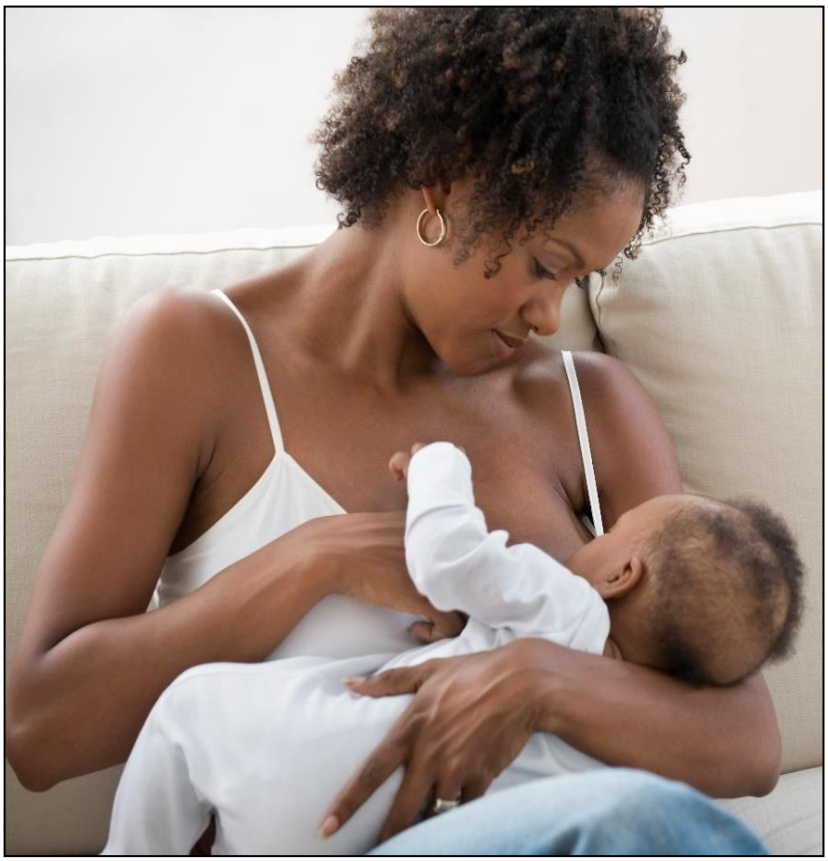
LEON COUNTY COMMUNITY HEALTH ASSESSMENT 2019

Updated: January 2020



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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. Additionally, these underserved communities were selected based by assessing U.S. Census Bureau data. 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, health care, 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

- The future of the Affordable Care Act is unknown.
- There is a 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
- Increased access to healthy foods
- Increased 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 and Partnership (MAPP)

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 Bureau, Florida Department of Health and others were used to assess the county's overall health status.

Forces of Change Assessment

The group process used 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 were used with community members on health and other issues of interest and community assets. Focus groups were 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.

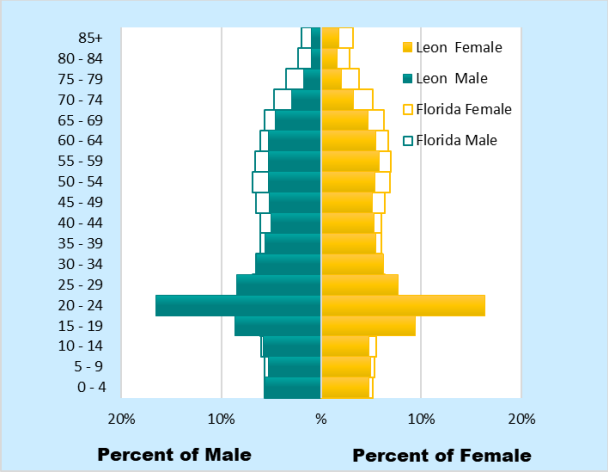
Leon County Profile

Leon County covers 702 square miles, 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, 2018 American Community Survey 5-Year Estimates

According to the U.S. Census Bureau, the population of Leon County was 288,102 in 2018. This represents about a 20 percent increase in the population since 2000. Of the 2018 population, 151,208 (52.5 percent) were female and 136,894 (47.5 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

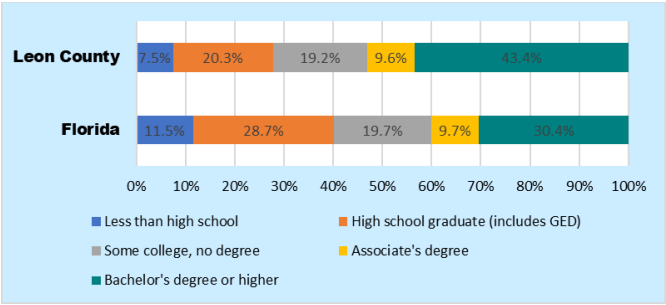
In 2017, 64.1 percent of the county's population identified itself as white and 32.3 percent as black. Health disparities are a key concern in a county where the percentage of blacks to whites is nearly twice as high as the statewide percentage (17.4 percent). This is seen in health outcomes linked to nutrition, infant mortality, HIV/STI, physical activity and others.

Education

Leon County's high school graduation rate in school year 2017-18 was 93.0 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 45.5 percent of county residents 25 years of age and older held a bachelor's degree or higher (statewide rate was 28.5 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: 43.4% of County Residents Hold a Bachelor's Degree or Higher



Source: U.S. Census Bureau, 2018 American Community Survey 5-Year Estimates

Labor Force, Income and Unemployment

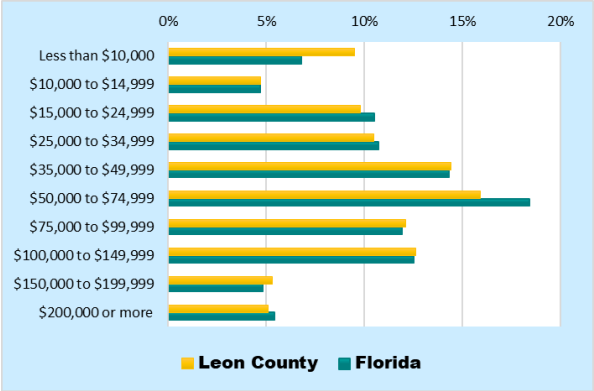
According to the Florida Department of Economic Opportunity, the fast-growing

industry in Leon County is the Ambulatory Health Care Services industry. In 2018, there were estimated 8,058 in this industry, and it is projected to grow by 19.1 percent (total =9,598) by 2026. The Food Services and Drinking Place industry is expected to have the highest increase in new jobs. By 2026, this industry is projected to grow by 1,815 (15,781 to 17,596) with an 11.5 percent growth. The projected fastest-growing occupation is Nursing Practitioner, which is expected to increase by 32.4 percent (48 jobs). The fastest gaining occupation is projected to be the Combined Food Preparation and Serving Workers, Including Fast Food

Individuals are considered “unemployed” if they are not employed and are actively seeking a job, as defined by the Bureau of Labor Statistics. In December 2018, 4,895 people were unemployed in Leon County (3.1 percent) while the unemployment rate statewide was 3.3 percent.

The percentage of households earning less than $10,000 per year in Leon County in 2017 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: 10% of County Residents Make Less than $10,000



Source: U.S. Census Bureau, 2018 American Community Survey 5-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 a night of January 2019, 951 people in Leon County were identified as homeless.

In 2017-18, there were 790 Leon County Public School students who experienced homelessness. Of this number, 178 (22.5 percent) were living in an emergency or transition shelter; 516 (65.3 percent) were sharing housing with other persons due to loss of housing, economic hardship or a similar reason; and 76 (9.6 percent) were living in a hotel or motel. An estimated 16.1 percent (127 total) of homeless students were unaccompanied, not in the physical custody of a parent or legal guardian.

According to the 2017 U.S. Census 5-Year Estimates, there were 112,373 occupied

housing units in Leon County. About 58,014 (52.6 percent) of the housing units were owner-occupied and 53,232 (47.4 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 44 percent of households (49,596 total households) paid more than 30 percent of income for housing.

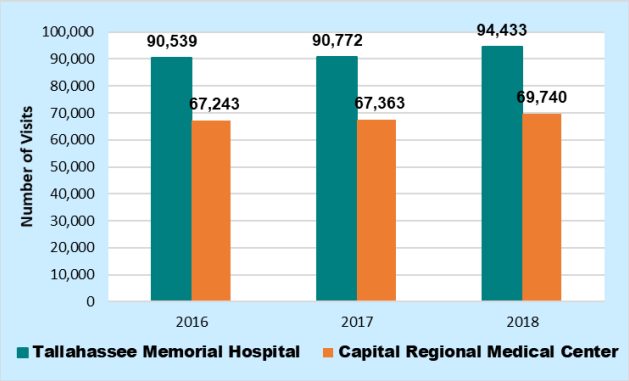
Access to Care

Access to health care 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 health care 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 health care 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 the patient's responsibility. According to the U.S. Census Bureau (2017), 90.9 percent of county residents had some form of health insurance. The uninsured rate was higher among blacks (13.0 percent) when compared to whites at (7.1 percent).

Emergency departments in Leon County had a total of 164,173 visitors in 2018. Tallahassee Memorial Hospital had a total of 94,433 visitors, while Capital Regional Medical Center saw a total of 69,740. 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 Health Care Administration

Having a permanent 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.

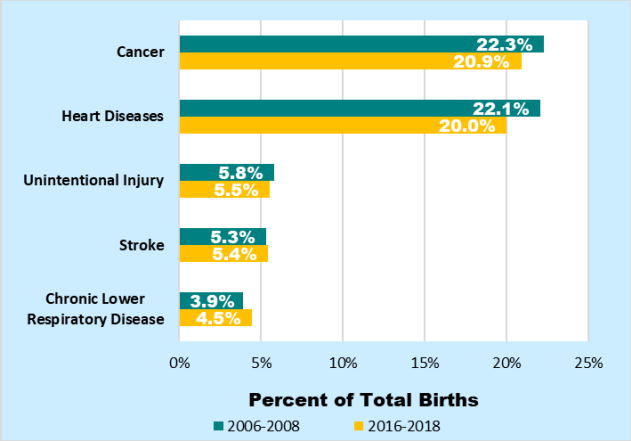
In 2016, there were 240 primary care physicians in Leon County. The ratio of population to primary care physicians was 1,200:1 (1,200 people for every 1 primary care physician), compared to the statewide ratio of 1,390:1.

Leading Causes of Death

The top five leading causes of death are: cancer, heart disease, stroke, unintentional injury, and chronic lower respiratory disease (CLRD) which account for about 56 percent of all deaths in Leon County in 2016-18. The top two causes -- cancer and heart disease -- account for about 41 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.

Exhibit 5: Top Five Leading Causes of Death Remain the Same after 10 Years



Source: FDOH, 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, 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 FLHEALTH CHARTS.

The hospitalization rates for asthma and heart disease are significantly lower in Leon County compared to the state, but disparities exist within the county. During 2018, there were 2,176 hospitalizations related to asthma (both primary and contributing diagnoses), of which the majority were among blacks at a rate of 1,403.6 per 100,000 population compared to whites at 541.3. The asthma hospitalization rate for blacks was more than twice as high as whites, a ratio of 2.6:1.

According to the 2016 Behavioral Risk Factor Surveillance Survey (BRFSS), the percentage of *adults who have ever been told they had diabetes* was 14.5 percent for blacks and 9.9 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 2.5:1.

Heart disease was the second leading cause of death in Leon County during the 2016-18 period. The most recent BRFSS (2016), shows that 11.1 percent of black adults had been told they had coronary heart disease, heart attack, or stroke and 4.2 percent were told they had a stroke, compared to whites at 4.4 percent and 3.1 percent, respectively. The black/white rate of hospitalizations related to coronary heart disease and stroke show a ratio of 1.5:1 and 2.5:1, respectively.

For the 2016-18 period, cancer was the leading cause of death in Leon County.

From 2014-16, cancer cases diagnosed at an advanced stage is higher among blacks (49.7 percent) compared to whites at 46.6 percent. The rate of new breast cancer cases among white women was higher than that of black women, 107.6 per 100,000 population and 101.4, respectively. The rate of new colorectal cancer cases was higher among blacks (37.0 per 100,000), a contrast to whites at 28.4 per 100,000. Of the new lung cancer cases, whites were diagnosed at a rate of 51.3 per 100,000 and blacks at 48.7 per 100,000. The disparity gap in new cases of prostate cancer shows that blacks are 2 times more likely to be diagnosed at a rate of 151.3 per 100,000 compared to whites at 75.3 per 100,000.

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

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

Socioeconomic 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.

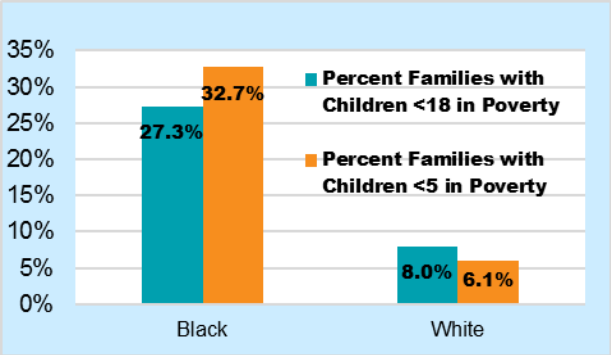
Compared to all Florida counties, Leon has the ninth highest ratio of income inequality in the state. For the latest 5-year period, the income limit for the top earning 20 percent in the county is 5.2 times the income of the bottom 20 percent of the households.

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 10.0 percent of county households having income less than $10,000 compared to 7.2 percent for the state; the county has proportionally fewer households with income in the $50,000 - $74,999 range, with 16.7 percent compared to 18.4 percent for the state; and the county has proportionally more households with incomes in the $100,000-$149,999 range, with 12.3 percent compared to 11.7 percent for the state.

The most current census figures reveal that about 1 in 5 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 21 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 about 2:1, with 30.3 percent of blacks and 15.7 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 18.8 percent for 2017, 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 about four times more likely to be in poverty than white families with children. Using the latest 5-year census estimates, nearly 3 in 10 black families with children live in poverty (27.3 percent) compared to 1 in 10 white families with children (8 percent).

Exhibit 6:
27.3% of Black Families with Children Live in Poverty



Source: U.S. Census Bureau, 2017 American Community Survey 5-Year Estimates

Thirty-nine percent of all children in Leon County live in single-parent 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 families were over five times more likely to live in poverty (29.0 percent) than children in married-couple families (5.4 percent).

Housing

Leon County experiences significant housing issues, including a lack of affordable housing, overcrowding, and homelessness. Housing units with a mortgage (26.7 percent) spent 30 percent or more of household income on housing, while nearly 6 in 10 renter-occupied housing units (59.3 percent) had a 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 45.5 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 (7.4 percent), State (12.8 percent) and U.S. (7.5 percent). Leon County blacks aged 25 years and older are more likely to have no high school diploma (13.1 percent) compared to whites (4.3 percent), a black/white ratio of 3:1.

In the Fall of 2018, the Florida Department of Education released the results of the Florida Kindergarten Readiness Screener (FLKRS). FLKRS is administrated to all public-school kindergarten students and assess their readiness for kindergarten. In Leon County, only 56 percent of students entering kindergarten were prepared. Likewise, about 53 percent of students were ready for kindergarten across Florida.

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:
Kindergarten Readiness is lower in Title 1 Schools

	Total Number of Test Takers Fall 2018	Percentage "Ready for Kindergarten"
Title 1 Schools	1,133	42%
Non-Title 1 Schools	1,286	68%
Total	2,419	56%

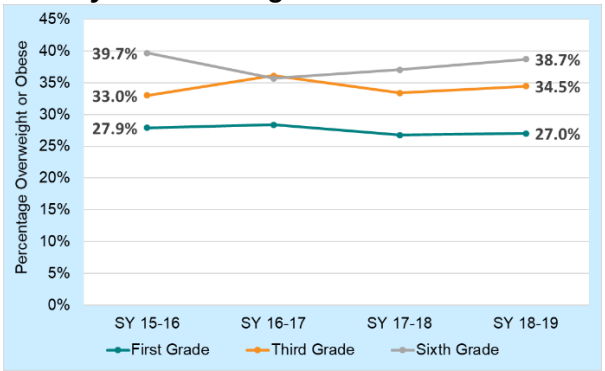
Source: Florida Department of Education, Office of Early Learning

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. Leon County has a lower percentage of overweight adults compared to the state (33.8 percent vs. 35.8 percent respectively), but a higher percentage of obese adults (30.4 percent vs 27.8 percent respectively). Black adults are more likely to be obese than their white counterparts with a rate ratio of 1.5:1. They are also more likely to be inactive or insufficiently active (55.5 percent) compared to whites (48.4 percent).

During the 2018-19 school year, body mass index (BMI) data was taken on first- through seventh-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:
Sixth Graders had Higher Overweight and Obesity Rates during SY 2018-19



Source: DOH-Leon, School Health Program

When looking at the BMI categories by grade level in each school, it was determined that Hartsfield Elementary School had the lowest percentage of overweight and obese first-grade students (12.1 percent) and Governor Charter had the highest (47.5 percent). For third graders, Gilchrist had the lowest at 21.5 percent, while Astoria Park had the highest at 57.3 percent. For sixth graders, School of Arts and Sciences was at 27.9 percent, compared to 55.8% at Woodville.

Overall, Leon County adults were less likely to be smokers than adults statewide, 12.8 percent vs. 15.5 percent. Blacks were more likely to be smokers (17.2 percent) when compared to whites (10.0 percent).

When comparing Leon County middle school and high school students to those throughout the state, they were less likely to report that they have ever tried cigarettes, cigars, smokeless tobacco, hookah, or electronic vaping (29.2 percent vs. 32.5 percent).

The percentage of the population that engages in binge drinking is slightly higher in Leon County compared to that of state (20.4 percent vs 17.5 percent). Whites were more

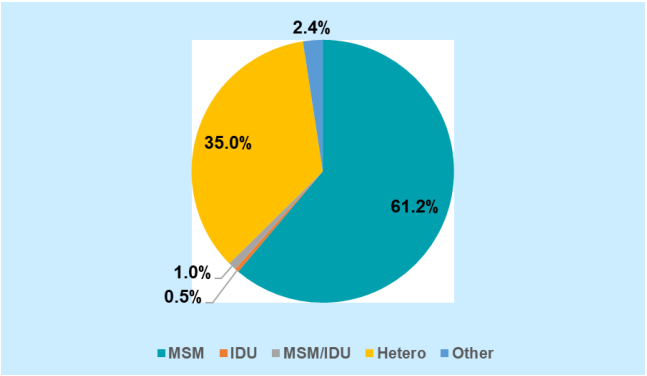
likely to engage in excessive drinking than blacks.

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 7th highest rate for HIV and the 13th highest rate for AIDS cases.** Racial disparity exists in new HIV and AIDS cases for Leon County, where blacks were about 9 times more likely than whites to be diagnosed with HIV and more than 11 times more likely to be diagnosed with AIDS.

For the 2016-18 period, men who have sex with men (MSM) accounted for about 61 percent (126 diagnoses) of the new HIV positive diagnoses in Leon County, compared to 59 percent statewide. Adults 20-29 years of age represent 48 percent of new HIV infections. Blacks accounted for 85 percent of HIV/AIDS deaths in Leon County. In addition, they were over 15 times more likely than whites to die from HIV/AIDS. Death 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:
MSM accounted for 61% New HIV Diagnoses in Leon County from 2016 to 2018



Source: FDOH, HIV/AIDS Section

Leon County is ranked first for gonorrhea and chlamydia cases. A great disparity exists: blacks were 12 times more likely than whites to have gonorrhea and black males and females 24-29 years of age had the highest rates of cases in the county. The gonorrhea rate was 23 percent higher among males than among females.

For the 2016-18 period, there were 10,005 chlamydia cases in Leon County, a rate of 1,149.2 cases per 100,000 population. This rate was more than twice as high as the statewide average of 485.5. Females were 72 percent more likely as males to be diagnosed with chlamydia, while blacks were over eight times as likely to have been diagnosed with chlamydia.

Untreated syphilis can cause irreparable organ damage and stillbirth during pregnancy. In 2018, there were 68 infectious syphilis cases in Leon County, corresponding to a rate of 23.4 cases per 100,000 population. This rate was significantly higher than the statewide rate of 13.8 cases per 100,000 population. Overall, the syphilis rate in Leon County has increased during the past 20 years.

Maternal and Child Health

Gross disparities within Leon County continue to be reflected 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 health care system.

In the 2016-18 period, 62 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 overall, but **in the most recent period (2016-2018) black mothers were about three times more likely to have an infant die than white mothers.**

For 2016-18, 10.7 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 62 percent more likely to be born prematurely than white babies; a 13.9 percent black prematurity rate compared to 8.6 percent for white babies in 2016-18.

Overweight and obese women have increased risks of preterm birth, low birth weight 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 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, 7.1 percent of white mothers smoked during their pregnancy compared to 6.4 percent of black mothers. The rate of smoking has increased for both black and white mothers from 2011-13 to 2014-16.

About 71.6 percent of mothers in Leon County received adequate prenatal care in the 2016-18 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 disparities in adequacy of prenatal care are evident as 75.4percent of white mothers have adequate care compared to only 66.8 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.

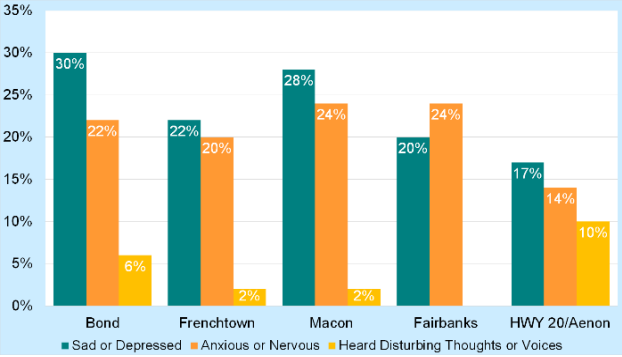
For the 2015-17 period, 82.2 percent of all Leon County mothers initiated breastfeeding in the hospital. Breastfeeding practices vary considerably by maternal race, age and education. Black mothers initiate breastfeeding at significantly lower rates than white mothers; for the latest reporting period (2016-18), only 72.7 percent of black mothers in Leon County initiated breastfeeding compared to 89.2 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 gender.

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 4th out of 67 for the highest food insecurity rate.[1] An estimated 19.7 percent of Leon County residents were food insecure at least some time during 2017, meaning they lacked access to enough food for an active, healthy life. The food insecurity rate for Leon County children is estimated at 14.9 percent (10,460 children) with 36 percent of these children in households with household incomes above 185 percent of the federal poverty level.

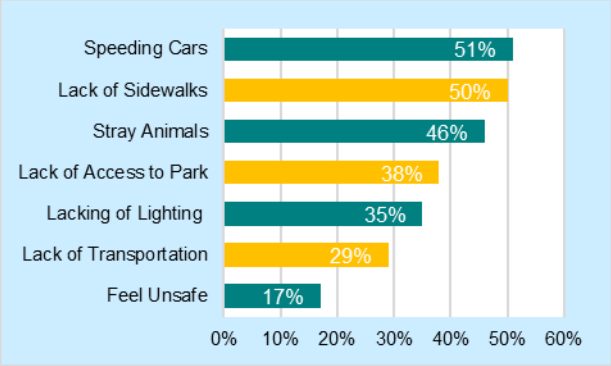
From January 2019 to June 2019, the DOH-Leon conducted a health impact assessment in the Highway 20 neighborhood. The assessment entailed 64 door-to-door interviews with a randomly selected population. The purpose of this assessment was to examine the prevalence of food insecurity in this community and assess the relationship between food insecurity and certain chronic conditions. **The study found that 63% of the sample is food insecure.**

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

Additionally, that food insecurity is positively associated with prediabetes and income.

Recommendations from this study included sharing the findings with stakeholders to increase policies geared towards improving and building the food systems for all of Leon County (Disparities in Food Security, 2019).

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 Aenon 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.

Significant 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 2016-18, blacks were over four times as likely as whites to be victims of homicide at (9.5 per 100,000 vs 2.1 per 100,000). Two of the focus neighborhoods – South City and 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, the current perception is police presence is now decreased.

In 2016-18, Leon County had 5,219 domestic violence offenses, the rate was 599.5 per 100,000 population, exceeding the state rate of 514.3 per 100,000. The county experienced about a 63 percent increase between 2004-06 and 2014-16. For 2016-18, Leon County ranked 5 out of 67 counties for the highest rate of aggravated assault, an estimated 3,804 cases. Many of these crimes are committed within Tallahassee's city limits.

Health Information and Resources

Access to and understanding of health care 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 health care 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 health care 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, Frenchtown

Access and Quality Clinical Care

Access to comprehensive, quality health care 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 health care they need and, when they do get care, burdens them with large medical bills. The county uninsured percentage was higher among blacks (15.0 percent) when compared to whites (7.5 percent). Among focus neighborhoods, South City and Aenon 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 reported 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 (2015) cited the following reasons: no insurance coverage, lack of money and transportation.

In 2017, children who have Medicaid Managed Care utilize emergency rooms at a rate of 61 percent, compared to 27 percent for those with commercial health insurance. These disparities indicate that children that have Medicaid Managed Care use emergency rooms more often, and there should be more preventions efforts made to reduce the number of low-income children that use the emergency department as their primary care providers.

Maintaining good oral and physical health requires a multi – faceted approach including a healthy diet, proper exercise, access to health care professionals, and public health initiatives such as fluoridated community water and preventive dental services including dental sealants. In 2016, Leon County adults making less than 25,000 dollars were about 50 percent less likely to have received dental care in the past year compared to adults making 50,000 dollars or more. The dental care utilization rates for low-income and higher income was 54.5 percent and 82.2 percent, respectively.

Throughout the focus neighborhoods, 46.5 percent of respondents visited the dentist in the past year, lower than the county (70.8 percent) and statewide (63.0 percent).

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

~Residents, Focus Neighborhoods

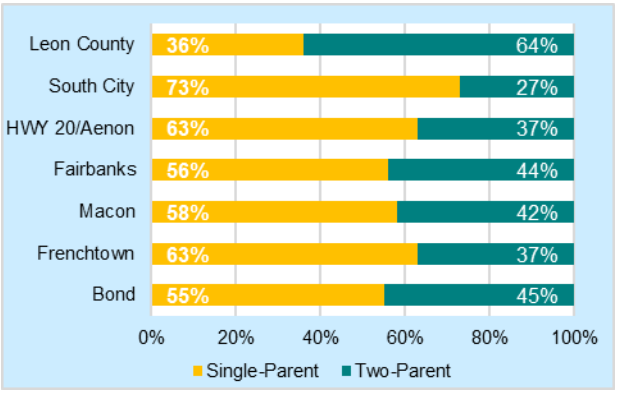
The City of Tallahassee water system serves about 193,927 (68.1 percent) Leon County residents, drinking fluoridated water.

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, 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

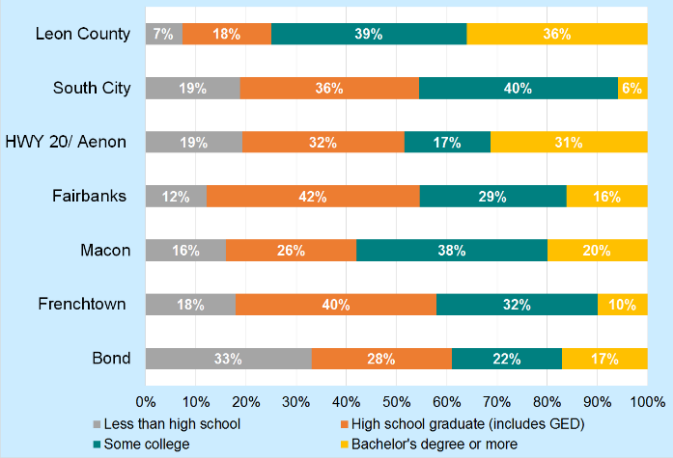
Higher education attainment, regarding recognized qualifications, is associated with a range of positive outcomes, including better income, employment, and health. As the requirements for many jobs and expectations of employers rise,

education that provides the necessary skills and knowledge has become essential for full participation in society.

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.

Most households in our survey included children in Pre-K (73 percent) or elementary school (88 percent). Parents/guardians across all six focus neighborhoods were concerned for their children'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.

Exhibit 14: Educational Attainment Lower in Focus Neighborhoods



Source: 2016 Neighborhood Health Survey

Access to Care

Access to comprehensive, quality health care services is important to achieve 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 health care they need and, when they do get care, burdens them with large medical bills. South City and Aenon Church neighborhoods had the highest percentages 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 had a personal doctor, the highest being Bond (88 percent) and Fairbanks Ferry (83 percent). Though respondents identified a personal doctor, 17 percent of respondents used a hospital emergency room for health care services.

Barriers to accessing health care 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, his/her 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 86 percent, on average 81 percent of focus neighborhood respondents indicated their overall health as "*good"* or "*excellent"*.

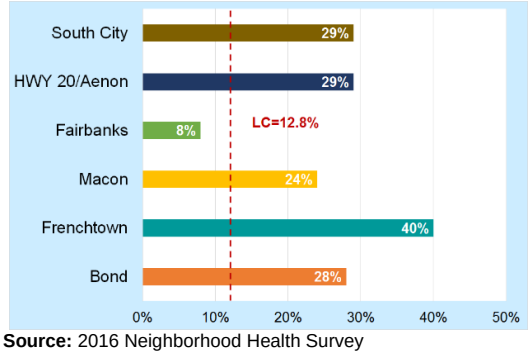
Health Behaviors

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 17.2 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.

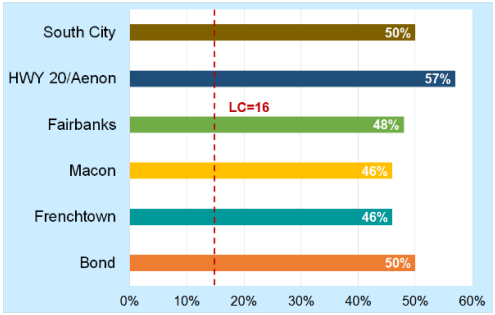
According to the 2016 BRFSS, 34.5% of Leon County adults had a healthy weight. A total of 16 percent reported they consumed five or more servings of fruits or vegetables per day (BRFSS 2013). This rate was lower than the state's average of 18.3 percent, but the difference was not statistically significant. Among racial groups, Blacks were less likely to report they consumed five or more servings of fruits or vegetables per day. In comparison, 50 percent 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 2016, 64.2 percent 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 30 minutes of physical activity daily, the

percentage of respondents to the neighborhood survey (55 percent) was equal to the overall county.

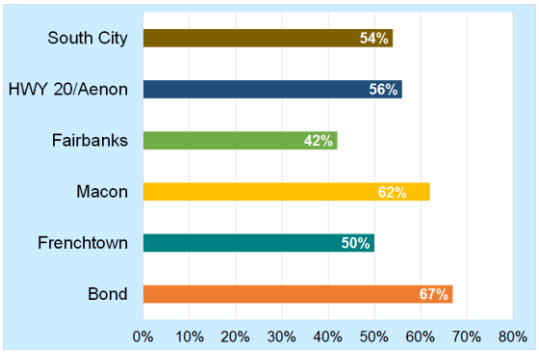
Focus neighborhoods – Frenchtown, Macon and South City have community gardens at different development stages. The gardens are supported by FAMU and UF/Leon County Cooperative Extension offices to assist communities in planting and producing reliable food items for consumption.

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



Source: 2016 Neighborhood Health Survey

Exhibit 18: Percentage of Physical Active Adults in Focus Neighborhoods

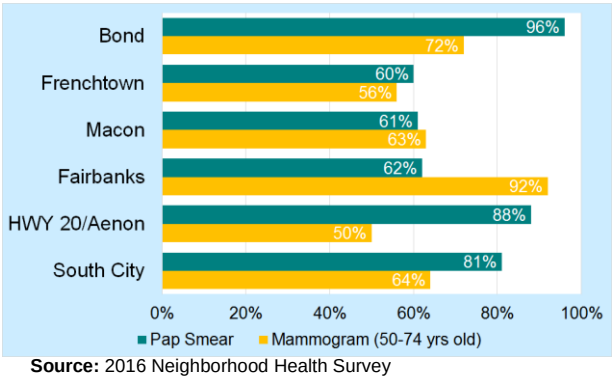


Source: 2016 Neighborhood Health Survey

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 health care 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 health care.

Exhibit 19: 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.

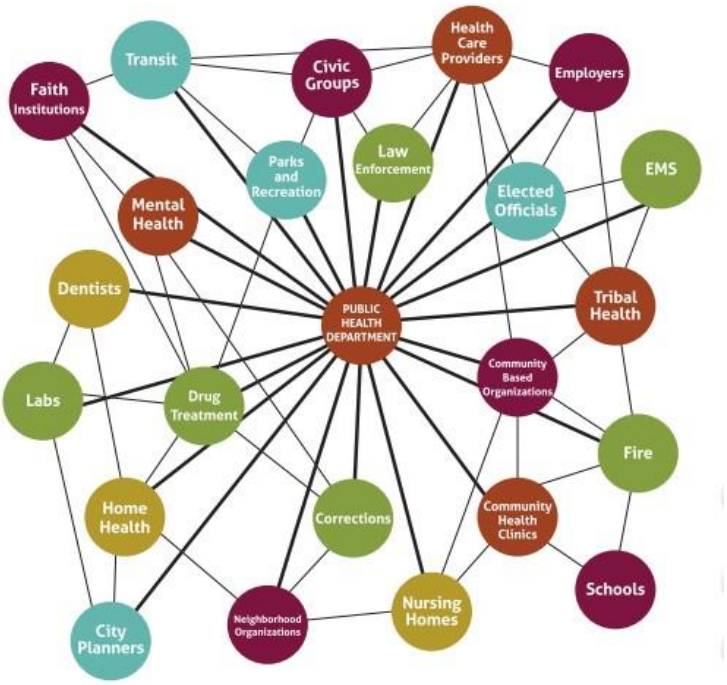
Local Public Health System Assessment (LPHSA)

What It Is

The LPHSA measures the capacity of the public health system to provide the 10 Essential Public Health Services, the fundamental framework for all that contribute to the health and wellbeing 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 volunteer organizations. The identification of the system's strengths and challenges can help communities strengthen, improve and better coordinate LPHSA 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 DOH-Leon contribute to the 10 essential public health services.

The 10 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 health care when otherwise unavailable.
8. Assure a competent public health and personal health care 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

A total of 25 partners from public and private sectors with a stake in the Leon County Public Health System were invited to participate in one of four 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 National Association of County and City Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC).

The essential services were organized into four groups by common themes and in an effort to maximize cross-sharing and learning, participants were strategically placed in one of the four 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” activity across all 10 essential services.

Assessment results point to areas of relative strength and challenges for the county system. Leon scored highest for capacity and performance in the following Essential Public Health Services (EPHS):

- EPHS6: Enforce laws and regulations that protect health and ensure safety.
- EPHS 2: Diagnose and investigate health problems and health hazards in the community.

Lowest scores were recorded in the following areas:

- EPHS7: Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
- EPHS5: Develop policies and plans that support individual and community health efforts.

The 10 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 health care when otherwise unavailable.	43	Moderate
8	Assure a competent public health and personal health care 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 Assessment (CTSA)

What It Is

The CTSA provides a snapshot of the focus neighborhoods by gathering information on the thoughts, concerns and opinions of community members.

Methods

The CTSA was conducted through community discussions in the six focus neighborhoods. Discussion groups were coordinated by Florida Department of Health in 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 discussed. Data collected through the survey and community discussion process add a critical

piece to the larger picture of community health,and was closely reviewed during development of the CHIP.

Date	Neighborhood	Key Feedback
June 12	Fairbanks	**Access to Food** • Limited access to grocery stores, Walmart is the most frequented store but far from community **Built Environment** • County drainage system is inadequate, mosquitos bred in ditches that collect water • The roads have lots of traffic and are dangerous for pedestrian. • Roads need to be paved and would increase the ability to exercise in the community • Most 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 **Children Concerns** • Need curfew for all ages • For the safety of children, school bus stops should be identified by signage **Safety & Crime** • Community needs a police and health department substation • Crime would decrease if there was a community center in the area • Plagued with burglary, home invasions and drugs • There aren't any positive activities for children, too much idle time after school
June 15 **June 21**	Frenchtown	**Access to Information & Resources** • Need to be educated through workshops 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 **Access to Food** • 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

Date	Neighborhood	Key Feedback
		Built Environment • 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 **Personal Health** • Provide dental care to adult Medicaid recipients **Safety & Crime** • 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	**Built Environment** • Neighborhood needs sidewalks to increase physical activity **Children Concerns** • Need afterschool and weekend activities for children • The park has drugs and alcohol, not safe for kids to play **Personal Health** • Provide dental care to adult & elderly Medicaid recipients **Safety & Crime** • 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	**Access to Information & Resources** • We don't know about resources • Need Medicaid resource books **Built Environment** • High crime rates • Speeding • Lighting in neighborhoods is darker on Southside • Neighborhood needs sidewalks to increase physical activity **Mental Health** • Needs education to know signs • Patients that refuse treatment are allowed to continue making decisions • Hospitals pacify patients having mental health issues

Date	Neighborhood	Key Feedback
		• 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 • Safety & Crime • Enforce drug and alcohol-free park regulations
June 28	Highway 20	**Built Environment** • Neighborhood needs sidewalks to increase physical activity • The recreational area should have programs for kids of all ages **Access to Information & Resources** • 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 (FOCA)

What It Is

The 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 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, health care 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
Socioeconomic	Slow economic recovery among disadvantaged	• 12% of the 1% sales tax directed to the office of economic vitality city/county	• 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	• Discussion on race in society; strategic planning to create community-wide race/equality plan	• Segregation of housing and schools • Institutional, systemic and individual racism • Lack of effective communication regarding health and well-being of significant proportions of our families and children • Little/no progress on health equity since last CHA

Sector	Forces	Opportunities	Threats
	Education and knowledge about available resources	• Engage community partners in informing community and promote enrollment information • Collaborative and comprehensive community resource and provider directory	• Lack of informed and engaged citizens
Government/ Political	Changing local and state political leadership	• New leadership could be innovative	• Transition • Unknowns • Loss of confidence in political leaders • Prevention efforts not supported by current state government
	Affordable Care Act	• Continued prevention and early intervention • Covering of pre-existing conditions	• Unknowns
Community	Crime and violence	• Increased community involvement, such as neighborhood watch groups • "Community policing" initiative of TPD	• Increase in violent crime • Funding for youth activities • Failure to address problems of guns and weapons at the federal level
	Neighborhoods as change agents	• Tailored change efforts in neighborhoods • Resident/community engagement for change • Neighborhood focused data available • Formation of • Southside/Frenchtown • Community Advisory Council	• Level of resources needed to address issues by neighborhood level • Capacity and skills needed to work with neighborhoods
	Lack of PE in schools	• Education of citizens on importance of preventative screenings/ healthy eating • Lobby for educational reform at local/state level	• 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

Sector	Forces	Opportunities	Threats
Health care	Gaps in service delivery	• 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	• Shortage of health care providers in primary care Only on provider on federal exchange for north Florida • Lack of coordination among health care organizations • Lack of behavior clinicians • Mental health excluded from general health care – prevents identification and early treatment • Lack of funding to expand children's dental services
Environment	Healthy food challenges	• Increase access to and consumption of healthy foods	• Affordability and access of farmer's markets
	Land use	• Improvements to enhance recreational areas	• Upscale student housing is replacing low income housing for families and changing neighborhoods • Environmental gentrification

Acknowledgments

Whole Child Leon (WCL) led 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

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Pam Wilson	Capital Medical Society
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Meade Grigg	Community Member
Miaisha Mitchell	Community Member
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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
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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 Health Care 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 Bureau

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 Health care 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, WIC
- Florida Institute for Reproductive Medicine
- Capital Area Healthy Start Coalition Jasmine Women's Center
- La Leche League of Tallahassee
- Nature Coast Women's Care
- Planned Parenthood of Tallahassee

Maternal and Child Health
Continued

- 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 Center
- 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

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 and Resource Bureau
- 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

Physical Activity

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

Appendix C: Neighborhood Health Survey

COMMUNITY HEALTH ASSESSMENT SURVEY

Neighborhood ID |____|

Survey ID |____|____|____|____|

Interviewer ID |____|____|

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** _____

1

6	**Which one of the following best describes your race?**	01 02 03 04 05 06	**White** **Black or African American** **American Indian or Alaska Native** **Asian** **Asian Indian** **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* *02* *03* *04* *05* *06* *07* *08* *09*	**Employed full-time** **Employed part-time** **Self-employed** **Out of work for 1 year or more** **Out of work for less than 1 year** **A Homemaker** **A Student** **Retired** ***Or*** **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) _____

_____

b) _____

_____

c) _____

_____

d) _____

_____

e) _____

_____

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.

15	**Do you have enough lighting in your neighborhood at night?** ***If NO, could you explain your answer?***	*01 Yes* *02 No **(Explain below)*** *03 No Opinion/Don't Know*

16	**Do you feel safe in your neighborhood?** ***If NO, could you explain your answer***	*01 Yes* *02 No **(Explain below)*** *03 No Opinion/Don't Know*

17	**Do you have enough sidewalks in your neighborhood?** ***If NO, could you explain your answer***	*01 Yes* *02 No **(Explain below)*** *03 No Opinion/Don't Know*

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

19	**Do you have access to public transportation in the neighborhood?** ***If NO, could you explain your answer***	*01 Yes* *02 No **(Explain below)*** *03 No Opinion/Don't Know*

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

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

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

_____

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

_____

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

_____

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

_____

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

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

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

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

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)**

6

		5 **Head Start** *6* **Other (Specify) _____**
35	**Do you have concerns about your child's speech, hearing, vision, or movement?** ***IF YES, why?*** _____	*1 Yes* *2 No* *3 Not Sure/Don't Know*
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?** ***IF YES, why?*** _____	*1 Yes* *2 No* *3 Not Sure/Don't Know*
38	**Do you believe your children have good health care?** ***IF NO, why?*** _____	*1 Yes* *2 No* *3 Not Sure/Don't Know*
39	**Do you believe your children have good dental care?** ***IF NO, why?*** _____	*1 Yes* *2 No* *3 Not Sure/Don't Know*
40	**Are you concerned about the safety of your children in the neighborhood?** ***IF YES, why?*** _____	*1 Yes* *2 No* *3 Not Sure/Don't Know*
41	**Do you like your children's school (s)?** ***IF NO, why?*** _____	*1 Yes* *2 No (Explain below)* *3 Not Sure/Don't Know*

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 health care 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 health care 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 health care
06 Do not know where to go for health care
07 Doctor's office/Clinics were not opened when I/we needed health care.
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 health care.
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 health care provider?**

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

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

49 **Where do you go <u>most often</u> when you need to see a doctor? (Only <u>one answer</u> 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*
03 *clinic, Havana)*
04 *Family Practice of Tallahassee Memorial Hospital*
05 *Leon County Health Department*
06 *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*

9

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)

SHOW CARD "A" TO INTERVIEWEE

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?**

_____

_____

12

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).**	___ ___ 97 00 98	Enter number of times Less than once per week Never . Don't know/Not sure
72	**On average, how often do you eat fried foods per week?**	___ ___ 97 00 98	Enter number of times Less than once per week Never . Don't know/Not sure
73	**On average, how often do you drink alcoholic beverages (include beer, wine, wine coolers, etc.)**	1 2 3 4	**Every day/almost daily** **A few times per week** **Rarely (Skip to 75)** **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?**	___ ___ 77	Number of times (None = 00) 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?**	___ ___ ___ ___ 77 99	Times per week Times per month Don't know / Not sure Refused
76	**Do you smoke cigarettes, cigars (Black and Milds) every day, some days, or not at all?**	0 1 2 3	Not at all Every day Some days 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 1 2 3	Not at all Every day Some days 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? (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.)	1 Yes 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.)	Yes No Don't know / Not sure
85	**Have you ever had a Pap smear (or Pap Test)?**	1 Yes 2 No **(Skip to 90)** 3 Don't know / Not sure **(Skip to 90)**

	Only ask if responded yes to above question.	Read only if necessary:
86	**How long has it been since you had your last Pap Smear/Pap 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 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?**

1 Yes
2 No
3 Don't know / Not sure

88 **Have you EVER HAD a PSA test?**

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

89 **ONLY ASK IF RESPONDED YES TO #81**

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

Read only if necessary:

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.

Appendix D: Steering Group Meetings

Leon County Health Assessment
Steering Committee Meeting
Roberts & Stevens Clinic, Bill Fagen Room
October 27, 2015, 8:30 a.m. – 10:30 a.m.

AGENDA

Purpose: *Solicit input from community stakeholder on the Leon County Health Assessment through open two-way dialogue.*

Topic	Lead
Welcome/Call to Order • Introductions • Brief review of agenda • Prompt attendees to sign-in	Warren Jones
Opening Remarks	Claudia Blackburn
Why are we here?	Brandi Knight
Historical Perspective	Claudia Blackburn
County Health Assessment Process • Implementation Dates • Proposed Approach • Survey Tool	Brandi Knight
Meeting Logistics • Date • Time and duration of the meeting • Location	Brandi Knight
Open Floor for Input, Questions, Concerns	R. Jai Gillum
Closing Remarks	Katrina Rolle
Meeting Evaluation	Brandi Knight
Adjourn	Warren Jones

TALLAHASSEE MEMORIAL HEALTHCARE

LIVE UNITED United Way United Way of the Big Bend

Florida HEALTH Leon County

Leon County Health Assessment
Steering Committee Meeting
Roberts & Stevens Clinic, Bill Fagen Room
October 27, 2015, 8:30 a.m. – 10:30 a.m.

MEETING MINUTES

Attendees: See Attached Sign-In Sheet

Minutes Approved by Committee: 11/13/15

Agenda Items:

1. Welcome
2. Opening Remarks
3. Why are we here?
4. Historical Perspective
5. County Health Assessment Process
6. Meeting Logistics
7. Open Floor
8. Closing Remarks
9. Meeting Evaluation

Meeting was called to order at 8:50am on October 27, 2015 by Claudia Blackburn (Health Officer, DOH-Leon) at the Bill Fagen Conference Room, 1515 Old Bainbridge Rd

Why are we here?

- Brandi Knight discussed the purpose of the community health assessment (CHA) and health improvement process (CHIP). Claudia stated the intent is for all community stakeholders/partners to use findings from the health assessment instead of organizations working in silos to do conduct several different assessments. Brandi asked attendees to consider other stakeholders that may be missing from the committee and we can work together to bring those organizations to the table. We would like everyone to move the work forward by leveraging resources and bring ideas to the committee that improve the health of our county.

Historical Perspective

- Claudia Blackburn provided a brief overview of the 2011/2012 assessment process, highlighting a few lessons learned – the improvement process was not managed well and therefore many initial objectives were not met. As a result, 16 months ago, DOH-Leon collaborated with the United Way Health Council to identify efforts currently being implemented throughout the county. Many of these strategies are included in the 2015-2017 health improvement plan. Here is the link to both documents DOH-Leon Community Health Assessment and Planning.
  The link for TMH Community Health Needs Assessment Report and Community Health Needs Assessment Implementation Report TMH Community Reports

- Claudia Blackburn highlighted the plan is to dig deeper with the next assessment to determine the root cause of issues identified previously (e.g. access to care

Leon County Health Assessment
Steering Committee Meeting
Roberts & Stevens Clinic, Bill Fagen Room
October 27, 2015, 8:30 a.m. – 10:30 a.m.

MEETING MINUTES

ACTION REQUIRED:

1) Brandi Knight will bring a hard copy of the previous CHA to the next meeting.

Overview of Health Assessment Approach

- Brandi Knight provided a general overview of the assessment approach: conducting both web-based and door-to-door surveys throughout Leon County. The surveys are the same but the methodology is different. A two-prong approach was chosen to ensure we captured information from populations that are less likely to have access to computers and research shows have a low response rate with this type of assessment. The goal is to receive a total of 5,600 (5% of Leon County households) completed surveys.
- Brandi Knight discussed that door-to-door surveys will be conducted in South City, Woodville area, Highway 20, Fairbanks Ferry Rd (near Highway 12), and Southside areas. These areas were chosen based on socio-economic factors that increase their risk of being impacted by health issues. Surveying will begin late January. Indicators used to identify these areas: income, poverty, uninsured/under-insured, high school dropout rate, food access, infant mortality rates.
    - Community member Dr. Edward Holifield raised a question as to why door-to-door surveys were not being conducted in the rich neighborhoods. Claudia Blackburn and Meade Grigg answered by reiterating the lack of access to computers in the areas identified.
    - Miaisha Mitchell identified the Macon Community as an area to be considered for door-to-door surveys. The community has become surrounded by more affluent neighborhoods that if you look at data, it may appear they are doing well but they are not.
- Brandi Knight asked the committee to think of other areas in Leon County that may be included as part of the door-to-door survey process.
- Claudia Blackburn stated that the proposed process is looking though a health equity lens using social determinants of health indicators.
- Miaisha Mitchell brought up "place matters" and that we should consider using residents to conduct surveys. An MCH project that was done in Frenchtown used residents and survey interviewers and focus group facilitators. FAMU-IPH trained residents and provided ongoing technical assistance. The project was focused on infant mortality. Brandi Knight stated that idea was thought of but dismissed because residents may not feel comfortable answering some of the survey questions (e.g. mental illness, substance abuse) if asked by someone they know.
- Mary Waller inquired about the resource list that will be given to residents during the door-to-door survey. The list should build from what already exists through 211 or the previous assessment.

TALLAHASSEE MEMORIAL HEALTHCARE

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Leon County Health Assessment
Steering Committee Meeting
Roberts & Stevens Clinic, Bill Fagen Room
October 27, 2015, 8:30 a.m. – 10:30 a.m.

MEETING MINUTES

ACTION REQUIRED:

1) Committee needs to discuss this item further.

Review of Survey Instrument

- The committee was provided with a copy of the health survey currently being conducted in South City by Whole Child Leon. Meade Grigg emphasized that some survey questions are South City specific but can be revised for a county-wide health assessment.
    - Dr. Edward Holifield requested a survey question that deals specifically with infant mortality. Meade Grigg explained that infant mortality is geocoded, therefore the committee and others would be able to determine where the rates of infant mortality occur in the county. Proposed question (paraphrased): "Do you know someone that was affected by an infant death". Pam Wilson stated that a question on infant mortality is warranted but may not be valid and more relevant to ask if the respondent personally experienced.
    - Meade Grigg went over some of the available data that may not require a survey question (e.g. HIV, infant mortality). Will additional information be discovered if a survey question was developed given that data is already captured?
    - Dr. Temple Robinson and Miaisha Mitchell inquired about a survey question related to race. Meade Grigg responded that including such questions via a survey don't report out well but are better handled via a focus group when we move to the health improvement part of the process. Suggest inviting Dr. Bogan from FAMU to discuss project related to contraception and condom use.
    - Dr. Edward Holifield asked if breastfeeding rates was also geocoded. Claudia Blackburn responded that we have access to WIC data which is the closest proximity to determine breastfeeding initiation rates.

Environmental Health Survey Questions

- Committee suggested that survey questions be added on asthma for the respondent and children in the home.

Childrens' Concerns Survey Questions

- Committee suggested inclusion of a dental and school lunch consumption survey question. We aware of who is eligible but do the children eat lunch (Miaisha Mitchell). Just ask "why" to respondents as a follow up to their initial response (Kathy Winn).

Access to Care Survey Questions

- Pam Wilson stated that We Care includes a question "If you did not have access to care, where would you go?"

Leon County Health Assessment
Steering Committee Meeting
Roberts & Stevens Clinic, Bill Fagen Room
October 27, 2015, 8:30 a.m. – 10:30 a.m.

MEETING MINUTES

- Dr. Temple Robinson raised concern with question "How long has it been since you last saw a dentist or dental clinic for any reason?" We want to know the root cause, should include response options associated with question #44, by showing the respondent a card with a list of possible barriers.
- Access to specialty care, the current survey only addresses primary care (Pam Wilson).
- Mary Waller – elder care resources, access to services.

Health and Wellbeing Survey Questions

Health-Related Behaviors Survey Questions

ACTION REQUIRED:

1. Data on infant mortality will be available at the next meeting-Brandi Knight
2. Committee members will review the survey and provide feedback to Brandi Knight prior to the next meeting.

Future Meeting Logistics

- Due to the proposed implementation timeline, the committee agreed to meeting the following dates and times at 1515 Old Bainbridge Road in the Bill Fagen Room.
  - November 13, 2015 8:30am – 10:30am
  - December 4, 2015 8:30am – 10:30am
  - December 18, 2015 8:30am – 10:30am

Meeting Evaluation/Feedback

Members were able to voice their opinion on the meeting outcome, highlight on what they enjoyed best, as well as offer tips on what or where the meeting could improve:

- Open discussion of the committee was good.
- Committee would like to receive documents prior to the meeting.
- Inclusion of additional groups.
- Committee requested younger representation on the committee.

Meeting was adjourned at 10:30 am

TALLAHASSEE MEMORIAL HEALTHCARE

LIVE UNITED United Way United Way of the Big Bend

Florida HEALTH Leon County

Leon County Health Assessment
Steering Committee Meeting
Roberts & Stevens Clinic, Bill Fagen Room
October 27, 2015, 8:30 a.m. – 10:30 a.m.

Sign In Sheet

Name	Signature	Organization Affiliation
Alan Cox		Leon County Schools
Alan Rosenzweig		*County Administrator*
Angie Whitaker		Mayor's Office
Brandi Knight	Brandi Knight	DOH-Leon
Christic Henry		CONA
Claudia Blackburn	Claudia Blackburn	DOH-Leon
Courtney Atkins		Whole Child Leon
Dr. Cynthia Harris → S.S. delegate		FAMU
Dr. Temple Robinson	Temples. Robinson MD	Bond Community Health Center
Janet Bard-Hanson		211
Jay Reeve		Apalachee Center, Inc.
Katrina Rolle		United Way of the Big Bend
Kristy Carter	Kristy Carter	Tallahassee Parks & Recreation
Leslie Beitsch/Karen Geletko	Karen Geletko	FSU College of Medicine
Mark Baldino		Elder Care Services
Mary Waller	Mary Waller	Capital Regional Medical Center
Mary Goble		Capital Health Plan
Miaisha Mitchell	Miaisha Mitchell	Frenchtown Revitalization Council
Michelle Edwards		Tallahassee Community College
Oretha Jones		Neighborhood Medical Center
Pam Wilson	Pam Wilson	Capital Medical Society
R. Jai Gillum	R. Jai Gillum	United Way of the Big Bend
Rayshell Holmes	Rayshell Holmes	Tallahassee Housing Authority
RoseAnn Scheck	RoseAnn Scheck	DOH-Leon
Warren Jones		Tallahassee Memorial HealthCare
Eskias Lee	Eskias Lee, MD	CHP/NMC
Kathy Winn	Kathy Winn	League of Women Voters of Tallahassee

Leon County Health Assessment
Steering Committee Meeting
Roberts & Stevens Clinic, Bill Fagen Room
October 27, 2015, 8:30 a.m. – 10:30 a.m.

Sign In Sheet

Peggy Ramsey	Peggy Ramsey	LWV of Tallahassee
SANDRA SUTTER	Sandra Sutter	FPH/CG APS/FAMU
Edward Holifield		Community member
Meade Grigg		WCN -
Arianna Waddell		CHD

Leon County Health Assessment/Improvement
Steering Committee Meeting
Roberts & Stevens Clinic, Bill Fagen Room
1515 Old Bainbridge Road Tallahassee, FL
August 26, 2016, 8:30 a.m. – 10:00 a.m.

AGENDA

Purpose: *Solicit input from community stakeholder on the Leon County Health Assessment through open two-way dialogue.*

Topic	Lead
Welcome	Warren Jones
Key Updates: - Health Assessment Report	Brandi Knight
Wrap-up Neighborhood Assessment Survey Information	Brandi Knight
Discussion of Next Steps and the Prioritization Process	Meade Grigg Brandi Knight
Closing Remarks/Adjourn	Claudia Blackburn

Future Committee Meetings

- Friday, September 23 at 8:30 a.m.
- Friday, October 21 at 8:30 a.m.
- Friday, December 9 at 8:30 a.m.

Leon County Health Assessment
Steering Committee Meeting
Roberts & Stevens Clinic, Bill Fagen Room
August 26, 2016, 8:30 a.m. – 9:30 a.m.

MEETING MINUTES

Attendees: See Attached Sign-In Sheet

Agenda Items:

1. Welcome/Purpose
2. Key Updates
3. Neighborhood Assessment Survey Information
4. Discussion of Next Steps
5. Closing Remarks/Adjourn

Meeting was called to order at 8:32am on August 26, 2016 by Claudia Blackburn at the Bill Fagen Conference Room, 1515 Old Bainbridge Rd

Key Updates

- Briefly discussed that an initial draft will be provided to the steering committee in September for review and feedback.

Neighborhood Survey Wrap up

- Neighborhood survey information was reviewed and committee discussion on how data should be presented in the CHA report. Important to highlight the driving forces of health inequity as it relates to socioeconomic factors and associated health outcomes.
- Brandi reiterated the purpose of formatting the report to follow Robert Wood Johnson's County Health Rankings was to ensure the emphasis is placed on those socioeconomic factors as part of health improvement.

Next Steps

- Nest steps document was reviewed (see attachment) and discussion of the prioritization process.

Future Committee Meetings

- Friday, September 23 at 8:30 a.m.
- Friday, October 21 at 8:30 a.m.
- Friday, December 9 at 8:30 a.m.

Meeting was adjourned at 9:30am

Leon County Health Assessment/Improvement
Steering Committee Meeting
Roberts & Stevens Clinic, Bill Fagen Room
1515 Old Bainbridge Road Tallahassee, FL
September 22 2016, 8:30 a.m. – 10:30 a.m.

AGENDA

Purpose: *Solicit input from community stakeholder on the Leon County Health Assessment through open two-way dialogue.*

Topic	Lead
Welcome	Warren Jones
Overview of Draft CHA Report	Brandi Knight Meade Grigg
Discussion of Next Steps and the Prioritization Process	Meade Grigg Brandi Knight
Closing Remarks/Adjourn	Claudia Blackburn

Future Committee Meetings

- Friday, October 21 at 8:30 a.m.
- Friday, December 9 at 8:30 a.m.

Leon County Health Assessment
Steering Committee Meeting
Roberts & Stevens Clinic, Bill Fagen Room
September 22, 2016, 8:30 a.m. – 10:30 a.m.

MEETING SUMMARY

Attendees: See Attached Sign-In Sheet

Agenda Items:

1. Welcome/Purpose
2. Overview of Draft CHA Report
3. Discussion of Next Steps
4. Closing Remarks/Adjourn

Meeting was called to order at 8:38am on September 22, 2016 by Warren Jones at the Bill Fagen Conference Room, 1515 Old Bainbridge Rd

Overview of Draft CHA Report

- Dr. Reeves requested more linkage between neighborhood and county-level data. Reference between the two are not clear. The report reads as two separate approaches.
- Dr. Robinson requested new HIV cases be documented by age group and behavior to highlight additional disparities.
- The beginning of the report needs further explanation of how health inequity and health disparities shape health outcomes of Leon County residents. The foundation is there just need to expand a bit more.
- Team discussed how all data is important but needs to be shared in a meaningful way for the community to understand and digest the information.

Next Steps

- An email will be sent with detailed instructions on conducting the prioritization using CHA data and matrix

  Rate each health issue by criteria using the Scoring Key. Multiply one rate by other to obtain a total score. Health issues for the Leon County Health Status Assessment will be selected using the following criteria:
  - **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 or Social Determinant** – Is the health issue a factor or a social determinant that affects multiple health issues?

Leon County Health Assessment
Steering Committee Meeting
Roberts & Stevens Clinic, Bill Fagen Room
September 22, 2016, 8:30 a.m. – 10:30 a.m.

MEETING SUMMARY

- **Health Disparity** - Does the health issue disproportionately affect population subgroups?

Future Committee Meetings

- Friday, October 21 at 8:30 a.m.
- Friday, December 9 at 8:30 a.m.

Meeting was adjourned at 10:30am

Leon County Health Assessment/Improvement
Steering Committee Meeting
Roberts & Stevens Clinic, Bill Fagen Room
1515 Old Bainbridge Road Tallahassee, FL
October 14, 2016, 8:30 a.m. – 10:30 a.m.

AGENDA

Purpose: *Solicit input from community stakeholder on the Leon County Health Assessment through open two-way dialogue.*

Topic	Lead
Welcome	Warren Jones
Discussion of Next Steps and the Prioritization Process • Homework assignment	Brandi Knight Meade Grigg
Final Review of Draft CHA Report	Meade Grigg Brandi Knight
Next Meeting – October 21?	Brandi Knight
Closing Remarks/Adjourn	Claudia Blackburn

Leon County Health Assessment
Steering Committee Meeting
Roberts & Stevens Clinic, Bill Fagen Room
October 21, 2016, 8:30 a.m. – 10:30 a.m.

MEETING SUMMARY

Attendees: See Attached Sign-In Sheet

Agenda Items:

1. Welcome/Purpose
2. Prioritization Review
3. Next Steps
4. Closing Remarks/Adjourn

Meeting was called to order at 8:36am on October 21, 2016 by Claudia Blackburn at the Bill Fagen Conference Room, 1515 Old Bainbridge Rd

Prioritization Review

- Meade Grigg led discussion on the health issue prioritization matrices completed by steering group organizations.
- 11 of the 22 organizations completed the matrix.
- Criteria was determined unclear after completing the matrix.
- Questions were raised:
  - How much weight, if any, should one place on health issues voiced during the neighborhood survey and focus groups?
  - Should health disparity be given a weight also since that was our focus from the beginning?
- Through continued conversation the following was put forth as an option:
  - Prioritize the six (6) health issues of all neighborhoods
  - Prioritize two health issues with large disparities from the CHA report
- Final decision of the meeting were these priority areas:
  - Exercise and nutrition (chronic disease)
  - Mental health
  - Safety and crime
  - Built environment
  - Early childhood education
  - Access to health and insurance information; transportation to services
  - HIV/STI
  - Maternal and child health

Meeting was adjourned at 10:30am

Leon County Health Assessment/Improvement
Steering Committee Meeting
Roberts & Stevens Clinic, Bill Fagen Room
1515 Old Bainbridge Road Tallahassee, FL
December 9, 2016, 8:30 a.m. – 10:00 a.m.

AGENDA

Purpose: *Solicit input from community stakeholder on the Leon County Health Assessment through open two-way dialogue.*

Topic	Lead
Welcome	Warren Jones
Finalize Forces of Change	Brandi Knight
CHA Report Update • Steering review & comment • Public review & comment	Brandi Knight
Local Public Health System Assessment – January 23 & 24	Brandi Knight
Improvement Planning • Subcommittee lead(s) • First meeting date & time • Action plan template review	Claudia Blackburn Brandi Knight
Closing Remarks/Adjourn	Claudia Blackburn

Leon County Health Assessment
Steering Committee Meeting
Roberts & Stevens Clinic, Bill Fagen Room
December 9, 2016, 8:30 a.m. – 10:00 a.m.

MEETING SUMMARY

Attendees: See Attached Sign-In Sheet

Agenda Items:

1. Welcome
2. Forces of Change Assessment
3. CHA Report Update
4. Local Public Health System Assessment
5. Improvement Planning
6. Closing Remarks/Adjourn

Meeting was called to order at 8:32am on December 9, 2016 by Warren Jones (TMH) at the Bill Fagen Conference Room, 1515 Old Bainbridge Rd

Forces of Change Assessment

Steering group reviewed the list of threats and opportunities identified during previous meeting related to categories: education, politics, social norms, economics, health care, and our environment.

CHA Report Update

A revised version of the report will be emailed to the steering group by December 23 then distributed for public comment in mid-January.

Local Public Health System Assessment

The assessment workshops will be held on January 23 and 24. Group members will receive an invitation to participate before the holiday.

Improvement Planning

After a robust conversation it was determined that socioeconomic factors were not deliberately addressed and may be overshadowed within the categories. As a result, the group decided to add a category specifically addressing two socioeconomic factors: poverty and racism.

A kick-off meeting for our health improvement planning will be held on February 3 beginning at 9am. The location will be determined and sent out to the group.

Team leads will be responsible for inviting relevant partners to join their committee and be present at the kick-off meeting.

Leads for several of the subcommittees were identified:

- Exercise and Nutrition – Melissa Dancer-Brown (TMH)
- Mental Health – Dr. Jay Reeves (Apalachee Center)

Leon County Health Assessment
Steering Committee Meeting
Roberts & Stevens Clinic, Bill Fagen Room
December 9, 2016, 8:30 a.m. – 10:00 a.m.

MEETING SUMMARY

- Safety and Crime – Claudia Blackburn (DOH-Leon/ interim)
- HIV/STI – DOH-Leon

Warren Jones informed the committee that Wolfson Children's Hospital will partner with TMH to address asthma needs in Tallahassee, FL. More information on this partnership will be shared as plans progress.

Meeting was adjourned at 10:00am

Appendix E: Focus Group Documents

CHA COMMUNITY WORKSHOP **FACILITATOR GUIDE**

Meeting Goal:

1. Identify at least three (3) health priorities of the neighborhood

Agenda: 12:30pm – 2:30pm

1.	Welcome/Introduction	15 minutes
2.	Consensus building	100 minutes
3.	Review next steps	5 minutes
4.	Eat	

WELCOME/INTRODUCTION: 15 Minutes

- Thank you for taking the time to join us today

The information that you share, along with information gathered from a community survey, other discussions and existing data, will help us plan future programs or initiatives that better meet the needs of residents in Leon County.

No names will be attached to any of the information we collect. By August, we will share a report about our county's health with community members, various organizations and our state health office.

Rules of Engagement

- Listen carefully to each other
- Do not over talk each other
- Everyone has a voice that should be heard

BEGINNING- CONTEXT: 30 Minutes

✓ During this two-hour meeting we will:
   a. Review the summary findings of the survey
      i. Note to the group that in doing this we are reviewing what the sampled residents identified as their issues and concerns during the health survey.
      ii. The group should think about survey answers to see if they are similar to their experiences and would have similar issues or concerns.
   b. Build consensus on important health issues/problems of the area

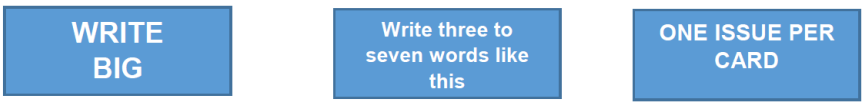
✓ Review the flip charts around the room
✓ Discuss survey results
✓ *Focused Conversation – volunteers will record answers for each question*

O – What information did you hear or read that stood out to you?
R – Where are you really clear?
Where are you confused?
What concerns you?
What feels critical?
I – What questions did this raise for you?
What appears to be the central issues or key problems?
What other things do we need to consider?
D – As you think about our workshop question, "What are our top health concerns," please write down 10-15 health concerns you have (regardless of inclusion in the survey)

BRAINSTORM: 20 minutes

1. Each person individually write down their answers on paper provided
2. Discuss health concerns in teams
3. Each time write 9 health concerns, remove overlap

Be sure to show group the model of how to write on the cards (should already be on the wall)



4. Each team provide three (3) of their clearest cards
5. Collect the cards and get the group's attention.
   - Accept and acknowledge all responses equally
   - Indicate there are no wrong answers
   - Are there any questions of clarity?
   - If you don't quite understand what the person meant, ASK rather than trying to interpret

---

CLUSTER: 20 Minutes

1. Form pairs/groups of cards that seem similar (group cards together in a column).
   a. Ask the group if they agree that they seem similar and let them discuss their thoughts on similarity or dissimilarity etc.

2. Ask for additional cards (15) with different ideas/issues not on the wall. Emphasize that their new card should not be represented on the wall yet.

3. Form new groupings of the cards just collected (Tagging). Some may not have any that are similar.

4. Ask everyone that has remaining cards to see if they fit in any of the groups of cards already considered. If so, they should mark their cards with the appropriate tag and hand to the facilitator.

Facilitator Note:

- As always read the card as they are put in the appropriate group on the wall. Ask for clarification if you don't understand what's on the card.

- If anyone has ideas on a card that they think does not fit in an existing group, read and put on wall. See if it fits, if not it is in its own group

NAMING: 15 Minutes

Aim is to get consensus on a name or wording that describes the answer to the original question – what are the biggest issues/problems in the area your table is discussing.

1. Start with the largest clutter of cards, read all of them out loud, one cluster at a time
   - Ask what 1-7 words will best describe all of the cards in the cluster?
   - Give an example for form like "Lack of sidewalks" etc.
   - Get consensus on the name. Ask if this name best describes what's included in the cluster?

2. After all clusters are named the group's work is done.

RESOLVE: 15 Minutes

OK, let's take look at what we did today. Our workshop question is "What are the top health concerns for our neighborhood?"

O – Let me read the titles of our clusters. (Read each)

R – What seems the most critical?

I – In order to address these health concerns in our community, what kinds of things will have to change?
What challenges will have to be overcome?
Which health issue do you see yourself helping to improve in the next three (3) years? How?

D – What does this mean for the health of our community?

NEXT STEPS: 5 Minutes

- ✓ Share information with steering group
- ✓ Determine feasibility of addressing health issues given resources
- ✓ Identify which issues will be addressed during the next three years
- ✓ Write draft assessment report
  a. Community will be able to review and comment
     i. What is an easy way to do this?
- ✓ Start working on improvement planning
  a. Who here is interested in working with organizations to apply improvement strategies?

FRENCHTOWN NEIGHBORHOOD PROFILE

What are some things that you like about your neighborhood?

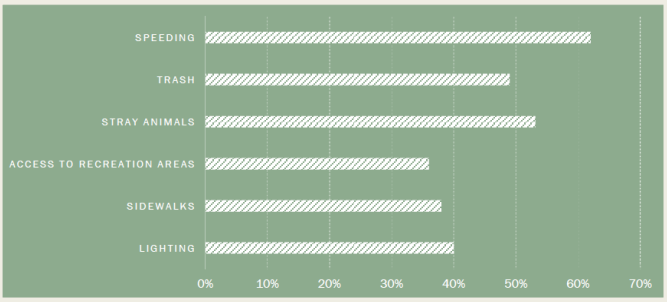
- Quiet
- Friendly neighbors

What are the biggest problems in your neighborhood?

- Housing Management
- Drugs
- Trash
- Speeding

1

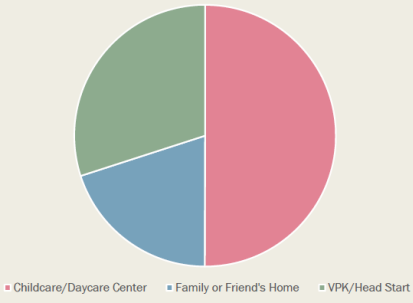
Neighborhood Concerns



- Biggest Neighborhood Issues:
  - *Trash*
  - *Drugs*
  - *Mold*
  - *Walking paths/Sidewalks*

Children Concerns

- Of those who had children living in their home, 66.7% had children between the ages 0-4.
  - Of those children, 44.4% receive childcare outside of their home on a regular basis.



Children Concerns

- Safety was the primary concern when asked 'What parents worry most about their children?'
- 37.5% of parent respondents are concerned with their children's safety inside the neighborhood.
  - Other concerns included:
    - School/education
    - Speeding

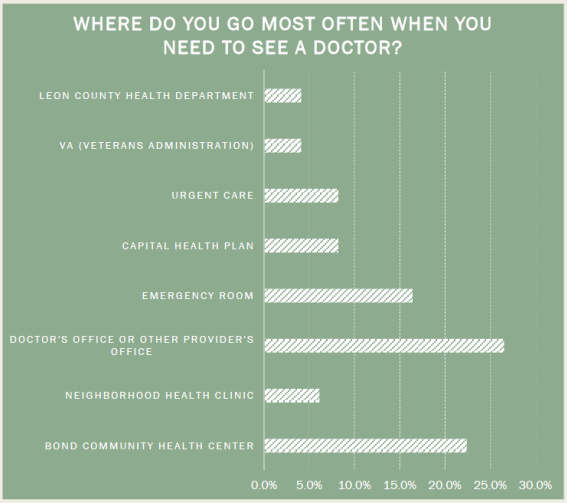
Is there a program or service that you want to suggest to improve the health or learning of your child?

- Tutoring/Mentoring
- More community activities

3

Access to Care

- 92% of respondents have medical insurance
- 62.5% of respondents have one person that they think of as their personal doctor or health care provider



Medical

- 78% of respondents have seen a doctor within the past year for a routine checkup
  - *4% of respondents have not seen a doctor within the past 5 years*
- 81.6% of respondents rated their health good or better.
  - *18.4% rated their health fair or poor*

Dental

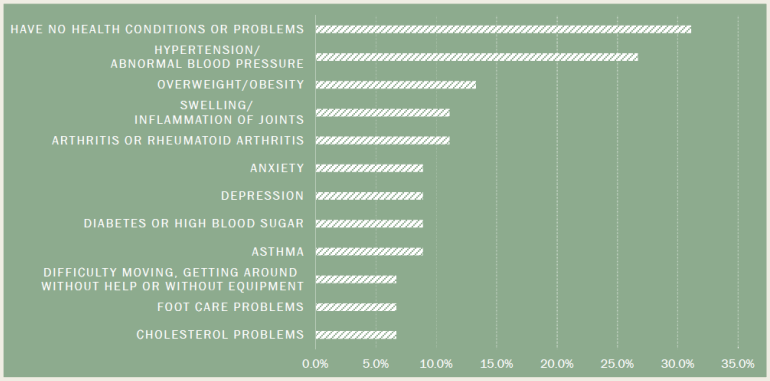
- 50% of respondents have seen a dentist or a dental clinic for any reason within the past year
  - *Reasons include:*
    - Dental cleaning
    - Tooth ache
    - Extractions
- 24% of respondents have not seen a dentist for 5 or more years

Mental Health

- 22% of respondents during the past month had some feelings of sadness or depression.
- 20% of respondents during the past month had some feelings of anxiousness or nervousness that make it hard to do what they normally do during the day.
- 22% of respondents had someone in their family that needed mental health services in the last year.
  - *29.4% of respondents did not know where to go if someone in their family needed mental health services.*

Current health conditions/problems

- Has a Doctor, Nurse, or other health professional ever told you that you had any of the following conditions/problems?



Current health conditions/problems cont.

- Other health problems include:
  - *Epilepsy*
  - *Back pain*
- In the past month, physical health problems limited usual physical activities very little for 10% (n=5) of respondents, somewhat for 14% of respondents and quite a lot for 10% of respondents.

Food Related Health

- **92%** of respondents acknowledged that the grocery store or supermarket that you regularly go to offers a good selection of fresh fruits and vegetables.
  - *46% of respondents eat 3-5 servings of fruits and vegetables a day.*

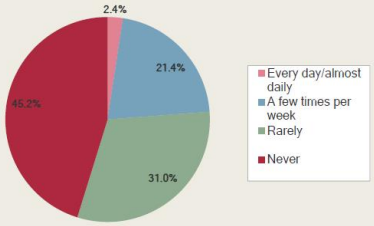
- **52%** of respondents eat fast food 1-3 times per week.
  - *40% of respondents never eat fast food or eat fast food less than once a week.*
  - *8% of respondents eat fast food 4 or more times per week.*

- **52%** *of respondents eat fried foods 1-3 times per week.*
  - *38% of respondents never eat fried foods or eat fried foods less than once a week.*
  - *10% of respondents eat fried foods 4 or more times per week.*

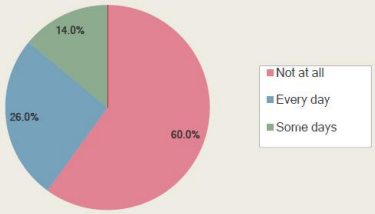
6

Alcohol and Tobacco

On average, how often do you drink alcoholic beverages (include beer, wine, wine coolers, etc.)



Do you smoke cigarettes, cigars (Black and Milds) every day, some days, or not at all?



- Of those respondents that use tobacco, 45.5% of them have tried to quit in the past year.

Preventative Health

- On average 20.8% of respondents participate in at least 30 minutes of moderate intensity physical activities or exercises 3-4 times per week.
- 26.3% received a flu shot last year.

7

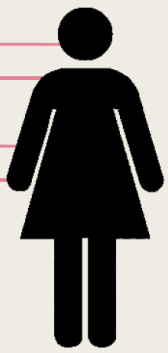
Women's Preventative Health

91.2% of women respondents have had a pap smear.

82.4% have had a clinical breast exam.

60% have had a pap smear/pap test within the past year.

55.9% of women respondents have had a mammogram in their lifetime.



Men's Preventative Health

A Prostate-Specific Antigen (PSA) Test is a blood test used to test for prostate cancer.

31.3% of male respondents have been spoken to about this test.

20% have had a PSA test.

8

Florida Department of Health in Leon County
Community Focus Group Meeting
New Birth Tabernacle of Praise
1200 Harlem Street, Tallahassee, FL 32312
May 31, 2016 - 5:30 pm

Sign In Sheet

Purpose:
Engage community in an open two-way dialogue about the Community Health Survey results.

Attendees:

Name	Organization or Community Representative	Email
Barbara Thompson	Front Line	barbara-adams1@
Gerald Williams	Citizen	hotmail.com
Rudolph Ferguson, Sr.	FRONTLINE	RUDOLPH@FLIPINC.ORG
Krystal Williams	DOH	@hotmail.com Krystal
Latina Jenkins	Citizen	latiajenkins@gmail.
Rachel S Abrams	Adult & Community Educ	abramsr@leonschools.net
Johnny Walker	DAUTA	lucy.ball1108@gmail.com
Minister C. Ivy	SSSC Ministry	Sowing Seeds Sewing Comfort Ministry@gmail.com
Abrium Evans	FAMU-CHE	Abrium.Evans6@famu.edu
Ashley Goodman	FAMU	ashley1.goodman@famu.edu
Joslin Bellamy	Springfield Resident	joslinbellamy1@gmail.com
Annie S. Harris	Carolina Oaks	anniesharris07@gmail
DIONNIE DAVIS	CAROLINA OAKS	dionne408@aol.com
Darryl A. Scott	Franchtown (Dunkirk)	dascott7@comcast.net
Miaisha Mitchell		

May 31 Attendees

Nine 2 Attendees

Florida Department of Health in Leon County
Community Focus Group Meeting
Anderson Chapel AME Church
1307 Harlem Street, Tallahassee, FL 32304
June 15, 2016 - 7:00 pm

Sign In Sheet

Purpose:
Engage community in an open two-way dialogue about the Community Health Survey results.

Attendees:

Name	Organization or Community Representative	Email or Phone Number
Freddie E. Glenn		
Clarkenia Gilliam		
Mariah Blake		
Carolyn Thweatts		
Barry M. Foxx		
William Hill		
Sirkera Roberson		
Willie Kelly		
Lillie Robinson		
Rodney Landry		
Thelma Thompson		
Celia R. Suluki		
Patricia Screen		
Carolyn Blakely		

Appendix G: Community Health Assessment Public Notice

From: Tittel, Christopher J
Sent: Wednesday, June 7, 2017 2:57 PM
To: amaurer@wtxl.tv; Britney Smith; Dave Bujak; Capital Outlook Newspaper (info@capitaloutlook.com); Carmy Greenwood; Connell, Sarah; Darrell Johnson (IHeartMedia) (darrelljohnson@iheartmedia.com); Dennis Schnittker (FSU) (dschnitt@fsu.edu); Dobson, Byron; Dot Ealy (Cumulus) (dot.ealy@cumulus.com); Emily Clemons (FSView) (eclemons@fsview.com); Emmett "Buddy" Harrison (WFSU) (eharriso@fsu.edu); Famuan (FAMU) (famuannews@gmail.com); GW Lupton (TCC) (luptong@tcc.fl.edu); Case, Jennifer A; jim.durwin@talgov.com; John Kwak (WFSU) (john_kwak@wfsu.org); L. Hatter (FSU) (lhatter@fsu.edu); Gambineri, Mara K; Melanie Steinberg (msteinberg@wtxl.tv); mgruender@tallahassee.com; morana@tcc.fl.edu; Spindle, Natalie R; Newsroom (WFSU) (newsroom@wfsu.org); Perry Kostidakis (FSView) (pkostidaki@fsview.com); Reggie Grant (TCC Talon) (grantr@tcc.fl.edu); Revell, Sarah; Spencer Allen (spencer.allen@wctv.tv); srossman@tallahassee.com; T. Flanigan (FSU) (tflanigan@fsu.edu); Tallahassee Democrat (jportman@tallahassee.com); Tallahassee Democrat (tlh-newsroomlist@tallahassee.com); Tallahassee News (editor@thetallahasseenews.com); Talon (TCC) (cohu@tcc.fl.edu); Tamara Smith (TCC SLICE) (smithtam@tcc.fl.edu); WANM 90. 5 FM (keith.miles@famu.edu); WAVE 94 FM (msmelko@altrua.com); Way FM Media Group (wayt@wayfm.com); WBZE WGLF WHBT) Cumulus (WHBX (ty.wold@cumulus.com); WBZE WGLF WHBT) Cumulus (WHBX (victor.duncan@cumulus.com); WCTV 6 (CBS) (news@wctv.tv); WFRF 1070 AM (scott@faithradio.us); WFSU (florida@wfsu.org); WFSU (NPR) (culturalnotes@wfsu.org); WFSU (NPR) (fpr@wfsu.org); WJZT 97. 9 FM (matthew@979espnradio.com); WTNT WTLY) IHeartRadio (WFLA (davidcarmichael@iheartmedia.com); WTNT WTLY) IHeartRadio (WFLA (preston@wflafm.com); WTNT WTLY) IHeartRadio (WFLA (rickflagg@iheartmedia.com); WTXL 27 (ABC) (abc27news@wtxl.tv); WUTL) Opus (WAIB (info@redhillsradio.com)
Cc: DL CHD37 All Users
Subject: DOH-Leon Seeks Public Input on Health Assessment
Attachments: CHAPR.docx

Media Partners,

Please see that attached press release from the Florida Department of Health in Leon County.
If anyone is interested in interviewing department leaders on this project, please let me know.
We're very excited about the assessment and eager to see how it can be put to good use in improving the overall health of our community.

Cheers,
Christopher Tittel
Public Information Officer
Florida Department of Health in Leon County
2965 Municipal Way
Tallahassee, FL 32304
(850) 606-8190 (office)
(305) 924-6839 (cell)
Christopher.Tittel@FLHealth.gov

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DOH Online Newsroom http://newsroom.doh.state.fl.us
DOH-Leon http://leon.floridahealth.gov

Please note: Florida has a very broad public records law. Most written communication to/from state officials regarding state business are public records available to the public and the media upon request. Your email communication may, therefore, be subject to public disclosure.

June 7, 2017

DOH-LEON SEEKS COMMUNITY INPUT ON HEALTH ASSESSMENT

Public asked to review, comment before June 30

Contact:
Christopher Tittel, Public Information Officer
Christopher.Tittel@FLHealth.gov
(850) 606-8190

Tallahassee, Fla.—The Florida Department of Health in Leon County (DOH-Leon) is asking the public to review and comment on the draft 2016 Community Health Assessment, a comprehensive collection and analysis of county-level data regarding health issues, available resources and opportunities for action in our community.

The assessment can be viewed on the DOH-Leon website: http://leon.floridahealth.gov. Click on "Programs & Services," click on "Community Health Assessment and Planning" and scroll down to "Phase 7" for the link to the document.

Comments will be accepted through June 30 via email: leonchd.feed-back@flhealth.gov.

The Community Health Assessment identifies health issues of primary concern and, more importantly, provides critical information to those in a position to impact the health of our region, such as local government, elected officials, social and human services agencies, businesses and health care providers and consumers.

"Public health and safety is an area in which everyone should be concerned and be prepared to play an active role," DOH-Leon Health Officer Claudia Blackburn said. "The information in this assessment is meant to encourage collaboration among all agencies, health care entities and funders to address the complex health needs of our residents."

One primary goal of the Community Health Assessment is to help increase understanding of our community's current health, both through specific health indicators and community input regarding issues and areas of concern.

"The results enable us to more strategically establish priorities, develop interventions and commit resources to improve the health of our communities and the region," Blackburn said.

For more information, call Brandi Knight at (850) 606-8169.

XXXX

About the Florida Department of Health

The department, nationally accredited by the Public Health Accreditation Board, works to protect, promote and improve the health of all people in Florida through integrated state, county and community efforts.

Follow us on Twitter at @HealthyFla and on Facebook. For more information about the Florida Department of Health please visit www.FloridaHealth.gov.

Appendix H: Community Health Assessment Presentation

Presentation for the League of Women Voters

Brandi Knight and Meade Grigg

October 26, 2016

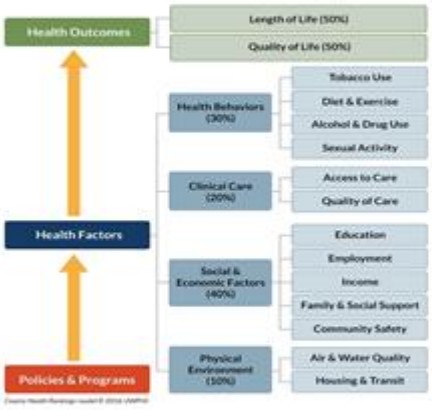
Background

- Community-based process rooted in the Protocol for Assessing Community Excellence in Environmental Health (PACE EH)
- Neighborhood surveys + Health data = Assessment
  - Six communities

1

Process

- County Health Rankings
- Face-to-Face surveys with residents
  - 9 sections
  - 300 respondents
- Neighborhood meetings
  - Key issues



Mortality

Key Findings

2

Death and Age

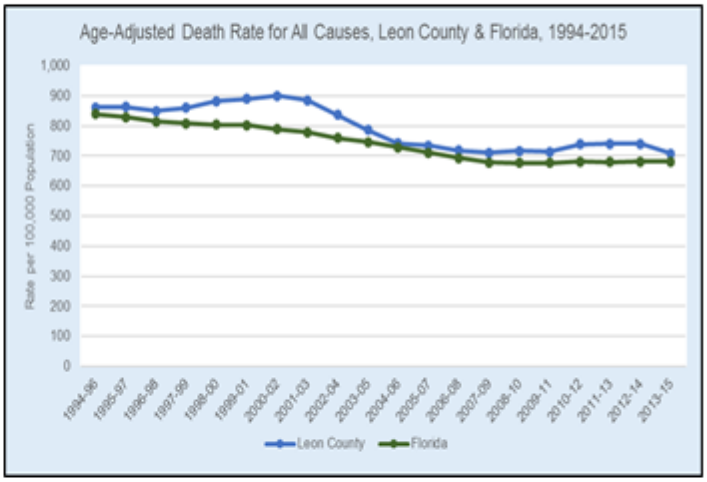
- If we exclude the first year of life, the risk of death increases with age
- Younger age groups are more likely to die from unintended injuries/ accidents, suicide and homicide
- As the population gets older the cause of death is more likely to be from chronic diseases such as cancer and heart disease.
- Thus the age distribution of a population and its subpopulations is key to understanding the most common health issues in a community

Age-Specific Leading Causes of Death, Leon County, 2011-2015

		Count	Age-Specific Rate per 100,000 Population
1-4	**Total Deaths for All Causes**	**9**	**14.72**
	Unintentional Injury	5	8.18
	Homicide	2	3.27
	Heart Diseases	1	1.64
	Congenital Malformations	1	1.64
5-9	**Total Deaths for All Causes**	**9**	**11.67**
	Unintentional Injury	4	5.19
	Homicide	2	2.59
	Malignant Neoplasm (Cancer)	2	2.59
	Heart Diseases	1	1.30
10-14	**Total Deaths for All Causes**	**5**	**6.73**
	Unintentional Injury	2	2.69

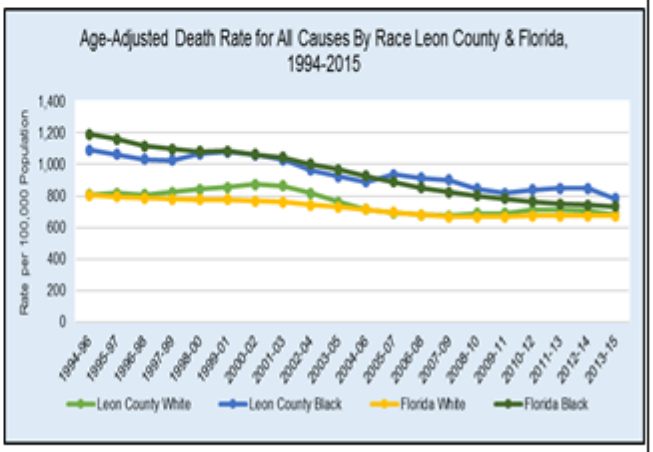
Total Mortality

- Rate of mortality is trending downward
- If our age structure was the same, Leon County residents die at a higher rate than the state as a whole
- Leon County is in the 2nd quartile, ranking 20th of FL counties



Total Mortality: Racial Disparities

- Both Black and White county rates are higher than state rates
- Both Black and White rates are in the 2nd quartile of counties
- Black rates are 15% higher than those of Whites in Leon County
- **Racial disparity has decreased** over the most recent 20 years as Black rates were 35% higher for 1994-96
- County disparities are greater than state disparities



Leading Causes of Death in Leon County

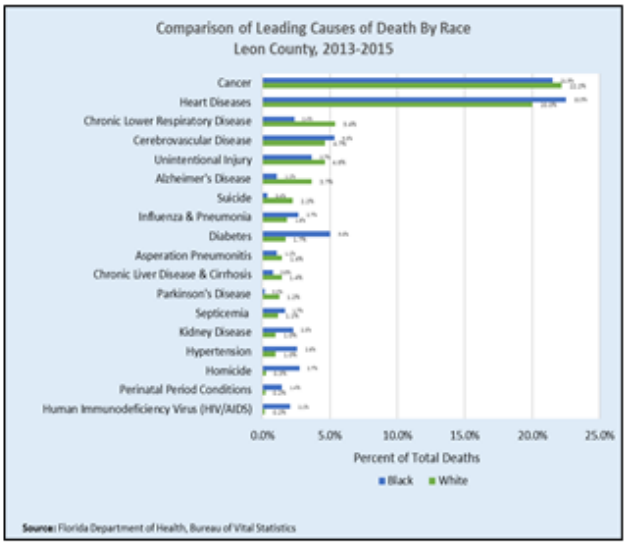
- The top five leading causes of death account for over 56% of all deaths in Leon County in 2013-15
- The top two causes, cancer and heart disease account for about 45% of all deaths

Leading Causes of Death Leon County 2013-2015

Rank	Cause of Death	Average Annual Deaths 2013-15	Percent of Total Deaths	3-Year Age-Adjusted Death Rate Per 100,000	3-Year YPLL < 75 Per 100,000 Under 75
	All Causes	1,764	100.0%	707.9	5,705
1	Cancer	388	22.0%	151.2	1,149
2	Heart Disease	364	20.6%	147.1	841
3	Cerebrovascular Diseases	84	4.8%	35.2	126
4	Chronic Lower Respiratory Disease	80	4.6%	33.4	122
5	Unintentional Injuries	78	4.4%	29.0	721
6	Alzheimer's Disease	52	2.9%	22.4	10
7	Diabetes Mellitus	46	2.6%	18.4	162
8	Pneumonia/Influenza	36	2.0%	12.2	62
9	Suicide	33	1.9%	14.3	341
10	Hypertension	25	1.4%	9.7	67

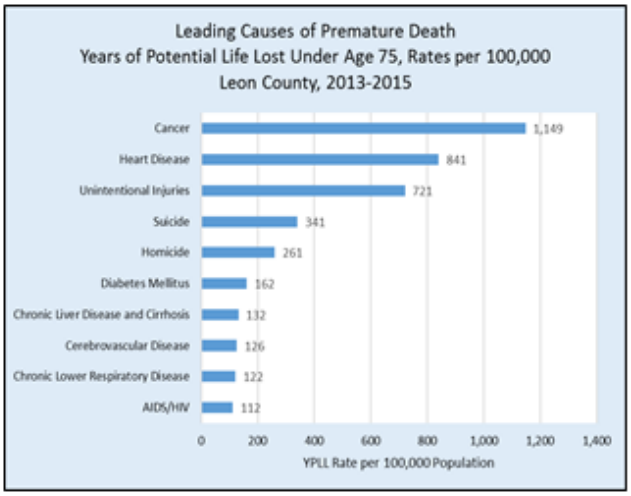
Racial Differences in Causes of Death

- Black residents have notably more mortality from heart disease, cerebrovascular disease, diabetes, septicemia, kidney disease, hypertension, homicide, perinatal period conditions (infant deaths), and HIV/AIDS
- White residents have notably more mortality from chronic lower respiratory disease, unintended injury, Alzheimer's disease, suicide, aspiration pneumonitis, chronic liver disease and cirrhosis, and Parkinson's disease



Leading Causes of Premature Death

- Most YPLL is due to cancer
- The high YPLL due to unintentional injury, suicide, homicide, and HIV/AIDS indicates these causes of death occur in younger populations
- The relatively low YPLL in Alzheimer's Disease, pneumonia/influenza, chronic liver disease and cirrhosis, kidney disease, septicemia, and Parkinson's Disease, indicates these causes of death occur in older populations



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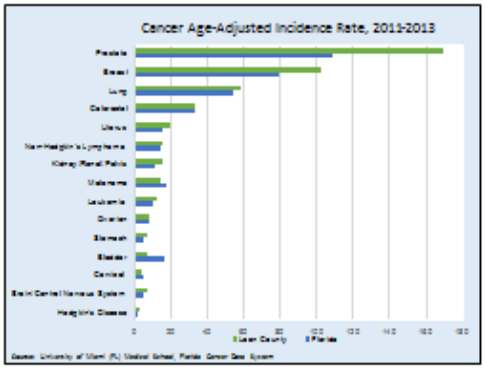
Chronic Disease

Key Findings

New Cancer Case Rates

- 2,926 new cases of cancer
- Prostate
  - Black = 244.9 per 100,000
  - White = 104.1 per 100,000
- Breast
  - Black = 79.9 per 100,000
  - White = 66.1 per 100,000*
- Lung
  - Black = 47.7 per 100,000
  - White = 35.8 per 100,000
- Colorectal
  - Black = 34.5 per 100,000
  - White = 16.5 per 100,000

*More likely to receive a mammogram



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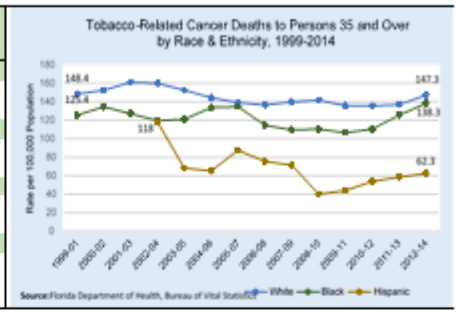
Tobacco Use

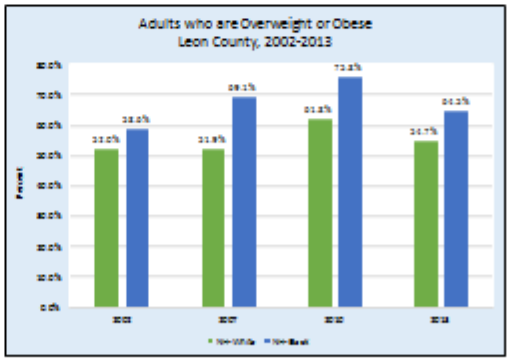
- In 2013-2015, 517 deaths
- Whites more likely to die from tobacco-related cancer
- Men 2x more likely to smoke

Adults who are Current Smokers	
	Percentage
FL	16.6%
Leon	12.0%
Sex	
Male	17.2%
Female	7.0%
Race/Ethnicity	
NH White	12.6%
NH Black	9.0%
Education	
HS	11.3%
HS+	11.2%



Diet & Exercise

- 56.3% of residents were overweight or obese
- Blacks were more likely to be overweight or obese
- Whites were less likely to be sedentary
- 16.2% of residents reported they consumed five or more servings of fruits or vegetables per day

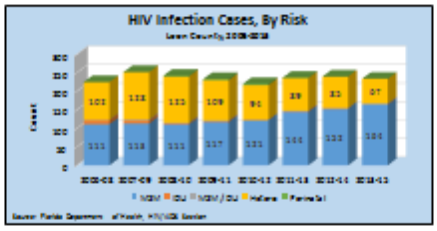


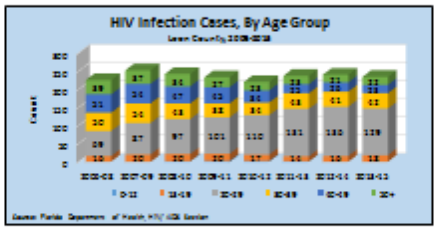
Communicable Disease

Key Findings

Communicable Diseases

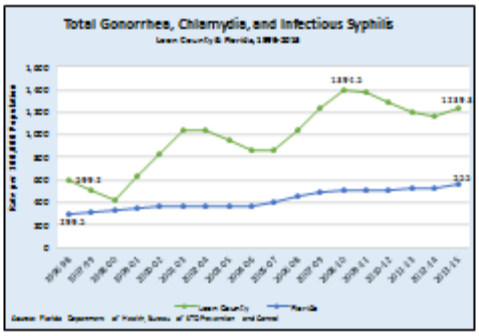
- HIV Cases
  - Higher among males
  - Higher among Blacks
  - 70% MSM risk factor
  - Adults aged 20-29 years old
- AIDS Cases
  - Higher among males
  - Higher among Blacks
  - Deaths - 16 out of 67 counties





Communicable Diseases (cont.)

- Gonorrhea
  - 1st in the state
  - Blacks 15x more likely
  - Higher among males
  - Highest among 20-24 year olds
- Chlamydia
  - 1st in the state
  - Blacks 6x more likely
  - Higher among females aged 20-24
- Syphilis
  - Ranked 10th



Birth Outcomes

Key Findings

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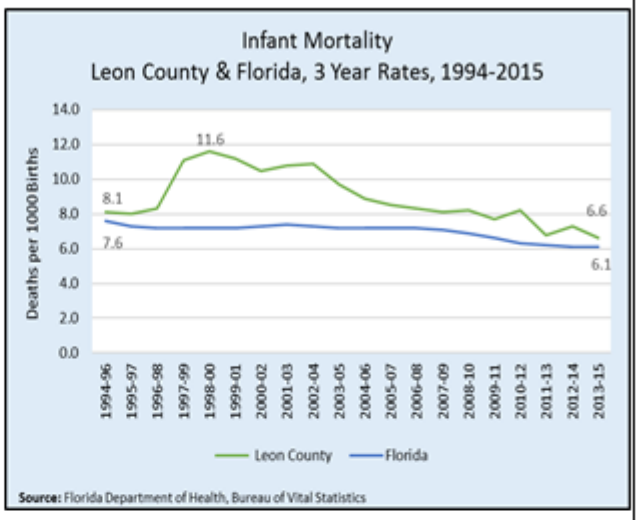
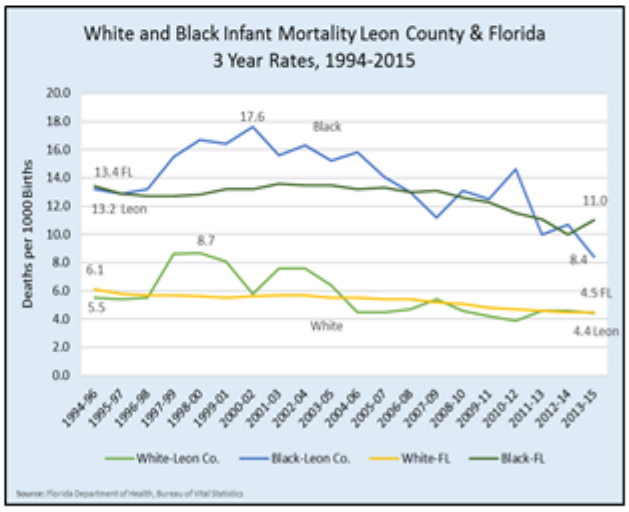
Maternal & Child Health: Infant Mortality

- The current 3-year rate of 6.6 deaths per 1000 births is an historic low for a 3 yr. rate (2015 rate is 7.2)
- Leon rate remains higher than the state and is in the 3rd quartile of counties in Florida (ranked 39th)
- Looking at 20 years of trend data shows that Leon County infant mortality has been higher than the state rate for this entire period.
- The difference between the county and state total in 2013-15 is essentially the same as that in 1994-96.



Infant Mortality: Racial Disparities

- Significant and persistent disparities by race are found in Leon County.
- Both Black and White infant mortality rates have decreased on the whole over the last twenty years.
- In 2013-2015, **black mothers in Leon County were twice as likely to have an infant die** than a white mother (a black rate of 8.4 vs 4.4 for whites).
- While Black infant mortality has ranged between 3.7 to 1.8 times higher than White rates over the past twenty years, the current disparity level is essentially the same as the 1994-96 level.



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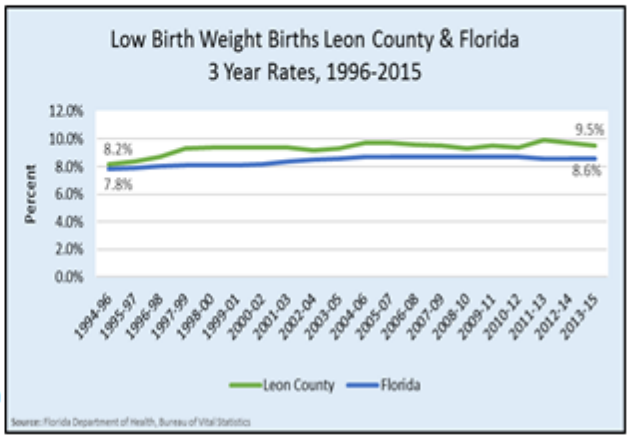
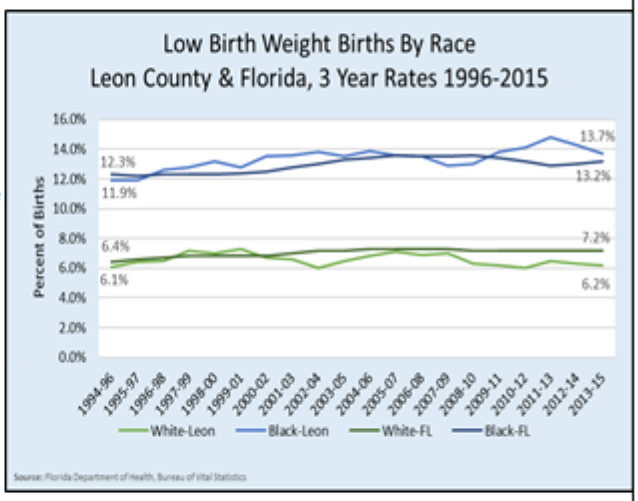
Low Birth Weight Babies

- 9.5% of the babies were low birthweight (LBW) ranking the county in the bottom quartile of Florida counties
- There has been a significant increase in the proportion of LBW babies over the last 20 years, from 8.2% to 9.5%



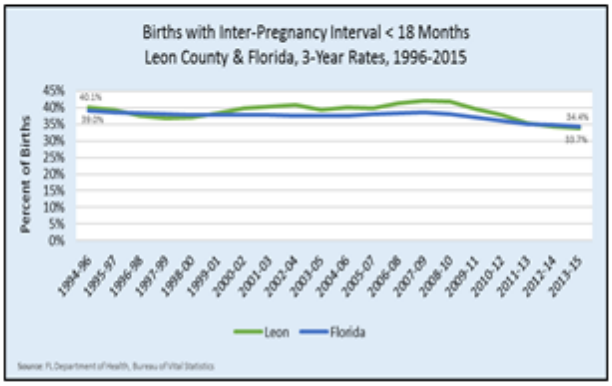
Low Birth Weight: Racial Disparities

- The white LBW rate increased for white babies from 6.1% to 6.2% is very slight and not significant
- In contrast, the black rate for the same period rises significantly from 11.9% to 13.2%.
- County white LBW rate is within the 1st quartile of Florida counties while the black LBW rate is in the 3 quartile of counties.
- In the most current period, **black babies are over twice as likely to be born at a low birth weight** compared to their white counterparts
- The racial disparity has remained essentially the same for the last twenty years.



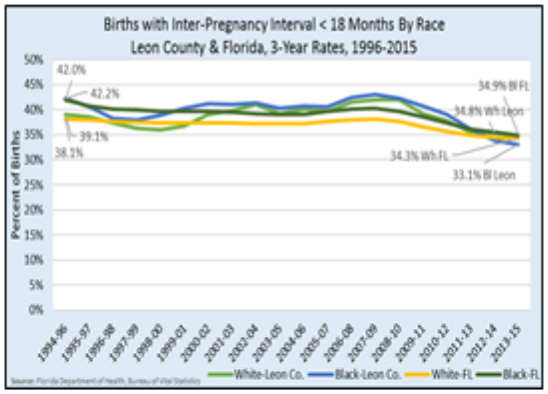
Birth Intervals

- Over one-third (34.7%) of the births in Leon County are spaced closer than 18 months apart.
- Over the last twenty years, rates have declined from 40.1% to 33.7% which is now lower than the state rate of 34.4%.



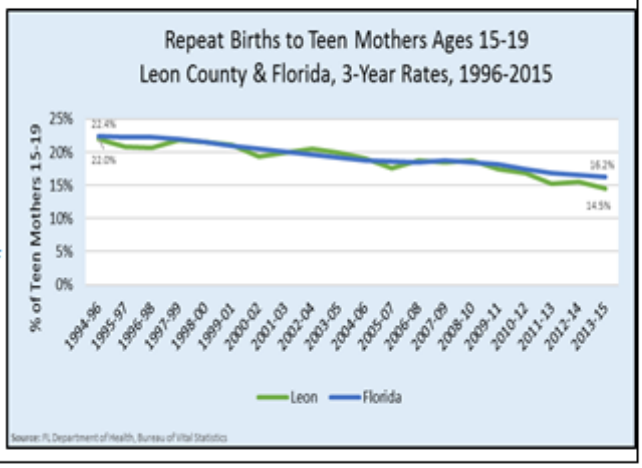
Birth Intervals: Differences By Race

- Both black and white rates have been reduced over this twenty-year period.
- The **most dramatic reductions have come in the black rates** which have fallen from 42.2% to 33.1%, which has resulted in black rates that are now lower than white rates
- White and black rates are both in the 2nd quartile of Florida counties



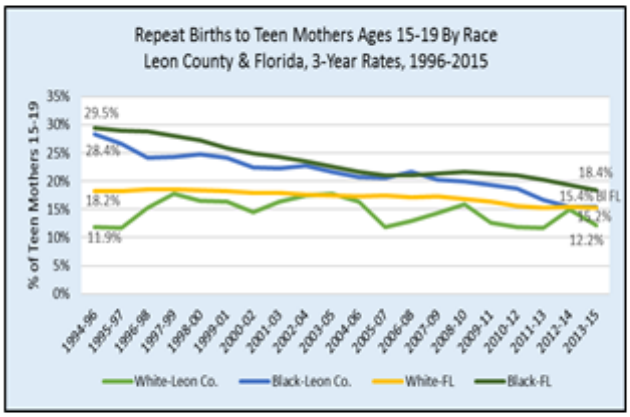
Repeat Teen Births

- In Leon County for 2013-15, of the teens giving birth, for 14.5% of them they were not their first child.
- Leon County has lower repeat teen birth rates than the state as a whole and is in the 2nd quartile of Florida counties



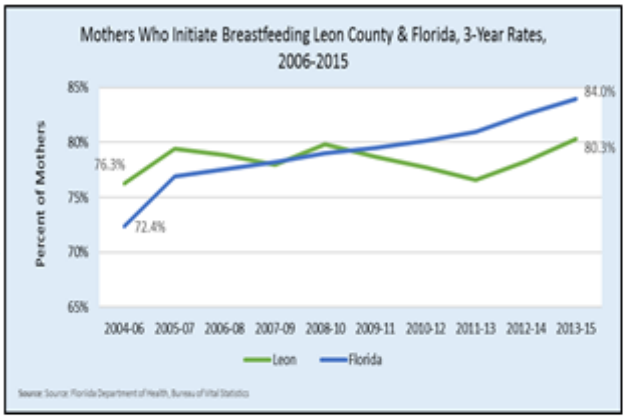
Repeat Teen Births By Race

- In 1994-96 black teen mothers were 2.4 times more likely to have a repeat teen birth than white teen mothers (28.4% compared to 11.9%).
- In the current 3-year period **this difference in rates has all but disappeared, with black rates falling to 15.2% and white rates increasing slightly to 12.2%.**
- Both black and white rates are below the state rate and are in the 2nd quartile of Florida counties



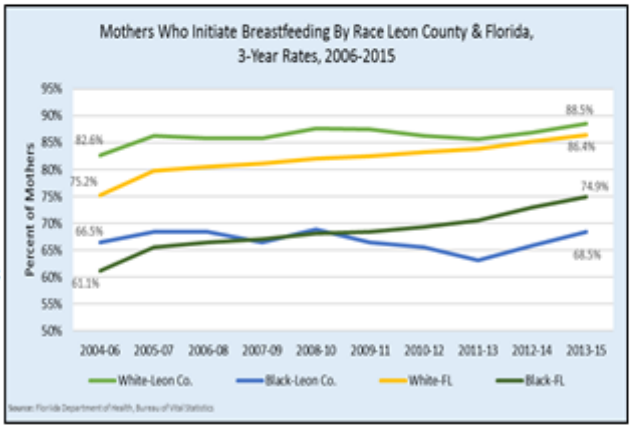
Initiation of Breast Feeding

- For the 2013-2015 period, 80.3% of all Leon County mothers initiated breastfeeding in the hospital which places the county in the 2nd quartile of all Florida counties.
- This represents an increase from 76.3% since reporting began in 2004 and 2005



Initiation of Breast Feeding Differences By Race

- Black mothers initiate breastfeeding at significantly lower rates than white mothers; (only 68.5% of black mothers compared to 88.5% of the white mothers)
- The disparity between black and white breastfeeding initiation has remained relatively constant in Leon County over this period, where black initiation rates are about two-thirds of the white rate.
- While both black and white rates have improved slightly over this period of time, the rate of improvement in Leon County lags the increase in breastfeeding found in both racial groups on a statewide basis: at the state level where black rates are 90% of white rates

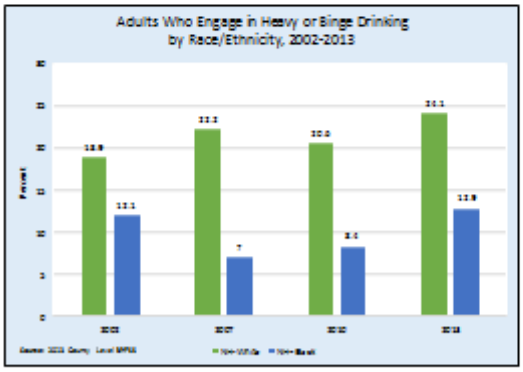


Behavioral Health

Key Findings

Behavioral Health

- Whites more likely to report poor mental health
- Black women highest % of poor mental health days
- Whites 7.5x more likely to commit suicide
  - Men 4.5x more likely
- Neighborhood survey
  - Anxiety
  - Depression
  - Psychosis



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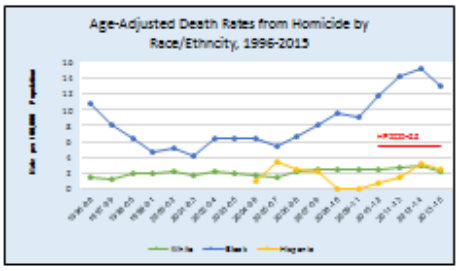
Injury

Key Findings

Injuries

- Unintentional
- Motor Vehicle Crashes
  - 2nd for lowest death rate
  - 2013-2015, 72 fatal crashes
- Violence
  - Homicide
    - 28th in state for high crime rate
    - Blacks 5x likely to be a victim



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Social Economic Factors

Key Findings

Social and Economic Factors Influencing Health

- Education
- Employment
- Income
  - Income Inequality
  - Poverty
- Family & Social Support

17

Educational Attainment in Leon County

- Of the Leon Co. population 25 or over, approximately 73% of the residents have attended at least some college.
- This compares with 58% for the state as a whole and 59% for the U.S.
- The county ranks first among all counties in Florida for the percentage of residents over 25 who have at least a bachelor's degree at 46%

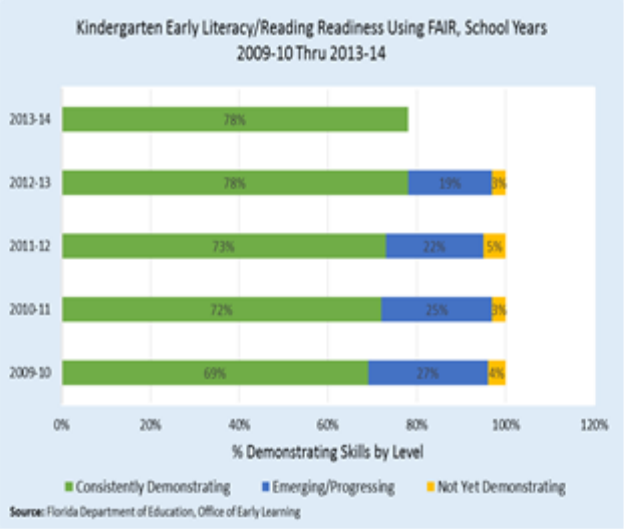
Educational Attainment, 2014

	Leon County	Florida	U.S.
Less than 9th grade	2.6%	5.2%	5.6%
9th to 12th grade, no diploma	5.0%	7.6%	7.5%
High school graduate (includes equivalency)	19.5%	29.6%	27.7%
Some college, no degree	19.8%	20.7%	21.0%
Associate's degree	9.5%	9.7%	8.2%
Bachelor's degree	25.9%	17.4%	18.7%
Graduate or professional degree	17.7%	9.8%	11.4%

Source: U.S. Census Bureau, 2014 American Community Survey 1-Year Estimates

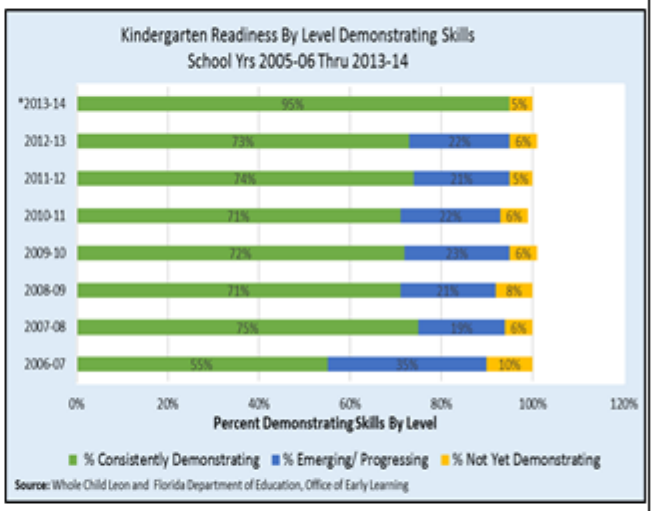
Future Educational Attainment: Kindergarten Readiness

- A little **over one in five children (22%)** entering kindergarten were not consistently demonstrating the skills required for kindergarten in this area.
- Five-year trend data shows there has been improvement in these reading/language readiness scores during this period, with readiness improving from 69% in 2010-11



Future Educational Attainment: Kindergarten Readiness

- General readiness levels show that **a little over one in four children** (27-28%) entering kindergarten are not consistently demonstrating the necessary skills.
- The trend in this broader developmental screen shows no real change over the most recent years, with the percentage of children not consistently demonstrating the skills necessary for kindergarten ranging between 26-29%.



Readiness Levels and Family Income/Neighborhood

- For reading readiness, children attending Title I schools were over **two and one-half times more likely not to be consistently demonstrating the skills** necessary for kindergarten.
- For general readiness, children attending Title I elementary schools were **twice as likely not to be consistently demonstrating the skills necessary for kindergarten** than children attending non-Title 1 schools (44% vs 21%)

Comparison of Leon County School Children Kindergarten Readiness Levels for Title 1 (Low-Income) Schools and Non-Title I Public Elementary Schools, Fall 2012

	Emergent Reading Readiness (FAIR)		General Readiness (ECHOS)	
Title 1/All Other Schools	Total Number of Students Screened 2012-13	Percentage of Students Not Consistently Demonstrating Necessary Skills	Total Number of Students Screened 2012-13	Percentage of Students Not Consistently Demonstrating Necessary Skills
Title 1 Schools	883	35%	1,089	44%
Non-Title 1 Schools	1,221	13%	1,243	21%
Total	2,104	22%	2,332	32%

Source: Florida Department of Education, Office of Early Learning and Whole Child Leon, The Future of Leon County: A Report on the Status of Our Young Children, June 2016

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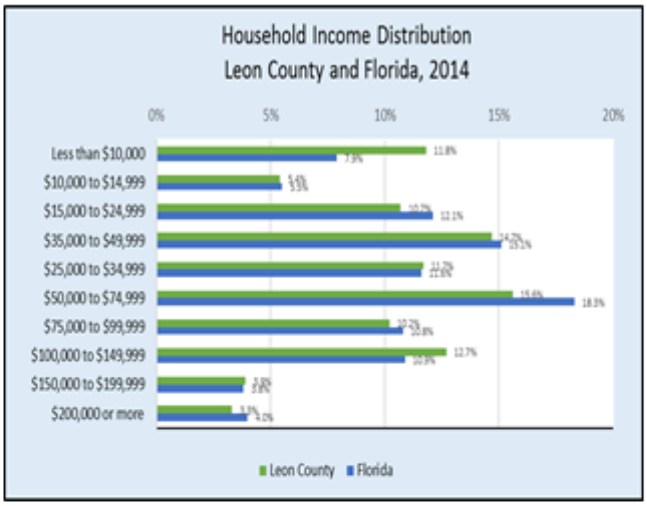
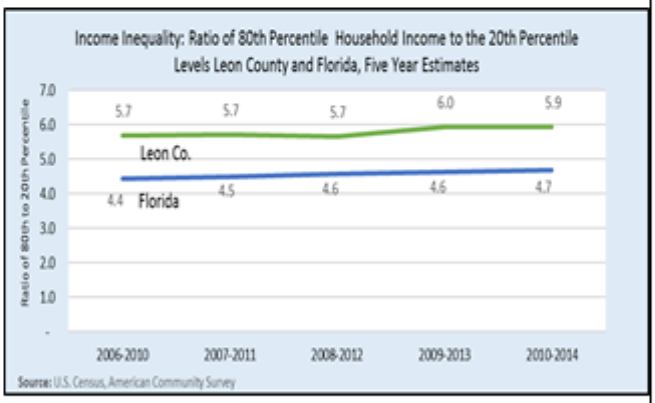
Income Distribution

- 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% of the households in the county having incomes less than $10,000 compared to 7.9% for the state;
- Leon Co. has proportionally fewer households with income in the $50,000-$74,999 range, with %15.9 compared to 18.3% for the state; and
- Leon Co. has proportionally more households with incomes in the $100,000-$149,999 range, with %12.7 compared to 10.9% for the state



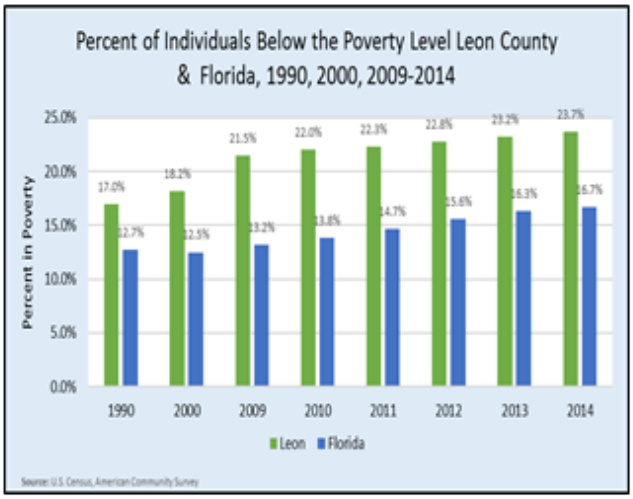
Income Inequality

- For the latest 5-year period, the income limit (bottom) for the top earning 20% in the county is 5.9 times the income of the bottom 20% of the households.
- This compares to a ratio of 4.7 for the state.
- Compared to all Florida counties, Leon County has the second highest ratio of inequality in the state.



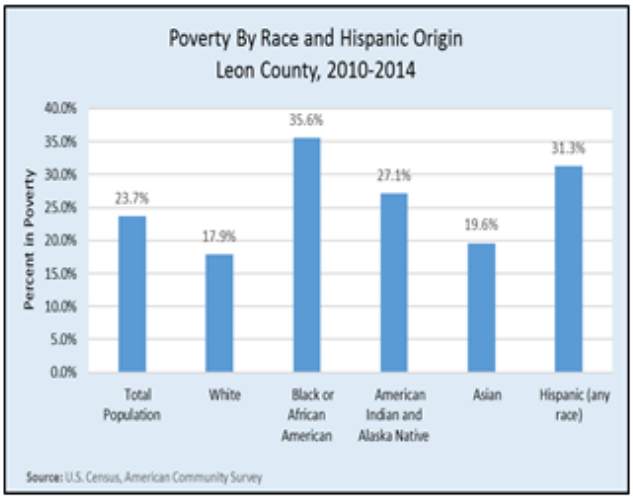
Poverty

- The poverty rate for Leon County has risen from 17% in 1990, to 18% in 2000 to 24% in 2014.
- This compares with a state rate of 17%.
- Leon County has one of the highest rates of poverty in the state with **only 13 counties in the state having higher levels of poverty** for the 2010-2014 period



Poverty: Racial and Ethnic Differences

- Blacks and Hispanic have the highest levels of poverty at 35.6% and 31.3% respectively.
- The greatest differences are between the White and Black groups, where Blacks are about twice as likely to be in poverty as Whites



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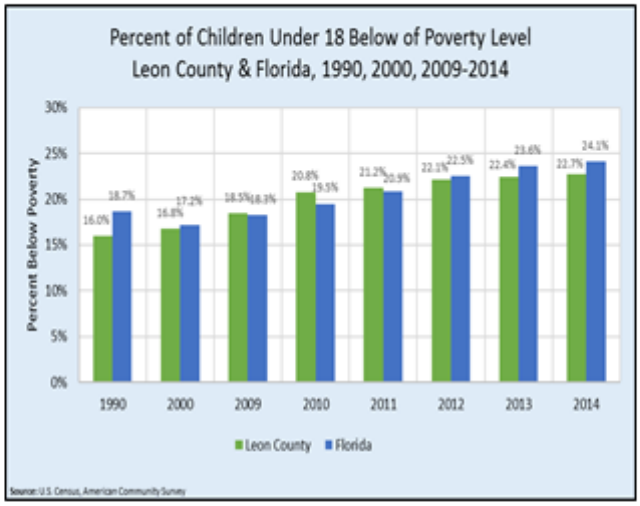
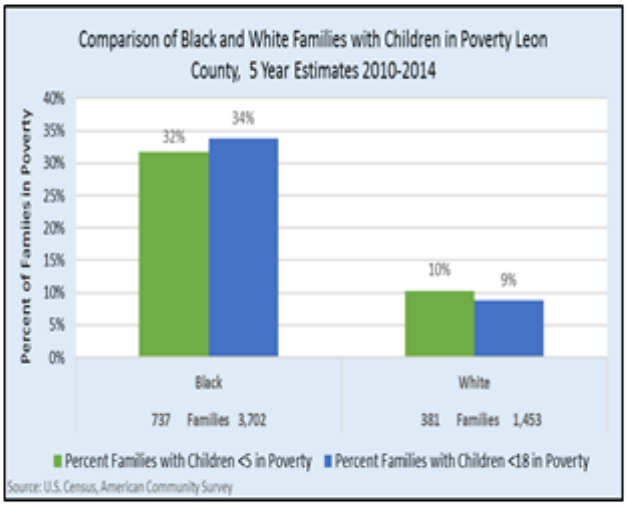
Children in Poverty

- Child poverty rates in the county have risen from 16% in 1990 to 21% in 2010 and are now at 23% for 2014
- The steepest increases occurring since the beginning of the Great Recession in 2008.
- The current rate is slightly below the state rate of 24%.



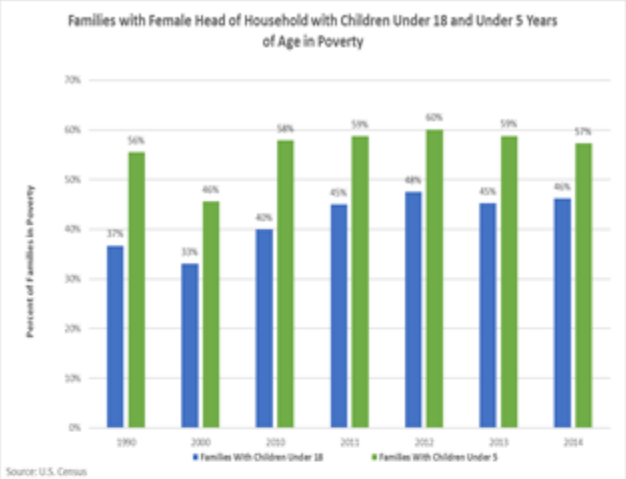
Poverty, Race and Families With Children

- Significant differences in poverty between black and white families exist in the county.
- Black families with children are 3 times more likely to be in poverty than white families with children.
- One-third (34%) of all black families with children live in poverty compared to one in ten (9%) white families with children.



Poverty and Family Structure

- By far the highest and most persistent rates of poverty are experienced by families headed by single mothers.
- Families with preschool age children are hit the hardest.
- In 2014, over half (57%) of families with preschool age children headed by a single female were in poverty and almost half (46%) with children under 18 were in poverty



Priorities

- HIV/STI
- Maternal Child Health
- Built Environment
- Early childhood Education
- Mental Health
- Exercise and Nutrition
- Access to Health Information, Resources and Transportation
- Safety and Crime

Questions

24

Appendix I: Community Health Assessment Infographic

Economic Stability

"Income provides economic resources that frame choices about housing, education, child care, food and medical care."
~ 2016 CHA

Health Priorities and Areas of Concern

- Employment opportunities
- Housing stability
- Food insecurity

Healthy People 2020 Targets

- Reduce the proportion of children aged 0-17 years living with at least one parent employed year round, full time.
- Reduce proportion of persons living in poverty.
- Reduce proportion of households that experience housing cost burden.
- Reduce household food insecurity and in doing so reduce hunger

* Healthy People provides objectives to improve the health of all Americans.

Key Terms

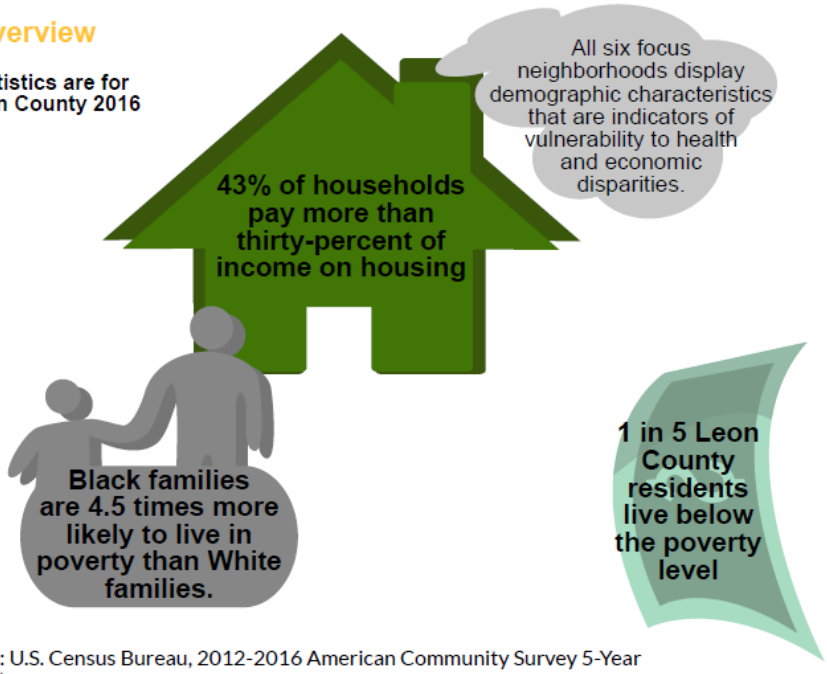
Food insecurity
The state of being without reliable access to a sufficient quantity of affordable, nutritious food.

Federal Poverty Line
In 2018, an individual making $12,140 per year or a family of 4 making $25,100 per year.

Housing Cost Burden
Families who pay more than 30 percent of their income for housing are considered cost burdened and may have difficulty affording necessities such as food, clothing, transportation and medical care.

Overview

Statistics are for Leon County 2016



Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates

Community Resources

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

"After school programs and activities, including mentoring and tutoring programs, could improve health and learning for our children."

~Community Member

Health Priorities and Areas of Concern

- Early education
- After school programs and tutoring

Healthy People 2020 Goals

- Increase the proportion of children who are ready for school in all five domains of healthy development: physical development, social-emotional development, approaches to learning, language, and cognitive development .

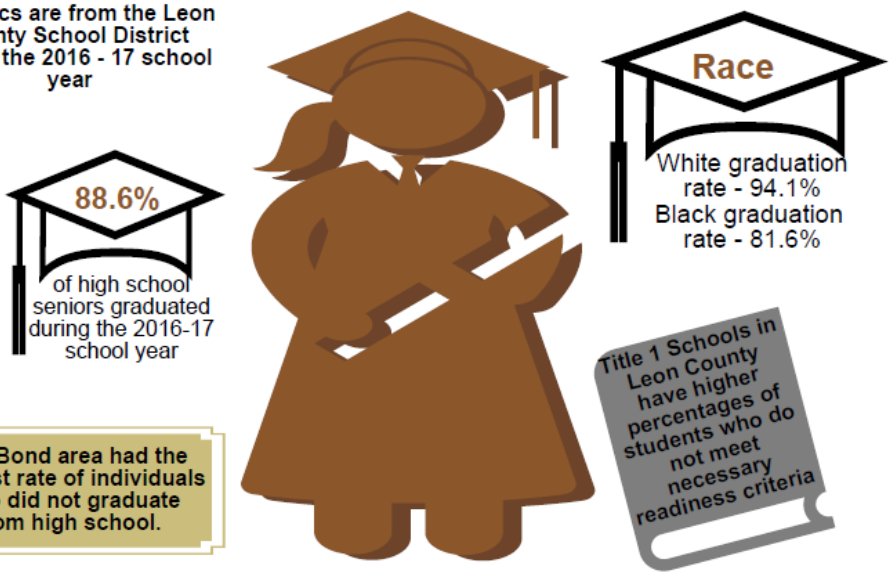
* Healthy People provides objectives to improve the health of all Americans.

Key Terms

School Readiness
The measure of how prepared a child is for school: this includes cognitive, social, emotional and reading skills.

Early Education
Any type of informal or formal education that a child receives before he/she reaches kindergarten and during their preschool years.

Statistics are from the Leon County School District during the 2016 - 17 school year



The Bond area had the highest rate of individuals who did not graduate from high school.

Source: Florida Department of Education

Community Resources

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

Maternal and Child Health

"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."

~ 2016 CHA

Healthy Priorities and Areas of Concern

- Breast Feeding Policy
- Access to Prenatal Care

Healthy People 2020 Targets

- Reduce the rate of all infant deaths (within 1 year)
- Reduce low birth weight (LBW) and very low birth weight (VLBW)
- Reduce total preterm births
- Increase the proportion of pregnant women who receive prenatal care beginning in the first trimester
- Increase the proportion of infants who are breastfed

* Healthy People provides objectives to improve the health of all Americans.

Key Terms

Breast Feeding Policy
Starting to breast feed in the hospital supports a baby's health and wellness.

Prenatal Care
Prenatal care is a type of preventative care that includes checkups during pregnancy, allowing the doctors make sure the baby is healthy.

Preterm Birth
When a baby is born before the full length of gestation has ended: the baby is less than 37 weeks.

Overview

Statistics are for Leon County between 2015 and 2017

82.4% of Leon County mothers initiated breastfeeding in the hospital during the 2015-17 period.

75.8% of mothers began prenatal care during the first trimester of pregnancy

Black babies are about 65% more likely to be born premature compared to white babies.

In 2015-2017 59 Infants died before their first birthday

Source: Florida Department of Health, Bureau of Vital Statistics

Community Resources

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

Health Communication and Information

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

~Resident, Greater Frenchtown

Health Priorities and Areas of Concern

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

Healthy People 2020 Targets

- Increase the proportion of persons with medical insurance
- Increase the proportion of persons with a usual primary care provider
- Increase the proportion of persons of all ages who have a specific source of ongoing care
- Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines

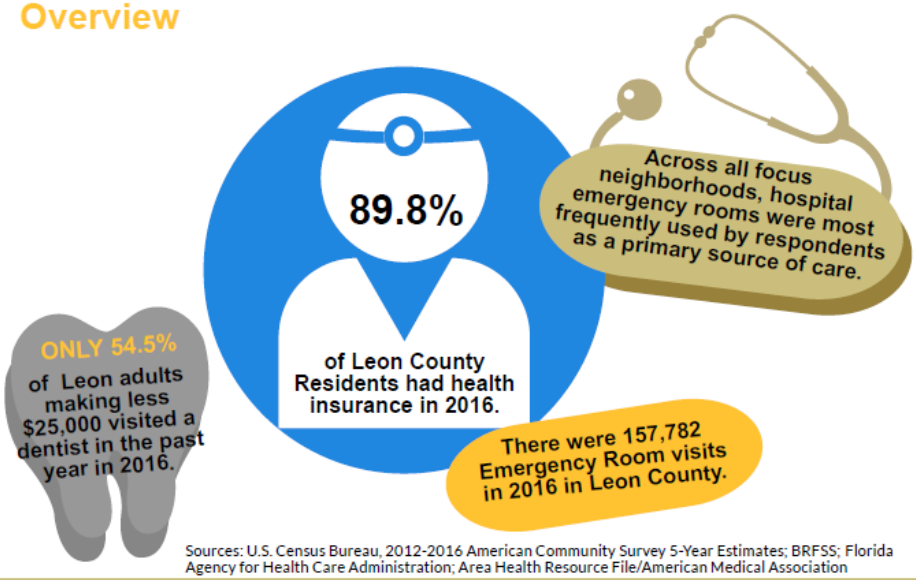
* Healthy People provides objectives to improve the health of all Americans.

Key Terms

Primary Care Provider
A medical practitioner who takes care of common health problems, often for the majority of the patient's life.

Dental Health
People who do not go to the dentist may develop health problems, like infections or dental disease.

Overview



Sources: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates; BRFSS; Florida Agency for Health Care Administration; Area Health Resource File/American Medical Association

Community Resources

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

Mental Health

Untreated mental illness will worsen over time leading to impairment and disability. Mental illness is the leading cause of disability in people ages 15-44. Sources: FDOH, Bureau of Vital Statistics

Health Priorities and Areas of Concern

- Access to mental health services
- Depression and psychosis among residents

Healthy People 2020 Targets

- Reduce the suicide rate to 10.2 suicides per 100,000 population.
- Increase the proportion of primary care facilities that provide mental health treatment onsite or by paid referral to 87%.
- Increase the proportion of adults with mental health disorders who receive treatment to 72.3%.
- Increase the proportion of primary care physician offices that include depression screening for adults to 2.4%.

* Healthy People provides objectives to improve the health of all Americans.

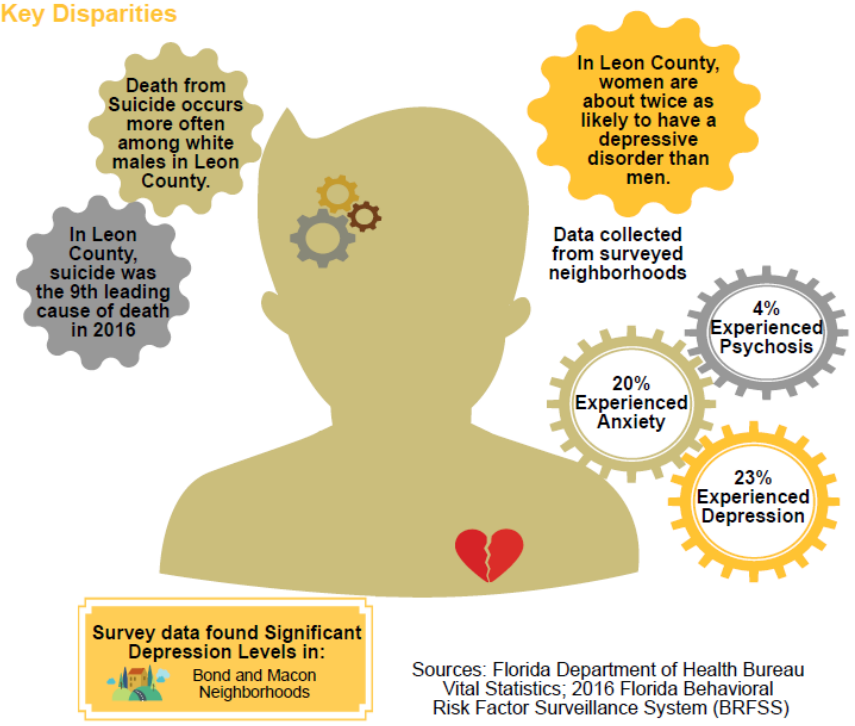
Key Terms

Mental Health
The CDC states that mental health is "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community."

Perceived stress
Measuring perceived stress is important because it can account for differences in what people think is stressful, their exposure to stressors and how they are able to cope.

Psychosis
"A severe mental disorder in which thought and emotions are so impaired that contact is lost with external reality."

Key Disparities



Sources: Florida Department of Health Bureau Vital Statistics; 2016 Florida Behavioral Risk Factor Surveillance System (BRFSS)

Community Resources

- Apalachee Center
- Bethel Family Counseling and Outreach Center
- Catholic Charities, Counseling Services
- DISC Village
- Engage Behavioral Health
- FSU Psychology Clinic
- Mental Health Council of the Big Bend
- NAMI Tallahassee, Inc
- TMH Behavioral Health Center

Nutrition and Physical Activity

"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."

~ 2016 CHA

Health Priorities and Areas of Concern

- Increase access to healthy foods
- Increase physical activity

Overview

Healthy People 2020 Targets

- Reduce the proportion of adults who engage in no leisure-time physical activity.
- Increase the proportion of adults who engage in aerobic physical activity of at least moderate intensity for at least 150 minutes/week, or 75 minutes/week of vigorous intensity, or an equivalent combination.
- Increase the proportion of adolescents who meet current Federal physical activity guidelines for aerobic physical activity.
- Reduce household food insecurity and in doing so reduce hunger.

* Healthy People provides objectives to improve the health of all Americans.

Key Terms

Federal Physical Activity Guidelines

Children should have 60 minutes of physical activity daily.
Adults should have 150 minutes of moderate physical activity or 75 minutes of vigorous physical activity weekly.

BMI

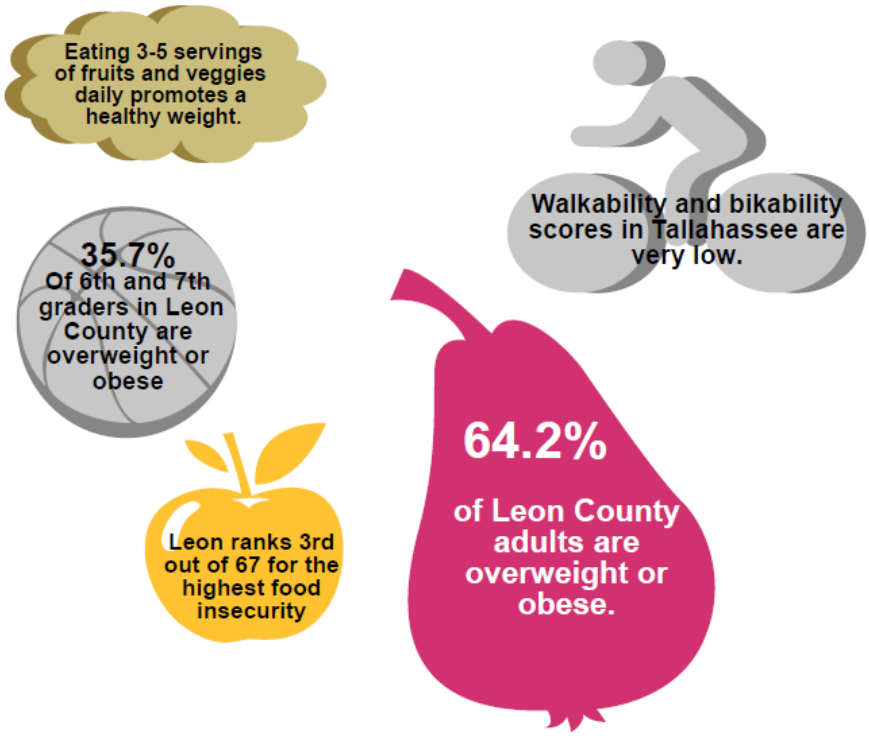
Body Mass Index helps us measure if a person is overweight or obese.

Walkability and Bikeability

A person's ability to walk or bicycle to any address based on the distance to nearby places and pedestrian friendliness.

Food Insecurity

Food insecurity means lacking access to enough food for a happy and healthy life.



Community Resources

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

Physical Activity

Tallahassee Parks and Recreation

Gulf Winds Track Club

Private Fitness Clubs and Gymnasiums

YMCA of Tallahassee

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

Neighborhood Safety

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

~Resident, Macon Neighborhood

Health Priorities and Areas of Concern

- Built Environment
- Public Safety

Healthy People 2020 Targets

- Reduce the proportion of occupied housing units that have moderate or severe physical problems.
- Increase trips to work made by walking, biking, and mass transit.

* Healthy People provides objectives to improve the health of all Americans.

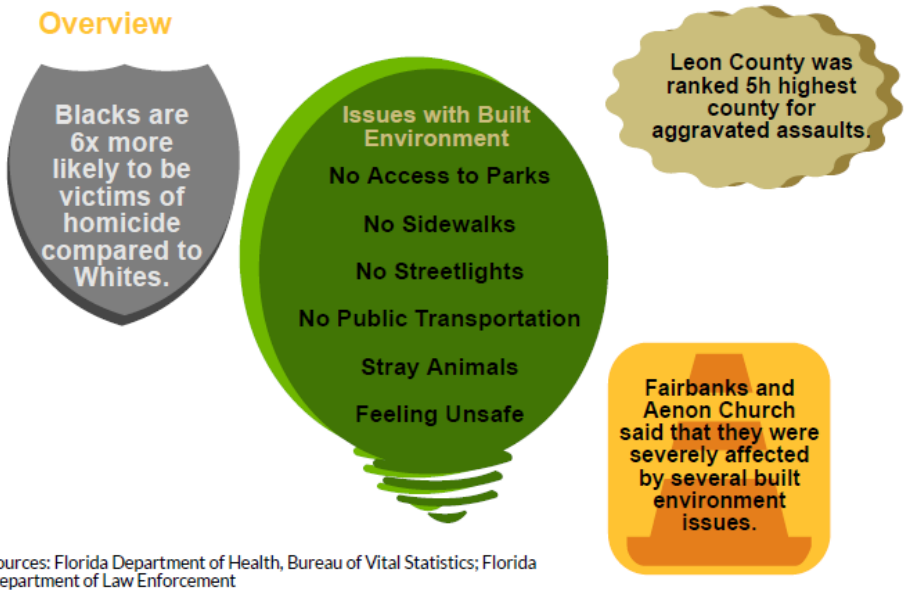
Key Terms

Built Environment
The built environment can effect the health of the community or make the neighborhood unsafe.

Public Safety
Refers to the welfare and safety of the general public and communities.

Alternate Transportation
When a person starts to walk, bike, or ride the bus to work they receive added health benefits from physical activity.

Overview



Sources: Florida Department of Health, Bureau of Vital Statistics; Florida Department of Law Enforcement

Community Resources

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

Sexually Transmitted Infection and HIV

"The prevention and control of communicable or infectious disease is essential to public health."

- 2016 CHA

Health Priorities and Areas of Concern

- Reduce New Cases
- Increase Testing

Healthy People 2020 Targets

- Reduce proportion of females and males with Chlamydia and Gonorrhea.
- Increase proportion of males and females being screened for STDs.
- Reduce the number of HIV diagnoses.

* Healthy People provides objectives to improve the health of all Americans.

Key Terms

HIV
Human immunodeficiency virus. Over time can cause acquired immunodeficiency syndrome (AIDS).

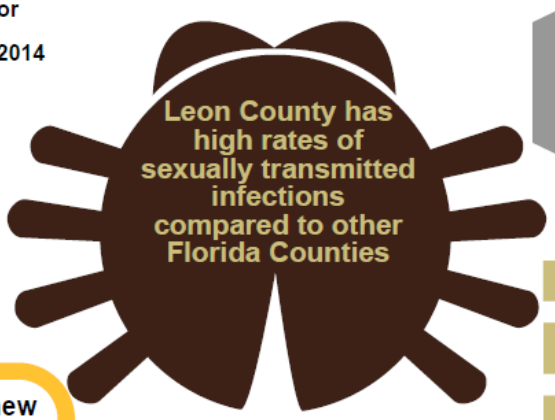
Gonorrhea
A sexually transmitted bacterial infection that, if left untreated, can cause infertility.

Syphilis
A sexually transmitted bacterial infection that can cause serious complications if left untreated.

Chlamydia
A sexually transmitted bacterial infection that may show no symptoms but can cause infertility in women.

Overview

Statistics are for Leon County between 2014 and 2016



Leon County ranked 7th highest in Florida for HIV and 8th highest for AIDs Cases

Leon County has the highest rates of Gonorrhea cases and Chlamydia cases in all of Florida

50% of new HIV infections are among the 20-29 age group.

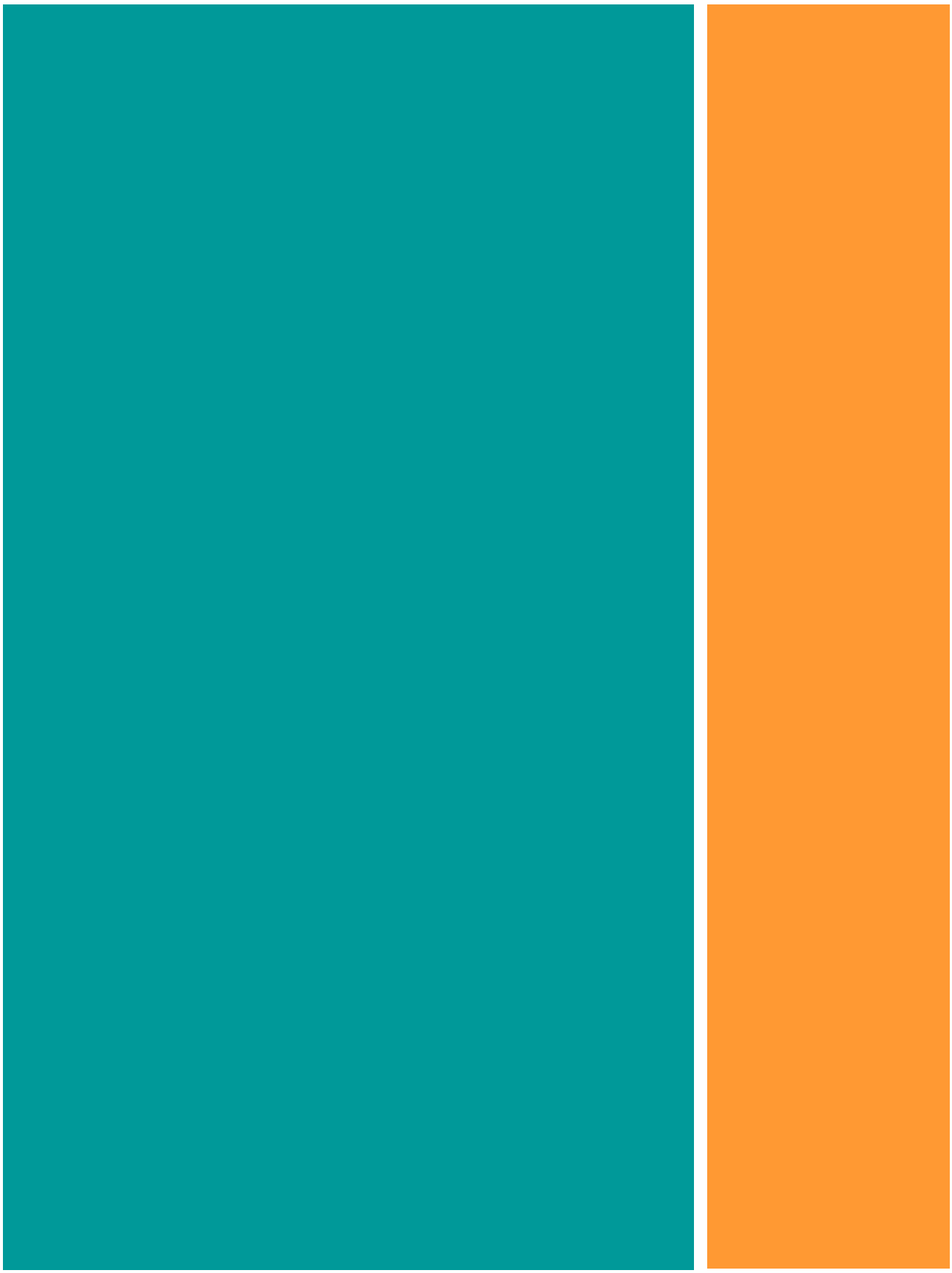
Source: Florida Department of Health, Bureau of Communicable Diseases

Community Resources

Big Bend Cares, Inc.

Bond Community Health Center, Inc.

Florida Department of Health in Leon, HIV/AIDS and STDs Programs

Minority Alliance for Advocating Community Awareness and Action, Inc.

Neighborhood Medical Center