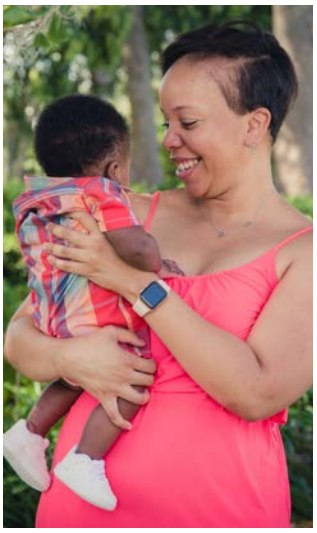
2022 COMMUNITY HEALTH NEEDS ASSESSMENT REPORT



TALLAHASSEE MEMORIAL HEALTHCARE

Approved by the Tallahassee Memorial HealthCare Board of Directors on September 28, 2022.

Table of Contents

Acknowledgements and Considerations

Tallahassee Memorial HealthCare (TMH) 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 the Director of Health Promotion, Tallahassee Memorial HealthCare, 3333 Capital Oaks Drive, Tallahassee, FL 32308; or via phone: 850-431-3720.

Members of the Community Health Needs Assessment (CHNA) Advisory Committee 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 2022 Community Health Needs Assessment was due to the strong leadership of its CHNA Advisory Committee and the community partners and stakeholders. A special thank you to the consulting firm, M13 Management Partners and to the 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 health department interviews. Finally, thank you to the TMH Board of Directors and Executive Leadership Team for their support of the Community Health Improvement Process.

Tallahassee Memorial HealthCare CHNA Advisory Team

- COMMITTEE LEAD: ***Afaf Qasem***, Director of Health Promotion
- COMMITTEE LEAD (UNTIL 2/15/2022): ***Melissa Dancer***, Director of Health Promotion
- COMMITTEE CO-LEAD: ***Nate Myers***, Director of Strategy and Business Planning
- COMMITTEE MEMBERS:
  - ***Lauren Faison-Clark***, Regional Development, Population Health and Telemedicine
  - ***Bob Carton***, Director of Employee Assistance Program
  - ***Russ Cole, MD***, Faculty Physician, Family Practice Residency Program
  - ***Maria Andrews, MD***, Faculty Physician, Family Practice Residency Program
  - ***Rachel Francis***, Controller
  - ***Jenny Lannom***, Director of Spiritual Care
  - ***Mary Matthews***, Compliance Officer
  - ***Greg Salyer***, Public Relations/Communications Strategist
  - ***Paige Stewart***, Child Health Educator/Safe Kids Big Bend Coordinator
  - ***Kelly Leffler***, Population Health Manager
  - ***Karin Brewster, PhD***, Professor of Sociology and Research Associate, Florida State University Center for Demography & Population Health

Community Engagement

Tallahassee Memorial HealthCare's (TMH) Community Health Needs Assessments (CHNA) 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 stakeholder interviews. 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 Committee invited partners and stakeholders to attend both the CHNA Community Health Partners Meeting in January 2022 and the Prioritization of Needs Meeting in May 2022. 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 healthcare facilities and resources within the community that are available to respond to health needs.

PARTNERS AND STAKEHOLDERS LIST

NAME	ORGANIZATION
Kristen Aguirre	*Big Bend Area Health Education Centers*
Kimberly Allbritton	*Florida Department of Health in Jefferson and Madison Counties*
Cumi Allen	*Healthy Start Coalition*
Kristen Allen	*MADD North Florida*
Maria Andrews, MD	*Tallahassee Memorial HealthCare, Family Medicine Residency Program*
Courtney Atkins	*Whole Child Leon*
Cindy Avant	*Florida State University, College of Medicine*
Mary Barley	*Leon County*
Kathryn Baughman	*Florida State University, College of Medicine*
Pam Beck	*Florida Department of Health in Jefferson County*
Mandy Bianchi	*Ability1st*
Diana Bixler	*Capital Medical Society Foundation, Inc.*
Sherry Bramblett	*Florida Department of Health in Crawfordville*
Freddy Branham	*ECHO Outreach Ministries*
Lisa Bretz	*Area Agency on Aging for North Florida*
Danielle Brewer	*Whole Child Leon*
Karin Brewster, PhD	*Center for Demography & Population Health, Florida State University*
Joedrecka Brown Speights, MD	*Florida State University, College of Medicine, Department of Family Medicine and Rural Health*
Angela Campbell	*League of Women Voters*
Regina Campbell	*Tallahassee Memorial HealthCare, Organizational Improvement*
Doug Carlson	*Florida State University, College of Medicine*
Bob Carton	*Tallahassee Memorial HealthCare, Employee Assistance Program*

NAME	ORGANIZATION
Rabih Chehayeb	*Tallahassee Memorial HealthCare, Project Management Office*
Donna Clark	*Florida Department of Health in Wakulla County*
Claire Clements	*Tallahassee Memorial HealthCare Foundation*
Fran Close, PhD	*Florida A&M University, College of Pharmacy and Pharmaceutical Sciences, Institute of Public Health*
Travis Coker	*North Florida Medical Centers, Inc.*
Russell Cole, MD	*Tallahassee Memorial HealthCare, Family Medicine*
Adrian Cooksey, DrPH	*Florida Department of Health in Gadsden County*
Heidi Copeland	*UF/IFAS Extension, Leon County*
Sierra Corby	*Tallahassee Memorial HealthCare*
Brent Couch	*Simply Healthcare Plans*
Jessica De Leon, PhD	*Florida State College of Medicine, Family Medicine & Rural Health*
Paula DeBoles-Johnson	*Leon County Government*
Mary Deschler	*The Oasis Center*
Katisa Donaldson	*Florida A&M University, Department of Social Work*
Cynthia Douglas	*Second Harvest of the Big Bend*
Kelly Dozier	*Mad Dog Construction*
James Easton	*Florida Department of Health in Leon County*
Talethia Edwards	*Greater Bond Neighborhood*
Amy Endara	*Tallahassee Memorial HealthCare, Organizational Improvement*
Mary Estes	*First Commerce Credit Union*
Barbara Evans	*Capital Area Community Action Agency*
Nicole Everett	*Florida Department of Health in Leon County*
Scott Fahrney	*Florida State Alliance of YMCAs Staff*
Lauren Faison-Clark	*Tallahassee Memorial HealthCare, Regional Development, Population Health and Telemedicine*
Marcia Feldman	*Tallahassee Memorial HealthCare, Project Management*
Justin Fitzpatrick	*We Are All We Need*
Jocelyne Fliger	*Elder Care Services, Big Bend*
Rachel Francis	*Tallahassee Memorial HealthCare, Finance*
Jeanne Freeman	*Neighborhood Medical Center*
Andrea Friall, MD	*Tallahassee Memorial HealthCare, Medical Staff Office*
Kate Frisby	*UF/IFAS Extension Family Nutrition Program*
Marvette Fudge	*Tallahassee Memorial HealthCare, Rehab Center*
Amanda Garrett	*Tallahassee Memorial HealthCare, Project Management*
Amre Ghiba	*Tallahassee Memorial HealthCare, Project Management*
Sandy Glazer	*Capital Area Healthy Start Coalition*

NAME	ORGANIZATION
Mary Goble	*Capital Health Plan*
Susan Gormley	*Tallahassee Memorial HealthCare, Nursing*
Cecka Rose Green	*Children's Services Council of Leon County*
Victoria Greer	*211 Big Bend*
Donna Hagan	*Healthy Start Coalition of Jefferson, Madison & Taylor Counties, Inc.*
Jacquelynn Hairston, PhD	*Florida Department of Health in Leon County*
Darryl Hall	*Leon County Emergency Medical Services*
Meagan Hamilton	*Tallahassee Memorial HealthCare, Internal Medicine*
Cynthia Harris, PhD	*Florida A&M University, College of Pharmacy & Pharmaceutical Sciences, Institute of Public Health*
Jennifer Harris	*Brehon Family Service*
Dale Harrison	*Florida Department of Health in Leon County, Disease Intervention Specialist Unit*
Christin Haynes	*Tallahassee Urban League*
Dorothy Hinkle	*Area Agency on Aging for North Florida*
Tonya Hobby	*Florida Department of Health in Taylor and Wakulla Counties*
Jennifer Humayun	*Goodwood Museum and Gardens*
Jana Iezzi	*Tallahassee Memorial HealthCare, Organizational Improvement*
LeNedra Isaac	*Florida Rights Restoration Coalition*
Hadassah Israel	*Early Learning Coalition of the Big Bend Region*
Thomasina Jacobs	*Oral Care Solutions, LLC*
Andy Janecek	*Tallahassee Mayor's LGBTQ+ Advisory Council*
Antonio Jefferson	*City of Gretna*
Jeffrey Joyce, PhD	*Florida State University College of Medicine*
Grace Keith	*Florida Department of Health in Wakulla County*
Emily Kohler	*Big Bend Area Health Education Centers*
Virginia Kyllonen	*City of Tallahassee*
Susan LaJoie	*Florida State University*
Kelly Leffler	*Tallahassee Memorial HealthCare, Population Health*
Heather Lincicome	*Tallahassee Memorial HealthCare, Behavioral Health Center*
Tonya Little	*Premier Health and Fitness*
Alma Littles, MD	*Florida State University College of Medicine*
Lane Lunn	*North Florida Medical Centers, Inc.*
Amy Magnuson, PhD	*Florida State University*
Chelsea Marshall-Hirvela	*UF/IFAS Extension, Family Nutrition Program*
Ken Martin	*Tallahassee Memorial HealthCare, Food and Nutrition Services*
Chad Massey	*Tallahassee Memorial HealthCare, Nursing*

NAME	ORGANIZATION
Arlesia Mathis, PhD	*Florida A&M University, College of Pharmacy & Pharmaceutical Sciences, Institute of Public Health*
Cierra Mathis	*Tallahassee Memorial HealthCare, Metabolic Health Center*
Mary Matthews	*Tallahassee Memorial HealthCare, Corporate Compliance*
Sonnie Mayewski	*Tallahassee Memorial HealthCare, Memory Disorder Clinic*
Regan McCarthy	*WFSU Public Media*
Colleen McClelland	*Florida Department of Health in Leon County*
Chelsey McCoy	*Florida Department of Health in Madison County*
Walt McNeil	*Leon County Sherriff's Office*
Holly McPhail	*Capital City Youth Services*
Michelle Metcalf	*Wakulla County Board of County Commissioners*
Leigh Miles	*Florida Department of Health in Leon County*
Sam Miller	*Tallahassee Memorial HealthCare, Radiation Oncology*
Mary Miaisha Mitchell	*Florida Department of Health in Leon County*
Shanetha Mitchell	*Florida Department of Health in Madison County*
Anita Morrell	*City of Tallahassee*
Christine Morse	*Premier Health and Fitness Center*
E. Edward Murray, Jr.	*NAI TALCOR*
Nate Myers	*Tallahassee Memorial HealthCare, Strategy and Business Planning*
Ruth Nickens	*Tallahassee Senior Center Foundation*
Dana Noles	*Greater Tallahassee Chamber of Commerce*
Shirley O'Rear	*Brehon Family Services*
Tevis Page	*Early Learning Coalition of the Big Bend Region*
Alyssa Poe	*Florida State University College of Medicine*
Richard Polangin	*League of Women Voters of Tallahassee*
Sandeep Rahangdale, MD	*Florida State University College of Medicine*
Jay Reeve, PhD	*Apalachee Center*
Rob Renzi	*Big Bend Cares*
Kristin Reshard	*Capital Area Community Action Agency*
Nathan Rigsby	*Tallahassee Memorial HealthCare, Project Management*
Katrina Rivers	*Big Bend Black Nurses Association*
Johanna Roland	*Tallahassee Memorial HealthCare, Trauma Program*
Vickia Rosier	*Cultivating Queens*
Greg Salyer	*Tallahassee Memorial HealthCare, Marketing and Communications*
RoseAnn Scheck	*Florida Department of Health in Leon County*
Lisa Sherry	*DISC Village*

NAME	ORGANIZATION
Monica Smart-Gainous	*Boys Town, North Florida*
Jasmine Smith	*Oakridge Elementary School*
Peggy Smith	*Ausley McMullen, Tallahassee Florida Law Firm*
Stephen Smith	*Tallahassee Memorial HealthCare, Food and Nutrition Services*
Dina Snider	*Children's Home Society of Florida*
Dawn Springs	*Tallahassee Memorial HealthCare, Metabolic Health Center*
Grant Steans	*We Are All We Need*
Paige Stewart	*Tallahassee Memorial HealthCare, Population Health*
Michael Suleski	*City of Tallahassee Police*
Sandra Suther, PhD	*Florida A&M University, College of Pharmacy & Pharmaceutical Sciences, Institute of Public Health*
Christal Szorcsik	*Capital Area Healthy Start Coalition*
Stephanie Tavel	*Florida State University*
Sarita Taylor	*Florida Department of Transportation*
Kimball Thomas	*City of Tallahassee*
Amanda Throndsen	*Safe Kids Florida*
John Trombetta	*The Alzheimer's Project*
Amber Tynan	*United Partners for Human Services*
Melissa Valido	*Florida Teen Safe Driving Coalition + FL SADD*
Daniel Van Durme, MD	*Florida State University, College of Medicine*
Arianna Waddell	*Florida Department of Health in Leon County*
Kendra Walker	*Children's Home Society*
Kevin Warren	*The L.I.F.E. Center*
Dean Watson, MD	*Tallahassee Memorial HealthCare*
Terrence Watts	*Department of Children and Family*
Leann Watts-Williams	*City of Tallahassee Neighborhood Affairs Division*
Marcus West	*Leon County Government*
Christine White	*Tallahassee Village Square*
Brenda Williams	*Tallahassee Housing Authority*
Sandra Williams, PhD	*Q-Q Research Consultants*
Allison Wiman	*Big Bend Area Health Education Centers*
Mary Winn	*League of Women Voters of Tallahassee*
David Yon	*Radey Law*

Executive Summary

Identifying the health needs and improving the health of our community involves many people and organizations. Every three years, a Community Health Needs Assessment (CHNA) is conducted to identify needs, prioritize those needs through a collaborative process and develop strategies to affect measurable change. The work of conducting this CHNA and the public availability of its findings are a tool for improving the health of the communities.

This Executive Summary provides a brief overview of the process, findings and identified priorities. Immediately following is the comprehensive Tallahassee Memorial HealthCare 2022 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 (TMH) Community Health Needs Assessment (CHNA) Advisory Committee directed the planning and execution of the CHNA process and activities. Committee members were engaged based on knowledge, skills and professional role. The CHNA Advisory Committee began meeting in August 2021. The committee developed a timeline for activities, reviewed and updated survey tools, created the Community Health Partners invitation list, engaged necessary consultants and planned and scheduled community meetings.

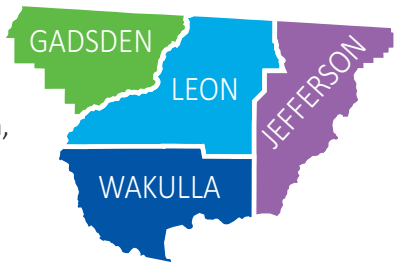
In January 2022, a kick-off meeting was hosted with community partners and stakeholders to:

- Introduce the CHNA process
- Review the most current secondary data
- Provide an update of 2019 CHNA initiatives
- Share the Community Stakeholder Survey
- Leverage partners and stakeholders to drive responses to the Community Health Survey

Primary data collection was coupled with secondary data collection that 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. To preserve continuity with the data collected in the 2019 CHNA, the Office of Disease Prevention and Health Promotion (ODPHP) Healthy People 2020 Leading Health Indicators (LHI) were used to structure and organize the data collection.

COMMUNITY SERVED

TMH determined the definition and scope of the community served by assessing the geographic area representing 80% of its inpatient discharges and ambulatory surgery services. For this CHNA, the defined service area includes Gadsden, Jefferson, Leon and Wakulla counties. Nearly 80% of TMH's annual patient volume, from 2019 to 2021, are from these counties. Leon County accounts for almost 55% of patient volume. (Data Source: Florida Agency for Healthcare Administration, Hospital Inpatient and Ambulatory Surgery datasets).



TARGET POPULATION

The target populations for TMH's CHNA project 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 because barriers such as transportation, language, literacy, health and financial situation may limit participation.

DEMOGRAPHICS OF THE COMMUNITY

TMH's primary service area, comprised of Gadsden, Jefferson, Leon and Wakulla counties, has a total population of nearly 386,000 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 11%, 9% 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 2022 CHNA revealed 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 and lower academic attainment rates, are more evident in both Gadsden and Jefferson counties compared to Leon and Wakulla counties and to statewide averages.

Heart disease is the leading cause of death in all counties except Jefferson County, where cancer is the leading cause of death. The mortality rate due to heart disease in Wakulla County is notably higher than the rate of the other counties and the state. Cancer was the second leading cause of death in the primary service area for Gadsden, Leon and Wakulla counties.

Half of the respondents to the Community Health Survey (CHS) indicated they were not able to access healthcare services when needed and cited cost, wait times, scheduling constraints and lack of convenient appointment times as barriers to care.

Heart disease is the leading cause of death in Leon, Wakulla and Gadsden counties. The mortality rate due to heart disease in Wakulla County is 46% higher than Florida's rate.

Reported preventive health screening rates were also notably lower among the Black or African American respondents to the CHS. For women between the ages of 40 and 75 who have had a mammogram in the past 1 to 2 years, almost 20% fewer Black or African American respondents reported having a mammogram screening compared to White respondents. Colon cancer screening rates showed a similar disparity with a greater than 20% gap between colon cancer screening rates of Black or African American respondents compared to White respondents.

Half of all Community Health Survey respondents said they were not able to access healthcare services when needed due to cost, wait times, scheduling constraints and lack of convenient appointment times.

Eighty-three percent of CHS respondents had doctor-diagnosed health issues. The five most prevalent health conditions reported were hypertension (35%), obesity or overweight (29%), high cholesterol (28%), mental health problems such as depression and anxiety (26%) and high blood sugar or diabetes (16%).

Partners and stakeholders cited lack of transportation, poverty, high cost of medical services or prescriptions, lack of or insufficient health insurance and limited health literacy as the top five major barriers to the populations they serve. The Community Stakeholder Survey also indicated a significant portion of the populations served experience discrimination, specifically racism, resulting in a negative impact on health outcomes due to denial of services or mismanagement of care.

To prioritize change, partners and stakeholders indicated strategies to address access to care, cost of care, addressing health equity challenges and improving health education, would contribute to reducing barriers to health and closing gaps in care in the communities served. By "meeting communities and individuals where they are," targeting at-risk communities and providing more cost-effective healthcare service, healthcare and health services providers may be able to more effectively drive improvements in community health.

83% of CHS respondents reported doctor-diagnosed health issues.

Most Common Doctor-Diagnosed Health Issues Among CHS Respondents

35% *Hypertension*

29% *Obesity/ overweight*

28% *High cholesterol*

26% *Mental health*

16% *High blood sugar/ diabetes*

PRIORITIZATION OF NEEDS

On May 24, 2022, the CHNA Advisory Committee, 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. Over 70 people attended the meeting and participated in the exercise. The top five significant needs that emerged from this meeting include:

- Access to Health Services
- Mental Health
- Preventive Health Services
- Nutrition, Physical Activity and Obesity
- Substance Abuse

The top needs from the prioritization exercise mirrored those identified by community members in the Community Health Survey. Participants were also asked if they would consider maternal, infant and child health services a need to address. One hundred percent of the respondents agreed that maternal, infant and child health services should also be addressed.

In alignment with the TMH Mission, Vision and Strategic Plan, TMH will work with partners and stakeholders in the fall and winter of 2022-2023 to develop an Implementation Strategy with tactics and interventions to address the identified health needs.

The CHNA Advisory Committee also recommends giving special attention to ***Maternal, Infant and Child Health*** during creation of the Implementation Strategy.

Community Health Improvement Process

Tallahassee Memorial HealthCare's (TMH) process for Community Health Improvement is led by the Community Health Needs Assessment (CHNA) Advisory Committee, responsible for directing, monitoring and updating the process every three years. The process is completed on a three-year, continuous cycle to comply with Internal Revenue Service requirements and includes four distinct phases.

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 TMH Population Health Department.

The next step in the CHNA process is to collect relevant primary and secondary data. Primary data includes a Community Stakeholder Survey, a Community Health Survey (CHS) as well as interviews with representatives from the Florida Department of Health in Gadsden, Jefferson, Leon and Wakulla counties. Secondary data includes a review of scientific samples and population records from state and federal sources specific to the service area. A description of each type of data is found below.

Community Stakeholder Survey

The Community Stakeholder Survey was an electronic survey, developed specifically for the Community Health Partners representing at-risk or under-represented populations in the service area. The Community Stakeholder Survey consists of 16 questions focused on the populations served, critical health needs, barriers to health and potential strategies to improve the health of the community. See Appendix 1 for the Community Stakeholder Survey.

Community Health Survey (CHS)

The CHS consists of 64 questions designed to assess the health and well-being of people living in the TMH service area. Questions ask about access and barriers to healthcare, current health status, health behaviors and lifestyle, social determinants of health and demographic information. Additional questions in the 2022 survey include the impact of COVID-19, unmet needs of pregnant respondents and a series of questions related to children's health. See Appendix 2 for the CHS.

Health Department Stakeholder Interviews

In prior years, TMH collected additional qualitative feedback through a series of community focus groups. Due to COVID-19, and in an abundance of caution to minimize spread, TMH completed stakeholder interviews with local health department representatives to better understand initiatives currently underway with local health department partners as well as how TMH may be able to further assist in closing care gaps.

Secondary Data Collection

Secondary data includes a review of existing literature and data to better understand the health of and social factors that impact the community served. National metrics and trends are analyzed to benchmark secondary data.

Prioritization

After all primary and secondary data collection is complete, a CHNA Prioritization of Needs Meeting that includes the CHNA Advisory Committee, stakeholders and partners, was held to review the quantitative and qualitative data. Attendees were then asked to participate in a prioritization activity that involves selecting an approach to best summarize the prioritization of health needs. Top ranked areas of health needs are then further evaluated by the CHNA Advisory Committee 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 TMH Board of Directors and is published in the same fiscal year as the data collection and written document. The CHNA report is then made widely available to the community via the TMH website at TMH.ORG/CHNA. Print copies are also available through the TMH Population Health 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 TMH Board of Directors, TMH 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 TMH Board of Directors will approve the Implementation Strategy. TMH 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 2023. The Implementation Strategy is reported to the Internal Revenue Service on the organization's Form 990.

PHASE 3: PROGRAM IMPLEMENTATION

TMH 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

TMH's Population Health Department and the CHNA Advisory Committee monitor process and outcome measures associated with the Implementation Strategy.

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

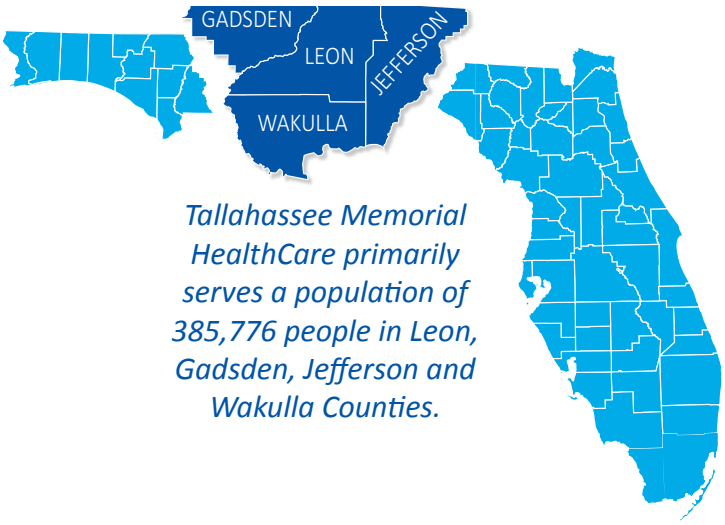
Comprehensive Tallahassee Memorial HealthCare 2022 Community Health Needs Assessment Report

DEFINITION OF THE COMMUNITY SERVED BY THE HOSPITAL FACILITY

Tallahassee Memorial HealthCare (TMH) determined the definition and scope of the community served by assessing the geographic area representing approximately 80% of its inpatient discharges and ambulatory surgery services. For this CHNA, the defined service area includes Gadsden, Jefferson, Leon and Wakulla counties. These counties comprised approximately 80% of TMH's annual patient volume from 2019 to 2021, with Leon County alone accounting for almost 55% of patient volume. (Data Source: Florida Agency for Healthcare Administration, Hospital Inpatient and Ambulatory Surgery datasets).

DEMOGRAPHICS OF THE COMMUNITY

TMH is based in Tallahassee, the core city in the Tallahassee Metropolitan Statistical Area (MSA),[1] which comprises the four counties that make up TMH's primary service area. The Tallahassee MSA is in Florida's Big Bend region and stretches across northern Florida from the Aucilla River westward to the Apalachicola National Forest. Leon County is bounded to the south by Wakulla County and to the east by Jefferson County. Gadsden County lies to its west and, like both Leon and Jefferson counties, is bordered to the north by southwest Georgia. The Gulf of Mexico demarcates the southern borders of Jefferson and Wakulla counties, 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 the Big Bend region.



Tallahassee Memorial HealthCare primarily serves a population of 385,776 people in Leon, Gadsden, Jefferson and Wakulla Counties.

Table 1 Characteristics of the Tallahassee MSA and its Component Counties

	TOTAL AREA (SQUARE MILES)	LAND AREA (SQUARE MILES)	ESTIMATED POPULATION, 2021	DENSITY (POPULATION PER SQUARE MILE)
Leon	702	667	292,817	439.1
Gadsden	529	516	43,714	84.7
Jefferson	637	598	14,555	24.3
Wakulla	736	606	34,960	57.6
MSA total	**2,604**	**2,387**	**385,776**	**161.6**

Sources: U.S. Census Bureau, 2022. Area figures from www.census.gov/quickfacts/; population estimates from Annual Estimates of the Resident Population, 2020-2021, www.census.gov/data/tables/time-series/demo/popest/2020s-total-metro-and-micro-statistical-areas.html

[1]Metropolitan Statistical Areas consist of a county containing an Urban Area that has a population of at least 50,000 and any adjacent counties whose commuting patterns suggest social and economic integration with that urban area (U.S. Bureau of the Census, 2022: www.census.gov/programs-surveys/geography/about/glossary.html).

In 2021, the Tallahassee MSA had an estimated population of 385,776. As Leon County's population density suggests, the largest share of the MSA's population (75.9%) resides in Leon County, followed by Gadsden (11.3%), Wakulla (9.0%) and Jefferson (3.8%) counties. The MSA population was smaller in 2021 than in 2019, when TMH conducted its last CHNA. This difference reflects population declines in the populations of Gadsden, Leon and Wakulla counties between 2019 and 2020; these declines did not continue into 2021.

Table 2 Population of the Tallahassee MSA by County, Select Years

	2010	2013	2016	2019	2020	2021
Gadsden	47,792	46,084	46,069	45,670	43,701	43,714
Jefferson	14,754	14,212	13,985	14,280	14,560	14,555
Leon	275,981	282,006	286,960	293,866	292,378	292,817
Wakulla	30,824	31,009	31,894	33,636	33,907	34,690
Total	**369,351**	**373,311**	**378,908**	**387,452**	**384,546**	**385,776**

Sources: U.S. Census Bureau, October 2021, Annual Resident Population Estimates for Metropolitan and Micropolitan Statistical Areas. www.census.gov/programs-surveys-popest/technical-documentation/research/evaluation-estimates/2020-evaluation-estimates/2010s-totals-metro-and-micro-statistical-areas.html and U.S. Census Bureau, May 2022, Annual Estimates of the Resident Population, 2020-2021, www.census.gov/data/tables/time-series/demo/popest/2020s-total-metro-and-micro-statistical-areas.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 73,000 in 2021, comprising over one-third of Tallahassee's total population.

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 (TMH), the Sergeant Ernest I. "Boots" Thomas VA Clinic, a non-profit mental health center offering inpatient, outpatient and residential services and two hospitals: TMH and HCA Florida Capital Hospital (formerly known as Capital Regional Medical Center).

All three post-secondary institutions in Tallahassee offer educational and training programs for health professions: FSU has a School of Nursing and a College of Medicine created in 2000 to address the shortage of family care providers in Florida's rural areas. FSU also has programs in speech, physical and occupational therapy, audiology and recently launched a program in public health policy. FAMU has a 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) and dental hygiene.

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) and the low-income populations of Jefferson and Leon counties are designated as 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. Further, Gadsden, Jefferson and Wakulla counties are designated Geographic Health Professional Shortage Areas (HPSA), with too few primary care physicians, dentists, dental hygienists and mental health professionals. Leon County's low-income population is also designated as Population HPSA.

Because of these designations, the four-county area has six federally funded community health centers: five in Leon County and one in Gadsden County. In addition, the health departments of all four counties 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-insured and uninsured residents.

Table 3 Medical Underservice Designations in the Tallahassee MSA

DESIGNATION	INDEX OF MEDICAL UNDERSERVICE SCORE [2]
MEDICALLY UNDERSERVED AREA:	
Gadsden County	53.7
Wakulla County	55.7
MEDICALLY UNDERSERVED POPULATION:	
Low-income population of Jefferson County	51.5
Low-income population of Leon County	59.5

Source: Health Resources & Services Administration: https://data.hrsa.gov/tools/data-explorer, accessed May 26, 2022.

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 underserviced designation. Greater detail is included in tables presented later in this report, with the Community Health Needs Assessment Data.

Age: Jefferson County has the oldest population in the Tallahassee MSA. Nearly 24% of its population is age 65 or older and its median age is 47.3 years. The age distributions for Wakulla and Gadsden counties describe somewhat younger populations, with median ages respectively of 42.3 and 41.4 years. Nearly 16% of the Wakulla County population is 65 or older as is about 18% of the Gadsden County population. Leon County has the youngest population of the four-county area, a reflection in part of the large student population. The median age in Leon County is 31.3 and just over 13% of its population is age 65 or older.

[2]The 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://bhw.hrsa.gov/shortage-designation/types for more information.

TALLAHASSEE MSA POPULATION AGE DEMOGRAPHICS BY COUNTY

Table 4 Distribution of the Resident Population by Age Groups, 2020

	GADSDEN	JEFFERSON	LEON	WAKULLA	TALLAHASSEE MSA
Under 18 years (%)	21.7	16.5	18.6	20.7	19.1
Under 5 years (%)	5.9	4.2	5.2	5.2	5.2
18 to 64 years (%)	60.4	60.7	67.9	64.2	66.5
65 years and over (%)	17.9	23.5	13.4	15.7	14.4
85 years and over (%)	1.9	2.6	1.5	0.9	1.5
Median age (years)	41.4	47.3	31.3	42.3	34.1

Source: Estimated using data from the 2016-2020 American Community Survey, accessed through www.data.census.gov

Educational Attainment: The four counties differ markedly with respect to the educational attainment of their adult populations. As might be expected given its government and university workforce, nearly three-quarters of Leon County adults ages 25 and older have at least an Associate degree. In contrast, less than one-third of the population in Gadsden, Jefferson and Wakulla counties have their Associates degree. The percentage of adults without a high school degree or its equivalent is higher in these three counties as well.

Table 5 Educational Attainment of Adults Aged 25 and Older, 2020

	GADSDEN	JEFFERSON	LEON	WAKULLA	TALLAHASSEE MSA
Did not complete high school (%)	18.6	17.4	6.6	12.2	9.2
High school graduate or GED (%)	57.1	52.8	19.1	60.6	43.1
Associate degree (%)	6.2	6.5	27.7	8.6	8.7
Bachelor's degree (%)	11.9	14.9	26.5	11.5	22.6
Graduate or professional degree (%)	6.3	8.5	20.1	7.1	16.4

Source: Estimated using data from the 2016-2020 American Community Survey, accessed through www.data.census.gov

Economic Status: The Tallahassee MSA had a median household income in 2020 of about $53,400, lower than the Florida median of $57,703. Within the MSA, median household income was lowest in Gadsden County, where more than 21% had household incomes at or below the federal poverty level. Fewer people lived in poverty in Leon County (19.6%) and Jefferson County (17.0%) than in Gadsden County, and median household income was higher in both. Wakulla County had the highest median household income in the MSA and the smallest portion living in poverty. Consistent with its lower economic status, Gadsden County also has the highest percentage of residents lacking health insurance at nearly 13%. Insurance coverage is roughly five points higher in the Jefferson, Leon and Wakulla counties.

Table 6 Economic Status Indicators, 2020

	GADSDEN	JEFFERSON	LEON	WAKULLA	TALLAHASSEE MSA
Median household income ($)	41,135	49,081	54,675	67,480	53,423
Persons in poverty (%)	21.3	17.0	19.6	7.5	18.7
Persons without health insurance (%)	12.9	7.4	7.8	8.4	8.4

Source: 2016-2020 American Community Survey, accessed through www.data.census.gov

Race/Ethnicity: Most residents of the Tallahassee MSA identify as either non-Hispanic White (55%) or non-Hispanic Black (32%), but the distribution of these two groups varies significantly by county. For example, over half of Gadsden County residents identify as Black while nearly 80% of Wakulla County residents identify as White. Persons of Hispanic descent comprise less than 7% of the MSA population, with the highest shares in Gadsden and Leon counties (6.7% and 6.6% respectively).

Table 7 Distribution of the Population by Race and Hispanic Origin, 2020

	GADSDEN	JEFFERSON	LEON	WAKULLA	TALLAHASSEE MSA
Not Hispanic:	93.3	95.8	93.7	96.1	93.3
White alone (%)	32.3	59.8	56.0	79.2	55.3
Black alone (%)	55.3	33.4	30.9	13.6	32.4
Asian alone (%)	0.2	0.4	3.6	0.5	2.8
Alaskan Native or Native American alone (%)	0.3	0.2	0.1	0.5	0.2
Hawaiian / Pacific Islander alone (%)	0.0	0.0	0.0	0.0	0.0
Other race (%)	0.1	0.3	0.3	0.0	0.3
Two or more races (%)	1.4	1.7	2.5	2.5	2.4
Hispanic, any race	6.7	4.2	6.6	3.9	6.7

Source: 2016-2020 American Community Survey, accessed through www.data.census.gov

Nativity: Most residents of the Tallahassee MSA were born in the United States with just 6% of the MSA population born abroad to non-native parents. Within the MSA, Leon County has the highest share of foreign-born residents (6.6%) and Wakulla County has the lowest (2.5%). Gadsden County has the largest percentage of Florida natives (73%) and Leon County has the smallest (36.2%).

Table 8 Percentage Distribution of the Population by Birthplace, 2020

	GADSDEN	JEFFERSON	LEON	WAKULLA	TALLAHASSEE MSA
U.S. Native:	95.0	96.5	93.4	97.5	94.0
Born in Florida (%)	72.8	60.1	57.2	58.9	59.3
Born outside Florida (%)	22.1	36.4	36.2	38.6	34.7
Foreign born	5.0	3.5	6.6	2.5	6.0

Source: Estimated using data from the 2016-2020 American Community Survey, accessed through www.data.census.gov

Primary Data

Tallahassee Memorial HealthCare (TMH) engaged the community and collected primary data using various methods. Detailed descriptions of each method and results are found in the following sections: Stakeholder and Partner Input, Community Stakeholder Survey, Community Health Survey and Health Department Stakeholder Interviews.

STAKEHOLDER AND PARTNER INPUT

Input from community stakeholders and partners was solicited in three ways during the Community Health Needs Assessment (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 on Jan. 12, 2022, to launch the CHNA initiative. The CHNA Advisory Committee designed the Community Health Partners invitation list based on knowledge of existing healthcare resources and facilities, resulting in over 350 individuals invited to participate. Community Health Partners were also encouraged to invite others representing specific populations and interested in engaging in the community health needs assessment process. Invitees were selected to (1) obtain input from persons who represent broad interests of the community served by the hospital facility, including those with 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.

Approximately 120 individuals attended the January meeting, where an overview of the CHNA process was provided, as well as a timeline of activities for data collection. Demographics of the service area as well as 2020 health indicators were presented, along with an update of implementation strategies and outcomes stemming from the 2019 CHNA.

2 The Community Stakeholder Survey (Appendix 1) was distributed electronically in January 2022 to the Community Health Partners distribution list. This survey was designed to solicit input about the barriers and challenges faced by our residents and the agencies that serve them. Eighty-seven (87) individuals completed the online survey.

This section provides a summary of the partner and stakeholder perspectives, based on the collective responses to the Community Stakeholder Survey.

The Community Stakeholder Survey was designed to collect insights on populations represented by Community Health Partners, critical health needs, barriers to health and potential strategies to improve the health of the community. Survey questions were based largely on the Healthy People 2020 Leading Health Indicators that served as the framework for data collection in the 2019 Community Health Needs Assessment. To remain consistent with the data collection and trending, the 2022 Community Stakeholder Survey including ranking the following health indicators:

THE HEALTHY PEOPLE 2020 LEADING HEALTH INDICATORS:

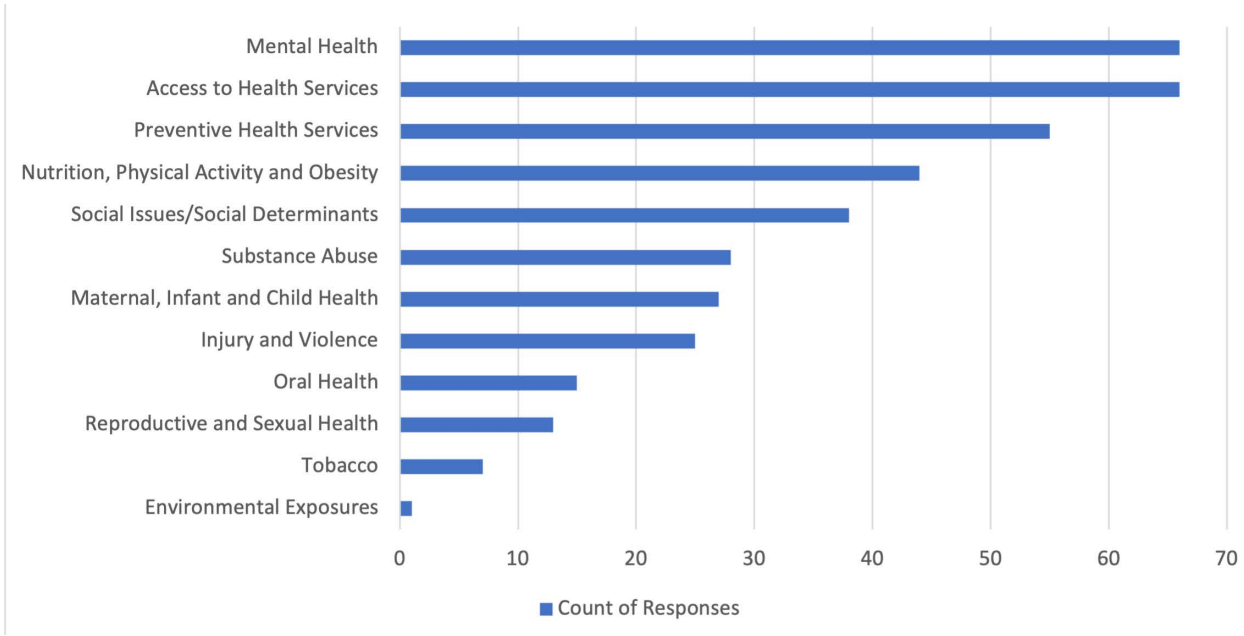
- Access to Health Services
- Mental Health
- Preventive Health Services
- Nutrition, Physical Activity and Obesity
- Social Issues/Social Determinants
- Substance Abuse
- Maternal, Infant and Child Health
- Injury and Violence
- Oral Health
- Reproductive and Sexual Health
- Tobacco
- Environmental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

"Five Most Important Issues"

When asked to select the **"Five most important issues that affect health and well-being in our community,"** Access to Health Services and Mental Health were equally ranked as the most important issues, followed by Preventive Health Services, then Nutrition, Physical Activity and Obesity. Social issues or social determinants ranked fifth.

Figure 1 Community Stakeholder Survey – Health Indicators: Five Most Important Issues, Collective Voice (n = >85)

"Five most important issues that affect health and well-being in our community."



Barriers to Health

To identify barriers to health in our community from the perspective of our stakeholders and partners, the Community Stakeholder Survey asked respondents, **"What are the barriers to health for the populations you serve?"** Their responses revealed barriers related to community infrastructure, individual characteristics and access to services. These barriers are listed in the next graph, ordered by the number of overall mentions.

The top four most-often mentioned barriers to health in our community, together accounting for 64% of responses, were transportation, limited income/low health literacy, lack of or insufficient health insurance and costs of medical services or prescriptions. Less frequently mentioned barriers included inability to navigate formal support systems, lack of access to nutritious foods, limited social support and shortage of providers accepting Medicare or Medicaid.

Additional barriers that were noted include concerns with health equity and discrimination or racism in healthcare as well as a lack of trust of healthcare providers.

TOP BARRIERS TO HEALTH IN OUR COMMUNITY

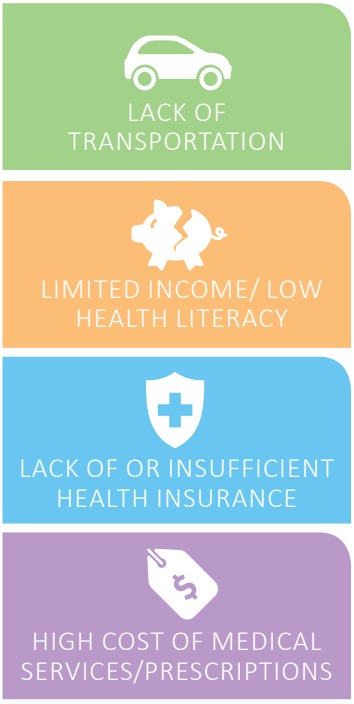
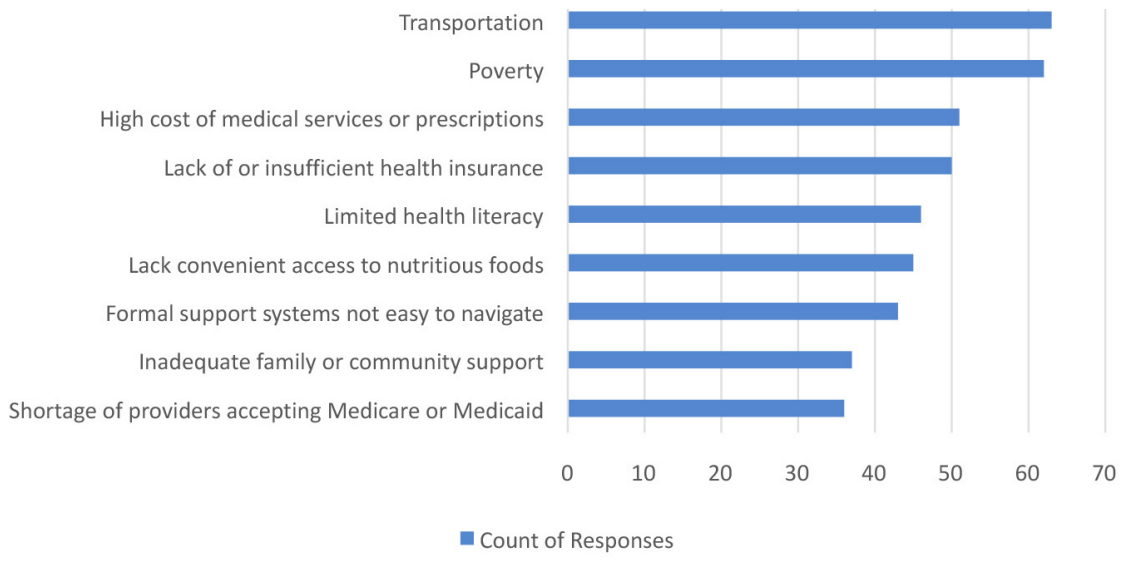


Figure 2 Barriers to Health for Populations Served, Collective Voice (n = >85)

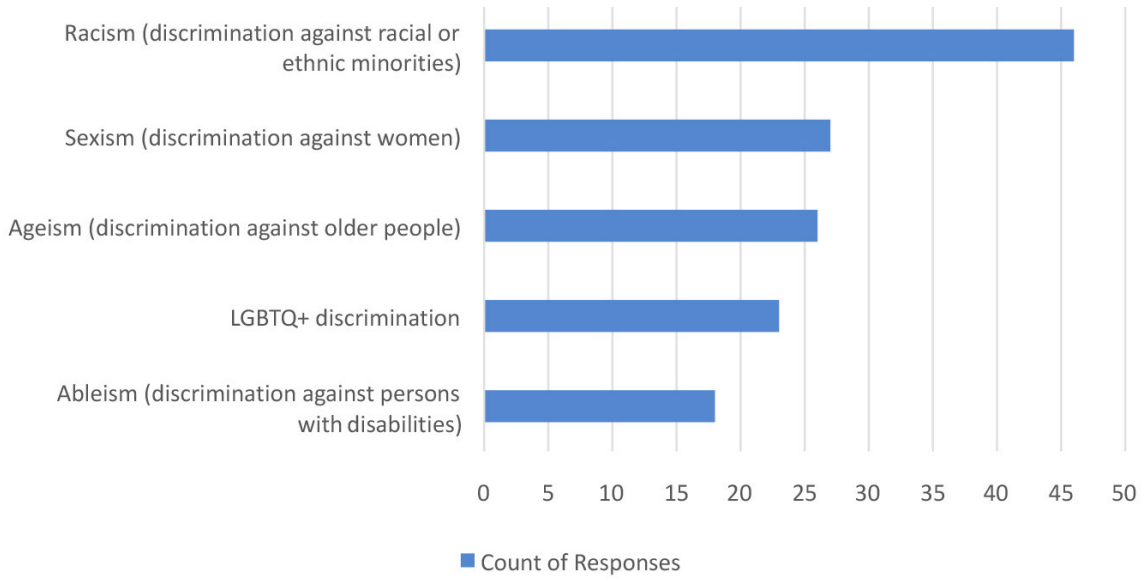
"What are the barriers to health for the populations you serve?"



Discrimination of Populations Served

Stakeholders and partners were asked whether discrimination affects the populations served and if so, what forms of discrimination affect the population served. Ninety-five percent of the stakeholders responded yes, discrimination affects the populations served. The populations served by stakeholders most often experience racism (discrimination against racial or ethnic minorities). Other responses, ranked by count of respondents are included below.

Figure 3 Forms of Discrimination, Collective Voice (n = >85)



Populations with Unmet Needs

Stakeholders and partners were asked to rank eight population groups with unmet needs in order of greatest concern. Low-income populations ranked of greatest concern among the populations listed.

In follow-up to the rankings, stakeholders were asked what need or needs distinguish this group from others served. In general, those with low-income have less access to resources, including transportation and access to health technology. Multi-generational poverty, health literacy and general access to providers, especially specialty care, were all factors impacting the populations at risk.

Table 9 Populations with Unmet Needs

POPULATION GROUPS	RANK
Low-income	1st
Homeless	2nd
Racial or ethnic minorities	3rd
Children	4th
Single parents	5th
Seniors/elders	6th
Immigrants	7th
Sexual or gender minorities	8th

Localities with Unmet Needs

Respondents were asked to "**Identify the neighborhood or locality with the greatest unmet need in the county or counties served**," as well as "**why the population stands out?**" The ZIP code 32304 was identified most often, followed by ZIP codes 32303, 32301 and 32310. Gadsden and Wakulla counties were also mentioned.

For Gadsden and Wakulla counties, the lack of healthcare providers and resources in these rural communities created unmet needs. For the specific ZIP codes mentioned, unmet needs impact populations that are primarily minorities, living in areas with high poverty rates, high rates of violence and high rates of drug abuse. Stable housing is a concern in these areas and access to transportation, food and health services is a challenge.

Existing Healthcare Facilities and Resources

Stakeholders and partners were asked, "**What are the resources for health for the populations you serve?**" In general, hospitals and clinics were mentioned most often, followed by health departments, community-based services and programs and various health services. A list of the specific agencies and services identified is provided at the end of this sub-section.

Table 10 Community Resources: Specific Agencies, Programs and Services

HEALTH CLINICS & OUTREACH SERVICES

- Federally Qualified Health Centers
- County Health Departments
- Bond Community Health Center
- FSU Primary Health
- Neighborhood Medical Center
- Care Point
- Walk-in clinics (CVS and Walgreens)

GRANT PROGRAMS

- Ryan White Foundation
- State of Florida

EDUCATION AND RESOURCE COORDINATION AGENCIES

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

LOCAL HOSPITALS

- Tallahassee Memorial HealthCare
- HCA Florida Capital Hospital (formerly known as Capital Regional Medical Center)

CHARITABLE FOUNDATIONS & PROGRAMS

- Capital Medical Society
- We Care Network

COMMUNITY-BASED PROGRAMS & ORGANIZATIONS

- Alzheimer's Association
- Area Agency on Aging
- Tallahassee Senior Center Health Program

Impact of COVID-19

All survey respondents indicated that COVID-19 affected the populations served by the stakeholders. The impact ranges across the groups served but include:

- Loss of lives, specifically in the senior population
- Isolation and worsening mental health status
- Delay of preventive care services
- Fear of accessing in-person health services or entering healthcare environments
- Virtual programming is not accessible to those without the technology or internet access
- COVID-19 prevention and treatment hesitancy

Prioritizing Change

Finally, 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?" Suggested changes are grouped thematically in the table below.

Table 11 Suggested Changes for Highest Impact

THEME	SUGGESTED CHANGES
Access to care	Meet communities where they are, through clinics and services within at-risk ZIP codes/neighborhoods
Cost of care	Expand Medicaid / more cost-effective healthcare service options
Health equity	Expand resources for underlying health determinants (food, housing, transportation, etc.)
Health education	Awareness of impact of lifestyle on diseases and overall health / invest in prevention campaigns / nutrition education

Respondents prioritized interventions designed to benefit vulnerable populations and several specifically mentioned "meeting communities and individuals where they are" by providing services within at-risk communities. Several respondents also suggested addressing issues around the cost of healthcare by recommending the expansion of Medicaid as well as access to more cost-effective health services.

Community Health Survey

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

This section begins by discussing the survey's development and sampling procedures including how the survey was advertised and how individuals were recruited to participate.

METHODOLOGY

The Tallahassee Memorial HealthCare 2022 Community Health Survey was designed by the Community Health Needs Assessment Advisory Committee to assess the health and well-being of residents in TMH's primary service area. For 2022, the CHNA Advisory Committee priorities for the survey included: comparability with the 2019 CHS; assessing the impact of the COVID-19 pandemic on service area respondents; and attention to maternal and child health.

The resulting survey instrument included 64 primary questions as well as 22 parental supplement 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. The 2022 questionnaire retained many of the questions in the 2019 CHS, including the following topics:

- Access to medical, dental and mental healthcare
- Health insurance status and source
- Preventive health services
- Physical and emotional health status
- Healthy and health-risking behaviors, such as exercise, diet and tobacco and alcohol use
- Social engagement, such as regular contact with friends and family members
- Community perceptions, including a sense of personal safety and access to goods and services

Two new sections were added in the 2022 CHS. The first section was designed to identify the unmet needs of expectant mothers and targeted currently pregnant respondents. The second section surveyed individuals on the material and emotional impacts of the COVID-19 pandemic. A parental supplement also included questions to address children's health and well-being, access to medical and dental care, recent screenings (physical, dental, vision), physical, as well as mental health status, food security and exercise.

The survey 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 in the electronic version of the survey, so 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 qualification criteria for participation was residence in one of the four counties comprising the primary service area of TMH: 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 Jan. 12 through March 31, 2022. The online version was supported by the Qualtrics platform at Florida State University (FSU) and was accessible through both a QR code for smartphones and a link through the TMH web site (TMH.ORG/about-us/community-health-needs-assessment/about-chna). Paper versions of the questionnaire were also available at multiple locations serving groups of special interest, and TMH staff facilitated their completion. Methods of survey distribution included:

- Social media, including Facebook and Twitter
- A local press release
- Posters in strategic sites, including provider offices, community health clinics and university campuses
- Flyers posted and cards distributed at sites/agencies that serve the general community and target populations
- Email notices with the survey link to TMH patients and volunteers

Survey participation was voluntary, and TMH offered no incentives for completion.

More than 2,200 people accessed the online version of the CHS, 1,978 of whom were residents of the four eligible counties. An additional 65 individuals from these counties completed paper versions of the questionnaire. Information from the paper surveys was entered into Microsoft Excel by TMH staff and merged with the data from the online surveys. Altogether, the CHS obtained information from 2,043 residents of the four-county area. Their responses were analyzed using Qualtrics, Excel and Stata.

WHO PARTICIPATED IN THE COMMUNITY HEALTH SURVEY?

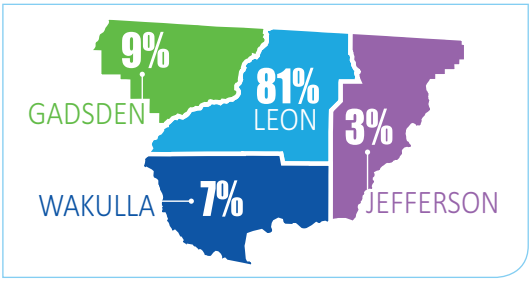
This section describes the residents who participated in the Tallahassee Memorial HealthCare 2022 CHNA by answering the Community Health Survey. The total number of responses is provided with each chart and table, because not all participants responded to every question.

County of Residence

Most respondents to the CHS live in Leon County (81%), with the remaining 19% residing in Gadsden (9%), Wakulla (7%) and Jefferson (3%) counties.

Table 12 CHS – Respondents by County of Residence

	%	NUMBER OF RESPONDENTS
Leon	80.7	1,648
Gadsden	8.8	179
Jefferson	3.4	70
Wakulla	7.1	146
Total		**2,043**



Age

Survey respondents ranged in age from 13 to 99, with a median age of 60 years. The largest age-group, accounting for nearly half of the respondents is adults ages 30 to 64. The second largest age-group comprises persons aged 65 and older, who make up 41% of the sample. Roughly 11% of respondents were young adults (ages 18 to 29) and fewer than 1% of respondents are ages 13 to 17. Respondents from Leon and Gadsden counties are somewhat younger, on average, than respondents from Jefferson and Wakulla counties.

Table 13 CHS – Age

	TOTAL		LEON		GADSDEN		JEFFERSON		WAKULLA	
	%	n	%	n	%	n	%	n	%	n
17 and under	0.3	5	0.1	1	2.3	3	0.0	0	0.8	1
18 to 29	11.2	187	11.8	161	10.2	13	1.7	1	9.8	12
30 to 64	47.3	793	46.7	638	50.0	64	49.2	29	50.8	62
65+	41.2	691	41.5	567	37.5	48	49.2	29	38.5	47
Total	**100.0**	**1,676**	**100.0**	**1,367**	**100.0**	**128**	**100.0**	**59**	**100.0**	**122**

Sex and Gender

More CHS participants identified as female (77%) than male (22%), a pattern that did not vary across counties. Most respondents reported gender identities consistent with their sex at birth.

Table 14 CHS – Sex

	TOTAL		LEON		GADSDEN		JEFFERSON		WAKULLA	
	%	n	%	n	%	n	%	n	%	n
Male	22.2	379	22.3	311	21.1	28	22.6	14	21.1	26
Female	77.8	1,332	77.7	1,082	78.9	105	77.4	48	78.9	97
Total	**100.0**	**1,711**	**100.0**	**1,393**	**100.0**	**133**	**100.0**	**62**	**100.0**	**123**

Table 15	CHS – Gender									
	TOTAL		LEON		GADSDEN		JEFFERSON		WAKULLA	
	%	n	%	n	%	n	%	n	%	n
Man	22.0	378	22.0	308	21.8	29	22.6	14	22.0	27
Woman	76.8	1,317	76.5	1,069	78.2	104	77.4	48	78.0	96
Non-binary / third gender	0.6	11	0.8	11	0.0	0	0.0	0	0.0	0
Transgender man	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Transgender woman	0.1	2	0.1	2	0.0	0	0.0	0	0.0	0
Other	0.4	7	0.5	7	0.0	0	0.0	0	0.0	0
Total	**100.0**	**1,715**	**100.0**	**1,397**	**100.0**	**133**	**100.0**	**62**	**100.0**	**123**

Race and Ethnicity

Of the 1,665 respondents willing to provide their racial/ethnic identity, the majority (74%) identified themselves as White and not of Hispanic/Latino ethnicity. About 16% identified as Black, African American or Afro-Caribbean and about 2% identified as members of another race group. The 2022 CHS also allowed respondents to select multiple race categories, and about 2% of respondents did so. Overall, about 5% of CHS respondents claim Hispanic or Latino ancestry, and most identify as White.

Table 16	CHS – Race and Ethnicity		
	NOT HISPANIC OR LATINO %	HISPANIC OR LATINO %	n
One race only:			
American Indian or Alaska Native	0.4	0.2	7
Asian	0.9	0.1	16
Black, African American or Afro-Caribbean	15.8	0.4	268
Middle Eastern or North African	0.4	0.0	7
Native Hawaiian or Pacific Islander	0.1	0.0	1
White or Caucasian	73.5	4.1	1,248
Two or more races	2.0	0.3	34
Total	**93.1**	**4.9**	**1,665**

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. This approach allows efficient presentation of race differences in access to health-related resources and barriers to optimal health.

PARTICIPANT CHARACTERISTICS BY RACE/ETHNICITY AND COUNTY OF RESIDENCE

Race/Ethnic Identity by County

The racial profile of CHS respondents differs across counties. Although most CHS respondents identify as White, respondents who identify as White are more prevalent in Wakulla and Jefferson counties compared to Gadsden and Leon counties. Gadsden County has the largest share of Black-identified respondents while Wakulla County has the smallest. Less than 5% of respondents in all four counties identify as races other than White or Black.

Table 17 CHS – Race by County

	TOTAL		LEON		GADSDEN		JEFFERSON		WAKULLA	
	%	n	%	n	%	n	%	n	%	n
White	78.2	1,306	79.3	1,120	52.6	71	85.7	54	92.7	115
Black, African American, Afro-Caribbean	17.9	299	16.9	238	43.0	58	9.5	6	2.4	3
Other racial identities	3.9	66	3.8	54	4.4	6	4.8	3	4.8	6
Total	**100.0**	**1,671**	**100.0**	**1,412**	**100.0**	**135**	**100.0**	**63**	**100.0**	**124**

Educational Attainment

CHS respondents tend to be highly educated. Overall, nearly 63% of CHS respondents have a bachelor's degree or a graduate or professional degree. Nearly 13% have at least some college experience and more than 10% have an associate degree. About 10% have a high school degree or the equivalent and 3% have a technical or vocational certification.

Table 18 CHS – Educational Attainment

	TOTAL	
	%	n
Have not completed high school	1.2	21
High school diploma or GED	10.1	172
Technical or vocational certification	3.0	52
Some college but no degree	12.9	221
Associate degree	10.3	177
Bachelor's degree	29.5	505
Graduate or professional degree	32.9	563
Total	**100.0**	**1,711**

Educational Attainment by County

Respondents' educational attainment shows only slight variation across counties. A greater share of respondents in Leon County reporting a bachelor's degree or more, but more than half of respondents in each county have at least an associate degree.

Table 19 CHS – Educational Attainment by County

	LEON		GADSDEN		JEFFERSON		WAKULLA	
	%	n	%	n	%	n	%	n
Have not completed high school	0.9	12	6.0	8	0.0	0	0.8	1
High school diploma or GED	8.5	119	19.5	26	12.9	8	15.4	19
Technical / Vocational certification	2.2	31	7.5	10	6.5	4	5.7	7
Some college but no degree	12.1	169	18.8	25	16.1	10	13.8	17
Associates degree	9.5	132	10.5	14	14.5	9	17.9	22
Bachelor's degree	31.2	434	18.0	24	29.0	18	23.6	29
Graduate or Professional degree	35.6	496	19.5	26	21.0	13	22.8	28
Total	**100.0**	**1,393**	**100.0**	**133**	**100.0**	**62**	**100.0**	**123**

Respondents' educational attainment also does not vary much across race groups. Not only did most members of all three groups continue their schooling after finishing high school, but a majority have at least some college coursework. More than one-third of both White respondents and respondents who identify as races other than White or Black report a graduate or professional degree, as do more than one-fifth of Black respondents.

Table 20 CHS – Educational Attainment by Race

	WHITE		BLACK, AFRO-CARIBBEAN, AFRICAN AMERICAN		OTHER RACIAL IDENTITIES	
	%	n	%	n	%	n
Have not completed high school	0.5	7	3.7	11	1.5	1
High school diploma or GED	8.0	109	20.3	60	10.1	7
Technical or vocational certificate	2.9	40	3.4	10	4.4	3
Some college but no degree	11.8	161	18.6	55	5.8	4
Associate degree	10.2	139	11.5	34	7.3	5
Bachelor's degree	31.1	423	21.6	64	34.8	24
Graduate or professional degree	35.4	481	21.0	62	36.2	25
Total	**100.0**	**1,360**	**100.0**	**296**	**100.0**	**69**

Employment

Half of the respondents report they are working full-time or self-employed and less than 10% report working part-time. Of those respondents who are not working, most described themselves as retired and a small share reported caring for their children or other family members. About 10% of these respondents reported being unemployed.

Table 21 CHS – Employment Status

WORK STATUS	TOTAL %	TOTAL n
Full-time paid work	43.4	751
Part-time paid work	7.9	136
Self-employed	6.5	113
Not currently working	42.2	730
Total	**100.0**	**1,730**

Employment by County

The employment profile of respondents varied across the four counties in the service area. The percentage reporting employment of any type was highest in Wakulla County (64.8%) and lowest in Jefferson County (45.9%), where more than half of respondents describe themselves as not currently working. Gadsden County respondents had a lower percentage reporting a "retired" status and 23% indicated they are currently unemployed – more than twice the rate reported in the other counties.

Table 22 CHS – Employment Status by County

WORK STATUS	LEON %	LEON n	GADSDEN %	GADSDEN n	JEFFERSON %	JEFFERSON n	WAKULLA %	WAKULLA n
Full-time paid work	43.1	606	41.6	57	44.3	27	48.8	61
Part-time paid work	8.5	120	5.8	8	0.0	0	6.4	8
Self-employed	6.3	89	8.0	11	1.6	1	9.6	12
Not currently working	42.1	592	44.5	61	54.1	33	35.2	44
Total	**100.0**	**1,407**	**100.0**	**137**	**100.0**	**61**	**100**	**125**

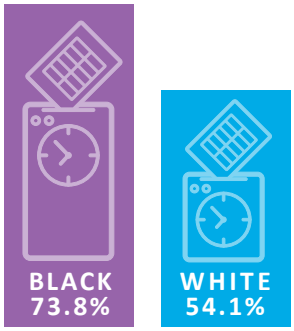
Table 23 CHS – Not Currently Working for Pay or Profit by County

	TOTAL %	TOTAL n	LEON %	LEON n	GADSDEN %	GADSDEN n	JEFFERSON %	JEFFERSON n	WAKULLA %	WAKULLA n
Retired	86.2	627	87.1	514	75.4	46	85.3	29	88.4	38
Homemaker or caring for your own children or other family members	3.4	25	3.6	21	1.6	1	5.9	2	2.3	1
Unemployed	10.4	76	9.3	55	23.0	14	8.8	3	9.3	4
Total	**100.0**	**728**	**100.0**	**590**	**100.0**	**61**	**100.0**	**34**	**100.0**	**43**

Employment by Race/Ethnicity

By racial identification, a greater percentage of Black respondents reported employment (73.8%) compared to White respondents (54.1%) or other persons of other identities (65.7%). More non-Hispanic White respondents say they are not currently working for pay (45.9%) than Black respondents (26.3%) or persons of other identities (34.3%).

Regardless of racial identification, most respondents who are not currently working for pay described themselves as retired. Black respondents and those of other races more often reported unemployment than did White respondents.



Respondents reporting employment, by race.

Table 24 CHS – Employment Status by Race

Work Status	WHITE %	WHITE n	BLACK, AFRO-CARIBBEAN AFRICAN AMERICAN %	BLACK, AFRO-CARIBBEAN AFRICAN AMERICAN n	OTHER RACIAL IDENTITIES %	OTHER RACIAL IDENTITIES n
Full-time paid work	39.9	540	58.3	173	44.8	30
Part-time paid work	7.3	99	9.4	28	11.9	8
Self-employed	6.9	93	6.1	18	9.0	6
Not currently working	45.9	620	26.3	78	34.3	23
Total	**100.0**	**1,352**	**100.0**	**297**	**100.0**	**67**

Table 25 CHS – Not Currently Working for Pay or Profit by Race

	WHITE %	WHITE n	BLACK, AFRO-CARIBBEAN AFRICAN AMERICAN %	BLACK, AFRO-CARIBBEAN AFRICAN AMERICAN n	OTHER RACIAL IDENTITIES %	OTHER RACIAL IDENTITIES n
Retired	89.1	548	65.4	53	62.5	15
Homemaker or caring for your own children or other family members	3.9	24	1.2	1	0.0	0
Unemployed	7.0	43	33.4	27	34.7	8
Total	**100.0**	**615**	**100.0**	**81**	**100.0**	**23**

Income

About 80% of all survey respondents opted to report household income. Overall, the mid-point of the household income distribution (i.e., the median) for respondents was between $50,001 and $75,000 annually. This was consistent for respondents across Leon, Jefferson and Wakulla counties. In Gadsden County, however, median household income was between $35,001 and $50,000.

Table 26 CHS – Annual Household Income by County

	TOTAL		LEON		GADSDEN		JEFFERSON		WAKULLA	
	%	n	%	n	%	n	%	n	%	n
Under $20,000	9.7	158	9.4	125	16.9	21	5.1	3	7.6	9
$20,001 to $35,000	13.5	220	12.9	171	21.0	26	16.9	10	11.0	13
$35,001 to $50,000	13.6	222	12.4	164	22.6	28	18.6	11	16.1	19
$50,001 to $75,000	16.8	273	16.9	224	16.1	20	16.9	10	16.1	19
$75,001 to $100,000	14.6	237	14.3	189	12.1	15	13.6	8	21.2	25
$100,001 to $150,000	16.4	267	16.9	224	6.5	8	20.3	12	19.5	23
Over $150,001	15.4	250	17.3	229	4.8	6	8.5	5	8.5	10
Total	**100.0**	**1,627**	**100.0**	**1,326**	**100.0**	**124**	**100.0**	**59**	**100.0**	**118**

Income by Race/Ethnicity

Household income also varied by racial identity. White respondents more often reported higher incomes, with a median household income of $75,001 to $100,000. Black respondents more often reported lower incomes, with a median household income between $20,001 and $35,000. Respondents of other races reported low incomes less often than Black respondents and high incomes less often than White respondents, and their median household income was between $50,001 and $75,000.

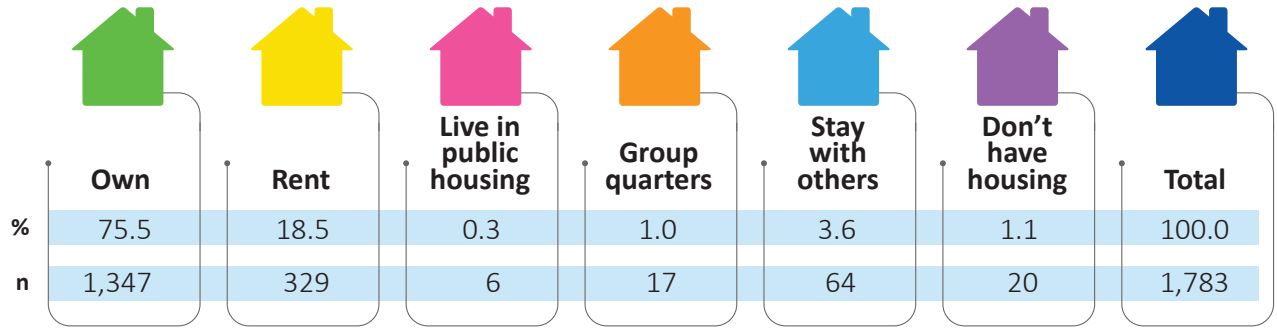
Table 27 CHS – Annual Household Income by Race

	WHITE		BLACK, AFRO-CARIBBEAN AFRICAN AMERICAN		OTHER RACIAL IDENTITIES	
	%	n	%	n	%	n
Under $20,000	6.1	79	24.40	72	14.9	10
$20,001 to $35,000	10.8	139	25.80	76	13.4	9
$35,001 to $50,000	12.8	164	16.30	48	16.4	11
$50,001 to $75,000	17.7	228	12.90	38	17.9	12
$75,001 to $100,000	15.9	205	10.20	30	13.4	9
$100,001 to $150,000	18.8	242	5.40	16	16.4	11
Over $150,001	17.8	229	5.10	15	7.5	5
Total	**100.0**	**1,286**	**100.00**	**295**	**100.0**	**67**

Housing

More than 75% of survey respondents report owning their homes; about 19% rent and less than half of 1% live in public or subsidized housing. About 1% report not having housing and the remainder live in group quarters, including dorms and assisted living facilities or stay with relatives or friends.

Figure 4 CHS – Housing Status



Housing by County

Home ownership varied across the four counties. In Jefferson and Wakulla counties, nearly 90% of respondents own their homes compared to about 80% of Gadsden County respondents. In Leon County, 20.7% of respondents indicate housing is on a rental basis, nearly twice as much as respondents in other counties.

Table 28 CHS – Housing by County

	LEON		GADSDEN		JEFFERSON		WAKULLA	
	%	n	%	n	%	n	%	n
Own	73.7	1,068	77.8	112	89.1	57	88.0	110
Rent	20.7	300	11.8	17	7.8	5	5.6	7
Live in public housing	0.3	5	0.7	1	0.0	0	0.0	0
Group quarters	1.1	16	0.0	0	1.6	1	0.0	0
Stay with others	3.2	46	6.9	10	1.6	1	5.6	7
Don't have housing	1.0	15	2.8	4	0.0	0	0.8	1
Total	**100.0**	**1,450**	**100.0**	**144**	**100.0**	**64**	**100.0**	**125**

Housing by Race/Ethnicity

Comparisons of housing by racial identification reveal substantial differences across the three race/ethnic groups. More than 80% of White respondents own their homes compared to less than half of Black respondents (48.5%) and nearly 70% of respondents of other identities. Rental rates were highest among Black respondents (32.4%) and those of other racial identities (21.7%), and both groups are more likely than White respondents to report not having stable housing.

Table 29 CHS – Housing by Race

	WHITE		BLACK, AFRO-CARIBBEAN AFRICAN AMERICAN		OTHER RACIAL IDENTITIES	
	%	n	%	n	%	n
Own	81.1	1,096	48.5	142	68.1	47
Rent	15.9	215	32.4	95	21.7	15
Live in public housing	0.2	3	1.0	3	0.0	0
Group quarters	0.6	8	3.1	9	0.0	0
Stay with others	1.9	25	11.3	33	10.1	7
Don't have housing	0.3	4	3.8	11	0.0	0
Total	**100.0**	**1,351**	**100.0**	**293**	**100.0**	**69**

The majority of white respondents report owning a home while under half of all Black respondents are homeowners.

Rental rates of Black respondents were more than double those reported by white respondents.

Community Health Survey Results

INTRODUCTION

This section describes results from the Community Health Survey (CHS). Results are organized by the topic areas 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' racial identity, county of residence or age; when this occurs, those differences are described. Responses to all questions by racial identity and county are available by request to the Tallahassee Memorial HealthCare (TMH) Population Health Department.

Additionally, the discussion of healthcare access highlights findings for Leon County ZIP code 32304, identified by TMH Stakeholders in 2019 and 2022 as a geographic area of high need.

SURVEY RESULTS: ACCESS TO CARE

Medical Care

Most respondents (92%) reported having a particular doctor or clinic that they go to when they are sick or need medical advice or referrals, but this percentage varies by racial/ethnic identity. Compared to White respondents (94%), only 85% of Black respondents reported having a usual doctor or healthcare provider.

Table 30 CHS – 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 %	WHITE %	BLACK %	OTHER RACIAL IDENTITIES %
Yes	91.8	93.6	84.7	94.1
No	8.2	6.4	15.3	5.9
Total Respondents	**2,019**	**1,357**	**300**	**68**

Overall, 165 respondents said they do not have a usual healthcare provider. They were asked where they obtain care for illness or medical advice. Nearly 10% said they did not use any medical services, relying instead on options including prayer and herbal remedies. On average, the remaining respondents reported more than three healthcare sources. The three most identified options are urgent care centers, emergency rooms and community health clinics.

For ZIP code 32304, only 69.2% of respondents report having a regular doctor's office, health center or other place for health services for medical advice or when feeling sick, compared to the rest of Leon County at 93.0%

Table 31 CHS – Accessing Primary Care, Zip code 32304

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?

	LEON TOTAL %	LEON 32304 TOTAL %	LEON OTHER %
Yes	91.6	69.2	93.0
No	8.4	31.8	7.0
Total Respondents	**1,628**	**91**	**1,537**

Table 32	CHS – Accessing Care Without a Primary Doctor	
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.		
	%	**Count**
Urgent Care / Walk-in Clinic	20.9	73
Emergency Room	18.6	65
Doctor's Office	18.1	63
Community Clinic	11.7	41
Health Department	8.0	28
Pharmacy Clinic	6.3	22
Telemedicine / Virtual Care	4.9	17
Other, please specify:	4.9	17
Student Health Services	3.7	13
VA / Veterans Medical Center	2.0	7
Planned Parenthood	0.9	3
Total Responses		**349**

Oral Health

Overall, the most frequently reported provider of dental care is a private dentist (82%). As with medical care, however, dental care arrangements vary by racial/ethnic identity. About 86% of White respondents receive oral care from a private dentist compared to 71% of Black respondents and 75% of respondents of other identities. Black respondents and those of other race/ethnicities more often rely on their county health departments, community clinics or an emergency room.

Table 33	CHS – Access to Dental Care			
Where do you go for dental care? Check all that apply.				
	FULL SAMPLE %	**WHITE %**	**BLACK %**	**OTHER RACIAL IDENTITIES %**
Dentist's Office	82.2	86.2	71.3	75.0
I don't use dental services	7.3	7.3	5.7	10.5
Emergency Room	2.1	0.7	5.2	1.3
Community Clinic	1.8	1.0	4.9	5.3
Tallahassee Community College Dental Health Clinic	1.6	1.3	2.9	3.9
Urgent Care / Walk-in Clinic	1.5	1.2	2.0	2.6
County Health Department	1.8	0.2	2.9	0.0
Other	1.6	1.6	2.3	1.3
Total Responses	**2,095**	**1,416**	**349**	**76**

More than 7% of survey respondents report they do not see anyone for dental care, including more than 10% of persons who identify as other than Black or White. The most often cited reasons for not using dental care were cost and edentulism, defined as being wholly or partially toothless.

In reviewing the dental care data for Leon County, 18.9% of respondents in ZIP code 32304 indicate "I don't use dental services," compared to 5.8% for all other respondents in Leon County.

Mental Health

Just over 11% of respondents reported using mental or behavioral health services or services for substance abuse. Like physical and oral healthcare, utilization of mental health services varies by racial identity. More White respondents (11%) reported using mental or behavioral health services than did Black respondents (8%) or respondents of other racial identities (9%).

Table 34 CHS – Mental Health Services

Do you use mental or behavioral health services (counseling) or services for alcohol or drug abuse?

	FULL SAMPLE %	WHITE %	BLACK %	OTHER RACIAL IDENTITIES %
Yes	11.3	11.3	8.0	8.8
No	88.7	88.7	92.0	91.2
Total Respondents	**1,986**	**1,359**	**299**	**68**

For respondents who indicated use of mental health services, a list of provider options was presented to identify where individuals seek services. On average, respondents chose two provider options each, with a private doctor or counselor included in more than half (56%) of all responses.

Table 35 CHS – Mental Health Service Locations

Where do you go for mental or behavioral health services or services for alcohol or drug abuse? Check all that apply.

	%
Doctor or Counselor's Office	56.3
Tallahassee Memorial Behavioral Health Center	9.2
Employee Assistance Program	5.4
Apalachee Center, Inc.	5.1
Emergency Room	3.1
Community Support Group (e.g., AA)	2.7
Online or telehealth provider	2.4
Capital Regional Behavioral Health Center	1.7
University or College Counseling Center	1.4
Urgent Care / Walk-in Clinic	1.0
Senior Center's UPSLIDE program	0.7
VA Center	0.7
Disc Village Behavioral Health	0.7
Townsend Addiction Recovery Center	0.3
Other	9.5
Total Responses	**295**

Barriers to Healthcare

When asked about barriers that prevent individuals from accessing the medical care and services they need, about half of respondents reported they were able to get needed care and services. This figure varied somewhat across the four counties. Respondents from Wakulla County more often reported experiencing barriers to care (59%) than did respondents from Leon (50%), Gadsden (47%) or Jefferson (47%) counties. For ZIP code 32304 in Leon County, only 26.9% responded they were able to access care and services when needed.

Table 36 CHS – Access to Care and Services

I'm able to access the care and services I need.

	FULL SAMPLE %	LEON %	GADSDEN %	JEFFERSON %	WAKULLA %
Yes	49.2	49.4	52.8	53.2	41.5
No	50.8	50.6	47.2	46.8	58.5
Total Respondents	**1,860**	**1,505**	**159**	**62**	**134**

When asked about specific barriers, respondents who reported an inability to get needed care and services most often identified cost as an issue (25%), followed by wait-time for appointments (21%), scheduling constraints (15%) and lack of convenient appointment times (13%). Respondents in Gadsden County reported transportation and difficulty finding providers who accept Medicaid or Medicare as barriers to obtaining care more often than respondents in Leon, Jefferson and Wakulla counties.

Table 37 CHS – Factors that Impact Access to Care

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

	FULL SAMPLE %	LEON %	GADSDEN %	JEFFERSON %	WAKULLA %
Cost	25.3	25.1	29.2	33.3	21.2
Takes too long to get appointments	21.0	21.5	15.8	14.8	17.1
Too busy	15.0	15.3	9.9	13.0	13.0
Lack of evening or weekend services	12.9	12.5	11.7	13.0	12.6
Fear of getting bad news	4.6	5.0	4.1	5.6	1.2
Hard to find provider that accepts Medicaid	3.6	3.3	5.8	3.7	3.7
I don't trust doctors or other medical people	3.1	3.0	2.9	3.7	3.3
I don't have transportation	2.8	2.7	5.8	1.9	0.8
I don't know how to get care or services I need	2.8	3.0	2.9	1.9	0.4
Can't find a provider that accepts Medicare	2.4	2.2	4.7	3.7	1.2
I don't have anyone to watch my children	2.4	2.3	1.8	0.0	3.3
I don't like my doctor	2.1	2.0	1.8	3.7	1.6
I don't understand what doctors say to me	1.3	1.3	2.3	0.0	0.4
I don't like accepting government assistance	0.7	0.6	1.2	1.9	0.4
Total Responses	**2,123**	**1,714**	**171**	**54**	**184**

Survey respondents who had difficulties accessing needed care or services were also asked to identify specific types of care and services they find hard to access. Adult dental care topped the list (10%), followed by alternative therapies (9.6%) and mental healthcare and counseling services (8%). Specialized medical care, dermatology and preventive care each accounted for about 6% of mentions.

Table 38 CHS – Medical Services Difficult to Access

What kinds of medical care or services are hard for you to get? Check all that apply.

	% OF RESPONSES
Adult dental care	10.0
Alternative therapies	9.6
Mental healthcare / counseling	7.9
Specialty medical care	6.4
Dermatology	5.6
Preventive and wellness care	5.6
Family doctor	5.0
Vision care	4.8
Chiropractic care	4.7
Gynecologist / Women's healthcare	4.5
Lab work	4.2
Medication / medical supplies	3.3
Physical therapy	3.0
Preventive screenings	2.9
X-rays or MRI	2.7
Urgent care / walk-in clinic	2.6
Elder care services	2.4
Emergency care	2.0
Children's dental care	1.9
Ambulance services	1.3
Hospital care	1.2
Domestic violence services	0.9
Cancer care	0.8
Family planning / birth control	0.8
End of life / hospice / palliative care	0.7
Immunizations / vaccinations / shots	0.7
Pediatrician / children's healthcare	0.7
Support services for drug or alcohol abuse	0.4
Programs or support to stop using tobacco products	0.3
Obstetrician / prenatal care	0.3
Other:	2.9
Total Responses	**2,352**

SURVEY RESULTS: HEALTH INSURANCE

Most respondents (96%) reported they have health insurance. Thirty-seven percent of individuals have dental insurance and 25.2% have vision insurance. About 7% report having a Health Savings or Health Spending Account.

Table 39 CHS – Health Insurance

PERCENTAGE OF RESPONDENTS WHO REPORT HAVING:	%
Health insurance	96.2
Dental insurance	37.0
Vision insurance	25.2
Health Savings or Health Spending Account	7.0
Total Respondents	**1,899**

Health insurance coverage among respondents varies by racial identity. Compared to White respondents (2%), more Black respondents (9%) and respondents who identify as a race other than Black or White (7%) lack health insurance. Of those with health insurance, coverage type also differs by racial identity. About 17% of Black respondents and 7% of respondents who identify as a race other than White or Black report health coverage through Medicaid, compared to less than 3% of White respondents.

Table 40 CHS – Health Insurance by Racial Identity

	FULL SAMPLE %	WHITE %	BLACK %	OTHER RACIAL IDENTITIES %
Not insured	4.1	2.4	8.9	7.2
Medicaid	5.6	2.7	16.6	7.2
Other health insurance	90.3	94.8	72.8	85.5
Total Respondents	**1,899**	**1,358**	**302**	**69**

Because most persons aged 65 and older are eligible for Medicare, healthcare options are, in part, driven by age. Among survey respondents aged 64 and younger, two-thirds are covered by employment-based insurance or through their own or their spouse's employer. About 11% purchase their own insurance, either privately or through healthcare.gov and just under 1% purchase care through a COBRA plan. Nearly 3% are insured as a benefit of current or former military service.

Table 41 CHS – Health Insurance Source by Age

	FULL SAMPLE %	AGE 64 AND YOUNGER %	AGE 65 AND OLDER %
Employment	47.3	67.0	14.2
Private purchase	11.1	10.5	11.3
Medicaid	5.9	6.2	3.9
Medicare	29.7	---	64.8
VA, Champus, Tricare	5.1	2.7	7.8
COBRA	0.9	0.9	0.6
Total Respondents	**1,826**	**987**	**688**

The distribution of coverage types is different for survey respondents aged 65 and older, with nearly two-thirds reporting coverage through Medicare. Almost all of the age 65 and older respondents report paying for a Medicare Supplement or Medicare Advantage plan. About 14% of seniors have health insurance coverage through an employer and about 12% purchase their insurance on the private market, though healthcare.gov or through a COBRA plan. Nearly 8% have coverage as a benefit of former military service.

SURVEY RESULTS: HEALTHCARE USE

Routine Care

When asked about routine healthcare, most respondents reported that, in the year preceding the survey, they had had routine eye (64%) and dental (64%) exams and a physical or routine checkup (86%). White respondents reported higher levels of routine care than Black respondents and respondents who identify as other identities.

Table 42 CHS – Routine Care

In the past year I've had…	FULL SAMPLE %	WHITE %	BLACK %	OTHER RACIAL IDENTITIES %
Eye exam	64.1	66.1	52.1	52.6
Routine check-up or physical	85.6	84.4	78.8	72.4
Routine dental exam	64.4	69.3	41.7	42.1
Total Respondents	**1,828**	**1,360**	**307**	**76**

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, about one-fifth of women aged 40 and over had not had a mammography within two years and nearly one-quarter of women over 21 years of age had not had a Pap smear within the past three to five years.

Table 43 CHS – Preventive Care by Race

Preventive Screenings%		FULL SAMPLE %	WHITE %	BLACK %	OTHER RACIAL IDENTITIES
I am female and over 21 years of age and have had a Pap smear within the past 3 to 5 years.		76.0	75.7	74.6	70.5
	Respondents	*1,251*	*889*	*220*	*44*
I am female between the ages of 40 and 75, and I have had a mammogram within the past 1 to 2 years.		79.4	82.3	66.3	75.0
	Respondents	*1,086*	*780*	*187*	*36*
I am over 50 and have had colon cancer screening within the past 10 years.		81.5	85.8	63.4	67.7
	Respondents	*1,210*	*920*	*172*	*34*

Breast and colon cancer screening varies by racial identity. White women more often reported a recent mammogram (82%) than did Black women (66%) or women of other racial identities (75%). Nearly 86% of White respondents reported screening for colon cancer within the past ten years, compared to 63% of Black respondents and 68% of respondents of other racial identities.

Emergency Care

Respondents were asked about emergency room (ER) visits over the past year. Nearly 8% of respondents reported an ER visit for an injury and nearly almost twice as many (15%) were seen for illness.

Table 44 CHS – Emergency Care

In the past year I've had…	FULL SAMPLE %	LEON %	GADSDEN %	JEFFERSON %	WAKULLA %
An ER visit for injury	7.6	7.9	5.4	7.9	6.2
An ER visit for illness	15.1	14.9	14.8	11.1	20.0
Total Respondents	**1,828**	**1,486**	**149**	**63.0**	**130**

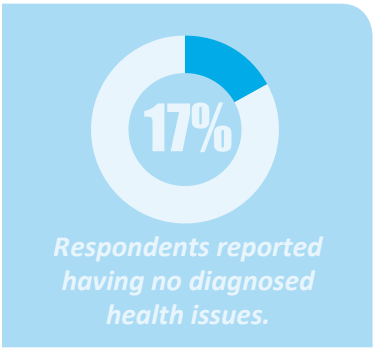
ER visits varied by county of residence. Respondents in Gadsden County reported the lowest share of injury-related ER visits (5%), while those in Leon and Jefferson reported the highest share (8%). Wakulla County residents reported the highest share of ER visits for illness (20%), and respondents from Jefferson County, the lowest (11%).

SURVEY RESULTS: HEALTH STATUS

Two items in the CHS provided insights to respondents' health status, one which asks about medically diagnosed health problems and a second item asking about days respondents were not able to engage in their regular activities for health-related reasons.

Doctor-Diagnosed Health Issues

CHS respondents were shown a list of 14 health problems and asked to indicate whether a doctor had diagnosed them with those problems or with any others. About 17% of the full sample (314 individuals) reported they have no health problems. The remainder (1,507 respondents) selected an average of 2.6 conditions each. The five conditions most prevalent among respondents are hypertension (35%), obesity or overweight (29%), high cholesterol (28%), mental health problems such as depression and anxiety (26%) and high blood sugar or diabetes (16%).



MOST PREVALENT HEALTH CONDITIONS REPORTED BY CHS RESPONDENTS

Table 45	CHS – Doctor-Diagnosed Health Issues	
Have you been told by a doctor that you have any of the following? Check all that apply.		
	%	Count
I have no health conditions	17.2	314
High blood pressure	35.6	645
Obesity or overweight	29.0	525
High cholesterol	27.8	503
Depression, anxiety or other mental health problems	25.7	466
High blood sugar or diabetes	16.0	290
Asthma	14.3	259
Heart disease or disorder	11.5	208
Cancer	11.4	206
Migraine	11.4	206
Autoimmune disease	10.7	194
COPD, chronic bronchitis or emphysema	4.7	86
Kidney (renal) disease	2.8	51
Cirrhosis or liver disease	1.7	30
Stroke or cerebrovascular disease	1.4	26
Drug or alcohol problems	1.2	21
HIV / AIDS	0.6	11
Cerebral palsy	0.2	4
Other, please specify:		
▫ Thyroid disorder	2.3	41
▫ Arthritis or osteoarthritis	1.8	33
▫ Osteoporosis or osteopenia	1.3	23
▫ Digestive disorder	0.6	10
▫ Orthopedic issues, including neck, back, knees	0.4	8
▫ Disorders with fewer than 5 mentions	4.7	86
Number of Respondents	**1,812**	

Missed Days Due to Illness or Pain

Just under 72% of respondents reported they had missed no work, school or other regular activities in the past 30 days because of physical or mental pain or illness. Nearly 22% reported missing between one and six days, and 7% missed a week or more.

Table 46	CHS – Missed Days of Work
During the past 30 days, how many days did you miss work, school or another regular activity due to pain or physical or mental illness?	
	%
None	71.7
1 to 2	12.0
3 to 4	5.3
5 to 6	4.2
7 to 30 days	6.8
Total Respondents	**1,580**

SURVEY RESULTS: HEALTH BEHAVIORS

The CHS included an array of questions about health-promoting and health-risking behaviors; these questions covered diet, exercise and substance use and abuse.

Diet

Respondents were asked to identify the sources of food they consume at home. More than 98% of respondents reported eating at home, and those who did so identified an average of two food sources. The most frequently identified food source was grocery store (53%), followed by take-out food (19%), farmers' markets (9%) and home gardens (6%). About 9% of responses suggest monetary constraints—food banks, food donations, backpack programs and purchasing food at reduced price stores ("dollar store").

Table 47	CHS – Sources of Food				
Where do you get the food that you eat at home? Check all that apply.					
	FULL SAMPLE %	**LEON %**	**GADSDEN %**	**JEFFERSON %**	**WAKULLA %**
Grocery store	52.7	53.6	48.6	50.8	49.0
Take-out or fast food	19.1	20.2	13.5	9.5	18.8
Farmer's market	8.6	8.7	8.1	15.9	4.2
Home garden	6.3	5.9	7.7	9.5	7.1
Dollar store	4.8	3.7	10.0	4.8	11.3
Food bank, food kitchen or food pantry	2.2	2.0	5.0	2.4	1.7
Corner store, convenience store or gas station	2.2	2.1	1.9	0.8	3.8
I regularly receive food from family, friends, neighbors or my church	1.2	0.9	2.7	1.6	1.7
Community Garden	0.5	0.5	0.8	1.6	0.0
Backpack or summer food programs	0.3	0.2	0.4	0.8	0.4
Meals on Wheels	0.2	0.2	0.4	0.8	0.0
I don't eat at home	0.2	0.1	0.4	0.0	0.4
Other	1.7	1.9	0.4	1.6	1.7
Total Responses	**3,116**	**2,492**	**259**	**126**	**239**

Food source rankings vary across counties. Farmers' markets were the second-ranked source for Jefferson County respondents and home gardens tied with take-out food for third place. Dollar stores were the third-ranked food source for respondents from Gadsden and Wakulla counties. Compared to respondents from Leon, Jefferson and Wakulla counties, Gadsden County respondents appear to rely more heavily on donated food, from food banks or from churches or personal acquaintances.

Participants in the survey were also asked about their consumption of fruits and vegetables, whether fresh or frozen, over the previous seven days. Half of respondents reported consuming less than one serving of fruits and vegetables per day in the week preceding the survey. About one-third of respondents reported they ate one or two servings daily, and only 16% reported consuming at least three servings daily.

Table 48 CHS – Frequency of Fruits or Vegetables Consumption

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

	FULL SAMPLE %	LEON %	GADSDEN %	JEFFERSON %	WAKULLA %
Less than once per day	49.7	47.7	63.1	56.3	54.0
1-2 times per day	34.2	34.6	31.2	32.8	33.3
3 or more times per day	16.2	17.7	5.7	10.9	12.7
Total Respondents	**1,770**	**1,441**	**141**	**64**	**126**

Consumption patterns differ across counties. In Gadsden County, 63% of respondents reported less than one daily serving of fresh fruits or vegetables compared to about 48% in Leon County. Conversely, the percentage who say they consume at least three servings daily was highest for Leon County respondents (18%) and lowest for respondents in Gadsden County (5.7%).

Exercise

Respondents were asked about their engagement in cardiovascular or aerobic exercise. Overall, less than half of respondents reported getting the recommended weekly minimum of moderate (150 minutes) or vigorous (75 minutes) aerobic exercise. Only about one-third of respondents from Wakulla (32%) and Gadsden (34%) counties report aerobic exercise meeting the minimum recommendation, compared to over two-fifths of respondents from Leon (46%) and Jefferson (43%) counties.

44%
Get the recommended minimum of vigorous or moderate aerobic exercise

Table 49 CHS – Weekly Minimum Aerobic Exercise

Persons who get at least the recommended weekly minimum of vigorous or moderate aerobic exercise.

	FULL SAMPLE %	LEON %	GADSDEN %	JEFFERSON %	WAKULLA %
Yes	44.0	46.0	34.3	42.9	31.7
Total Respondents	**1,765**	**1,436**	**140**	**63**	**126**

Substance Use

To assess engagement in health-risking behaviors, respondents were asked about their use of alcohol, nicotine products and illegal drug use. These questions were presented as a list of activities and respondents were asked to indicate which, if any, of these activities they had engaged in during the month preceding the survey. Overall, 80% of respondents reported no engagement in any of the behaviors. Of the five behaviors on the list, the two most frequently selected were use of nicotine products (9% of respondents) and binge drinking (7%). Less than 5% of respondents report using marijuana to get high and very few respondents reported use of other drugs.

Table 50 CHS – Substance Abuse

During the past 30 days, have you... Check all that apply.

During the past 30 days, have you…	FULL SAMPLE %	LEON %	GADSDEN %	JEFFERSON %	WAKULLA %
Binged on alcohol?	6.6	7.2	2.7	3.2	6.1
Used nicotine products (cigarettes, smokeless tobacco, vaped)?	8.6	8.3	9.5	9.5	10.6
Taken prescription drugs to get high?	0.4	0.3	2.0	0.0	0.0
Used marijuana to get high?	4.1	4.2	4.1	1.6	3.8
Used illegal drugs?	0.4	0.4	0.7	0.0	0.0
No, none of the above	79.9	79.5	81.1	85.7	79.5
Total Respondents	**1,822**	**1,479**	**148**	**63**	**132**

Substance use patterns varied by county. Fewer than 3% of respondents from Gadsden or Jefferson counties reported binge drinking, about half the share of respondents from Wakulla (6%) and Leon (7%). Respondents from outside Leon County more often reported consuming nicotine in some form. Only in Gadsden County did illicit use of prescription drugs exceed 1%.

SURVEY RESULTS: EMOTIONAL WELL-BEING

The survey also included questions capturing various dimensions of emotional well-being, including stress and its sources, social engagement and anxiety resulting from the COVID-19 pandemic.

Stress

In responding to experience with stress in the 30 days preceding the survey, approximately 16% reported no feelings of stress or anxiety at all. More than half (55%) characterized themselves as feeling “a little bit” or “somewhat” stressed, while under 30% reported that they felt “quite a bit” or “very” stressed.

Table 51 CHS – 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?

	%
Not at all stressed	15.8
A little bit	28.9
Somewhat	26.3
Quite a bit	18.4
Very stressed	10.5
Total Respondents	**1,752**

Sources of Stress

The CHS includes multiple questions concerning 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. Thirteen and a half percent of respondents say they worry about running out of food before they have money to buy more. A slightly lower percentage (12.1%) report having insufficient funds to purchase the food they need.

Table 52 CHS – Food Insecurity

	%	TOTAL RESPONDENTS
I worry sometimes about my food running out before I have money to buy more	13.5	1,670
The food I buy runs out before I have money to get more	12.1	1,666

Housing insecurity impacts about 5% of survey respondents who report they do not have stable housing; either they lack housing at all or they stay with others. Respondents who have housing were asked whether they worry about losing their housing. About 8% of respondents responded affirmatively.

Table 53 CHS – Housing Insecurity

	%	TOTAL RESPONDENTS
No housing or stay with others	4.6	1,805
I worry about losing my housing	8.3	1,679

To assess insecurity around other critical resources, survey participants were presented with a list of seven items and services and asked to indicate any they had been unable to get in the past year "when it was really needed." Overall, 82% of the 1,767 participants who responded reported being able to get whatever they needed. The remaining 18% identified an average of two items or services each. The resource they identified most frequently was medicine or healthcare, followed by food, transportation, utilities and housing. An additional 46 respondents identified other critical resources that were difficult to access, including medical leave from work, housing for low-income residents, in-home care for the elderly or infirm and jobs.

Table 54	CHS – Other Resource Insecurity	
In the past year, 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.		
	%	COUNT
I have been able to get whatever I needed	67.7	1,456
Medicine or healthcare	8.6	184
Food	5.7	122
Transportation	3.7	79
Utilities	3.4	73
Housing	3.1	66
Child care	2.7	59
Clothing	1.8	39
Phone	1.3	28
Other	2.1	46
Total Responses	**100.0**	**2,152**

Insecurity around food, housing and other resources may be tied to income and employment, including either the lack of a job or needing to work multiple jobs. Of the 590 respondents who are not currently working for pay, nearly 5% report being unemployed and looking for work. Of the 890 respondents who are currently working for pay, nearly 14% work two or more jobs.

Social Engagement

Regular social interaction is important for emotional well-being. The CHS included two questions about respondents' frequency of contact with family members and friends, one asking about meals with household members and a second addressing social engagement more generally.

Over half (55%) of the respondents report sharing a meal with household members most days, and an additional 20% report doing so one or more times weekly. Nearly one-fifth (19%) of respondents live alone.

Table 55	CHS – Household Meals
How often do the people living in your home eat a meal together?	
	%
Not at all	5.3
Once a week	5.0
A few times a week	15.2
Most days	55.4
I live alone	19.2
Total Respondents	**1,669**

When asked about the frequency of more general forms of social contact over the past month, most respondents say they spoke with or saw people they feel close to at least three times weekly and 45% report doing so five or more times each week. About 9% report interacting with friends or family less than once a week.

Table 56 CHS – Social Contact

How often have you seen or talked to people that you care about and feel close to in the past 30 days?

	%
Less than once a week	8.6
1 or 2 times a week	21.5
3 to 5 times a week	24.7
More than 5 times a week	45.2
Total Respondents	**1,751**

Emotional Impact of COVID-19

CHS participants responded to five "true or false" statements about life now compared to life before the COVID-19 pandemic. Their answers provide insight into the pandemic's impact on emotional well-being in the community. A sizeable minority of respondents (43%) say the pandemic has reduced their overall quality of life; a similar number share feeling at risk when shopping or running errands (45%). About 60% of respondents report greater anxiety, saying they worry about things more now. At the same time, nearly three-quarters of respondents report they appreciate their relationships with friends and family members now more than they did prior to the pandemic, and 65% say they check in with friends and family more often.

Table 57 CHS – Emotional Impact of COVID-19

	%	TOTAL RESPONDENTS
My quality of life is lower now than before the pandemic	43.1	1,817
Since the pandemic started, I check in with friends and family members more often	64.7	1,829
I feel at risk when shopping or running errands	45.0	1,827
Since the pandemic started, I worry about things more than I used to	60.3	1,825
I appreciate my relationships with family members and friends more than I did before the pandemic	74.6	1,828

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, CHS respondents are positive about their immediate communities. Most say they feel safe where they live (96%), and most report that the area they live offers opportunities for activities like biking and walking (86%) and safe places for children to play (94%).

Table 58 CHS – Perceptions of "Area I Live"

Perceptions of the area I live		FULL SAMPLE %	LEON %	GADSDEN %	JEFFERSON %	WAKULLA %
I feel safe where I live		95.5	95.6	92.6	100.0	96.1
	Respondents	1,817	1,477	148	65	129
It's easy for me to get to a good grocery store		91.4	93.5	86.4	86.2	76.0
	Respondents	1,820	1,481	147	65	129
I don't have to travel a long way to get to a pharmacy		90.8	95.0	73.2	63.1	76.7
	Respondents	1,821	1,480	149	65	129
The neighborhood I live in is a good place for outdoor exercise, like walking or biking		84.7	85.1	80.5	89.1	82.9
	Respondents	1,821	1,480	149	65	129
Children in my neighborhood have safe places to play		83.5	83.1	83.6	88.5	85.9
	Respondents	1,803	1470	146	61	128

A few variations in perceptions by county are worth noting. More respondents in Leon County report easy access to good grocery stores (94%) and pharmacies (95%) than for respondents in the outlying rural counties. About 86% of respondents from Gadsden and Jefferson counties and 76% of Wakulla County respondents say it is easy for them to get to a good grocery store. About 63% of Jefferson County respondents, 73% of Gadsden County respondents and 78% of Wakulla respondents report easy access to a pharmacy.

PERCENTAGE OF RESPONDENTS WHO REPORT LIVING NEAR A GOOD GROCERY STORE

"Five Most Important Issues"

Community participants were asked to answer a key question posed to partners and stakeholders: **"What do you think are the five most important issues that affect health and well-being 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 17% of all responses; 78% of respondents included this issue in their "top five" selection. *Mental Health* was the second-ranked choice, accruing 16% of all responses and identified by 76% of respondents as one of the top five issues in the community. *Preventive Health Services* is the third-ranked choice, representing 13% of all selections and noted by 61% of the respondents. The fourth- and fifth-ranked issues, respectively are *Nutrition, Physical Activity and Obesity* and *Substance Use*.

Table 59 CHS – Top Five Issues That Affect Health and Well-Being in our Community

What do you think are the five most important issues that affect health and well-being in our community?

	% OF RESPONSES	% OF RESPONDENTS
Access to Health Services	16.7	77.7
Mental Health	16.3	75.7
Preventive Health Services	13.1	60.9
Nutrition, Physical Activity and Obesity	10.8	50.2
Substance Abuse	8.1	37.5
Social Issues	7.5	35.1
Injury and Violence	7.0	32.4
Maternal, Infant and Child Health	6.5	30.2
Oral health	5.5	25.7
Reproductive and Sexual Health	3.2	14.8
Tobacco Use	2.9	13.3
Environmental Exposure	2.5	11.8
Total	**9,510**	**2,043**

SURVEY RESULTS: MATERNAL AND CHILD HEALTH

New to the 2022 CHNA were questions designed to identify the unmet needs of expectant mothers and a supplemental survey that asked parents to share information about their children's health and well-being.

Expectant Mothers

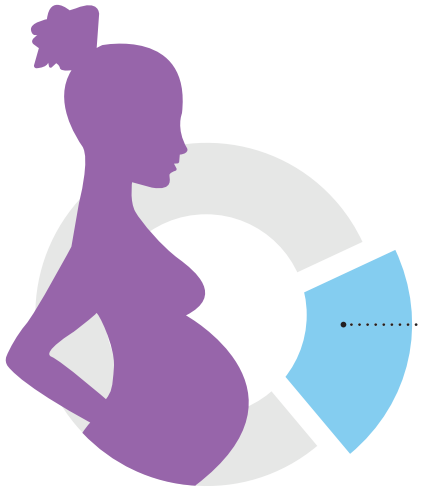
Just over 1% of respondents (24 individuals), representing about 5% of the women aged 15 to 50 who participated in the CHNA, reported being pregnant. About 21% of these expectant mothers reported having unmet concerns or medical needs. Of the four respondents who shared details, one reported concern about how to afford baby supplies and three others, two with high-risk pregnancies, reported problems accessing care.

Children

About one-in-six respondents reported being the parent or guardian of one or more resident children aged 17 or younger; 78% agreed to answer questions about their children's health and healthcare experiences.

Most parents who responded to the parental supplement (95%) reported having a usual healthcare provider for their children. Parents who said they did not were asked where they take their children in the event of illness. These parents identified an average of four providers each; the most frequently identified providers were doctors (58%) and urgent care centers or walk-in clinics (26%).

Figure 5 CHS – Expectant Mothers and Unmet Needs



Of the **24** respondents who are expectant mothers, **20.8%** report unmet needs

Figure 6 CHS – Children's Health

Is there a specific doctor's office, health center or other place your child(ren) goes to if they are sick or need advice about their health?

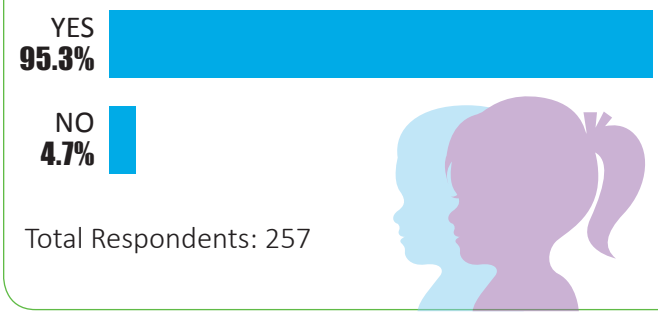


Table 60 CHS – Children's Health Service Locations (without regular healthcare provider)

Where do your children go when they need medical care? Check all that apply (No regular healthcare provider).

	%
Doctor's office	57.9
Urgent care or walk-in clinic	26.3
Emergency Room	10.5
School nurse	5.3
Total Responses	**19**

PERCENTAGE OF RESPONDENTS WHO REPORTED THEIR CHILDREN HAVE RECENTLY HAD:

Parents also were asked about their children's routine healthcare. Nearly 92% reported that their children had a physical within the past year and more than half (53%) said their children had an eye exam. Over four-fifths of parents said their children receive dental care and 97% of these parents reported that their children had seen a dentist within the past two years.

Table 61 CHS – Children's Routine Medical Services

Within the past 12 months, my children have had:

	%	TOTAL RESPONDENTS
Routine medical exam or physical	91.8	255
Eye exam	53.4	251

Table 62 CHS – Children's Dental Care

My children receive dental care and they last saw a dentist…

	%
Within the past 12 months	86.3
More than one year ago but less than 24 months	10.8
More than two years ago	2.9
Total Respondents	**204**

Asked what kinds of medical care and services they find difficult to get for their children, more than half of parents (56%) said they were able to get all the care their children required. Those parents who are unable to access care their children need identified 21 services as difficult to get and reported an average of three services each. Nearly half the parents (48%) who said they have had trouble getting needed services for their children identified dental care as hard to get, and about one-third reported problems getting specialty medical care (35%) and mental healthcare or counseling (33%).

Table 63 CHS – Children's Access to Care

What kinds of medical care or services are hard to get for your child(ren) in your community?

	%
I'm able to get all of the care my child(ren) need	56.2
I've had difficulty getting medical care or services for my children	43.8
Total Respondents	**251**

Table 64	CHS – Children's Services that are Difficult to Access
	I've had difficulty getting: (Check all that apply)
	%
Dental care	48.2
Specialty medical care for children	34.5
Mental healthcare / counseling	32.7
Pediatrician	18.2
Lab work	14.5
Emergency care	13.6
Vision care	11.8
Physical therapy	10.9
Urgent care / walk-in clinic	10.9
Preventive care (yearly checkups)	10.0
School physicals	10.0
Medication / medical supplies	9.1
Immunizations / vaccinations / shots	5.5
X-rays or MRI	5.5
Cancer care	4.5
Support services for drug or alcohol abuse	3.6
Inpatient hospital care	2.7
Programs or support to stop using tobacco products	2.7
Speech therapy	2.7
Occupational therapy	1.8
End of life / hospice / palliative care	0.9
Total Respondents	**110**

About 40% of parents reported that their children have medically diagnosed health concerns, the most frequently identified of which are asthma (30%) and mental health problems (30%), followed by obesity or overweight. Although most (87%) of these parents told us that they could afford the medications and services needed for these conditions, about 13% cannot.

Figure 7 CHS – Children's Health Conditions

My child has a medically diagnosed health concern:

Total respondents: 250

Table 65	CHS – Children Diagnosed Health Issues
My child has been diagnosed with:	
	%
Asthma	30.3
Depression, anxiety or other mental health problems	30.3
Obesity or overweight	18.2
ADHD	8.1
Allergies, including food	8.1
Diabetes or high blood sugar	5.1
Autoimmune disease	4.0
Migraine	4.0
Cancer	3.0
Heart disease or disorder	4.0
High cholesterol	3.0
Autism or related disorder	3.0
Digestive disorders	3.0
Eczema	2.0
Cerebral palsy	1.0
Drug or alcohol problems	1.0
High blood pressure	1.0
Liver disease or disorder	1.0
Total Respondents	**99**

Table 66	CHS – Children's Health Services Affordability	
Are you able to afford the medications and services needed for your child's health conditions?		
	COUNT	%
Yes	96	87.3
No	14	12.7
Total Respondents	**110**	**100.0**

Health Department Stakeholder Interviews

Between February and May 2022, Lauren Faison-Clark, Service Line Administrator, Regional Development, Population Health and Telemedicine, and Afaf Qasem, Director of Health Promotion at Tallahassee Memorial HealthCare (TMH) met with health department representatives from Leon, Jefferson, Gadsden and Wakulla counties, to collect qualitative feedback in the development of the CHNA.

In previous years, TMH collected additional qualitative feedback through a series of community focus groups. In 2022, in an abundance of caution due to COVID-19, TMH completed stakeholder interviews with local health department representatives to better understand:

- *What health needs are the health departments currently focusing on?*
- *What health needs can TMH assist with to help close gaps in care?*

Participants from the health departments and county leadership included:

- *Sandon S. Speedling*, Health Officer for Bay County and Interim Health Officer for Leon County, Florida Department of Health
- *Carla Huett*, Director of Nursing, Florida Department of Health in Leon County
- *Jacqueline Hairston*, Human Services Analyst, Florida Department of Health in Leon County
- *Arianna Waddell*, Business Analyst, Florida Department of Health in Leon County
- *Mary Mitchell*, Minority Health Equity Liaison and PACE EH Coordinator, Florida Department of Health in Leon County
- *Marcus West*, Director, Community Health and Planning, Florida Department of Health in Leon County
- *Pam Beck,* Operations Manager for Jefferson and Madison Counties, Florida Department of Health in Jefferson County
- *Chelsey McCoy*, Human Services Program Manager, Florida Department of Health in Jefferson County
- *Adrian Cooksey*, Health Officer, Florida Department of Health in Gadsden County
- *Stacey Hannigon*, Operations and Management Consultant Manager, Florida Department of Health in Gadsden County
- *David Edwards*, Wakulla County Administrator
- *Mike Kemp*, Wakulla County Commissioner
- *Tonya Hobby*, Health Officer/Administrator for Wakulla and Taylor Counties, Florida Department of Health
- *Grace Keith*, Community Wellness Coordinator, Florida Department of Health in Wakulla County

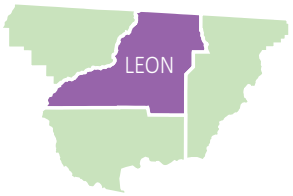
A summary of health needs currently being addressed has been included below:

Table 67 Priority Health Needs, Health Department Stakeholder Interviews

PRIORITY HEALTH NEEDS	LEON COUNTY	JEFFERSON COUNTY	GADSDEN COUNTY	WAKULLA COUNTY
Mental health and substance abuse	☒	☒	☒	☒
Maternal and fetal health	☒	☒	☒	☒
Health equity	☒	☒	☒	☒
Access to care/telemedicine	☒		☒	☒
Chronic disease management	☒	☒		☒
Health literacy			☒	
Domestic violence	☒			
Neighborhood safety Sexually transmitted diseases/	☒	☒		☒
Sexually transmitted infections	☒	☒		☒
Food security/insecurity	☒			☒

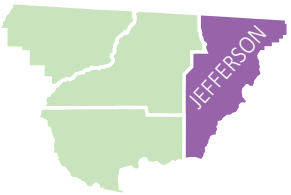
All health department representatives interviewed indicated that mental health and substance abuse were priority health areas currently being addressed.

Leon County



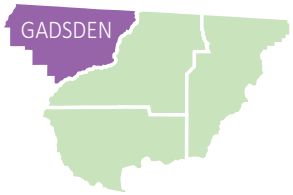
For Leon County, priority health needs mirror those of the Surgeon General's Office and include addressing HIV/AIDs, STDs/STIs, chronic diseases and mental health and substance abuse. Additionally, the Florida Department of Health in Leon County, is focused on expanding telemedicine, maternal and child health, addressing neighborhood safety, domestic violence, food security/insecurity and focusing on care emergency department and urgent care services utilization from the 32304 ZIP code.

Jefferson County



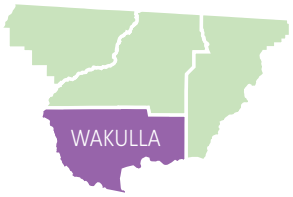
The Florida Department of Health in Jefferson County identified their priority areas as social and behavioral health (mental health), maternal and child health and chronic disease. Efforts to address maternal and child health include continuing to partner with TMH on utilizing the TMH/Florida State University Family Medicine physicians for contracted prenatal visits with the goal of reducing poor birth outcomes in the county. For Jefferson County, stakeholders are also working to address access to dental services for the Medicaid population. While the Jefferson County Health Department has been able to partner with Molar Express and Nova Southeastern University to provide dental services to children and adolescents, there are no local dentists that accept Medicaid. Lastly, stakeholders in Jefferson County continue their work to increase access to mental health and substance abuse services. A new health equity initiative includes funding for a new health equity coordinator who will help accelerate efforts to better address health disparities in diabetes, access to healthy foods and access to safe areas to exercise.

Gadsden County



In Gadsden County, health priorities from their last Community Health Assessment and Community Health Improvement Plan include addressing access to care, mental health, health literacy, structural racism, maternal and fetal health and community empowerment/engagement.

Wakulla County



The Wakulla County Health Department is working with the state's health equity/minority health guidance to develop a health equity program to ensure health services are accessible for all populations regardless of the individual's race, ethnicity, gender, socioeconomic status, sexual orientation or geographical location. Additionally, the Wakulla County Wellness Task Force meets monthly and has been working to address hunger/food insecurity and is beginning to address mental health and health equity issues.

In response to how TMH can help bridge gaps, responses and needs varied across the counties and include:

MENTAL HEALTH

Leon County

- The Florida Department of Health in Leon County is already working with TMH on providing Type 1 diabetes services to the pediatric population via telemedicine. Expanding telemedicine to other health needs such as mental health could be a natural next step in expanding access to care.

Gadsden County

- Explore solutions to address non-emergency mental health needs. Currently, emergent mental health services are well-developed and available through the Apalachee Center, but fewer resources are available for non-emergent mental health needs.

MATERNAL AND CHILD HEALTH

Leon County

- TMH supported telehealth services for prenatal visits.
- Partner with TMH on mental health and substance services to address substance abuse related pregnancy complications for women in ZIP code 32304.
- Create a stronger referral process between TMH and rural health departments for women, infant and children services (i.e. WIC).

Jefferson and Gadsden counties

- Improve referral process from TMH to county health departments post-delivery.
- Evaluate ways to improve Healthy Start eligibility screening and referrals post-delivery from TMH.

DEVELOP HEALTH EQUITY PRIORITIES

Leon County

- Similar to Wakulla County's Wellness Task Force efforts to create a health equity program, the Florida Department of Health in Leon County is focused on improving health equity in ZIP Code 32304. Both the qualitative and anecdotal data for ZIP code 32304 indicate greater gaps in healthcare and more challenging social needs in that ZIP code. As part of supporting the development of a health equity program, TMH will continue to work the Leon County Health Department on specific strategies to address health needs for that specific ZIP code.

ACCESS TO CARE

Gadsden County

- Evaluate a community paramedicine program similar to the program in Liberty County. A community paramedicine program would allow paramedics and emergency medical technicians (EMTs) to operate in expanded roles by assisting with public health and primary healthcare and preventive services to underserved populations in the community.

Wakulla County

- Explore an urgent care center in Wakulla County to reduce emergency department visits and trips to Tallahassee for care.

CHRONIC DISEASE MANAGEMENT

Leon County

- Expand telemedicine services with an initial focus on Type 1 diabetes management.

Jefferson and Gadsden counties

- Increase the utilization of the diabetic prevention program and high blood pressure self-monitoring program through improved referral processes between TMH Physician Partners and the local health departments.

Wakulla County

- There are long wait times for see physicians/access care in Wakulla County. Additional providers and rotating specialists would help keep the aging population from having to travel to Tallahassee for routine appointments, including lab work.
- There is also a growing need for dialysis services in Wakulla County.

TRANSPORTATION

Gadsden and Wakulla counties

- Transportation was noted as a barrier to accessing health services in these counties. The Gadsden County Health Department indicated there are ongoing conversations with the Department of Economic Opportunity to help address transportation needs in the area.

The stakeholder interviews with leaders from surrounding county health departments provided insights to current initiatives as well as potential opportunities for future collaboration on addressing health needs with TMH. While there are limitations of resources to be able to address all identified health needs, TMH commits to ongoing collaboration and communication between community partners to drive improvement in health outcomes and indicators.

TMH appreciates the critical input from our health department leaders on confirming and working to address the health needs in the community. TMH looks forward to continuing to work with the local health department partners on collaborative efforts to drive improvement in health outcomes and indicators for the areas served.

Secondary Data

The primary data collected through the 2022 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 TMH 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 2016 – 2020. All estimates are provided for each of the four counties that comprise the PSA and for the PSA as a whole.

The 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 various health indicators. Where available, data are shown for multiple time-points to track trends over time.

Demographic and Socioeconomic Indicators

TALLAHASSEE MEMORIAL HEALTHCARE
2022 COMMUNITY HEALTH NEEDS ASSESSMENT

Population Size
- Primary Service Area population, 2010- 2021

Age Distribution
- Population estimates by age group, 2020
- Median age, 2020

Race & Ethnic Identification
- Percentage distribution of the population by race and Hispanic-origin, 2020

Nativity
- Distribution of population by place of birth, 2020
- Language spoken at home and English-language proficiency, 2020

Families & Households
- Percentage distribution by sex and marital status, 2020
- Household relationships, 2020
- Grandparents with resident grandchildren, 2020

Household Economic Status
- Annual income by household, 2020
- Percentage of families and individuals with poverty-level incomes, 2020
- Household computer and internet use, 2020

Educational Attainment and Enrollments
- Adults' highest education level attained, 2020
- Percentage of population ages 3 and older currently enrolled in school, 2020

Additional Adult Characteristics
- Veteran status, 2020
- Disability status by age group, 2020

POPULATION SIZE

Table 68 Population by County, 2010 – 2021

Tallahassee Memorial HealthCare
Primary Service Area Population, by County and Year

	2010	2013	2016	2019	2020	2021
Gadsden	47,792	46,084	46,069	45,670	43,701	43,714
Jefferson	14,754	14,212	13,985	14,280	14,560	14,555
Leon	275,981	282,006	286,960	293,866	292,378	292,817
Wakulla	30,824	31,009	31,894	33,636	33,907	34,690
Total	**369,351**	**373,311**	**378,908**	**387,452**	**384,546**	**385,776**

Sources: U.S. Census Bureau, October 2021, Annual Resident Population Estimates for Metropolitan and Micropolitan Statistical Areas. http://www.census.gov/programs-surveys-popest/technical-documentation/research/evaluation-estimates/2020-evaluation-estimates/2010s-totals-metro-and-micro-statistical-areas.html *and U.S. Census Bureau, May 2022, Annual Estimates of the Resident Population, 2020-2021,* www.census.gov/data/tables/time-series/demo/popest/2020s-total-metro-and-micro-statistical-areas.html

AGE DISTRIBUTION

Table 69 Percentage Estimates of the Resident Population by Age Group, 2020

	TALLAHASSEE MSA ESTIMATE	GADSDEN COUNTY ESTIMATE	JEFFERSON COUNTY ESTIMATE	LEON COUNTY ESTIMATE	WAKULLA COUNTY ESTIMATE
Total population	384,783	45,787	14,278	291,863	32,855
Under 18 years	19.1%	21.7%	16.2%	18.6%	20.9%
Under 5 years	5.2%	5.9%	4.2%	5.2%	5.1%
5 to 9 years	5.3%	6.2%	4.5%	5.1%	6.0%
10 to 14 years	5.4%	6.1%	4.7%	5.2%	6.1%
15 to 19 years	8.1%	5.6%	5.4%	8.9%	5.4%
20 to 24 years	13.2%	6.0%	4.3%	15.7%	4.7%
25 to 34 years	13.9%	11.9%	11.6%	14.4%	13.2%
35 to 44 years	11.6%	13.2%	13.0%	11.0%	14.1%
45 to 54 years	11.2%	12.9%	13.8%	10.3%	15.7%
55 to 59 years	5.8%	6.4%	7.2%	5.5%	6.9%
60 to 64 years	6.0%	8.0%	8.4%	5.3%	8.0%
65 to 74 years	9.0%	10.6%	13.4%	8.4%	9.7%
75 to 84 years	4.0%	5.4%	7.1%	3.6%	4.3%
85 years and over	1.5%	1.9%	2.6%	1.5%	0.9%
Median age (years)	34.1	41.4	47.3	31.3	42.3

Source: Estimated using data from the 2016-2020 American Community Survey, accessed through www.data.census.gov

RACE & ETHNIC IDENTIFICATION

Table 70 Percentage Distribution of the Resident Population by Race and Hispanic-Origin, 2020

	LEON	GADSDEN	JEFFERSON	WAKULLA	TMH PSA
Non-Hispanic and:					
White	56.0	32.3	59.8	79.2	55.3
Black	30.9	55.3	33.4	13.6	32.4
Asian	3.6	0.2	0.4	0.5	2.8
Alaskan Native / Native American	0.1	0.3	0.2	0.5	0.2
Other	2.8	1.5	2.0	2.5	2.6
Hispanic /Latino	6.6	10.4	4.2	3.9	6.7
Total Population	**291,863**	**45,787**	**14,278**	**32,855**	**384,783**

Source: Estimated using data from the 2016-2020 American Community Survey, accessed through www.data.census.gov

NATIVITY

Table 71 Percentage Distribution of the Resident Population by Place of Birth, 2020

	LEON	GADSDEN	JEFFERSON	WAKULLA	TMH PSA
Total Population	291,863	45,787	14,278	32,855	384,783
Native Born	0.93	0.95	0.97	0.98	0.94
Born in United States:	91.5	93.9	94.9	96.6	92.3
In Florida	57.2	72.8	60.1	58.9	59.3
Another state	34.3	21.1	34.7	37.7	33.0
Born in Puerto Rico, U.S. Island areas, or born abroad to American parent(s)	1.9	1.0	1.7	0.9	1.7
Foreign-Born	6.6	5.0	3.5	2.5	6.0

Source: Estimated using data from the 2016-2020 American Community Survey, accessed through www.data.census.gov

Table 72 Percentage Distribution of the Resident Population Aged 5 and Older, by Language Spoken at Home and Spoken English Proficiency, 2020

	LEON	GADSDEN	JEFFERSON	WAKULLA	TMH PSA
Population 5 years and over	276,746	43,090	13,681	31,190	364,707
English only	90.4	89.8	92.6	93.9	90.7
Language other than English	9.6	10.2	7.4	6.1	9.3
Spanish	4.3	9.2	5.2	3.0	4.8
Speak English less than "very well"	1.1	4.0	1.6	1.0	1.4

Source: Estimated using data from the 2016-2020 American Community Survey, accessed through www.data.census.gov

FAMILIES AND HOUSEHOLDS

Table 73 Percentage Distribution of the Resident Population by Sex and Marital Status, 2020

	LEON	GADSDEN	JEFFERSON	WAKULLA	TMH PSA
Males 15 years and over	115,234	17,595	6,601	15,009	154,439
Never married	48.8	39.5	38.4	34.5	45.9
Currently married	39.4	44.9	43.9	47.7	41.0
Separated	1.1	2.3	3.1	2.1	1.4
Widowed	1.8	3.7	3.3	3.0	2.2
Divorced	8.9	9.6	11.4	12.8	9.4
Females 15 years and over	131,405	19,877	5,774	12,188	169,244
Never married	45.5	37.2	23.0	21.3	42.0
Currently married	34.6	36.5	53.4	57.6	37.2
Separated	1.6	2.8	1.9	1.0	1.7
Widowed	6.1	8.3	9.1	8.5	6.7
Divorced	12.1	15.2	12.6	11.6	12.4

Source: Estimated using data from the 2016-2020 American Community Survey, accessed through www.data.census.gov

Table 74 Percentage Distribution of the Resident Population Living in Households by Relationship to Householder, 2020

	LEON	GADSDEN	JEFFERSON	WAKULLA	TMH PSA
Population in households	116,530	17,307	5,643	11,382	150,862
Married couple HH	36.3	40.7	48.7	58.0	38.9
Cohabitating couple HH	7.2	4.7	3.5	9.3	6.9
Male HH, only	21.4	18.3	18.1	14.4	20.4
Female HH, only	35.2	36.3	29.8	18.3	33.8
HH with one or more people under 18 years	24.6	27.4	23.0	33.1	25.5
HH with one or more people 65 years and over	24.5	35.2	39.5	30.5	26.7

Source: Estimated using data from the 2016-2020 American Community Survey, accessed through www.data.census.gov

Table 75 Grandparents with Resident Grandchildren, 2020

	LEON	GADSDEN	JEFFERSON	WAKULLA	TMH PSA
Number of grandparents living with own grandchildren under 18 years	3,161	1,187	187	709	5,244
Percent responsible for grandchildren	44.9	32.0	11.8	29.8	38.7
Number of grandparents responsible for own grandchildren under 18 years	1,418	380	22	211	2,031
Who are female	70.4	73.2	54.5	61.6	69.8
Who are married	61.3	53.2	100.0	61.1	60.2

Source: Estimated using data from the 2016-2020 American Community Survey, accessed through www.data.census.gov

HOUSEHOLD ECONOMIC STATUS

Table 76 Income by Household (2020 inflation-adjusted dollars)

	LEON	GADSDEN	JEFFERSON	WAKULLA	TMH PSA
Total households	116,530	17,307	5,643	11,382	150,862
Median household income ($)	54,675	41,135	49,081	67,480	53,423
Mean household income ($)	77,493	53,879	66,194	80,681	74,602

Source: Estimated using data from the 2016-2020 American Community Survey, accessed through www.data.census.gov

Table 77 Percentage of Families and Individuals with Annual Income below the Poverty Level, 2020

	LEON	GADSDEN	JEFFERSON	WAKULLA	TMH PSA
All people in households	116,530	17,307	5,643	11,382	150,862
All people	19.6	21.3	17.0	7.5	18.7
Under 18 years	18.3	33.7	27.8	9.2	19.8
18 to 64 years	22.4	20.3	17.5	7.1	20.9
65 years and over	7.6	10.0	7.9	6.6	7.9

Source: Estimated using data from the 2016-2020 American Community Survey, accessed through www.data.census.gov

Table 78 Household Computer and Internet Use, 2020

	LEON	GADSDEN	JEFFERSON	WAKULLA	TMH PSA
Total households	116,530	17,307	5,643	11,382	150,862
Has one or more computing devices	95.2	78.8	87.4	95.3	93.1
Has broadband internet subscription	88.7	64.4	75.3	84.3	85.1

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

Source: Estimated using data from the 2016-2020 American Community Survey, accessed through www.data.census.gov

EDUCATIONAL ATTAINMENT AND ENROLLMENTS

Table 79 Percentage Distribution of the Resident Population Aged 25 and Older by Educational Attainment

	LEON	GADSDEN	JEFFERSON	WAKULLA	TMH PSA
Population 25 years and over	174,667	32,149	10,993	23,905	241,714
Less than 9th grade	2.0	5.3	4.6	2.6	2.6
9th to 12th grade, no diploma	4.6	13.3	12.8	9.6	6.6
High school graduate (includes equivalency)	19.1	36.5	34.5	34.9	23.7
Some college, no degree	18.4	20.6	18.3	25.7	19.4
Associate degree	9.3	6.2	6.5	8.6	8.7
Bachelor's degree	26.5	11.9	14.9	11.5	22.6
Graduate or professional degree	20.1	6.3	8.5	7.1	16.4

Source: Estimated using data from the 2016-2020 American Community Survey, accessed through www.data.census.gov

Table 80 Percentage Distribution of the Resident Population Aged 3 years and Older Enrolled in School, 2020

	LEON	GADSDEN	JEFFERSON	WAKULLA	PSA
Population 3 years and over enrolled in school	101,960	10,191	2,580	7,046	121,777
Nursery school, preschool	4.7	8.7	9.2	7.6	5.3
Kindergarten	2.7	5.5	4.6	5.0	3.1
Elementary school (grades 1-8)	24.4	46.8	35.7	46.3	27.8
High school (grades 9-12)	12.6	22.4	28.5	22.5	14.3
College or graduate school	55.6	16.5	22.0	18.5	49.5

Source: Estimated using data from the 2016-2020 American Community Survey, accessed through www.data.census.gov

ADDITIONAL ADULT CHARACTERISTICS

Table 81 Veteran Status of the Civilian Population Aged 18 and Over, 2020

	LEON	GADSDEN	JEFFERSON	WAKULLA	TMH PSA
Civilian population 18 years and over	237,102	35,789	11,961	25,983	310,835
Veterans (%)	6.4	7.9	10.4	11.7	7.1

Source: Estimated using data from the 2016-2020 American Community Survey, accessed through www.data.census.gov

Table 82 Disability Status of the Civilian Noninstitutionalized Population, by Age Group, 2020

	LEON	GADSDEN	JEFFERSON	WAKULLA	TMH PSA
Total Civilian Noninstitutionalized Population	288,399	42,748	12,467	29,563	373,177
With a disability	11.7	19.2	17.9	13.4	12.9
Under 18 years	54,298	9,941	2,317	6,872	73,428
With a disability	5.0	8.2	3.7	5.7	5.4
18 to 64 years	195,718	24,756	7,053	17,903	245,430
With a disability	9.7	16.5	13.3	12.3	10.7
65 years and over	38,383	8,051	3,097	4,788	54,319
With a disability	31.6	41.0	39.3	28.7	33.1

Source: Estimated using data from the 2016-2020 American Community Survey, accessed through www.data.census.gov

Health Indicators

TALLAHASSEE MEMORIAL HEALTHCARE
2022 COMMUNITY HEALTH NEEDS ASSESSMENT

Mortality and Morbidity:

- 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

Environment Exposures:

- Air Quality Index, median daily score
- Emergency Department visits due to asthma
- Rate of lead poisoning

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
- Births to mothers ages 15-17 per 1,000 women ages 15-17
- Kindergarten immunization rates

Mental Health:

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

Nutrition, Physical Activity and Obesity:

- Percentage of adults who are sedentary
- 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 vegetables

Oral Health:

- Preventable emergency department visits from dental conditions
- Population receiving fluoridated water

Reproductive and Sexual Health:

- Chlamydia cases, population
- Syphilis cases, population
- Gonorrhea cases, population
- HIV cases, population
- Persons living with HIV, population

Social Determinants:

- 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 83 Age-Adjusted Mortality Rates per 100,000 Population for 10 Leading Causes of Death in Florida, 2020

	LEON	GADSDEN	JEFFERSON	WAKULLA	FLORIDA
Heart Diseases	148.8	173.3	149.2	213.3	145.8
Cancers	144.9	137.6	185.3	186.9	138.7
COVID-19	52.4	87.4	50.5	79.1	57.4
Unintentional Injury	50.5	52.8	33.6	30.2	67.4
Chronic Lower Respiratory Disease	29.1	47.4	24.6	47.0	34.2
Cerebrovascular Diseases	36.8	44.7	32.6	89.4	44.4
Alzheimer's Disease	22.4	-	15.8	45.1	20.3
Diabetes Mellitus	25.0	32.3	54.5	15.3	23.2
Chronic Liver Disease & Cirrhosis	17.7	15.2	9.6	25.6	13.0
Influenza & Pneumonia	11.1	19.4	21.8	5.8	9.7

Source: Florida Department of Health, Bureau of Vital Statistics, accessed through www.flhealthcharts.gov

ACCESS TO HEALTH SERVICES

Table 84 Percentage of Civilian Noninstitutionalized Population Aged 64 and Under with Health Insurance Coverage, 2016 – 2020

	LEON	GADSDEN	JEFFERSON	WAKULLA	FLORIDA
2020	92.2	87.1	92.6	91.6	87.3
2019	91.9	85.9	92.7	91.1	87.2
2018	91.8	85.1	93.6	91.0	86.5
2017	90.9	84.7	92.2	88.7	85.1
2016	89.8	84.2	90.0	88.1	83.6

Source: American Community Survey, 5-year estimates, Table S2701, accessed through www.flhealthcharts.gov

Table 85 Adults Aged 18 and Over Who Have a Usual Primary Care Provider, 2013 – 2019

	LEON	GADSDEN	JEFFERSON	WAKULLA	FLORIDA
2019	77.1	80.2	78.1	76.9	72.0
2016	82.3	85.7	86.2	86.1	72.0
2013	74.7	78.6	86.1	85.8	73.2

Source: Florida Behavioral Risk Factor Surveillance System, CDC and Florida Department of Health, accessed through www.flhealthcharts.gov

ENVIRONMENTAL QUALITY

Table 86 Median Daily Air Quality Summary Score, 2018 – 2021

	LEON	GADSDEN	JEFFERSON	WAKULLA	FLORIDA
2021	39	N/A	N/A	35	N/A
2020	40	N/A	N/A	35	N/A
2019	38	N/A	N/A	35	N/A
2018	36	N/A	N/A	34	N/A

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: U.S. Environmental Protection Agency, Air Quality Surveillance System

Table 87 Rate of Emergency Department Visits from Asthma per 100,000 Population, 3-Year Moving Average

	LEON	GADSDEN	JEFFERSON	WAKULLA	FLORIDA
2018-2020	549.7	998.0	610.9	290.4	464.3
2017-2019	646.7	1,131.7	718.9	367.4	539.9
2016-2018	645.1	1,184.9	643.3	395.3	558.7
2015-2017	614.9	1,221.8	635.5	408.8	565.1

Source: Florida Agency for Health Care Administration, accessed through www.flhealthcharts.gov

Table 88 Rate of Lead Poisoning per 100,000 Population, 3-Year Moving Average

	LEON	GADSDEN	JEFFERSON	WAKULLA	FLORIDA
2018-2020	4.1	9.1	0.0	4.1	6.9
2017-2019	6.0	10.4	4.5	3.1	8.8
2016-2018	5.1	8.3	4.6	4.2	8.0
2015-2017	4.2	5.5	4.6	2.1	5.8

Source: Florida Department of Health, Bureau of Epidemiology, accessed through www.flhealthcharts.gov

INJURIES & VIOLENCE

Table 89 Age-Adjusted Rates of Fatal Injuries per 100,000 Population, 3-Year Moving Averages

	LEON	GADSDEN	JEFFERSON	WAKULLA	FLORIDA
2019-2021	67.8	88.4	74.2	88.5	87.3
2018-2020	62.8	85.0	83.8	84.8	81.1
2017-2019	58.2	71.6	83.5	98.1	77.2
2016-2018	55.5	67.7	90.8	97.0	77.2
2015-2017	52.2	66.9	82.1	85.5	74.3

Source: Florida Department of Health, Bureau of Vital Statistics, accessed through www.flhealthcharts.gov

Table 90 Age-Adjusted Rates of Homicide Deaths per 100,000 Population, 3-Year Moving Averages

	LEON	GADSDEN	JEFFERSON	WAKULLA	FLORIDA
2019-2021	6.2	17.8	2.6	5.0	7.2
2018-2020	7.4	19.3	7.9	3.9	7.7
2017-2019	5.6	13.2	0.0	5.0	6.7
2016-2018	5.5	9.3	9.7	6.0	6.6
2015-2017	4.0	9.0	5.8	5.1	6.5

Source: Florida Department of Health, Bureau of Vital Statistics, accessed through www.flhealthcharts.gov

MATERNAL, INFANT AND CHILD HEALTH

Table 91 Infant Deaths per 1,000 Live Births, 3-Year Moving Averages

	LEON	GADSDEN	JEFFERSON	WAKULLA	FLORIDA
2018-2020	9.1	10.8	8.4	12.6	6.0
2017-2019	7.9	10.3	5.4	9.4	6.0
2016-2018	6.9	11.1	5.3	5.0	6.1
2015-2017	6.4	9.5	2.6	3.0	6.1

Source: Florida Department of Health, Bureau of Vital Statistics, accessed through www.flhealthcharts.gov

Table 92 Percentage of Births Occurring at less than 37 Weeks Gestation, 3-Year Moving Averages

	LEON	GADSDEN	JEFFERSON	WAKULLA	FLORIDA
2018-2020	11.2	13.4	13.4	11.2	10.4
2017-2019	11.3	12.5	11.9	9.0	10.4
2016-2018	10.7	12.9	10.2	7.5	10.2
2015-2017	10.2	13.6	7.8	8.3	10.1

Source: Florida Department of Health, Bureau of Vital Statistics, accessed through www.flhealthcharts.gov

Table 93 Births to Mothers ages 15-17 per 1,000 women ages 15-17, 3-Year Moving Averages

	LEON	GADSDEN	JEFFERSON	WAKULLA	FLORIDA
2018-2020	10.1	32.8	15.4	22.7	16.0
2017-2019	10.6	35.9	18.2	23.2	17.0
2016-2018	10.2	35.7	23.3	22.8	18.2
2015-2017	10.1	34.7	27.5	23.1	19.7

Source: Florida Department of Health, Bureau of Vital Statistics, accessed through www.flhealthcharts.gov

Table 94 Percentage of Enrolled Kindergarten Students Who are Immunized, 3-Year Moving Averages

	LEON	GADSDEN	JEFFERSON	WAKULLA	FLORIDA
2019-2021	94.5	95.8	95.9	92.7	93.5
2018-2020	94.9	98.1	94.3	94.7	93.6
2017-2019	94.6	98.2	95.4	95.1	93.9
2016-2018	94.2	97.5	96.1	96.2	93.9

Source: Florida Department of Health, Bureau of Vital Statistics, accessed through www.flhealthcharts.gov

MENTAL HEALTH

Table 95 Age-Adjusted Rates of Suicide Deaths per 100,000 Population, 3-Year Moving Averages

	LEON	GADSDEN	JEFFERSON	WAKULLA	FLORIDA
2019-2021	12.6	16.8	22.65	18.0	13.8
2018-2020	12.6	7.5	29.5	13.4	13.1
2017-2019	11.1	27.4	18.2	9.6	14.5
2016-2018	12.3	17.2	13.4	22.0	15.3
2015-2017	11.7	6.3	3.7	23.7	14.1

Source: Florida Department of Health, Bureau of Vital Statistics, accessed through www.flhealthcharts.gov

Table 96 Hospitalization from Mental Disorders, All Ages, Rates per 100,000 Population, 3-Year Moving Averages

	LEON	GADSDEN	JEFFERSON	WAKULLA	FLORIDA
2018-2020	974.7	956.2	1,206.1	972.0	1,001.3
2017-2019	950.5	930.7	1,105.8	944.3	1,023.3
2016-2018	881.1	860.4	999.3	911.9	1,021.0
2015-2017	853.4	842.6	885.6	865.1	1,021.2

Source: Florida Agency for Health Care Administration, accessed through www.flhealthcharts.gov

Table 97 Hospitalization from Mental Disorders, Children Under 18-Years of Age, Rates per 100,000 Population, 3-Year Moving Averages

	LEON	GADSDEN	JEFFERSON	WAKULLA	FLORIDA
2018-2020	674.4	453.5	1,103.6	1,160.8	626.0
2017-2019	585.5	375.9	787.7	1,016.2	626.4
2016-2018	469.2	260.2	512.6	884.6	598.0
2015-2017	458.5	308.9	369.3	925.5	569.7

Source: Florida Agency for Health Care Administration, accessed through www.flhealthcharts.gov

NUTRITION, ACTIVITY AND OBESITY

Table 98 Percentage of Adults Who Are Sedentary, 2010 – 2019

	LEON	GADSDEN	JEFFERSON	WAKULLA	FLORIDA
2019	19.3	38.9	29.6	33.8	26.5
2016	23.3	35.8	29.9	32.5	29.8
2013	16.6	37.4	29.8	26.0	27.7
2010	16.8	32.5	26.4	23.9	25.4

Source: Florida Behavioral Risk Factor Surveillance System, CDC and Florida Department of Health, accessed through www.flhealthcharts.gov

Table 99 Percentage of Adults Aged 18 and Over Who Are Obese, 2010 – 2019

	LEON	GADSDEN	JEFFERSON	WAKULLA	FLORIDA
2019	58.3	65.0	72.7	74.5	64.6
2016	64.2	68.1	80.2	73.3	63.2
2013	56.3	61.4	75.2	72.4	62.8
2010	62.5	69.5	76.2	75.4	65.0

Source: Florida Behavioral Risk Factor Surveillance System, CDC and Florida Department of Health, accessed through www.flhealthcharts.gov

Table 100 Percentage of High School Students Who Are Obese, 2010 - 2020

	LEON	GADSDEN	JEFFERSON	WAKULLA	FLORIDA
2020	16.5	25.2	N/A	14.5	15.4
2018	N/A	20.2	N/A	20.4	14.3
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	16.0	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 101 Percentage of Middle School Students Who Are Obese, 2010 - 2020

	LEON	GADSDEN	JEFFERSON	WAKULLA	FLORIDA
2020	13.8	29.4	N/A	17.0	13.1
2018	N/A	25.4	12.9	16.4	13.2
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, Division of Community Health Promotion, Florida Youth Tobacco Survey, accessed through www.flhealthcharts.gov

Table 102 Percentage of Adults Who Consumed Two or More Servings of Vegetables per Day

	LEON	GADSDEN	JEFFERSON	WAKULLA	FLORIDA
2019	39.8	32.1	44.2	39.4	36.7
2013	39.6	41.0	37.3	44.1	40.3

Source:Florida Behavioral Risk Factor Surveillance System, CDC and Florida Department of Health, accessed through www.flhealthcharts.gov

ORAL HEALTH

Table 103 Preventable ER Visits from Dental Conditions, Ages 0-64 years, per 100,000

	LEON	GADSDEN	JEFFERSON	WAKULLA	FLORIDA
2020	726.1	1,810.2	957.3	655.2	546.1
2019	854.1	1,971.5	1,127.9	837.7	735.2
2018	929.0	2,250.2	1,116.9	935.7	757.3
2017	1,007.4	2,069.9	1,335.6	805.9	819.0
2016	1,003.9	2,402.4	1,446.4	1,269.4	852.5

Source: Florida Agency for Health Care Administration, accessed through www.flhealthcharts.gov

Table 104 Percentage of Population Receiving Fluoridated Water, 2019

	LEON	GADSDEN	JEFFERSON	WAKULLA	FLORIDA
2019	90.6	26.8	0.0	2.9	78.1

Source: Florida Department of Health, Public Health Dental Program, accessed through www.flhealthcharts.gov

REPRODUCTIVE AND SEXUAL HEALTH

Table 105 Chlamydia Cases, Rate per 100,000 Population, 2015 – 2020

	LEON	GADSDEN	JEFFERSON	WAKULLA	FLORIDA
2020	985.6	955.9	485.5	404.3	458.5
2019	1,145.2	1,076.7	552.5	509.0	523.6
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

Source: Florida Department of Health, Bureau of Communicable Diseases, accessed through www.flhealthcharts.gov

Table 106 Infectious Syphilis Cases, Rate per 100,000 Population, 2015 – 2020

	LEON	GADSDEN	JEFFERSON	WAKULLA	FLORIDA
2020	35.6	30.2	33.7	9.0	16.2
2019	34.0	25.0	13.5	24.7	15.1
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

Source: Florida Department of Health, Bureau of Communicable Diseases, accessed through www.flhealthcharts.gov

Table 107 Gonorrhea Cases, Rate per 100,000 Population, 2015 – 2020

	LEON	GADSDEN	JEFFERSON	WAKULLA	FLORIDA
2020	430.3	558.9	269.7	110.8	187.1
2019	369.4	427.7	208.9	95.6	174.0
2018	377.3	296.8	230.9	173.1	155.8
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	218.2	117.2	67.0	121.6

Source: Florida Department of Health, Bureau of Communicable Diseases, accessed through www.flhealthcharts.gov

Table 108 HIV Cases, Rate per 100,000 Population, 2015 – 2020

	LEON	GADSDEN	JEFFERSON	WAKULLA	FLORIDA
2020	18.0	28.1	13.6	3.0	16.2
2019	20.2	14.6	13.5	3.1	21.4
2018	27.2	27.0	20.4	6.2	22.6
2017	22.6	20.5	13.8	9.3	23.1
2016	21.1	28.8	13.8	0.0	23.7
2015	25.2	24.8	20.6	3.2	23.6

Source: Florida Department of Health, Bureau of Communicable Diseases, accessed through www.flhealthcharts.gov

Table 109 Persons Living with HIV, per 100,000 Population

	LEON	GADSDEN	JEFFERSON	WAKULLA	FLORIDA
2020	451.6	574.0	687.7	365.3	542.9
2017	459.8	587.4	942.9	389.9	568.9

Source: Florida Department of Health, Bureau of Communicable Diseases, accessed through www.flhealthcharts.gov

SOCIAL DETERMINANTS

Table 110 Percentage of Students Who Completed High School within Four Years of Starting, 2020 – 2021

	LEON	GADSDEN	JEFFERSON	WAKULLA	FLORIDA
2020-21	94.0	82.7	81.8	95.5	90.0
2019-20	94.4	77.1	85.4	93.8	90.0
2018-19	92.4	60.4	62.7	91.6	86.9
2017-18	93.0	66.1	73.4	90.1	86.1
2016-17	88.6	50.0	53.7	86.7	82.3

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

Source: Florida Department of Education, Education Information and Accountability Services, accessed through www.flhealthcharts.gov

SUBSTANCE USE

Table 111 Percentage of Middle and High School Students Reporting Alcohol or Illicit Drug Use in Past 30 Days, 2014 – 2020

	LEON	GADSDEN	JEFFERSON	WAKULLA	FLORIDA
2020	13.3	7.7	N/A	21.9	14.8
2018	17.7	10.2	16.8	21.4	14.3
2016	18.8	13.3	11.8	22.3	14.7
2014	18.4	18.8	12.3	25.2	16.4

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

Table 112 Percentage of Adults Aged 18 and Older Who Engaged in Heavy or Binge Drinking in the Past 30 Days, 2013 – 2019

	LEON	GADSDEN	JEFFERSON	WAKULLA	FLORIDA
2019	22.1	10.6	18.7	19.6	18.0
2016	20.4	12.6	8.5	16.3	17.5
2013	19.7	15.4	12.9	18.9	17.6

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

Source: Florida Behavioral Risk Factor Surveillance System, CDC and Florida Department of Health, accessed through www.flhealthcharts.gov

Reproductive and Sexual Health

TOBACCO

Table 113 Percentage of Adults Who Are Current Smokers, 2010 – 2019

	LEON	GADSDEN	JEFFERSON	WAKULLA	FLORIDA
2019	14.3	15.1	17.1	21.4	14.8
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

Source: Florida Behavioral Risk Factor Surveillance System, CDC and Florida Department of Health, accessed through www.flhealthcharts.gov

Table 114 Percentage of Middle and High School Students Who Smoked Tobacco Products in the Past 30 Days, 2014 – 2020

	LEON	GADSDEN	JEFFERSON	WAKULLA	FLORIDA
2020	16.4	13.9	N/A	29.4	18.0
2018	N/A	16.1	13.0	26.9	20.3
2016	15.3	14.5	13.2	18.8	17.4
2014	13.9	21.0	8.7	20.7	16.1

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

Source: Florida Department of Health, Division of Community Health Promotion, Florida Youth Tobacco Survey, accessed through www.flhealthcharts.gov

Significant Health Needs of the Community

The findings of the Community Health Needs Assessment (CHNA) revealed 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 and academic attainment rates lower in both Gadsden and Jefferson counites 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 115 County Health Rankings, 2022: Measures of Life and Health Outcomes

	LEON	GADSDEN	WAKULLA	JEFFERSON
Health Outcomes	20	64	30	53
Length of Life	12	56	32	44
Quality of Life	33	65	30	59

Source: Robert Wood Johnson Foundation, County Health Rankings, 2022, 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). These designations are determined using the ratio of primary care providers to the population, rates of infant mortality and percentage of the population that is elderly and/or poor. While the ratio of primary care providers to population in Leon County is on par with national averages, there are specific pockets of the community that have been designated as a Health Professional Shortage Area (HPSA). Similarly, Gadsden, Jefferson and Wakulla counties are designated Geographic Health Professional Shortage Areas (HPSA), with too few primary care physicians, dentists, dental hygienists and mental health professionals.

Heart disease is the leading cause of death in all counties except Jefferson County, where cancer is the leading cause of death. The mortality rate due to heart disease in Wakulla County is notably higher than the rate of the other counties and the state rate. Cancer was the second leading cause of death in the primary service area. Age-adjusted homicide deaths in Gadsden County was more than twice the state rate and the infant deaths per 1,000 live births is higher across the primary service area counties than the state.

Lifestyle indicators show an increase in the percentage of adults who are sedentary in Gadsden and Wakulla counties. Rates of obesity actually declined across the primary service area counites, with the exception of Wakulla County where there was an increase of about 1%, however, rates of obesity among the middle school and high school students increased across the counties with the exception of Wakulla County.

While rates of chlamydia have declined across the counties served, there has been an increase in cases of gonorrhea. Wakulla County experienced a significant reduction in syphilis cases from 2019 to 2020 compared to increases in cases across other the counties.

Of the Community Health Survey (CHS) respondents, the majority indicate they have a specific doctor's office or health center when they are sick. When looking at responses by race, 84.7% of Black and African American respondents indicated they have a specific healthcare provider compared to 93.6% of White respondents. Of those not having a regular doctor, the most frequented places of service visited for healthcare needs include an urgent care or walk-in clinic, emergency room, doctor's office or community clinic. Emergency room use was twice as frequent for illness than for injury.

Half of the respondents to the Community Health Survey (CHS) indicated that they were not able to access healthcare services when needed and cited cost, wait times, scheduling constraints and lack of convenient appointment times as barriers to care. Gadsden County respondents also noted transportation as a barrier and difficulty finding providers who accept Medicaid or Medicare.

Reported preventive health screening rates were also notably lower among the Black or African American population in the CHS. For women between the ages of 40 and 75 who have had a mammogram in the past 1 to 2 years, only 63.3% of Black or African American reported having a mammogram screening compared to 82.3% of White respondents. Colon cancer screening rates also showed a disparity with 63.4% of Black or African American respondents and 67.7% of other racial identities indicating they had a colon cancer screening compared to 85.8% of White respondents.

When asked to self-report doctor-diagnosed health issues, 83% of CHS respondents reported, on average, 2.6 health conditions each. The five most prevalent health conditions reported were hypertension (35%), obesity or overweight (29%), high cholesterol (28%), mental health problems such as depression and anxiety (26%) and high blood sugar or diabetes (16%).

While the COVID-19 pandemic affected all communities, the negative impact in some counties was even greater due to historical gaps in health services. From 2020 data, the COVID-19 age-adjusted mortality rates in Gadsden and Wakulla counties was much higher when compared to Leon and Jefferson counties and the state mortality rate.

Table 116 County Health Rankings, 2022:
All COVID-19 Deaths Occurring between Jan. 1, 2020 and Dec. 31, 2020, due to COVID-19 per 100,000 Population (age-adjusted)

	LEON	GADSDEN	JEFFERSON	WAKULLA	FLORIDA
2020	52	87	52	76	56

Source: Robert Wood Johnson Foundation, County Health Rankings, 2022, Rank out of 67 Florida Counties

Forty-three percent of CHS respondents also indicated that their quality of life is lower now than before the pandemic with greater feelings of worry and anxiety.

More than half of CHS respondents characterized themselves as feeling "a little bit" or "somewhat" stressed, while 30% reported feeling "quite a bit" or "very much" stressed. A key source of stress in many communities is insecurity about having sufficient resources — such as food or housing. For individuals not able to access resources "when it was really needed," they indicated they were not able to access medicine or healthcare, followed by food, transportation, utilities and housing.

More than a quarter of the CHS respondents indicate they have been diagnosed with depression, anxiety or other mental health problems. For those able to access services, the majority are able to seek services at a doctor's or counselor's office or Tallahassee Memorial Behavioral Health Center. Others in the survey and feedback from the Community Stakeholder Survey indicate more access to mental health services is needed as demand continues to rise.

Partners and stakeholders cited lack of transportation, poverty, high cost of medical services or prescriptions, lack of or insufficient health insurance and limited health literacy as the top five major barriers to the populations they serve. The Community Stakeholder Survey also indicated a significant portion of the populations served experience discrimination, specifically racism, resulting in a negative impact on health outcomes due to denial of services or mismanagement of care. In ranking the populations with the greatest unmet needs, low income, homeless and racial or ethnic minorities were ranked the top three. Multi-generational poverty, health literacy and general access to providers, were all factors impacting these populations.

Both partners and stakeholders and CHS respondents were asked to choose the top five greatest needs from a pre-populated list of health indicators. While in different order, stakeholders and CHS respondents ranked Mental Health and Access to Health Services as the top two needs. Both surveys have Preventive Health Services as the third top need.

Table 117 Five Most Important Issues

LEADING HEALTH INDICATORS	COMMUNITY HEALTH SURVEY RESPONSES	COMMUNITY STAKEHOLDER RESPONSES
Access to Health Services	1	2
Mental Health	2	1
Preventive Health Services	3	3
Nutrition, Physical Activity and Obesity	4	4
Substance Abuse	5	–
Social Determinants of Health	–	5

To prioritize change, partners and stakeholders indicated strategies to address access to care, cost of care, addressing health equity challenges and improving health education, would all contribute to reducing barriers to health and closing gaps in care in the communities served. By "meeting communities and individuals where they are," targeting at-risk communities and providing more cost-effective healthcare serviced, healthcare and health services providers may be able to more effectively drive improvements in community health.

Prioritization of Community Health Needs

METHODOLOGY

On May 24, 2022, Tallahassee Memorial HealthCare (TMH) conducted the CHNA Prioritization of Needs meeting. Over 350 individuals, including the CHNA Advisory Committee, partners and stakeholders, were invited to participate and more than 70 attended. The meeting included an overview of the CHNA process, a sampling of demographic and health indicators for TMH's primary service area, results of the Community Stakeholder Survey, Community Health Survey and a summary of the Health Department Stakeholder Interviews.

The leading health indicators listed below were ranked and prioritized based on the 2022 Community Health Survey. When comparing these results to the 2019 CHNA Community Survey, mental health moved from fourth-ranked in the 2019 survey to second-ranked in the 2022 survey. The other prioritized health needs remained consistent with the 2019 prioritized areas of need.

Table 118 Prioritization of Needs Poll Results

RANK	AREAS OF NEED	2022 COMMUNITY SURVEY RESPONDENTS (N=2,043)	2022 STAKEHOLDER SURVEY RESPONDENTS (N=87)
#1	Access to Health Services	78	76
#2	Mental Health	76	76
#3	Preventive Health Services	61	63
#4	Nutrition, Physical Activity and Obesity	50	51
#5	Substance Abuse	38	32
#6	Social Issues	35	44
#7	Injury and Violence	32	29
#8	Maternal, Infant and Child Health	30	31
#9	Oral Health	26	17
#10	Reproductive and Sexual Health	15	15
#11	Tobacco Use	13	0
#12	Environment Exposures	12	0

After discussion and review of the data, attendees were asked to individually complete a poll to prioritize health needs. Respondents were asked which group(s) of individuals or communities they represented and then asked to select one of the following approaches to best summarize the prioritization of health needs:

1. 1) Access to Health Services; 2) Mental Health & Substance Abuse; and 3) Preventive Health Services Related to Nutrition, Physical Activity and Obesity

   OR

2. 1) Access to Health Services; 2) Mental Health; 3) Preventive Health Services; 4) Nutrition, Physical Activity and Obesity; and 5) Substance Abuse

The majority of individuals (55) selected the option outlining five priority health needs: 1) Access to Health Services; 2) Mental Health; 3) Preventive Health Services; 4) Nutrition, Physical Activity and Obesity; and 5) Substance Abuse.

The poll also asked individuals if they would consider maternal, infant and child health services a need to address as part of the prioritization of needs and implementation strategy. All 32 (100%) respondents who answered this question agreed maternal, infant and child health services should be part of the needs addressed.

For the 2022 Community Health Needs Assessment, the prioritized health needs for TMH include:

1. **Access to Health Services**
2. **Mental Health**
3. **Preventive Health Services**
4. **Nutrition, Physical Activity and Obesity**
5. **Substance Abuse**

The CHNA Advisory Committee recommends giving special attention to Maternal, Infant and Child Health services during creation of the implementation strategy. TMH will work with partners and stakeholders in the fall and winter of 2022-23 to develop an implementation strategy.

Prior CHNA (2019) Actions and Impact

In 2019, Tallahassee Memorial HealthCare (TMH) conducted a Community Health Needs Assessment (CHNA) and prioritized five priority health needs including: (1) access to health services, (2) mental health, (3) nutrition, physical activity and obesity, (4) clinical preventive services and (5) maternal, infant and child health. Through additional discussions, the CHNA Advisory Committee pared down the final prioritized health needs to three focus areas including: (1) access to health services, (2) preventive services related to nutrition, physical activity and obesity and (3) mental health and substance abuse. The 2020-2022 CHNA Implementation Strategy document can be found at TMH.ORG/CHNA, and highlights the strategies, target populations, activities, expected outcomes and partners or collaborative interests for each prioritized health need.

While the COVID-19 pandemic impacted TMH's ability to execute the full Implementation Strategy, TMH continued progress on critical initiatives to improve community health. A summary of results from the 2020-2022 CHNA Implementation Strategy can be found below.

Table 119 Prior CHNA Actions and Impact

PRIORITIZED HEALTH NEEDS	STRATEGIES	RESULTS
ACCESS TO HEALTH SERVICES Decrease barriers and provide more flexible and accessible options to access healthcare.	1. Utilize telemedicine to improve access for healthcare services. 2. Improve access to healthcare services. 3. Improve cultural competence. 4. Conduct an educational campaign focusing on the importance of choosing the most effective and efficient type of healthcare for condition.	☐ In fiscal year 2020, TMH partnered with Leon County Schools to provide telemedicine equipment to help manage the health of children with Type 1 diabetes. This initiative was put on hold due to COVID-19 and school closures with plans to revisit in the following school years. ☐ In fiscal year 2021, with the onset of COVID-19, TMH deployed TMH Carelink, a regional telemedicine network, allowing providers to see patients in remote locations and in their homes. From January 2020 through September 2020, TMH conducted over 33,400 outpatient telemedicine visits and over 2,000 telephonic visits. ☐ Delivered telemedicine carts to rural hospital partners that facilitated patient access to TMH providers while remaining in rural facilities. ☐ Implemented a telemedicine initiative aimed at connecting caregivers of children with Type 1 diabetes with education, support and diabetes self-management training. This program supported 53 newly diagnosed pediatric patients in fiscal year 2020. ☐ In 2020, TMH's Metabolic Health Center began providing clinic visits and education for adults with Type 1 or Type 2 diabetes via telemedicine. Over 1,000 patients were seen in person and over 1,800 telemedicine visits were completed for residents in outlying counties.

Table 120 (continued) Prior CHNA Actions and Impact

PRIORITIZED HEALTH NEEDS	STRATEGIES	RESULTS
ACCESS TO HEALTH SERVICES		☐ Operated a Transition Center at the Kearney Center, an emergency shelter for individuals experiencing homelessness, serving almost 600 clients using telemedicine. In 2020, TMH deployed resources to temporary shelters to facilitate telemedicine visits for a displaced homeless population. ☐ For fiscal years 2020 and 2021, TMH provided 2,410 rides to individuals totaling over $80,000, to ensure at-risk and vulnerable patients had the ability to keep their medical appointments. ☐ TMH's Shared Governance established a Diversity, Equity and Inclusion Council (DEIC) in September 2020 to provide leadership in promoting a safe, inclusive atmosphere of acceptance and belonging. In addition to other initiatives, the DEIC will focus on understanding and addressing social determinants of health in the community. ☐ TMH continued its partnership with Working Well Inc. on a campaign focused on 'right patient, right location of care,' to educate community members on where best to seek care based on symptoms or needs. ☐ Continued community collaborative initiative with Capital Health Plan and Tallahassee Primary Care Associates to proactively address health needs of patients with a history of high utilization of the emergency department. Through more focused care management, this collaboration has a goal of reducing emergency department visits for high utilizers by 25%.
PREVENTIVE SERVICES RELATED TO NUTRITION, PHYSICAL ACTIVITY AND OBESITY Increase access to nutritious food, increase fruit and vegetable consumption, increase participation in physical activity and increase water consumption while decreasing sugar-sweetened beverage consumption.	1. Increase access and affordability of nutritious food, education and behavior change support. 2. Support and promote community walking programs. 3. Educate and support elementary school students to decrease sugar sweetened beverage consumption and increase water consumption. 4. Support community health improvement efforts via TMH colleague volunteerism.	☐ Partnered with other community organizations on the Southside Farmers Market and Fresh Fruit and Vegetable Rx Program to provide fresh, local fruits and vegetables, eggs, honey and other goods to over 8,000 residents (May 2018 – September 2021). ☐ In early 2020, the Farmers Market was suspended due to COVID-19. It re-opened with modified capacity and a safety plan to mitigate the spread of COVID-19, and in fiscal years 2020 and 2021, served approximately 1,500 patrons and provided nearly $8,000 in fresh produce and goods.

Table 120 (continued) Prior CHNA Actions and Impact

PRIORITIZED HEALTH NEEDS	STRATEGIES	RESULTS
PREVENTIVE SERVICES RELATED TO NUTRITION, PHYSICAL ACTIVITY AND OBESITY		☐ During the 2021 Farmers Market events, approximately 80 blood pressure screenings were done by Tallahassee Memorial Family Medicine Residency physicians with education on hypertension and referrals, as needed. ☐ TMH continued to provide leadership for the Fresh Fruit and Vegetable Rx Program, aimed at providing educational, skills-building experiences to better manage behaviors affecting nutrition and health. Since inception in 2018, 71 people have completed this program and report it has helped them live healthier lifestyles and increased their consumption of fruits and vegetables. ☐ Implemented screening of all TMH hospital inpatients for nutrition risk and food insecurity. Since inception, 1,864 patients screened positive for food insecurity and, in the first year of the initiative, 360 emergency food kits were distributed to patients in need. ☐ The Happy Hydrators Challenge was developed and implemented as part of the Leon County Health Department's Community Health Improvement Plan (CHIP), working collaboratively with Early Childhood Obesity Prevention Work Group (ECOP), Big Bend Area Health Education Center (AHEC), Whole Child Leon, Department of Health in Leon County, FAMU Cooperative Extension and University of Florida Institute for Food and Agricultural Sciences (UF/IFAS) Extension. Since its inception in 2018, the program has engaged over 830 students, teachers and staff to educate on the benefits of water consumption.

Table 120 (continued) Prior CHNA Actions and Impact

PRIORITIZED HEALTH NEEDS	STRATEGIES	RESULTS
MENTAL HEALTH AND SUBSTANCE ABUSE Expand prevention and support services for emotional and social well-being. Increase awareness and skills to assist individuals experiencing mental health or substance use-related crisis and to raise public awareness of issues and resources.	1. Improve access to community-based, preventive emotional and social well-being services. 2. Improve community members' knowledge and skills to assist individuals in crisis and connect them to mental health services. 3. Participate in the Mental Health Council of the Big Bend. 4. Establish and expand programs and services available to TMH colleagues to support well-being. 5. Expand addiction recovery care. 6. Expand integrative medicine offerings to prevent opioid dependence.	☐ Launched a social media campaign as part of the "Healthy at Home" initiative in partnership with UF/IFAS's Leon County Extension and Premier Health & Fitness Center. The short videos including cooking demonstrations, recipes, stress management techniques and physical activity prompts reached about 3,500 in our community and provided a way to stay connected. ☐ Partnered with Working Well Inc. on a 12-week series geared towards improving health and well-being. ☐ Provided Adult and Youth Mental Health First Aid (MHFA) training to help individuals assist someone experiencing a mental health or substance use-related crisis. In 2020, this training was provided to over 30 Leon County Schools Resource Officers and, in 2021, five events were held to train community members in Adult MHFA. ☐ Participated in the Mental Health Council of the Big Bend, comprised of 20 area providers, with the goal of improving behavioral healthcare in the Big Bend region and pursuing strategies to reduce access barriers to care. ☐ Continued investment in the Employee Assistance Program to both TMH colleagues as well as other organizations in the Big Bend region. The program has 18 employer contracts and offers counseling and support services to over 16,000 individuals, and benefits about 30,000 total lives including family members. ☐ In fiscal years 2020 and 2021, nearly 900 TMH colleagues participated in Schwartz Rounds, an evidence-based compassionate care program for healthcare providers to openly and honestly discuss the emotional and social issues they face in caring for patients and families.

Table 120 (continued) Prior CHNA Actions and Impact

PRIORITIZED HEALTH NEEDS	STRATEGIES	RESULTS
MENTAL HEALTH AND SUBSTANCE ABUSE		☐ Implemented Code Lavender rapid response program, utilizing holistic interventions to support colleagues experiencing an emotionally distressing event. In fiscal years 2020 and 2021, the Code Lavender team responded to 117 calls from over 24 distinct TMH departments. ☐ In 2020, the Behavioral Emergency Services Team (BEST) was established by the Tallahassee Memorial Behavioral Health Center to expand mental health crisis and substance abuse evaluation and treatment services. The multidisciplinary team is available on a 24/7 basis to ensure rapid access to psychiatric consultation and treatment. ☐ Expanded regional mental health services through the implementation of Mobile Response Teams and Community Action Teams that allow for 24/7 evaluation of individuals at risk for psychiatric emergency hospitalization. ☐ Expanded the utilization of Therapeutic Touch, Medical Music Therapy and Animal Therapy as alternative therapies to prevent opioid dependence.

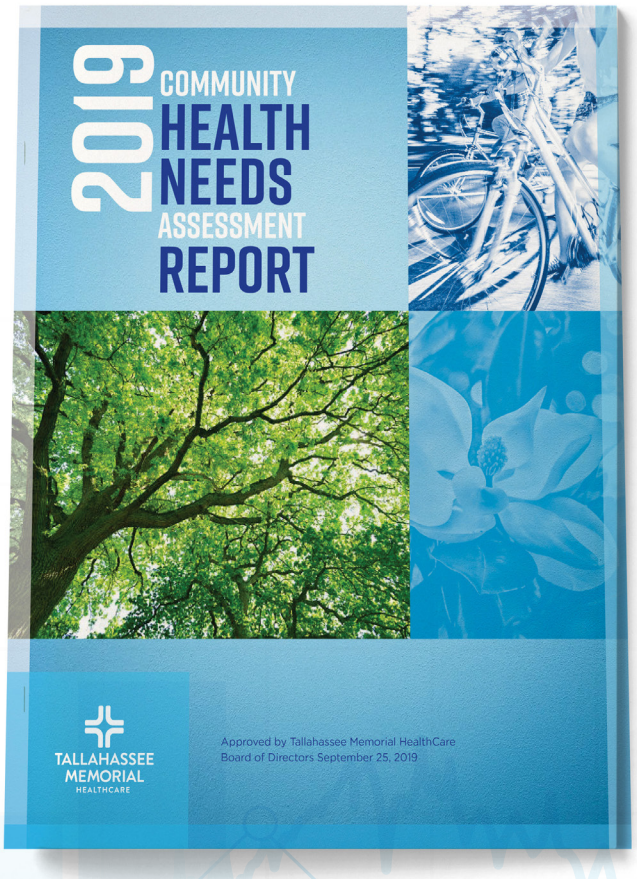
Source: TMH 990 Narratives (2019-2021)

Health Needs Identified in 2019 CHNA Facility Chose Not to Address

Following Tallahassee Memorial HealthCare's (TMH) 2019 Community Health Needs Assessment, three categories of health needs were chosen as focus areas for the subsequent Implementation Strategy. The following areas were also identified as health needs in the CHNA but not included in the Implementation Strategy. Rationale for not addressing these health needs is outlined below.

Sexually transmitted infections (STI):

Although STIs are a significant issue in two of the four counties in TMH's primary service area, Tallahassee Memorial believes that local health departments and other specialized clinical programs are better equipped to address this issue. TMH actively supports the initiatives of the health departments and coalitions doing this work through in-kind and financial contributions.



Poverty, lower academic attainment and higher unemployment rates in specific locations and populations:

While TMH acknowledges the critical importance these social determinants of health play in one's overall health and well-being, we assert that these issues must first be addressed at a higher systems level with policy changes and supporting infrastructure.

Cost of services, long wait times and lack of evening and weekend services keeps individuals from accessing healthcare:

Tallahassee Memorial recognizes these issues and the important role these barriers play in access to care; however, TMH chose not to address this issue due to resource constraints and lack of effective interventions to address the needs independently.

List of Tables

List of Figures

TMH CHNA 2022 Stakeholder Survey

Start of Block: Default Question Block

Q1
Every three years, Tallahassee Memorial HealthCare conducts a Community Health Needs Assessment. As part of this effort, we reach out to our community stakeholders to solicit their input about the barriers and challenges faced by our residents and the agencies that serve them. This survey is intended to provide you with a voice in this important conversation. **Your responses will not be identified, either in written material or verbally, by name or organization**.

We appreciate your participation!

Q2 Your name, organization, and title

- ☐ NAME: (1) _____
- ☐ ORGANIZATION: (2) _____
- ☐ TITLE: (3) _____

Q3 Which county or counties do you serve?

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

End of Block: Default Question Block

Start of Block: Block 2

*

Q4 What do you think are the five most important issues that affect health and well-being in our community?

- ☐ Access to Health Services For example, not having health insurance, not having a doctor, or not having money to pay for your share of the cost (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)
- ☐ Environmental Exposures For example, aire 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, infant death, or not getting healthcare while pregnant (5)
- ☐ Mental Health For example, depression, anxiety, or other behavioral and emotional disorders (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 exmple, people not knowing their STD or HIV status, not getting the right birth control, or not having screenings for reproductive cancers (9)
- ☐ Social Issues For example, many students not finishing high school, high housing costs, or not enough good paying jobs (10)
- ☐ Substance Abuse For example, people drinking too much or using drugs illegally (11)
- ☐ Tobacco Use For example, many people smoking cigarettes, vaping, or using chewing tobacco (called dip, snuff, or chaw) (12)

Q5 What are the barriers to health for the populations you serve? **Check all that apply.**

- ☐ Transportation (1)
- ☐ Poverty (2)
- ☐ High cost of medical services or prescriptions (3)
- ☐ Lack of or insufficient health insurance (4)
- ☐ Lack convenient access to nutritious foods (food deserts) (5)
- ☐ Shortage of providers accepting Medicare or Medicaid (6)
- ☐ Limited health literacy (7)
- ☐ Formal support systems not easy to navigate (8)
- ☐ Inadequate family or community support (9)
- ☐ Other, please specify: (10) _____

End of Block: Block 3

Start of Block: Block 4

*

Q6 What are the resources for health for the population(s) you serve?

_____

_____

_____

_____

Q7 Recognizing that many people in the county or counties you serve have unmet needs, is there **one** population group of particular concern?

- ○ Children (1)
- ○ Homeless (2)
- ○ Immigrants (3)
- ○ Low-income (4)
- ○ Racial or ethnic minorities (5)
- ○ Single parents (6)
- ○ Seniors (7)
- ○ Sexual or gender minorities (8)
- ○ Other, please specify: (9) _____

*

Q8 What need or needs distinguish this group from others you serve?

_____

_____

_____

_____

_____

End of Block: Block 5

Q9 Identify the neighborhood or locality with the greatest unmet need in the county or counties you serve. You may use a name or ZIP code.

○ Area name or ZIP code: (1)
_____

Q10 How does this population stand out?

_____

_____

_____

_____

_____

End of Block: Block 6

Start of Block: Block 7

Q11 Does discrimination affect the population(s) you serve?

○ Yes (1)

○ No (2)

Skip To: End of Block If Q11 = No

Q12 What form(s) of discrimination affect the populations you serve? **Check all that apply.**

- ☐ Ageism (discrimination against older people) (1)
- ☐ Ableism (discrimination against persons with disabilities) (2)
- ☐ LGBT discrimination (3)
- ☐ Racism (discrimination against racial or ethnic minorities) (4)
- ☐ Sexism (discrimination against women) (5)
- ☐ Other, please specify: (6) _____

Q13 How does discrimination affect the population(s) you serve?

_____

_____

_____

_____

_____

End of Block: Block 7

Start of Block: Block 8

Q14 Has the COVID-19 pandemic affected the population(s) you serve?

- ○ Yes (1)
- ○ No (2)

Skip To: End of Block If Q14 = No

Q15 How has the COVID-19 pandemic affected the population(s) you serve?

_____

_____

_____

_____

_____

End of Block: Block 8

Start of Block: Block 9

Q16 If we could make **one** change as a community to meet the needs of this group and reduce the barriers to health for the population(s) you serve, what would it be?

_____

_____

_____

_____

_____

End of Block: Block 9

Tallahassee Memorial HealthCare Community Health Needs Assessment 2022

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 well-being in the communities we serve. Your input is vital to our efforts to improve healthcare 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
What do you think are the **five** most important issues that affect health and well-being in our community? **Please check five.**

☐ **Access to Health Services** (1)
For example, not having health insurance, not having a doctor, or not having money to pay for your share of the cost

☐ **Preventive Health Services** (2)
For example, people with high blood pressure and diabetes not being seen by a doctor, or people not getting tests like mammogram or colonoscopy

☐ **Environmental Exposures** (3)
For example, air quality or children exposed to secondhand smoke

☐ **Injury and Violence** (4)
For example, motor vehicle crashes, falls, assault, and murder

☐ **Maternal, Infant, and Child Health** (5)
For example, premature birth, infant death, or not getting healthcare while pregnant

☐ **Mental Health** (6)
For example, depression, anxiety, or other behavioral and emotional disorders

☐ **Nutrition, Physical Activity, and Obesity** (7)
For example, number of people overweight, not eating enough vegetables, or not getting enough physical activity

☐ **Oral health** (8)
For example, people not going to the dentist or getting care for dental problems

☐ **Reproductive and Sexual Health** (9)
For example, people not knowing their STD or HIV status, not getting the right birth control, or not having screenings for reproductive cancers

☐ **Social Issues** (10)
For example, many students not finishing high school, high housing costs, or not enough good paying jobs

☐ **Substance Abuse** (11)
For example, people drinking too much or using drugs illegally

☐ **Tobacco Use** (12)
For example, many people smoking cigarettes, vaping, or using chewing tobacco (called dip, snuff, or chaw)

Q3.1
Please tell us about your own healthcare. 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) ➡ **PLEASE SKIP TO Q3.5 ON PAGE 4**

Q3.2
Is this where you would go for preventive healthcare, such as general check-ups, examinations, and immunizations (shots)?

☐ Yes (1)

☐ No (2)

Q3.3
Is this where you would go for new health problems?

☐ Yes (1)

☐ No (2)

Q3.4
Is this where you would go for referrals to other health professionals when needed?

☐ Yes (1)

☐ No (2)

PLEASE SKIP TO Q4.1 ON PAGE 5

Q3.5
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**

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

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 Community 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) or services for alcohol or drug abuse?

☐ Yes (1)

☐ No (2) ➡ **PLEASE SKIP TO Q6.1 ON PAGE 7**

Q5.2
Where do you go for mental or behavioral health services or services for alcohol or drug abuse? **Check all that apply**

☐ Doctor or Counselor's Office (1)

☐ Apalachee Center, Inc. (2)

☐ Emergency Room (3)

☐ Employee Assistance Program (4)

☐ Capital Regional Behavioral Health Center (5)

☐ Community Support Group (6)
For example, Alcoholics or Narcotics Anonymous, Celebrate Recovery, Teen Challenge

☐ Tallahassee Memorial Behavioral Health Center (7)

☐ Disc Village Behavioral Health (8)

☐ Townsend Addiction Recovery Center (9)

☐ University or College Counseling Center (10)

☐ Urgent Care / Walk-in Clinic (11)

☐ Other, please specify: _____ (12)

Q6.1
Are you currently pregnant?

☐ Yes (1)

☐ No (2) ➡ **PLEASE SKIP TO Q7.1 ON PAGE 8**

Q6.2
Do you have specific concerns or medical needs during pregnancy that are not being addressed?

☐ Yes (1)

☐ No (2) ➡ **PLEASE SKIP TO Q7.1 ON PAGE 8**

Q6.3
What specific concerns or medical needs do you have during your pregnancy that are not being addressed? **Check all that apply**

☐ I can't afford a doctor for prenatal care (1)

☐ I can afford prenatal care but I don't have a doctor (2)

☐ I cannot afford to buy baby supplies (3)

☐ I am unsure how I will pay for the birth (4)

☐ I have one or more health concerns and I don't know where to get advice about them during my pregnancy (5)

☐ Other, please specify: _____

_____

_____ (6)

Q7.1
Do any of these factors keep you from getting medical care or services? **Check all that apply**

- ☐ Cost (1)
- ☐ Hard to find provider that accepts Medicaid (2)
- ☐ Can't find a provider that accepts Medicare (3)
- ☐ Too busy (4)
- ☐ I don't have anyone to watch my children (5)
- ☐ I don't have transportation (6)
- ☐ I don't trust doctors or other medical people (7)
- ☐ Lack of evening or weekend services (8)
- ☐ Takes too long to get appointments (9)
- ☐ I don't understand what doctors say to me (10)
- ☐ I don't like my doctor (11)
- ☐ Fear of getting bad news (12)
- ☐ I don't know how to get care or services I need (13)
- ☐ I don't like accepting government assistance (14)
- ☐ No, I'm able to get the care and services that I need (15) ➡ **PLEASE SKIP TO Q8.1 ON PAGE 11**

Q7.2
What kinds of medical care or services are hard for you to get? **Check all that apply**

- ☐ Alternative therapies For example, acupuncture, massage (1)
- ☐ Ambulance services (2)
- ☐ Cancer care (3)
- ☐ Chiropractic care (4)
- ☐ Adult dental care (5)
- ☐ Children's dental care (6)
- ☐ Dermatology (7)
- ☐ Domestic violence services (8)
- ☐ Elder care services (9)
- ☐ Emergency care (10)
- ☐ End of life / hospice / palliative care (11)
- ☐ Family doctor (12)
- ☐ Family planning / birth control (13)
- ☐ Gynecologist / Women's healthcare (14)
- ☐ Hospital care (15)
- ☐ Immunizations / vaccinations / shots (16)
- ☐ Lab work (17)
- ☐ Medication / medical supplies (18)
- ☐ Mental healthcare / counseling (19)
- ☐ Physical therapy (20)
- ☐ Preventive screenings like mammograms or colonoscopy (21)
- ☐ Preventive and wellness care (22)
  For example, nutrition counseling, weight loss support
- ☐ Programs or support to stop using tobacco products (23)

☐ Obstetrician / prenatal care (24)

☐ Pediatrician / children's healthcare (25)

☐ Specialty medical care (26)

For example, Cardiologist / heart doctor; Rheumatologist for arthritis or lupus

☐ Support services for drug or alcohol abuse (27)

☐ Urgent care / walk-in clinic (28)

☐ Vision care (29)

☐ X-rays or MRI (30)

☐ Other, please specify: _____ (31)

Q8.1
Which of the following best describes your health insurance? **Check all that apply**

- ☐ I don't have health insurance (1) ➡ **PLEASE GO ON TO Q8.2 ON PAGE 12**
- ☐ I don't have dental insurance (2)
- ☐ I have COBRA (3)
- ☐ I have health insurance through my job (4)
- ☐ I have healthcare through the military (VA, Champus, Tricare) (5)
- ☐ I have health insurance that I pay for on my own, or purchase through a group I belong to or through healthcare.gov or Obamacare (6)
- ☐ I have Medicaid (7)
- ☐ I have Medicare (8)
- ☐ I have a Medicare Supplement or Medicare Advantage plan (9)
- ☐ I have a Health Savings or Health Spending Account (10)
- ☐ I have dental insurance (11)
- ☐ I have vision insurance (12)
- ☐ Other, please specify: _____ (13)

IF YOU DO NOT HAVE HEALTH INSURANCE, GO ON TO Q8.2

OTHERWISE, PLEASE SKIP TO Q9.1 ON PAGE 13

Q8.2
Why don't you have health insurance? **Check all that apply**

- ☐ It's not available through my job (1)
- ☐ I get healthcare 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)

Q9.1
Have you been told by a doctor that you have any of the following? **Check all that apply**

- ☐ Asthma (1)
- ☐ Autoimmune disease (2)
- ☐ Cancer (3)
- ☐ Cerebral palsy (4)
- ☐ Cirrhosis or liver disease (5)
- ☐ COPD, chronic bronchitis, or emphysema (6)
- ☐ Depression, anxiety, or other mental health problems (7)
- ☐ Drug or alcohol problems (8)
- ☐ Heart disease (9)
- ☐ High blood pressure (10)
- ☐ High blood sugar or diabetes (11)
- ☐ High cholesterol (12)
- ☐ HIV / AIDS (13)
- ☐ Kidney (renal) disease (14)
- ☐ Migraine (15)
- ☐ Obesity or overweight (16)
- ☐ Stroke or cerebrovascular disease (17)
- ☐ Other, please specify: _____ (18)
- ☐ I don't have any health problems (19)

Q9.2
Which kinds of medical visits have you had within the past year? **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)

Q9.3
Have you had the screenings recommended for your sex and age?

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 I've had a Pap smear within the past 3 to 5 years. * If you are male or a female under 21, please check N/A * (1)	○	○	○
I am a female between the ages of 40 and 75, and I have had a mammogram within the past 1 to 2 years. * If you are a male or a female younger than 40 or older than 75, please check N/A * (2)	○	○	○
I am over 50 and have had colon cancer screening (stool-based test, colonoscopy, etc.) within the past 10 years. * If you're under 50, please check N/A * (3)	○	○	○

Q9.4
During the past 30 days, how many days did your miss work, school, or another regular activity due to pain or physical or mental illness? **Please enter a number from 0 to 30.**

Days: _____ (1)

COVID-19 has made life more difficult for many in our community. These questions will help us learn about *your* experiences.

Q10.2
In the past year, 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**

- ☐ Food (1)
- ☐ Housing (2)
- ☐ Transportation (3)
- ☐ Utilities (4)
- ☐ Clothing (5)
- ☐ Child care (6)
- ☐ Medicine or healthcare (medical, dental, mental, vision) (7)
- ☐ Phone (8)
- ☐ Other, please specify: _____ (9)
- ☐ I have been able to get whatever I needed (10)

Q10.3
Would you say that your quality of life is lower now than before the pandemic?

- ☐ Yes (1)
- ☐ No (2)

Q10.4
Since the pandemic started, do you check in with friends and family members more often?

- ☐ Yes (1)
- ☐ No (2)

Q10.5
Do you feel at risk when shopping or running errands?

- ☐ Yes (1)
- ☐ No (2)

Q10.6
Since the start of the pandemic, do you worry about things more than you used to?

- ☐ Yes (1)
- ☐ No (2)

Q10.7
Would you say that you appreciate your relationships with family members and friends more than you did before the pandemic?

- ☐ Yes (1)
- ☐ No (2)

Please tell us a little about the neighborhood or area you live.

Q11.2
I have to travel a long way to get a pharmacy.

- ☐ True (1)
- ☐ False (2)

Q11.3
It's easy for me to get to a good grocery store.

- ☐ True (1)
- ☐ False (2)

Q11.4
I feel safe where I live.

- ☐ True (1)
- ☐ False (2)

Q11.5
My neighborhood is often noisy at night.

- ☐ True (1)
- ☐ False (2)

Q11.6
Children in my neighborhood don't have safe places to play.

- ☐ True (1)
- ☐ False (2)

Q11.7
The neighborhood I live in is a good place for outdoor exercise, like walking or biking.

- ☐ True (1)
- ☐ False (2)

Q12.1
What is your current housing situation?

☐ I have housing (1) ➡ **PLEASE GO ON TO Q12.2**

☐ I stay with others (2)

☐ I live in a dorm, assisted living facility, shelter, or other group quarters (3)

☐ I don't have housing (4)

IF YOU DID NOT CHECK "I HAVE HOUSING," PLEASE SKIP TO Q13.2 ON PAGE 20.

Q12.2
Do you...?

☐ Own (1)

☐ Rent (2)

☐ Live in public or subsidized housing (3)

Q12.3
Are you worried about losing your housing?

☐ Yes (1)

☐ No (2)

Q12.4
How many people live in your home, including yourself?

Number: _____ (1)

Q12.5
How many of the people living in your home, including yourself, are age 17 years or younger?

Number: _____ (1)

Q12.6
How many of the people living in your home, including yourself, are aged 18 to 64?

Number: _____ (1)

Q12.7
How many of the people living in your home, including yourself, are age 65 or older?

Number: _____ (1)

Now we'd like to learn about things you do to take care of your own health and well-being.

Q13.2
Do you get at least 150 minutes of moderate aerobic activity, 75 minutes of vigorous aerobic activity, or a combination of moderate and vigorous most weeks?

Moderate aerobic exercise includes activities such as brisk walking, biking, swimming, and mowing the lawn. **Vigorous aerobic exercise** includes activities such as running and aerobic dance.

- ☐ Yes (1)
- ☐ No (2)

Q13.3
During the past 7 days, how many times did you eat fruit or vegetables (fresh or frozen), not including fruit or vegetable juice?

- ☐ I did not eat any fruit or vegetables in the past 7 days (1)
- ☐ 1 to 3 times in the past 7 days (2)
- ☐ 4 to 6 times in 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)

Q13.4
How often do the people living in your home eat a meal together?

- ☐ Not at all (1)
- ☐ Once a week (2)
- ☐ A few times a week (3)
- ☐ Most days (4)
- ☐ I live alone (5)
- ☐ I live in a dorm, assisted living or other group quarters or I don't have housing (6)

Q13.5
Where do you get the food that you eat at home? **Check all that apply**

- ☐ Backpack or summer food programs (1)
- ☐ Community Garden (2)
- ☐ Corner store, convenience store, or gas station (3)
- ☐ Dollar store (4)
- ☐ Farmer's market (5)
- ☐ Food bank, food kitchen, or food pantry (6)
- ☐ Grocery store (7)
- ☐ Home garden (8)
- ☐ I regularly receive food from family, friends, neighbors, or my church (9)
- ☐ Meals on Wheels (10)
- ☐ Take-out or fast food (11)
- ☐ I don't eat at home (12)
- ☐ Other, please specify: (13) _____

Q13.6
Do you worry sometimes about your food running out before you have money to buy more?

- ☐ Yes (1)
- ☐ No (2)

Q13.7
Do you find that the food you buy runs out before you have money to get more?

- ☐ Yes (1)
- ☐ No (2)

Q14.1

During the past 30 days, have you... **Check all that apply**

- ☐ Binged on alcohol? (1)
  For men, binging is 5 or more drinks within a few hours. For women, binging is 4 or more drinks within a few hours.
- ☐ Used tobacco? (2)
  For example, smoking cigarettes or a pipe, or chewing or dipping
- ☐ Vaped or used e-cigarettes? (3)
- ☐ Taken prescription drugs to get high? (4)
- ☐ Used marijuana to get high? (5)
- ☐ Used illegal drugs? (6)
  For example, cocaine, heroin, LSD, meth, crack, or ecstasy
- ☐ No, none of the above (7)

Q14.2

How often have you seen or talked to people that you care about and feel close to in the past 30 days?

For example, talked to friends or family on the phone, visiting or going out with 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)

Q14.3

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 stressed (1)
- ☐ A little bit (2)
- ☐ Somewhat (3)
- ☐ Quite a bit (4)
- ☐ Very stressed (5)

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

Q15.2

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 Q15.5, ON PAGE 24**
- ☐ Not currently working for pay or profit (3) ➡ **PLEASE SKIP TO Q15.4, ON PAGE 24**

Q15.3

How many paid jobs do you work?

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

Q15.4

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)

Q15.5

Are you a student?

- ☐ Yes (1)
- ☐ No (2) ➡ **PLEASE SKIP TO Q15.7, BELOW**

Q15.6

Are you enrolled...?

- ☐ Full-time (1)
- ☐ Part-time (2)

Q15.7

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)

Your answers to the questions in this last section will help us identify group differences in the health and well-being of community members.

Q16.2

How old are you?

Years: _____ (1)

Q16.3
What sex was put on your birth certificate when you were born?

- ☐ Male (1)
- ☐ Female (2)

Q16.4
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)

Q16.5
What is your marital status?

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

Q16.6
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)

Q16.7
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)

Q16.8
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)

Q16.9
What is your primary language?

- ☐ English (1)
- ☐ Spanish (2)
- ☐ Other, please specify: _____ (3)

Q16.10
Are you of Hispanic, Latino, or Spanish origin?

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

Q16.11
What is your race? Please select 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 (6)

Q16.12
What is your ZIP code? _____

Q17.1
Are you the parent or legal guardian of any children who live with you and are aged 17 or younger?

☐ Yes (1)

☐ No (2) ➡ **PLEASE SKIP TO Q18.1 ON PAGE 36**

Q17.2
Would you be willing to answer some questions about your children's health and healthcare?

☐ Yes (1)

☐ No (2) ➡ **PLEASE SKIP TO Q18.1 ON PAGE 36**

Q17.3
Is there a specific doctor's office, health center, or other place your child(ren) goes to if they are sick or need advice about their health?

☐ Yes (1)

☐ No (2) ➡ **PLEASE SKIP TO Q17.7 ON PAGE 30**

Q17.4
Is this where they would go for preventive healthcare, such as general check-ups, examinations, and immunizations or shots?

☐ Yes (1)

☐ No (2)

Q17.5
Is this where they would go for new health problems?

☐ Yes (1)

☐ No (2)

Q17.6
Is this where they would go for referrals to other health professionals if needed?

☐ Yes (1)

☐ No (2)

PLEASE SKIP TO Q17.8 ON PAGE 31

Q17.7
Where do your children go when they need medical care?

- ☐ 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)
- ☐ Pharmacy Clinic For example, CVS Minute Clinic (5)
- ☐ School nurse (6)
- ☐ Planned Parenthood (7)
- ☐ Urgent care or walk-in clinic (8)
- ☐ Telemedicine or virtual care (9)
- ☐ Other, please specify: _____ (10)

Q17.8
What kinds of medical care or services are hard to get for your child(ren) in your community?
Check all that apply

- ☐ Cancer care (1)
- ☐ Dental care (2)
- ☐ Emergency care (3)
- ☐ End of life / hospice / palliative care (4)
- ☐ Family planning / birth control (5)
- ☐ Inpatient hospital care (6)
- ☐ Immunizations / vaccinations / shots (7)
- ☐ Lab work (8)
- ☐ Medication / medical supplies (9)
- ☐ Mental healthcare / counseling (10)
- ☐ Physical therapy (11)
- ☐ Pediatrician (12)
- ☐ Preventive care (yearly checkups) (13)
- ☐ Programs or support to stop using tobacco products (14)
- ☐ School physicals (15)
- ☐ Specialty medical care for children For example, Pediatric cardiologist / heart doctor (16)
- ☐ Support services for drug or alcohol abuse (17)
- ☐ Urgent care / walk-in clinic (18)
- ☐ Vision care (19)
- ☐ X-rays or MRI (20)
- ☐ Other, please specify: _____ (21)
- ☐ I'm able to get all of the care my child(ren) need (22)

Q17.9
How long has it been since your child(ren) 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)

Q17.10
Have you been told by a doctor that your child or one of your children has any of the following? **Check all that apply**

- ☐ Asthma (1)
- ☐ Autoimmune disease (2)
- ☐ Cancer (3)
- ☐ Cerebral palsy (4)
- ☐ COPD, chronic bronchitis, or emphysema (5)
- ☐ Depression, anxiety, or other mental health problems (6)
- ☐ Diabetes or high blood sugar (7)
- ☐ Drug or alcohol problems (8)
- ☐ Heart disease (9)
- ☐ High blood pressure (10)
- ☐ High cholesterol (11)
- ☐ HIV / AIDS (12)
- ☐ Migraine (13)
- ☐ Obesity or overweight (14)
- ☐ Stroke or cerebrovascular disease (15)
- ☐ Other, please specify (16) _____
- ☐ My child / children don't have any health problems (17) ➡ **PLEASE SKIP TO Q17.12 ON PAGE 33**

Q17.11
Are you able to afford the medications and services needed for your child's or children's health conditions?

- ☐ Yes (1)
- ☐ No (2)

Q17.12
Does your child (do your children) get dental care?

- ☐ Yes (1)
- ☐ No (2) ➟ **PLEASE SKIP TO Q17.15 ON PAGE 34**

Q17.13
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)

Q17.14
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) _____

Q17.15
Does your child / Do your children use mental health, alcohol abuse, or drug abuse services?

- ☐ Yes (1)
- ☐ No (2) ➡ **PLEASE SKIP TO Q17.18 ON PAGE 35**

Q17.16
Where do they go for these services?

- ☐ Doctor or counselor's office (1)
- ☐ Apalachee Center (2)
- ☐ Emergency Room (3)
- ☐ Capital Regional Behavioral Health Center (4)
- ☐ Community Support Group For example, Alcoholics or Narcotics Anonymous, Celebrate Recovery, or Teen Challenge (5)
- ☐ Tallahassee Memorial Behavioral Health Center (6)
- ☐ Disc Village Behavioral Health (7)
- ☐ Townsend Addiction Recovery Center (8)
- ☐ Urgent Care or Walk-in Center (9)
- ☐ Other, please specify: (10) _____

Q17.17
Has your child(ren) had a mental health or substance abuse visit within the last 12 months?

- ☐ Yes (1)
- ☐ No (2)

Q17.18
Has your child(ren) been to the emergency room within the last 12 months for an illness?

☐ Yes (1)

☐ No (2)

Q17.19
Has your child(ren) have been to the emergency room within the last 12 months for an accident or injury?

☐ Yes (1)

☐ No (2)

Q17.20
Has your child(ren) had an eye exam within the last 12 months?

☐ Yes (1)

☐ No (2)

Q17.21
Are there times when your child(ren) don't get enough to eat?

☐ Yes (1)

☐ No (2)

Q17.22
Does your child or children get at least 60 minutes of moderate or vigorous activity each day?
Moderate activity = brisk walking, swimming, or biking
Vigorous activity = running, aerobic dance, sports practice

☐ Yes (1)

☐ No (2)

Q18.1
Is there anything else you would like to share about health and well-being in our community?

_____

_____

_____

_____

_____

Thank you for participating in the 2022 Community Health Needs Assessment Survey!
Your participation is helping us advance health and improve lives in our community.

TALLAHASSEE MEMORIAL HEALTHCARE

YOUR HOSPITAL FOR *life*

1300 Miccosukee Road Tallahassee FL 32308
850-431-1155 TMH.ORG