitutionalized Population by Age Group, 2017

	Leon	Gadsden	Jefferson	Wakulla	TMH PSA
Total Civilian Noninstitutionalized Population	282,509	43,233	11,547	28,013	365,302
■ With a disability	11.1	19.8	16.5	16.4	12.7
Under 18 years	53,708	10,190	2,306	6,585	72,789
■ With a disability	5.2	8.1	6.8	7.7	5.9
18 to 64 years	195,622	25,810	6,419	17,310	245,161
■ With a disability	5.2	8.1	6.8	7.7	5.9
65 years and over	33,179	7,233	2,822	4,118	47,352
■ With a disability	33.8	41.5	34.3	33.4	35

Source: Census Bureau estimates from the 2013-2017 from the American Community Survey, accessed through the American Factfinder site: <https://factfinder.census.gov>

Health Indicators

TALLAHASSEE MEMORIAL HEALTHCARE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT

Mortality and Morbidity

- Mortality rates by race and Hispanic-origin
- Mortality rates by leading causes

Access to Health Services

- Percentage of population aged 64 and under with health insurance
- Adults who have a usual primary care provider

Preventive Health Services

- Adults aged 50 and over who have had a stool-based test in the past year
- Adults aged 50 and over who have had a colonoscopy in the past five years
- Adults who have ever been told they have hypertension
- Adults with hypertension who take appropriate medication
- Adults who have ever been told they have diabetes
- Immunization rates among kindergarten students

Environment Exposures

- Median daily air quality summary score
- Percentage of children who are exposed to second-hand smoke

Injury and Violence

- Rates of injury-related deaths
- Rates of homicide deaths

Maternal, Infant and Child Health

- Infant deaths per 1,000 live births
- Percentage of births occurring at less than 37 weeks gestation

Mental Health

- Suicide deaths
- Hospitalizations for mental health disorders, persons under 18

Additional Adult Characteristics

- Veteran status, 2017
- Disability status by age group, 2017

Nutrition, Physical Activity and Obesity

- Percentage of adults who meet aerobic and muscle-strengthening recommendations
- Percentage of adults who are obese
- Percentage of high school students who are obese
- Percentage of middle school students who are obese
- Adults' daily consumption of fruit and vegetables

Health Indicators (CONTINUED)

TALLAHASSEE MEMORIAL HEALTHCARE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT

Oral Health

- Percentage of adults who visited a dentist or dental clinic in past year
- Percentage of third-graders needing dental care

Reproductive and Sexual Health

- Percent of women who have received HPV test, PAP test, breast exam
- Bacterial STI cases, women ages 15 – 34
- Chlamydia cases, population
- Syphilis cases, population
- Gonorrhea cases, population
- HIV cases, population
- Percentage of adults ever-tested for HIV

Social

- High school graduation rates

Substance Abuse

- Percentage of middle and high school students reporting alcohol or illicit drug use
- Percentage of adults who engaged in heavy or binge drinking

Tobacco

- Percentage of adults who are current smokers
- Percentage of middle and high school students who smoked tobacco products in the past 30 days



MORTALITY AND MORBIDITY

Table 97 Age-Adjusted Mortality Rates per 100,000 Population by Race and Hispanic Origin, 2017

	White non-Hispanic	Black non-Hispanic	Hispanic, any race
Leon	714.1	769.5	255.5
Gadsden	676.7	858.3	162.4
Jefferson	838	749.5	178.7
Wakulla	945.6	489.8	564.3
TMH PSA	738.2	774.2	250.2

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management, accessed through Florida CHARTS: www.flhealthcharts.com/FLQUERY/Death/DeathRate.aspx

Table 98 Age-Adjusted Mortality Rates per 100,000 Population for Ten Leading Causes of Death in Florida, 2017

	Leon	Gadsden	Jefferson	Wakulla	TMH PSA	Florida
Heart Diseases	150.0	134.3	184.5	183.0	155.3	148.5
Cancers	155.1	141.9	149.1	188.0	151.3	149.4
Unintentional Injury	40.7	38.5	66.8	63.1	43.1	56.0
Chronic Lower Respiratory Disease	28.4	30.8	30.2	59.6	31.0	40.0
Cerebrovascular Diseases	37.7	38.3	45.6	36.7	38.1	39.6
Alzheimer's Disease	28.7	21.7	9.6	25.8	26.4	21.0
Diabetes Mellitus	22.7	30.8	42.4	13.8	24.3	20.7
Suicide	11.7	6.3	3.7	23.7	11.3	14.1
Chronic Liver Disease & Cirrhosis	8.3	14.3	30.2	13.5	9.3	11.4
Kidney Diseases	10.2	22.4	14.9	13.1	12.5	10.3

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management, accessed through Florida CHARTS: www.flhealthcharts.com/FLQUERY/Death/DeathRate.aspx



ACCESS TO HEALTH SERVICES

Table 99 Percent of Civilian Noninstitutionalized Population Aged 64 and Under with Health Insurance Coverage, 2010 – 2017

	Leon	Gadsden	Jefferson	Wakulla	Florida
2017	89.2	83.7	86.4	87.6	84.0
2016	89.8	84.5	86.7	88.3	84.6
2015	88.6	83.5	85.9	88.9	83.7
2014	86.2	80.0	82.7	85.2	79.8
2013	82.7	77.1	80.0	82.0	75.7
2012	82.4	76.6	79.7	82.9	75.9
2011	81.2	76.2	77.6	82.0	75.2
2010	82.8	76.1	77.6	81.6	74.7



Source: U.S. Census Bureau, Small Area Health Insurance Estimates, accessed through www.census.gov/data-tools/demo/sahie/#/?s_Floridafips=12

Table 100 Adults Aged 18 and Over Who Have a Usual Primary Care Provider, 2007 – 2016

	Leon	Gadsden	Jefferson	Wakulla	Florida
2016	82.3	85.7	86.2	86.1	72.0
2013	74.7	78.6	86.1	85.8	73.2
2010	89.2	84.9	89.6	87.9	81.7
2007	81.1	78.1	82.1	84.6	77.1




Source: Centers for Disease Control, Behavioral Risk Factors Surveillance Survey, accessed through Florida CHARTS: www.flhealthcharts.com/charts/Brfss.aspx



CLINICAL PREVENTIVE SERVICES

Table 101 Adults Aged 50 and Over Who Have Had a Stool-Based Test in Past Year, 2007- 2016


	Leon	Gadsden	Jefferson	Wakulla	Florida
2016	82.3	85.7	86.2	86.1	72.0
2013	74.7	78.6	86.1	85.8	73.2
2010	89.2	84.9	89.6	87.9	81.7
2007	81.1	78.1	82.1	84.6	77.1



Source: Centers for Disease Control, Behavioral Risk Factors Surveillance Survey, accessed through Florida CHARTS: www.flhealthcharts.com/charts/Brfss.aspx

Table 102 Adults Aged 50 and Over Who Have Had a Colonoscopy in the Past Five Years, 2007 – 2016


	Leon	Gadsden	Jefferson	Wakulla	Florida
2016	62.3	61.9	58.8	57.4	53.9
2013	60.3	59.8	67.0	54.6	55.3
2010	71.0	66.9	57.5	53.7	56.4
2007	64.9	63.3	56.4	56.1	53.7



Source: Centers for Disease Control, Behavioral Risk Factors Surveillance Survey, accessed through Florida CHARTS: www.flhealthcharts.com/charts/Brfss.aspx

Table 103 Adults Who Have Ever Been Told They Have Hypertension, 2007- 2013

	Leon	Gadsden	Jefferson	Wakulla	Florida
2013	25.8	47.9	42.7	33.3	34.6
2010	30.0	40.2	41.7	36.5	34.3
2007	25.6	30.6	28.5	31.9	28.2



Source: Centers for Disease Control, Behavioral Risk Factors Surveillance Survey, accessed through Florida CHARTS: www.flhealthcharts.com/charts/Brfss.aspx

Table 104

Adults with Hypertension Who Take Appropriate Medication, 2007- 2013

	Leon	Gadsden	Jefferson	Wakulla	Florida
2013	72.8	86.3	87.8	82.2	79.4
2010	84.2	86.7	88.6	78.3	82.8
2007	79.8	87.6	80.4	82.1	82.1



Source: Centers for Disease Control, Behavioral Risk Factors Surveillance Survey, accessed through Florida CHARTS: www.flhealthcharts.com/charts/Brfss.aspx

Table 105

Adults Aged 18 and Over Who Have Ever Been Told They Have Diabetes, 2007- 2016

	Leon	Gadsden	Jefferson	Wakulla	Florida
2016	10.5	23.4	19.3	11.6	11.8
2013	6.9	20.8	9.0	12.5	11.2
2010	9.8	16.7	11.9	12.9	10.4
2007	7.6	10.5	9.4	11.1	8.7



Source: Centers for Disease Control, Behavioral Risk Factors Surveillance Survey, accessed through Florida CHARTS: www.flhealthcharts.com/charts/Brfss.aspx

Table 106

Immunization Rates among Kindergarten Students, 2010- 2018

	Leon	Gadsden	Jefferson	Wakulla	Florida
2018	95.2	96.6	94.6	95.5	93.7
2017	94.1	98.2	98.8	95.1	94.1
2016	93.3	97.7	96.3	98.1	93.7
2015	95.6	99.6	97.9	96.3	93.3
2014	94.5	99.7	98.3	93.2	93.2
2013	91.9	96.5	64.8	87.8	92.1
2012	94.0	98.3	100.0	97.7	92.6
2011	95.2	98.6	100.0	98.4	91.3
2010	93.7	96.0	100.0	97.5	91.3

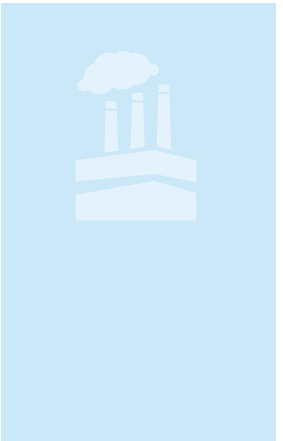


Source: Florida Department of Health, Bureau of Immunization, estimates accessed through Florida CHARTS: www.flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=ChartsProfiles.School-agedChildandAdolProfile



Table 107 Median Daily Air Quality Summary Score, 2010- 2017

	Leon	Gadsden	Jefferson	Wakulla	Florida
2017	40	N/A	N/A	36	41
2016	40	N/A	N/A	37	41
2015	40	N/A	N/A	36	41
2014	43	N/A	N/A	35	43
2013	37	N/A	N/A	34	38
2012	40	N/A	N/A	35	41
2011	47	N/A	N/A	37	48
2010	47	N/A	N/A	36	47



Notes: EPA Monitoring Stations are located in Leon and Wakulla counties. AQS score of 50 or lower is good and scores from 51-100 are moderate.

Source: Environmental Protection Agency, Air Quality Data, Annual Summary Files accessed at https://aqs.epa.gov/aqsweb/airdata/download_files.html#Annual

Table 108 Percentage of Children Aged 11 – 17 Who Are Exposed to Second-hand Smoke, 2012- 2018

	Leon	Gadsden	Jefferson	Wakulla	Florida
2018	N/A	29.5	43.3	53.8	35.4
2016	39.3	35.8	38.2	51.4	40.0
2014	31.7	35.6	41.6	46.8	37.5
2012	35.5	33.7	37.6	53.2	44.1



Source: Florida Department of Health, 2018 Report from the Florida Youth Tobacco Survey, accessed at www.floridahealth.gov/statistics-and-data/survey-data/florida-youth-survey/florida-youth-tobacco-survey/2018CountyReports.html



INURIES AND VIOLENCE

Table 109

Age-Adjusted Rates of Injury-Related Deaths per 100,000 Population, 3-Year Moving Averages

	Leon	Gadsden	Jefferson	Wakulla	Florida
2015-2017	4.0	9.0	5.8	5.1	6.5
2014-2016	4.3	7.7	5.7	5.9	6.4
2013-2015	5.8	7.4	2.7	3.8	6.2
2012-2014	6.7	9.3	2.7	2.8	6.3
2011-2013	6.4	10.9	2.7	2.9	6.3
2010-2012	5.3	9.2	0.0	2.9	6.3
2009-2011	4.5	6.8	2.5	3.1	6.3
2008-2010	4.4	5.7	2.4	1.2	6.7

Source: Florida Department of Health, Bureau of Community Assessment, Division of Public Health Statistics and Performance Management, accessed through Florida CHARTS:

www.flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=ChartsProfiles.InjuryProfileDASHBOARD&uid=d0584b68-4406-4bae-bf32-1ffeae8f96e2

Table 110

Age-Adjusted Rates of Homicide Deaths per 100,000 Population, 3-Year Moving Averages

	Leon	Gadsden	Jefferson	Wakulla	Florida
2015-2017	4.0	9.0	5.8	5.1	6.5
2014-2016	4.3	7.7	5.7	5.9	6.4
2013-2015	5.8	7.4	2.7	3.8	6.2
2012-2014	6.7	9.3	2.7	2.8	6.3
2011-2013	6.4	10.9	2.7	2.9	6.3
2010-2012	5.3	9.2	0.0	2.9	6.3
2009-2011	4.5	6.8	2.5	3.1	6.3
2008-2010	4.4	5.7	2.4	1.2	6.7

Source: Florida Department of Health, Bureau of Community Assessment, Division of Public Health Statistics and Performance Management, accessed through Florida CHARTS:

www.flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=ChartsProfiles.InjuryProfileDASHBOARD&uid=d0584b68-4406-4bae-bf32-1ffeae8f96e2



MATERNAL, INFANT, AND CHILD HEALTH

Table 111 Infant Deaths per 1,000 Live Births, 3-Year Moving Averages

	Leon	Gadsden	Jefferson	Wakulla	Florida
2015-2017	6.4	9.5	2.6	3.0	6.1
2014-2016	6.6	10.2	2.7	3.9	6.1
2013-2015	6.6	11.5	13.0	7.2	6.1
2012-2014	7.3	11.7	15.0	4.1	6.1
2011-2013	6.8	11.9	15.0	5.3	6.2
2010-2012	8.2	10.0	7.7	4.1	6.3
2009-2011	7.7	9.7	12.3	8.4	6.6
2008-2010	8.2	11.0	8.8	10.0	6.9



Source: Florida Department of Health, Bureau of Community Assessment, Division of Public Health Statistics and Performance Management, accessed through Florida CHARTS:
www.flhealthcharts.com/Charts/DataViewer/BirthViewer/BirthViewer.aspx

Table 112 Percentage of Births Occurring at less than 37 Weeks Gestation, 3-Year Moving Averages

	Leon	Gadsden	Jefferson	Wakulla	Florida
2015-2017	10.2	13.6	7.8	8.3	10.1
2014-2016	10.2	13.8	9.1	9.1	10.0
2013-2015	10.6	14.0	13.7	10.1	10.0
2012-2014	10.9	13.7	15.2	9.0	10.1
2011-2013	11.1	12.5	14.8	9.9	10.2
2010-2012	10.8	11.8	11.0	11.6	10.3
2009-2011	11.0	10.7	11.3	10.5	10.4
2008-2010	10.8	11.2	11.2	10.0	10.7



Source: Florida Department of Health, Bureau of Community Assessment, Division of Public Health Statistics and Performance Management, accessed through Florida CHARTS:
www.flhealthcharts.com/Charts/DataViewer/BirthViewer/BirthViewer.aspx



Table 113 Age-Adjusted Rates of Suicide Deaths per 100,000 Population, 3-Year Moving Averages

	Leon	Gadsden	Jefferson	Wakulla	Florida
2015-17	10.9	7.7	12.9	19.5	14.2
2014-16	10.8	10.1	13.7	17.5	14.1
2013-15	12.2	13.6	11.1	16.5	14.0
2012-14	13.9	13.6	7.3	20.3	13.9
2011-13	13.8	13.0	5.3	23.8	13.8
2010-12	14.5	9.8	7.5	23.0	13.7
2009-11	12.2	9.6	10.3	21.8	13.8
2008-10	12.0	9.9	15.4	15.6	13.9



Source: Florida Department of Health, Bureau of Community Assessment, Division of Public Health Statistics and Performance Management, accessed through Florida CHARTS: www.flhealthcharts.com/Charts/DataViewer/DeathViewer/DeathViewer.aspx?indNumber=0116

Table 114 Age-Adjusted Hospitalization Rates per 100,000 Persons under 18 Years of Age for Mental Health Disorders, 3-Year Moving Averages

	Leon	Gadsden	Jefferson	Wakulla	Florida
2015-17	412.1	271.5	342.2	860.2	517.9
2014-16	451.5	251.3	459.2	899.5	522.8
2013-15	496.4	295.6	479.0	787.1	527.4
2012-14	494.3	278.1	519.4	622.6	504.6
2011-13	431.5	265.2	559.0	519.8	466.2
2010-12	388.7	239.1	504.4	546.0	423.2
2009-11	390.4	228.5	505.0	648.1	376.5
2008-10	447.7	255.2	425.0	564.3	335.9



Source: Florida Department of Health, Bureau of Community Assessment, Division of Public Health Statistics and Performance Management, accessed through Florida CHARTS: www.flhealthcharts.com/Charts/OtherIndicators/NonVitalIndNoGrpDataViewer.aspx?cid=9916



NUTRITION, ACTIVITY AND OBESITY


Table 115 Percentage of Adults Aged 18 and Over Who Meet Aerobic and Muscle-Strengthening Recommendations, 2013 – 2016

	Leon	Gadsden	Jefferson	Wakulla	Florida	
	Aerobic recommendations					
	2016	51.6	38.7	48.4	47.9	44.8
	2013	55.9	43	52.6	41.5	50.2
	Muscle-strengthening recommendations					
	2016	38.8	31.7	31.4	33.3	38.2
	2013	33.9	26.5	17.8	27.6	29.6

Source: Centers for Disease Control, Behavioral Risk Factors Surveillance Survey, accessed through Florida CHARTS: www.flhealthcharts.com/charts/Brfss.aspx

Table 116 Percentage of Adults Aged 18 and Over Who Are Obese, 2007 – 2016


	Leon	Gadsden	Jefferson	Wakulla	Florida
2016	30.4	45.5	35	38.1	27.4
2013	27.8	36.9	35	33.3	26.4
2010	21.7	36.6	36.3	37.5	27.2
2007	25.7	34.7	31.4	29.1	24.1



Source: Centers for Disease Control, Behavioral Risk Factors Surveillance Survey, accessed through Florida CHARTS: www.flhealthcharts.com/charts/Brfss.aspx

Table 117 Percentage of High School Students Who Are Obese, 2010- 2016

	Leon	Gadsden	Jefferson	Wakulla	Florida
2016	14.3	19.6	30.1	12.9	13.3
2014	12.1	18.2	20.3	13.7	12.3
2012	10.8	17.7	7.9	16	11.1
2010	11.3	16.5	10.8	11.3	11.5



Source: Florida Department of Health, Florida Youth Tobacco Survey, accessed through Florida CHARTS: www.flhealthcharts.com/charts/YouthTobacco.aspx




Table 118 Percentage of Middle School Students Who Are Obese, 2010- 2016

	Leon	Gadsden	Jefferson	Wakulla	Florida
2016	12.1	21.1	32.4	17.6	12.6
2014	11.8	23.9	36.4	15.0	12.4
2012	13.8	18.2	24.4	10.1	11.6
2010	12.2	23.2	13.4	15.6	11.7



Source: Florida Department of Health, Florida Youth Tobacco Survey, accessed through Florida CHARTS: www.flhealthcharts.com/charts/YouthTobacco.aspx

Table 119 Percentage of Adults Aged 18 and Over by Daily Fruit and Vegetable Consumption

		Leon	Gadsden	Jefferson	Wakulla	Florida
% adults who ate 5 or more servings fruits or vegetables daily						
	2013	16.2	16.5	19.3	15.3	18.3
	2007	35.1	23.5	24.8	31.1	26.2
% adults who ate 3 or more servings fruits or vegetables daily						
	2013	16.7	15.5	18.5	17.0	17.0
	2007	32.2	25.6	32.1	29.1	29.1
% adults who ate 2 or more servings fruits or vegetables daily						
	2013	28.7	29.9	29.5	20.7	32.0
	2007	39.4	32.8	27.6	37.4	36.2

Source: Centers for Disease Control, Behavioral Risk Factors Surveillance Survey, accessed through Florida CHARTS: www.flhealthcharts.com/charts/Brfss.aspx



ORAL HEALTH

Table 120 Percentage of Adults Who Visited a Dentist or Dental Clinic in the Past Year

	Leon	Gadsden	Jefferson	Wakulla	Florida
2016	70.8	53.2	65.4	63.6	63.0
2010	73.6	50.8	59.3	53.2	64.7



Source: Centers for Disease Control, Behavioral Risk Factors Surveillance Survey, accessed through Florida CHARTS: www.flhealthcharts.com/charts/Brfss.aspx

Table 121 Percentage of Third-Grade Children Needing Dental Care

		Northwest Florida	Florida
% with early need for dental care	2016-17	38.6	20.6
	2013-14	20.9	18.3
% with urgent need for dental care	2016-17	8.8	3.0
	2013-14	4.2	4.9

Notes: Northwest Region includes North Florida from Jefferson County west to Escambia.

Source: Florida Department of Health, Division of Community Health Promotion, Public Health Dental Program, Oral Health Status of Florida's Third Grade Children, accessed at www.floridahealth.gov/programs-and-services/community-health/dental-health/reports/index.html



REPRODUCTIVE AND SEXUAL HEALTH

Table 122 Percentage of Women Aged 18 and Older Who Have Received the Specified Service

		Leon	Gadsden	Jefferson	Wakulla	Florida
HPV test in past five years	2016	38.2	32.7	18.2	33.1	36.7
	2010	38.2	32.7	18.2	33.1	36.7
PAP test in preceding year	2016	58.0	53.5	34.9	54.0	48.4
	2013	60.1	61.5	50.6	52.4	51.4
	2010	69.0	62.8	58.9	58.8	57.1
Clinical breast exam in past year	2013	68.7	57.6	51.1	58.9	56.0
	2010	66.7	66.0	62.7	60.6	61.5
	2007	78.6	69.1	68.4	71.7	65.0

Source: Centers for Disease Control, Behavioral Risk Factors Surveillance Survey, accessed through Florida CHARTS: www.flhealthcharts.com/charts/Brfss.aspx

Table 123

Diagnosed Bacterial Sexually Transmitted Infections, Rate per 100,000 Women Ages 15 – 34

	Leon	Gadsden	Jefferson	Wakulla	Florida
2018	1,601.9	1,409.5	719.9	624.4	708.8
2017	1,524.3	1,162.5	612.5	656.6	684.3
2016	1,619.4	1,201.4	475.8	548.8	648.7
2015	1,377.8	1,056.7	599.8	510.8	613.1
2014	1,264.8	932.0	569.2	376.9	560.6
2013	1,121.2	861.1	459.6	280.9	553.3
2012	1,134.9	1,078.6	587.2	406.4	533.3
2011	1,371.2	1,375.9	684.3	515.3	527.5
2010	1,383.2	1,541.0	787.8	447.8	526.2

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management, accessed through Florida CHARTS: www.flhealthcharts.com/Charts/OtherIndicators/NonVitalSTDTenYrRpt.aspx?cid=9767

**Table 124**

Diagnosed Bacterial Sexually Transmitted Infections, Rate per 100,000 Women Ages 15 – 34

	Leon	Gadsden	Jefferson	Wakulla	Florida
2018	1,158.8	1,002.6	441.4	417.3	501.3
2017	1,144.7	792.8	468.0	522.8	486.5
2016	1,144.2	762.5	365.5	441.6	468.2
2015	1,047.2	756.9	475.7	443.8	455.5
2014	991.8	770.1	418.3	332.2	424.6
2013	896.7	716.5	391.0	261.5	418.3
2012	925.4	823.2	497.4	357.6	407.3
2011	1,035.4	1,021.6	520.0	460.2	401.5
2010	1,027.8	1,139.2	584.1	402.4	397.2

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management, accessed through Florida CHARTS: www.flhealthcharts.com/Charts/OtherIndicators/NonVitalSTDTenYrRpt.aspx?cid=145



Table 125 Infectious Syphilis Cases, Rate per 100,000 population, 2010 – 2018

	Leon	Gadsden	Jefferson	Wakulla	Florida
2018	23.4	37.4	6.8	9.3	13.8
2017	6.9	26.7	6.9	0.0	11.6
2016	9.4	20.6	0.0	0.0	11.9
2015	7.7	4.1	6.9	0.0	10.5
2014	8.5	6.2	6.9	0.0	8.8
2013	8.2	6.3	6.9	3.2	7.9
2012	3.6	2.1	0.0	0.0	7.2
2011	2.5	2.1	0.0	0.0	6.6
2010	7.3	2.1	0.0	0.0	6.3

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management, accessed through Florida CHARTS: www.flhealthcharts.com/Charts/OtherIndicators/NonVitalSTDTenYrRpt.aspx?cid=145

**Table 126** Gonorrhea Cases, Rate per 100,000 population, 2010 – 2018

	Leon	Gadsden	Jefferson	Wakulla	Florida
2018	377.6	296.8	230.9	176.2	156.3
2017	353.2	310.1	103.2	130.7	154.1
2016	446.8	387.4	110.3	104.1	139.2
2015	303.3	281.2	117.2	67.0	121.6
2014	243.9	141.2	123.4	38.3	105.2
2013	199.3	132.0	54.9	16.1	108.8
2012	192.9	242.7	76.0	45.5	102.3
2011	319.9	333.6	143.7	55.1	104.0
2010	336.6	380.4	190.2	38.9	107.2

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management, accessed through Florida CHARTS: www.flhealthcharts.com/Charts/OtherIndicators/NonVitalSTDTenYrRpt.aspx?cid=143



Table 127**HIV Cases, Rate per 100,000 Population**

	Leon	Gadsden	Jefferson	Wakulla	Florida
2017	22.3	20.5	20.6	9.3	24.1
2016	20.8	28.8	6.9	0.0	23.8
2015	25.2	24.8	27.6	3.2	23.6
2014	24.8	27.0	13.7	3.2	23.5
2013	32.6	23.0	20.6	6.5	22.6
2012	28.1	27.4	6.9	3.3	23.5
2011	24.6	39.4	34.2	9.7	24.6
2010	27.2	25.6	0.0	9.7	25.0



Source: Florida Department of Health, Division of Public Health Statistics and Performance Management, accessed through Florida CHARTS: www.flhealthcharts.com/charts/OtherIndicators/NonVitalHIVAIDSTenYrRpt.aspx?q=U3GKDKpa3JBEhAfUs8WhpqxB%2b0y7YA6vgnESzQ2SshtoDIE9HARvwIOPFe9EDzI

Table 128**Percentage of Adults Aged 18 – 64 Who Have Ever Been Tested for HIV, 2007- 2016**

	Leon	Gadsden	Jefferson	Wakulla	Florida
2016	54.0	56.6	43.2	46.8	55.3
2013	55.0	57.0	44.2	54.6	50.6
2010	50.2	56.8	40.4	50.0	48.4
2007	49.3	52.2	55.0	52.2	49.1



Notes: Graduates are students who graduate in four years with a regular high school diploma.

Source: Centers for Disease Control, Behavioral Risk Factors Surveillance Survey, accessed through Florida CHARTS: www.flhealthcharts.com/charts/Brfss.aspx



SOCIAL DETERMINANTS

Table 129 Percentage of Students Who Completed High School within Four Years of Starting

	Leon	Gadsden	Jefferson	Wakulla	Florida
2017-18	93.0	66.1	73.4	90.1	86.1
2016-17	88.6	50.0	53.7	86.7	82.3
2015-16	92.3	68.4	70.0	86.9	80.7
2014-15	87.2	65.4	73.3	78.1	77.9
2013-14	83.5	56.0	56.7	75.1	76.1
2012-13	77.0	58.3	35.1	78.9	75.6



Notes: Graduates are students who graduate in four years with a regular high school diploma.

Source: Florida Department of Education, Florida High School Graduation Rates, District-Level, Accessed through <https://edstats.fldoe.org/SASWebReportStudio/>



SUBSTANCE ABUSE

Table 130 Percentage of Middle and High School Students Reporting Alcohol or Illicit Drug Use in Past 30 Days, 2010 – 2018

	Leon	Gadsden	Jefferson	Wakulla	Florida
2018	23.5	18.0	44.8	29.5	22.0
2016	24.5	20.9	34.2	31.0	24.3
2014	24.0	25.6	34.6	31.1	27.0
2012	28.8	33.7	52.4	37.5	30.5
2010	33.7	30	55.2	40.6	34.1



Notes: Includes students between 10 – 19 years of age.

Source: Florida Department of Children and Families, Division of Substance Abuse & Mental Health, Florida Youth Substance Abuse Survey. Accessed through: www.myflfamilies.com/service-programs/substance-abuse/fysas/2018

Table 131 Percentage of Adults Aged 18 and Older Who Engaged in Heavy or Binge Drinking in the Past 30 Days, 2010- 2016

	Leon	Gadsden	Jefferson	Wakulla	Florida
2016	20.4	12.6	8.5	16.3	17.5
2013	19.7	15.4	12.9	18.9	17.6
2010	17.4	12.9	13.2	17.6	15.0



Notes: Binge drinking defined as consuming 5+ drinks (men) or 4+ drinks (women) within a few hours.

Source: Florida Department of Education, Florida High School Graduation Rates, District-Level, Accessed through <https://edstats.fldoe.org/SASWebReportStudio/>



TOBACCO

Table 132 Percentage of Adults Who Are Current Smokers, 2007 – 2016

	Leon	Gadsden	Jefferson	Wakulla	Florida
2016	12.8	13.5	11.5	16.6	15.5
2013	12.0	21.4	19.4	25.4	16.8
2010	13.1	16.5	22.9	26.5	17.1
2007	14.2	18.7	29.2	23.7	19.3



Source: Centers for Disease Control, Behavioral Risk Factors Surveillance Survey, accessed through Florida CHARTS: www.flhealthcharts.com/charts/Brfss.aspx

Table 133 Percentage of Middle and High School Students Who Smoked Tobacco Products in the Past 30 Days

	Leon	Gadsden	Jefferson	Wakulla	Florida
2018	14.9	16.1	13	26.9	20.3
2016	15.3	4.4	13.2	18.8	17.4
2014	13.9	10.0	8.7	20.7	16.1
2012	12.3	5.2	14.7	17.8	13.8



Notes: Includes cigarettes, cigars, electronic vapor products, or hookah.


Source: Florida Department of Health, Florida Youth Tobacco Survey, accessed through Florida CHARTS: www.flhealthcharts.com/charts/YouthTobacco/YTDataViewer.aspx?bid=46

Significant Health Needs of the Community

The findings of the CHNA revealed vast and distinct disparities for community members based on locality of residence (both county and specific neighborhoods/areas), age and race/ethnicity. This section pays special attention to the primary and chronic disease needs and other health issues of uninsured persons, low income persons and minority groups. Poverty rates are higher, academic attainment rates lower and unemployment rates higher in both Gadsden and Jefferson counties compared to Leon and Wakulla counties and to statewide averages. These social determinants of health are directly linked to health outcomes, length of life and quality of life in these counties where Gadsden and Jefferson fare far worse than the other two counties and state averages.

Table 134 Measures of Life and Health Outcomes

	Leon	Gadsden	Jefferson	Wakulla
Health Outcomes	15	63	13	47
Length of Life	5	51	33	43
Quality of Life	32	66	10	48



Source: Robert Wood Johnson Foundation, County Health Rankings, 2019, Rank out of 67 Florida Counties

Gadsden and Wakulla counties are designated as medically underserved areas (MUA); Jefferson and Leon are designated as having medically underserved populations (MUP). Evaluation of medical underservice is based on the ratio of primary care providers to population, rates of infant mortality, and percentage of the population that is elderly and/or poor. Similarly, Gadsden, Jefferson, and Wakulla counties are designated Geographic Health Professional Shortage Areas (HPSA), with too few primary care physicians, dentists and dental hygienists, and mental health professionals. Leon's low-income population also is designated as HPSA.

Related to lifestyle, behavioral health and chronic disease, health statistics reveal all four counties to have high levels of reported poor physical and poor mental health days. Adult obesity rates exceed the state level in all counties ranging from 2-15% higher, with Leon the lowest and Gadsden the highest. More adults living in Gadsden and Jefferson have high blood pressure and diabetes and in all four counties fewer than 20% of adults report eating the recommended minimum of five servings of fruits and vegetables a day. In addition, only between 13-42% of Community Health Survey respondents report meeting the minimum 150 minutes of physical activity recommendation.

Several measures of reproductive and sexual health are notable. Teen births are high, compared to state figures, in all counties except Leon. Gadsden's teen birth rate is almost double that of Florida. Sexually transmitted infections also remain a significant issue with Leon experiencing 2.5 times the rate of Florida, Gadsden at 1.7 times state figures and both Wakulla and Jefferson just under state figures.

Many of the respondents to the Community Health Survey (CHS) and focus group participants, whether insured or uninsured, noted that the cost of services, long wait times and lack of evening and weekend services keeps them from accessing healthcare. Often individuals self-treat, delay treatment or utilize emergency care due to cost and access barriers. Most respondents (90%) on the CHS report having a specific doctor they see when sick, however, this share varies by race with only 80% of Black respondents reporting having a usual doctor. Of those not having a regular doctor, 44% say they use urgent or emergency care when they are sick or need advice about health.

Amongst CHS respondents, emergency visits for illness are considerably more common than those for injury. About 23% of respondents were seen in the Emergency Center for illness compared to under 10% for injury. Leon County respondents reported the lowest share of injury related visits while Gadsden respondents reported the highest.

CHS respondents noted the following as “Healthcare that is hard to get”: alternative therapies (i.e. herbal, acupuncture, massage), adult dental care, mental health counseling and preventive and wellness care. Black respondents typically reported lower levels of routine care (eye exam, mental health visit, dental exam and routine check-up) than either White respondents or respondents of other identities. CHS report the five most prevalent physician diagnosed conditions being hypertension (19%), obesity or overweight (15%), high cholesterol (14%), depression and anxiety (12%) and high blood sugar or diabetes (9%).

About half of CHS respondents characterized themselves as feeling “a little bit” or “somewhat” stressed, while nearly 32% reported feeling “quite a bit” or “very much” stressed. The share of persons experiencing food insecurity also differs by race. Over 28% of Black respondents agree that they worry about food running out before they can afford to purchase more, compared to 21% of respondents who identify with other race/ethnic groups and only 8% of White respondents. A smaller share (22%) of Black respondents agree that “the food I buy just doesn’t last” compared to less than 7% of White respondents. Housing insecurity also differs greatly by race. About 4% of both Black respondents and those of other identities report not having housing of their own, compared to just over 1% of White respondents. The share of respondents who report housing insecurity also differs by county of residence. Nearly 18% of Jefferson County respondents report worrying about housing loss, as do about 12% of Gadsden respondents, while Leon and Wakulla counties is 5%.

Social engagement presents another interesting difference between counties. Jefferson County residents have the highest share reporting meaningful contact less often than once weekly (17%) while Gadsden County respondents have the lowest share at 2%. Leon and Jefferson are 4% and 5% respectively.

Mental health, social isolation and cultural competency resonated strongly among all three (3) focus groups as being barriers and as what needs to be better. These were also listed by all groups as what keeps people from being healthy. The disconnection between services and the people who need them also resounded. There is a call for more community-based approaches where information is taken to communities and where more healthcare services are delivered inside of community and utilizing technology due to transportation challenges and economic inequalities. Equity also resonated in the conversations regarding the need for fairness in the distribution of good healthcare services and it was expressed that state of the art medical approaches are missing in healthcare services in this area. Focus group members indicate that resources for better health are vast and varied in the region; however, if one is not connected to an existing structure such as a school, church, etc. they may miss important opportunities.

Partners and stakeholders cited lack of transportation, limited education, low health literacy, access to care, systemic issues with provider and healthcare network and poverty/cost of care as major barriers to the populations they serve. Partners and stakeholders also reiterate the inequities in care and services for specific populations such as senior citizens, low income, children, racial/ethnic minorities and women and single mothers. Also noted by partners and stakeholders, are specific localities or neighborhood with the greatest needs including Southside Tallahassee, Highway 20 (zip code 32304), rural communities in all counties, communities with Title 1 Schools and Gadsden County.

Both partners and stakeholders and CHS respondents were asked to choose the top five greatest needs from the list of twelve Healthy People 2020 Leading Health Indicators. Both groups named Access to Health Services as the top need. There was great overlap and consensus with naming the top needs although some differences in priority ranking.

Table 135 Leading Health Indicators

	Community Health Survey Responses	Partner and Stakeholder Responses
Access to Health Services	1	1
Preventive Health Services	2	5
Nutrition, Physical Activity and Obesity	3	3
Mental Health	4	2
Substance Abuse	5	–
Social Determinants of Health	–	4

Partners and Stakeholders see a strong need to develop a “Culture of Health” with an emphasis on health literacy, access to healthy foods, increased physical activity and mental/behavioral health. The community is rich in resources; however, coordination of care and eliminating barriers to care and focusing on social determinants for target populations could significantly improve access to health care and preventive services. Partners and stakeholders also see a need for policy change and better regulation of the healthcare industry.

Prioritization of Community Health Needs



METHODOLOGY

On May 29, 2019 Tallahassee Memorial HealthCare held the CHNA Prioritization of Needs meeting. One hundred eighty-five partners and stakeholders (invitation list available upon request to Tallahassee Memorial HealthCare Health Promotion Department) were invited via electronic invitation and were encouraged to forward the invitation to colleagues and appropriate professionals. Seventy-four people attended the meeting including the CHNA Advisory Team and partners and stakeholders. Seating was randomized at registration by providing participants with a table number 1-10.

Attendees were presented with results and interpretation of results of the Professional Informant Survey and partners/stakeholders facilitated discussions, Community Health Survey, Focus Groups and select secondary data. After review of data, attendees were asked to individually complete the Prioritization of Needs Worksheet (see below). The Worksheet presented the twelve Leading Health Indicators with the percentage of responses by both the Community Health Survey respondents and the Stakeholder Survey (Professional Informant Survey) and asked individuals to rank the top five needs, with 1 being the greatest need.

Table 136 Prioritization of Needs Worksheet

Rank	Areas of Need	Community Health Survey Responses (N=1,390)	Partner and Stakeholder Responses (N=29)
#__	Access to Health Services	76.1%	86.2%
#__	Environment Exposure	14.0%	3.4%
#__	Injury and Violence	25.6%	17.2%
#__	Maternal, Infant and Child Health	23.7%	6.9%
#__	Mental Health	60.2%	75.9%
#__	Nutrition, Physical Activity and Obesity	61.7%	62.1%
#__	Oral Health	35.7%	34.5%
#__	Preventive Health Services	67.8%	48.3%
#__	Reproductive and Sexual Health	25.1%	17.2%
#__	Social	26.8%	55.2%
#__	Substance Abuse	47.1%	24.1%
#__	Tobacco	22.2%	17.2%
#__	Other:		
#__	Other:		
#__	Other:		

Participants were then asked to have group discussions at each table (5-8 persons) and complete the questions on the “Break-out Session Notes” form. Eleven groups completed this exercise.

“BREAK-OUT SESSION” DISCUSSION RESULTS

Was there consensus in your group regarding the top needs?

- 7/11 – yes
- 1/11 – no
- 2/11 – agreed on top 5 but not the same order
- 1/11 – no answer

If there was not consensus, where were the differences

- One person selected social because helping this would filter into a lot of other issues. One person selected tobacco, because impacts on health are severe; maybe it should be with preventive

What priority needs are low hanging fruit? Why

- Access – need robust educational campaign would help; at least access to primary care
- Nutrition/Obesity – e.g. increase WIC enrollment
- Culture mind shift – address holistically instead of dividing efforts, competing for funds
- Utilize existing resources at full capacity
- Community immunization/mobile units – helps access
- Access to low cost healthy and attractive foods
- Have the Public Health Entity campaign and advertise healthcare resources in the county area. May also facilitate the development of health screenings at specified locations in the community.
- Transportation
- Collaboration
- Administer surveys where community members can complete onsite such as clinics, etc.
- Nutrition education, exercise
- Prevention versus reproductive health in schools
- Language access, especially for migrant communities in rural counties
- Use of social media to promote healthy activities, health access
- Nutrition, PA and obesity because the community as a whole is working on this through CHIP, ECOP, Healthiest Weight and TMH programs

What priority needs will be more difficult to address? Why?

- Social determinants
- Mental health – no resources, issues not addressed/understood like postpartum depression/stigma
- Tobacco
- Poverty
- Addressing the accessibility and capacity for substance abuse/mental health treatment services
- Lack of mental health providers
- Oral health, lack of insurance, some services not covered, expensive services
- Access to healthcare
- Substance abuse
- Politics, racial equity is needed
- Prevention – opioid crisis, not considering other methods of addressing the problems

Final five priority areas were ranked by combining individual and group responses. Weighted ranking equals the total ranking for each topic divided by the number of responses (n=64).

Table 137 Top Priority Leading Health Indicators

Top 5 Priority Areas (1 = HIGHEST)	Leading Health Indicator	Weighted Ranking (N=64)
1	Access to Health Services	1.61
2	Mental Health	2.94
3	Nutrition, Physical Activity and Obesity	3.88
4	Clinical Preventive Services	3.92
5	Maternal, Infant and Child Health	5.09
6	Social Determinants	5.14
7	Substance Abuse	5.50
8	Injury and Violence	5.67
9	Oral Health	5.69
10	Reproductive and Sexual Health	5.75
11	Environmental Quality	5.89
12	Tobacco	5.94

Finally, on June 6, 2019, the CHNA Advisory Team reviewed and discussed the results of the priority rankings and the Tallahassee Memorial HealthCare Mission, Vision and Strategic Plan. After this review and discussion, the CHNA Advisory Team recommends the following final priorities:

- 1** | **Access to Health Services**
- 2** | **Mental Health and Substance Abuse**
- 3** | **Preventive Services related to Nutrition, Physical Activity and Obesity**

Tallahassee Memorial HealthCare will work with Partners and Stakeholders in the fall/winter of 2019/2020 to develop an Implementation Strategy. The CHNA Advisory Team recommends giving special attention to Maternal, Infant and Child Health and Social Determinants of Health during creation of the Implementation Strategy.

Prior CHNA (2016) Actions and Impact

Tallahassee Memorial HealthCare (TMH) conducted the most recent Community Health Needs Assessment in 2016. Identification of five key health priorities evolved followed by creation of a 2017-2019 Implementation Plan to address each of these priority areas. The five key health priorities are (1) Children's Concerns (2) Personal Health (3) Behavioral Health (4) Access to Care and (5) Tobacco Free. The 2016 Tallahassee Memorial HealthCare Community Health Needs Assessment and Implementation Strategy can be found at www.tmh.org/about-us/community-reports/community-need-report.

Tallahassee Memorial HealthCare Service Lines work in partnership with many community-based organizations to address these health needs. The following is an update of progress made in each priority area during fiscal year 2018.



1 | CHILDREN'S CONCERNS

The long-term goal for priority area, Children's Concerns, is to improve breastfeeding rates for maternal patients. Three intermediate goals were identified: (1) Achieve Baby Friendly Accreditation (2) Increase the initiation and duration of breastfeeding and (3) Increase access to pre-natal services that support health for low income and vulnerable populations. The following shares our progress on these goals during 2018.

In 2018, the first goal was achieved when Tallahassee Memorial HealthCare became a Baby Friendly Hospital. Tallahassee Memorial HealthCare is one of 19 hospitals in the state of Florida, and the first in the Big Bend region, to be awarded the Baby-Friendly Accreditation. Baby Friendly is a global program recognizing hospitals and birthing centers offering an optimal level of care for infant feeding and mother/baby bonding. Over the past four years, Tallahassee Memorial HealthCare colleagues worked to change processes and procedures for our entire organization and provided a tremendous amount of education to medical professionals and the general public. It has been a beneficial shift for our organization and, most importantly, the babies born in our facility.

When families come to the Tallahassee Memorial Alexander D. Brickler, M.D. Women's Pavilion, they can expect to experience skin-to-skin contact after their baby is born. During this process, the baby is placed directly on a parent's chest and covered with a warm blanket. Babies who experience skin-to-skin also have less stress, reduced crying, enhanced bonding and improved brain development. Each baby also experiences a delayed bath, typically delayed up to 24 hours, to help reduce stress and to serve as a teachable moment so the whole family can be involved in the bathing process. In the Women's Pavilion, a mom and her baby also share a room. This rooming in model allows for better bonding and increased breastfeeding rates while also helping moms to feel more relaxed with their babies close by. The ultimate goal with each of these evidence-based maternity care practices is to provide moms and babies with the best start.

To address the second goal for Children's Concerns, Tallahassee Memorial HealthCare continues support of breastfeeding once mom and baby have left the hospital, by offering "Milk with Mommy", a free breastfeeding support group that meets twice a week and is led by a certified lactation consultant. Milk with Mommy is open to anyone in the community and offers a casual environment for moms and babies to connect with each other. Since measuring how much milk a baby receives can be a challenge when breastfeeding, we provide an infant scale to weigh a baby before and after feeding. This venue also provides a social outlet for moms during their transition after delivery. Participation in support groups has been stable over the last few years with approximately 2,300 mothers attending in fiscal year 2018.

Over the last few years, Tallahassee Memorial HealthCare has experienced significant improvement in two important measures: inductions and inpatient breastfeeding rates. There has been a reduction of non-medically indicated inductions before 39 weeks from 7 percent to 4 percent and the number of mothers who attempted breastfeeding during their stay increased from 41 percent to 49 percent. In addition, all new mothers receive safe sleep education in their take-home packet.

The third goal for the Children’s Concerns health priority is increasing access to prenatal services for low income and vulnerable populations. The Tallahassee Memorial HealthCare Family Medicine Residency (FMR) program partners with five county health departments, including Gadsden, Jefferson, Madison, Taylor and Wakulla counties, to provide full scope prenatal care, counseling and birth control to medically underserved mothers. Family Medicine provides these same services at Bond Community Health Center, a Federally Qualified Health Center (FQHC) in Leon County.

In fiscal year 2018, over 2,000 women received services from the Tallahassee Memorial HealthCare Family Medicine Residency partnership with county health departments. The number of women receiving services was stable from years past. In 2018, Tallahassee Memorial HealthCare donated approximately 700 physician hours, 1200 mid-wife hours and over 500 nurse hours to this prenatal care. In addition, over 400 physician hours were devoted to caring for 500 women at Bond Community Health Center, FQHC, in 2018. In addition, the FMR program was awarded the prestigious designation as an accredited location for Centering, becoming 1 of only 3 in Florida with this practice authority. The first of its kind in North Florida, the Centering program advances high-quality, evidence-based group care, creating an environment that inspires relationships of collective power in the health system by disrupting the structures and systems that drive poor health to co-create communities in which everyone has an equitable opportunity to thrive.

In addition to these strategies outlined in our 2017-2019 Implementation Strategy, Tallahassee Memorial HealthCare also supports and hosts other health promotion events, related to Children’s Concerns, in the community, such as the March of Dimes Walk and The Baby and Family Fair.

Each year, Tallahassee Memorial HealthCare colleagues participate in the March of Dimes fundraising walk. The March of Dimes uses funds raised to support programs and services that benefit local families. One example is a monthly dinner for the NICU parents at Tallahassee Memorial HealthCare. Current March of Dimes campaigns also include support for education of health care providers and consumers against non-medically indicated inductions before 39 weeks.

The Baby & Family Fair is a Tallahassee Memorial HealthCare annual education and health event for both expectant parents and families with children of all ages. It showcases products and services for those who are making important decisions about pregnancy, childbirth and raising a family. Approximately 350 families participated in the Baby & Family Fair in 2018.



2 | PERSONAL HEALTH

The long-term goal for the priority area, Personal Health, is to improve nutrition of community members to reduce the impact of chronic conditions such as diabetes, obesity and cardiovascular disease. Two intermediate goals were identified: (1) Improve healthy eating among residents in low-income, under-resourced communities, (2) Improve access to care for chronic conditions. In 2018, we continued efforts and expanded several strategies aimed at meeting these goals.

One such strategy is the Tallahassee Memorial HealthCare and Wolfson Children's Hospital partnership. As part of this partnership, a Child Health Program Coordinator was hired to offer a range of age-appropriate, school-based lessons that encourage and empower children to develop healthy nutrition habits and vital safety skills that improve overall physical and social well-being. The primary focus in 2017 was building partnerships and collaborative relationships with the following: Early Learning Coalition, Whole Child Leon, Early Childhood Obesity Prevention, Safe Kids Coalition and Leon County Schools. In 2018, the Child Health Program Coordinator began offering nutrition education to school age children using two curriculums entitled "I Can Eat a Rainbow" and "Mission Nutrition". In 2018, over 600 students in two elementary schools received nutrition education. In 2018, two additional facilitators were trained to deliver these programs with plans to expand to more schools and other settings in the future.

Another important strategy implemented to address the needs of the Personal Health Priority is a comprehensive initiative to improve healthy food access and nutritional intake by way of the Southside Farmers Market and Fresh Fruit and Vegetable Rx Program. This initiative was launched in May 2018 and was part of ongoing work of the local Invest Health Team which began in 2016. Invest Health is a collaborative initiative between the Robert Wood Johnson Foundation and Reinvestment Fund that brings together diverse leaders from mid-sized U.S. cities across the nation to develop new strategies for increasing and leveraging private and public investments to accelerate improvements in neighborhoods facing the biggest barriers to better health.

The Southside Farmers Market and Fresh Fruit and Vegetable Rx Program is a community-driven partnership that addresses the overall health and well-being of Southside Tallahassee residents. This program is carried out as a partnership with City of Tallahassee Neighborhood Affairs, Florida A & M University and Tallahassee Memorial HealthCare. The program is designed to address both social determinants of health, particularly environments and behaviors linked to healthy nutrition choices and fruit and vegetable consumption and the clinical care needs of patients. Vast health and social disparities exist between black and white populations in Leon County, Florida. The Southside Tallahassee community is predominantly black with approximately 88-99% black residents. The 2016 Leon County Minority Health Profile shows the Black/White ratio for adult diabetes diagnosis to be 1.5:1, ER visits due to diabetes 2.7:1, hospitalization rate 2.3:1 and age-adjusted death rate 3.1:1. In addition, this profile also shows a 2:1 ratio for poverty, 2.7:1 ratio for unemployment and 0.6:1 ratios for both household income and owner occupied housing units.

In 2018, fifteen Farmers Markets were held between May and December servicing over 250 attendees per Market. A wide variety of fresh, local fruits and vegetables, eggs, honey and other handmade goods such as soaps, facial care and candles were infused into the community both improving access to these items and supporting the local economy. Community building was another important facet of the Markets. Several Markets had themes such as Youth Day, Breast Cancer Awareness and National Farmers Market Day, all drawing families and neighbors in to share in the fun and positive environment. Tallahassee Memorial HealthCare partnered with several local schools and after school programs to provide nutrition education to children and vouchers called "Veggie Bucks" were given to children for shopping at the Market.

The Fresh Fruit and Vegetable Rx Program, conducted in coordination with the Southside Farmers Market, expands beyond healthy food access and provides educational and skill building experience for participants to better manage behaviors affecting nutrition and health. The program also invests in making healthy food more accessible to lower income families via produce vouchers funded by Tallahassee Memorial HealthCare. Educational classes occur twice per month on alternate Thursday evenings from the Market. Twenty-two participants completed the first series. The results were so successful the pilot program will be continued as an ongoing effort in this community.

Fruit and Vegetable Rx Program Results:

- 100% of participants reported the classes and Market helped them live a healthier lifestyle
- 100% of participants reported the vouchers helped them to increase fruit and vegetable consumption (81% Very Much, 19% Somewhat)
- 67% report eating a healthier diet by the end of the program
- 43% rate their overall health improved
- 58% of participants who said they didn't eat 5 servings of fruits and vegetables to start did so after the program
- 29% reduced the number of microwaveable or ready-made meals consumed

In addition to the Personal Health strategies outlined in the 2017-2019 Implementation Plan, the TMH FOR LIFE initiative funds and supports a robust selection of events and programs promoting community health and wellness.

The TMH FOR LIFE program began in 2015 and is currently in its fourth year. TMH FOR LIFE was created to promote personal health and improve health behaviors in the community. The program has four quadrants designed to offer simple messaging, motivation and education: Healthy Eating, Active Living, Find Your Happy and Know Your Numbers. The program hosts classes, special events and challenges that are hands-on and experiential; therefore, providing personal engagement in a health enhancing activity such as walking, running, stress relieving practice, grocery shopping or nutritious eating and cooking. In 2018, the January family-friendly Challenge attracted approximately 400 hundred participants from ages 1 to 83. The health screenings saw a 45 percent increase in participation from the previous year. Designed to be approachable for new and veteran members of the fitness community, the Challenge was sprinkled with strollers, wagons and canines. For 21 participants, this race was their very first 5K event.

In summer 2017, Tallahassee Memorial HealthCare called together a group of faith-based organizations to discuss opportunities for partnership to promote health of congregation members. This partnership continued and strengthened throughout 2018 and was named the Ministry for Life program. The program includes quarterly luncheons for clergy and organization leaders and the TMH FOR LIFE team working with individual churches and health ministries to determine ways Tallahassee Memorial HealthCare can assist and support efforts for healthier congregations. The TMH FOR LIFE team currently has active relationships with numerous churches attending and supporting health fairs and screenings, providing speakers and other special events and services.

As part of the Ministry for Life program, Tallahassee Memorial HealthCare partnered with two churches this year to hold community events both encouraging and supporting healthier habits. The 2nd Annual, Shoes 4 School event, hosted by Family Worship and Praise Center (FWPC) and the Greater Bond Community Walk and Wellness Day, hosted by the Greater Bond Neighborhood Association and Greater Mount Zion Primitive Baptist Church. Shoes 4 School reached over 1,500 attendees with health information and resources and distributed 1,200 pairs of shoes to local children in need. A donation from the Tallahassee Memorial HealthCare Foundation allowed \$2,000 worth of athletic shoes to be provided to children and teens, making physical activity possible for many children who may otherwise not have this opportunity. The Greater Bond Community Walk and Wellness Day reached over

150 participants with a walk from Greater Mount Zion Primitive Baptist Church to Bond Elementary School. At Bond Elementary School, attendees were met with a health pledge selfie station, a fun and interactive way to set and document health goals.

Another community driven partnership that Tallahassee Memorial HealthCare proudly leads is Safe Kids Big Bend, founded in April 2018. Safe Kids Big Bend is a new coalition that is a part of an extensive network of more than 600 coalitions in the United States who work to reduce the number of unintentional injuries and death in children 0-19 years of age through (1) Community Partnerships (2) Advocacy (3) Public Awareness and (4) Distribution of safety equipment and education of its proper use. The Safe Kids Big Bend coalition aims to work diligently to not only be a presence, but also a resource to the communities that we serve and create a safe environment for our children. With the expertise of individuals from various organizations such as law enforcement, EMS, service groups, schools, child care providers, parents, and many others, we aim to collectively carry out the Safe Kids mission by addressing safety at home, school, play, and on the way.

Tallahassee Memorial HealthCare continued support and activity for worksite wellness initiatives in 2018 both via Board participation in Working Well, Inc., a local, non-profit organization that helps organizations design and deliver worksite wellness programs, and by providing free health screenings and other services to employer groups in the community. In 2018, Tallahassee Memorial HealthCare was a gold sponsor for the Working Well CEO Breakfast. An annual meeting which gathers community business and governmental leaders to attend to a topic relevant to the health and wellbeing of individuals and functional organizations.

In addition to the TMH FOR LIFE program, the Metabolic Health Center engages in many community health improvement activities including the following:

- ▶ The Food Rx: Practical Culinary Tools for Healthcare Professionals program was created for healthcare professionals to learn practical tools to improve their culinary and nutrition-related skills. 27 students from FSU College of Medicine's program participated in a 3-session, hand-on series in the Fall of 2017 to learn about chronic disease prevention and dietary management in a teaching kitchen environment. Students surveyed showed significant changes in their knowledge as well as their intent to make culinary and nutrition changes. Based on this feedback, the program will be extended to the Internal Medicine Residency Program with Tallahassee Memorial HealthCare/FSU in May 2019 as well as a new group of medical students at FSU in the Fall of 2019.
- ▶ Tallahassee Memorial HealthCare was an active founding sponsor for STOMP: Students Stomping for Good Health (formerly, Stomp Out Type 2 Diabetes) event targeting Leon County school students, and their families, to promote healthy weight and eating behaviors.
- ▶ Over the three-year period, the Diabetes, Bariatric, and Lipid Centers assisted in offering diabetes, nutrition and cardiovascular disease education improving population health as well as prevention wellness talks through various worksite trainings.
- ▶ Diabetes education and nutrition counseling continues to be offered monthly at outreach sites in Quincy, Blountstown, Crawfordville, and Perry.

- ▶ Centenary Camp for children with Type 1 Diabetes has been held for a week each June during the 3-year period. This is the only camp for children with Type 1 Diabetes in the region and is geared for ages 7-12 years old. Over 100 children from North Florida and South Georgia over the 3 –year period.
- ▶ The pediatric diabetes education team work with school nurses, health assistants, and day care providers in Leon, Gadsden, Wakulla and several South Georgia counties each year to provide diabetes education and management assistance. Over 50 Leon County school personnel alone are trained each year.



3 | ACCESS TO CARE

The long-term goal for the priority area, Access to Care, is for all community members to have access to high quality, culturally and linguistically appropriate health care services in coordinated delivery systems. Tallahassee Memorial HealthCare identified several strategies focusing on improving access and referrals to our Transition Center, a partnership with Capital Health Plan and the Florida State University College of Medicine to provide follow-up care for certain patients after they leave Tallahassee Memorial Hospital. This includes some of our most vulnerable patients who cannot see a physician as quickly as needed, do not have a physician and/or do not have insurance.

One strategy created to address this goal is to build and expand partnerships that increase high-risk patient referrals to the Transition Center to prevent hospitalizations. In 2017, Tallahassee Memorial HealthCare developed relationships with two community/faith-based organizations, Ready 4 Work and Ministry for Life. The Ready4Work program provides comprehensive support services to ex-offenders recently released from prison or currently on probation. These services include case management, transitional housing, career development training, mental health counseling, substance abuse counseling, job coaching, life coaching, and referrals to outside agencies for other human service needs. In 2017, Tallahassee Memorial HealthCare and Ready 4 Work, defined and wrote a memorandum of understanding (MoU) to outline and define the relationship.

As part of this agreement, Tallahassee Memorial HealthCare receives direct referrals and assist clients with establishing primary care, obtaining lower cost medications and pharmacy review to determine cost effectiveness of medications and assistance with connections to other agencies and providers. Tallahassee Memorial HealthCare also offers “onsite hours” at Ready 4 Work to assist clients with health-related questions and needs. This relationship grew exponentially in 2018, increasing from one referral in 2017 to ten referrals in 2018. The Transition Center Social Worker was able to assist these patients with getting immediate needs met by Transition Center providers, establish primary care for follow-up and obtain prescription medications.

Another strategy for this priority area is to increase the number of Transition Center patients who successfully connect with a primary care physician (PCP) after discharge from the hospital. For 2018, the goal was to increase the percentage of PCP appointments kept to 77% which reflects a 10% increase from baseline. The 2018 rate of appointments kept by patients was 72%, which is lower than the goal; however, still a 7% increase from baseline and a significant improvement.

A final strategy under this priority is to increase referrals and coordination to non-medical social services. In 2017, a full time social worker was hired to execute this role. All Transition Center patients are evaluated and assisted by the social worker for concerns such as clothing, housing, food access and other social determinants of health. In

2018, although many social service referrals were accomplished, a tracking mechanism was not in place. The Transition Center staff has worked closely with the appropriate Allscripts staff to create a social referral tracking system as part of the Electronic Medical Record. It is anticipated this tracking will begin and can be reported in 2019.



4 | BEHAVIORAL HEALTH

The long-term goal for the priority area, Behavioral Health, is for all community members to experience social/emotional health and wellbeing and to have access to high-quality behavioral health care services when needed. Two intermediate goals were identified: (1) Expand prevention and support services for mild to moderate behavioral health conditions and (2) Increase access to culturally and linguistically appropriate behavioral health services for vulnerable and low-income populations.

Tallahassee Memorial HealthCare has partnered with 20 other area providers and the Leon County Health Department, Florida State University Colleges of Nursing and Medicine, and Florida A&M University in the Mental Health Council of the Big Bend to analyze local epidemiologic data related to behavioral health and pursue strategies to reduce barriers to access. In 2018, the Council continued to pursue 4 strategic objectives, including:

- 1 Evaluate:** Data indicated particular areas of need in “high impact neighborhoods” in Tallahassee. Continue to assess data regarding mental health in this region. This included partnership with Citrus, Jefferson and Madison County Health Departments to help formulate their needs assessment.
- 2 Expand:** To expand the local pool of mental health professionals, Tallahassee Memorial HealthCare is partnering with Apalachee Center and Florida State University to create a local psychiatric residency program. The Council also supported the establishment of a Psychiatric ARNP program at Florida State University. Expansion efforts also included the development of an instrument to connect non-prescribing mental health clinicians to PCPs prescribing mental health medications.
- 3 Educate:** The Educate goal is to foster community education regarding mental health issues. 2018 efforts included a well-attended Mental Health Fair in Southside Tallahassee (a high impact neighborhood), the production of several public information videos for promulgation on member websites and in waiting rooms, and the development of a tended, web-based provider directory by 3 Council Member agencies (United Way, FSU and a local primary care consortium).
- 4 Engage:** The goal of Engage is to engage impacted local communities. Efforts in 2018 included the Mental Health Fair, outreach through FAMU and local community alliances to impacted areas, and the imminent opening of a partner agency Apalachee Center satellite site in one of the highest impact neighborhoods.

Internally, Tallahassee Memorial HealthCare moved towards opening a new, onsite psychiatric consultation service housed in the Emergency Department. The Behavioral Emergency Services Team (BEST), will be available on a 24/7 basis to ensure rapid access to psychiatric consultation and care in any of the non-behavioral health units of Tallahassee Memorial Hospital. Regional mental health services were also enhanced through the implementation, by partner agency Apalachee Center, of Mobile Response Teams and Community Action Teams throughout the region, allowing 24/7 evaluation of individuals at risk for psychiatric emergency hospitalization, and through partner agency Apalachee Center’s implementation of telemedicine capacity in eight local County jails, including Leon County, to allow for more rapid evaluation of detained individuals with mental health issues.



5 | TOBACCO FREE

The long-term goal under the priority area, Tobacco Free, is to reduce the use of all tobacco products. The strategy to address this priority area is to increase referrals and enrollment to the Big Bend Area Health Education Center (AHEC) tobacco cessation program. In 2016, Case Management and Population Health established a direct referral system and process with AHEC. The patient could be identified as wanting tobacco cessation assistance from the nursing admission report or by physician order. In 2018, the number of referrals declined from the previous year; however, still improved from baseline. Sixty-five admitted hospital patients indicated they were interested in tobacco cessation and 15 of those patients enrolled in classes. This reflects a 65% percent increase in referrals from baseline and a 7% increase in the number of referrals who chose to enroll in a cessation class. In addition to this referral process from the inpatient population, the Cancer Center began tobacco cessation classes in May 2018. Sixty-three referrals were received for this program with 33 participants attending classes and receiving nicotine replacement therapy.

Health Needs Identified in 2016 CHNA Facility Chose Not to Address

Violence and Firearm Injuries — Tallahassee Memorial HealthCare plays a role in the front end of this issue by providing inpatient and outpatient mental health services to help people dealing with depression, stress, anger management and other issues which oftentimes drives individuals' violent actions. We also play a role toward the end of the continuum by providing care and treatment to victims of violence.

Unwed Pregnancies — Though other organizations are working on this issue, Tallahassee Memorial HealthCare assists with this effort through its primary care provider network within the service area.

Poverty — Poverty is a condition leading to many health problems. Tallahassee Memorial HealthCare works with many local agencies to treat those who cannot afford to pay for their care. Our emergency rooms also treat many people who cannot afford to pay for care. Local, state and federal agencies have experience to assist with non-health related poverty issues.

Sexually Transmitted Diseases — Though the Florida Community Health Assessment Resource data indicates a high incidence of sexually transmitted diseases, this area was assigned a low priority listing. There are also local health agencies and institutions working on this issue.

Built Environment — The built environment includes all the physical parts of where we live and work (e.g., homes, buildings, streets, open spaces, and infrastructure). The built environment influences a person's level of physical activity. For example, inaccessible or nonexistent sidewalks and bicycle or walking paths contribute to sedentary habits. These habits lead to poor health outcomes such as obesity, cardiovascular disease, diabetes, and some types of cancer. There are local health agencies and institutions working on this issue.

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Tallahassee Memorial HealthCare 2019 Community Health Needs Assessment (CHNA) Professional Informant Survey

Barriers and Challenges Faced by Residents and Health and Human Services Agencies

An online version of this survey is available at TMH.ORG/CHNA

Responses will not be identified, either in written material or verbally, by name or organization.

Please return paper surveys to: Melissa Dancer, Director Health Promotion, Tallahassee Memorial HealthCare
Melissa.Dancer@TMH.ORG or 3333 Capital Oaks Drive, Tallahassee, FL, 32308. Thank you!

1. Your name, organization, and title:

NAME: _____

ORGANIZATION: _____

TITLE: _____

COUNTY/COUNTIES YOU SERVE (Please circle) LEON GADSDEN JEFFERSON WAKULLA

2. What do you think are the five most important issues that affect health and wellbeing in our community?
(Please read all choices and then check five)

- Access to Health Services
For example, not having health insurance or not having a doctor
- Preventive Health Services
For example, people with high blood pressure and diabetes not being seen by a doctor or people not getting tests like mammogram or colonoscopy.
- Environment Exposures
For example, air quality or children exposed to secondhand smoke.
- Injury and Violence
For example, motor vehicle crashes, falls, assault and murder
- Maternal, Infant and Child Health
For example, premature birth and infant death
- Mental Health
For example, suicide and depression.
- Nutrition, Physical Activity and Obesity
For example, number of people overweight, not eating enough vegetables or not getting enough physical activity.

Oral Health

For example, people not going to the dentist or getting care for dental problems.

Reproductive and Sexual Health

For example, people not knowing their own HIV/AIDS status or sexually active women not seeing a doctor.

Social

For example, many students not graduating from high school or not enough good paying jobs.

Substance Abuse

For example, drug or alcohol use or high number of people binge drinking.

Tobacco

For example, many people smoking cigarettes, vapes and other tobacco products.

3. What are the barriers to health for the populations you serve?

4. Is there one locality / neighborhood with the greatest unmet need? If so, why?

5. Is there one population group with the greatest unmet need? If so, why?

6. What are the resources for health for the populations you serve?

7. If we could make one change as a community to meet the needs and reduce the barriers to health in your community what would that be?

Thank you for your input!

Please return to: Melissa Dancer, Director Health Promotion, Tallahassee Memorial HealthCare, 3333 Capital Oaks Drive, Tallahassee, FL, 32308 or Melissa.Dancer@TMH.ORG

Please call 850-431-3720 with questions or concerns.

Thank you for your valuable input!

Tallahassee Memorial Healthcare Community Health Needs Assessment Survey

Please select the county you live in:

- LEON (1)
- GADSDEN (2)
- JEFFERSON (3)
- WAKULLA (4)

Q1 Is there a particular doctor's office, health center, or other place that you usually go if you are sick or need advice about your health?

- Yes (1)
- No (2)

If you answered NO, please SKIP to Q2

Q1a Is this where you would go for new health problems?

- Yes (1)
- No (2)

Q1b Is this where you would go for preventive health care, such as general check-ups, examinations, and immunizations (shots)?

Yes (1)

No (2)

Q1c Is this where you would go for referrals to other health professions when needed?

Yes (1)

No (2)

Please SKIP to Q3

Q2 If you do not have a particular doctor, where do you go when you are sick or need advice about your health? (Check all that apply)

- Doctor's Office (1)
 - Emergency Room (2)
 - Community Clinic (For example, Bond Community Health Center, Carepoint Health and Wellness Center, North Florida Medical Center, Neighborhood Medical Center) (3)
 - Health Department (4)
 - Student Health Services (5)
 - Pharmacy Clinic (For example, CVS MinuteClinic) (6)
 - Planned Parenthood (7)
 - Veterans Medical Center (VA) (8)
 - Urgent Care / Walk in Clinic (9)
 - Telemedicine/Virtual Care (10)
 - Other: (11) _____
-

Q3 Where do you go for dental care? (Check all that apply)

- Dentist's office (1)
 - Emergency Room (2)
 - The Molar Express (Leon Co. Health Department) (3)
 - Other County Health Department (4)
 - Urgent Care / Walk in Clinic (5)
 - Community Clinic (Bond Community Health Center or Neighborhood Medical Center) (6)
 - Tallahassee Community College, Dental Hygiene Clinic (7)
 - Other: (8) _____
-

Q4 Do you use mental or behavioral health services or services for alcohol or drug abuse?

- Yes (1)
- No (2)

If you answered YES to Q4, please answer Q4a. Otherwise, SKIP to Q5.

Q4a *If yes, where do you go for mental or behavioral health, alcohol or drug abuse services? (Check all that apply)*

- Doctor/Counselor's Office (1)
 - Apalachee Center, Inc. (2)
 - Emergency Room (3)
 - Employee Assistance Program (4)
 - Capital Regional Behavioral Health Center (5)
 - Community Support Group (Alcoholics Anonymous, Celebrate Recovery, Teen Challenge, etc.) (6)
 - Tallahassee Memorial Behavioral Health Center (7)
 - Disc Village Behavioral Health (8)
 - Townsend Addiction Recovery Center (9)
 - University/College Counseling Center (10)
 - Urgent Care / Walk in Clinic (11)
 - Other: (12) _____
-

Q5 What do you think are the five most important issues that affect health and wellbeing in our community? (Please read all choices and then *check five*)

- Access to Health Services- For example, not having health insurance or not having a doctor (1)
 - Preventive Health Services- For example, people with high blood pressure and diabetes not being seen by a doctor or people not getting tests like mammogram or colonoscopy (2)
 - Environment Exposures- For example, air quality or children exposed to secondhand smoke (3)
 - Injury and Violence- For example, motor vehicle crashes, falls, assault and murder (4)
 - Maternal, Infant and Child Health- For example, premature birth and infant death (5)
 - Mental Health- For example, suicide and depression (6)
 - Nutrition, Physical Activity and Obesity- For example, number of people overweight, not eating enough vegetables or not getting enough physical activity (7)
 - Oral Health- For example, people not going to the dentist or getting care for dental problems (8)
 - Reproductive and Sexual Health- For example, people not knowing their own HIV/AIDS status or sexually active women not seeing a doctor (9)
 - Social- For example, many students not graduating from high school or not enough good paying jobs (10)
 - Substance Abuse- For example, drug or alcohol use or high number of people binge drinking (11)
 - Tobacco- For example, many people smoking cigarettes, vapes and other tobacco products (12)
-

Q6 Which healthcare is hard for you to get? (Check all that apply)

- Alternative therapy (ex. herbal, acupuncture, massage) (1)
- Ambulance services (2)
- Cancer care (3)
- Chiropractic care (4)
- Dental Care (Adult) (5)
- Dental Care (Child) (6)
- Dermatology (7)
- Domestic violence services (8)
- Eldercare (9)
- Emergency room (10)
- End of life / hospice / palliative care (11)
- Family doctor (12)
- Family planning / birth control (13)
- Vaccines or Immunizations (14)
- Hospital Care (15)
- Lab work (16)
- Medication / medical supplies (17)

CONTINUED ON NEXT PAGE

- Mental health / counseling (18)
 - Physical therapy (19)
 - Preventive Screenings like mammogram and colonoscopy (20)
 - Preventive and wellness care (nutrition counseling, help and support for healthier lifestyle) (21)
 - Programs to stop using tobacco products (22)
 - Specialty care (ex. heart doctor) (23)
 - Substance abuse services –drug and alcohol (24)
 - Urgent care / walk in clinic (25)
 - Vision care (26)
 - Women's health services (27)
 - X-rays (28)
 - None (29)
 - Other: (30) _____
-

Q7 What keeps you from getting the healthcare you need? (Check all that apply)

- I don't have a doctor (1)
- It costs too much (2)
- I don't have insurance (3)
- I have insurance but still have to pay too much (4)
- I can't find providers that accept my Medicaid insurance (5)
- I can't find providers that accept my Medicare insurance (6)
- Demands of taking care of others (7)
- I don't have childcare (8)
- I'm too busy (9)
- I don't know what types of services are available (10)
- I don't like accepting government assistance (11)
- I don't trust doctors / clinics (12)
- Lack of evening and weekend services (13)
- I don't understand what doctors say (14)
- Long waits for appointments (15)
- Fear of bad news (16)
- I don't have transportation (17)
- I don't like my doctor (18)

Q8a Please check either Yes or NO for each of the following statements.

	Yes (1)	No (2)
I have had an eye exam within the past year. (1)	<input type="radio"/>	<input type="radio"/>
I have had a mental or behavioral health or substance abuse visit within the past year. (2)	<input type="radio"/>	<input type="radio"/>
I have had a dental exam within the past year. (3)	<input type="radio"/>	<input type="radio"/>
I have had a routine check-up or physical in the past year. (4)	<input type="radio"/>	<input type="radio"/>
I have been to the emergency room for an illness in the past year. (5)	<input type="radio"/>	<input type="radio"/>
I have been to the emergency room for an injury in the past year (e.g. motor vehicle crash, fall, poisoning, burn, cut, etc.). (6)	<input type="radio"/>	<input type="radio"/>
I have been a victim of domestic violence or abuse in the past year. (7)	<input type="radio"/>	<input type="radio"/>
My doctor has told me that I have a long-term or chronic illness. (8)	<input type="radio"/>	<input type="radio"/>
I take the medicine my doctor tells me to take to control my chronic illness. (9)	<input type="radio"/>	<input type="radio"/>
I can afford medicine needed for my health conditions. (10)	<input type="radio"/>	<input type="radio"/>
Lack of transportation has kept me from medical appointments, meetings, work, or from getting things I needed for daily living in the last year. (11)	<input type="radio"/>	<input type="radio"/>

	Yes (1)	No (2)
In the past year, I've spent more than 2 nights in a row in a jail, prison, detention center, or juvenile correctional facility. (12)	<input type="radio"/>	<input type="radio"/>
I feel physically and emotionally safe where I currently live. (13)	<input type="radio"/>	<input type="radio"/>

Q8b Please check either Yes, No, or N/A (not applicable) for each of the following statements.

	Yes (1)	No (2)	N/A (3)
I am female and over 21 years of age and have had a Pap smear within the past three years. (If you are male or a female under 21 please check N/A) (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am female and over 40 years of age and have had a mammogram within the past year. (If you are male or a female under 40 please check N/A) (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am over 50 years of age and have had a colonoscopy within the past 10 years. (If you are under 50 please check N/A) (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q8c Please check either Yes or NO for each of the following statements.

	Yes (1)	No (2)
The area I live in is a good place for exercise such as walking, biking and going to parks. (1)	<input type="radio"/>	<input type="radio"/>
It is easy for me to get to a good grocery store. (2)	<input type="radio"/>	<input type="radio"/>
In the area that I live, it is easy for me to get affordable fresh fruits and vegetables. (3)	<input type="radio"/>	<input type="radio"/>
I worry whether our food will run out before I have money to buy more. (4)	<input type="radio"/>	<input type="radio"/>
The food I buy just doesn't last and I don't have money to get more. (5)	<input type="radio"/>	<input type="radio"/>

Q9 Where do you get the food that you eat at home? (Check all that apply)

- Back-pack or summer food programs (1)
 - Community Garden (2)
 - Corner store / convenience store / gas station (3)
 - Dollar store (4)
 - Farmers' Market (5)
 - Food bank / food kitchen / food pantry (6)
 - Grocery store (7)
 - Home Garden (8)
 - I do not eat at home (9)
 - I regularly receive food from family, friends, neighbors, or my church (10)
 - Meals on Wheels (11)
 - Take-out / fast food / restaurant (12)
 - Other: (13) _____
-

Q10 **During the past 7 days, how many times did you eat fruit or vegetables (fresh or frozen)? Do not count fruit or vegetable juice. (Please check one)**

- I did not eat fruit or vegetables during the past 7 days (1)
 - 1 – 3 times during the past 7 days (2)
 - 4 – 6 times during the past 7 days (3)
 - 1 time per day (4)
 - 2 times per day (5)
 - 3 times per day (6)
 - 4 or more times per day (7)
-

Q11 **Have you been told by a doctor that you have... (Check all that apply)**

- Asthma (1)
 - Cancer (2)
 - Cerebral palsy (3)
 - COPD / chronic bronchitis / Emphysema (4)
 - Depression or anxiety (5)
 - Drug or alcohol problems (6)
 - Heart disease (7)
 - High blood pressure (8)
 - High blood sugar or diabetes (9)
 - High cholesterol (10)
 - HIV / AIDS (11)
 - Mental health problems (12)
 - Obesity / overweight (13)
 - Stroke / Cerebrovascular disease (14)
 - I have no health problems (15)
 - Other: (16) _____
-

The next questions are about physical activities (exercise, sports, physically active hobbies...) that you may do in your LEISURE time.

Q12a How often do you do VIGOROUS LEISURE-TIME physical activities for AT LEAST 10 MINUTES that cause HEAVY sweating or LARGE increases in breathing or heart rate? How many times per week do you do these activities?

- Never (1)
- Unable to do this type activity (2)
- Times per week: (3) _____
- Don't know (4)

If you do vigorous exercise, please answer Q12b. Otherwise, go on to Q12c.

Q12b About how long do you do these vigorous leisure-time physical activities each time?

- Minutes: (1) _____

Q12c How often do you do LIGHT OR MODERATE LEISURE-TIME physical activities for AT LEAST 10 MINUTES that cause ONLY LIGHT sweating or a SLIGHT to MODERATE increase in breathing or heart rate? How many times per week do you do these activities?

- Never (1)
- Unable to do this type activity (2)
- Times per week: (3) _____
- Don't know (4)

If you do moderate exercise, please answer Q12bd. Otherwise, go on to Q12e.

Q12d **About how long do you do these light or moderate leisure-time physical activities each time?**

- Minutes: (1) _____
-

Q12e **How often do you do LEISURE-TIME physical activities specifically designed to STRENGTHEN your muscles such as lifting weights or doing calisthenics? (Include all such activities even if you have mentioned them before.) How many times per week do you do these activities?**

- Never (1)
- Unable to do this type of activity (2)
- Times per week: (3) _____
- Don't know (4)
-

Q13 **How often do the people living in your home eat a meal together?**

- Not at all (1)
- Most days (2)
- A few times a week (3)
- Once a week (4)
- I live alone (5)
-

Q14 How often have you seen or talked to people that you care about and feel close to in the past 30 days? (For example: talking to friends on the phone, visiting friends or family, going to church or club meetings)

- Less than once a week (1)
- 1 or 2 times a week (2)
- 3 to 5 times a week (3)
- More than 5 times a week (4)
- I choose not to answer (5)
-

Q15 Stress is when someone feels tense, nervous, anxious, or can't sleep at night because their mind is troubled. How stressed have you been in the past 30 days?

- Not at all (1)
- A little bit (2)
- Somewhat (3)
- Quite a bit (4)
- Very much (5)
- I choose not to answer (6)
-

Q16 During the last 30 days, how many days did you miss work or school due to pain or illness (physical or mental)?

Days: (1) _____

Q17 **During the past 30 days, have you...? (Check all that apply)**

- Binged on alcohol (more than 5 drinks if male or 4 if female within a few hours) (1)
 - Used tobacco (cigarettes, smokeless tobacco, e-cigarettes, vapes, etc.) (2)
 - Taken prescription drugs to get high (3)
 - Used marijuana (4)
 - Used drugs such as cocaine, heroin, ecstasy, crack, or LSD (5)
 - None of the above (6)
-

Q18 Which of the following describes your current type of health insurance? (*Check all that apply*)

- I don't have health insurance (1)
- I don't have dental insurance (2)
- COBRA (3)
- Dental Insurance (4)
- Employer Provided Insurance (5)
- Eye/Vision Insurance (6)
- Government (VA, Champus) (7)
- Health Savings / Spending Account (8)
- Individual / Private Insurance / Market Place / Obamacare (9)
- Medicaid (10)
- Medicare (11)
- Medicare Supplement or Medicare Advantage Plan (12)

If you have health insurance, skip to Q20. If you don't have health insurance, please answer Q 19

Q19 If you do not have health insurance, why not? (Check all that apply)

- I don't understand options for Obamacare (1)
- Not available at my job (2)
- Student (3)
- Too expensive / cost (4)
- Unemployed / no job (5)
- Other: (6) _____
-

Q20 What is your ZIP code?

Q21 What is your age?

Q22 What is your gender?

- Male (1)
- Female (2)
- Non-binary/ third gender (3)
- Prefer not to say (4)
-

Q22a Do you identify as transgender?

- Yes (1)
 - No (2)
 - Prefer not to say (3)
-

Q23 How many people live in your home (including yourself)?

- Number who are 0 – 17 years of age (1)

 - Number who are 18 – 64 years of age (2)

 - Number who are 65 years of age or older (3)

-

Q24 What is your highest education level completed?

- Less than high school (1)
 - Some high school (2)
 - High school diploma (3)
 - Associates/Technical or Vocational (4)
 - Bachelors (5)
 - Masters / PhD (6)
-

Q25 What is your primary language?

- English (1)
- Spanish (2)
- Other: (3) _____
-

Q26 How would you describe yourself? (Choose all that apply)

- Non-Hispanic White (1)
- Black, Afro-Caribbean, or African American (2)
- Latino or Hispanic (3)
- Asian (4)
- Native American or Alaskan Native (5)
- Native Hawaiian or Other Pacific Islander (6)
- Other: (7) _____
-

Q27 What is your housing situation today?

- I have housing (1)
- I do not have housing (staying with others; in a hotel, shelter, or car; or outside) (2)
- I choose not to answer (3)
-

If you have housing, please answer Q27a and Q28. Otherwise, please SKIP to Q29.

Q27a **Do you:**

- Own (1)
 - Rent (2)
 - Stay in public or subsidized housing (3)
-

Q28 **Are you worried about losing your housing?**

- Yes (1)
 - No (2)
-

Q29 **In the past year, have you or any family members you live with been unable to get any of the following when it was really needed? Check all that apply.**

- Food (1)
 - Clothing (2)
 - Utilities (3)
 - Child Care (4)
 - Medicine or any health care (medical, dental, mental, vision) (5)
 - Phone (6)
 - Other: (7) _____
 - I choose not to answer (8)
-

Q30 What is your current employment status?

- Full time paid work (1)
- Part time paid work (2)
- Not currently working for pay (3)

If you are not currently working for pay, please SKIP to Q 30d.

Q30a Are you self-employed?

- Yes (1)
- No (2)

Q30b Are you a student?

- Yes (1)
- No (2)

If you answered NO, please go on to Q 31.

Q30c If yes, are you

- Full time (1)
- Part time (2)

Please SKIP to Q 31.

Q30d If you are not currently working for pay, are you...?

- Retired (1)
- Full time student (2)
- Homemaker/ Caretaker (3)
- Unemployed and looking for work (4)

Please SKIP to Q 32.

Q31 If you work, how many jobs do you work?

- 1 job (1)
 - 2 jobs (2)
 - 3 or more jobs (3)
-

Q32 What is your yearly household income?

- Under \$10,000 (1)
 - \$10,000 to \$20,000 (2)
 - \$20,001 to \$30,000 (3)
 - \$30,001 to \$40,000 (4)
 - \$40,001 to \$50,000 (5)
 - \$50,001 to \$60,000 (6)
 - \$60,001 to \$70,000 (7)
 - \$70,001 to \$80,000 (8)
 - \$80,001 to \$90,000 (9)
 - Above \$90,000 (10)
-

Q33 At any point in the past 2 years, has seasonal or migrant farm work been your or your family's main source of income?

- Yes (1)
 - No (2)
 - I choose not to answer (3)
-

Q34 Is there anything else you would like to share about health and wellbeing in our community?



**Thank you for participating in the 2019 Community Health Needs Assessment Survey!
Your participation is helping us to advance health and improve lives in our community.**



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