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## **Tallahassee Memorial Healthcare**

### **Community Health Needs Assessment 2025**

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Every three years, Tallahassee Memorial Healthcare surveys the residents of Gadsden, Jefferson, Leon, and Wakulla counties to learn about your healthcare experiences and hear your thoughts about health and wellbeing in the communities we serve. Your input is vital to our efforts to improve health care for everyone.

**We appreciate your time!**

**Q1.1**

Please check the box next to the county you live in.

**LEON** (1)

**GADSDEN** (2)

**JEFFERSON** (3)

**WAKULLA** (4)

## Q2.1

The Florida Department of Health has identified the issues listed below as priorities for improving the health of Florida citizens. Which three do you think are the most important to address in our community? **Please check three.**

- Age-Related Dementias (1)**  
For example, Alzheimer's disease, Lewy body dementia, vascular dementia
- Chronic Diseases and Conditions (2)**  
For example, heart disease, type 2 diabetes, cancer, and illnesses related to tobacco use
- Injury, Safety, and Violence (3)**  
For example, motor vehicle crashes, falls, and intimate partner violence
- Maternal, Infant, and Child Health (4)**  
For example, premature birth, infant death, or not getting healthcare while pregnant
- Mental Well-being (5)**  
For example, depression, anxiety, or other behavioral and emotional disorders
- Social and Economic Issues Affecting Health (6)**  
For example, educational opportunities, income and employment, transportation, healthy and safe environment, weather-related disasters
- Substance Abuse (7)**  
For example, people drinking too much or using drugs illegally
- Transmissible and Emerging Diseases (8)**  
For example, sexually transmitted infections like HIV, new diseases like COVID-19

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**The questions on pages 3 – 7 are about your reliance on doctors and other health care providers.**

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**Q3.1**

Is there a particular primary care provider, 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) ➔ **PLEASE ANSWER Q3.3 BELOW**

**Q3.2**

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

- Yes (1)
- No (2)

**IF YOU HAVE A REGULAR DOCTOR, PLEASE SKIP TO Q4.1 ON PAGE 5**

**Q3.3**

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

Emergency Room (1)

Community Clinic (2)

For example, Bond Community Health Center, Carepoint Health and Wellness Center, North Florida Medical Center, Neighborhood Medical Center

Health Department (3)

Student Health Services (4)

Pharmacy Clinic (5)

For example, CVS Minute Clinic

Planned Parenthood (6)

VA / Veterans Medical Center (7)

Urgent Care / Walk-in Clinic (8)

Telemedicine / Virtual Care (9)

Other, please specify (10):

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**Q4.1**

Where do you go for dental care? **Check all that apply.**

- Dentist's Office (1)
- Emergency Room (2)
- The Molar Express at Leon County Health Department (3)
- Other County Health Department (4)
- Urgent Care / Walk-in Clinic (5)
- Community Clinic (6)

For example, Bond Community Health Center or Neighborhood Medical Center

- Tallahassee State College Dental Health Clinic (7)
- Other, please specify (8):

- 
- I don't use dental services (9)

**Q5.1**

Do you use mental or behavioral health services (counseling)?

- Yes (1)
- No (2) ➔ **PLEASE SKIP TO Q5.3 ON PAGE 7**

**Q5.2**

Where do you go for mental or behavioral health services (counseling)? **Check all that apply.**

- Doctor or Counselor's Office (1)
  - Apalachee Center, Inc. (2)
  - DISC Village Behavioral Health (3)
  - Emergency Room (4)
  - Employee Assistance Program (5)
  - HCA Florida Capital Behavioral Health Center (6)
  - Tallahassee Memorial Behavioral Health Center (7)
  - Telehealth or virtual care (8)
  - University or College Counseling Center (9)
  - Urgent Care / Walk-in Clinic (10)
  - Other, please specify (11):
-

**Q5.3**

Do you use services for problems with alcohol or drug use?

- Yes (1)
- No (2) ➔ **PLEASE SKIP TO Q6.1 ON PAGE 8**

**Q5.4**

Where do you go for help with alcohol or drug use problems? **Check all that apply.**

- Doctor or Counselor's Office (1)
  - Apalachee Center, Inc. (2)
  - DISC Village Behavioral Health (3)
  - Employee Assistance Program (4)
  - HCA Florida Capital Behavioral Health Center (5)
  - Tallahassee Memorial Behavioral Health Center (6)
  - Townsend Addiction Recovery Center (7)
  - University or College Counseling Center (8)
  - Other, please specify (9):
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**Sometimes people find it difficult to access medical care or services. In this section, we ask about your experience accessing needed services.**

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**Q6.1**

Do any of these factors keep you from getting medical care or services? **Check all that apply.**

- Cost (1)
- Hard to find provider accepting new patients (2)
- Hard to find a provider that accepts Medicaid (3)
- I'm too busy to go to the doctor (4)
- I don't have transportation (5)
- I don't trust doctors or other medical people (6)
- Lack of evening or weekend services (7)
- Takes too long to get appointments (8)
- Fear of getting bad news (9)
- I don't know how to get care or services I need (10)
- I don't like accepting government assistance (11)
- I'm able to get the care and services that I need (12) ➔ **PLEASE SKIP TO Q7.1 ON PAGE 12**

**Q6.2**

What kinds of medical and health-related services are hard for you to get? **Check all that apply.**

- Alternative therapies (1)

For example, acupuncture, massage

- Ambulance services (2)

- Chiropractic care (3)

- Dental care (4)

- Doctors who specialize in the kinds of care my family and I need (5) **➔ PLEASE ANSWER Q6.2a ON PAGE 11**

- Domestic violence services (6)

- Elder care services (7)

- Emergency or urgent care (8)

- End of life / hospice / palliative care (9)

- Family planning / birth control (10)

- Hospital care (11)

- Grief or bereavement counseling (12)

- Immunizations / vaccinations / shots (13)

- Lab work (14)

- Medication / medical supplies (15)

- Mental health care / counseling (16)

- Physical therapy / Speech therapy / Occupational therapy (17)

- Preventive screenings (18)

For example, mammograms, colonoscopy

- Programs or support to stop using tobacco products (19)

- Support services for problems with drug or alcohol use (20)

- Vision care (21)

- Wellness care (22)

For example, nutrition counseling, weight loss support

- X-rays or MRI (23)

Other, please specify (24):

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**IF YOU DID NOT CHECK “DOCTORS WHO SPECIALIZE IN THE KINDS OF CARE MY FAMILY AND I NEED,” PLEASE SKIP TO Q7.1 ON PAGE 12**

**Q6.2a**

What kinds of doctors are hard for you to find? **Check all that apply.**

- Allergy, Asthma, & Immunology (1)
  - Cardiology / Cardiac / Vascular Surgery (2)
  - Chronic pain management (3)
  - Dermatology (4)
  - Ear, Nose, Throat (5)
  - Endocrinology (6)
  - Family care or general practice doctor (7)
  - Gastrointestinal (8)
  - Maternal-Fetal Medicine (9)
  - Memory Disorder (10)
  - Nephrology/Dialysis (11)
  - Neurology/Neurosurgery (12)
  - Obesity Medicine/Bariatric Surgery (13)
  - Obstetrics/Gynecology (14)
  - Oncology (cancer) (15)
  - Orthopedics (16)
  - Pediatrician (17)
  - Podiatry (18)
  - Psychiatry/Behavioral Health/Substance Abuse (19)
  - Pulmonology/Sleep Medicine (20)
  - Rheumatology (21)
  - Surgery (general or specialized) (22)
  - Urology (23)
  - Wound Care (24)
  - Other, please specify: (25)
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**In this section, we ask about health insurance.**

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**Q7.1**

Which of the following best describes your health insurance? **Check all that apply.**

- I don't have health insurance (1) ➔ **PLEASE SKIP TO [Q7.1c ON PAGE 13](#)**
- I have health insurance through my job or the military (2)
- I have COBRA (3)
- I have health insurance that I pay for on my own, or purchase through a group I belong to, or buy through healthcare.gov (4)
- I have Medicaid (5)
- I have Medicare (6 )
- I have dental insurance (7)
- I have vision insurance (8)
- Other, please specify (9):

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**ANSWER Q 7.1A IF YOU HAVE HEALTH INSURANCE THROUGH YOUR JOB OR THE MILITARY**

**Q7.1a**

Do you have a Health Savings or Health Spending Account?

- Yes (1)
- No (2)

**ANSWER Q 7.1B IF MEDICARE IS YOUR PRIMARY FORM OF HEALTH INSURANCE**

**Q7.1b**

Do you have a Health Savings or Health Spending Account?

- Yes (1)
- No (2)

**ANSWER Q 7.1c IF YOU DO NOT HAVE HEALTH INSURANCE**

**Q7.1c**

Why don't you have health insurance? **Check all that apply**

- It's not available through my job (1)
- I get health care through my school (2)
- I don't qualify for healthcare.gov / Obamacare or Medicaid (3)
- I'm over 65, but I didn't pay into Medicare (4)
- Health insurance costs too much (5)
- Other, please specify (6):

\_\_\_\_\_ (6)

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The next set of questions are about your medical visits and screenings.

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**Q8.1**

Tell us what kinds of medical visits you've had within the past 12 months. **Check all that apply.**

- Eye exam (1)
- Routine check-up or physical (2)
- Routine dental exam (3)
- ER for an injury (4)
- ER for illness (5)

**ANSWER Q8.3 IF YOU ARE AGED 45 – 84.  
OTHERWISE, PLEASE CONTINUE TO THE NEXT BLUE BOX.**

**Q8.3.**

Have you had a colon cancer screening (colonoscopy or stool-based test) within the past ten years.

- Yes (1)
- No (2)

**IF YOU ARE A MALE, PLEASE SKIP TO Q10.1 ON PAGE 18  
IF YOU ARE A FEMALE, PLEASE CONTINUE TO Q8.4, PAGE 15**

**Q8.4**

Have you had a Pap smear within the past five years?

- Yes (1)
- No (2)

**Q8.5**

Have you had a mammogram within the past two years?

- Yes (1)
- No (2)

**Q9.1**

Are you currently pregnant, or have you been pregnant in the past 12 months?

- I am currently pregnant (1)
- I have been pregnant within the past 12 months (2) ➔ **PLEASE SKIP TO Q9.2a ON PAGE 17**
- No, I'm not pregnant and haven't been pregnant within the last 12 months (3) ➔ **PLEASE SKIP TO Q10.1 ON PAGE 18**

**Q9.2**

Do you have specific concerns about your pregnancy or medical needs that are not being addressed?

- Yes (1)
- No (2) ➔ **PLEASE SKIP TO Q10.1 ON PAGE 18**



**Q9.3**

What specific concerns about your pregnancy or unmet needs do you have? **Check all that apply.**

- I can't afford prenatal care (1)
  - I can afford prenatal care but I don't have a doctor or midwife (2)
  - It's hard for me to get prenatal care because of my work schedule, difficulty finding childcare, or getting transportation to appointments (3)
  - I cannot afford to buy baby supplies (4)
  - I am unsure how I will pay for the birth (5)
  - I am scared about health concerns that may affect my pregnancy or delivery (6)
  - Other, please specify: (7)
- 

**PLEASE GO TO Q.10.1 ON PAGE 18**

**Q9.2a**

Did you have specific concerns about your recent pregnancy or medical needs that were not addressed?

- Yes (1)
- No (2) ➔ **PLEASE SKIP TO [Q10.1](#) ON PAGE 18**

**Q9.3a**

What specific concerns or unmet needs did you experience during your recent pregnancy? **Check all that apply.**

- I couldn't afford prenatal care (1)
  - I had difficulty finding a doctor or midwife (2)
  - It was hard for me to get prenatal care because of my work schedule, difficulty finding childcare, or getting transportation to appointments (3)
  - Paying for baby supplies was difficult (4)
  - I was unable to pay for the birth (5)
  - I was scared about health concerns that made my pregnancy or delivery difficult (6)
  - Other, please specify: (7)
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**Now we'd like to learn about things you do to take care of your own health and wellbeing.**  
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**Q10.1**

In a typical week, do you spend any time doing activities, like walking fast, swimming, biking, or fitness classes, that cause an increase in breathing or your heart rate for at least 10 minutes continuously?

- Yes (1)
- No (2)

**Q10.1a**

How many days in a typical week do you engage in activities that lead to an increase in your breathing or heart rate? **Fill in a number from 1 to 7:**

\_\_\_\_\_ days

**Q10.2**

In a typical week, how often do you eat fruit or vegetables (fresh or frozen), not including fruit juice or vegetable juice?

- I typically don't eat fruit or vegetables (1) ➔ **PLEASE SKIP TO Q11.1 ON PAGE 19**
- 1-3 days (2)
- 4-6 days (3)
- Every day (4)

**Q10.2a**

On a typical day, how many servings of fruit or vegetables do you eat?

- 1 or 2 servings (1)
- 3 or 4 servings (2)
- 5 or more servings (3)

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**This section of the survey has a few questions about basic needs related to health and wellbeing: housing, utilities, and food.**

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**Q11.1**

What is your living situation?

- I have a steady place to live (1)
- I have a place to live today but I'm worried about losing it in the future (2)
- I do not have a steady place to live (temporarily staying with others, in a hotel or shelter, living in my car, bus station, or abandoned building, or living outside). (3) ➔ **PLEASE SKIP TO Q11.2 ON PAGE 20**

**Q11.1a**

Do you own or rent your own home, live in group quarters (like a dorm or assisted living facility), or do you stay with others??

- Own or rent my own home (1)
- I live in group quarters (2)
- I stay with others (3)

**Q11.1b**

In the past 12 months, has the utilities company threatened to shut off services (water, electric, gas) to your home?

- Yes (1)
- No (2)
- Already shut off (3)

**PLEASE GO TO Q.11.3 ON PAGE 21**

**PLEASE ANSWER Q11.2 IF YOU DO NOT HAVE A STEADY PLACE TO LIVE**

**Q11.2**

In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?

- Often (1)
- Sometimes (2)
- Never (3)

**PLEASE GO ON TO 11.5 ON PAGE 21**

**Q11.3**

Within the past 12 months, you worried that your or your family's food would run out before you got the money to buy more.

- Often true (1)
- Sometimes true(2)
- Never true (3)

**Q11.4**

Within the past 12 months, you found that the food you bought just didn't last and you didn't have the money to get more.

- Often true (1)
- Sometimes true (2)
- Never true (3)

**Q11.5**

In the past 12 months, have you or family members living with you been unable to get any of the following when it was really needed? **Check all that apply.**

- Child care (1)
- Clothing (2)
- Groceries (3)
- Housing (4)
- Medicine or health care (5)
- Phone (6)
- Transportation (7)
- Utilities (8)
- Other, please specify (9)

- 
- I have been able to get whatever I needed (10)

Next, we'd like to ask you about some ways that you might spend your time.

**Q12.1**

Are you a student?

- Yes (1)
- No (2)

**Q12.2**

What's your current work status?

- I work for an employer for 35 or more hours weekly (1)
- I work for an employer for less than 35 hours weekly (2)
- I am self-employed (4) ➔ **PLEASE SKIP TO Q12.5 ON PAGE 23**
- Not currently working for pay or profit (3) ➔ **PLEASE SKIP TO Q12.4 ON PAGE 23**

**Q12.3**

How many paid jobs do you work?

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

**PLEASE SKIP TO Q12.5 ON PAGE 23**

**ANSWER Q12.4 ONLY IF YOU ARE NOT CURRENTLY WORKING**

**Q12.4**

Are you...?

- Retired (1)
- Homemaker or caring for your own children or other family members (2)
- Unemployed and looking for work (3)
- Unemployed but not looking for work (4)
- Physically unable to work (5)

**Q12.5**

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

- Yes (1)
- No (2)



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**Your answers to the questions in this section will help us identify group differences in the health and wellbeing of community members.**

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**Q13.0a**

How old are you?

Years: \_\_\_\_\_ (1)

**Q13.0b**

What sex was put on your birth certificate when you were born?

Male (1)

Female (2)

**Q13.1**

What is your ZIP code? \_\_\_\_\_

**Q13.2**

Which of the following best represents how you describe your gender?

Man (1)

Woman (2)

Non-binary / third gender / bigender (3)

Transgender man (4)

Transgender woman (5)

Other, please specify: (6)

\_\_\_\_\_

**Q13.3**

What is your current marital status?

- Married (1)
- Living with a romantic partner (2)
- Widowed (3)
- Divorced or separated (4)
- Never married (5)

**Q13.4**

What is the highest education level you've completed?

- Have not completed high school (1)
- High school diploma or GED (2)
- Technical / Vocational certification (3)
- Some college but no degree (4)
- Associates degree (5)
- Bachelor's degree (6)
- Graduate or Professional degree (7)

**Q13.5**

What is your yearly household income?

- Under \$20,000 (1)
- \$20,001 to \$35,000 (2)
- \$35,001 to \$50,000 (3)
- \$50,001 to \$75,000 (4)
- \$75,001 to \$100,000 (5)
- \$100,001 to \$150,000 (6)
- Over \$150,001 (7)

**Q13.6**

Which of the following best represents how you think of yourself?

- Gay or lesbian (1)
- Straight or heterosexual, not gay or lesbian (2)
- Bisexual (3)
- I don't know (4)
- Other, please specify: \_\_\_\_\_ (5)

**Q13.7**

Do you have Hispanic, Latino, or Spanish origins or ancestry?

- No, I don't have Hispanic, Latino, or Spanish origins or ancestry (1)
- Yes, I have Hispanic, Latino, or Spanish origins or ancestry (2)

**Q13.8**

What is your primary language?

- English (1)
- Spanish (2)
- Other, please specify (3): \_\_\_\_\_

**Q13.9**

What is your race? **Check all that apply.**

- White, Caucasian (1)
- Black, African American, or Afro-Caribbean (2)
- American Indian or Alaska Native (3)
- Asian (4)
- Native Hawaiian or Pacific Islander (5)
- Middle Eastern or North African (5)

**Q13.10**

Do you have children?

- Yes (1)
- No (2) ➔ **PLEASE SKIP TO Q15.1 ON PAGE 33**

**Q13.11**

Are any of your children younger than 18 or are they all older?

- One or more of my children is younger than 18 (1)
- All of my children are 18 or older (2) ➔ **PLEASE SKIP TO Q15.1 ON PAGE 33**

**Q14.1**

Do any of your children younger than 18 live with you?

- Yes (1)
- No (2) ➔ **PLEASE SKIP TO Q15.1 ON PAGE 33**

**Q14.2**

Would you be willing to answer some questions about your youngest child's health and health care?

- Yes (1)
- No (2) ➔ **PLEASE SKIP TO Q15.1 ON PAGE 33**

**Q14.3**

Is there a primary care provider, doctor's office, health center, or other place your child visits if they are sick or you need advice about their health?

Yes (1)

No (2) ➔ **PLEASE SKIP TO Q14.5 ON PAGE 29**

**Q14.4**

Is this where they would go for preventive health care, such as general check-ups, examinations, and immunizations or shots?

Yes (1)

No (2)

**PLEASE SKIP TO Q14.6 ON PAGE 29**

**Q14.5**

Where do your children go when they need medical care?

Emergency Room (1)

Community clinic (2)

For example, Bond Community Health Center, Carepoint Health and Wellness Center, North Florida Medical Center, Neighborhood Medical Center

Health Department (3)

Pharmacy Clinic (4)

For example, CVS Minute Clinic

School nurse (5)

Planned Parenthood (6)

Urgent care or walk-in clinic (7)

Telemedicine or virtual care (8)

Other, please specify (9):

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**Q14.6**

How long has it been since your child last visited a doctor for a routine checkup?

Within the past 12 months (1)

More than one year but no more than two years (2)

More than two years (3)

**Q14.7**

Does your child get dental care?

- Yes (1)
- No (2) ➔ **PLEASE SKIP TO Q14.10 ON PAGE 31**

**Q14.8**

Where do they go for dental care?

- Dentist's office (1)
  - Emergency Room (2)
  - The Molar Express (Leon County Health Department) (3)
  - Other County Health Department (4)
  - Urgent Care or Walk-in clinic (5)
  - Bond Community Health Center, N. Florida Medical Center, or Carepoint Health and Wellness Center (6)
  - Tallahassee Community College Dental Clinic (7)
  - Other, please specify: (8)
- 

**Q14.9**

How long has it been since your child(ren) last visited a dentist or dental clinic for any reason? Please include dental specialists, such as orthodontists.

- Within the past 12 months (1)
- More than one year but no more than two years (2)
- More than two years (3)

**Q14.10**

Does your child use mental health (counseling) services?

- Yes (1)
- No (2)    ➔    **PLEASE SKIP TO Q14.13 ON PAGE 32**

**Q14.11**

Where do they go for these services? **Check all that apply.**

- Doctor or counselor's office (1)
  - Apalachee Center (2)
  - DISC Village Behavioral Health (3)
  - Emergency Room (4)
  - HCA Florida Capital Behavioral Health Center (5)
  - Tallahassee Memorial Behavioral Health Center (6)
  - Telehealth or virtual care (7)
  - Urgent Care / Walk-in Clinic (8)
  - Other, please specify (9):
- 

**Q14.12**

Has your child(ren) had a mental health visit within the last 12 months?

- Yes (1)
- No (2)



**Q14.13**

Have you had difficulty getting any of the following care or services for your child?

**Check all that apply.**

- I'm able to get all of the care my child needs (1)
  - Dental care (2)
  - Emergency or urgent care (3)
  - Family planning / birth control (4)
  - Inpatient hospital care (5)
  - Immunizations / vaccinations / shots (6)
  - Lab work (7)
  - Medication / medical supplies (8)
  - Mental health care / counseling (9)
  - Physical therapy / Occupational therapy / Speech therapy (10)
  - Pediatrician (11)
  - Preventive care (yearly checkups) (12)
  - School physicals (13)
  - Specialty medical care for children  
For example, pediatric cardiology; pediatric oncology (14)
  - Vision care (15)
  - X-rays or MRI (16)
  - Other, please specify: (17)
-

**Q14.14**

Has your child(ren) been to the emergency room within the last 12 months for an illness?

- Yes (1)
- No (2)

**Q14.15**

Has your child(ren) have been to the emergency room within the last 12 months for an accident or injury?

- Yes (1)
- No (2)

**Q14.16**

Has your child(ren) had an eye exam within the last 12 months?

- Yes (1)
- No (2)

**Q14.17**

Are you able to afford the medications and services needed for any health conditions your child has?

- Yes (1)
- No (2)

**Q14.18**

Does your child or children get at least 60 minutes of daily physical activity, such as biking, running, swimming, or sports practice?

- Yes (1)
- No (2)

**Q15.1**

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

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**Thank you for participating in the TMH  
2025 Community Health Needs Assessment Survey!**  
**Your participation is helping us advance health and improve lives in our community.**