



2016 LEON COUNTY COMMUNITY HEALTH ASSESSMENT

Prepared by The
Florida Department of
Health in Leon County

Table of Contents

Executive Summary.....	2
Overview and Methods	5
Leon County Profile.....	6
Health Disparities, Leon County	9
Neighborhood Profiles	18
Discussion	21
Local Public Health System Assessment.....	22
Community Themes and Strengths	25
Forces of Change Assessment	28
Acknowledgements	31
Appendix A: Methodology Overview	32
Appendix B: Community Assets.....	34
Appendix C: Neighborhood Health Survey.....	36

Executive Summary

Acknowledgments

The steering group (SG) solicited input from a wide cross-section of people who live and work in Leon County, ensuring a truly collaborative community-based assessment.

Volunteers ensured the community's voice was heard throughout the process, collecting valuable data through the surveys that has been incorporated into this document.

Each member of the community who agreed to complete a survey and/or participate in a community focus group provided worthwhile information about the health of Leon County and helped prioritize the most important issues.

Introduction

The Florida Department of Health in Leon County (DOH-Leon) conducted the 2015-16 Leon County Community Health Assessment (CHA) with the support of 22 community organizations and several community members. DOH-Leon, in partnership with United Way of the Big Bend and Tallahassee Memorial Healthcare (the local not-for-profit hospital), led the SG. The CHA offers a data-driven framework for identifying priority health issues so that strategies for a community health improvement plan can be developed. The CHA was conducted with a focus on uncovering health disparities that are masked at the county level. This assessment details the priority health issues for Leon County after consideration of all the data collected.

Methodology

The SG guided the CHA process, which included randomized door-to-door surveys in six underserved neighborhoods using a modified tool developed and piloted through Whole Child Leon. A total of 300 surveys were completed and focus groups were held in each of the neighborhoods to process the data and affirm priorities.

Regular meetings of the SG began in October 2015 and continued at least monthly to provide oversight and review data collected from the Behavioral Risk Factor Surveillance System (BRFSS), conducted every three years in Leon County, and the Youth Risk Behavior Survey (YRBS), conducted every two years in public middle and high schools. These data sets were then combined with local birth, mortality and disease prevalence data. To set a benchmark, the data were compared to the state of Florida data and applicable targets outlined in Healthy People 2020, a national set of standards created to improve health.

Discussion

Leon County is also home to many community assets that positively impact the health of the population. These include, but are not limited to: the arts, foundations, healthcare, higher education, green space and county government activities. More importantly, there is a demonstrated history of cross-sectoral collaboration within these community assets and other entities.

There are many definitions of “community.” Community may refer to geographically defined areas or groups that share a common history or interest, a sense of collective identity, shared values and norms, mutual influence among members, common symbols or some combination of these dimensions. In the neighborhood health survey described here, we began with a geographically defined area, neighborhoods whose residents share common socioeconomic characteristics.

Community members were engaged in all phases of the survey process and will continue with the application of results to guide planned community change. Resident insights and perspectives will enhance the knowledge and understanding of community dynamics and conditions. This survey serves two purposes: It provides data on health and community concerns from an individual perspective and engages residents in becoming part of health improvement planning. The door has been opened for work to begin.

Community Health Status Findings

- People in Leon County are generally healthy.
- Despite overall good health, challenges and disparities are evident in lower socioeconomic neighborhoods.
- Social determinants such as economic instability threaten the health and well-being of a significant portion of our children and families.
- Mental health is frequently identified as a priority issue.
- High rates of sexually transmitted infections and HIV persist in our county.

Forces of Change and Community Themes

- Future of the Affordable Care Act is unknown
- Lack of economic opportunity for youth and young adults
- Coordination barriers contribute to gaps in service delivery
- Food and nutrition are seen as key focus areas
- Housing and the built environment are increasingly recognized as contributing to good health
- Communities that are disproportionately impacted by health and social issues do not receive effective communication about resources

The SG identified the following as priority public health issues:

Economic Stability

- Employment opportunities
- Housing stability

Education

- Early childhood education
- After-school programs/tutoring

Health Communication and Information

- Social marketing of health promotion
- Access to health information and resources

Maternal and Child Health

- Breastfeeding policy
- Access to prenatal care

Mental Health

- Access to mental health services
- Quality of mental health services

Neighborhood Safety

- Built environment
- Public safety

Nutrition and Physical Activity

- Increase access to healthy foods
- Increase physical activity

Sexually Transmitted Infection/HIV

- Reduce new cases
- Increase testing

Overview and Methods

To fully understand the community's perspective on health and determine what health issues the community considers to be most important to address in the coming years, a variety of people were involved in the assessment process. Lead agencies, Tallahassee Memorial HealthCare, the United Way of the Big Bend and DOH-Leon, together with a collaborative of individual representatives from 25 partner agencies and community representatives, worked collaboratively to complete the community health assessment.

Members of the community were engaged in all phases of the survey process, and will continue with the application of results to guide planned community change. The insights and perspectives of community residents that responded to our survey will enhance the knowledge and understanding about community dynamics and conditions. This survey serves two purposes: 1. Provide individual level data on health and community concerns and 2. Engage residents in becoming part of health improvement planning by gathering and using data to facilitate community change.

Mobilizing for Action through Planning & Partnership (MAPP)

The Mobilizing for Action through Planning & Partnerships (MAPP) was adopted as the community-wide strategic planning framework to guide the development of the CHA and CHIP process. The process includes four community health assessments used to better understand the assets and needs of a community and assist public health system partners as they focus on aligning resources toward improving the health and well-being (quality of life) of the community.

MAPP assessments conducted between 2015 and 2017:

Community Health Status Assessment

Door-to-door surveys were conducted at 300 households across six focus neighborhoods. Secondary data from sources such as vital statistics, U.S. Census, Florida Department of Health and others were used to assess the county's overall health status.

Forces of Change Assessment

The group process to assess the forces that may impact the health and quality of life of the community and the local public health system.

Community Themes & Strengths Assessment

Facilitated discussions with community members on health and other issues of interest and community assets. Focus groups conducted in the six focus neighborhoods, with 58 residents participating.

Local Public Health System Assessment

Subject matter experts from various disciplines participated in a workshop to assess the current capacity and performance of the local public health system.



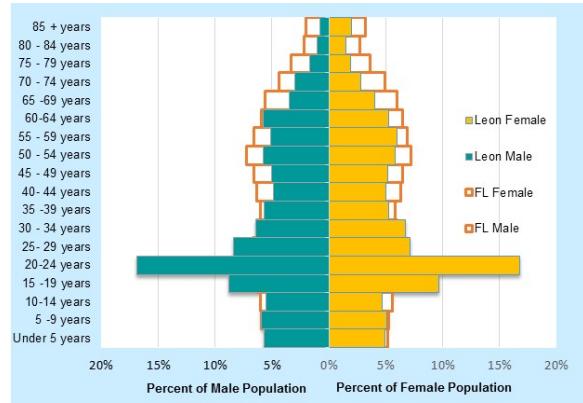
Leon County Profile

Leon County covers 702 square miles in area, including 667 square miles of land and 35 square miles of water. Located within Florida's panhandle, Leon County is home to Florida's capital, Tallahassee, which was established in 1824. The City of Tallahassee is the only incorporated municipality in the county and is the most populated city in Florida's panhandle.

Age and Sex

Leon County's population is largely made up of individuals 15 to 29 years old, specifically the 20-24 age group. Tallahassee is home to three institutes of higher learning serving approximately 70,000 students a year, which may account for the higher percentage of young adults.

Exhibit 1: 20-24 Largest Age Group



Source: U.S. Census Bureau, 2015 American Community Survey 1-Year Estimates

According to the U.S. Census Bureau, the population of Leon County was 284,740 in 2015. This represents a 16 percent increase in the population since 2000. Of the 2015 population, 149,057 (52.3 percent) were female and 135,683 (47.7 percent) were male. Leon County is the 22nd most populous county in the state of Florida and accounts for 1.4 percent of the state's total population.

Race and Ethnicity

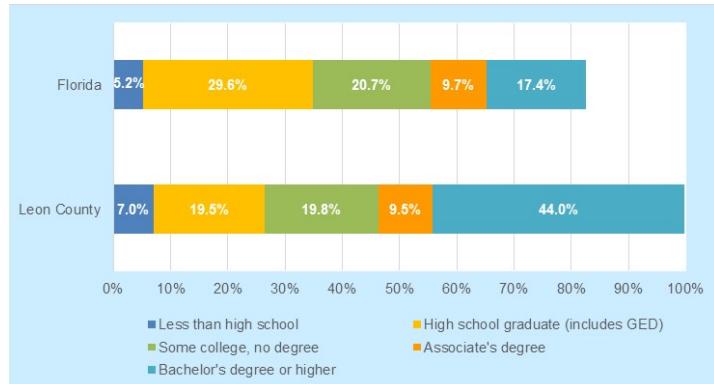
In 2015, 62.5 percent of the county's population identified itself as white and 32.0 percent as black. Health disparities are a key concern in a county where the percentage of blacks to whites is nearly twice as high as the statewide percentage (16.2 percent). This is seen in health outcomes linked to nutrition, infant mortality, HIV/STI, physical activity and others.

Education

Leon County's high school graduation rate in school year 2014-15 was 87.2 percent. The county's rate has steadily increased from 68.4 percent in the 2010-11 school year.

Leon County's educational attainment differs from that of the state of Florida. Approximately 43.6 percent of county residents 25 years of age and older held a bachelor's degree or higher (statewide rate was 27.2 percent). More respondents 25 years of age and older held high school diplomas (34 percent) versus those holding college degrees (16.6 percent).

Exhibit 2: 43.6% of County Residents Hold a Bachelor's Degree or Higher



Source: U.S. Census Bureau, 2015 American Community Survey 1-Year Estimates

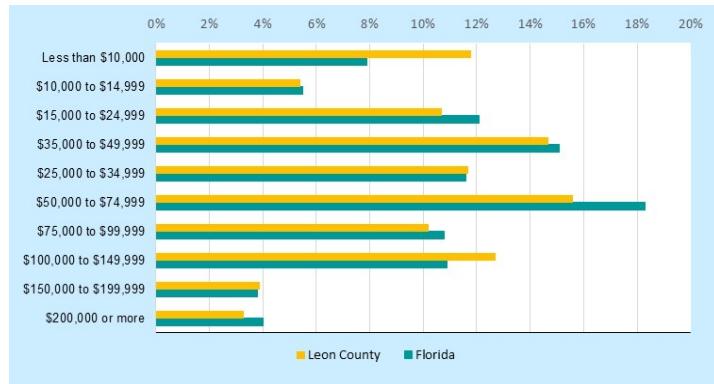
Labor Force, Income and Unemployment

According to the Florida Research and Economic Information Database Application (FREIDA), approximately 60 percent of the Leon County workforce are employed in: educational services, state government (excluding education and hospitals), healthcare and social assistance, retail trade and accommodation and food services. The top growing industries in Leon County are: arts, entertainment and recreation; construction; management of companies and enterprises; healthcare and social assistance; and professional, scientific and technical services. Each of these industries is projected to grow by more than 15 percent by 2023.

Individuals are considered “unemployed” if they are not employed and are actively seeking a job, as defined by the labor force. In July 2016, 7,354 people were unemployed in Leon County (5.0 percent) while the unemployment rate statewide was 5.1 percent.

The percentage of individuals earning less than \$10,000 per year in Leon County in 2015 was greater than the statewide percentage. Public health services are critical in communities where a large number of residents do not make enough to live on. State government leaders and university faculty – many of whom receive health benefits -- contribute to the numbers making more than \$100,000.

Exhibit 3: 12% of County Residents Make Less than \$10,000



Source: U.S. Census Bureau, 2015 American Community Survey 1-Year Estimates

Housing

Estimates of the number of homeless people in Florida communities are obtained through “point-in-time” (PIT) counts on one day during the last 10 days of January. The PIT count includes “individuals and families who live in a place not meant for human habitation (including the streets or in their car), emergency shelter, transitional housing and hotels paid for by a government or charitable organization.” On the night of January 25, 2016, 768 people in Leon County were identified as homeless (about a 5 percent decrease from 2015).

In 2014-15, there were 797 Leon County Public School students who experienced homelessness. Of this number, 193 (24.2 percent) were living in an emergency or transition shelter; 539 (67.6 percent) were sharing housing with other persons due to loss of housing, economic hardship or a similar reason; and 47 (5.9 percent) were living in a hotel or motel. An estimated 9.3 percent (74 total) of homeless students were unaccompanied, not in the physical custody of a parent or legal guardian.

According to the 2015 U.S. Census, there were 126,736 housing units in Leon County. About 55,624 (49.6 percent) of the housing units were owner-occupied and 56,521 (50.4 percent) were renter-occupied. Cost-burdened households are households that pay more than 30 percent of their household income for rent or mortgage costs. About 43 percent of households (49,596 total households) paid more than 30 percent of income for housing.

Access to Care

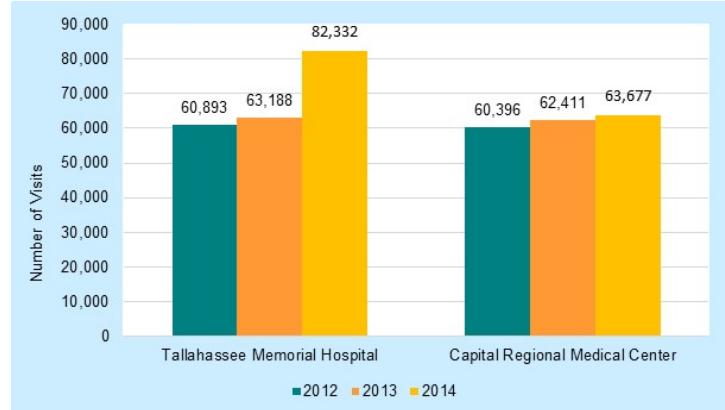
Access to healthcare services is an important determinant of health status and continues to be a central focus for health policy in Florida. The availability of care is not a true reflection of meeting healthcare needs unless there is access to that care by all segments of the population. Traditionally, low income, uninsured people report the most difficulty in accessing healthcare resources. While many factors contribute to chronic disease and poor health outcomes, expanding health coverage can provide an important step in improving health by supporting individuals' ability to access preventive and primary care, as well as, ongoing treatment of health conditions.

Health insurance coverage is critical to accessing medical care in the U.S. Coverage options vary dramatically in terms of what services are covered, what providers are covered, and what portion of the cost is patient responsibility. According to the U.S. Census Bureau (2014), 87.7 percent of county residents had some form of health insurance. The uninsured rate was higher among blacks (17.8 percent) when compared to whites at 9.4 percent.

Emergency departments in Leon County had a total of 146,009 visitors in 2014. Tallahassee Memorial Hospital had a total

of 82,332 visitors, while Capital Regional Medical Center saw a total of 63,677. The increase of individuals with Medicaid Managed Care utilizing emergency departments for care is a likely explanation for the significant increase for Tallahassee Memorial Healthcare.

Exhibit 4: TMH had a Significant Increase in ED Visits



Source: Agency for Healthcare Administration

Having a usual primary care physician is associated with greater patient trust in the provider, good patient-provider communication and increased likelihood that patients will receive appropriate care. An average 73 percent of neighborhood health survey respondents acknowledged they have one person they think of as their personal doctor.

In 2013, there were 227 primary care physicians in Leon County. The ratio of population to primary care physicians was 1,242:1 (1,242 people for every 1 primary care physician), compared to the statewide ratio of 1,390:1.

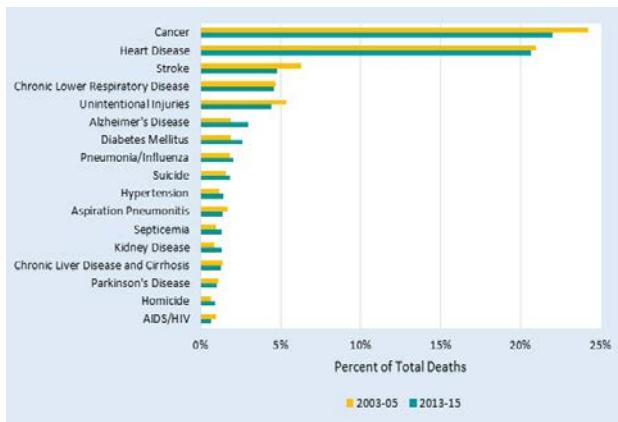
Leading Causes of Death

The top five leading causes of death are: heart disease, cancer, cerebrovascular disease, chronic lower respiratory disease and unintentional injuries which account for over 56 percent of all deaths in Leon County

in 2013-15. The top two causes -- cancer and heart disease -- account for about 45 percent of all deaths.

Comparing the most current leading causes of death with those from the previous 10 years shows that the top five causes have remained the same however, there has been a decrease in the proportion of the top five causes. Notable exceptions to this include HIV/AIDS, Parkinson's disease and aspiration pneumonitis, where decreases have occurred over the last ten years.

Exhibit 5: Leading Causes of Death Remain the Same after Ten Years



Source: Florida Department of Health, Vital Statistics

Health Disparities, Leon County

Although the term *disparity* is often interpreted to mean racial or ethnic disparities, many dimensions of disparity exist in the County, particularly in health. If a health outcome is seen to a greater or lesser extent between populations, there is disparity. Race or ethnicity, sex, sexual identity, age, disability, socioeconomic status, and geographic location all contribute to an individual's ability to achieve good health.

Chronic Disease Burden

Chronic diseases are long-lasting conditions that can be controlled but not cured. These largely preventable conditions are also our nation's leading causes of death and disability. Leon County, in general, has a lower burden of disease compared to Florida as a whole. However, in Leon County's focus neighborhoods, the burden of many chronic diseases is disproportionately higher than that of the county. For general chronic disease trends in Leon County, see the [County Chronic Disease Profile](#) on FL CHARTS.

The hospitalization rates for asthma, type 2 diabetes and heart disease are significantly lower in Leon County compared to the state, but disparities exist within the county. During 2012-14, there were 6,152 hospitalizations related to asthma, of which the majority were among blacks at a rate of 1224.1 per 100,000 compared to whites at 643.0. The asthma hospitalization rate for blacks was nearly twice as high as whites, a ratio of 1.9:1.

According to the 2013 Behavioral Risk Factor Surveillance Survey (BRFSS), the percentage of *adults who have ever been told they had diabetes* was 6.8 percent for blacks and 7.5 percent for whites. In the focus neighborhoods, 16.5 percent of respondents were told they have diabetes or high blood sugar and the majority were black and female. The rate of black/white diabetes hospitalizations tells a different story, showing a ratio of 2.4:1.

Heart disease was the second leading cause of death in Leon County during the 2013-15 period. The most recent BRFSS (2013), shows that 11.1 percent of black adults *had been told they had coronary heart disease, heart attack or stroke* and 7.1 percent were *told they had a stroke*, compared to whites at 4.4 percent and 1.8 percent. The black/white rate of

hospitalizations related to coronary heart disease, stroke and congestive heart failure show a ratio of 1.1:1, 1.7:1 and 2.4:1, respectively.

For the 2013-15 period, cancer was the first leading cause of death in Leon County. Cancer cases diagnosed at advanced stage is higher among blacks (52.5 percent) compared to whites at 45.5 percent, a black/white rate ratio of 1.2:1. New breast cancer cases among black women was significantly higher than that of white women. The rate of new colorectal cancer cases was higher among blacks (34.5 per 100,000), a contrast to whites at 16.5 per 100,000. Of the new lung cancer cases, blacks were diagnosed at a rate of 47.7 per 100,000 and whites at 35.8 per 100,000; a black/white ratio of 1.3:1. Similar to colorectal cancer, the disparity gap in new cases of prostate cancer shows that blacks are 2.4 times more likely to be diagnosed at a rate of 250.5 per 100,000 compared to whites at 104.1 per 100,000.

Respondents in the focus neighborhoods report having the following chronic conditions:

- Hypertension – 35%
- Diabetes – 18%
- Heart Disease – 14%
- Asthma – 10%

Social and Economic Factors

Income provides economic resources that frame choices about housing, education, child care, food and medical care. Poor families and individuals are most likely to live in unsafe homes and neighborhoods, often with limited access to healthy foods, employment options and quality schools.

Compared to all Florida counties, Leon has the second highest ratio of income

inequality in the state. For the latest 5-year period, the income limit for the top earning 20 percent in the county is 5.9 times the income of the bottom 20 percent of the households.

The distribution of income in Leon County is fairly similar to that of the state as a whole, with some notable exceptions: the largest discrepancy is found in the lowest levels of income, with 11.8 percent of county households having income less than \$10,000 compared to 7.9 percent for the state; the county has proportionally fewer households with income in the \$50,000-\$74,999 range, with 15.9 percent compared to 18.3 percent for the state; and the county has proportionally more households with incomes in the \$100,000-\$149,999 range, with 12.7 percent compared to 10.9 percent for the state.

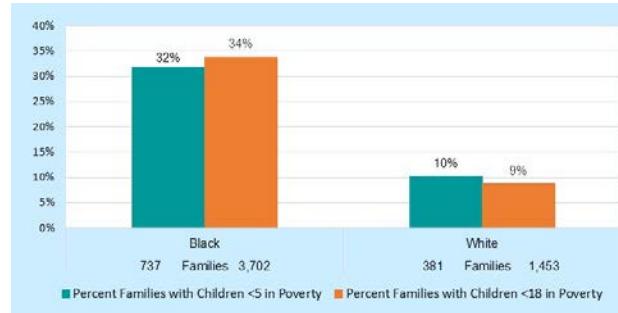
The most current census figures reveal that almost 1 in 4 persons in Leon County is living below the federal poverty line. The poverty rate for Leon County has risen from 17 percent in 1990 to 22 percent in 2015.

Leon County has one of the highest rates of poverty in the state. The black/white ratio for individuals below the poverty level is 2:1, with 33.7 percent of blacks and 16.6 percent of whites. Child poverty rates in the county have risen from 16 percent in 1990 to 21 percent in 2010 and are now at 20.6 percent for 2015, with the steepest increases occurring since the beginning of the Great Recession in 2008.

Significant differences in poverty between black and white families exist in the county. Black families with children are three times more likely to be in poverty than white families with children. Using the latest five-year census estimates, one-third of all black families with children live in poverty (34

percent) compared to 1 in 10 white families with children (9 percent).

Exhibit 6:
34% of Black Families with Children Live in Poverty



Source: U.S. Census Bureau, 2015 American Community Survey

Forty percent of all children in Leon County live in single adult households, with black families having the highest proportion of single adult households at 56 percent, followed by Hispanics at 34 percent, whites at 24 percent and Asians at 17 percent. When compared to Leon County overall, the focus neighborhoods were predominately single-parent households: South City at 66 percent, followed by Greater Frenchtown and Aenon Church Road at 63 percent. Children in single parent households were four times more likely to live in poverty (43 percent) than children in two-parent households (9.8 percent).

Leon County experiences significant housing issues, including a lack of affordable housing, overcrowding, and homelessness. Housing units with a mortgage (43 percent) spent 30 percent or more of household income on housing, while nearly 5 in 10 renter-occupied housing units (47 percent) had a similarly high burden. Black households experienced a greater housing cost burden than whites.

Education

More schooling is associated with higher incomes, better employment opportunities and increased social supports that reinforce opportunities for healthier choices. Higher levels of education are linked to better health, healthier lifestyles and fewer chronic conditions. Education is also associated with length of life: on average, college graduates live nine more years than high school dropouts.

The county ranks first among all counties in Florida for the percentage of residents over 25 years of age who have at least a bachelor's degree at 43.6 percent. Residents in the focus

neighborhoods had a higher percentage of individuals that attended high school but did not graduate (14.5 percent) when compared to the county (5 percent), State (7.6 percent) and U.S. (7.5 percent). Leon County blacks are more likely to be 25 years of age and over with no high school diploma (14.7 percent) when compared to whites (4.9 percent), a black/white ratio of 3:1.

Disparities in readiness levels based on family income are clearly evident in Leon County. Comparing readiness levels between children entering Title 1 elementary schools (those serving a high proportion of low-income neighborhoods) with those entering non-Title 1 schools shows marked differences in readiness. Research shows that without significant efforts to reduce the gap in readiness in the early grades, the gaps persist and even widen as children go through the school system. Five of the focus neighborhoods are zoned for Title 1 schools.

Exhibit 7:
Reading Readiness Skills Lower in Title 1 Schools

	Total Number of Students Screened 2012-13	Percentage of Students Not Consistently Demonstrating Necessary Skills
Title 1 Schools	883	35%
Non-Title 1 Schools	1,221	13%
Total	2,104	22%

Source: Florida Department of Education, Office of Early Learning

Exhibit 8:
General Readiness Skills Lower in Title 1 Schools

	Total Number of Students Screened 2012-13	Percentage of Students Not Consistently Demonstrating Necessary Skills
Title 1 Schools	1,089	44%
Non-Title 1 Schools	1,243	21%
Total	2,332	32%

Source: Florida Department of Education, Office of Early Learning

Healthy Behaviors

Individual choice is one of the most influential, far-reaching determinants of health. Being overweight or obese increases one's risk of developing chronic conditions, such as heart disease, type 2 diabetes, cancer, hypertension and high cholesterol, and having a stroke. Therefore, being obese or overweight increases the risk of premature death. Compared to the state, Leon County has a lower percentage of overweight adults (28.6 percent vs. 36.4 percent respectively), but a higher percentage of obese adults (27.8 percent vs 26.4 percent respectively). Black adults are more likely to be obese than their white counterparts with a rate ratio of 1.8:1. They

are also more likely to be inactive or insufficiently active (55.9 percent) compared to whites (43.4 percent).

During the 2015-16 school year, BMI data was taken on first-, third- and sixth-grade students in Leon County Public Schools. The table below shows the number of students screened in each of the three grades and the corresponding percentages for each BMI category.

Exhibit 9:
Overweight and Obesity Rates Increase at Each Grade Level

Grade	Total Screened	Percent over + obese
1	2345	27.7
3	2418	34.0
6	2028	39.8
ALL	6791	33.5

Source: DOH-Leon, School Health Program

When looking at the BMI categories by grade level in each school, it was determined that Roberts Elementary had the lowest percentage of overweight and obese first-grade students (17.1 percent) and Apalachee Elementary had the highest (41.6 percent). For third grade, Buck Lake Elementary had the lowest at 22.9 percent, while Fort Braden had the highest at 44.8 percent. For sixth-graders, Deerlake Middle School was at 26 percent, compared to Raa and Fort Braden which tied at 50 percent. It should be noted that Apalachee and Fort Braden qualify for Title 1 services based on their free or reduced lunch percentages, as determined by the Annual Economic Survey and are located in two of the focus neighborhoods.

Overall, Leon County's adult tobacco use is lower than that of the state, 12 percent vs. 16.8 percent. Whites are more likely to be

smokers (12.8 percent) when compared to blacks (9 percent).

When comparing Leon County youth to those throughout the state, they were significantly more likely to report they used any form of tobacco (12 percent) or smoked cigars on one or more of the past 30 days (7.8 percent).

The percentage of the population that engages in binge drinking is slightly higher in Leon County compared to that of state (19.7 percent vs 17.6 percent). Whites were more likely to engage in excessive drinking than blacks.

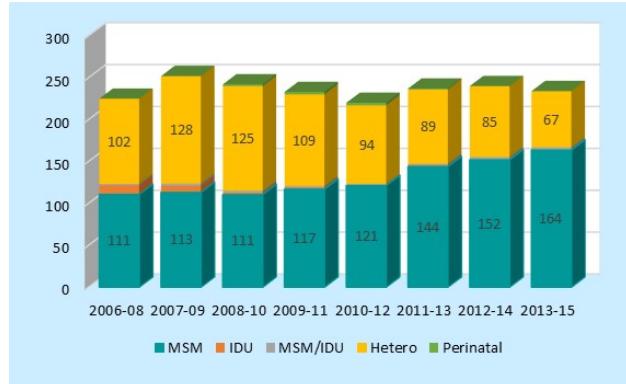
HIV and Sexually Transmitted Infections

The prevention and control of communicable or infectious disease is essential to public health. Some communicable diseases, including HIV/AIDS and other sexually transmitted infections (STIs), have a markedly higher incidence rate in the county. **Among Florida's counties, Leon had the 5th highest rate for HIV and the 8th highest rate for AIDS cases.** Racial disparity exists in new HIV and AIDS cases for Leon County, where blacks were over 15 times more likely than whites to be diagnosed with HIV and over 10 times more likely to be diagnosed with AIDS.

For the 2013-15 period, men who have sex with men (MSM) accounted for about 70 percent (164 diagnoses) of the new HIV-positive diagnoses in Leon County, compared to 60 percent statewide. Adults 20-29 years of age represent 55 percent of new HIV infections, three times more likely than their statewide counterparts. Blacks accounted for 79 percent of HIV/AIDS deaths in Leon County. In addition, they were nine times more likely than whites to die from HIV/AIDS. Deaths from HIV/AIDS

is an indication that medication is not managed properly or individuals may be out of care for extended periods of time.

Exhibit 10: HIV Diagnoses among MSM Increased by 48% over Ten Years



Source: FDOH, HIV/AIDS Section

Leon County is ranked first for gonorrhea and chlamydia cases. A great disparity exists: blacks were 15 times more likely than whites to have gonorrhea and black males and females 20-24 years of age had the highest number and rate of cases in the county. The gonorrhea rate was 14 percent higher among males than among females.

For the 2013-15 period, there were 8,296 chlamydia cases in Leon County, a rate of 980.9 cases per 100,000 population. This rate was more than twice as high as the statewide average of 433.8. Females were twice as likely as males to be diagnosed with chlamydia, while blacks were about six times as likely to have been diagnosed with chlamydia.

Untreated syphilis can cause irreparable organ damage and stillbirth during pregnancy. For the 2013-15 period, there were 70 infectious syphilis cases in Leon

County, corresponding to a rate of 8.3 cases per 100,000 population. This rate was lower than the statewide rate of 9.1 cases per 100,000 population. However, the county ranked 10 out of 67 counties for the highest rate. Overall, the syphilis rate in Leon County has increased during the past 20 years.

Maternal and Child Health

The gross disparities within Leon County continue to be enforced by the trends in perinatal and maternal health when compared to the State. The well-being of mothers, infants and children determines the health of the next generation and can help predict future public health challenges for families, communities, and the healthcare system.

In the 2013-15 period, 60 infants died in Leon County before their first birthday. Significant and persistent disparities by race are found in Leon County. Both black and white infant mortality rates have decreased on the whole, but **in the most recent period (2013-2015) black mothers were approximately two times more likely to have an infant die than white mothers.**

For 2013-15, 10.6 percent of Leon County babies were born premature for an average of 322 babies per year. Looking at major racial differences in prematurity, black babies are 70 percent more likely to be born prematurely than white babies; a 13.3 percent black prematurity rate compared to 8.3 percent for white babies in 2013-15.

Overweight and obese women have increased risks of preterm birth, LBW and infant death. Data reveals racial differences between black and white mothers, with 54.8 percent of black mothers being obese or overweight for 2007-11 compared to 41.1 percent for white mothers. While black rates

have fallen slightly during this time period, white rates have risen and have closely mirrored the state rate. Even though there has been a narrowing of the gap between white and black levels of mothers being obese/overweight, this is unfortunately due largely to an increase in levels for white mothers.

Smoking before and during pregnancy is associated with fetal growth restriction/LBW and heightened risk for sudden infant death, among other notable maternal complications. In Leon County, the white rate was 7.7 percent compared to a black rate of 6.0 percent. There is cause for concern as the rate of smoking has increased for both black and white mothers from 2011-13 to the current levels. This situation calls for further review.

More than half of the mothers in Leon County (54.5 percent) received adequate prenatal care in the 2013-15 period when measured by the Kotelchuck Index, the most widely used index that measures when prenatal care began (initiation) and the number of prenatal visits during pregnancy. Racial differences in adequacy of prenatal care are evident as 58.6 percent of white mothers have adequate care compared to only 49.4 percent of black mothers. Both black and white mothers' level of receiving adequate care have declined over the last 20 years and the disparities between them has remained the same over this time period.

For the 2013-15 period, 80.3 percent of all Leon County mothers initiated breastfeeding in the hospital, an increase from 76.3 percent since reporting began in 2004. Breastfeeding practices vary considerably by maternal race, age and education. Black mothers initiate breastfeeding at significantly lower rates than white mothers;

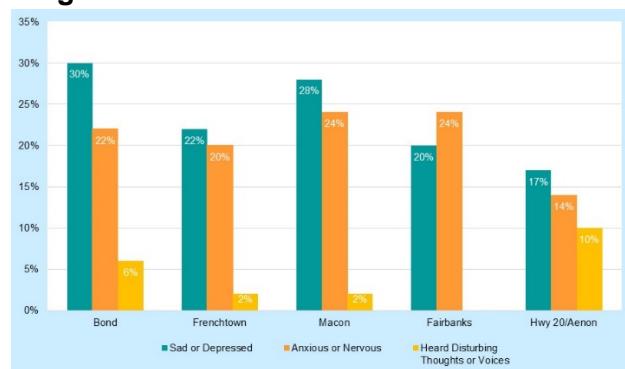
for the latest reporting period, only 68.5 percent of black mothers in Leon County initiated breastfeeding compared to 88.5 percent of white mothers.

Mental Health

Mental health is important at every stage of life. When people enjoy a sense of well-being and are free from mental illness, they are more likely to lead a productive life, maintain fulfilling relationships, participate in health-promoting behaviors, adapt to change, and cope with adversity.

The mental health questions were expanded to include information about specific categories of mental illness, including anxiety, depression and psychosis. These responses were notable for both broad levels of mental health issues and specific neighborhood issues. Broadly, all responses in this survey were significantly higher than national norms.

Exhibit 11: Mental Health among Focus Neighborhoods



Source: 2016 Neighborhood Health Survey

In contrast to the state, Leon County whites were more likely to report that they had poor

mental health and had a higher average number of poor mental health days than blacks. At both the county and state levels, black women had the highest average number of poor mental health days than other racial/ethnic groups and sex groups.

Leon County residents perceive slightly greater stress levels than people nationally. Local research found instances of stress related to where people live. Additionally, emergency rooms may be used for stress related symptoms by individuals without primary care. Women are more likely to visit the emergency room for a stress related illness.

"Our culture avoids the issue of mental health and seeking help. We just accept it as if it is normal".

~Resident, Bond Neighborhood

Healthy and Safe Physical Environment

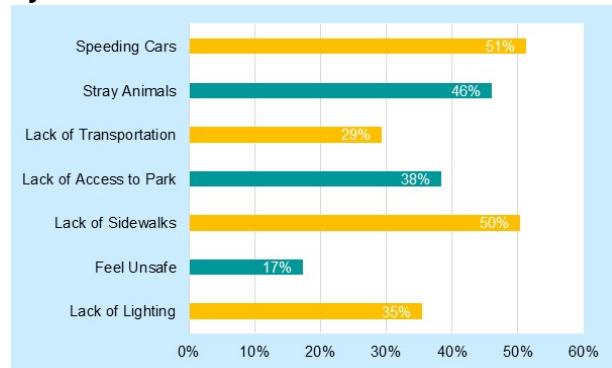
Unhealthy diets and overweight are not a function only of behaviors. Environmental factors also play an important role. Environmental health extends beyond technical solutions and includes human rights and health equity.

Among Florida's counties, Leon ranked 3rd out of 67 for the highest food insecurity rate.¹ An estimated 21.8 percent of Leon County residents were food insecure at least some time during 2014, meaning they lacked access to enough food for an active, healthy life. The food insecurity rate for Leon County children is estimated at 23.2 percent (12,500 children)

¹ United States Department of Agriculture, Economic Research Service. (2016, September 7). *Food Security in the U.S.: Overview*.

with 45 percent of these children over 185 percent of the federal poverty level.

Exhibit 12:
Focus Neighborhoods Severely Impacted by Built Environment Issues



Source: 2016 Neighborhood Health Survey

The Fairbanks neighborhood reported the highest percentages for: lack of lighting (50 percent), lack of sidewalks (88 percent), lack of access to parks (98 percent) and lack of transportation (72 percent).

Respondents in Aenor Church reported the second highest for lack of sidewalks (79 percent) and lack of transportation (62 percent). Compared to the others, these two neighborhoods are part of the county boundary and more rural.

Concerns related to speeding cars were significantly reported in Bond (63 percent), Frenchtown (62 percent), Macon 54 percent and South City (66 percent).

Crime can create a barrier to active living, a point made during several of the community meetings. For example, safety of area parks was a consistent theme. In 2013-15, blacks were more than five times as likely as whites to be victims of homicide at 12.9 per 100,000 vs 2.3 per 100,000. Two of the focus neighborhoods – South City and Greater Frenchtown -- have experienced many of the homicides in recent years. Depending on where residents live in the

neighborhood, some felt unsafe and perceived high levels of crime and violence. While police presence was once high in a few of the neighborhoods, current perception is police presence is now decreased.

In 2013-15, Leon County had 5,173 domestic violence offenses, and the rate was 611.6 per 100,000 population, exceeding the state rate of 549.3 per 100,000. The county experienced about a 54 percent increase between 2005-07 and 2013-15. Leon County ranked 6 out of 67 counties for the highest rate of aggravated assault, an estimated 4,312. Many of these crimes are committed within Tallahassee's city limits.

Health Information and Resources

Access to and understanding of healthcare services and resources is important for the achievement of health equity and for increasing the quality of life for everyone. By addressing many of the disparities associated with cultural and economic differences and barriers, trust and empowerment within the community can be fostered.

All people have some ability to manage their health and the health of those they care for. However, with the increasing complexity of health information and healthcare settings, most need additional information, skills and supportive relationships to meet their health needs. Disparities in access to health information, services and technology can result in lower usage rates of preventive services, less knowledge of chronic disease management, higher rates of hospitalization and poorer reported health status.

The neighborhood health survey and community meetings found that residents

have a difficult time obtaining health information and using the healthcare system to address their personal health needs. The social determinants previously mentioned factor in; for instance, without money a person has limited ability to pay for needed services. Independent of the ability to pay for services is a need for clear and concise health information communicated broadly to allow residents to make good health decisions. Communication around services and opportunities for health improvement are critical and need to be improved. Several residents felt that awareness of some community assets was low and that some needs could be met with existing resources if communication was better.

"Community members need to be educated on resources available, health insurance system and community leadership".

~Resident, Greater Frenchtown

Access and Quality Clinical Care

Access to comprehensive, quality healthcare services is important for the achievement of health equity and for increasing the quality of life for everyone. Lack of adequate insurance coverage makes it difficult for people to get the healthcare they need and, when they do get care, burdens them with large medical bills. The County uninsured percentage was higher among blacks (17.8 percent) when compared to whites (9.4 percent). Among focus neighborhoods, South City and Aeonon Church Road had the highest percentage of uninsured respondents at 23 percent and 22 percent, respectively. While 13 percent of Leon County residents have Medicaid as an insurer, our focus neighborhoods were at least three times that.

Across all focus neighborhoods, hospital emergency rooms were most frequently used by respondents, followed by Bond Community Health Center, then the Family Practice of Tallahassee Memorial Hospital. Respondents that had difficulty getting medical services in the past year cited the following reasons: no insurance coverage, lack of money and transportation.

Children who have Medicaid Managed Care utilize emergency rooms at a rate of 54 percent compared to 22 percent for those with commercial health insurance. These disparities indicate that children that have Medicaid Managed Care use emergency rooms at a greater number and there should be more preventative efforts made to reduce the amount of low-income children that use the emergency department as their primary treatment.

Maintaining good oral and physical health requires a multi – faceted approach including a healthy diet, proper exercise, access to healthcare professionals, and public health initiatives such as fluoridated community water and preventive dental services including dental sealants. Access to dental care by low-income individuals is significantly lower in Leon County (19.4 percent) when compared statewide (26.1 percent). Throughout the focus neighborhoods, 46.5 percent of respondents visited the dentist in the past year, lower than statewide.

"Dental care is needed for adults and elderly Medicaid recipients. It is hard to find a dentist".

~Residents, Focus Neighborhoods

A total of 202,960 (90.4 percent) Leon County residents are served by the city water system, drinking fluoridated water. Talquin Electric / Water serves 22,000 people which may be fluoridated, while the number of people on well water is unknown.

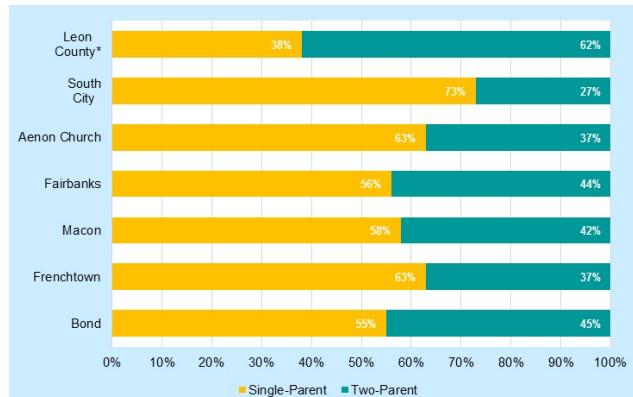
Neighborhood Profiles

The neighborhood health survey was conducted in six neighborhoods of Leon County based on median household income, poverty rates and education attainment – Bond, Greater Frenchtown, Macon, Fairbanks Ferry, Aenon Church and South City. This section describes the six focus neighborhoods with demographic characteristics that are indicators of vulnerability to health and economic disparities. These include the proportion of female-headed households under the poverty line and the proportions of residents that do not have a high school diploma, are non-white and are without health insurance.

Household structure plays an important role in the economic and social well-being of families and individuals. The number and characteristics of household members affect the types of relationships and pool of economic resources available within the household.



Exhibit 13: More Single-Parent Households in Focus Neighborhoods



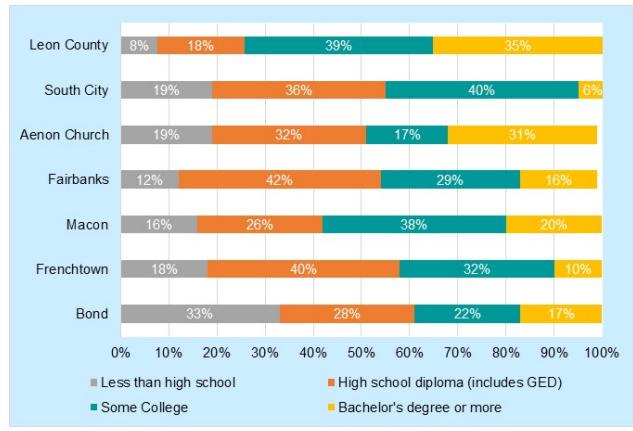
Source: 2016 Neighborhood Health Survey

"The park has drugs and alcohol, not safe for kids to play".

~Resident, Macon Neighborhood

Higher education attainment, in terms of recognized qualifications is associated with a range of positive outcomes, including better income, employment, and health. As the requirements for many jobs and expectations of employers rise, education that provides the necessary skills and knowledge has become essential for full participation in society.

Exhibit 14: Educational Attainment Lower in Focus Neighborhoods



Source: 2016 Neighborhood Health Survey

To benefit future generations, we must understand the issues that foster or inhibit positive developmental and health outcomes of our children. There is a need to identify what can be done to strengthen and support children and their families.

Majority of households included children in Pre-K (73 percent) or elementary school (88 percent). Parents/guardians across all six focus neighborhoods were concerned for their child's safety in the neighborhood. When given the opportunity to identify a program or service that may improve health or learning for their children, respondents suggested: after school activities/programs, to include mentoring and tutoring.

Access to Care

Access to comprehensive, quality healthcare services is important for the achievement of health equity and for increasing the quality of life for everyone. This survey focused on health insurance coverage, services, and barriers to both. Lack of adequate insurance coverage makes it difficult for people to get the healthcare they need and, when they do get care, burdens them with large medical bills. South City and Aenon Church neighborhoods had the highest percentage of uninsured respondents at 23 percent and 22 percent, respectively, which is almost twice that of the county at 12 percent.

On average, 73 percent of respondents have a personal doctor, the highest being Bond (88 percent) and Fairbanks (83 percent). Though respondents identified a personal doctor, 17 percent of respondents used a hospital emergency room for healthcare services.

Barriers to accessing healthcare services lead to unmet health needs, delays in

appropriate care, inability to get preventive services, and hospitalizations that could have been prevented. Respondents that had difficulty getting medical services in the past year cited the following reasons. Items in bold indicate the most frequent reasons across all neighborhoods.

- **Lack of transportation**
- **No insurance coverage**
- **Lack of money**
- Long wait times
- Distance from their home to the office or clinic

Health and Health Behaviors

Health is a dynamic process because it is always changing. There are times of good health, times of sickness, and maybe even times of serious illness. As lifestyles change, so does one's level of health. As one's lifestyle improves, their health also improves and the person will experience less disease and sickness. Physical health is only one aspect of overall health. When compared to the county at 89 percent, on average 75 percent of focus neighborhood respondents indicated their overall health as good or excellent.

Health Behaviors

Health behaviors can directly affect health outcomes. Healthy behaviors such as exercising and eating sensibly lower the risk of conditions like heart disease and diabetes, while unhealthy behaviors such as smoking and excessive drinking raise the risk of conditions like lung cancer and liver disease.

Cigarette smoking harms nearly every organ of the body, causes many diseases, and reduces the health of smokers in general. Quitting smoking lowers one's risk for smoking-related diseases and can add years to one's life. The percentage of

current smokers in the focus neighborhoods was higher when compared to the county, of that group 51 percent tried to quit at least once in the past year.

While the overall county smoking rate for blacks is 9 percent, the graph below shows a higher percentage of smokers in the focus neighborhoods. DOH-Leon's Point of Sale Assessment demonstrates a higher concentration of tobacco retailers and promotional activities in four of the focus neighborhoods. This is one factor as to why the smoking rate is higher.

Exhibit 16: Percentage of Current Smokers Higher in Focus Neighborhoods Compared to the County



Source: 2016 Neighborhood Health Survey

Regular physical activity improves overall health by preventing many adverse health outcomes. Physical activity affects many health conditions, and the specific amounts and types of activity that benefit each condition vary. Eating more fruits and vegetables adds nutrients to diets, reduces risk for chronic conditions, and helps to manage body weight.

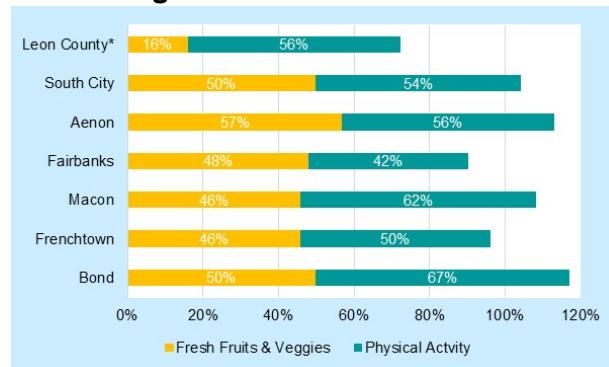
According to the 2013 BRFSS 41% of Leon County adults had a healthy weight. This was about a 13.3% increase from 2010. Sixteen percent reported they consumed five or more servings of fruits or vegetables per day. This rate was lower than the state's average of 18.3%, but the difference was not statistically significant. Among racial groups, Blacks were less likely to report they consumed five or more servings of

fruits or vegetables per day. In comparison, 50% of respondents stated they consume five or more servings of fruits or vegetables per day on the neighborhood survey. This is significantly higher than the overall county rate.

In 2013, 56.3% of Leon County residents were overweight or obese, with Blacks having a higher percentage when compared to Whites. A difference was also seen between races regarding sedentary lifestyle. In terms of getting at least thirty minutes of physical activity daily, the percentage of respondents to the neighborhood survey (55%) was equal to the overall county.

Focus neighborhoods – Frenchtown, Macon and South City have community gardens that are different development stages. The gardens are supported by FAMU and UF/Leon County Cooperative Extension offices to assist communities in planting and producing reliable food items for consumption.

Exhibit 17: Self-reported Fresh Fruits and Vegetable Consumption Higher in Focus Neighborhoods



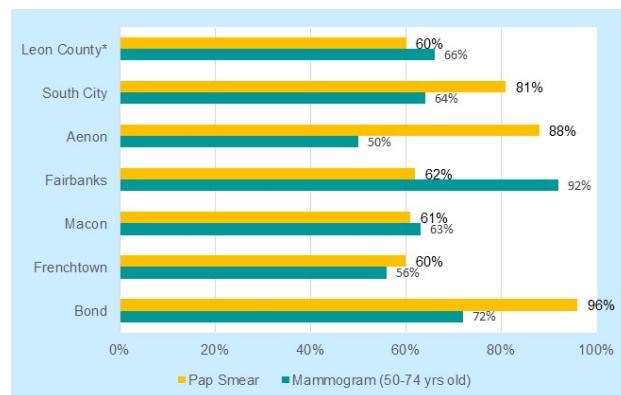
Source: 2016 Neighborhood Health Survey

Mammogram allows the doctor to have a closer look for changes in breast tissue that cannot be felt during a breast exam. It is

used for women who have no breast complaints and for women who have symptoms, such as a change in the shape or size of a breast, a lump, nipple discharge, or pain. Women ages 50 to 74 years should get a mammogram every two years or as recommended by their healthcare provider.

A Pap smear or Pap test checks the cervix for abnormal cell changes. Cell changes can develop on the cervix that, if not found or treated, can lead to cancer. Most women ages 21 to 65 should get Pap tests as part of routine healthcare.

Exhibit 18: Mammograms and Pap Smears Higher in Focus Neighborhoods



Source: 2016 Neighborhood Health Survey

Discussion

Leon County has many strengths and unmet needs. This report is an effort to provide insight into the realities that exist within this community and to offer some direction on addressing community concerns.

Two overarching concerns influenced the analysis of data: health equity (assuring the conditions where every person has the opportunity to be as healthy as the healthiest person in Leon County) and social determinants of health. Attention was

focused on highlighting health inequalities by race, gender, socioeconomic status and geography and social determinants of health. Regarding health inequalities, it is clear that there are specific areas of the county that carry a disproportionate burden of poor health outcomes. The challenging socioeconomic context in many of these communities contributes to poor health outcomes. Educational attainment, housing conditions, transportation, violence and economic instability are often referred to as social determinants of health. These factors influence decisions that individuals make and the opportunities that are available for them to be healthy. There is a great need for cross-sectoral partnerships involving all stakeholders to address these issues.

Each section of this community health assessment provided insight into critical issues impacting the public's health. Health issues were determined based on neighborhood priorities and consensus among the SG based on data gathered from additional sources. Health issues meet one of these criteria: 1. worse than statewide or national benchmarks, 2. worsening or not improving, or 3. represents health inequalities and/or are significantly contributing to premature death.

The Steering Group will be meeting among themselves and with representatives from community organizations, neighborhood residents and others to take the next steps in the development of a Community Health Improvement Plan. The purpose of these meetings will be to explore strategic issues and create a set of goals, action plans and evaluation criteria that can help guide the work of sponsoring organizations and inform a set of community-wide initiatives.

Local Public Health System Assessment

What It Is

The Local Public Health System Assessment (LPHSA) measures the capacity of the public health system to provide the ten Essential Public Health Services, the fundamental framework for all local public health system assessment activities that contribute to the health and well-being of communities. The LPHS includes all of the organizations and entities that impact public health in a community, including the local public health department and public, private and voluntary organizations. The identification of the system's strengths and challenges can help communities strengthen, improve, and better coordinate LPHS activities.²

Local Public Health System



² The National Association of County and City Health Office (NACCHO); Local Public Health System Assessment (LPHSA), n.d. <http://www.naccho.org/topics/infrastructure/mapp/framework/phase3lphsa.cfm>

The identification of the strengths and challenges of Leon County's Public Health System was guided by the following questions:

- What are the components, activities and capacities of our local public health system?
- How well are we providing the essential services in our community?

Specifically, the information gathered helped to identify and document how components of the public health system outside of the Florida Department of Health in Leon County contribute to the Ten Essential Public Health Services.

The Ten Essential Public Health Services
1. Monitor health status to identify community health problems
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate and empower people about health issues.
4. Mobilize community partnerships to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of healthcare when otherwise unavailable.
8. Assure a competent public health and personal healthcare workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

Methods

Stakeholders consisted of 25 partners from public and private sectors representing the Leon County Public Health System were invited to participate in 1 of 4 LPHSA assessment group sessions, held in January 2017. The sessions aimed to capture a comprehensive picture of the strengths and weaknesses of the public health system. The sessions utilized Version 3.0 of the Local Public Health System Performance Assessment Instrument, developed by NACCHO and the CDC.

The essential services were organized into 4 groups by common themes, and in an effort to maximize cross-sharing and learning, participants were strategically placed in 1 of the 4 groups, based on their role and contributions to the system. Essential Service 5 was split between two groups based on the subject matter experts present.

- Group 1: Essential Services 1
- Group 2: Essential Services 3, 4, 5, and 7
- Group 3: Essential Services 2, 5, and 6
- Group 4: Essential Services 8, 9, and 10

Members of each group were provided with a pre-meeting packet in advance of their session, which included information on the LPHSA and the essential services corresponding to their group.

The group sessions began with a brief discussion of the corresponding essential services. For example, Group three discussed Essential Service 2: Diagnose and investigate health problems and health hazards in the community. The group dialogue was designed to generate a collective understanding of the activities associated with each essential service as well as the components and capacities of the system necessary to deliver that service.

Each model standard included a set of questions, which participants ranked using the criteria below to measure how well the Leon County system is meeting the model standards. The quantitative results from each group were generated using Turning Point Technology, which provided real time tallies.

Level of Activity	Description
No Activity 0%	The public health system does not participate in this activity at all.
Minimal Activity (1%-25%)	The public health system provides limited activity, and there is opportunity for substantial improvement.
Moderate Activity (26%-50%)	The public health system somewhat participates in this activity, and there is opportunity for greater improvement.
Significant Activity (51%-75%)	The public health system participates a great deal in this activity, and there is opportunity for minor improvement.
Optimal Activity (75%-100%)	The public health system is doing absolutely everything possible for this activity and there is no need for improvement.

Summary of Findings

The overall performance score was a 64, indicating the Leon County Public Health System yields an overall rating of “Significant” level across all 10 essential services.

The Ten Essential Public Health Services		Performance Scores	Level of Activity
1	Monitor health status to identify community health problems	74	Significant
2	Diagnose and investigate health problems and health hazards in the community.	76	Optimal
3	Inform, educate and empower people about health issues.	58	Significant
4	Mobilize community partnerships to identify and solve health problems.	61	Significant
5	Develop policies and plans that support individual and community health efforts.	50	Moderate
6	Enforce laws and regulations that protect health and ensure safety.	83	Optimal
7	Link people to needed personal health services and assure the provision of healthcare when otherwise unavailable.	43	Moderate
8	Assure a competent public health and personal healthcare workforce.	67	Significant
9	Evaluate effectiveness, accessibility, and quality of personal and population-based health services.	63	Significant
10	Research for new insights and innovative solutions to health problems.	66	Significant
Overall Score		64	Significant

Community Themes and Strengths

What It Is

The Community Themes and Strengths Assessment (CTS) provides a snapshot of the six focus neighborhoods by gathering information on the thoughts, concerns and opinions of community members.

Methods

The CTS was conducted through community discussions in the six focus neighborhoods. Discussion groups were coordinated by Florida Department of Health – Leon County staff. Seven different community discussions were conducted, which ranged from four to 15 people with a total of 58 people participating overall.

Key feedback is summarized, along with notable quotes from the participants for each topic area discussed. Data collected through the survey and community discussion process add a critical piece to the larger picture of community health, and will be closely reviewed during development of the community health improvement plan.

Date	Neighborhood	Key Feedback
June 12	Fairbanks	<p><u>Access to Food</u></p> <ul style="list-style-type: none">Limited access to grocery stores, Walmart is the most frequented store but far from community <p><u>Built Environment</u></p> <ul style="list-style-type: none">County drainage system is inadequate, mosquitos bred in ditches that collect waterThe roads have lots of traffic and are dangerous for pedestrian.Roads need to be paved and would increase the ability to exercise in the communityMost roads are not maintained by the county, and it is unknown who's responsible for maintaining them.Residents stated that attempts were made to speak with County Commissioners to voice concerns for having sidewalks built, with no success of being able to present their case.Bus stops are flooded and aren't assessable after rain for students attending Hawksrise, Deer Lake, and Chiles <p><u>Children Concerns</u></p> <ul style="list-style-type: none">Need curfew for all agesFor the safety of children, school bus stops should be identified by signage <p><u>Safety & Crime</u></p> <ul style="list-style-type: none">Community needs a police and health department substationCrime would decrease if there was a community center in the areaPlagued with burglary, home invasions and drugsThere aren't any positive activities for children, too much idle time after school
June 15	Frenchtown	<p><u>Access to Information & Resources</u></p>
June 21		

		<ul style="list-style-type: none"> • Need to be educated through workshops etc. on community leadership, elected official and their roles, the neighborhood boundaries • Need to be educated on resources available to community members i.e. home rehab • Need for city officials to speak to their community directly • Health insurance system is complicated and hard to understand the different components <p>Access to Food</p> <ul style="list-style-type: none"> • Community members acknowledge their neighborhood is a food desert. • The nearby corner stores do not offer fresh fruits and vegetables, and canned goods are double the price of grocery stores prices in Winn-Dixie. • Food provided at corner stores are sometimes expired, expensive and unhealthy <p>Built Environment</p> <ul style="list-style-type: none"> • Neighborhood needs sidewalks to increase physical activity • Transportation • Houses are not being inspected as they should and tenants on section eight are living in poorly maintained homes with their families • Tenant residents need to know their rights and actions that can be taken against negligent landlords. • Senior citizens concerned about the influx of young adults into their neighborhood on Clay St. not maintaining their properties <p>Personal Health</p> <ul style="list-style-type: none"> • Provide dental care to adult Medicaid recipients <p>Safety & Crime</p> <ul style="list-style-type: none"> • Enforce drug and alcohol free park regulations • Residents expressed concern that law enforcement do not conduct surveillance in neighborhood, but only act once called upon by residents • Cars speeding throughout neighborhood
June 15	Macon	<p>Built Environment</p> <ul style="list-style-type: none"> • Neighborhood needs sidewalks to increase physical activity <p>Children Concerns</p> <ul style="list-style-type: none"> • Need afterschool and weekend activities for children • The park has drugs and alcohol, not safe for kids to play <p>Personal Health</p> <ul style="list-style-type: none"> • Provide dental care to adult & elderly Medicaid recipients <p>Safety & Crime</p> <ul style="list-style-type: none"> • Cars speeding throughout housing authority and main road • Drugs are being sold in front of resident homes • Homeless enter neighborhood and steal clothing from clothing lines in the back yard of residents • TPD only comes after receiving calls and is not seen doing patrols in the neighborhoods • Enforce drug and alcohol free park regulations
June 22	Bond	<p>Access to Information & Resources</p> <ul style="list-style-type: none"> • We don't know about resources • Need Medicaid resource books <p>Built Environment</p> <ul style="list-style-type: none"> • High crime rates

		<ul style="list-style-type: none"> • Speeding • Lighting in neighborhoods is darker on Southside • Neighborhood needs sidewalks to increase physical activity <p><u>Mental Health</u></p> <ul style="list-style-type: none"> • Needs education to know signs • Patients that refuse treatment are allowed to continue making decisions • Hospitals pacify patients having mental health issues • Culture avoids health issue & seeking help • Neighborhood doesn't recognize mental health; they merely accept that folks are crazy and it is normal • Community recognizes stress leads to poor health • Apalachee Center has reputation for serving only those with extreme issues therefore people won't go unless forced <p><u>Safety & Crime</u></p> <ul style="list-style-type: none"> • Enforce drug and alcohol free park regulations
June 28	Highway 20	<p><u>Built Environment</u></p> <ul style="list-style-type: none"> • Neighborhood needs sidewalks to increase physical activity • The recreational area should have programs for kids of all ages <p><u>Access to Information & Resources</u></p> <ul style="list-style-type: none"> • Ensure that programs and services are advertised to populations in need • Offer copay assistance with insurance coverage • Need summer activities for weekdays, weeknights and on weekends

Forces of Change Assessment

What It Is

The Forces of Change Assessment (FOCA) requires a group process to assess the forces that may impact the health and quality of life of the community and the local public health system. By compiling information and feedback from community members, these forces are identified, discussed, and prioritized in order to answer the following questions:

- What is occurring or might occur that affects the health of our community or the local public health system?
- What specific threats or opportunities are generated by these occurrences?

Methods

The (FOCA) was launched at the November 2016 meeting of the Steering Committee meeting and was finalized in December 2016. Prior to beginning the assessment, participants were oriented to its purpose and components in the following ways: 1) brief presentation at November's meeting; 2) email containing overview slides prior to the December meeting; and 3) brief presentation at the start of the December meeting. The group discussed the following types of forces in order to initiate the brainstorming of ideas.

- **Trends** are patterns over time, such as migration in and out of a community or a growing disillusionment with government.
- **Factors** are discrete elements, such as a community's large ethnic population, an urban setting or the jurisdiction's proximity to a major waterway.
- **Events** are one-time occurrences, such as a hospital closure, a natural disaster or the passage of new legislation.

Participants were asked to consider any and all types of forces, including:

- Social
- Economic
- Political
- Legal
- Environmental
- Technological
- Scientific
- Ethical

Summary of Findings

Through this assessment, participants identified local, state, and national forces that are or will be influencing the health or quality of life of the community and local public health system. Some of the major forces identified include economic opportunity, political leadership, healthcare service delivery and future legislation. The variety of forces that were identified and corresponding threats and opportunities are detailed in the following table.

Forces of Change Assessment Findings

Sector	Forces	Opportunities	Threats
Economic and Social	Slow economic recovery among disadvantaged	<ul style="list-style-type: none"> 12% of the 1% sales tax directed to the office of economic vitality city/county 	<ul style="list-style-type: none"> High poverty and inequality Uncoupling of economic development and chamber of commerce in Leon Change in leadership, funding sources, and resources Lack of jobs that pay a living wage State budget cuts
	Growing disparities in population	<ul style="list-style-type: none"> Discussion on race in society; strategic planning to create community wide race/equality plan 	<ul style="list-style-type: none"> Segregation of housing and schools Institutional, systemic, and individual racism Lack of effective communication regarding health and wellbeing of significant proportions of our families and children Little/no progress on health equity since last CHA
	Education and knowledge about available resources	<ul style="list-style-type: none"> Engage community partners in informing community and promote enrollment information Collaborative and comprehensive community resource and provider directory 	<ul style="list-style-type: none"> Lack of informed and engaged citizens
Government/Political	Changing local and state political leadership	<ul style="list-style-type: none"> New leadership could be innovative 	<ul style="list-style-type: none"> Transition Unknowns Loss of confidence in political leaders Prevention efforts not supported by current state government
	Affordable Care Act	<ul style="list-style-type: none"> Continued prevention and early intervention Covering of preexisting conditions 	<ul style="list-style-type: none"> Unknowns
Community	Crime and violence	<ul style="list-style-type: none"> Increased community involvement, such as neighborhood watch groups “Community Policing” initiative of TPD 	<ul style="list-style-type: none"> Increase in violent crime Funding for youth activities Failure to address problems of guns and

			weapons at the federal level
Community <i>Continued</i>	Neighborhoods as change agents	<ul style="list-style-type: none"> • Tailored change efforts in neighborhoods • Resident/community engagement for change • Neighborhood focused data available • Formation of Southside/Frenchtown Community Advisory Council 	<ul style="list-style-type: none"> • Level of resources needed to address issues by neighborhood level • Capacity and skills needed to work with neighborhoods
	Lack of PE in schools	<ul style="list-style-type: none"> • Education of citizens on importance of preventative screenings/ healthy eating • Lobby for educational reform at local/state level 	<ul style="list-style-type: none"> • Schools focused on academics at the expense of physical education • Schools emphasize narrow accountability with very little attention to other dimensions of child development • BMI in school children is trending upward
Healthcare	Gaps in service delivery	<ul style="list-style-type: none"> • New VA clinic • Patient centered community based focus • Use medical students, volunteers, professionals, etc. to administer screenings • More assisted living facilities being built • Possible establishment of psychiatry residency between TMH and Apalachee • New Baker Act central receiving facility – opportunities for diversion • FSU College of Medicine to open a clinic in the future • Increased use of telemedicine 	<ul style="list-style-type: none"> • Shortage of healthcare providers in primary care • Only one provider on federal exchange for north Florida • Lack of coordination among healthcare organizations • Lack of behavior clinicians • Mental health excluded from general healthcare – prevents identification and early treatment • Lack of funding to expand children's dental services
Environment	Healthy food challenges	<ul style="list-style-type: none"> • Increase access to and consumption of healthy foods 	<ul style="list-style-type: none"> • Affordability and access of farmer's markets
	Land Use	<ul style="list-style-type: none"> • Improvements to enhance recreational areas 	<ul style="list-style-type: none"> • Upscale student housing is replacing low income housing for families and changing neighborhoods • Environmental gentrification

Acknowledgements

Whole Child Leon (WCL) for the survey implementation in South City. This work served as the foundation for conducting surveys in focus neighborhoods. WCL developed and piloted the survey tool used to conduct the community health assessment surveys.

CHIP Steering Group

Dr. Janet Bard-Hanson	2-1-1 Big Bend, Inc.
Dr. Jay Reeves	Apalachee Center, Inc.
Dr. Temple Robinson	Bond Community Health Center
Susan Taylor	Capital Area Breastfeeding Coalition
Tequila Hagan	Capital Health Plan
Pam Wilson	Capital Medical Society
Mary Waller	Capital Regional Medical Center
Betsy Wood	Community Member
Meade Grigg	Community Member
Miaisha Mitchell	Community Member
Dr. Edward Holifield	Community Member
Dr. Sandra Suther	Florida A & M University
Claudia Blackburn	Florida Department of Health in Leon County
Dr. Les Beitsch	Florida State University
Karen Geletko	Florida State University
Kathy Winn	League of Women Voters
Felisa Barnes	Leon County Office of Human Services & Community Partnerships
Rayshell Holmes	Tallahassee Housing Authority
Warren Jones	Tallahassee Memorial HealthCare
Melissa Dancer-Brown	Tallahassee Memorial HealthCare
Lauren Faison	Tallahassee Memorial HealthCare
Ruth Nickens	Tallahassee Parks & Recreation – Senior Center
Major Lonnie Scott	Tallahassee Police Department
Ellen Piekalkiewicz	United Partners for Human Services
Katrina Rolle	United Way of the Big Bend
Rebecca Weaver	United Way of the Big Bend
R. Jai Gillum	United Way of the Big Bend (former employee)
Courtney Atkins	Whole Child Leon

Appendix A – Methodology

Overview

This appendix describes the data sources, analytical framework and steps used to identify the Focus Communities and assess community needs and assets.

Data Sources

The community health assessment analyzed secondary data from a variety of databases and collected primary data through a neighborhood health survey, community focus groups and a community assets assessment. Census tract boundaries were used to identify specific geographic neighborhoods (census blocks) within the county whose socioeconomic factors negatively impact health outcomes.

Secondary Data

Secondary data sources were selected based on the following criteria:

- Sources must be credible as a source of high quality data.
- Data must be reported consistently over time in the same way.
- Data must be available at the county, zip code, or smaller level.

Major sources for secondary data on health outcomes and sociodemographic variables included:

- Agency for Healthcare Administration (hospitalization and emergency department utilization data)
- Behavioral Risk Factor Surveillance System Survey
- Florida Cancer Data System
- Florida Department of Education
- Florida Department of Health
- Florida Youth Tobacco Survey
- U.S. Census

Primary Data

- Neighborhood Health Survey
- Focus groups with neighborhood community members
- Community asset collection through website analysis and key informants

Neighborhood Health Survey

The survey consisted of 94 questions about various health topics. The survey instrument was adapted from the tools created by the Houston Department of Health and Human Services, FDOH-Sarasota and the Protocol for Assessing Community Excellence in Environmental Health (PACE-EH).

The survey had six sections: 1) Environmental Health/Built Environment; 2) Children's Concerns; 3) Access to Care; 4) Health and Wellbeing; 5) Health-Related Behaviors; and 6) Demographics. Questions were primarily multiple choice, with select open-ended opportunities. Each survey was coded with a unique identification number.

A team of 70 field volunteers trained in safety and survey procedure spent one Saturday in each of the six chosen neighborhoods. The surveys were conducted in both English and Spanish. All survey respondents were given a resource bag of materials for their participation.

Focus Groups

Focus groups for each neighborhood met during June 2016. Residents were presented with key findings from the survey and supporting data for discussion and asked to consider the following:

- What information stood out to you?
- What concerns you?

- What questions did this raise for you? What other things do we need to consider?
- What seems to be the most critical issue or concern for the community?

Based on consensus-building results from community meetings, topic issues identified across all six neighborhoods ranked as “critical” are below:

- Access to Information Related to Healthcare and Services
- Chronic Disease, Exercise, and Nutrition
- Mental Health
- Transportation
- Safety and Crime
- Built Environment (sidewalks, lighting, paved roads)
- Education

**Write-ins included: Socioeconomic Development and Racism/Segregation

Community Assets

Data were collected on programs and services available throughout the community related to specific health conditions in accordance with the strategic areas. A list of existing resource directories was compiled, and additional assets identified through internet searches were added to this master list. Detailed information for each identified asset was gathered through scans of each organization’s web sites (where available) and, when possible, direct contact with staff. The final list of community health assets contains 100 entries.

Prioritization Process

The Steering Group developed a prioritization matrix to assist in determining which health issues will be incorporated in the health improvement planning process. Health issues included those identified during the survey and community meetings and gathered from additional data sources. The following criteria were chosen to rank health issues among members of the committee:

- **Magnitude (size)** – Does the health issue affect a large proportion of the population?
- **Impact on Quality of Life and Premature Death** – Does the health issue have high severity, such as high mortality or morbidity rate, severe disability or significant pain and suffering?
- **Ability to Change** – Is the health issue feasible to change?
- **Root Cause** – Is the health issue a factor or a social determinant that affects multiple health issues?
- **Health Disparity** – Does the health issue disproportionately affect population subgroups?

The following strategic areas were determined to be of greatest concern to these neighborhoods after survey analysis, community meetings and prioritization: **Economic Stability, Education, Health Communication and Information, HIV/Sexually Transmitted Infections (STI), Maternal and Child Health, Mental Health, Neighborhood Safety and Nutrition and Physical Activity.**

Appendix B: Community Assets

Community assets or resources are those things that can be used to improve quality of life of the population in a geographic area. Community assets include organizations, people, partnerships, facilities, funding, policies, regulations, and a community's collective experience. Health issues are best addressed using existing resources and community strengths.

Chronic Health Conditions

American Heart Association, Tallahassee Office
Bond Community Health Center, Inc.
FSU, University Health and Wellness Center
Leon Advocacy and Resource Center
Neighborhood Medical Center
TMH, Diabetes Center

Economic Stability

CareerSource, Capital Region, Leon County
Care-Tallahassee
Community Action Agency, Getting Ahead
Dress for Success Tallahassee
Family Endeavors, Supportive Services for
Veteran Families
FSU, Entrepreneurship Bootcamp for Veterans
with Disabilities
Goodwill Industries Big Bend, Career Training
Center
Leon Advocacy and Resource Center
Leon County Housing Services
Lighthouse of the Big Bend, Inc.

Education

AMIKids Tallahassee
Bethel AME Church, Daughters of Sarah Allen
Community Action Agency, Head Start Child
Development Program

Early Learning Coalition of the Big Bend
FAMU, Black Male College Explorers Program
Leon County Schools, Dropout
Prevention/Alternative Education
Tallahassee Urban League, Inc.
Tallahassee Community College - Adult
Education, GED, ESL Programs

Health Communication/Information

2-1-1 Big Bend, Helpline 2-1-1

HIV/Sexually Transmitted Infections

Big Bend Cares, Inc.
Bond Community Health Center, Inc.
Florida Department of Health in Leon, HIV/AIDS
Services
Minority Alliance for Advocating Community
Awareness and Action, Inc.
Neighborhood Medical Center

Maternal and Child Health

Birth Cottage, Inc.
Brehon Family Services, Brehon House
Florida Department of Health - Leon Healthy
Start Services
Florida Department of Health - Leon, WIC
Florida Institute for Reproductive Medicine
Healthy Start Coalition
Jasmine Women's Center
La Leche League of Tallahassee
Nature Coast Women's Care
Planned Parenthood of Tallahassee
Pregnancy Help and Information Center
Whole Child Leon
A Woman's Pregnancy Center

Mental Health

Apalachee Center, Inc.
Avalon Treatment Centers
Bethel Family Counseling and Outreach Center
Capital Regional Medical Center, Behavioral Health Inpatient
Catholic Charities, NWFLT, Counseling Services
DISC Village, Children & Family Services
Engage Behavioral Health
FAMU, Counseling Services
Life in Focus
National Alliance on Mental Illness, (NAMI), Florida
Turn About, Outpatient Services/Youth/College

Physical Activity

Tallahassee Parks and Recreation
Gulf Winds Track Club
Private Fitness Clubs and Gyms
YMCA of Tallahassee

Neighborhood Safety

Big Bend Crime Stoppers, Inc.
Capital City Youth Services, Going Places Street Outreach
Florida Council Against Sexual Violence, Inc.
Leon County Sheriff's Office, Prevention Programs
Seniors vs Crime
Tallahassee, City Police Department

Nutrition

America's Second Harvest of the Big Bend
ECHO, Emergency Services Program
FAMU, Cooperative Extension Services, Resource Management
Food Pantries throughout Leon County
Frenchtown Farmers Market
UF-IFAS, Leon County Cooperative Extension Service

Appendix C: Neighborhood Health Survey

Please read:

Hello, my name is _____. I know that it is unusual for a stranger to come to your door but I am working with your neighborhood association. You may have seen a letter from them recently saying that we would stop by to ask a few health related questions. We are part of a group of community agencies wanting to learn more about the health needs of your neighborhood. I hope you can help by taking a short 15 to 20 minute survey right now to help us.

The survey is voluntary and your identity is kept anonymous. The results will be shared with you and your neighbors at a meeting that I hope you will attend. May I ask you a few questions?

If the answer is no, say: I understand, but if you could find the time it would also help us help you by understanding your health needs also. I will give you a bag of information that can help you find resources for some of the health needs you may have **today** [Whether they take the survey or not leave the bag of information]

Before we begin, is this your residence and are you 18 or older?

(If the answer is "No" then ask) Is someone who lives here and is over 18 home now?

(If resident is not over 18 and there is not another member of the household that is over 18 years of age, OR the person does not reside at the address, thank them for their time and move on to a different home)

Things to keep in mind if residents were to ask:

- ☒ The addresses have been randomly selected
- ☒ These answers will help create the Neighborhood Health Improvement Plan

Let's begin,

DEMOGRAPHIC

- 1 How long have you lived at this residence? _____ In years
(Less than a year= 00)
- 2 How long have you lived in this neighborhood? _____ In years
Less than a year = 00
- 3 What is your age?

- _____ Age in years
- 4 Indicate sex of respondent.
- Ask only if necessary.*
- 01 Male
02 Female
- 5 What is the primary language that is spoken in your home?
- Read only if necessary:*
- 01 English
02 Spanish
03 Haitian Creole
04 Other _____
- 6 Which one of the following best describes your race?
- 01 White
02 Black or African American
03 American Indian or Alaska Native
04 Asian
05 Asian Indian
06 Other _____
- 7 Are you Hispanic, Latino/a, or Spanish origin?
- Do not read:*
- 01 Yes
02 No
03 Don't know / Not sure
- 8 What is your marital status?
- Please read:*
- 01 Single, Never married
02 Married
03 Divorced
04 Widowed
05 Separated
Or
06 In a relationship or An unmarried couple
- 9 How many children less than 18 years of age live in your home with you? _____ Number of children
- 10 How many individuals 18 and over live in this home? (include yourself) _____

11 What is the highest grade or year of school you completed?

Read only if necessary:

- 00 Never attended school
- 01 Grades 1 through 8 (Elementary)
- 02 Grades 9 through 11 (Some high school)
- 03 Grade 12 or GED (High school graduate)
- 04 College 1 year to 3 years (Some college or technical school)
- 05 College 4 years or more (College graduate)
- 06 Graduate Degree (Masters, Doctorate)

12 Are you currently...?

- 01 Employed full-time
- 02 Employed part-time
- 03 Self-employed
- 04 Out of work for 1 year or more
- 05 Out of work for less than 1 year
- 06 A Homemaker
- 07 A Student
- 08 Retired
- Or*
- 09 Unable to work

13 What are some of the things you like about your neighborhood?

a) _____

b) _____

c) _____

d) _____

e) _____

14 In your opinion, what are the biggest problems in your neighborhood?

a) _____

Digitized by srujanika@gmail.com

c) _____

d) _____

ENVIRONMENTAL HEALTH/BUILT ENVIRONMENT

We are very interested in your opinions concerning your neighborhood.

Now we would like to ask you a few more questions about your neighborhood.

For each question below, please answer either YES or NO.

If NO, could you explain your answer?

- 16 Do you feel safe in your neighborhood?**

01 Yes
02 No (*Explain below*)
03 No Opinion/Don't Know

If NO, could you explain your answer

- 17 Do you have enough sidewalks in your neighborhood?

01 Yes
02 No (*Explain below*)
03 No Opinion/Don't Know

If NO, could you explain your answer

-
- 18 Do you have access to parks, walking trails, bike paths or other recreation areas in your neighborhood?
- 01 Yes
02 No (*Explain below*)
03 No Opinion/Don't Know

If NO, could you explain your answer

- 19 Do you have access to public transportation in the neighborhood?
- 01 Yes
02 No (*Explain below*)
03 No Opinion/Don't Know

If NO, could you explain your answer

- 20 Are there abandoned houses or buildings that you feel should be removed?
- 01 Yes (*specify location below*)
02 No
03 No Opinion/Don't Know

If yes, could you specify location?

- 21 Are there abandoned cars or other vehicles in this neighborhood you feel should be removed?
- 01 Yes (*specify location below*)
02 No
03 No Opinion/Don't Know

If yes, could you specify location?

- 22 Are there roaming stray animals (such as dogs or cats) in your neighborhood?
- 1 Yes (*specify location below*)
2 No
3 No Opinion/Don't Know

If yes, could you specify location?

- 23 Are there areas of poor drainage (such as standing or stagnant water) near or around the roads in this neighborhood?
- 1 Yes (*specify location below*)
2 No
3 No Opinion/Don't Know

If yes, could you specify location?

-
- 24 Are there large amounts of trash not properly disposed of in this neighborhood?
- 1 Yes (*specify location below*)
2 No
3 No Opinion/Don't Know

If yes, could you specify location?

- 25 Are you concerned with cars speeding in your neighborhood?
- 1 Yes (*specify location below*)
2 No
3 No Opinion/Don't Know

If yes, could you specify location?

- 26 Are there areas or abandoned lots overgrown with weeds that do not allow you to easily walk or bike throughout this neighborhood?
- 1 Yes (*specify location below*)
2 No
3 No Opinion/Don't Know

If yes, could you specify location?

- 27 Are you worried about lead based paints in and around your home?
- 1 Yes (*specify location below*)
2 No
3 No Opinion/Don't Know

If yes, could you specify location?

- 28 Are there areas of sewage/foul smelling water outside of your home?
- 1 Yes (*specify location below*)
2 No
3 No Opinion/Don't Know

If yes, could you specify location?

- 29 Do you currently have mold in your home in an area bigger than a dollar bill?
- 1 Yes (*specify location below*)
2 No
3 No Opinion/Don't Know

If yes, could you specify location?

I have just asked a series of questions about the environmental health aspects of your neighborhood.

- 30 In your opinion what are your neighborhood's biggest environmental health issues? (Up to three)

1) _____

2) _____

3) _____

ONLY ASK IF THERE ARE CHILDREN IN THE HOUSEHOLD.

I see from a previous question 9 that there are children under 18 living here. If you are the parent, head of the household, or someone responsible for the children's care, I would like to ask you a few questions about the children.

31 Are you a parent, the head of household or responsible for the children's care?

1 Yes – **IF YES, GO TO THE NEXT QUESTION, 32, BELOW**

2 No **IF NO, SKIP THE NEXT SECTION AND GO TO
QUESTION 44 IN THE NEXT SECTION "ACCESS TO
CARE"**

CHILDRENS' CONCERNS

Now I am going to ask you some questions about the children living here.

32 What are the ages of the children living here in your home?

Circle all that apply

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17

33 IF THEY HAVE CHILDREN UNDER 5

*Do your children under 5 receive any
childcare outside of your home on a
regular basis?*

- 1 Yes
2 No (Skip to 35)

34 IF "YES" TO THE ABOVE...

*Which of the following kind(s) of
childcare do they receive?*

List all that apply

- 1 Childcare/Daycare center
- 2 A neighbor's home
- 3 Family member's home
- 4 VPK (Voluntary Pre-Kindergarten)
- 5 Head Start
- 6 Other (Specify) _____

- 35 Do you have concerns about your child's speech, hearing, vision, or movement?**
- 1 Yes
2 No
3 Not Sure/Don't Know
- IF YES, why?***
-
- 36 Do you worry that your child has problems...**
- 1 Making friends
2 Concentrating in school
3 With discipline and behavior
4 Understanding what is going on around him or her
5 Being bullied
6 Feeling like he or she is different
7 Other worries (Specify) _____
-
- 37 Do you worry about feeding your children?**
- 1 Yes
2 No
3 Not Sure/Don't Know
- IF YES, why?***
-
- 38 Do you believe your children have good healthcare?**
- 1 Yes
2 No
3 Not Sure/Don't Know
- IF NO, why?***
-
- 39 Do you believe your children have good dental care?**
- 1 Yes
2 No
3 Not Sure/Don't Know
- IF NO, why?***
-
- 40 Are you concerned about the safety of your children in the neighborhood?**
- 1 Yes
2 No
3 Not Sure/Don't Know
- IF YES, why?***
-
- 41 Do you like your children's school (s)?**
- 1 Yes
2 No (*Explain below*)
3 Not Sure/Don't Know

IF NO, why?

42 What do you worry most about your child (ren)? (Can answer more than one)

Do not read. Use only if need a prompt.

- 0 No worries regarding children
 - 1 Childcare
 - 2 School/Education
 - 3 Safe neighborhood
 - 4 That they have enough food to eat
 - 5 Limited or no healthcare coverage
 - 6 Or Other (specify) _____
-

43 Is there a program or service that you want to suggest to improve the health or learning of your child?

IF YES, specify program/service?

1 Yes (*specify below*)

2 No

ACCESS TO CARE

Now I would like to ask some questions about your ability to get the healthcare that you want for yourself:

44 If you have health insurance, which of the following types of health insurance do you currently have? (Check all that apply)

- 0 I have no health insurance
 - 1 Private Health Insurance from employer
 - 2 Private Health Insurance purchased directly
 - 3 Medicare
 - 4 Medicaid
 - 5 VA
 - 6 Other government plan (COBRA etc.) _____
-

7 Don't know/Not sure

45 Was there a time in the past year when you had difficulty getting medical services that you needed?

- 1 Yes
- 2 No (*Skip to 48*)
- 3 Don't know / Not sure (*Skip to 48*)

SHOW CARD "A" TO INTERVIEWEE:

- 46 IF you had difficulty getting medical services in the past year, what are the reasons for this? Please note all that apply.

SHOW CARD "A" TO INTERVIEWEE:

- 01 Do not have a car or transportation to go to the doctor
- 02 Do not have childcare
- 03 Do not have a doctor/clinic to go to
- 04 Do not have insurance
- 05 Do not have enough money to pay for healthcare
- 06 Do not know where to go for healthcare
- 07 Doctor's office/Clinics were not opened when I/we needed healthcare.
- 08 Doctor's office/Clinics could not give me/us an appointment when needed.
- 09 Doctor's office/Clinic is too far from home.
- 10 Doctor's office/Clinic waiting time is too long.
- 11 Doctor is different each time I/we go for healthcare.
- 12 Doctor/staff does not speak our language / look like us.
- 13 Doctor/staff does not listen to / understand me/us.
- 14 Doctor/staff does not treat me/us with respect.

- 47 Are there other reasons not on the card?
-
-

- 48 Do you currently have one person you think of as your personal doctor or healthcare provider?

- 1 Yes, only one
- 2 More than one
- 3 No
- 4 Don't know / Not sure

If "No," ask: "Is there more than one, or is there no person who you think of as your personal doctor or healthcare provider?"

- 49 Where do you go most often when you need to see a doctor? (**Only one answer** is acceptable so if more than one name is given ask that they choose the most used)

(Do not read unless need prompt)

- 01 Bond Clinic (Gadsden St., Pasco St., Joe Louis St.)
- 02 Neighborhood Health Clinic (Lincoln Ctr., Southside clinic, Havana)
- 03 Family Practice of Tallahassee Memorial Hospital
- 04 Leon County Health Department
- 05 Doctor's office or other provider's office
- 07 VA (Veterans Administration)

- 08 *Tallahassee Memorial Hospital Emergency Room
Capital Regional Hospital Emergency Room
Hospital urgent care*
- 09 *Some other place (specify name & location)*
-
- 10 *Don't know / Not sure*
- 50 **About how long has it been since you last saw a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.**
- (*Do not read unless a prompt is necessary*)
- 0 *Never had a routine checkup*
- 1 *Within the past year (anytime less than 12 months ago)*
- 2 *Within the past 2 years (1 year but less than 2 years ago)*
- 3 *Within the past 5 years (2 years but less than 5 years ago)*
- 4 *5 or more years ago*
- 5 *Don't know / Not sure*
- 51 **How long has it been since you last saw a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists.**
- (*Do not read unless a prompt is necessary*)
- 0 *Never been to a dentist or dental clinic (**Skip to Q53**)*
- 1 *Within the past year (anytime less than 12 months ago)*
- 2 *Within the past 2 years (1 year but less than 2 years ago)*
- 3 *Within the past 5 years (2 years but less than 5 years ago)*
- 4 *5 or more years ago*
- 5 *Don't know / Not sure*
- 52 **What was the reason for your last visit?**
- 1 *Dental cleaning*
- 2 *Checkup*
- 3 *Tooth ache*
- 4 *Braces*
- 5 *Other (Specify) _____*
-

HEALTH AND WELLBEING

Now I would like to ask some questions about your current health.

- 53 **Overall how would you rate your health?**
- 1 *Excellent*
- 2 *Very good*
- 3 *Good*
- 4 *Fair*
- 5 *Poor*
- 6 *Don't Know/Not Sure*

- 54** During the past month, how much did physical health problems limit your usual physical activities (such as walking or climbing stairs)?
- 1 *Not at all*
 2 *Very little*
 3 *Somewhat*
 4 *Quite a lot*
 5 *Could not do physical activities*
- 55** During the past month, have you felt so sad or depressed that you had a hard time doing what you normally do during the day?
- 1 *Not at all*
 2 *Slightly*
 3 *Moderately*
 4 *Quite a lot*
 5 *Extremely*
- 56** During the past month, have you felt so anxious or nervous that you had a hard time doing what you normally do during the day?
- 1 *Not at all*
 2 *Slightly*
 3 *Moderately*
 4 *Quite a lot*
 5 *Extremely*
- 57** During the past month, have you had thoughts or heard voices that were so disturbing that you had a hard time doing what you normally do during the day?
- 1 *Not at all*
 2 *Slightly*
 3 *Moderately*
 4 *Quite a lot*
 5 *Extremely*
- 58** Have you or anyone in your family needed mental health services in the last year?
- 1 Yes (**If yes, skip to 60**)
 2 No
 3 Don't Know/Not Sure
- 59** Would you know where to go if anyone in your family needed mental health services?
- 1 Yes (**Skip to 63**)
 2 No (**Skip to 63**)
 3 Not sure (**Skip to 63**)
- 60** Was there a time in the past year when you or anyone in your family had difficulty getting mental health services that they needed?
- 1 Yes
 2 No (**Skip to 63**)
 3 Don't know/Not sure (**Skip to 63**)

SHOW CARD A TO INTERVIEWEE:

- 61** IF you or anyone in your family had difficulty getting mental health services in the past year, what are the reasons for this? (Mark all that apply)
- 01 Do not have a car or transportation
 02 Do not have childcare
 03 Do not have a service provider to go to
 04 Do not have insurance
 05 Do not have enough money to pay for care
 06 Do not know where to go for these services
 07

- Service providers were not open when I/we needed services
- 08 Service providers could not give me/us an appointment when needed.
- 09 Service provider is too far from home.
- 10 Service provider's waiting time is too long.
- 11 Service provider is different each time I/we go for care.
- 12 Service provider does not speak our language / look like us.
- 13 Service provider does not listen to / understand me/us.
- 14 Service provider does not treat me/us with respect.

62 Are there other reasons not on the card?

63 Have you or anyone in your family needed substance abuse services in the last year?

- 1 Yes (**If yes skip to 65**)
- 2 No
- 3 Don't Know/Not Sure

64 Would you know where to go if anyone in your family needed substance abuse services?

- 1 Yes (**Skip to 68**)
- 2 No (**Skip to 68**)

65 Was there a time in the past 12 months when you or anyone in your family had difficulty getting substance abuse services that they needed?

- 1 Yes
- 2 No (**Skip to next section "Special Health Conditions Q68"**)
- 3 Don't know / Not sure (**Skip to next section "Special Health Conditions Q68"**)

66 SHOW CARD "A" TO INTERVIEWEE:

IF you or anyone in your family had difficulty getting substance abuse services in the past year, what are the reasons for this? (Mark all that apply)

- 01 Do not have a car or transportation
- 02 Do not have childcare
- 03 Do not have a service provider to go to
- 04 Do not have insurance
- 05 Do not have enough money to pay for care
- 06 Do not know where to go for these services
- 07 Service providers were not open when I/we needed services
- 08 Service providers could not give me/us an appointment when needed.
- 09 Service provider is too far from home.

- 10 Service provider's waiting time is too long.
- 11 Service provider is different each time I/we go for care.
- 12 Service provider does not speak our language / look like us.
- 13 Service provider does not listen to / understand me/us.
- 14 Service provider does not treat me/us with respect.

67 Are there other reasons not on the card?

SPECIFIC HEALTH CONDITIONS

Now I am going to ask you about specific health concerns.

(SHOW CARD "B" TO INTERVIEWEE)

- 68 Has a DOCTOR, NURSE or other health professional EVER told you that you had any of the following health conditions/problems? (Mark all that apply)

(SHOW CARD "B" TO INTERVIEWEE)

- 00 Have no health conditions/problems
- 01 Heart Attack
- 02 Heart Disease
- 03 Stroke
- 04 Arthritis or rheumatoid arthritis
- 05 Memory loss/forgetfulness
- 06 Asthma
- 07 Cancer
- 08 Cholesterol Problems
- 09 Gum disease/bleeding gums
- 10 Foot Care Problems
- 11 Swelling / Inflammation of Joints
- 12 Difficulty moving, getting around without help, or without equipment
- 13 Prone to falling
- 14 Dizziness
- 15 Hypertension/Abnormal Blood Pressure
- 16 Overweight/Obesity
- 17 Shakes (Uncontrollable Shaking / Parkinson's Disease)
- 18 Diabetes or high blood sugar?
- 19 Lung Disease (emphysema, chronic obstructive lung disease)
- 20 Depression
- 21 Anxiety
- 22 Psychosis
- 23 Trauma
- 24 Another health problem
Specify: _____

HEALTH-RELATED BEHAVIORS

The next several questions are about your regular activities.

- 69 Does the grocery store or supermarket that you regularly go to offer a good selection of fresh fruits and vegetables?**
- 1 Yes
2 No
3 Don't know
- 70 On average, do you eat 3-5 servings of fruit and vegetables per day?
(1 serving of fruit =1/2 cup=1 tennis ball,
1 serving of vegetables = 1 cup = 1 fist)**
- 1 Yes
2 No
3 Don't know
- 71 On average, how many times per week do you eat meals that were prepared in a fast food restaurant?
(include fast food, and restaurants that deliver food to your house).**
- Enter number of times
97 Less than once per week
00 Never
98 Don't know/Not sure
- 72 On average, how often do you eat fried foods per week?**
- Enter number of times
97 Less than once per week
00 Never
98 Don't know/Not sure
- 73 On average, how often do you drink alcoholic beverages (include beer, wine, wine coolers, etc.)**
- 1 Every day/almost daily
2 A few times per week
3 Rarely (**Skip to 75**)
4 Never (**Skip to 75**)
- 74 Considering all types of alcoholic beverages, how many times during the past 30 days did you have X or more drinks [X = 5 for men, X = 4 for women] on an occasion?**
- Number of times (None = 00)
77 Don't know / Not sure
- 75 During the last month, other than your regular job, how often did you participate in at least 30 minutes of any moderate intensity physical activities or exercises such as walking, running, or calisthenics?**
- Times per week
— Times per month
77 Don't know / Not sure
99 Refused
- 76 Do you smoke cigarettes, cigars (Black and Milds) every day, some days, or not at all?**
- 0 Not at all
1 Every day
2 Some days

- 3 Don't know / Not sure
- 77 Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?
(Snus (rhymes with 'goose'))
NOTE: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.

- 0 Not at all
1 Every day
2 Some days
3 Don't know / Not sure

**ONLY ASK IF RESPONDED 'YES' TO BEING
A SMOKER IN 76 ABOVE**

- 78 During the past year, have you stopped using cigarettes for one day or longer because you were trying to quit smoking?
- 1 Yes
2 No
3 Don't know / Not sure
- 79 Do you currently use electronic cigarettes (also known as e-cigarettes or vaping)?
- 1 Yes
2 Yes, to help me quit smoking or using other tobacco products
3 No
- 80 During the past year, have you had either a flu shot or a flu vaccine that was sprayed in your nose?
- 1 Yes
2 No
3 Don't know / Not sure
- 81 A pneumonia shot is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?
- 1 Yes
2 No
3 Don't know / Not sure
- 82 Have you ever had the shingles or zoster vaccine?
- 1 Yes
2 No
3 Don't know / Not sure

83 ONLY ASK IF FEMALE

- Have you ever had a mammogram? 1 Yes

(If respondent does not know what a mammogram is, note that a mammogram is an x-ray of each breast to look for breast cancer.)

- 2 No
3 Don't know / Not sure

- 84 Have you ever had a clinical breast exam?**
(If respondent does not know what a breast exam is, note that a clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps.)
- 85 Have you ever had a Pap smear (or Pap Test)?**

- Yes
No
Don't know / Not sure
- 1 Yes
2 No (**Skip to 90**)
3 Don't know / Not sure (**Skip to 90**)

<p>Only ask if responded yes to above question.</p> <p>86 How long has it been since you had your last Pap Smear/Pap test?</p>	<p>Read only if necessary:</p> <ul style="list-style-type: none"> 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 3 years (2 years but less than 3 years ago) 4 Within the past 5 years (3 years but less than 5 years ago) 5 5 or more years ago 6 Don't know / Not sure
--	--

ONLY ASK IF MALE

- 87 A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Has a doctor, nurse, or other health professional EVER talked with you about the advantages of the PSA test?**
- 88 Have you EVER HAD a PSA test?**
- 1 Yes
 - 2 No
 - 3 Don't know / Not sure
- 1 Yes
 - 2 No (**Skip to 90**)
 - 3 Don't know / Not sure (**Skip to 90**)

- 89 ONLY ASK IF RESPONDED YES TO #81** **Read only if necessary:**

How long has it been since you had your last PSA test

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years)
- 3 Within the past 3 years (2 years but less than 3 years)
- 4 Within the past 5 years (3 years but less than 5 years)
- 5 5 or more years ago
- 6 Don't know / Not sure

- 90 Are there any other major personal health concerns that you would like to mention?**

- 91 I have just asked a series of questions about personal health. Of the issues we just discussed, what are the top three personal health issues that concern you the most?**

1) _____

2) _____

3) _____

- 92 Of the concerns you just mentioned, which one to you think needs the most attention?**

- 93 Is there anything else you would like to say about any concerns you may have that we didn't ask you?**

That was the last question. Thank you very much for your time and cooperation.

The survey results should be compiled in a little over a month.

A neighborhood meeting will then be held to let everyone see how the community as a whole responded to the survey, to ask questions and discuss future improvement priorities for the neighborhood.

