Florida HEALTH
Leon County

# LEON COUNTY
# COMMUNITY HEALTH IMPROVEMENT PLAN
# 2017-2022

*Highway 20 • Fairbanks Ferry • Bond • Macon • Greater Frenchtown • South City*

***Revised March, 2020***

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## Executive Summary

### Acknowledgements

The Florida Department of Health in Leon County (FDOH-Leon) is pleased to present the Community Health Improvement Plan (CHIP) to our community. This plan was developed with input from the CHIP Steering Committee (SC) made up of a multidisciplinary and diverse group of community leaders coming together to develop a comprehensive health agenda. Multiple agencies addressed key goals and strategies that are needed to activate change and provide resources in collaboration with FDOH-Leon. The FDOH-Leon CHIP is a plan that the entire public health system in Leon County will follow to coordinate resources for more efficient directed and unified health improvement efforts. The CHIP is directly linked to the State Health Improvement Plan (SHIP).

### Introduction

The FDOH-Leon CHIP presents a long-standing, organized effort to address health issues in a community based on results from a community health assessment. The latest plan was instituted in 2017 and proposes priorities for action until 2022. The FDOH-Leon CHIP is used by governmental, education, and social service agencies and organizations to implement policies and programs that protect and improve health. Health is essential to well-being, which involves full participation in communities and society. Poor health can result in suffering, disability and loss of life. The economic impacts of health have become increasingly apparent. The health of our nation depends on positive changes to public and private policies that can improve communities. Opportunities and challenges exist for addressing health issues while advancing community engagement in ongoing health improvement planning.

A Community Health Improvement Plan guides policy and program decisions that enhance health and well-being. The plan reflects the understanding that the quality of the communities where we live, work, and play is as important to achieving good health as going to the doctor for a physical, proper nutrition, and adequate physical activity. There are many factors, or determinants, that affect health and have a tremendous influence on health outcomes. This plan is designed to be implemented by community agencies and partners throughout the county. Working together we can reach our vision to be the healthiest state in the nation.

**Methodology**

The 2015-16 Leon County Community Health Assessment Survey provided valuable information about the existing burden of chronic diseases, health behaviors, risk factors and disparities observed in *six* (6) communities in the county. The CHIP consists of 9 domains specific to Leon county populations in alignment with the State Health Improvement Plan (SHIP). Each domain consists of goals, strategies, objectives, indicators, and partner agencies that will assist in ensuring that the goals are met.

Domain *one* addresses affordable housing and has five key activities. Domain *two* addresses sustainable employment and has four key activities. Domain *three* addresses HIV AIDS and has 24 key activities. Domain *four* addresses STDs and has two key activities. Domain *five* addresses Physical Activity and has two key activities. Domain *six* addresses Nutrition and has 11 key activities. Domain *seven* addresses Maternal Child Health and has 12 key activities. Domain *eight* addresses Mental Health and has 14 key activities. Domain *nine* addresses Early Education and has seven key activities.

In 2015, the FDOH-Leon collaborated with the United Way and Tallahassee Memorial HealthCare to meet the 3 to 5-year assessment requirements. The steering group (SG) has regular meetings and quarterly Community Health Improvement Planning (CHIP) meetings. The SG solicited input from a broad cross-section of people who live and work in Leon County, ensuring a truly collaborative community-based assessment. The community health assessment documents the partners from various community sectors and broad representation, including community members, health care providers, health insurance agencies, educational institutions, early childhood advocates, affordable housing advocates, and social services. The SG guided the community health assessment process and identified priority public health issues in Leon County that are now represented as domains. the SG disbanded while the FDOH-Leon holds quarterly meetings with the eight CHIP the workgroup leads and community partners.

**Discussion**

The FDOH-Leon CHIP adopts the county's Community Health Assessment (CHA) which gathered data from focus communities and served as the support for strategies and activities for the CHIP. The survey indicated that an overwhelming number of respondents exhibit one or more of the following chronic conditions: Hypertension/high blood pressure (35%), diabetes (18%), heart disease (14%), and asthma (10%). For the 2015-17 period, cancer was the leading cause of death, and heart disease was the second leading cause of death in Leon County (FDOH Leon, 2019).

According to the U.S. Census Bureau, as of July 2018, Leon County had a population of 292,502 (U.S. Census Bureau, 2018). Leon County, Florida has a total 125,481 households within a total 1,817.63 sq. km of land and water area, (World Atlas, 2019). Leon is ranked as the 22$^{nd}$ county out of 67 in Florida. More than two thirds of the residents are White (61.9%) and 31.7% are Black. Over 52.6% of its residents are female (U.S. Census Bureau, 2018). Education statistics show that 93.2% of residents age 25 and over are high school graduates or higher and 45.5% of residents age 25 and over have a bachelor's degree or higher (U.S. Census Bureau, 2018). In 2017, the median household income was $49,941 and the per capita income was $28,548 (U.S. Census Bureau, 2018), with 18.0% of individuals living in poverty (U.S. Census Bureau, 2018). An estimated 10.8% of the population (over 27,083 individuals) ages 0-64 years are uninsured in Leon County (U.S. Census Bureau, 2018).

In 1988, the Institute of Medicine (IOM) stated that public health systems focus on prevention through population-based health promotion-those public services and interventions which protect entire populations from illness, disease, and injury-and protection (Institute of Medicine, 1988).The primary providers of these public health services are government public health agencies (IOM, 1988). Public health agencies are accountable for protecting, assessing, and assuring individual, community, and environmental health. These agencies are tasked with building partnerships and coordinating direct services to guarantee access to adequate health services in a community. The Florida Department of Health public health system is made up of all public, private and voluntary organizations that contribute to the well-being of Florida's communities. The FDOH-Leon will continue to fulfill its role in ensuring that it "works to protect, promote & improve the health of all people in Florida through integrated state, county, & community efforts." (FDOH, 2019).

# AFFORDABLE HOUSING

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| **GOAL:** Increase availability of safe and sanitary affordable housing units |
| **STRATEGY:** Coordinate and collaborate with local government, for-profit and nonprofit entities committed to safe and sanitary affordable housing for Leon County residents (to be delineated from student housing) |
| **OBJECTIVE:** Identify stakeholder groups to determine viability of collective impact |
| **INDICATOR(S):** Local and regional data to include current number of existing affordable housing stock |
| **PARTNER AGENCIES:** Members of the ESSC-AHS |

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|---|---|
| **KEY ACTIVITY AH1** | **Identify resources and engage in collective impact group**<br>The Housing Leadership Council of Tallahassee-Leon County , Affordable Housing Advisory Committee Members<br>*Leon County Affordable Housing Developer • Big Bend Habitat • Leon County • City of Tallahassee •Beatitude Foundation • Tallahassee Housing Authority • Leon County Schools • Ability 1st • Tallahassee Lenders Consortium • Big Bend Homeless Coalition • Bethel Community Development Corporation • Housing Finance Authority of Leon County • Tallahassee Urban League • City of Tallahassee Affordable Housing Consumer • Leon County Affordable Housing Consumer • City of Tallahassee Housing Developer • Big Bend Continuum of Care*<br>The ESSC-AHS would like to invite the following to the discussion at some point:<br>*Private Lenders (obtain at least three) • Board of Realtors • Representatives of HOAs (CONA/CANN) • Southside Frenchtown Community Advisory Council • AREA (African American Realtors)* |
| **PARTNER(S) INCLUDED/ RESPONSIBLE** | City of Tallahassee, Leon County, United Partners for Human Services, Habitat for Humanity, Tallahassee Lenders Consortium, Big Bend Homeless Coalition, Big Bend Continuum of Care. |
| **ANTICIPATED RESULT** | Establish coordinated list of resources in affordable housing sector |
| **TARGET DATE** | **September 30, 2018**<br>Modifications: annual update |
| **PERFORMANCE MEASURE** | At least two identified co-funded projects or programs that multiple stakeholders are invested in through the contribution of resources |

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| **STATUS OF PROGRESS:** Ongoing |

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| **PARTNER AGENCIES:** Members of the ESSC-AHS |

| **KEY ACTIVITY AH2** | • **Obtain resource providers' commitment and capacity**<br>• **Obtain community input** |
|---|---|
| **PARTNER(S) INCLUDED/** | City of Tallahassee, Leon County, United Partners for Human Services, Habitat for Humanity, Tallahassee Lenders Consortium, Big Bend Homeless Coalition, Big Bend Continuum of Care. |
| **ANTICIPATED RESULT** | Identify implementation teams and assign strategies accordingly |
| **TARGET DATE** | **December 31, 2018** |
| **PERFORMANCE MEASURE** | Performance Outcome: Teams should include meaningful representation from resource providers |

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| **STATUS OF PROGRESS:** Ongoing |

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| **OBJECTIVE:** Identify stakeholder groups to determine viability of collective impact |
| **INDICATOR(S):** Local and regional data to include current number of existing affordable housing stock |
| **PARTNER AGENCIES:** Members of the ESSC-AHS |

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| **KEY ACTIVITY AH3** | **Develop action plan based on commitments and capacity**<br>• Educate - Build community awareness of need for affordable, low-cost housing including resources and potential solutions.<br>• Create - Increase the housing supply to meet the needs of all current and future residents.<br>• Diversify - Encourage diversity of housing types and energy-efficient housing.<br>• Preserve - Preserve existing affordable housing stock, including financially assisted & rent-restricted units.<br>• Integrate - Promote social and economic integration. |
| **PARTNER(S) INCLUDED/ RESPONSIBLE** | City of Tallahassee, Leon County, United Partners for Human Services, Habitat for Humanity, Tallahassee Lenders Consortium, Big Bend Homeless Coalition, Big Bend Continuum of Care. |
| **ANTICIPATED RESULT** | Completed action plan |
| **TARGET DATE** | September 30, 2019 |
| **PERFORMANCE MEASURE** | Focused implementation of developed action plan |

**STATUS OF PROGRESS:** Ongoing

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| **GOAL:** Increase availability of safe and sanitary affordable housing units |
| **STRATEGY:** Propose a program for the City and County to engage large employers in the effort to produce more affordable housing |
| **OBJECTIVE:** Encourage large employers to provide resources to support affordable housing |
| **INDICATOR(S):** Credit Unions. Assess What Programs/Presence Exist |
| **PARTNER AGENCIES:** Members of ESSC-AHS |

| **KEY ACTIVITY AH4** | **Identify, assess and engage large employers through discussions on the importance of affordable housing and what programs exist (universities, etc.)** |
|---|---|
| **PARTNER(S) INCLUDED/ RESPONSIBLE** | City and County housing departments |
| **ANTICIPATED RESULT** | • Understanding of existing programs = Community snapshot of what's available<br>• Identify targets to recruit<br>• Increased commitment by selected employers |
| **TARGET DATE** | September 30, 2018 |
| **PERFORMANCE MEASURE** | • Performance Outcome: Established commitments from selected employers<br>• Long-term investments in home ownerships<br>• Increased number of employers focused on pathways toward home ownership and financial stability<br>• Leveraged financial resources |
| **STATUS OF PROGRESS:** Ongoing | |

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| **GOAL:** Increase availability of safe and sanitary affordable housing units |
| **STRATEGY:** Propose a program for the City and County to engage large employers in the effort to produce more affordable housing |
| **OBJECTIVE:** Encourage large employers to provide resources to support affordable housing |
| **INDICATOR(S):** Credit Unions, Assess What Programs/Presence Exist |
| **PARTNER AGENCIES:** Members of ESSC-AHS |

| **KEY ACTIVITY AH5** | **Develop strategies to leverage employer participation and resources with existing affordable housing initiatives** |
|---|---|
| **PARTNER(S) INCLUDED/ RESPONSIBLE** | City and County and selected employers |
| **ANTICIPATED RESULT** | Strategies that can be utilized to leverage employer participation |
| **TARGET DATE** | September 30, 2019 |
| **PERFORMANCE MEASURE** | Implementation of strategies by responsible parties to include employers |

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| **STATUS OF PROGRESS:** Ongoing |

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| **GOAL:** Increase availability of safe and sanitary affordable housing units |
| **STRATEGY:** Coordinate and collaborate with local government, for-profit and nonprofit entities committed to safe and sanitary affordable housing for Leon County residents (to be delineated from student housing) |
| **OBJECTIVE:** Develop strategies to leverage resources to support affordable housing |
| **INDICATOR(S):** Local and regional data to include current number of existing affordable housing stock |
| **PARTNER AGENCIES:** Members of ESSC-AHS |

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| **KEY ACTIVITY AH6** | **Develop strategies to leverage resources with existing affordable housing initiatives**<br>• Incremental Development -<br>Focused on several sectors of housing stock:<br>Repurposing -<br>Infill projects –<br>• Large-Scale Development –<br>Identifying sections of raw land suited for development of affordable housing communities |
| **PARTNER(S) INCLUDED/ RESPONSIBLE** | City of Tallahassee, Leon County, United Partners for Human Services, Habitat for Humanity, Tallahassee Lenders Consortium, Big Bend Homeless Coalition, Big Bend Continuum of Care. |
| **ANTICIPATED RESULT** | Strategies that can be utilized to leverage membership by building a base of housing Advocates, creating a housing clearinghouse of resources and data, and collaborative projects |
| **TARGET DATE** | September 30, 2020 |
| **PERFORMANCE MEASURE** | Implementation of strategies by responsible parties |

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| **STATUS OF PROGRESS:** Ongoing |

# SUSTAINABLE EMPLOYMENT

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| **GOAL:** Minimize barriers to sustainable employment |
| **STRATEGY:** Increase opportunities for employers and skilled candidates in targeted sectors |
| **OBJECTIVE:** Aligning needs of employer with candidate skills and qualifications |
| **INDICATOR(S):** Local labor market data, Department of Economic Opportunity (DEO), local and state chamber data, Office of Economic Vitality (OEV) |
| **PARTNER AGENCIES:** Members of the ESSC-SES |

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| **KEY ACTIVITY SE1** | • **Job readiness; create holistic employment suitability assessment**<br>• **Agree upon key areas to assess**<br>• **Identify stakeholders within each area**<br>• **Develop question/result set**<br>• **Determine how to deploy assessment** |
| **PARTNER(S) INCLUDED/ RESPONSIBLE** | Career Source Capital Region, Early Learning Coalition (ELC), Emergency Care Help Outreach (ECHO), Tallahassee Housing Authority (THA), Star Metro (City of Tallahassee), Bond Health Center, Neighborhood Medical Center, FSU College of Medicine, Leon County Schools, Lively, ACE, Care Point |
| **ANTICIPATED RESULT** | Calculate community baseline |
| **TARGET DATE** | September 30, 2018 |
| **PERFORMANCE MEASURE** | Completion of suitability assessment |
| **STATUS OF PROGRESS:** Ongoing | |

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| **GOAL:** Minimize barriers to sustainable employment |
| **STRATEGY:** Increase opportunities for employers and skilled candidates in targeted sectors |
| **OBJECTIVE:** Aligning needs of employer with candidate skills and qualifications |
| **INDICATOR(S):** Local labor market data, Department of Economic Opportunity (DEO), local and state chamber data, Office of Economic Vitality (OEV) |
| **PARTNER AGENCIES:** Members of the ESSC-SES |

| **KEY ACTIVITY SE2** | • **Connect job-ready candidates directly with employers**<br>• **Develop and implement strategies to disseminate existing and new job-training/readiness information and opportunities to the community** |
|---|---|
| **PARTNER(S) INCLUDED/ RESPONSIBLE** | Career Source Capital Region |
| **ANTICIPATED RESULT** | Increase in individuals with sustainable employment opportunities |
| **TARGET DATE** | Immediate and ongoing |
| **PERFORMANCE MEASURE** | • Continue to implement and hold hiring fairs<br>• Expand recruitment and outreach to more vulnerable populations |

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| **STATUS OF PROGRESS:** Ongoing |

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| **GOAL:** Minimize barriers to sustainable employment |
| **STRATEGY:** Increase opportunities for employers and skilled candidates in targeted sectors |
| **OBJECTIVE:** Aligning needs of employer with candidate skills and qualifications |
| **INDICATOR(S):** Local labor market data, Department of Economic Opportunity (DEO), local and state chamber data, Office of Economic Vitality (OEV) |
| **PARTNER AGENCIES:** Members of the ESSC-SES |

| **KEY ACTIVITY SE3** | **Create direct pipeline with employers through work-based learning models** |
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| **PARTNER(S) INCLUDED/ RESPONSIBLE** | Tallahassee Chamber of Commerce, Big Bend Minority Chamber of Commerce, TCC Center for Workforce Development, Career Source Capital Region, Office of Economic Vitality (OEV) |
| **ANTICIPATED RESULT** | Increase number of direct pipeline work-based learning models |
| **TARGET DATE** | December 31, 2018 |
| **PERFORMANCE MEASURE** | Develop one per targeted industry sector (4) |

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| **STATUS OF PROGRESS:** Ongoing |

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| **GOAL:** Minimize barriers to sustainable employment |
| **STRATEGY:** Increase transportation opportunities for employees |
| **OBJECTIVE:** Determine limits of current public transportation system |
| **INDICATOR(S):** Star Metro data; current routes |
| **PARTNER AGENCIES:** Members of ESSC-SES |

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| **KEY ACTIVITY SE4** | **Conduct Gap Assessment:**<br>• **Assess limits of current transportation system**<br>• **Map employers**<br>• **Determine viable employment shift by community** |
| **PARTNER(S) INCLUDED/ RESPONSIBLE** | Star Metro, City of Tallahassee |
| **ANTICIPATED RESULT** | • Increased transportation options outside of Star Metro hours<br>• Decrease amount of time it takes to get from promise zone areas to employment centers<br>• Increase transportation options outside of traditional work hours |
| **TARGET DATE** | June 30, 2018 |
| **PERFORMANCE MEASURE** | • Completed assessment outlining where needs exist<br>• Development of transportation options that decrease time it takes for travel |

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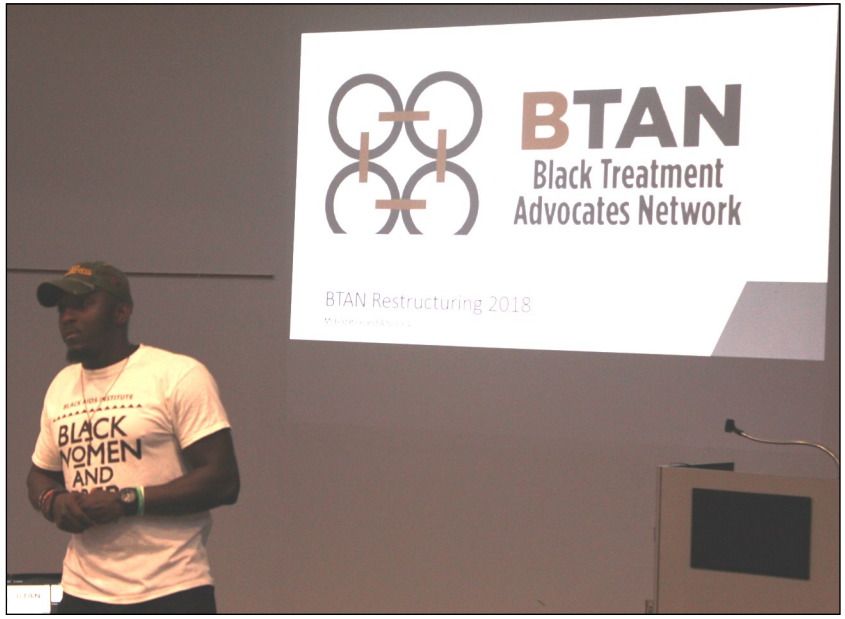
| **STATUS OF PROGRESS:** Ongoing |

# HIV/AIDS

LifeStyles
NATURAL LATEX FREE
SANS LATEX NATUREL
LifeStyles
NATURAL LATEX FREE
SANS LATEX NATUREL
LifeStyles
NATURAL LATEX FREE
SANS LATEX NATUREL
ONE
path to love
happy pirate
CAUTION


BTAN
Black Treatment
Advocates Network
BTAN Restructuring 2018
BLACK
WOMEN
AND

| |
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| **GOAL:** Reduce new HIV infections in Leon County |
| **STRATEGY:** Increase knowledge and availability of Pre-Exposure Prophylaxis (PrEP) |
| **OBJECTIVE:** Reduce the number of new diagnoses by at least 10% from 204 baseline of 3 years (2014-2016) average to 184 (2017-2020) |
| **INDICATOR(S): FDOH Florida Charts,** DOH-Leon |
| **PARTNER AGENCIES:** DOH-Leon, Ryan White funded recipients (Big Bend Cares, Neighborhood Medical Center, Bond Medical), MAACA, Inc., FSU Student Health Services, FAMU Student Health Services, Northwest Florida AIDS Education Training Center, The Black AIDS Institute, |

| **KEY ACTIVITY HA1** | **Educate high-risk population and community about PrEP:**<br>• **Four educational workshops**<br>• **Four presentations to college community**<br>• **Four community forums** |
|---|---|
| **PARTNER(S) INCLUDED/ RESPONSIBLE** | DOH-Leon, Ryan White recipients (Big Bend Cares, Neighborhood Medical Center, Bond Medical), FSU Health Services, FAMU Health Services, AETC |
| **ANTICIPATED RESULT** | Increased knowledge and awareness to PrEP to decrease new infections |
| **TARGET POPULATION** | College community, LGBTQ community, women, MSM |
| **TARGET DATE** | October 30, 2019; one of each presentation per quarter |
| **PERFORMANCE MEASURE** | # of participants<br>Educational Workshops: Big Bend Cares (*3/16/18, 38 participants*), DOH-Leon/Southside (*10/13/17, 42*), DOH-Leon/R&S (*2/2/18, 26*), Area 2B Collaboration (*5/18/18, 30*)<br>College Presentations: Dr. Phyllis Welch-Johnson (*7/24/18, 55 participants*), Dr. Okeke (*10/18/17, 30*), Tanya Tatum (*12/8/17, 700, World AIDS Day*), Kelly Grove (*2/7/18, 60, National Black HIV/AIDS Awareness Day*)<br>Community Forums: Red Ribbon Alliance (*10-25 participants, meets every three months as part of the Ryan White Consortium comprised of community members and peer navigators and health care providers*), Big Bend AIDS Alliance Meeting (*20-30, meets every three months, hosted by Big Bend Cares, comprised of health care workers in the HIV field*), Area 2B Service Provider Meeting (*8-15, meets every other month, hosted by Bond Community Health Center, comprised of health care providers*), STD Regional Meeting (*15-25, open to the community once every three months, hosted by DOH-Leon, comprised of STD/HIV staff and community service providers*). BTAN sponsored PrEP Community Forum priority populations are Black MSM to Black Heterosexual Women (*10-20 participants, meets monthly comprised of community members, peer navigators, and health care providers)*. |

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| **STATUS OF PROGRESS:** Ongoing |

| **GOAL:** Reduce new HIV infections in Leon County |
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| **STRATEGY:** Increase knowledge and availability of Pre-Exposure Prophylaxis (PrEP) |
| **OBJECTIVE:** Reduce the number of newly diagnosed by at least 10% from 204 baseline of 3 years (2014-2016) average to 184 (2017-2020) |
| **INDICATOR(S): FDOH Florida Charts,** DOH-Leon |
| **PARTNER AGENCIES:** Tallahassee Community College's Ghazvini Center |

| **KEY ACTIVITY HA2** | **Educate health care providers about PrEP:**<br>• **Two AETC trainings for health care providers (one each year)**<br>• **One training for college students in health care programs (2019)** |
|---|---|
| **PARTNER(S) INCLUDED/ RESPONSIBLE** | AIDS Education and Training Center (AETC) |
| **ANTICIPATED RESULT** | Increased knowledge of PrEP |
| **TARGET POPULATION** | Health care providers, students in health care programs |
| **TARGET DATE** | October 30, 2019 |
| **PERFORMANCE MEASURE** | # of participants<br>AETC Training (2/23/18, Ghazvini Center, 40 participants)<br>AETC Symposium (2/22/19, Ghazvini Center, 65 participants)<br>FAMU Pharmacy 500/501 HIV Counselor classes, 100 participants)<br>Capacity Building Assistance (CDC) Motivational Interviewing with PrEP 2/27 – 2/28 , 23 participants) |

| **STATUS OF PROGRESS:** Completed |
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| **GOAL:** Reduce new HIV infections in Leon County |
| **STRATEGY:** Increase PrEP marketing within the Leon County area |
| **OBJECTIVE:** Reduce the number of newly diagnosed by at least 10% from 204 baseline of 3 years (2014-2016) average to 184 (2017-2020) |
| **INDICATOR(S): FDOH Florida Charts,** DOH-Leon |
| **PARTNER AGENCIES:** DOH-Leon, Tallahassee Memorial, Capital Regional Medical, Big Bend Cares, Neighborhood Medical Center, Bond Medical, MAACA, FSU Health Services, FAMU Health Services, AETC |

| **KEY ACTIVITY HA3** | **Advertise PrEP through social media** |
|---|---|
| **PARTNER(S) INCLUDED/ RESPONSIBLE** | DOH-Leon, Ryan White recipients (Big Bend Cares, Neighborhood Medical Services, Bond Medical), MAACA, FSU Health Services, FAMU Health Services, AETC |
| **ANTICIPATED RESULT** | Increased knowledge of PrEP |
| **TARGET POPULATION** | Individuals at risk for HIV infection |
| **TARGET DATE** | August 1, 2018 - June 30, 2019 |
| **PERFORMANCE MEASURE** | # of people who responded...in progress |

**STATUS OF PROGRESS:** Ongoing—FDOH Leon has social media presence, and has been advertising PrEP access on Twitter.

| **GOAL:** Reduce new HIV infections in Leon County |
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| **STRATEGY:** Increase PrEP marketing within the Leon County area |
| **OBJECTIVE:** Reduce the number of newly diagnosed by at least 10% from 204 baseline of 3 years (2014-2016) average to 184 (2017-2020) |
| **INDICATOR(S):** |
| **PARTNER AGENCIES:** |

| **KEY ACTIVITY HA4** | • **GIS mapping of HIV in Leon County**<br>• **Advertise PrEP through direct marketing: One mailout will occur in high-risk area**<br>• **Creation and distribution of the message** |
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| **PARTNER(S) INCLUDED/ RESPONSIBLE** | CBOs, DOH-Leon |
| **ANTICIPATED RESULT** | Increased knowledge of PrEP |
| **TARGET POPULATION** | Individuals at risk for HIV infection |
| **TARGET DATE** | September 1, 2018 - February 28, 2019 |
| **PERFORMANCE MEASURE** | # of phone calls received asking for additional information or wanting PrEP |

**STATUS OF PROGRESS: Completed** - Mapping of HIV incidence reflecting the zip codes of recently acquired HIV cases (2017 data) as of August 2019.

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| **GOAL:** Reduce new HIV infection in Leon County |
| **STRATEGY:** Increase PrEP marketing within the Leon County area |
| **OBJECTIVE:** Reduce the number of new diagnosed by at least 10% from 204 baseline of 3 years (2014-2016) average to 184 (2017-2020) |
| **INDICATOR(S):** |
| **PARTNER AGENCIES:** |

| **KEY ACTIVITY HA5** | **Advertise PrEP at community events, DCF events, Business Response to AIDS (BRTA), Faith Response to AIDS (FRTA).** |
|---|---|
| **PARTNER(S) INCLUDED/ RESPONSIBLE** | CBOs, DOH-Leon |
| **ANTICIPATED RESULT** | Increase knowledge of PrEP |
| **TARGET POPULATION** | Person at risk for HIV infection |
| **TARGET DATE** | January 1, 2018 - December 31, 2022 |
| **PERFORMANCE MEASURE** | Creation and distribution of the advertisement<br>Big Bend Cares: Ad in the Pride program for Pride Month regarding PrEP<br>Partnerships in community promoting PrEP:<br>• DCF, FarmShare and My Jumpstart<br>• Churches (New Mt. Zion, Evergreen, Bethel, Family Worship and Praise)<br>• Businesses (XMart, Cali's Beauty Supply, ASAP, Climax, Stadium, Tally Strip, Planned Parenthood)<br>• Schools (Godby, Rickards, Lincoln, Fairview, FAMU DRS, Nims)<br>• BTAN (Black Treatment AIDS Network) of the Big Bend<br>• The Area 2B Program office partnered with Gilead Pharmaceuticals and hold a mobilization event for faith organizations and faith leaders called *Our Faith Responds to HIV* which took place on September 27, 2019 at the Hotel Duval, Tallahassee, FL |

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| **STATUS OF PROGRESS:** Ongoing—Business partners who agree to advertise PrEP are increasing. |

| **GOAL:** Reduce new HIV infection in Leon County |
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| **STRATEGY:** Increase PrEP marketing within the Leon County area |
| **OBJECTIVE:** Reduce the number of new diagnosed by at least 10% from 204 baseline of 3 years (2014-2016) average to 184 (2017-2020) |
| **INDICATOR(S):** |
| **PARTNER AGENCIES:** |

| **KEY ACTIVITY HA6** | PrEP seminar for CBOs and CHDs |
|---|---|
| **PARTNER(S) INCLUDED/ RESPONSIBLE** | DOH-Leon |
| **ANTICIPATED RESULT** | Increase provider knowledge of PrEP and other medical interventions |
| **TARGET POPULATION** | Person at risk for HIV infection |
| **TARGET DATE** | January 1, 2018 - December 31, 2022 |
| **PERFORMANCE MEASURE** | # of people engaged in seminar |

**STATUS OF PROGRESS:** Big Bend Cares (*3/16/18, 38 participants*), DOH-Leon/Southside (*10/13/17, 42*), DOH-Leon/R&S (*2/2/18, 26*).

| **GOAL:** Reduce new HIV infection in Leon County |
|---|
| **STRATEGY:** Develop a system for PrEP delivery within the Tallahassee area |
| **OBJECTIVE:** Reduce the number of new diagnosed by at least 10% from 204 baseline of 3 years (2014-2016) average to 184 (2017-2020) |
| **INDICATOR(S):** |
| **PARTNER AGENCIES:** |

| **KEY ACTIVITY HA7** | **Identify potential PrEP providers** |
|---|---|
| **PARTNER(S) INCLUDED/ RESPONSIBLE** | DOH-Leon |
| **ANTICIPATED RESULT** | Expand other CBOs' ability to provide PrEP to the community |
| **TARGET POPULATION** | Health care providers |
| **TARGET DATE** | March 15, 2018 |
| **PERFORMANCE MEASURE** | Number of identified providers:<br>DOH-Leon, Bond Community Health Center, Neighborhood Medical Center, Big Bend Cares |

| **STATUS OF PROGRESS:** Ongoing |
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| **GOAL:** Reduce new HIV infection in Leon County |
| **STRATEGY:** Develop a system for PrEP delivery within the Tallahassee area |
| **OBJECTIVE:** Reduce the number of new diagnosed by at least 10% from 204 baseline of 3 years (2014-2016) average to 184 (2017-2020) |
| **INDICATOR(S):** |
| **PARTNER AGENCIES:** |

| **KEY ACTIVITY HA8** | **Identify best practices to finance PrEP expansion** |
|---|---|
| **PARTNER(S) INCLUDED/ RESPONSIBLE** | DOH-Leon, health care providers |
| **ANTICIPATED RESULT** | Provide or educate medical providers and community-based organizations on funding streams to fund PrEP |
| **TARGET POPULATION** | Person at risk for HIV infection |
| **TARGET DATE** | December 31, 2018 |
| **PERFORMANCE MEASURE** | Discussion of best practices with the HIV Planning Partnership<br>01/09-01/12/18 DOH-Leon and BBC attended PrEP Institution in Orlando and discussed with other agencies and CHDs about using best practices in our area; institution was led by the San Francisco Health Department |

**STATUS OF PROGRESS: Completed –** Contracted with Curant Pharmacy to utilize 340B purchasing power.

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| **GOAL:** Increase access to care for people newly diagnosed |
| **STRATEGY:** Establish a seamless system between testing and care and treatment to facilitate access and ensure linkage |
| **OBJECTIVE:** Increase the number of newly diagnosed individuals who are linked to HIV medical care within one month of diagnosis to 100% from baseline (to be established) by January 1, 2018 |
| **INDICATOR(S):** |
| **PARTNER AGENCIES:** |

| **KEY ACTIVITY HA9** | **Implement "Test and Treat" immediately following a positive HIV test result** |
|---|---|
| **PARTNER(S) INCLUDED/ RESPONSIBLE** | DOH-Leon, Big Bend Cares, Bond Medical |
| **ANTICIPATED RESULT** | Establish a seamless system between testing and care and treatment to facilitate access and ensure linkage |
| **TARGET POPULATION** | Newly diagnosed HIV cases |
| **TARGET DATE** | March 1, 2017 - December 31, 2020 |
| **PERFORMANCE MEASURE** | How many people were treated<br>• 36 people treated as of 8/9/18 |

**STATUS OF PROGRESS: Completed –** Test and Treat Protocol operational. Working to possibly expand Telehealth options for local clinic operations.

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| **GOAL:** Increase access to care for people newly diagnosed |
| **STRATEGY:** Establish a seamless system between testing and care and treatment to facilitate access and ensure linkage |
| **OBJECTIVE:** Increase the number of newly diagnosed individuals who are linked to HIV medical care within one month of diagnosis to 100% from baseline (to be established) by January 1, 2018 |
| **INDICATOR(S):** |
| **PARTNER AGENCIES:** |

| **KEY ACTIVITY HA10** | **Meet with at least three providers not currently providing "Test and Treat" services in Leon County to implement T&T protocol** |
|---|---|
| **PARTNER(S) INCLUDED/ RESPONSIBLE** | DOH-Leon |
| **ANTICIPATED RESULT** | Expand community resources that support the reduction of HIV/AIDS |
| **TARGET POPULATION** | Newly diagnosed HIV cases |
| **TARGET DATE** | December 2017 |
| **PERFORMANCE MEASURE** | How many providers are implementing "Test and Treat"; completed |

**STATUS OF PROGRESS: Completed** – Working with private non-profits to expand STI clinic and treatment services into rural communities in and surrounding Leon County.

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| **GOAL:** Increase access to care for people newly diagnosed |
| **STRATEGY:** Establish a seamless system between testing and care and treatment to facilitate access and ensure linkage |
| **OBJECTIVE:** Increase the number of newly diagnosed individuals who are linked to HIV medical care within one month of diagnosis to 100% from baseline (to be established) by January 1, 2018 |
| **INDICATOR(S):** |
| **PARTNER AGENCIES:** |

| **KEY ACTIVITY HA11** | Generate a process map from point of testing to final linkage |
|---|---|
| **PARTNER(S) INCLUDED/ RESPONSIBLE** | DOH-Leon/DIS, linkage coordinator |
| **ANTICIPATED RESULT** | Expand community resources that support the reduction of HIV/AIDS |
| **TARGET POPULATION** | Newly diagnosed HIV cases |
| **TARGET DATE** | June 30, 2018 |
| **PERFORMANCE MEASURE** | Number of clients that are tested, treated and linked to care within 30 days; completed |

**STATUS OF PROGRESS:** Revision completed on February 1, 2019.

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| **GOAL:** Stop the AIDS pandemic in black communities by engaging and mobilizing black institutions and individuals in efforts to confront HIV |
| **STRATEGY:** Connect community members |
| **OBJECTIVE:** Establish Black Treatment Advocates Network (BTAN) in Leon County and surrounding counties |
| **INDICATOR(S):** |
| **PARTNER AGENCIES:** |

| **KEY ACTIVITY HA12** | • **Identify potential members**<br>• **Email/mail letters to a diverse cross-section of the community to provide them with the goals of BTAN** |
|---|---|
| **PARTNER(S) INCLUDED/ RESPONSIBLE** | DOH-Leon, CBOs, community partners |
| **ANTICIPATED RESULT** | To determine if the black community is interested in establishing a BTAN |
| **TARGET POPULATION** | Disproportionately black communities, providers, faith-based leaders, academic, professional and community members |
| **TARGET DATE** | December 30, 2018 |
| **PERFORMANCE MEASURE** | Completed |

**STATUS OF PROGRESS: Completed** – BTAN Executive Team has been selected and a BTAN table of organization exists. Efforts to elicit greater participation and new membership will continue.

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| **GOAL:** Stop the AIDS pandemic in black communities by engaging and mobilizing black institutions and individuals in efforts to confront HIV |
| **STRATEGY:** Successful launch of the BTAN chapter |
| **OBJECTIVE:** Establish Black Treatment Advocates Network (BTAN) in Leon County and surrounding counties |
| **INDICATOR(S):** |
| **PARTNER AGENCIES:** |

| **KEY ACTIVITY HA13** | **Send a letter of intent to BTAN** |
|---|---|
| **PARTNER(S) INCLUDED/ RESPONSIBLE** | DOH-Leon |
| **ANTICIPATED RESULT** | Establishment of BTAN chapter |
| **TARGET POPULATION** | Disproportionately black communities |
| **TARGET DATE** | March 1, 2018 |
| **PERFORMANCE MEASURE** | Met |

**STATUS OF PROGRESS:** Completed

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|---|
| **GOAL:** Stop the AIDS pandemic in black communities by engaging and mobilizing black institutions and individuals in efforts to confront HIV |
| **STRATEGY:** Successful launch of the BTAN chapter |
| **OBJECTIVE:** Establish Black Treatment Advocates Network (BTAN) in Leon County and surrounding counties |
| **INDICATOR(S):** |
| **PARTNER AGENCIES:** |

| **KEY ACTIVITY HA14** | **Submit an application** |
|---|---|
| **PARTNER(S) INCLUDED/ RESPONSIBLE** | DOH-Leon |
| **ANTICIPATED RESULT** | Establishment of BTAN chapter |
| **TARGET POPULATION** | Disproportionately black communities |
| **TARGET DATE** | September 1, 2018 |
| **PERFORMANCE MEASURE** | Met |

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| **STATUS OF PROGRESS:** Completed |

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| **GOAL:** Stop the AIDS pandemic in black communities by engaging and mobilizing black institutions and individuals in efforts to confront HIV |
| **STRATEGY:** Successful launch of the BTAN chapter |
| **OBJECTIVE:** Establish Black Treatment Advocates Network (BTAN) in Leon County and surrounding counties |
| **INDICATOR(S):** |
| **PARTNER AGENCIES:** |

| **KEY ACTIVITY HA15** | • **Conduct a general interest meeting**<br>• **Work with BTAN to generate an interest meeting flyer** |
|---|---|
| **PARTNER(S) INCLUDED/ RESPONSIBLE** | DOH-Leon, CBOs, community partners |
| **ANTICIPATED RESULT** | Public will be educated on BTAN and get involved |
| **TARGET POPULATION** | Providers, faith-based leaders, academic, professionals and community members |
| **TARGET DATE** | October 1, 2018 |
| **PERFORMANCE MEASURE** | Met on 1/30/18 (Leon); Met on 2/24/18 (Jefferson) |

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| **STATUS OF PROGRESS:** Completed |

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| **GOAL:** Stop the AIDS pandemic in black communities by engaging and mobilizing black institutions and individuals in efforts to confront HIV |
| **STRATEGY:** Successful launch of the BTAN chapter |
| **OBJECTIVE:** Establish Black Treatment Advocates Network (BTAN) in Leon County and surrounding counties |
| **INDICATOR(S):** |
| **PARTNER AGENCIES:** |

| **KEY ACTIVITY HA16** | • **Select a co-chair**<br>• **Submit a petition to the Black AIDS Institute to show a strong community commitment to BTAN** |
|---|---|
| **PARTNER(S) INCLUDED/ RESPONSIBLE** | DOH-Leon, CBOs, community partners |
| **ANTICIPATED RESULT** | Establishment of BTAN chapter |
| **TARGET POPULATION** | Providers, faith-based leaders, academic, professionals and community members |
| **TARGET DATE** | November 1, 2018 |
| **PERFORMANCE MEASURE** | Selecting a 501(c)3 fiscal agent; met |

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| **STATUS OF PROGRESS:** Completed |

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| **GOAL:** Stop the AIDS pandemic in black communities by engaging and mobilizing black institutions and individuals in efforts to confront HIV |
| **STRATEGY:** Successful launch of the BTAN chapter |
| **OBJECTIVE:** Establish Black Treatment Advocates Network (BTAN) in Leon County and surrounding counties |
| **INDICATOR(S):** |
| **PARTNER AGENCIES:** |

| **KEY ACTIVITY HA17** | **Submit two MOAs** |
|---|---|
| **PARTNER(S) INCLUDED/ RESPONSIBLE** | DOH-Leon, fiscal agent |
| **ANTICIPATED RESULT** | Establishment of BTAN chapter |
| **TARGET POPULATION** | Disproportionately black communities |
| **TARGET DATE** | November 30, 2018 |
| **PERFORMANCE MEASURE** | Acceptance of the MOA from BTAN; met |

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| **STATUS OF PROGRESS:** Completed |

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| **GOAL:** Stop the AIDS pandemic in black communities by engaging and mobilizing black institutions and individuals in efforts to confront HIV |
| **STRATEGY:** Successful launch of the BTAN chapter |
| **OBJECTIVE:** Establish Black Treatment Advocates Network (BTAN) in Leon County and surrounding counties |
| **INDICATOR(S):** |
| **PARTNER AGENCIES:** |

| **KEY ACTIVITY HA18** | **Training for BTAN members** |
|---|---|
| **PARTNER(S) INCLUDED/ RESPONSIBLE** | BTAN |
| **ANTICIPATED RESULT** | The black community will be knowledgeable on pertinent information affecting the black community and to provide resources |
| **TARGET POPULATION** | Providers, faith-based leaders, academic, professionals and community members |
| **TARGET DATE** | December 1, 2018 |
| **PERFORMANCE MEASURE** | The number of members who attend the training to obtain/enhance them develop skills on HIV science, treatment and mobilization |

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| **STATUS OF PROGRESS:** Completed |

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| **GOAL:** Stop the AIDS pandemic in black communities by engaging and mobilizing black institutions and individuals in efforts to confront HIV |
| **STRATEGY:** Successful launch of the BTAN chapter |
| **OBJECTIVE:** Establish Black Treatment Advocates Network (BTAN) in Leon County and surrounding counties |
| **INDICATOR(S):** |
| **PARTNER AGENCIES:** |

| KEY ACTIVITY HA19 | Chapter recognition |
|---|---|
| **PARTNER(S) INCLUDED/ RESPONSIBLE** | BTAN |
| **ANTICIPATED RESULT** | Receive all the benefits that BTAN has to offer to the black community |
| **TARGET POPULATION** | Disproportionately black communities |
| **TARGET DATE** | January 1, 2019 |
| **PERFORMANCE MEASURE** | Completion of all paperwork and required training |

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| **STATUS OF PROGRESS:** Completed |

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| **GOAL:** Stop the AIDS pandemic in black communities by engaging and mobilizing black institutions and individuals in efforts to confront HIV |
| **STRATEGY:** Inform people of services available |
| **OBJECTIVE:** Decrease stigma of being HIV positive by increasing knowledge through outreach/education in the community |
| **INDICATOR(S):** |
| **PARTNER AGENCIES:** |

| **KEY ACTIVITY HA20** | **A directory of services for people living with HIV will be developed, printed, distributed** |
|---|---|
| **PARTNER(S) INCLUDED/ RESPONSIBLE** | DOH-Leon |
| **ANTICIPATED RESULT** | |
| **TARGET POPULATION** | People living with HIV, their families, providers and community |
| **TARGET DATE** | December 30, 2017 - October 31, 2018 |
| **PERFORMANCE MEASURE** | How many are distributed |

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| **STATUS OF PROGRESS:** Completed |

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| **GOAL:** Stop the AIDS pandemic in black communities by engaging and mobilizing black institutions and individuals in efforts to confront HIV |
| **STRATEGY:** Inform people of services available |
| **OBJECTIVE:** Decrease stigma of being HIV positive by increasing knowledge through outreach/education in the community |
| **INDICATOR(S):** |
| **PARTNER AGENCIES:** |

| **KEY ACTIVITY HA21** | **An online version will be available to 2-1-1, posted on the DOH-Leon website and available for CBOs to post** |
|---|---|
| **PARTNER(S) INCLUDED/ RESPONSIBLE** | DOH-Leon, community partners |
| **ANTICIPATED RESULT** | Establish formalized collaborative structure with stakeholder to ensure the needs of individuals and families are met |
| **TARGET POPULATION** | People living with HIV, their families, providers and community |
| **TARGET DATE** | March 30, 2018 - March 30, 2019 |
| **PERFORMANCE MEASURE** | How many people are accessing it |

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| **STATUS OF PROGRESS:** Completed |

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| **GOAL:** Stop the AIDS pandemic in black communities by engaging and mobilizing black institutions and individuals in efforts to confront HIV |
| **STRATEGY:** Inform people of services available |
| **OBJECTIVE:** Decrease stigma of being HIV positive by increasing knowledge through outreach/education in the community |
| **INDICATOR(S):** |
| **PARTNER AGENCIES:** |

| **KEY ACTIVITY HA22** | • **A condom distribution group will have convened**<br>• **A master list will be developed by this group for condom distribution sites and contacts** |
|---|---|
| **PARTNER(S) INCLUDED/ RESPONSIBLE** | DOH-Leon, community partners |
| **ANTICIPATED RESULT** | To decrease duplication of established condom sites and collaborate with other CBO and community partners to expand condom distribution in non-health care settings |
| **TARGET POPULATION** | People at risk in the community |
| **TARGET DATE** | July 1, 2018 |
| **PERFORMANCE MEASURE** | # of sites |

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| **STATUS OF PROGRESS:** Completed |

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| **GOAL:** Stop the AIDS pandemic in black communities by engaging and mobilizing black institutions and individuals in efforts to confront HIV |
| **STRATEGY:** Inform people of services available |
| **OBJECTIVE:** Decrease stigma of being HIV positive by increasing knowledge through outreach/education in the community |
| **INDICATOR(S):** |
| **PARTNER AGENCIES:** |

| **KEY ACTIVITY HA23** | **Condom map distribution will be developed based on ZIP codes** |
|---|---|
| **PARTNER(S) INCLUDED/ RESPONSIBLE** | DOH-Leon and community partners |
| **ANTICIPATED RESULT** | Collaborate with community partners to distribute condoms to prevalence areas |
| **TARGET POPULATION** | People at risk in the community |
| **TARGET DATE** | November 30, 2018 |
| **PERFORMANCE MEASURE** | # of condoms distributed |

**STATUS OF PROGRESS: Completed** – The program office will be utilizing our recently created incidence map to guide our local condom distribution efforts.

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| **GOAL:** Stop the AIDS pandemic in black communities by engaging and mobilizing black institutions and individuals in efforts to confront HIV |
| **STRATEGY:** Inform people of services available |
| **OBJECTIVE:** Decrease stigma of being HIV positive by increasing knowledge through outreach/education in the community |
| **INDICATOR(S):** |
| **PARTNER AGENCIES:** |

| **KEY ACTIVITY HA24** | **Three peer support groups will be actively meeting and providing feedback to DOH-Leon and CBOs through a yearly listening session** |
|---|---|
| **PARTNER(S) INCLUDED/ RESPONSIBLE** | DOH-Leon, CBOs, people living with HIV |
| **ANTICIPATED RESULT** | To assess our efforts and determined if the plan is working or not |
| **TARGET POPULATION** | Community |
| **TARGET DATE** | January 30, 2019 |
| **PERFORMANCE MEASURE** | Attendance at monthly peer meetings; attendance at listening session |

**STATUS OF PROGRESS: Completed** – FDOH Leon County launched the *Positively Living HIV Peer Support group* in February 2019. This group brings HIV Peers from Positively U, Inc., Big Bend Cares, and the FDOH together monthly.

# SEXUALLY TRANSMITTED INFECTIONS/DISEASES (STIs/STDs)

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|---|
| **GOAL:** To decrease STDs (gonorrhea, chlamydia and syphilis) in Leon County |
| **STRATEGY:** To decrease and treat all potential people between 15-24 y/o |
| **OBJECTIVE:** To decrease by 5% from baseline (rate) of 1525.97 (2017) to 1449.67 (2022) for 15-24 y/o population |
| **INDICATOR(S):** |
| **PARTNER AGENCIES:** Private doctors, hospitals and health departments |

| **KEY ACTIVITY ST1** | **Expedited Patient Therapy will be offered to all clients that have been exposed to STDs** |
|---|---|
| **PARTNER(S) INCLUDED/ RESPONSIBLE** | Provides both internal and external meds |
| **ANTICIPATED RESULT** | Providers are using Expedited Patient Therapy |
| **TARGET DATE** | 2022 |
| **PERFORMANCE MEASURE** | • Record reviews will be completed quarterly<br>• Surveillance data will quarterly |

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| **STATUS OF PROGRESS:** Ongoing |

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|---|
| **GOAL:** To decrease STDs (gonorrhea, chlamydia and syphilis) in Leon County |
| **STRATEGY:** To decrease and treat all potential people between 15-24 y/o |
| **OBJECTIVE:** To decrease by 5% from baseline (rate) of 1525.97 (2017) to 1449.67 (2022) for 15-24 y/o population |
| **INDICATOR(S):** |
| **PARTNER AGENCIES:** Private doctors, hospitals and health departments |

| **KEY ACTIVITY ST2** | • **STD education to middle and high schools and colleges**<br>• **Meet with college admission regarding education during orientation** |
|---|---|
| **PARTNER(S) INCLUDED/ RESPONSIBLE** | FSU, FAMU, TCC, Leon County middle and high schools |
| **ANTICIPATED RESULT** | Ensure 15-24 y/o are knowledgeable about all STDs |
| **TARGET DATE** | Middle and high schools: March 2019 through summer 2020 |
| **PERFORMANCE MEASURE** | Pretest/post-test # of participants |

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| **STATUS OF PROGRESS:** Ongoing |

# PHYSICAL ACTIVITY

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| **GOAL:** Develop and promote cross-sector community walking for maintaining health and managing chronic disease |
| **STRATEGY:** To promote walking as a way of maintaining health and managing chronic disease with an annual walk hosted by cross-sector, community partners |
| **OBJECTIVE:** By May 31, 2019, join efforts to organize one cross-sector community walk engaging neighborhoods, schools, churches and businesses |
| **INDICATOR(S):** Number of participants |
| **PARTNER AGENCIES:** Tallahassee Memorial Health Care, Greater Bond Neighborhood, ECOP, CHIP Workgroup, City of Tallahassee (COT) |

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|---|---|
| **KEY ACTIVITY PA1** | **1. Develop recruitment materials**<br>**2. Identify partners (schools, churches, businesses) to focus recruitment efforts for the community walk**<br>**3. Develop educational and promotional materials**<br>**4. Promote and recruit**<br>**5. Execute community walk**<br>**6. Assess and report on participation, results and feedback** |
| **PARTNER(S) INCLUDED/** | Tallahassee Memorial Health Care, Greater Bond Neighborhood, ECOP, CHIP Workgroup, City of Tallahassee (COT) |
| **ANTICIPATED RESULT** | |
| **TARGET DATE** | 9/8/18 |
| **PERFORMANCE MEASURE** | 1. Completed materials<br>2. Partners identified<br>3. Materials created<br>4. Number of registrants<br>5. Number of participants |

**STATUS OF PROGRESS:** Ongoing—Community 3K/5K January 2019, during the appointed timeframe, there were 3 other events in communities with a total of 665 runners/walkers, including 5 church teams participating.

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| **GOAL:** Develop and promote cross-sector community walking for maintaining health and managing chronic disease |
| **STRATEGY:** To promote walking as a way of maintaining health and managing chronic disease with an annual walk hosted by cross-sector, community partners |
| **OBJECTIVE:** By December 31, 2022, hold one annual cross-sector community walk, increasing participation by 20% from previous year or 100% from baseline |
| **INDICATOR(S):** Number of participants |
| **PARTNER AGENCIES:** Tallahassee Memorial Health Care, Greater Bond Neighborhood, ECOP, CHIP Workgroup |

| **KEY ACTIVITY PA2** | **Repeat steps 1-6 in Key Activity PA1, increasing participation each year** |
|---|---|
| **PARTNER(S) INCLUDED/ RESPONSIBLE** | |
| **ANTICIPATED RESULT** | Successful annual walk with increased participation |
| **TARGET DATE** | December 2022 |
| **PERFORMANCE MEASURE** | Number of participants increased 100% from baseline |

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| **STATUS OF PROGRESS:** Ongoing |

# NUTRITION

Farmers Market
You are what you eat, so keep

Portion Distortion
What you're served
What's one serving
DID YOU KNOW?
Everyday excess

| |
|---|
| **GOAL:** To reduce the consumption of sugar-sweetened beverages (SSB) among teachers, staff and students at Title 1 Leon County schools |
| **STRATEGY:** To replace consumption of sugar-sweetened beverages (SSB) with low– or no-calorie beverages among teachers, staff and students at Title 1 Leon County schools |
| **OBJECTIVE:** By December 31, 2018, asses current water/sugar-sweetened beverage consumption behaviors and organizational policies at two Title 1 Leon County schools |
| **INDICATOR(S):** Baseline data summary December 31.2018 |
| **PARTNER AGENCIES:** TMH, ECOP, CHP, Champions, Members of Priority Area Workgroup |

| **KEY ACTIVITY NU1** | **Develop survey instrument and methodology to assess current water/sugar-sweetened beverage consumption behaviors and organizational policies** |
|---|---|
| **PARTNER(S) INCLUDED/ RESPONSIBLE** | CHIP Workgroup |
| **ANTICIPATED RESULT** | |
| **TARGET DATE** | June-August 2018 |
| **PERFORMANCE MEASURE** | Completed tool |

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| **STATUS OF PROGRESS:** Ongoing |

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| **GOAL:** To reduce the consumption of sugar-sweetened beverages (SSB) among teachers, staff and students at Title 1 Leon County schools |
| **STRATEGY:** To replace consumption of sugar-sweetened beverages (SSB) with low– or no-calorie beverages among teachers, staff and students at Title 1 Leon County schools |
| **OBJECTIVE:** By December 31, 2018, asses current water/sugar-sweetened beverage consumption behaviors and organizational policies at two Title 1 Leon County schools |
| **INDICATOR(S):** Baseline data summary December 31.2018 |
| **PARTNER AGENCIES:** TMH, ECOP, CHP, Champions, Members of Priority Area Workgroup |

| **KEY ACTIVITY NU2** | **Identify two Title 1 Leon County schools for pilot** |
|---|---|
| **PARTNER(S) INCLUDED/ RESPONSIBLE** | CHIP Workgroup |
| **ANTICIPATED RESULT** | |
| **TARGET DATE** | January-March 2018 |
| **PERFORMANCE MEASURE** | Two schools identified |

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| **STATUS OF PROGRESS:** Complete, Bond Elementary and Oakridge Elementary identified. |

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| **GOAL:** To reduce the consumption of sugar-sweetened beverages (SSB) among teachers, staff and students at Title 1 Leon County schools |
| **STRATEGY:** To replace consumption of sugar-sweetened beverages (SSB) with low– or no-calorie beverages among teachers, staff and students at Title 1 Leon County schools |
| **OBJECTIVE:** By December 31, 2018, asses current water/sugar-sweetened beverage consumption behaviors and organizational policies at two Title 1 Leon County schools |
| **INDICATOR(S):** Baseline data summary December 31.2018 |
| **PARTNER AGENCIES:** TMH, ECOP, CHP, Champions, Members of Priority Area Workgroup |

| **KEY ACTIVITY NU3** | **Conduct survey and assessment** |
|---|---|
| **PARTNER(S) INCLUDED/ RESPONSIBLE** | CHIP Workgroup |
| **ANTICIPATED RESULT** | |
| **TARGET DATE** | August-October 2018 |
| **PERFORMANCE MEASURE** | Baseline data |

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| **STATUS OF PROGRESS:** Completed. Environmental Scan of both schools done, review of wellness policies, meeting with teachers and admin, focus groups with students to assess current habits. |

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| **GOAL:** To reduce the consumption of sugar-sweetened beverages (SSB) among teachers, staff and students at Title 1 Leon County schools |
| **STRATEGY:** To replace consumption of sugar-sweetened beverages (SSB) with low– or no-calorie beverages among teachers, staff and students at Title 1 Leon County schools |
| **OBJECTIVE:** By December 31, 2018, asses current water/sugar-sweetened beverage consumption behaviors and organizational policies at two Title 1 Leon County schools |
| **INDICATOR(S):** Baseline data summary December 31.2018 |
| **PARTNER AGENCIES:** TMH, ECOP, CHP, Champions, Members of Priority Area Workgroup |

| **KEY ACTIVITY NU4** | **Compile results and prepare summary of baseline data** |
|---|---|
| **PARTNER(S) INCLUDED/ RESPONSIBLE** | CHIP Workgroup |
| **ANTICIPATED RESULT** | Understanding of current culture, practice and environment in relation to wellness policy |
| **TARGET DATE** | December 31, 2018 |
| **PERFORMANCE MEASURE** | Summary baseline report |

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| **STATUS OF PROGRESS:** Completed. Same as above. |

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| **GOAL:** To reduce the consumption of sugar-sweetened beverages (SSB) among teachers, staff and students at Title 1 Leon County schools |
| **STRATEGY:** To replace consumption of sugar-sweetened beverages (SSB) with low– or no-calorie beverages among teachers, staff and students at Title 1 Leon County schools |
| **OBJECTIVE:** By January 1, 2019, increase awareness about the consumption of sugar-sweetened beverages and its associated risk |
| **INDICATOR(S):** Education/Awareness Campaign Complete |
| **PARTNER AGENCIES:** TMH, ECOP, CHP, Champions, Member of Priority Area Workgroup |

| **KEY ACTIVITY NU5** | **Conduct literature review to:**<br>• **Describe the impact of inadequate water consumption and heavy consumption of sugar-sweetened beverages**<br>• **Identify model healthy beverage organizational/workplace policies**<br>• **Identify model elementary classroom activities and events that educate and encourage healthy beverage consumption** |
|---|---|
| **PARTNER(S) INCLUDED/ RESPONSIBLE** | CHIP Workgroup |
| **ANTICIPATED RESULT** | Identify evidence-based campaign for use |
| **TARGET DATE** | August-October 2018 |
| **PERFORMANCE MEASURE** | Completed review and summary report |

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| **STATUS OF PROGRESS:** Completed. |

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| **GOAL:** To reduce the consumption of sugar-sweetened beverages (SSB) among teachers, staff and students at Title 1 Leon County schools |
| **STRATEGY:** To replace consumption of sugar-sweetened beverages (SSB) with low– or no-calorie beverages among teachers, staff and students at Title 1 Leon County schools |
| **OBJECTIVE:** By January 1, 2019, increase awareness about the consumption of sugar-sweetened beverages and its associated risk |
| **INDICATOR(S):** Education/Awareness Campaign Complete |
| **PARTNER AGENCIES:** TMH, ECOP, CHP, Champions, Member of Priority Area Workgroup |

| **KEY ACTIVITY NU6** | **Develop or purchase campaign and educational materials** |
|---|---|
| **PARTNER(S) INCLUDED/ RESPONSIBLE** | |
| **ANTICIPATED RESULT** | Procured materials |
| **TARGET DATE** | August-October 2018 |
| **PERFORMANCE MEASURE** | Materials ready for use |

**STATUS OF PROGRESS:** Completed. Happy Hydrators program developed.

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| **GOAL:** To reduce the consumption of sugar-sweetened beverages (SSB) among teachers, staff and students at Title 1 Leon County schools |
| **STRATEGY:** To replace consumption of sugar-sweetened beverages (SSB) with low– or no-calorie beverages among teachers, staff and students at Title 1 Leon County schools |
| **OBJECTIVE:** By January 1, 2019, increase awareness about the consumption of sugar-sweetened beverages and its associated risk |
| **INDICATOR(S):** Education/Awareness Campaign Complete |
| **PARTNER AGENCIES:** TMH, ECOP, CHP, Champions, Member of Priority Area Workgroup |

| **KEY ACTIVITY NU7** | **Design or purchase materials to conduct a "Reduce SB" challenge** |
|---|---|
| **PARTNER(S) INCLUDED/ RESPONSIBLE** | |
| **ANTICIPATED RESULT** | Procured materials |
| **TARGET DATE** | August-October 2018 |
| **PERFORMANCE MEASURE** | Materials ready for use |

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| **STATUS OF PROGRESS:** Completed. Happy Hydrators materials created and purchased. |

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| **GOAL:** To reduce the consumption of sugar-sweetened beverages (SSB) among teachers, staff and students at Title 1 Leon County schools |
| **STRATEGY:** To replace consumption of sugar-sweetened beverages (SSB) with low– or no-calorie beverages among teachers, staff and students at Title 1 Leon County schools |
| **OBJECTIVE:** By January 1, 2019, increase awareness about the consumption of sugar-sweetened beverages and its associated risk |
| **INDICATOR(S):** Education/Awareness Campaign Complete |
| **PARTNER AGENCIES:** TMH, ECOP, CHP, Champions, Member of Priority Area Workgroup |

| **KEY ACTIVITY NU8** | **Execute education and campaign** |
|---|---|
| **PARTNER(S) INCLUDED/ RESPONSIBLE** | TMH, CHIP Workgroup |
| **ANTICIPATED RESULT** | Increase awareness and knowledge |
| **TARGET DATE** | January 2019 |
| **PERFORMANCE** | Increased knowledge and awareness |

**STATUS OF PROGRESS:** Completed, Entire 3rd grade classes educated and experienced Happy Hydrators at both schools. Entire 3rd Grade Happy Hydrators Challenge is on at Oakridge for 2020. So far, 86% report drinking more water, 68% drinking less SSB, and very positive feedback from administration and teachers. Two bottle filling stations and signage have been placed at Oakridge for 2020.

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| **GOAL:** To reduce the consumption of sugar-sweetened beverages (SSB) among teachers, staff and students at Title 1 Leon County schools |
| **STRATEGY:** To replace consumption of sugar-sweetened beverages (SSB) with low– or no-calorie beverages among teachers, staff and students at Title 1 Leon County schools |
| **OBJECTIVE:** By May 30, 2022, decrease the number of teachers, staff and students who consume one or more sugar-sweetened beverages per day by 10% each year or 40% from baseline |
| **INDICATOR(S):** Reduced consumption of SSB |
| **PARTNER AGENCIES:** TMH, ECOP, CHP, Champions, Members of Priority Area Workgroup |

| **KEY ACTIVITY NU9** | **Compile challenge results** |
|---|---|
| **PARTNER(S) INCLUDED/ RESPONSIBLE** | CHIP Workgroup |
| **ANTICIPATED RESULT** | Completed challenge with measurement |
| **TARGET DATE** | Completed March 31, 2019 |
| **PERFORMANCE MEASURE** | Pre/post survey |

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| **STATUS OF PROGRESS:** Completed. Pre/Post Consumption surveys complete; however, it was determined that it is difficult for this age to do with accuracy. |

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| **GOAL:** To reduce the consumption of sugar-sweetened beverages (SSB) among teachers, staff and students at Title 1 Leon County schools |
| **STRATEGY:** To replace consumption of sugar-sweetened beverages (SSB) with low– or no-calorie beverages among teachers, staff and students at Title 1 Leon County schools |
| **OBJECTIVE:** By May 30, 2022, decrease the number of teachers, staff and students who consume one or more sugar-sweetened beverages per day by 10% each year or 40% from baseline |
| **INDICATOR(S):** Reduced consumption of SSB |
| **PARTNER AGENCIES:** TMH, ECOP, CHP, Champions, Members of Priority Area Workgroup |

| **KEY ACTIVITY NU10** | **Evaluate findings from first year pilot** |
|---|---|
| **PARTNER(S) INCLUDED/ RESPONSIBLE** | |
| **ANTICIPATED RESULT** | Completed challenge with measurement |
| **TARGET DATE** | By August 2019, complete summary of campaign and challenge results from first year pilot |
| **PERFORMANCE MEASURE** | |

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| **STATUS OF PROGRESS:** Not sure this can be determined with survey tool used. Still analyzing data. |

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| **GOAL:** To reduce the consumption of sugar-sweetened beverages (SSB) among teachers, staff and students at Title 1 Leon County schools |
| **STRATEGY:** To replace consumption of sugar-sweetened beverages (SSB) with low– or no-calorie beverages among teachers, staff and students at Title 1 Leon County schools |
| **OBJECTIVE:** By May 31, 2022, decrease the number of teachers, staff and students who consume one or more sugar-sweetened beverages per day by 10% each year or 40% from baseline |
| **INDICATOR(S):** Reduced consumption of SSB |
| **PARTNER AGENCIES:** TMH, ECOP, CHP, Champions, Members of Priority Area Workgroup |

| **KEY ACTIVITY NU11** | **Revise as needed to execute in following years** |
|---|---|
| **PARTNER(S) INCLUDED/ RESPONSIBLE** | |
| **ANTICIPATED RESULT** | Completed challenge with measurement |
| **TARGET DATE** | By May 31, 2022, achieve 10% per year or 40% decrease from baseline in teachers, staff and students who consume one or more sugar-sweetened beverages per day |
| **PERFORMANCE MEASURE** | Pre/post survey |

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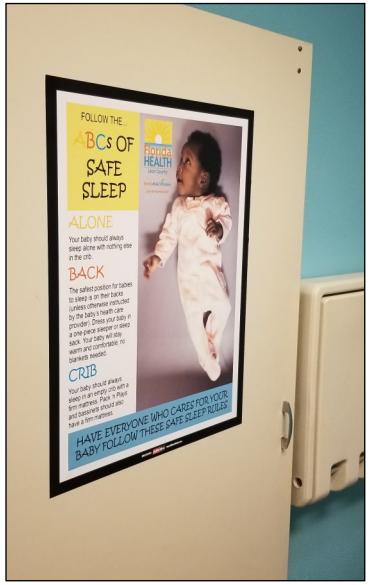
| **STATUS OF PROGRESS:** Same as above. |

# MATERNAL AND CHILD HEALTH



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| **GOAL:** Reduce infant mortality rate from 6.7 to 5 by 2022. |
| **STRATEGY:** Develop a cross-sector communication initiative for women with the prime focus on having a healthy baby |
| **OBJECTIVE:** Reduce infant mortality within Leon County through partnerships with local Maternal and Child Health (MCH) organizations; aim is to develop media campaigns, workshops and MCH materials for the community by 2022 |
| **INDICATOR(S):** |
| **PARTNER AGENCIES:** DOH-Leon, WIC, Healthy Start, Zeta Phi Beta, TMH, Healthy Babies, Stork's Nest Tallahassee |

| **KEY ACTIVITY MC1** | **Participate in health fairs/events organized by our partners that focus on creating awareness on maternal and child health. Educational materials like pamphlets will be distributed. These materials will be composed by DOH and partner agencies. Examples include: community baby showers, breastfeed walk, maternal child health equity community gathering.** |
|---|---|
| **PARTNER(S) INCLUDED/ RESPONSIBLE** | Zeta Phi Beta, Healthy Start, WIC, TMH, Stork's Nest |
| **ANTICIPATED RESULT** | • Participating women are educated on MCH initiatives with the aid of various demonstrations and educational materials<br>• Distribution of infant products that further increase the knowledge of these women on infant health |
| **TARGET DATE** | January 2018-December 2022 |
| **PERFORMANCE MEASURE** | Participate in four outreach activities organized in collaboration with our partners to increase awareness on infant health |

**STATUS OF PROGRESS: Completed** - Educational material focusing on safe sleep, breastfeeding and safe baby were shared along with safe sleep kits. Participated in following event:

- FAMU Grape Harvest Festival
- Community Baby Shower
- Maternal Child Health Equity Community Gathering
- Breastfeed Walk
- TMH Baby Fair
- MLK Dare to Dream Festival
- The Jason Foundation Gathering at FAMU

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| **GOAL:** Reduce infant mortality rate from 6.7 to 5 by 2022 |
| **STRATEGY:** Develop a cross-sector communication initiative for women with the prime focus on having a healthy baby |
| **OBJECTIVE:** Reduce infant mortality within Leon County through partnerships with local Maternal and Child Health (MCH) organizations; aim is to develop media campaigns, workshops and MCH materials for the community by 2022 |
| **INDICATOR(S):** |
| **PARTNER AGENCIES:** DOH-Leon, WIC, Healthy Start, Zeta Phi Beta, TMH, Healthy Babies, Stork's Nest Tallahassee |

| **KEY ACTIVITY MC2** | **Conduct media campaigns that focus on creating awareness on MCH and educate women on infant health** |
|---|---|
| **PARTNER(S) INCLUDED/ RESPONSIBLE** | DOH-Leon, Healthy Start, Healthy Baby, TMH, WIC |
| **ANTICIPATED RESULT** | Increase in the number of marketing materials available for educational purposes |
| **TARGET DATE** | January 2018-December 2022 |
| **PERFORMANCE MEASURE** | Four media campaigns will be completed during the designated period |

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| **STATUS OF PROGRESS:** Ongoing - A marketing campaign was launched in April. |

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| **GOAL:** Reduce infant mortality rate from 6.7 to 5 by 2022 |
| **STRATEGY:** Develop a cross-sector communication initiative for women with the prime focus on having a healthy baby |
| **OBJECTIVE:** Reduce infant mortality within Leon County through partnerships with local Maternal and Child Health (MCH) organizations; aim is to develop media campaigns, workshops and MCH materials for the community by 2022 |
| **INDICATOR(S):** |
| **PARTNER AGENCIES:** DOH-Leon, WIC, Healthy Start, Zeta Phi Beta, TMH, Healthy Babies, Stork's Nest Tallahassee |

| **KEY ACTIVITY MC3** | **Partner with Healthy Start to get more exposure for the traveling crib. Traveling crib will help educate mothers on infant safe sleep rules. It will demonstrate how the crib should be prepared for the infant. It will be placed on different locations provided by our community partners.** |
|---|---|
| **PARTNER(S) INCLUDED/ RESPONSIBLE** | DOH-Leon, Healthy Start, Healthy Baby, TMH, WIC, Stork's Nest |
| **ANTICIPATED RESULT** | • Increase in the frequency and number of locations where crib will be displayed<br>• Increase in the number of parents that are familiar with the safe sleep rules |
| **TARGET DATE** | September 2018-December 2022 |
| **PERFORMANCE MEASURE** | Four new facilities will be recruited for the traveling crib |

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| **STATUS OF PROGRESS:** Ongoing - Hosted the traveling crib at two different facilities of DOH Leon County. Looking for more locations. |

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| **GOAL:** Reduce infant mortality rate from 6.7 to 5 by 2022 |
| **STRATEGY:** Develop a cross-sector communication initiative for women with the prime focus on having a healthy baby |
| **OBJECTIVE:** Reduce infant mortality within Leon County through partnerships with local Maternal and Child Health (MCH) organizations; aim is to develop media campaigns, workshops and MCH materials for the community by 2022 |
| **INDICATOR(S):** |
| **PARTNER AGENCIES:** DOH-Leon, WIC, Healthy Start, Zeta Phi Beta, TMH, Healthy Babies, Stork's Nest Tallahassee |

| **KEY ACTIVITY MC4** | **Organize infant CPR classes in coordination with our community partners to equip the attended with the skill set to administer CPR to infants in case of an emergency** |
|---|---|
| **PARTNER(S) INCLUDED/ RESPONSIBLE** | DOH-Leon, Healthy Start, Healthy Baby, WIC, Stork's Nest |
| **ANTICIPATED RESULT** | • Increase in the frequency and number of locations where the CPR classes will be held<br>• Increase in the number of parents that can administer CPR to an infant |
| **TARGET DATE** | September 2018-December 2018 |
| **PERFORMANCE MEASURE** | At least one infant CPR class will be held every quarter at different locations |

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| **STATUS OF PROGRESS:** Ongoing - First CPR class was held in January at R&S and the second one in March at Orange Ave. The third class is scheduled for May at R&S. |

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| **GOAL:** Reduce infant mortality rate from 6.7 to 5 by 2022 |
| **STRATEGY:** Educate women and our partners on the various maternal and child health services available within Leon County |
| **OBJECTIVE:** Develop an educational strategy to inform women of reproductive stage about the maternal and child services available to them prior to pregnancy and partner with health care professionals to develop a delivery plan for this information |
| **INDICATOR(S):** |
| **PARTNER AGENCIES:** Whole Child Leon, TMH, Healthy Start, WIC Education Institutes, Stork's Nest Tallahassee, Reach Out and Read Program, Ounce of Prevention, OBs, Health Examiner, EMS, Brehon Family Services |

| **KEY ACTIVITY MC5** | **Develop a strategy in coordination with community health equity partners that focuses on creating awareness in the community regarding the maternal and child health services available prior to pregnancy. Examples include: pamphlets available in the clinic with the required information, nutritional counseling provided to parents for their infants and educational sessions on breastfeeding.** |
|---|---|
| **PARTNER(S) INCLUDED/ RESPONSIBLE** | Educational Institutes, Healthy Start, WIC, Whole Child Leon, TMH |
| **ANTICIPATED RESULT** | Formulation of a baseline strategy that educates women and children on the available resources within the community |
| **TARGET DATE** | June 2018-December 2022 |
| **PERFORMANCE MEASURE** | Increase WIC caseload by 2% |

**STATUS OF PROGRESS:** Ongoing - Nutritional and Breastfeeding counselling is being provided through WIC. New informational resources are being distributed at WIC and outreach events. The marketing campaign will be focusing on increasing early enrollment in WIC.

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| **GOAL:** Reduce infant mortality rate from 6.7 to 5 by 2022 |
| **STRATEGY:** Educate women and our partners on the various maternal and child health services available within Leon County |
| **OBJECTIVE:** Develop an educational strategy to inform women of reproductive stage about the maternal and child services available to them prior to pregnancy and partner with health care professionals to develop a delivery plan for this information |
| **INDICATOR(S):** |
| **PARTNER AGENCIES:** Whole Child Leon, TMH, Healthy Start, WIC Education Institutes, Stork's Nest Tallahassee, Reach Out and Read Program, Ounce of Prevention, OBs, Health Examiner, EMS, Brehon Family Services |

| **KEY ACTIVITY MC6** | **Provide preconception trainings and workshops to women of reproductive age and the participating partners** |
|---|---|
| **PARTNER(S) INCLUDED/ RESPONSIBLE** | WIC, Healthy Start |
| **ANTICIPATED RESULT** | Able to identify organizations that can partner with the program to provide workshops for these women |
| **TARGET DATE** | June 2018-December 2022 |
| **PERFORMANCE MEASURE** | Complete four community workshops in collaboration with our partners |

**STATUS OF PROGRESS:** Ongoing - We are working to our partner agencies and holding ongoing classes for prospective parents to educate them on healthy pregnancy, safe baby practices and the resources available to them.

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| **GOAL:** Reduce infant mortality rate from 6.7 to 5 by 2022 |
| **STRATEGY:** Educate women and our partners on the various maternal and child health services available within Leon County |
| **OBJECTIVE:** Develop an educational strategy to inform women of reproductive stage about the maternal and child services available to them prior to pregnancy and partner with health care professionals to develop a delivery plan for this information |
| **INDICATOR(S):** |
| **PARTNER AGENCIES:** Whole Child Leon, TMH, Healthy Start, WIC Education Institutes, Stork's Nest Tallahassee, Reach Out and Read Program, Ounce of Prevention, OBs, Health Examiner, EMS, Brehon Family Services |

| **KEY ACTIVITY MC7** | **Initiate the Reach Out and Read Program. This program helps children in developing improved language and reading skills. Books will be distributed to the WIC participants followed by a counseling session to the parents on why it is important to read aloud to their children and how best to look at books and talk about the stories with their infants** |
|---|---|
| **PARTNER(S) INCLUDED/ RESPONSIBLE** | WIC, Healthy Baby, DOH-Leon, Reach Out and Read Program, Ounce of Prevention |
| **ANTICIPATED RESULT** | • Increase in the number of parents that read to their children<br>• Increase in the number of books distributed |
| **TARGET DATE** | September 2018-December 2022 |
| **PERFORMANCE MEASURE** | Increase the number of books being distributed by 2% every year |

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| **STATUS OF PROGRESS:** Ongoing - The program has been implemented and books are being distributed through WIC. So far, we have given out more than 250 books in less than 6 months. Our staff was trained on how to encourage parents to read and how it leads to language nutrition. |

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| **GOAL:** Reduce infant mortality rate from 6.7 to 5 by 2022 |
| **STRATEGY:** Educate women and our partners on the various maternal and child health services available within Leon County |
| **OBJECTIVE:** Develop an educational strategy to inform women of reproductive stage about the maternal and child services available to them prior to pregnancy and partner with health care professionals to develop a delivery plan for this information |
| **INDICATOR(S):** |
| **PARTNER AGENCIES:** Whole Child Leon, TMH, Healthy Start, WIC Education Institutes, Stork's Nest Tallahassee, Reach Out and Read Program, Ounce of Prevention, OBs, Health Examiner, EMS, Brehon Family Services |

| **KEY ACTIVITY MC8** | **Conduct a collective impact research to study an association between infant mortality and having health insurance before and during pregnancy** |
|---|---|
| **PARTNER(S) INCLUDED/ RESPONSIBLE** | FSU COM, FSU PHP, DOH-Leon, FAMU |
| **ANTICIPATED RESULT** | Identification of barriers to prenatal care among white and black women in Leon County |
| **TARGET DATE** | August 2018-December 2022 |
| **PERFORMANCE MEASURE** | By the end of this period, four focus groups will be completed to collect data |

**STATUS OF PROGRESS:** Ongoing - IRB was updated and recruitment strategies for focus groups are being implemented

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| **GOAL:** Reduce infant mortality rate from 6.7 to 5 by 2022 |
| **STRATEGY:** Educate women and our partners on the various maternal and child health services available within Leon County |
| **OBJECTIVE:** Develop an educational strategy to inform women of reproductive stage about the maternal and child services available to them prior to pregnancy and partner with health care professionals to develop a delivery plan for this information |
| **INDICATOR(S):** |
| **PARTNER AGENCIES:** Whole Child Leon, TMH, Healthy Start, WIC Education Institutes, Stork's Nest Tallahassee, Reach Out and Read Program, Ounce of Prevention, OBs, Health Examiner, EMS, Brehon Family Services |

| **KEY ACTIVITY MC9** | **Participate in Fetal and Infant Mortality Review (FIMR) and Child Abuse Death Review (CADR). These groups meeting monthly to review the cases. The purpose of these meetings is to analyze the leading causes of infant mortality and then devise strategies to overcome them.** |
|---|---|
| **PARTNER(S) INCLUDED/ RESPONSIBLE** | DOH-Leon, Healthy Start, TMH, OBs, Health Examiner, EMS, Brehon Family Services |
| **ANTICIPATED RESULT** | Identify the leading causes of infant mortality and then devise strategies that can help decrease/eliminate these causes |
| **TARGET DATE** | June 2018-December 2022 |
| **PERFORMANCE MEASURE** | Aim is to attend at least one meeting each month and then incorporate the findings in our strategic plan |

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| **STATUS OF PROGRESS:** Ongoing - The meetings are held once a month and a representative from MCH Program attends them regularly. |

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| **GOAL:** Reduce infant mortality rate from 6.7 to 5 by 2022 |
| **STRATEGY:** Educate women and our partners on the various maternal and child health services available within Leon County |
| **OBJECTIVE:** Develop an educational strategy to inform women of reproductive stage about the maternal and child services available to them prior to pregnancy and partner with health care professionals to develop a delivery plan for this information |
| **INDICATOR(S):** |
| **PARTNER AGENCIES:** Whole Child Leon, TMH, Healthy Start, WIC Education Institutes, Stork's Nest Tallahassee, Reach Out and Read Program, Ounce of Prevention, OBs, Health Examiner, EMS, Brehon Family Services |

| **KEY ACTIVITY MC10** | **Provide Safe Baby Training to parents who are expecting or already have infants on how to care for their babies. WIC staff will be trained to counsel the parents who enroll in WIC program. The program covers the following avenues: choosing a safe caregiver, coping with crying, safe sleep, water safety, car safety and choking risks.** |
|---|---|
| **PARTNER(S) INCLUDED/ RESPONSIBLE** | DOH-Leon, WIC, Healthy Start |
| **ANTICIPATED RESULT** | • Increase in the number of parents that are familiar with Safe Baby practices and environment<br>• Increase in the number of staff being trained |
| **TARGET DATE** | November 2018-December 2022 |
| **PERFORMANCE MEASURE** | Aim is to increase the number of DOH-Leon staff trained by 5% each year |

**STATUS OF PROGRESS:** Ongoing - WIC staff was given the training on safe baby and they in turn educate the parents through pamphlets and other resources. We are in the process of developing a training program focused on safe baby to educate teen moms.

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| **GOAL:** Reduce infant mortality rate from 6.7 to 5 by 2022. |
| **STRATEGY:** Develop a cross-sector communication initiative for women with the prime focus on having a healthy baby |
| **OBJECTIVE:** Reduce infant mortality within Leon County through partnerships with local Maternal and Child Health (MCH) organizations; aim is to develop media campaigns, workshops and MCH materials for the community by 2022 |
| **INDICATOR(S):** |
| **PARTNER AGENCIES:** DOH-Leon, WIC, Healthy Start, Zeta Phi Beta, TMH, Healthy Babies, Stork's Nest Tallahassee |

| **KEY ACTIVITY MC11** | **Participate in health fairs/events organized by our partners that focus on creating awareness on maternal and child health. Educational materials like pamphlets will be distributed. These materials will be composed by DOH and partner agencies. Examples include: community baby showers, breastfeed walk, maternal child health equity community gathering.** |
|---|---|
| **PARTNER(S) INCLUDED/ RESPONSIBLE** | Zeta Phi Beta, Healthy Start, WIC, TMH, Stork's Nest |
| **ANTICIPATED RESULT** | • Participating women are educated on MCH initiatives with the aid of various demonstrations and educational materials<br>• Distribution of infant products that further increase the knowledge of these women on infant health |
| **TARGET DATE** | January 2018-December 2022 |
| **PERFORMANCE MEASURE** | Participate in four outreach activities organized in collaboration with our partners to increase awareness on infant health |

**STATUS OF PROGRESS: Completed** - Educational material focusing on safe sleep, breastfeeding and safe baby were shared along with safe sleep kits. Participated in following event:

- FAMU Grape Harvest Festival
- Community Baby Shower
- Maternal Child Health Equity Community Gathering
- Breastfeed Walk
- TMH Baby Fair
- MLK Dare to Dream Festival
- The Jason Foundation Gathering at FAMU

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| **GOAL:** Reduce infant mortality rate from 6.7 to 5 by 2022 |
| **STRATEGY:** Increasing the breastfeeding rates among mothers from 80% to 84% by educating them on the benefits of breastfeeding |
| **OBJECTIVE:** Reduce infant mortality rates in Leon County by encouraging mothers to breastfeed their infants. This could be achieved through outreach activities, counseling and promotion of breastfeeding policy. |
| **INDICATOR(S):** |
| **PARTNER AGENCIES:** DOH-Leon, WIC, TMH, Breastfeeding Coalition, Healthy Start, Healthy Baby, La Leche Breastfeeding Group |

| **KEY ACTIVITY MC12** | **Outreach and community events that focus on promoting the benefits of breastfeeding for the mother and the infant. Examples include African American Breastfeeding Week.** |
|---|---|
| **PARTNER(S) INCLUDED/ RESPONSIBLE** | WIC, La Leche Breastfeeding Group |
| **ANTICIPATED RESULT** | Increased awareness and knowledge on the benefits of breastfeeding among women |
| **TARGET DATE** | June 2018-December 2022 |
| **PERFORMANCE MEASURE** | Increase the breastfeeding rates among mothers by 2% |

**STATUS OF PROGRESS:** Ongoing - Participated in following event:

- FAMU Grape Harvest Festival
- Community Baby Shower
- Maternal Child Health Equity Community Gathering
- Breastfeed Walk
- TMH Baby Fair
- MLK Dare to Dream Festival
- The Jason Foundation Gathering at FAMU

# MENTAL HEALTH

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| **GOAL:** To improve mental health outcomes for residents of Leon County |
| **STRATEGY:** Evaluate — Develop recent surveys, regional mental health data (CHNA, UWBB Stress Survey, TMH Mental Health Attitudes Survey) finding into a comprehensive evaluation of regional behavioral health strengths and weaknesses |
| **OBJECTIVE:**<br>A — Collect and integrate the findings of recent studies and other data into a comprehensive report<br>B — Modify the group's goals as necessary<br>C — Present this report to the local community, health care stakeholders and elected officials<br>D — Recommend a set of actions based on the report's findings |
| **INDICATOR(S):** Production of report (short term), improved behavioral health scores on community survey(s) (long term) |
| **PARTNER AGENCIES:** Apalachee Center, NAMI-Tallahassee, TMH, CRMC, FSU, FAMU, UWBB, Whole Child Leon, DISC Village |

| **KEY ACTIVITY MH1** | **Collect and integrate the findings of recent studies and others into a comprehensive report** |
|---|---|
| **PARTNER(S) INCLUDED/ RESPONSIBLE** | Committee Members, particularly FSU, Apalachee, TMH, CRMC, NAMI-Tallahassee, and over 20 community providers and stakeholders |
| **ANTICIPATED RESULT** | Outline of key findings |
| **TARGET DATE** | Accomplished |
| **PERFORMANCE MEASURE** | Completed outline |

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| **STATUS OF PROGRESS:** Completed |

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| **GOAL:** To improve mental health outcomes for residents of Leon County |
| **STRATEGY:** Evaluate — Develop recent surveys, regional mental health data (CHNA, UWBB Stress Survey, TMH Mental Health Attitudes Survey) finding into a comprehensive evaluation of regional behavioral health strengths and weaknesses |
| **OBJECTIVE:**<br>A — Collect and integrate the findings of recent studies and other data into a comprehensive report<br>B — Modify the group's goals as necessary<br>C — Present this report to the local community, health care stakeholders and elected officials<br>D — Recommend a set of actions based on the report's findings |
| **INDICATOR(S):** Production of report (short term), improved behavioral health scores on community survey(s) (long term) |
| **PARTNER AGENCIES:** Apalachee Center, NAMI-Tallahassee, TMH, CRMC, FSU, FAMU, UWBB, Whole Child Leon, DISC Village |

| **KEY ACTIVITY MH2** | **Development of comprehensive report** |
|---|---|
| **PARTNER(S) INCLUDED/ RESPONSIBLE** | FSU College of Medicine Center for Integrated Studies |
| **ANTICIPATED RESULT** | Final report |
| **TARGET DATE** | 1/1/18 - Accomplished |
| **PERFORMANCE MEASURE** | Completed Report |

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| **STATUS OF PROGRESS:** Completed |

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| **GOAL:** To improve mental health outcomes for residents of Leon County |
| **STRATEGY:** Evaluate — Develop recent surveys, regional mental health data (CHNA, UWBB Stress Survey, TMH Mental Health Attitudes Survey) finding into a comprehensive evaluation of regional behavioral health strengths and weaknesses |
| **OBJECTIVE:**<br>A — Collect and integrate the findings of recent studies and other data into a comprehensive report<br>B — Modify the group's goals as necessary<br>C — Present this report to the local community, health care stakeholders and elected officials<br>D — Recommend a set of actions based on the report's findings |
| **INDICATOR(S):** Production of report (short term), improved behavioral health scores on community survey(s) (long term) |
| **PARTNER AGENCIES:** Apalachee Center, NAMI-Tallahassee, TMH, CRMC, FSU, FAMU, UWBB, Whole Child Leon, DISC Village |

| **KEY ACTIVITY MH3** | **Present this report to the local community, health care stakeholders and elected officials** |
|---|---|
| **PARTNER(S) INCLUDED/** | FSU College of Medicine Center for Integrated Studies, Apalachee Center, TMH, CRMC, Big Bend CBC, DOH-Leon |
| **ANTICIPATED RESULT** | Formal public presentation of report |
| **TARGET DATE** | 1/31/18 - Accomplished |
| **PERFORMANCE MEASURE** | Community presentation of final report, including key stakeholders |

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| **STATUS OF PROGRESS:** Completed |

| **GOAL:** To improve mental health outcomes for residents of Leon County |
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| **STRATEGY: Expand —** Expand the available pool of professionals able to prescribe psychiatric medicine |
| **OBJECTIVE:**<br>A — Support the current discussions between Apalachee, FSU and TMH regarding the development of a psychiatric residency program in Tallahassee<br>B — Engage the FSU College of Nursing to discuss enhancement of opportunities to train and employ psychiatric ARNPs<br>C — Develop a protocol linking non-prescriber mental health professionals with primary care physicians in order to maximize the availability of medication |
| **INDICATOR(S):** Increase in the availability of appointments for Leon County resident seeking psychiatric medication |
| **PARTNER AGENCIES:** Apalachee Center, NAMI-Tallahassee, TMH, CRMC, FSU, FAMU, UWBB, Whole Child Leon, DISC Village |

| **KEY ACTIVITY MH4** | **Continue planning to develop a psychiatric residency program at FSU College of Medicine** |
|---|---|
| **PARTNER(S) INCLUDED/ RESPONSIBLE** | Apalachee Center, TMH, FSU |
| **ANTICIPATED RESULT** | Development of psychiatric residency program at FSU College of Medicine |
| **TARGET DATE** | 1/1/19 |
| **PERFORMANCE MEASURE** | Existence of program |
| **STATUS OF PROGRESS:** Ongoing—TMH and Apalachee Center are still working on this. | |

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| **GOAL:** To improve mental health outcomes for residents of Leon County |
| **STRATEGY: Expand —** Expand the available pool of professionals able to prescribe psychiatric medicine |
| **OBJECTIVE:**<br>A — Support the current discussions between Apalachee, FSU and TMH regarding the development of a psychiatric residency program in Tallahassee<br>B — Engage the FSU College of Nursing to discuss enhancement of opportunities to train and employ psychiatric ARNPs<br>C — Develop a protocol linking non-prescriber mental health professionals with primary care physicians in order to maximize the availability of medication |
| **INDICATOR(S):** Increase in the availability of appointments for Leon County resident seeking psychiatric medication |
| **PARTNER AGENCIES:** Apalachee Center, NAMI-Tallahassee, TMH, CRMC, FSU, FAMU, UWBB, Whole Child Leon, DISC Village |

| **KEY ACTIVITY MH5** | **Engage FSU College of Nursing in discussion of development of specialty psychiatric ARNP program** |
|---|---|
| **PARTNER(S) INCLUDED/ RESPONSIBLE** | Apalachee Center, TMH, CRMC, FSU |
| **ANTICIPATED RESULT** | Development of psychiatric ARNP specialty program at FSU College of Nursing |
| **TARGET DATE** | 1/1/19 - Accomplished (ahead of schedule) |
| **PERFORMANCE MEASURE** | Existence of program |

| |
|---|
| **STATUS OF PROGRESS:** Completed—First class of psychiatric ARNPs certified and graduated from FSU School of Nursing. |

| **GOAL:** To improve mental health outcomes for residents of Leon County |
|---|
| **STRATEGY: Expand —** Expand the available pool of professionals able to prescribe psychiatric medicine |
| **OBJECTIVE:**<br>A — Support the current discussions between Apalachee, FSU and TMH regarding the development of a psychiatric residency program in Tallahassee<br>B — Engage the FSU College of Nursing to discuss enhancement of opportunities to train and employ psychiatric ARNPs<br>C — Develop a protocol linking non-prescriber mental health professionals with primary care physicians in order to maximize the availability of medication |
| **INDICATOR(S):** Increase in the availability of appointments for Leon County resident seeking psychiatric medication |
| **PARTNER AGENCIES:** Apalachee Center, NAMI-Tallahassee, TMH, CRMC, FSU, FAMU, UWBB, Whole Child Leon, DISC Village |

| **KEY ACTIVITY MH6** | **Develop a protocol linking non-prescriber mental health professionals with primary care physicians** |
|---|---|
| **PARTNER(S) INCLUDED/ RESPONSIBLE** | Committee Members, particularly FSU, Apalachee, TMH, CRMC, NAMI-Tallahassee, and over 20 community providers and stakeholders |
| **ANTICIPATED RESULT** | Development of communitywide voluntary protocol guiding the linking of family and general practice docs with non-prescribers to facilitate access to psychiatric medication |
| **TARGET DATE** | 6/30/18 - Ongoing |
| **PERFORMANCE MEASURE** | Existence of protocol |

**STATUS OF PROGRESS:** Completed - Protocol for communications between primary care physicians and prescribers was developed by Dr. Larry Kubiak, and beta tested at TPCA. Beta testing was completed, and protocol made available.

| **GOAL:** To improve mental health outcomes for residents of Leon County |
|---|
| **STRATEGY:** Educate — Educate local communities about the availability and efficacy of non-prescriber professionals; |
| **OBJECTIVE:**<br>A — Develop an educational strategy to inform the public about the availability, benefits and success of mental health services<br>B — Partner with provider trade associations (FPS, NASW FL) to develop a messaging campaign around the benefits of non-prescriber treatment<br>C — Partner with Big Bend 2-1-1, FSU and the United Way to support the development of a comprehensive, tended database of local mental health providers |
| **INDICATOR(S):** Increase in the utilization of non-prescriber mental health providers in Leon County |
| **PARTNER AGENCIES:** Apalachee Center, NAMI-Tallahassee, TMH, CRMC, FSU, FAMU, UWBB, Whole Child Leon, DISC Village |

| **KEY ACTIVITY MH7** | **Develop an educational strategy to inform the public about the availability, benefits and success of mental health services** |
|---|---|
| **PARTNER(S) INCLUDED/ RESPONSIBLE** | Education Subcommittee (TMH, CRMC, NAMI-T, Apalachee Center) |
| **ANTICIPATED RESULT** | CEU offerings and public awareness campaign targeted to high-intensity neighborhoods regarding efficacy of non-prescriber mental health treatment |
| **TARGET DATE** | 1/1/19 - Ongoing |
| **PERFORMANCE MEASURE** | Increased utilization of non-prescriber mental health professionals |

**STATUS OF PROGRESS:** Ongoing—CME event for local MDs being planned for Fall 2020.

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| **GOAL:** To improve mental health outcomes for residents of Leon County |
| **STRATEGY:** Educate — Educate local communities about the availability and efficacy of non-prescriber professionals; |
| **OBJECTIVE:**<br>A — Develop an educational strategy to inform the public about the availability, benefits and success of mental health services<br>B — Partner with provider trade associations (FPS, NASW FL) to develop a messaging campaign around the benefits of non-prescriber treatment<br>C — Partner with Big Bend 2-1-1, FSU and the United Way to support the development of a comprehensive, tended database of local mental health providers |
| **INDICATOR(S):** Increase in the utilization of non-prescriber mental health providers in Leon County |
| **PARTNER AGENCIES:** Apalachee Center, NAMI-Tallahassee, TMH, CRMC, FSU, FAMU, UWBB, Whole Child Leon, DISC Village |

| **KEY ACTIVITY MH8** | **Partner with provider trade associations (FPS, NASW FL) to develop a messaging campaign around the benefits of non-prescriber treatment** |
|---|---|
| **PARTNER(S) INCLUDED/ RESPONSIBLE** | Education Subcommittee (TMH, CRMC, NAMI-T, Apalachee Center), Whole Child Leon, UWBB |
| **ANTICIPATED RESULT** | CEU offerings and public awareness campaign targeted to high-intensity neighborhoods regarding efficacy of non-prescriber mental health treatment |
| **TARGET DATE** | 1/1/18 - Accomplished |
| **PERFORMANCE MEASURE** | Increased utilization of non-prescriber mental health professionals |

**STATUS OF PROGRESS:** Completed

| |
|---|
| **GOAL:** To improve mental health outcomes for residents of Leon County |
| **STRATEGY:** Educate — Educate local communities about the availability and efficacy of non-prescriber professionals; |
| **OBJECTIVE:**<br>A — Develop an educational strategy to inform the public about the availability, benefits and success of mental health services<br>B — Partner with provider trade associations (FPS, NASW FL) to develop a messaging campaign around the benefits of non-prescriber treatment<br>C — Partner with Big Bend 2-1-1, FSU and the United Way to support the development of a comprehensive, tended database of local mental health providers |
| **INDICATOR(S):** Increase in the utilization of non-prescriber mental health providers in Leon County |
| **PARTNER AGENCIES:** Apalachee Center, NAMI-Tallahassee, TMH, CRMC, FSU, FAMU, UWBB, Whole Child Leon, DISC Village |

| **KEY ACTIVITY MH9** | **Partner with Big Bend 2-1-1, FSU and the United Way to support the development of a comprehensive, tended database of local mental health providers** |
|---|---|
| **PARTNER(S) INCLUDED/ RESPONSIBLE** | Committee Members, particularly FSU, Apalachee, TMH, CRMC, NAMI-Tallahassee, and over 20 community providers and stakeholders |
| **ANTICIPATED RESULT** | Creation of ongoing mental health professional database |
| **TARGET DATE** | 6/30/18 - Accomplished (ahead of schedule) |
| **PERFORMANCE MEASURE** | Increased public awareness of mental health services |

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|---|
| **STATUS OF PROGRESS:** Completed |

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| **GOAL:** To improve mental health outcomes for residents of Leon County |
| **STRATEGY:** Educate — Educate local communities about the availability and efficacy of non-prescriber professionals; |
| **OBJECTIVE:**<br>A — Develop an educational strategy to inform the public about the availability, benefits and success of mental health services<br>B — Partner with provider trade associations (FPS, NASW FL) to develop a messaging campaign around the benefits of non-prescriber treatment<br>C — Partner with Big Bend 2-1-1, FSU and the United Way to support the development of a comprehensive, tended database of local mental health providers |
| **INDICATOR(S):** Increase in the utilization of non-prescriber mental health providers in Leon County |
| **PARTNER AGENCIES:** Apalachee Center, NAMI-Tallahassee, TMH, CRMC, FSU, FAMU, UWBB, Whole Child Leon, DISC Village |

| **KEY ACTIVITY MH10** | **Develop an educational strategy to inform the public about the availability, benefits and success of mental health services** |
|---|---|
| **PARTNER(S) INCLUDED/ RESPONSIBLE** | Education Subcommittee (TMH, CRMC, NAMI-T, Apalachee Center) |
| **ANTICIPATED RESULT** | CEU offerings and public awareness campaign targeted to high-intensity neighborhoods regarding the efficacy of non-prescriber mental health treatment |
| **TARGET DATE** | 1/1/18 - Accomplished |
| **PERFORMANCE MEASURE** | Increased utilization of non-prescriber mental health professionals |

**STATUS OF PROGRESS: Completed—**Series of short mental health awareness videos being produced by MHC (funded through TMH) completed and promulgated on social media and Member websites.

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| **GOAL:** To improve mental health outcomes for residents of Leon County |
| **STRATEGY:** Educate — Educate local communities about the availability and efficacy of non-prescriber professionals; |
| **OBJECTIVE:**<br>A — Develop an educational strategy to inform the public about the availability, benefits and success of mental health services<br>B — Partner with provider trade associations (FPS, NASW FL) to develop a messaging campaign around the benefits of non-prescriber treatment<br>C — Partner with Big Bend 2-1-1, FSU and the United Way to support the development of a comprehensive, tended database of local mental health providers |
| **INDICATOR(S):** Increase in the utilization of non-prescriber mental health providers in Leon County |
| **PARTNER AGENCIES:** Apalachee Center, NAMI-Tallahassee, TMH, CRMC, FSU, FAMU, UWBB, Whole Child Leon, DISC Village |

| **KEY ACTIVITY MH11** | **Partner with provider trade associations (FPS, NASW FL) to develop a messaging campaign around the benefits of non-prescriber treatment** |
|---|---|
| **PARTNER(S) INCLUDED/ RESPONSIBLE** | Education Subcommittee (TMH, CRMC, NAMI-T, Apalachee Center), Whole Child Leon, UWBB |
| **ANTICIPATED RESULT** | CEU offerings and public awareness campaign targeted to high-intensity neighborhoods regarding efficacy of non-prescriber mental health treatment |
| **TARGET DATE** | 1/1/18 - Accomplished |
| **PERFORMANCE MEASURE** | Increased utilization of non-prescriber mental health professionals |

**STATUS OF PROGRESS:** Accomplished and ongoing – developing CEU event in collaboration with TMH and 12 Oaks, working with TPCA to develop non-prescriber/PCP linkage form. CME event for local MDs being planned for Fall 2020.

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| **GOAL:** To improve mental health outcomes for residents of Leon County |
| **STRATEGY: Engage —** Engage identified high behavioral health intensity communicates within Leon County to develop a concentrated, community sensitivity and sustainable response to observed high-need areas |
| **OBJECTIVE:**<br>A — Identify key stakeholders in targeted high-intensity communities<br>B — Engage stakeholders to develop a plan for community engagement in order to publicize the need health services<br>C — Develop a plan to expand and/or create necessary access to services in high-intensity communities |
| **INDICATOR(S):** Increase in the utilization of mental health services in high-intensity communities; decrease in reported survey scores regarding mental health issue to at or below national norms |
| **PARTNER AGENCIES:** Apalachee Center, NAMI-Tallahassee, TMH, CRMC, FSU, FAMU, UWBB, Whole Child Leon, DISC Village |

| **KEY ACTIVITY MH12** | **Identify key stakeholders in targeted high-intensity communities, including churches and community groups** |
|---|---|
| **PARTNER(S) INCLUDED/ RESPONSIBLE** | Committee Members, particularly FSU, Apalachee, TMH, CRMC, NAMI-Tallahassee, and over 20 community providers and stakeholders |
| **ANTICIPATED RESULT** | Inclusion of community stakeholders in Engagement Committee |
| **TARGET DATE** | 12/1/17 - Accomplished |
| **PERFORMANCE MEASURE** | Roster of Engagement Committee |

**STATUS OF PROGRESS:** Accomplished

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| **GOAL:** To improve mental health outcomes for residents of Leon County |
| **STRATEGY: Engage —** Engage identified high behavioral health intensity communicates within Leon County to develop a concentrated, community sensitivity and sustainable response to observed high-need areas |
| **OBJECTIVE:**<br>A — Identify key stakeholders in targeted high-intensity communities<br>B — Engage stakeholders to develop a plan for community engagement in order to publicize the need health services<br>C — Develop a plan to expand and/or create necessary access to services in high-intensity communities |
| **INDICATOR(S):** Increase in the utilization of mental health services in high-intensity communities; decrease in reported survey scores regarding mental health issue to at or below national norms |
| **PARTNER AGENCIES:** Apalachee Center, NAMI-Tallahassee, TMH, CRMC, FSU, FAMU, UWBB, Whole Child Leon, DISC Village |

| **KEY ACTIVITY MH13** | **Engage with stakeholders to develop a plan for community engagement in order to publicize the need and behavioral health services** |
|---|---|
| **PARTNER(S) INCLUDED/ RESPONSIBLE** | Committee Members, particularly FSU, Apalachee, TMH, CRMC, NAMI-Tallahassee, and over 20 community providers and stakeholders |
| **ANTICIPATED RESULT** | Development of neighborhood-specific strategies for community engagement in high-intensity neighborhoods |
| **TARGET DATE** | 6/1/18 - Ongoing |
| **PERFORMANCE MEASURE** | Strategic behavioral health plans designed for each neighborhood |

**STATUS OF PROGRESS:** Ongoing – Be Kind to Your Mind - Event planned for May 2020 (Proposed month may change TBD)

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| **GOAL:** To improve mental health outcomes for residents of Leon County |
| **STRATEGY: Engage —** Engage identified high behavioral health intensity communicates within Leon County to develop a concentrated, community sensitivity and sustainable response to observed high-need areas |
| **OBJECTIVE:**<br>A — Identify key stakeholders in targeted high-intensity communities<br>B — Engage stakeholders to develop a plan for community engagement in order to publicize the need health services<br>C — Develop a plan to expand and/or create necessary access to services in high-intensity communities |
| **INDICATOR(S):** Increase in the utilization of mental health services in high-intensity communities; decrease in reported survey scores regarding mental health issue to at or below national norms |
| **PARTNER AGENCIES:** Apalachee Center, NAMI-Tallahassee, TMH, CRMC, FSU, FAMU, UWBB, Whole Child Leon, DISC Village |

| **KEY ACTIVITY MH14** | **Develop a plan to expand and/or create necessary access to services in high-intensity communities** |
|---|---|
| **PARTNER(S) INCLUDED/ RESPONSIBLE** | Committee Members, particularly FSU, Apalachee, TMH, CRMC, NAMI-Tallahassee, and over 20 community providers and stakeholders |
| **ANTICIPATED RESULT** | Proposal to funding agencies and mental health service providers to expand services as necessary and appropriate in target neighborhoods |
| **TARGET DATE** | 12/30/18 - Ongoing |
| **PERFORMANCE MEASURE** | Submission of proposal to identified agencies |

**STATUS OF PROGRESS: Ongoing—**Mental Health Services currently available at NHC; Bond Community Health Center; Care Point partnership with Apalachee, New joint FSU Apalachee Clinic – Center for the Study of Mood and Anxiety Disorders along with FSU Behavioral Health at Apalachee Center housed at Whole Child Leon – opening planned for Spring 2020.

# EARLY EDUCATION

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| **GOAL:** Increase the number of children enrolled in early childhood education |
| **STRATEGY:** Create campaign to educate parents and community about what quality early childhood education looks like |
| **OBJECTIVE:** By February, 2020, educate parents and community about quality early childhood education in Leon County by creating a campaign about student success initiatives. This could be achieved through outreach activities, counseling and the promotion of developmental screenings. |
| **INDICATOR(S):** Increase % of parents self-reporting participation in early childhood program on the kindergarten parent survey. |
| **PARTNER AGENCIES:** Whole Child Leon (WCL), Leon County Schools (LCS), Early Learning Coalition (ELC), Department of Children and Families (DCF), Tallahassee Chamber of Commerce, X3, FSU, FAMU, TCC, DOH-Leon, WIC, TMH, Play Big, Healthy Start, Healthy Baby, Office of Early Learning (OEL), Department of Education (DOE), Legislature, Leon County, City of Tallahassee, WFSU, Title 1 |

| **KEY ACTIVITY EE1** | **Collect data on the number of children enrolled in early learning (utilizing the data from the Parent Input Survey)** |
|---|---|
| **PARTNER(S) INCLUDED/ RESPONSIBLE** | Whole Child Leon (WCL), Leon County Schools (LCS), Early Learning Coalition (ELC), Department of Children and Families (DCF), FSU, FAMU, TCC, DOH-Leon, WIC, TMH, Play Big, Healthy Start, Healthy Baby, Office of Early Learning (OEL), Department of Education (DOE), Title 1 |
| **ANTICIPATED RESULT** | A quality checklist created for evaluating Early Learning Programs |
| **TARGET DATE** | September—November, 2018 |
| **PERFORMANCE MEASURE** | Increase in the number of children in quality childcare and early learning programs |

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| **STATUS OF PROGRESS:** Completed |

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| **GOAL:** Increase the number of children enrolled in early childhood education |
| **STRATEGY:** Create campaign to educate parents and community about what quality early childhood education looks like |
| **OBJECTIVE:** By February, 2020, educate parents and community about quality early childhood education in Leon County by creating a campaign about student success initiatives. |
| **INDICATOR(S):** Increase % of parents self-reporting participation in early childhood program on the kindergarten parent survey. |
| **PARTNER AGENCIES:** Whole Child Leon (WCL), Leon County Schools (LCS), Early Learning Coalition (ELC), Department of Children and Families (DCF), Tallahassee Chamber of Commerce, X3, FSU, FAMU, TCC, DOH-Leon, WIC, TMH, Play Big, Healthy Start, Healthy Baby, Office of Early Learning (OEL), Department of Education (DOE), Legislature, Leon County, City of Tallahassee, WFSU, Title 1 |

| **KEY ACTIVITY EE2** | **Develop a short checklist outlining domains of quality early childhood education** |
|---|---|
| **PARTNER(S) INCLUDED/ RESPONSIBLE** | Whole Child Leon (WCL), Leon County Schools (LCS), Early Learning Coalition (ELC), Department of Children and Families (DCF), FSU, FAMU, TCC, DOH-Leon, WIC, TMH, Play Big, Healthy Start, Healthy Baby, Office of Early Learning (OEL), Department of Education (DOE), Title 1 |
| **ANTICIPATED RESULT** | A quality checklist created for evaluating Early Learning Programs |
| **TARGET DATE** | September 2019 |
| **PERFORMANCE MEASURE** | Increase in the number of children in quality childcare and early learning programs |

| |
|---|
| **STATUS OF PROGRESS:** Completed |

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|---|
| **GOAL:** Increase the number of children enrolled in early childhood education |
| **STRATEGY:** Create campaign to educate parents and community about what quality early childhood education looks like |
| **OBJECTIVE:** By February, 2020, educate parents and community about quality early childhood education in Leon County by creating a campaign about student success initiatives. This could be achieved through outreach activities, counseling and the promotion of developmental screenings. |
| **INDICATOR(S):** Increase % of parents self-reporting participation in early childhood program on the kindergarten parent survey. |
| **PARTNER AGENCIES:** Whole Child Leon (WCL), Leon County Schools (LCS), Early Learning Coalition (ELC), Department of Children and Families (DCF), Tallahassee Chamber of Commerce, X3, FSU, FAMU, TCC, DOH-Leon, WIC, TMH, Play Big, Healthy Start, Healthy Baby, Office of Early Learning (OEL), Department of Education (DOE), Legislature, Leon County, City of Tallahassee, WFSU, Title 1 |

| KEY ACTIVITY EE3 | Review/revise kindergarten readiness checklist |
|---|---|
| **PARTNER(S) INCLUDED/ RESPONSIBLE** | Whole Child Leon (WCL), Leon County Schools (LCS), Early Learning Coalition (ELC), Department of Children and Families (DCF), FSU, FAMU, TCC, DOH-Leon, WIC, TMH, Play Big, Healthy Start, Healthy Baby, Office of Early Learning (OEL), Department of Education (DOE), Title 1 |
| **ANTICIPATED RESULT** | A quality revised readiness checklist created for evaluating Early Learning Programs |
| **TARGET DATE** | September 2019 |
| **PERFORMANCE MEASURE** | Increase in the number of children in quality childcare and early learning programs |

**STATUS OF PROGRESS:** Completed - A review of the completed checklist entitled "A Parent Checklist for Quality Child Care" was completed in July 2019. The checklist has been printed and is being disseminated by The Office of Early Learning (OEL).

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| **GOAL:** Increase the number of children enrolled in early childhood education |
| **STRATEGY:** Create campaign to educate parents and community about what quality early childhood education looks like |
| **OBJECTIVE:** By February, 2020, educate parents and community about quality early childhood education in Leon County by creating a campaign about student success initiatives. This could be achieved through outreach activities, counseling and the promotion of developmental screenings. |
| **INDICATOR(S):** Increase % of parents self-reporting participation in early childhood program on the kindergarten parent survey. |
| **PARTNER AGENCIES:** Whole Child Leon (WCL), Leon County Schools (LCS), Early Learning Coalition (ELC), Department of Children and Families (DCF), Tallahassee Chamber of Commerce, X3, FSU, FAMU, TCC, DOH-Leon, WIC, TMH, Play Big, Healthy Start, Healthy Baby, Office of Early Learning (OEL), Department of Education (DOE), Legislature, Leon County, City of Tallahassee, WFSU, Title 1 |

| KEY ACTIVITY EE4 | Develop campaign materials and plan |
|---|---|
| **PARTNER(S) INCLUDED/ RESPONSIBLE** | Whole Child Leon (WCL), Leon County Schools (LCS), Early Learning Coalition (ELC), Department of Children and Families (DCF), FSU, FAMU, TCC, DOH-Leon, WIC, TMH, Play Big, Healthy Start, Healthy Baby, Office of Early Learning (OEL), Department of Education (DOE), Title 1 |
| **ANTICIPATED RESULT** | A quality media campaign created for educating parents and communities about Early Learning Programs |
| **TARGET DATE** | October 2019—January 2020 |
| **PERFORMANCE MEASURE** | Increase in the number of children in quality childcare and early learning programs |

**STATUS OF PROGRESS:** Completed - The Six 6's of Success campaign flyer and rack card were finalized October 2019. The group created a corresponding website to support the campaign which links to relevant partners. The campaign launched on February 24, 2020.

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| **GOAL:** Increase the number of children enrolled in early childhood education |
| **STRATEGY:** Pilot 'Pop-Up Preschool' to reach and engage parents in areas with low early childhood education participation rates |
| **OBJECTIVE:** By February 2020, Educate parents and community about quality early childhood education in Leon County by creating a campaign about student success initiatives. This could be achieved through outreach activities, counseling and the promotion of developmental screenings. |
| **INDICATOR(S):** Increase % of parents self-reporting participation in early childhood program on the kindergarten parent survey. |
| **PARTNER AGENCIES:** Whole Child Leon (WCL), Leon County Schools (LCS), Early Learning Coalition (ELC), Department of Children and Families (DCF), Tallahassee Chamber of Commerce, X3, FSU, FAMU, TCC, DOH-Leon, WIC, TMH, Play Big, Healthy Start, Healthy Baby, Office of Early Learning (OEL), Department of Education (DOE), Legislature, Leon County, City of Tallahassee, WFSU, Title 1 |

| **KEY ACTIVITY EE5** | **Launch educational campaign** |
|---|---|
| **PARTNER(S) INCLUDED/ RESPONSIBLE** | Whole Child Leon (WCL), Leon County Schools (LCS), Early Learning Coalition (ELC), Department of Children and Families (DCF), FSU, FAMU, TCC, DOH-Leon, WIC, TMH, Play Big, Healthy Start, Healthy Baby, Office of Early Learning (OEL), Department of Education (DOE), Title 1 |
| **ANTICIPATED RESULT** | Launch quality media campaign created for educating parents and communities about Early Learning Programs |
| **TARGET DATE** | February 2020 |
| **PERFORMANCE MEASURE** | Increase in the number of children in quality childcare and early learning programs |

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| **STATUS OF PROGRESS:** Completed |

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| **GOAL:** Increase parental engagement and empowerment in early childhood success |
| **STRATEGY:** Utilize 'Pop-Up Preschools' to reach and engage parents in areas with low early childhood education participation rates. |
| **OBJECTIVE:** By June 2020, create a mobile preschool unit that will "pop-up" in neighborhoods where quality early learning experiences for children, birth to five, are not currently available, accessible or affordable. The primary focus is to reinforce the 'parents as first teachers' concept, model positive parent-child interaction, provide educational materials and connect families to additional resources. |
| **INDICATOR(S):** Increase % of parents self-reporting gains in parenting knowledge through participation in at least three pop-up preschool learning sessions |
| **PARTNER AGENCIES:** Whole Child Leon (WCL), Leon County Schools (LCS), Early Learning Coalition (ELC), Department of Children and Families (DCF), Tallahassee Chamber of Commerce, X3, FSU, FAMU, TCC, DOH-Leon, WIC, TMH, Play Big, Healthy Start, Healthy Baby, Office of Early Learning (OEL), Department of Education (DOE), Legislature, Leon County, City of Tallahassee, WFSU, Title 1 |

| **KEY ACTIVITY EE6** | **Explore establishment of 'Pop-Up Preschools' in identified neighborhoods**<br>**a. Conduct literature search and create summary of benefits and options for pop up preschools**<br>**b. Create implementation plan**<br>**c. Develop budget for startup** |
|---|---|
| **PARTNER(S) INCLUDED/ RESPONSIBLE** | Whole Child Leon (WCL), Leon County Schools (LCS), Early Learning Coalition (ELC), Department of Children and Families (DCF), FSU, FAMU, TCC, DOH-Leon, WIC, TMH, Play Big, Healthy Start, Healthy Baby, Office of Early Learning (OEL), Department of Education (DOE), Title 1 |
| **ANTICIPATED RESULT** | Pilot 'Pop-up Preschool' in identified neighborhoods |
| **TARGET DATE** | March 2020-June 2020 |
| **PERFORMANCE MEASURE** | Increase parenting knowledge of early childhood development; Connect parents of young children with community supports |

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| **STATUS OF PROGRESS:** Ongoing—The group is on track to pilot the pop-up preschool during May 2020 at three identified locations. |

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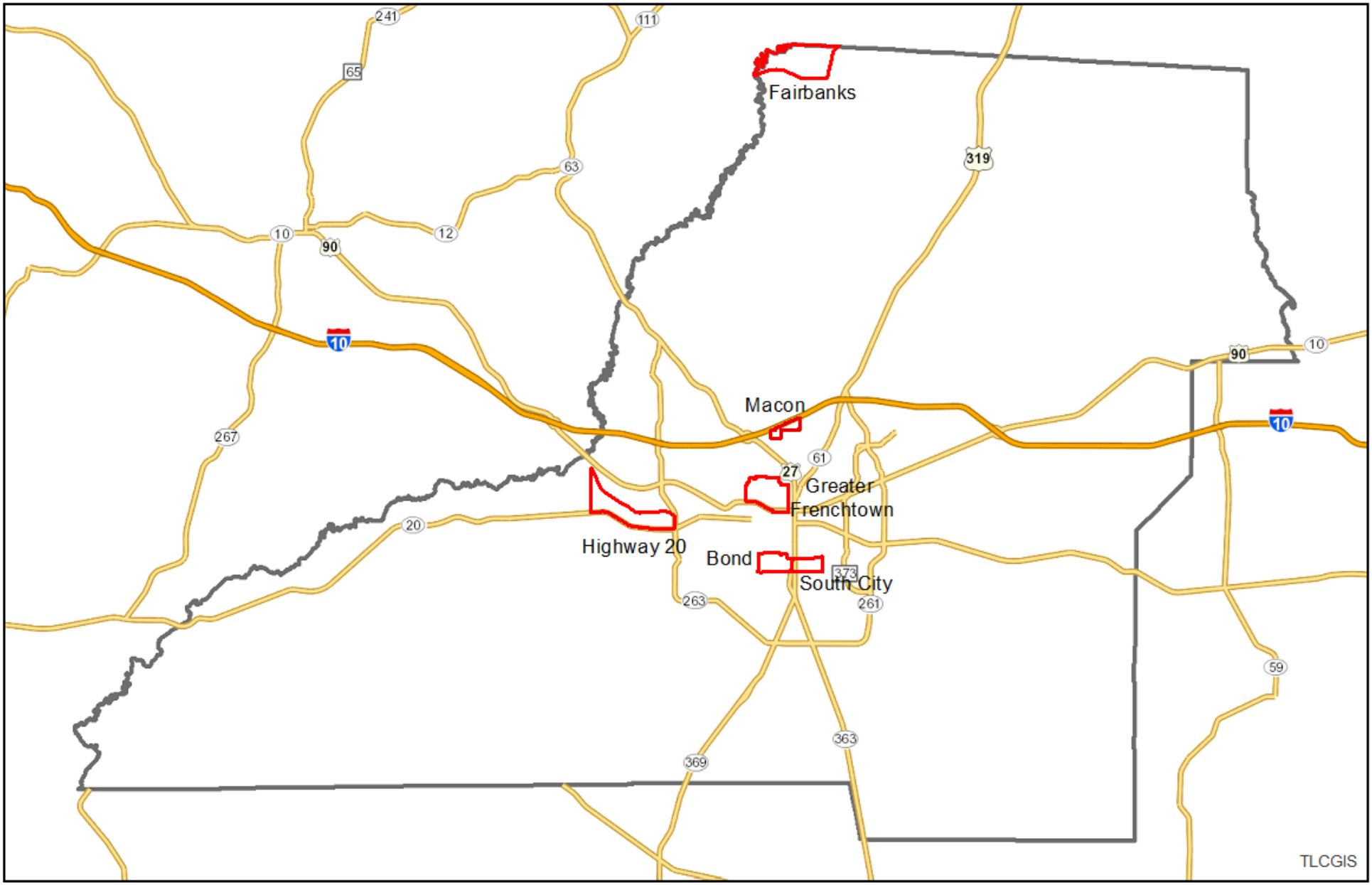
| **GOAL:** Increase parental engagement and empowerment in early childhood success |
| **STRATEGY:** Provide education on infant brain development and the importance of positive parent-child interaction |
| **OBJECTIVE:** By June 2020, all strategic partners will be utilizing materials educating parents about infant brain development and the importance of positive parent-child interaction. |
| **INDICATOR(S):** Increase % of parents self-reporting gains in infant brain development through participation in peer counseling or parenting workshops |
| **PARTNER AGENCIES:** Whole Child Leon (WCL), Leon County Schools (LCS), Early Learning Coalition (ELC), Department of Children and Families (DCF), Tallahassee Chamber of Commerce, X3, FSU, FAMU, TCC, DOH-Leon, WIC, TMH, Play Big, Healthy Start, Healthy Baby, Office of Early Learning (OEL), Department of Education (DOE), Legislature, Leon County, City of Tallahassee, WFSU, Title 1 |

| **KEY ACTIVITY EE7** | **Provide education on infant brain development and the importance of interacting with infants and young children for parents and families**<br>**a. Explore establishment of peer counselors to educate parents and families**<br>**b. Develop schedule for workshops that are easily accessible to parents and families**<br>**c. Create materials for use by Healthy Start/Families and other home visiting programs, OB offices, and hospital discharge packets** |
|---|---|
| **PARTNER(S) INCLUDED/ RESPONSIBLE** | Whole Child Leon (WCL), Leon County Schools (LCS), Early Learning Coalition (ELC), Department of Children and Families (DCF), FSU, FAMU, TCC, DOH-Leon, WIC, TMH, Play Big, Healthy Start, Healthy Baby, Office of Early Learning (OEL), Department of Education (DOE), Title 1 |
| **ANTICIPATED RESULT** | The establishment of peer counselors, workshops for parents, materials for home visit programs, OB offices, and hospital discharge packets to educate parents and families |
| **TARGET DATE** | April 2020-June 2020 |
| **PERFORMANCE MEASURE** | Increase in the number families educated on the importance of infant brain development through several resources |

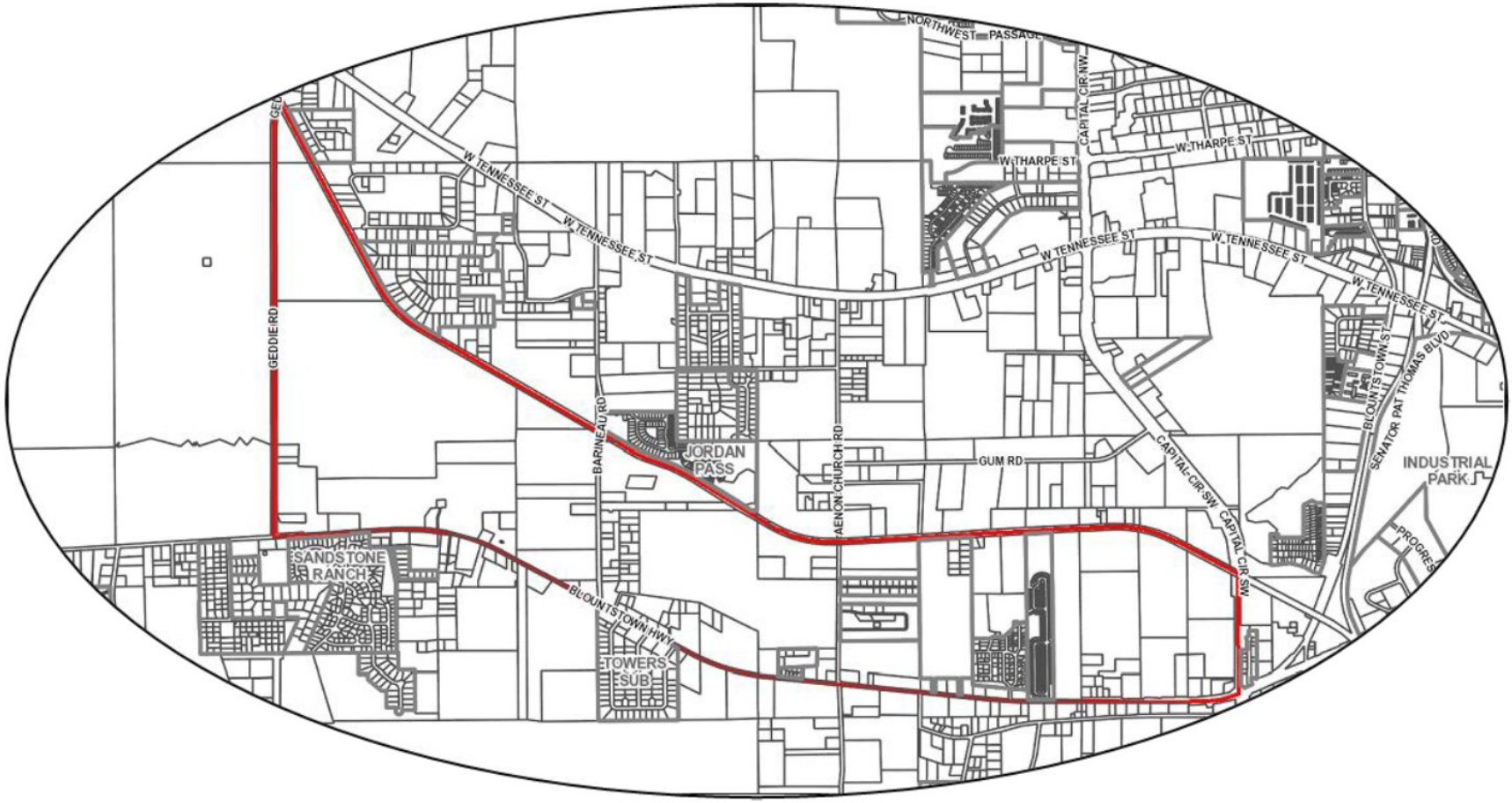
**STATUS OF PROGRESS:** Ongoing

# Community Health Assessment
# Target Areas



# Highway 20

## Neighborhood Health Profile



HIGHWAY 20

## Social & Economic Factors

U.S. Census Bureau Data, 2012-2016

| | Florida | Leon County | Block Group 4, Census Tract 27.01 |
|---|---|---|---|
| **POPULATION** | | | |
| Total Population | 19,934,451 | 284,788 | 1,011 |
| **AGE & SEX** | | | |
| Persons under 18 years, percent | 20.4% | 18.8% | 22.6% |
| Persons Ages 18-64 years, percent | 60.6% | 69.8% | 72.5% |
| Persons 65 years and over, percent | 19.1% | 11.3% | 4.9% |
| Median age | 41.6 | 30.3 | 31.8 |
| Male Persons, Percent | 48.9% | 47.6% | 34.1% |
| Female Persons, Percent | 51.1% | 52.4% | 65.9% |
| **RACE & ETHNICITY** | | | |
| White alone | 75.9% | 62.1% | 56.8% |
| Black or African American alone | 16.1% | 31.2% | 38.7% |
| Not Hispanic or Latino | 75.9% | 93.9% | 88.1% |
| Hispanic or Latino | 24.1% | 6.1% | 11.9% |
| **EDUCATIONAL ATTAINMENT** | | | |
| No Diploma | 12.8% | 7.4% | 19.0% |
| High school diploma and GED | 29.2% | 18.6% | 34.5% |
| Some College | 20.6% | 19.6% | 33.9% |
| Associate | 9.6% | 9.2% | 4.2% |
| Bachelor's | 17.8% | 25.4% | 8.4% |
| Graduate or Professional | 10.0% | 19.8% | 0.0% |
| **INCOME & POVERTY** | | | |
| Median household income | $48,900 | $48,248 | $27,348 |
| Income in the past 12 months below poverty level | 16.1% | 21.3% | 20.7% |
| **HOUSING** | | | |
| Housing Units | 9,152,815 | 126,658 | 451 |
| Occupied | 80.8% | 87.7% | 81.4% |
| Vacant | 19.2% | 12.3% | 18.6% |
| Owner occupied | 64.8% | 52.2% | 27.0% |
| Renter occupied | 35.2% | 47.8% | 73.0% |
| **HEALTH INSURANCE** | | | |
| All Uninsured Civilian Noninstitutionalized Population | 16.4% | 10.2% | 17.3% |
| Uninsured Children Under 18 Years | 8.9% | 5.2% | 8.3% |
| Uninsured Adults Ages 18 - 64 Years | 23.6% | 13.1% | 21.4% |

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

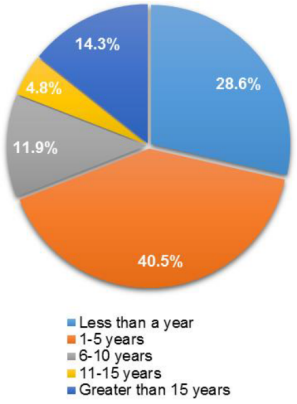
HIGHWAY 20

## Community Health Assessment Results

On March 12, 2016, the Neighborhood Health Survey was conducted in the Highway 20 neighborhood. People who responded to the survey were 18 years of age or older and a resident of the neighborhood. To ensure we reached our target population, this survey was administered door to door. The survey consisted of 94 questions related to various health concerns.

This document highlights the survey results. A total of **42** surveys were collected from the neighborhood. Both males and females comprised of half of the respondents. Majority (71.5%) of the respondents lived in the neighborhood for at least a year.

### LENGTH OF TIME IN THE NEIGHBORHOOD




### RESPONDENTS DEMOGRAPHICS

**AGE (YEARS)**

| | |
|---|---|
| 18-24 | **12.5%** |
| 25-34 | **32.5%** |
| 35-44 | **20.0%** |
| 45-54 | **12.5%** |
| 55-64 | **15.0%** |
| 65+ | **7.5%** |

**SEX**

| | |
|---|---|
| Male | **50.0%** |
| Female | **50.0%** |

**RACE/ETHNICITY**

| | |
|---|---|
| White | **57.9%** |
| Black or African American | **34.2%** |
| Other Race | **7.9%** |
| Hispanic (all races) | **25.0%** |
| Non-Hispanic | **75.0%** |

**MARITAL STATUS**

| | |
|---|---|
| Single, never married | **61.2%** |
| Married | **16.3%** |
| Divorced | **14.3%** |
| Widowed | **6.1%** |
| Separated | **0.0%** |
| In a relationship or an unmarried couple | **2.0%** |

**EDUCATIONAL ATTAINMENT**

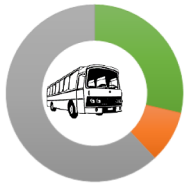
| | |
|---|---|
| Less than a High School | **18.0%** |
| High School Degree or GED | **40.0%** |
| Some college or technical school | **32.0%** |
| Undergraduate | **8.0%** |
| Graduate or Professional Degree | **2.0%** |

HIGHWAY 20

## Environmental Health/Built Environment

Yes | No | No opinion/ Don't know

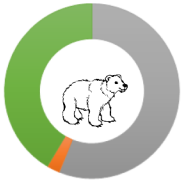
HAVE ACCESS TO **PUBLIC TRANSPORTATION** IN THE NEIGHBORHOOD



28.6%

Said "Yes"

HAVE **ROAMING/STRAY ANIMALS** THEIR NEIGHBORHOOD



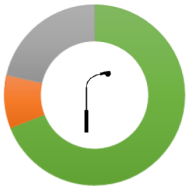
41.5%

Said "Yes"

22%

Said "Bears"

HAVE **ENOUGH LIGHTING** IN THEIR NEIGHBORHOOD AT NIGHT



69.0%

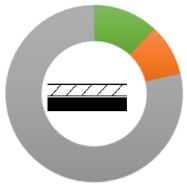
Said "Yes"

**FEEL SAFE** IN THEIR NEIGHBORHOOD

95.2%

Said "Yes"

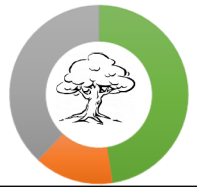
HAVE **ENOUGH SIDEWALKS** IN THEIR NEIGHBORHOOD



11.9%

Said "Yes"

HAVE **PARKS, WALKING TRAILS, BIKE PATHS** OR **OTHER RECREATION AREAS** IN THEIR NEIGHBORHOOD



31.8%

Said "Yes"

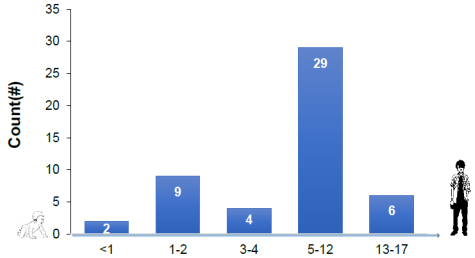
HIGHWAY 20

## Children's Concerns

50% *Are parents and the head of households or responsible for the children's care.*

(21 out of 42)

**AGE OF RESPONDENT'S CHILDREN**




SUGGESTIONS OF **PROGRAMS OR SERVICES** TO IMPROVE THE HEALTH OR LEARNING OF THEIR CHILDREN

- Daycare Close By
- In-Home Speech Therapy
- Rec center for Kids (Pool)
- More Parks, Safe Environment
- School Tutoring for Middle and High School Students
- Magnet Program and Specialized Programs
- Art and Sports
- More Outdoor Activities Like Gardening

PARENTS CONCERNED ABOUT THE **SAFETY OF THEIR CHILDREN** IN THE NEIGHBORHOOD

14.3%

Said "Yes"

BELIEVE THEIR CHILDREN HAVE GOOD **HEALTH CARE** AND **DENTAL CARE**

81.0%

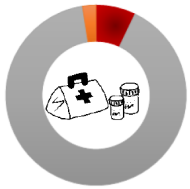
Said "Yes"

## HIGHWAY 20 — Access to Care

### HEALTH INSURANCE TYPE BY NUMBER OF RESPONSES

| | |
|---|---|
| Uninsured | 10 |
| Private Insurance-Employer | 13 |
| Private Insurance-Purchased Directly | 2 |
| Medicare | 3 |
| Medicaid | 10 |
| VA | 1 |
| Other | 8 |

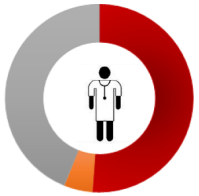
### DIFFICULTY GETTING MEDICAL SERVICES THAT THEY NEEDED



7.1%

Said "Yes"

### HAVE PERSONAL DOCTOR OR HEALTH CARE PROVIDER



62.5%

Said "Yes"

Lower than the 2016 BRFSS: Leon-82.3%

### MOST COMMON PLACES TO SEE A DOCTOR

| Count (#) | |
|---|---|
| 13 | Doctor's office or other provider's office |
| 12 | Emergency Room |
| 5 | Urgent Care |
| 3 | Bond Community Center |

### SAW A DOCTOR FOR A ROUTINE CHECKUP

73.8%

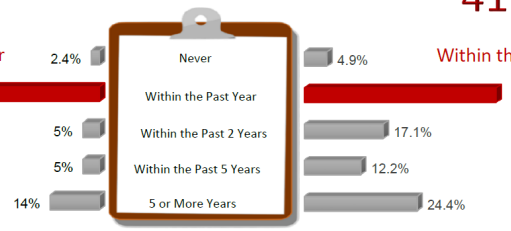
Within the past year

Lower than the 2016 BRFSS: Leon-80.4%

### SAW A DENTIST OR A DENTAL CLINIC FOR ANY REASON

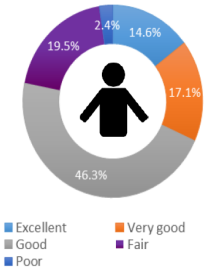
41.5%

Within the past year




## HIGHWAY 20 — Health and Wellbeing

### SELF-RATED HEALTH STATUS

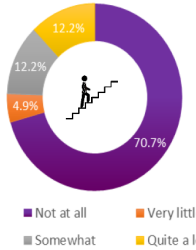



21.9%

"Fair" or "Poor"

Higher than the 2016 BRFSS: Leon-14.1%

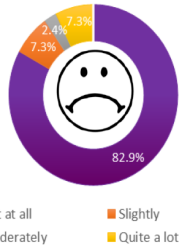
### PHYSICAL HEALTH PROBLEMS LIMIT USUAL PHYSICAL ACTIVITIES




24.4%

"Somewhat "or "Quite a lot"

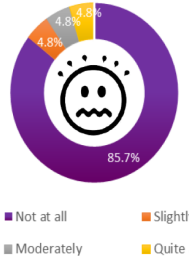
### FELT SO SAD OR DEPRESSED




9.7%

"Moderately" or "Quite a lot"

### FELT SO ANXIOUS OR NERVOUS



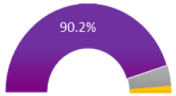

9.6%

"Moderately" or "Quite a lot"

### HEARD VOICES THAT WERE SO DISTURBING THAT YOU HAD A HARD TIME DOING WHAT YOU NORMALLY DO DURING THE DAY

7.3%

"Moderately"




2.4%

"Quite A lot"

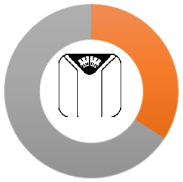
Not at all · Slightly · Moderately · Quite a lot

## HIGHWAY 20

### Specific Health Conditions

Respondents were asked to identify the specific health condition(s) ever diagnosed by a doctor, nurse or other health professional.

**OVERWEIGHT/OBESITY**



34.2%

Are overweight or obese

Lower than the 2016 BRFSS: Leon-64.2%

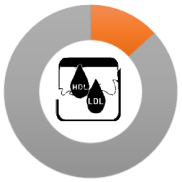
**HIGH BLOOD PRESSURE**

18.4%

Have high blood pressure/ hypertension

Lower than the 2013 BRFSS: Leon-25.8%

**HIGH CHOLESTEROL**

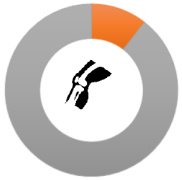



13.8%

Have high cholesterol

Lower than the 2013 BRFSS: Leon-27.5%

**SWELLING / INFLAMMATION OF JOINTS**



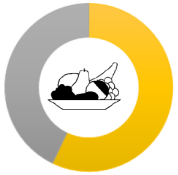
10.5%

Have swelling / inflammation of joints

## HIGHWAY 20

### Health-Related Behaviors

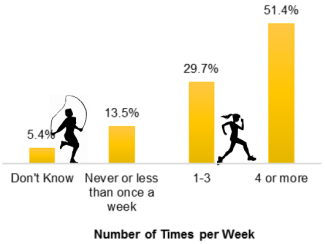
**EAT 3-5 SERVINGS OF FRUIT AND VEGETABLES PER DAY**



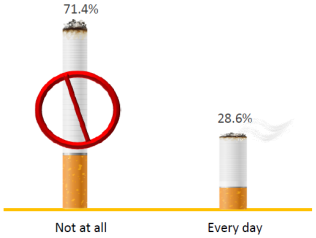
57.1%

Said "Yes"

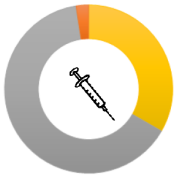
**PARTICIPATE IN AT LEAST 30 MINUTES OF ANY MODERATE INTENSITY PHYSICAL ACTIVITIES OR EXERCISES**




**SMOKE CIGARETTES, CIGARS (BLACK AND MILDS)**




**HAD EITHER A FLU SHOT OR A FLU VACCINE THAT WAS SPRAYED IN THEIR NOSE**



33.3%

Said "Yes"

Higher than the 2013 BRFSS: Leon-41.0%

**HAD A CLINICAL BREAST EXAM**

70.8%

Said "Yes"

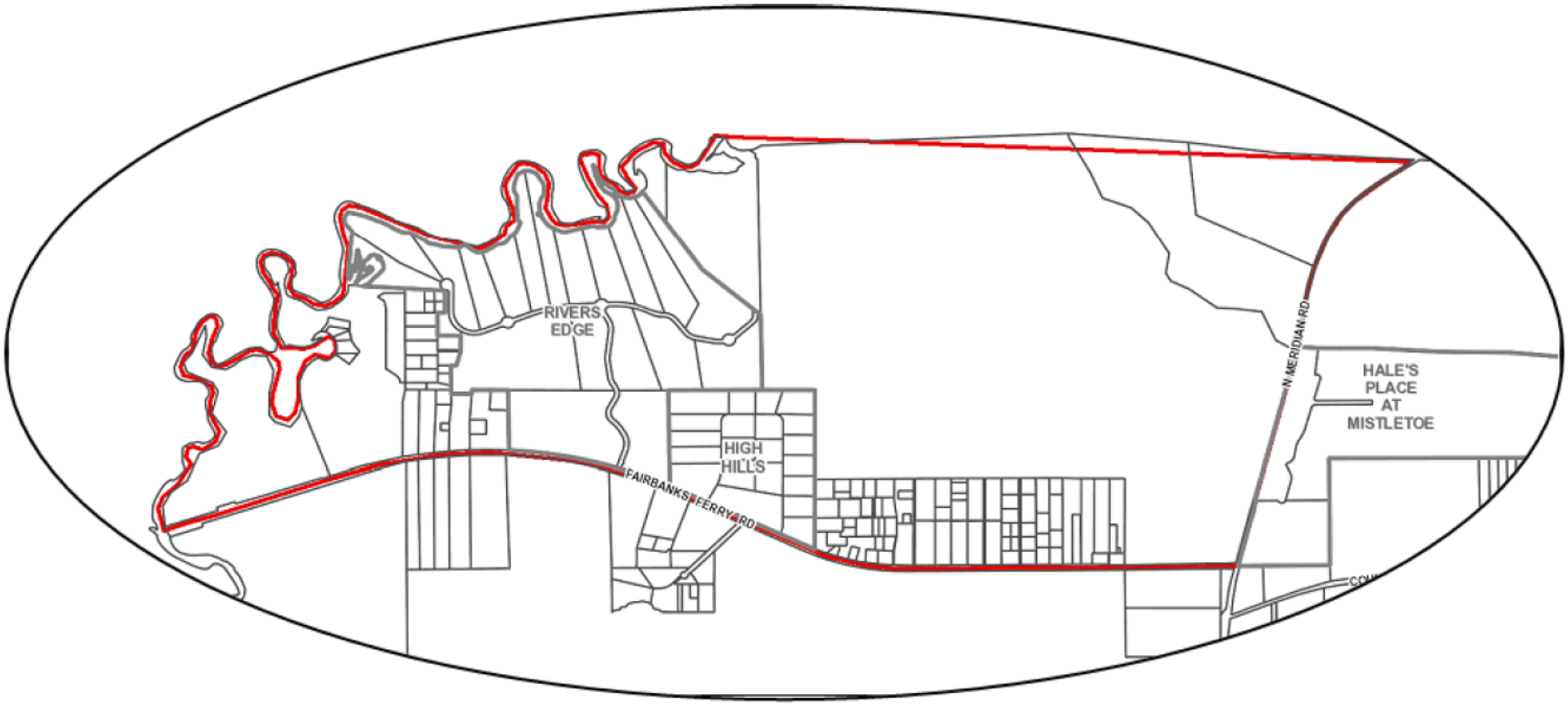
Higher than the 2013 BRFSS: Leon-68.7%

**TOP PERSONAL HEALTH ISSUES**

- DIET/WEIGHT/EXERCISE
- HIGH BLOOD PRESSURE
- DIABETES

# Fairbanks Ferry

# Neighborhood Health Profile



FAIRBANKS FERRY

## Social & Economic Factors

U.S. Census Bureau Data, 2012-2016

| | Florida | Leon County | Block Group 2, Census Tract 23.02 |
|---|---|---|---|
| **POPULATION** | | | |
| Total Population | 19,934,451 | 284,788 | 1,216 |
| **AGE & SEX** | | | |
| Persons under 18 years, percent | 20.4% | 18.8% | 18.1% |
| Persons Ages 18-64 years, percent | 60.6% | 69.8% | 69.3% |
| Persons 65 years and over, percent | 19.1% | 11.3% | 12.6% |
| Median age | 41.6 | 30.3 | 49.9 |
| Male Persons, Percent | 48.9% | 47.6% | 49.8% |
| Female Persons, Percent | 51.1% | 52.4% | 50.2% |
| **RACE & ETHNICITY** | | | |
| White alone | 75.9% | 62.1% | 61.8% |
| Black or African American alone | 16.1% | 31.2% | 28.9% |
| Not Hispanic or Latino | 75.9% | 93.9% | 99.4% |
| Hispanic or Latino | 24.1% | 6.1% | 0.6% |
| **EDUCATIONAL ATTAINMENT** | | | |
| No Diploma | 12.8% | 7.4% | 14.5% |
| High school diploma and GED | 29.2% | 18.6% | 40.6% |
| Some College | 20.6% | 19.6% | 15.9% |
| Associate | 9.6% | 9.2% | 4.6% |
| Bachelor's | 17.8% | 25.4% | 13.1% |
| Graduate or Professional | 10.0% | 19.8% | 11.3% |
| **INCOME & POVERTY** | | | |
| Median household income | $48,900 | $48,248 | $78,640 |
| Income in the past 12 months below poverty level | 16.1% | 21.3% | 7.0% |
| **HOUSING** | | | |
| Housing Units | 9,152,815 | 126,658 | 460 |
| Occupied | 80.8% | 87.7% | 94.6% |
| Vacant | 19.2% | 12.3% | 5.4% |
| Owner occupied | 64.8% | 52.2% | 83.4% |
| Renter occupied | 35.2% | 47.8% | 16.6% |
| **HEALTH INSURANCE** | | | |
| All Uninsured Civilian Noninstitutionalized Population | 16.4% | 10.2% | 8.9% |
| Uninsured Children Under 18 Years | 8.9% | 5.2% | 0.0% |
| Uninsured Adults Ages 18 - 64 Years | 23.6% | 13.1% | 12.8% |

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

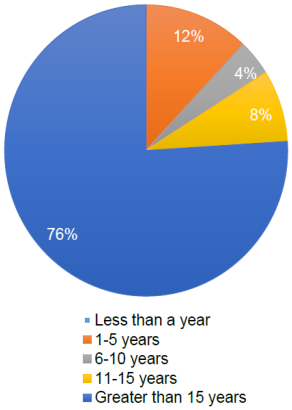
FAIRBANKS FERRY

## Community Health Assessment Results

On February 27, 2016, the Neighborhood Health Survey was conducted in the Fairbanks neighborhood. People who responded to the survey were 18 years of age or older and a resident of the neighborhood. To ensure we reached our target population, this survey was administrated door to door. The survey consisted of 94 questions related to various health concerns.

This document highlights the survey results. A total of **25** surveys were collected from the neighborhood. About 52% of the respondents were female and 48% male. Most (86.9%) of the respondents were older than the age 34. All the respondents lived in the neighborhood for at least a year.

### LENGTH OF TIME IN THE NEIGHBORHOOD




### RESPONDENTS DEMOGRAPHICS

**AGE (YEARS)**

| | |
|---|---|
| 18-24 | **4.3%** |
| 25-34 | **8.7%** |
| 35-44 | **4.3%** |
| 45-54 | **26.1%** |
| 55-64 | **34.8%** |
| 65+ | **21.7%** |

**SEX**

| | |
|---|---|
| Male | **48.0%** |
| Female | **52.0%** |

**RACE/ETHNICITY**

| | |
|---|---|
| White | **8.3%** |
| Black or African American | **91.7%** |
| Non-Hispanic | **100.0%** |

**MARITAL STATUS**

| | |
|---|---|
| Single, never married | **20.0%** |
| Married | **44.0%** |
| Divorced | **24.0%** |
| Widowed | **12.0%** |
| Separated | **0.0%** |
| In a relationship or An unmarried couple | **0.0%** |

**EDUCATIONAL ATTAINMENT**

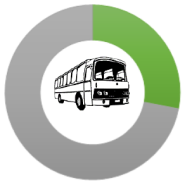
| | |
|---|---|
| Less than a High School | **12.5%** |
| High School Degree or GED | **41.7%** |
| Some college or technical school | **29.2%** |
| Bachelor's Degree | **8.3%** |
| Graduate or Professional Degree | **8.3%** |

## FAIRBANKS FERRY

### Environmental Health/Built Environment

Yes | No | No opinion/ Don't know

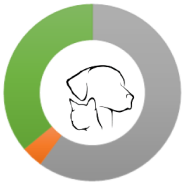
HAVE ACCESS TO **PUBLIC TRANSPORTATION** IN THE NEIGHBORHOOD



28.0%

Said "Yes"

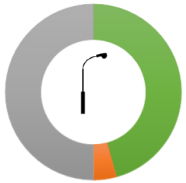
HAVE **ROAMING/STRAY ANIMALS** THEIR NEIGHBORHOOD



36.0%

Said "Yes"

HAVE **ENOUGH LIGHTING** IN THEIR NEIGHBORHOOD AT NIGHT



45.8%

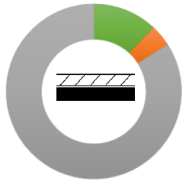
Said "Yes"

**FEEL SAFE** IN THEIR NEIGHBORHOOD

88.0%

Said "Yes"

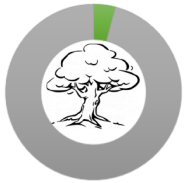
HAVE **ENOUGH SIDEWALKS** IN THEIR NEIGHBORHOOD



12.0%

Said "Yes"

HAVE **PARKS, WALKING TRAILS, BIKE PATHS** OR **OTHER RECREATION AREAS** IN THEIR NEIGHBORHOOD



4.0%

Said "Yes"

## FAIRBANKS FERRY

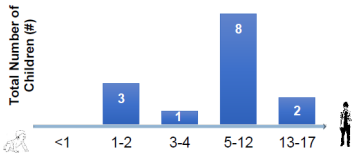
### Children's Concerns

5%

(5 out of 25)

*Are parents and the head of households or responsible for the children's care.*

**AGE OF RESPONDENT'S CHILDREN**




PARENTS CONCERNED ABOUT THE **SAFETY OF THEIR CHILDREN** IN THE NEIGHBORHOOD

40.0%

Said "Yes"

**WHY?**

Fairbanks Ferry Road

"I don't know the kind of people in the community that will harm her."

SUGGESTIONS OF **PROGRAMS OR SERVICES** TO IMPROVE THE HEALTH OR LEARNING OF THEIR CHILDREN

- After school activities

BELIEVE THEIR CHILDREN HAVE GOOD **HEALTH CARE** AND **DENTAL CARE**

100%

Said "Yes"

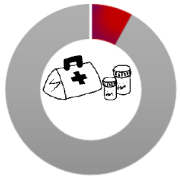
FAIRBANKS FERRY

## Access to Care

### HEALTH INSURANCE TYPE BY NUMBER OF RESPONSES

| | |
|---|---|
| Uninsured | 1 |
| Private Insurance-Employer | 7 |
| Private Insurance-Purchased Directly | 2 |
| Medicare | 6 |
| Medicaid | 5 |
| VA | 1 |
| Other | 7 |

### DIFFICULTY GETTING MEDICAL SERVICES THAT THEY NEEDED



8.0%

Said "Yes"

### HAVE PERSONAL DOCTOR OR HEALTH CARE PROVIDER

70.8%

Said "Yes"

Lower than the 2016 BRFSS: Leon-82.3%

### MOST COMMON PLACE TO SEE A DOCTOR

| Count (#) | |
|---|---|
| 17 | Doctor's office or other provider's office |

### SAW A DOCTOR FOR A ROUTINE CHECKUP

92.0%

Higher than the 2016 BRFSS: Leon-80.4%

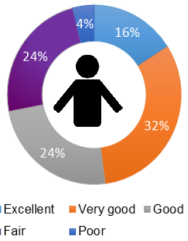
### SAW A DENTIST OR A DENTAL CLINIC FOR ANY REASON

58.3%

FAIRBANKS FERRY

## Health and Wellbeing

### SELF-RATED HEALTH STATUS

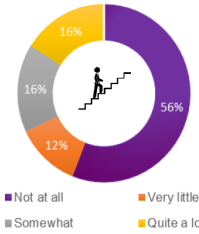



28.0%

"Fair" or "Poor"

Higher than the 2016 BRFSS: Leon-14.1%

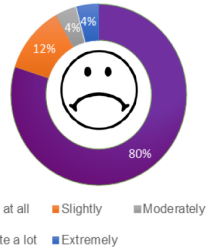
### PHYSICAL HEALTH PROBLEMS LIMIT USUAL PHYSICAL ACTIVITIES




32.0%

"Somewhat "or "Quite a lot"

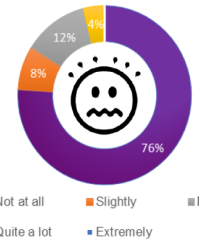
### FELT SO SAD OR DEPRESSED




8.0%

"Quite a lot" or "Extremely"

### FELT SO ANXIOUS OR NERVOUS




16.0%

"Moderately" or "Quite a lot"

### HEARD VOICES THAT WERE SO DISTURBING THAT YOU HAD A HARD TIME DOING WHAT YOU NORMALLY DO DURING THE DAY

100%

"Not at all"

FAIRBANKS FERRY

## Specific Health Conditions

Respondents were asked to identify the specific health condition(s) ever diagnosed by a doctor, nurse or other health professional.

### HIGH BLOOD PRESSURE

52.0%

Have high blood pressure/ hypertension

Higher than the 2013 BRFSS: Leon-25.8%

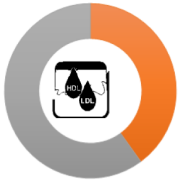
### DIABETES

48.0%

Have diabetes

Higher than the 2016 BRFSS: Leon-10.5%

### HIGH CHOLESTEROL



40.0%

Have high cholesterol

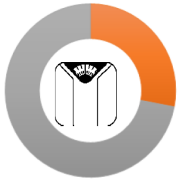
Higher than the 2013 BRFSS: Leon-27.5%

### ARTHRITIS

36.0%

Have arthritis

### OVERWEIGHT/OBESITY



28.0%

Are overweight or obese

Lower than the 2016 BRFSS: Leon-64.2%

### SWELLING / INFLAMMATION OF JOINTS

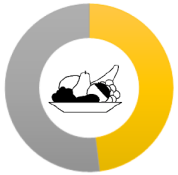
20.0%

Have swelling / inflammation of joints

FAIRBANKS FERRY

## Health-Related Behaviors

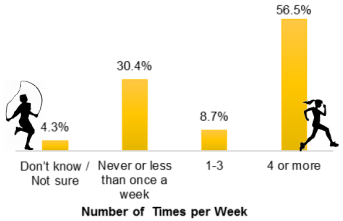
### EAT 3-5 SERVINGS OF FRUIT AND VEGETABLES PER DAY



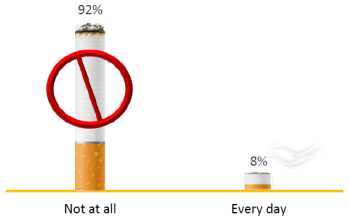
48.0%

Said "Yes"

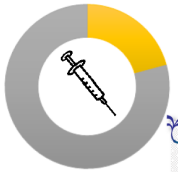
### PARTICIPATE IN AT LEAST 30 MINUTES OF ANY MODERATE INTENSITY PHYSICAL ACTIVITIES OR EXERCISES




### SMOKE CIGARETTES, CIGARS (BLACK AND MILDS)




### HAD EITHER A FLU SHOT OR A FLU VACCINE THAT WAS SPRAYED IN THEIR NOSE

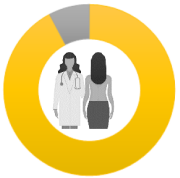


20.8%

Said "Yes"

Lower than the 2016 BRFSS: Leon-41.0%

### HAD A CLINICAL BREAST EXAM



92.3%

Said "Yes"

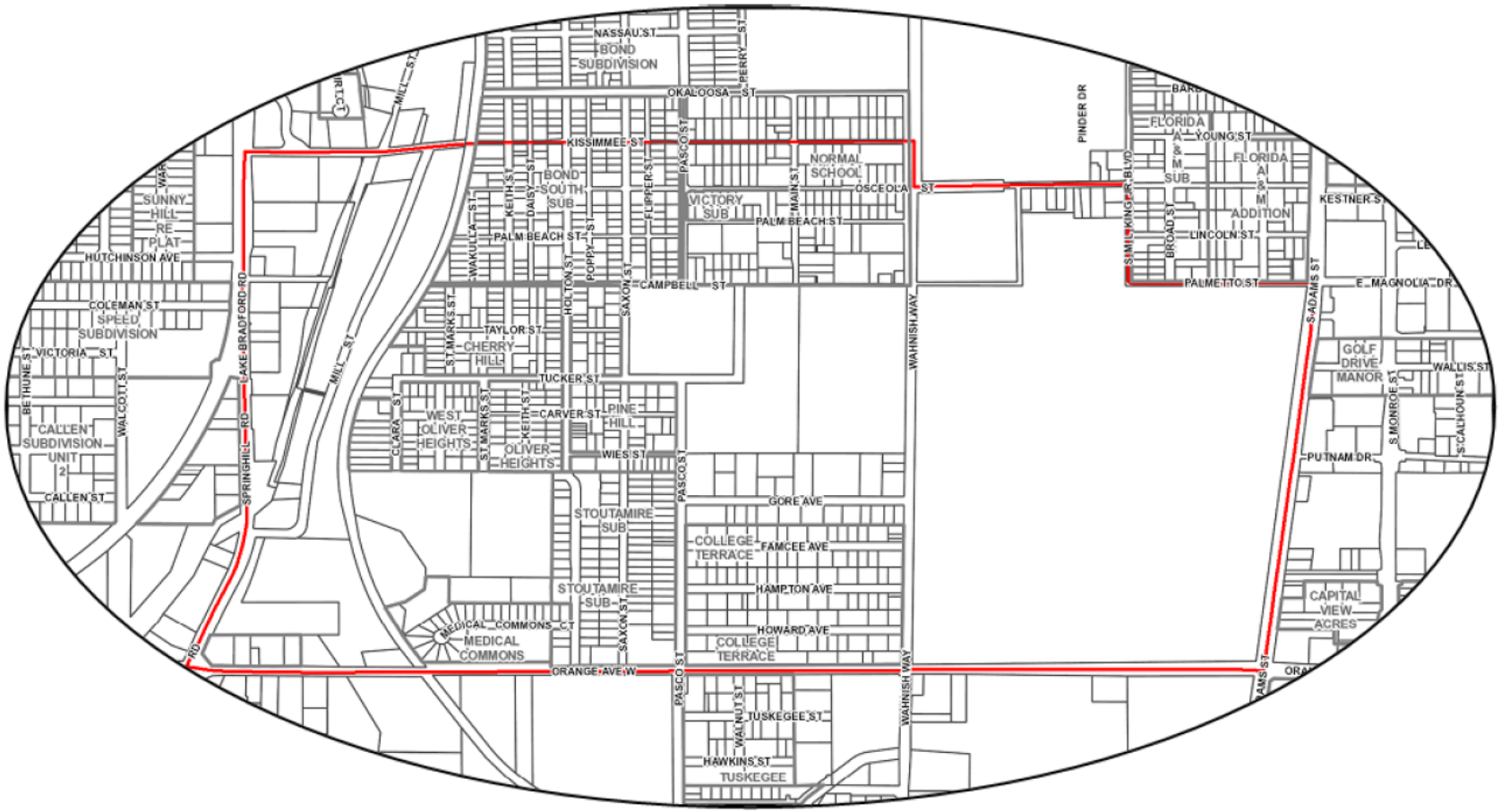
Higher than the 2013 BRFSS: Leon-68.7%

### TOP PERSONAL HEALTH ISSUES

- HIGH BLOOD PRESSURE
- DIABETES
- ARTHRITIS
- DIET/WEIGHT/EXERCISE

# Bond

# Neighborhood Health Profile



BOND

## Social & Economic Factors

U.S. Census Bureau Data, 2012-2016

| | Florida | Leon County | 11.01 |
|---|---|---|---|
| **POPULATION** | | | |
| Total Population | 19,934,451 | 284,788 | 2,611 |
| **AGE & SEX** | | | |
| Persons under 18 years, percent | 20.4% | 18.8% | 18.6% |
| Persons Ages 18-64 years, percent | 60.6% | 69.8% | 73.6% |
| Persons 65 years and over, percent | 19.1% | 11.3% | 7.8% |
| Median age | 41.6 | 30.3 | 20.7 |
| Male Persons, Percent | 48.9% | 47.6% | 40.0% |
| Female Persons, Percent | 51.1% | 52.4% | 60.0% |
| **RACE & ETHNICITY** | | | |
| White alone | 75.9% | 62.1% | 11.0% |
| Black or African American alone | 16.1% | 31.2% | 85.0% |
| Not Hispanic or Latino | 75.9% | 93.9% | 94.0% |
| Hispanic or Latino | 24.1% | 6.1% | 6.0% |
| **EDUCATIONAL ATTAINMENT** | | | |
| No Diploma | 12.8% | 7.4% | 22.2% |
| High school diploma and GED | 29.2% | 18.6% | 22.5% |
| Some College | 20.6% | 19.6% | 22.9% |
| Associate | 9.6% | 9.2% | 7.0% |
| Bachelor's | 17.8% | 25.4% | 17.2% |
| Graduate or Professional | 10.0% | 19.8% | 8.2% |
| **INCOME AND POVERTY** | | | |
| Median household income | $48,900 | $48,248 | $20,500 |
| Income in the past 12 months below poverty level | 16.1% | 21.3% | 48.3% |
| **HOUSING** | | | |
| Housing Units | 9,152,815 | 126,658 | 951 |
| Occupied | 80.8% | 87.7% | 75.5% |
| Vacant | 19.2% | 12.3% | 24.5% |
| Owner occupied | 64.8% | 52.2% | 29.1% |
| Renter occupied | 35.2% | 47.8% | 70.9% |
| **HEALTH INSURANCE** | | | |
| All Uninsured Civilian Noninstitutionalized Population | 16.4% | 10.2% | 6.2% |
| Uninsured Children Under 18 Years | 8.9% | 5.2% | 3.1% |
| Uninsured Adults Ages 18 - 64 Years | 23.6% | 13.1% | 7.6% |

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

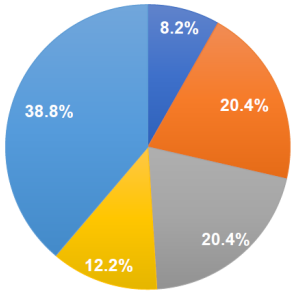
BOND

## Community Health Assessment Results

On March 5, 2016, the Neighborhood Health Survey was conducted in the Bond neighborhood. People who responded to the survey were 18 years of age or older and a resident of the neighborhood. To ensure we reached our target population, this survey was administrated door to door. The survey consisted of 94 questions related to various health concerns.

This document highlights the survey results. A total of **51** surveys were collected from the neighborhood. Most (60.8%) of the respondents were female. Majority (91.8%) of the respondents lived in the neighborhood for at least a year.

### LENGTH OF TIME IN THE NEIGHBORHOOD




### RESPONDENTS DEMOGRAPHICS

**AGE (YEARS)**

| | |
|---|---|
| 18-24 | **9.8%** |
| 25-34 | **11.8%** |
| 35-44 | **21.6%** |
| 45-54 | **17.6%** |
| 55-64 | **19.6%** |
| 65+ | **19.6%** |

**SEX**

| | |
|---|---|
| Male | **39.2%** |
| Female | **60.8%** |

**RACE/ETHNICITY**

| | |
|---|---|
| White | **0.0%** |
| Black or African American | **95.9%%** |
| Other | **4.1%** |
| Hispanic | **2.1%** |
| Non-Hispanic | **97.9%** |

**MARITAL STATUS**

| | |
|---|---|
| Single, never married | **54.9%** |
| Married | **17.6%** |
| Divorced | **11.8%** |
| Widowed | **11.8%** |
| Separated | **2.0%** |
| In a relationship or an unmarried couple | **2.0%** |

**EDUCATIONAL ATTAINMENT**

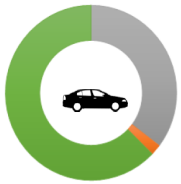
| | |
|---|---|
| Less than a High School | **33.3%** |
| High School Degree or GED | **27.5%** |
| Some college or technical school | **21.6%** |
| Undergraduate | **7.8%** |
| Graduate or Professional Degree | **9.8%** |

BOND

## Environmental Health/Built Environment

Yes | No | No opinion/ Don't know

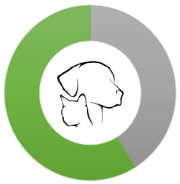
CONCERD WITH **SPEEDING CARS** IN THEIR NEIGHBORHOOD



62.7%

Said "Yes"

HAVE **ROAMING/STRAY ANIMALS** THEIR NEIGHBORHOOD



58.8%

Said "Yes"

HAVE **ENOUGH LIGHTING** IN THEIR NEIGHBORHOOD AT NIGHT

66.7%

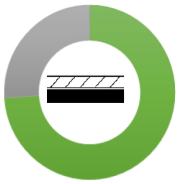
Said "Yes"

FEEL **SAFE** IN THEIR NEIGHBORHOOD

76.5%

Said "Yes"

HAVE **ENOUGH SIDEWALKS** IN THEIR NEIGHBORHOOD



74.0%

Said "Yes"

FEEL THEIR **ABANDONED HOUSES OR BUILDINGS THAT SHOULD BE REMOVED**

23.5%

Said "Yes"

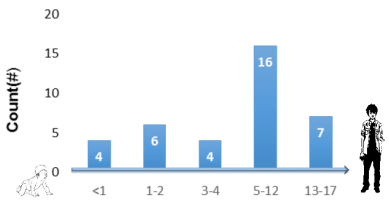
BOND

## Children's Concerns

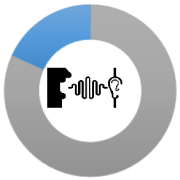
43.1% *Are parents and the head of households or responsible for the children's care.*

(22 out of 51)

**AGE OF RESPONDENTS CHILDREN**



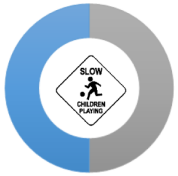

HAVE CONCERNS ABOUT THEIR **CHILD'S SPEECH, HEARING, VISION, OR MOVEMENT**



18.2%

Said "Yes"

PARENTS CONCERNED ABOUT THE **SAFETY OF THEIR CHILDREN** IN THE NEIGHBORHOOD




50%

Said "Yes"

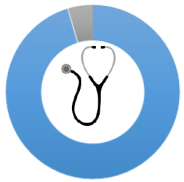
**WHY?**

Speeding Cars

Drug Dealers

Bad Neighborhood

BELIEVE THEIR CHILDREN HAVE **GOOD HEALTH CARE**



95.5%

Said "Yes"

BELIEVE THEIR CHILDREN HAVE **GOOD DENTAL CARE**

100%

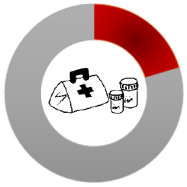
Said "Yes"

BOND

## Access to Care

### HEALTH INSURANCE TYPE BY NUMBER OF RESPONSES

### DIFFICULTY GETTING MEDICAL SERVICES THAT THEY NEEDED



20.4%

Said "Yes"

### HAVE PERSONAL DOCTOR OR HEALTH CARE PROVIDER

80%

Said "Yes"

Lower than the 2016 BRFSS: Leon-82.3%

### MOST COMMON PLACES TO SEE A DOCTOR

| Count (#) | |
|---|---|
| 26 | Doctor's office or other provider's office |
| 7 | Emergency Room |
| 7 | Bond Community Center |
| 4 | Urgent Care |

### SAW A DOCTOR FOR A ROUTINE CHECKUP

90.0%

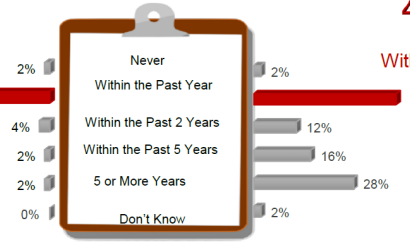
Within the past year

Higher than the 2016 BRFSS: Leon-80.4%

### SAW A DENTIST OR A DENTAL CLINIC FOR ANY REASON

40.0%

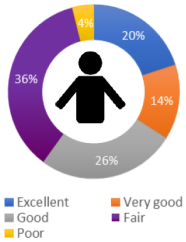
Within the past year




BOND

## Health and Wellbeing

### SELF-RATED HEALTH STATUS

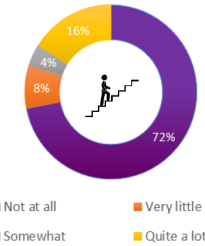



40.0%

"Fair" or "Poor"

Higher than the 2016 BRFSS: Leon-14.1%

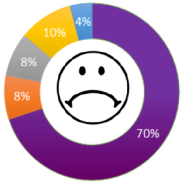
### PHYSICAL HEALTH PROBLEMS LIMIT USUAL PHYSICAL ACTIVITIES




20.0%

"Somewhat "or "Quite a lot"

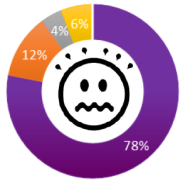
### FELT SO SAD OR DEPRESSED




14.0%

"Quite a lot" or "Extremely"

### FELT SO ANXIOUS OR NERVOUS



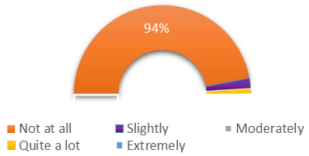

10.0%

"Moderately" or "Quite a lot"

### HEARD VOICES THAT WERE SO DISTURBING THAT YOU HAD A HARD TIME DOING WHAT YOU NORMALLY DO DURING THE DAY

4.0%

"Slightly"




2.0%

"Quite A lot"

BOND

## Specific Health Conditions

Respondents were asked to identify the specific health condition(s) ever diagnosed by a doctor, nurse or other health professional.

### HIGH BLOOD PRESSURE

41.3%

Have high blood pressure/ hypertension

Higher than the 2013 BRFSS: Leon-25.8%

### DIABETES

19.6%

Have diabetes

Higher than the 2016 BRFSS: Leon-10.5%

### DEPRESSION

19.6%

Have depression

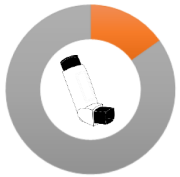
Higher than the 2016 BRFSS: Leon-17.4%

### ARTHRITIS

21.7%

Have arthritis

### ASTHMA

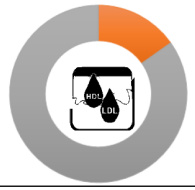


15.2%

Have asthma

Higher than the 2016 BRFSS: Leon-9.8%

### HIGH CHOLESTEROL



13.8%

Have high cholesterol

Lower than the 2013 BRFSS: Leon-27.5%

BOND

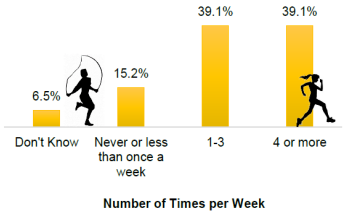
## Health-Related Behaviors

### EAT 3-5 SERVINGS OF FRUIT AND VEGETABLES PER DAY

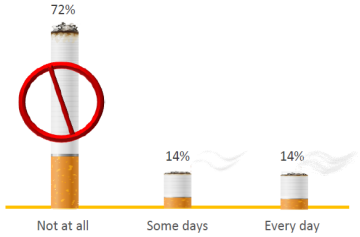
50.0%

Said "Yes"

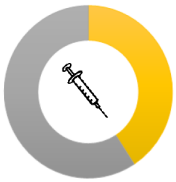
### PARTICIPATE IN AT LEAST 30 MINUTES OF ANY MODERATE INTENSITY PHYSICAL ACTIVITIES OR EXERCISES




### SMOKE CIGARETTES, CIGARS (BLACK AND MILDS)




### HAD EITHER A FLU SHOT OR A FLU VACCINE THAT WAS SPRAYED IN THEIR NOSE

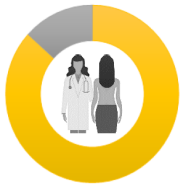


40.8%

Said "Yes"

Lower than the 2016 BRFSS: Leon-41.0%

### HAD A CLINICAL BREAST EXAM



86.7%

Said "Yes"

Higher than the 2013 BRFSS: Leon-68.7%

### TOP PERSONAL HEALTH ISSUES

- HIGH BLOOD PRESSURE
- DIET/WEIGHT/EXERCISE
- DIABETES

# Macon Community

## Neighborhood Health Profile

MACON

## Social & Economic Factors

U.S. Census Bureau Data, 2012-2016

| | Florida | Leon County | Block Group 1, Census Tract 16.01 |
|---|---|---|---|
| **POPULATION** | | | |
| Total Population | 19,934,451 | 284,788 | 1,326 |
| Age & Sex | | | |
| Persons under 18 years, percent | 20.4% | 18.8% | 10.9% |
| Persons Ages 18-64 years, percent | 60.6% | 69.8% | 83.3% |
| Persons 65 years and over, percent | 19.1% | 11.3% | 5.8% |
| Median age | 41.6 | 30.3 | 25 |
| Male Persons, Percent | 48.9% | 47.6% | 46.1% |
| Female Persons, Percent | 51.1% | 52.4% | 53.9% |
| **RACE & ETHNICITY** | | | |
| White alone | 75.9% | 62.1% | 24.4% |
| Black or African American alone | 16.1% | 31.2% | 71.6% |
| Not Hispanic or Latino | 75.9% | 93.9% | 96.5% |
| Hispanic or Latino | 24.1% | 6.1% | 3.5% |
| **EDUCATIONAL ATTAINMENT** | | | |
| No Diploma | 12.8% | 7.4% | 22.7% |
| High school diploma and GED | 29.2% | 18.6% | 10.7% |
| Some College | 20.6% | 19.6% | 38.9% |
| Associate | 9.6% | 9.2% | 14.6% |
| Bachelor's | 17.8% | 25.4% | 13.1% |
| Graduate or Professional | 10.0% | 19.8% | 0.0% |
| **INCOME & POVERTY** | | | |
| Median household income | $48,900 | $48,248 | $25,565 |
| Income in the past 12 months below poverty level | 16.1% | 21.3% | 52.4% |
| **HOUSING** | | | |
| Housing Units | 9,152,815 | 126,658 | 747 |
| Occupied | 80.8% | 87.7% | 81.9% |
| Vacant | 19.2% | 12.3% | 18.1% |
| Owner occupied | 64.8% | 52.2% | 22.4% |
| Renter occupied | 35.2% | 47.8% | 77.6% |
| **HEALTH INSURANCE** | | | |
| All Uninsured Civilian Noninstitutionalized Population | 16.4% | 10.2% | 12.2% |
| Uninsured Children Under 18 Years | 8.9% | 5.2% | 11.7% |
| Uninsured Adults Ages 18 - 64 Years | 23.6% | 13.1% | 13.1% |

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

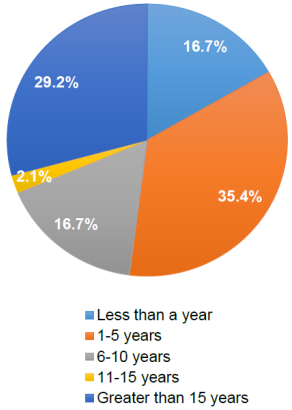
MACON

## Community Health Assessment Results

On February 20, 2016, the Neighborhood Health Survey was conducted in the Fairbanks neighborhood. People who responded to the survey were 18 years of age or older and a resident of the neighborhood. To ensure we reached our target population, this survey was administered door to door. The survey consisted of 94 questions related to various health concerns.

This document highlights the survey results. A total of **50** surveys were collected from the neighborhood. About 62% of the respondents were female and 38% male. Most (69.3%) of the respondents were older than the age 34. All the respondents lived in the neighborhood for at least a year.

**LENGTH OF TIME IN THE NEIGHBORHOOD**




### RESPONDENTS DEMOGRAPHICS

**AGE (YEARS)**

| | |
|---|---|
| 18-24 | **10.2%** |
| 25-34 | **20.4%** |
| 35-44 | **20.4%** |
| 45-54 | **6.1%** |
| 55-64 | **22.4%** |
| 65+ | **20.4%** |

**SEX**

| | |
|---|---|
| Male | **38.0%** |
| Female | **62.0%** |

**RACE/ETHNICITY**

| | |
|---|---|
| White | **10.4%** |
| Black or African American | **89.6%** |
| Hispanic | **4.3%** |
| Non-Hispanic | **95.7%** |

**MARITAL STATUS**

| | |
|---|---|
| Single, never married | **62.0%** |
| Married | **22.0%** |
| Divorced | **8.0%** |
| Widowed | **8.0%** |
| Separated | **0.0%** |
| In a relationship or an unmarried couple | **0.0%** |

**EDUCATIONAL ATTAINMENT**

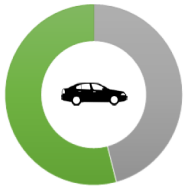
| | |
|---|---|
| Less than a High School | **16.0%** |
| High School Degree or GED | **26.0%** |
| Some college or technical school | **38.0%** |
| Bachelor's Degree | **14.0%** |
| Graduate or Professional Degree | **6.0%** |

MACON

## Environmental Health/Built Environment

Yes | No | No opinion/ Don't know

CONCERD WITH **SPEEDING CARS** IN THEIR NEIGHBORHOOD



54.0%

Said "Yes"

**LARGE AMOUNTS OF TRASH NOT PROPERLY DISPOSED** IN THEIR NEIGHBORHOOD

24.0%

Said "Yes"

HAVE **ENOUGH LIGHTING** IN THEIR NEIGHBORHOOD AT NIGHT

74.0%

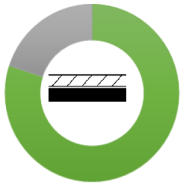
Said "Yes"

**FEEL SAFE** IN THEIR NEIGHBORHOOD

88.0%

Said "Yes"

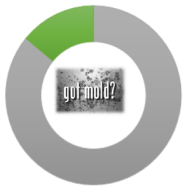
HAVE **ENOUGH SIDEWALKS** IN THEIR NEIGHBORHOOD



20.0%

Said "Yes"

CURRENTLY HAVE **MOLD IN THEIR HOME** IN AN AREA BIGGER THAN A DOLLAR BILL




14.0%

Said "Yes"

MACON

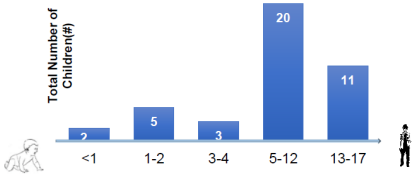
## Children's Concerns

36%

(18 out of 50)

*Are parents and the head of households or responsible for the children's care.*

**AGE OF RESPONDENT'S CHILDREN**




PARENTS CONCERNED ABOUT THE **SAFETY OF THEIR CHILDREN** IN THE NEIGHBORHOOD

27.8%

Said "Yes"

**Speeding Cars and Kids Fighting**

SUGGESTIONS OF **PROGRAMS OR SERVICES** TO IMPROVE THE HEALTH OR LEARNING OF THEIR CHILDREN

- After school programs
- Tutoring
- Work experience opportunities/ TCC & Lively Training for persons of special needs

BELIEVE THEIR CHILDREN HAVE **GOOD HEALTH CARE**

94.1%

Said "Yes"

BELIEVE THEIR CHILDREN HAVE GOOD **HEALTH CARE** AND **DENTAL CARE**

88.9%

Said "Yes"

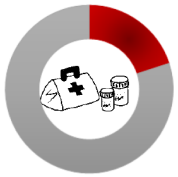
MACON

## Access to Care

### HEALTH INSURANCE TYPE BY NUMBER OF RESPONSES

| | |
|---|---|
| Uninsured | 4 |
| Private Insurance-Employer | 12 |
| Private Insurance-Pur Directly | 5 |
| Medicare | 11 |
| Medicaid | 23 |
| VA | 1 |
| Other | 3 |

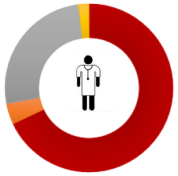
### DIFFICULTY GETTING MEDICAL SERVICES THAT THEY NEEDED



20.0%

Said "Yes"

### HAVE PERSONAL DOCTOR OR HEALTH CARE PROVIDER



68.0%

Said "Yes"

Lower than the 2016 BRFSS: Leon-82.3%

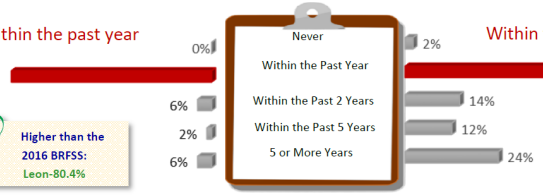
### MOST COMMON PLACE TO SEE A DOCTOR

| Count (#) | |
|---|---|
| 24 | Doctor's office or other provider's office |
| 5 | Emergency Room |
| 4 | Capital Health Plan |
| 3 | Bond Community Center |
| 3 | Veteran's Administration |

### SAW A DOCTOR FOR A ROUTINE CHECKUP

86.0%

Within the past year

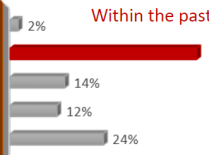



Higher than the 2016 BRFSS: Leon-80.4%

### SAW A DENTIST OR A DENTAL CLINIC FOR ANY REASON

48.0%

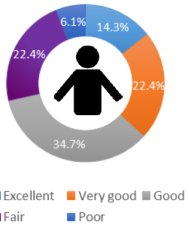
Within the past year




MACON

## Health and Wellbeing

### SELF-RATED HEALTH STATUS

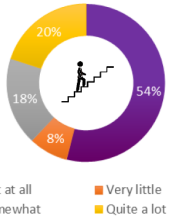



28.5%

"Fair" or "Poor"

Higher than the 2016 BRFSS: Leon-14.1%

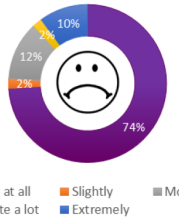
### PHYSICAL HEALTH PROBLEMS LIMIT USUAL PHYSICAL ACTIVITIES




38.0%

"Somewhat "or "Quite a lot"

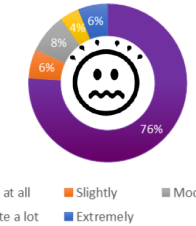
### FELT SO SAD OR DEPRESSED




12.0%

"Quite a lot" or "Extremely"

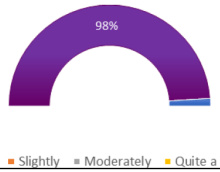
### FELT SO ANXIOUS OR NERVOUS




10.0%

"Quite a lot" or "Extremely"

### HEARD VOICES THAT WERE SO DISTURBING THAT YOU HAD A HARD TIME DOING WHAT YOU NORMALLY DO DURING THE DAY




2.0%

"Extremely"

MACON

## Specific Health Conditions

Respondents were asked to identify the specific health condition(s) ever diagnosed by a doctor, nurse or other health professional.

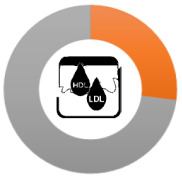
### HIGH BLOOD PRESSURE

41.7%

Have high blood pressure/ hypertension

Higher than the 2013 BRFSS: Leon-25.8%

### HIGH CHOLESTEROL




27.1%

Have high cholesterol

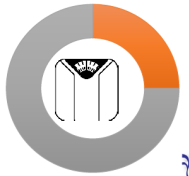
Lower than the 2013 BRFSS: Leon-27.5%

### ARTHRITIS

25.0%

Have arthritis

### OVERWEIGHT/OBESITY



25.0%

Are overweight or obese

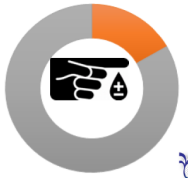
Lower than the 2016 BRFSS: Leon-64.2%

### SWELLING / INFLAMMATION OF JOINTS

18.9%

Have swelling / inflammation of joints

### DIABETES



16.7%

Have diabetes

Higher than the 2016 BRFSS: Leon-10.5%

MACON

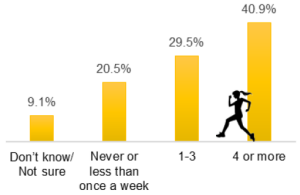
## Health-Related Behaviors

### EAT 3-5 SERVINGS OF FRUIT AND VEGETABLES PER DAY

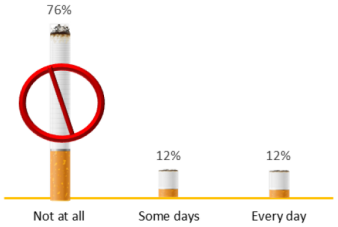
46.0%

Said "Yes"

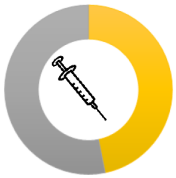
### PARTICIPATE IN AT LEAST 30 MINUTES OF ANY MODERATE INTENSITY PHYSICAL ACTIVITIES OR EXERCISES




### SMOKE CIGARETTES, CIGARS (BLACK AND MILDS)




### HAD EITHER A FLU SHOT OR A FLU VACCINE THAT WAS SPRAYED IN THEIR NOSE

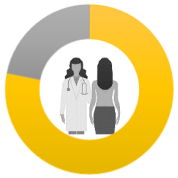


46.8%

Said "Yes"

Higher than the 2016 BRFSS: Leon-41.0%

### HAD A CLINICAL BREAST EXAM



78.1%

Said "Yes"

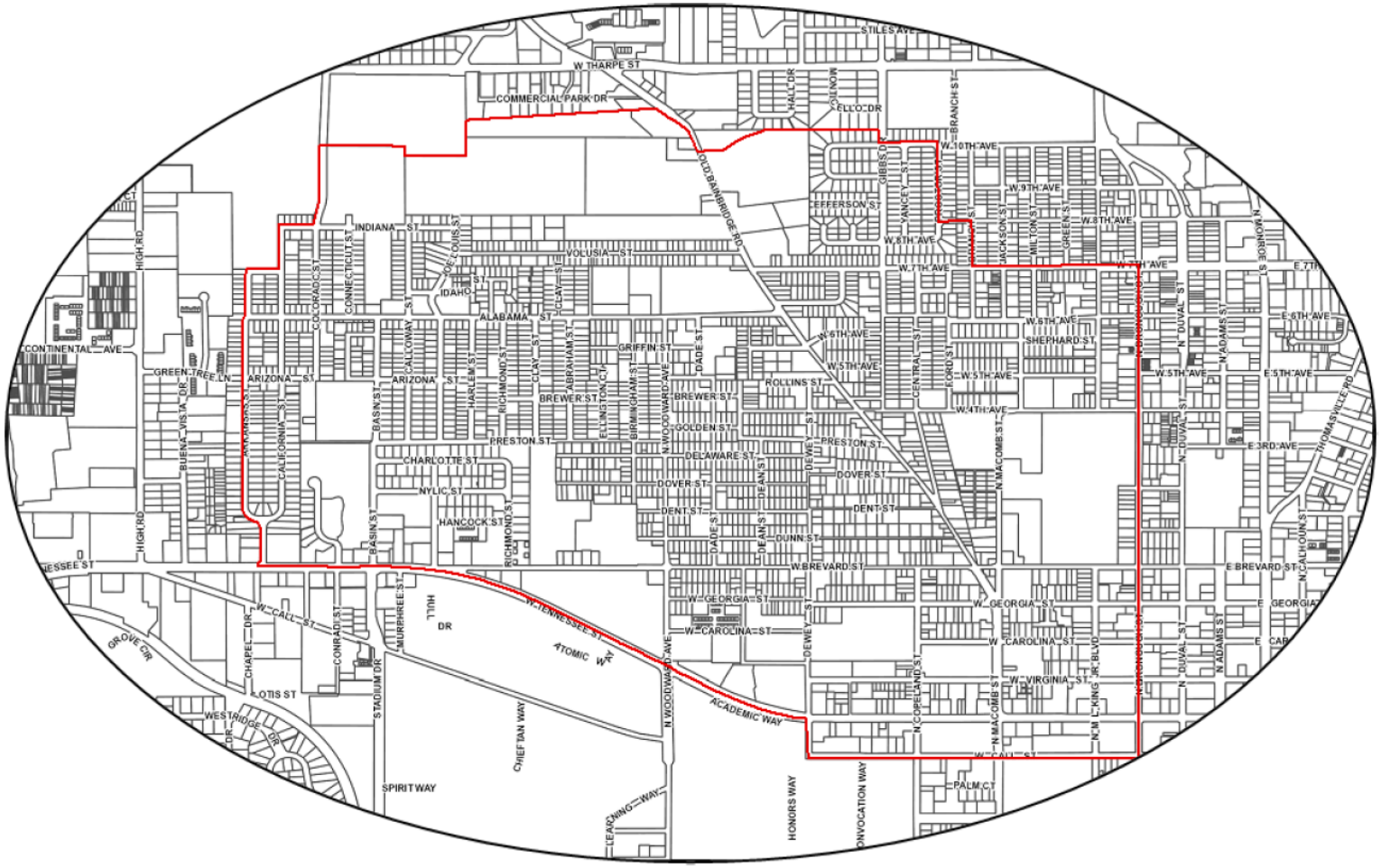
Higher than the 2013 BRFSS: Leon-68.7%

### TOP PERSONAL HEALTH ISSUES

- HIGH BLOOD PRESSURE
- CANCER
- DIABETES
- ORAL HEALTH
- HEART DISESE
- ARTHRITIS

# Greater Frenchtown

## Neighborhood Health Profile



GREATER FRENCHTOWN

## Social & Economic Factors

U.S. Census Bureau Data, 2012-2016

| | Florida | Leon County | 6 | 7 | 14.01 | 14.02 |
|---|---|---|---|---|---|---|
| **Population** | | | | | | |
| Total Population | 19,934,451 | 284,788 | 4,068 | 2,133 | 1,922 | 5,307 |
| Age & Sex | | | | | | |
| Persons under 18 years, percent | 20.4% | 18.8% | 11.2% | 13.0% | 9.7% | 12.2% |
| Persons Ages 18-64 years, percent | 60.6% | 69.8% | 80.8% | 77.0% | 71.2% | 84.5% |
| Persons 65 years and over, percent | 19.1% | 11.3% | 8.0% | 10.0% | 19.1% | 3.3% |
| Median age | 41.6 | 30.3 | 29.1 | 34.7 | 25.5 | 21.8 |
| Male Persons, Percent | 48.9% | 47.6% | 54.2% | 47.8% | 47.1% | 48.3% |
| Female Persons, Percent | 51.1% | 52.4% | 45.8% | 52.2% | 52.9% | 51.7% |
| **Race & Ethnicity** | | | | | | |
| White alone | 75.9% | 62.1% | 30.9% | 60.4% | 23.8% | 35.0% |
| Black or African American alone | 16.1% | 31.2% | 66.4% | 37.0% | 66.5% | 52.9% |
| Not Hispanic or Latino | 75.9% | 93.9% | 96.6% | 94.4% | 97.7% | 95.8% |
| Hispanic or Latino | 24.1% | 6.1% | 3.4% | 5.6% | 2.3% | 4.2% |
| **Educational Attainment** | | | | | | |
| No Diploma | 12.8% | 7.4% | 20.9% | 18.2% | 20.3% | 17.3% |
| High school diploma and GED | 29.2% | 18.6% | 28.4% | 15.5% | 26.7% | 20.3% |
| Some College | 20.6% | 19.6% | 20.9% | 26.4% | 23.3% | 15.9% |
| Associate | 9.6% | 9.2% | 14.2% | 6.9% | 11.5% | 3.4% |
| Bachelor's | 17.8% | 25.4% | 9.9% | 15.1% | 11.6% | 29.5% |
| Graduate or Professional | 10.0% | 19.8% | 5.8% | 18.0% | 6.6% | 13.6% |
| **Income and Poverty** | | | | | | |
| Median household income | $48,900 | $48,248 | $21,713 | $38,500 | $17,786 | $13,701 |
| Income in the past 12 months below poverty level | 16.1% | 21.3% | 55.1% | 30.4% | 44.1% | 72.6% |
| **Housing** | | | | | | |
| Housing Units | 9,152,815 | 126,658 | 1,708 | 1,250 | 1,222 | 2,205 |
| Occupied | 80.8% | 87.7% | 80.0% | 85.8% | 76.8% | 85.2% |
| Vacant | 19.2% | 12.3% | 20.0% | 14.2% | 23.2% | 14.8% |
| Owner occupied | 64.8% | 52.2% | 30.5% | 34.5% | 29.5% | 8.6% |
| Renter occupied | 35.2% | 47.8% | 69.5% | 65.5% | 70.5% | 91.4% |
| **Health Insurance** | | | | | | |
| All Uninsured Civilian Noninstitutionalized Population | 16.4% | 10.2% | 30.7% | 10.9% | 16.4% | 9.5% |
| Uninsured Children Under 18 Years | 8.9% | 5.2% | 5.1% | 0.0% | 0.0% | 1.8% |
| Uninsured Adults Ages 18 - 64 Years | 23.6% | 13.1% | 37.1% | 14.1% | 21.9% | 11.0% |

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

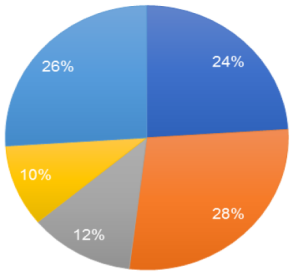
GREATER FRENCHTOWN

## Community Health Assessment Results

On February 13, 2016, the Neighborhood Health Survey was conducted in the Greater Frenchtown neighborhood. People who responded to the survey were 18 years of age or older and a resident of the neighborhood. To ensure we reached our target population, this survey was administrated door to door. The survey consisted of 94 questions related to various health concerns.

This document highlights the survey results. A total of **50** surveys were collected from the neighborhood. Most (64.6%) of the respondents were female and over age 34 (60%). Majority (76%) of the respondents lived in the neighborhood for at least a year.

### LENGTH OF TIME IN THE NEIGHBORHOOD




### RESPONDENTS DEMOGRAPHICS

**AGE (YEARS)**

| | |
|---|---|
| 18-24 | **26.0%** |
| 25-34 | **14.0%** |
| 35-44 | **28.0%** |
| 45-54 | **12.0%** |
| 55-64 | **12.0%** |
| 65+ | **8.0%** |

**SEX**

| | |
|---|---|
| Male | **35.4%** |
| Female | **64.6%** |

**RACE/ETHNICITY**

| | |
|---|---|
| White | **2.1%** |
| Black or African American | **97.9%** |
| Hispanic | **4.4%** |
| Non-Hispanic | **95.6%** |

**MARITAL STATUS**

| | |
|---|---|
| Single, never married | **61.2%** |
| Married | **16.3%** |
| Divorced | **14.3%** |
| Widowed | **6.1%** |
| Separated | **0.0%** |
| In a relationship or An unmarried couple | **2.0%** |

**EDUCATIONAL ATTAINMENT**

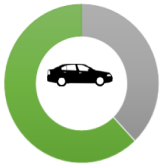
| | |
|---|---|
| Less than a High School | **18.0%** |
| High School Degree or GED | **40.0%** |
| Some college or technical school | **32.0%** |
| Undergraduate | **8.0%** |
| Graduate or Professional Degree | **2.0%** |

## Greater Frenchtown

### Environmental Health/Built Environment

Yes | No | No opinion/ Don't know

CONCERD WITH **SPEEDING CARS** IN THEIR NEIGHBORHOOD



62.0%

Said "Yes"

**LARGE AMOUNTS OF TRASH NOT PROPERLY DISPOSED** IN THEIR NEIGHBORHOOD

49.0%

Said "Yes"

HAVE **ENOUGH LIGHTING** IN THEIR NEIGHBORHOOD AT NIGHT

60.0%

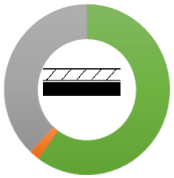
Said "Yes"

**FEEL SAFE** IN THEIR NEIGHBORHOOD

76.0%

Said "Yes"

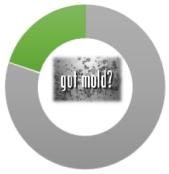
HAVE **ENOUGH SIDEWALKS** IN THEIR NEIGHBORHOOD



60.0%

Said "Yes"

CURRENTLY HAVE **MOLD IN THEIR HOME** IN AN AREA BIGGER THAN A DOLLAR BILL




20.0%

Said "Yes"

## Greater Frenchtown

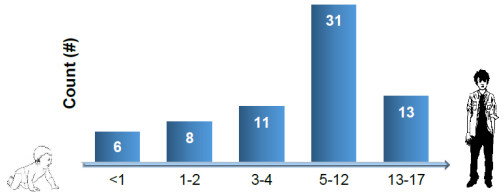
### Children's Concerns

54%

(27 out of 50)

*Are parents and the head of households or responsible for the children's care.*

**AGE OF RESPONDENT'S CHILDREN**




PARENTS CONCERNED ABOUT THE **SAFETY OF THEIR CHILDREN** IN THE NEIGHBORHOOD

38.5%

Said "Yes"

**WHY?**

- Speeding Cars
- Guns
- Bullying
- Traffic Overflow
- Teenagers Fighting
- Loiters
- Don't trust the neighborhood

SUGGESTIONS OF **PROGRAMS OR SERVICES** TO IMPROVE THE HEALTH OR LEARNING OF THEIR CHILDREN

- Tutoring
- Mentoring
- Security
- Train police to deal with people with autism
- Weed and Seed
- Bullying prevention

BELIEVE THEIR CHILDREN HAVE GOOD **HEALTH CARE** AND **DENTAL CARE**

100%

Said "Yes"

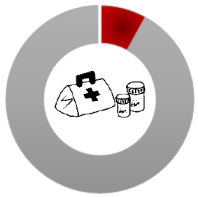
GREATER FRENCHTOWN

## Access to Care

### HEALTH INSURANCE TYPE BY NUMBER OF RESPONSES

| | |
|---|---|
| Uninsured | 8 |
| Private Insurance-Employer | 8 |
| Private Insurance-Purchased Directly | 3 |
| Medicare | 8 |
| Medicaid | 23 |
| VA | 1 |
| Other | 3 |

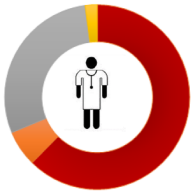
### DIFFICULTY GETTING MEDICAL SERVICES THAT THEY NEEDED



8.0%

Said "Yes"

### HAVE PERSONAL DOCTOR OR HEALTH CARE PROVIDER



62.5%

Said "Yes"

Lower than the 2016 BRFSS: Leon-82.3%

### MOST COMMON PLACES TO SEE A DOCTOR

| Count (#) | |
|---|---|
| 11 | Bond Clinic |
| 10 | Doctor's office or other provider's office |
| 4 | Tallahassee Memorial HealthCare |
| 4 | Capital Regional Hospital |

### SAW A DOCTOR FOR A ROUTINE CHECKUP

78.0%

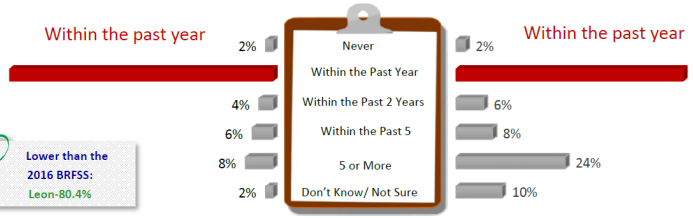
Within the past year

Lower than the 2016 BRFSS: Leon-80.4%

### SAW A DENTIST OR A DENTAL CLINIC FOR ANY REASON

50.0%

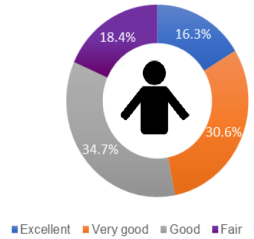
Within the past year




GREATER FRENCHTOWN

## Health and Wellbeing

### SELF-RATED HEALTH STATUS

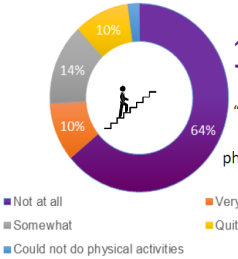



34.7%

"Fair" or "Poor"

Higher than the 2016 BRFSS: Leon-14.1%

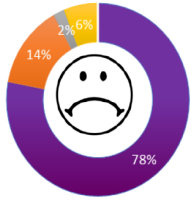
### PHYSICAL HEALTH PROBLEMS LIMIT USUAL PHYSICAL ACTIVITIES




12.0%

"Quite a lot" or "Could not do physical activities"

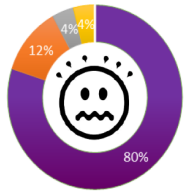
### FELT SO SAD OR DEPRESSED




8.0%

"Moderately" or "Quite a lot"

### FELT SO ANXIOUS OR NERVOUS




8.0%

"Moderately" or "Quite a lot"

### HEARD VOICES THAT WERE SO DISTURBING THAT YOU HAD A HARD TIME DOING WHAT YOU NORMALLY DO DURING THE DAY

2.0%

Said "Slightly"

GREATER FRENCHTOWN

## Specific Health Conditions

Respondents were asked to identify the specific health condition(s) ever diagnosed by a doctor, nurse or other health professional.

### HIGH BLOOD PRESSURE

26.7%

Have high blood pressure/ hypertension

Higher than the 2013 BRFSS: Leon-25.8%

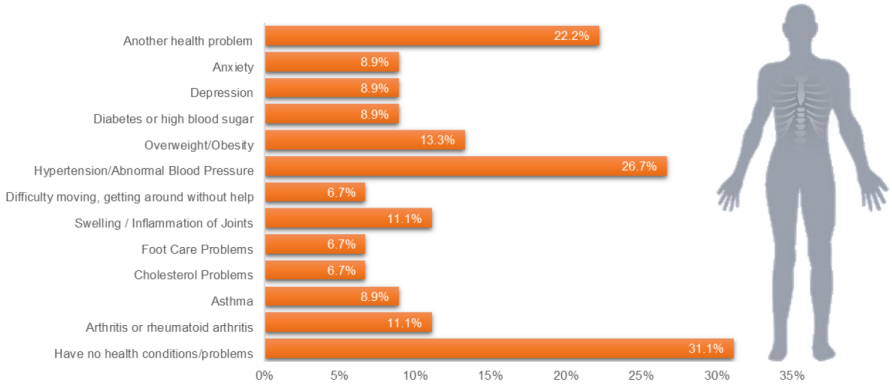
### OVERWEIGHT/OBESITY

13.3%

Are overweight or obese

Lower than the 2016 BRFSS: Leon-64.2%

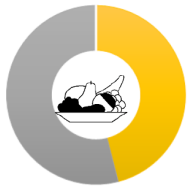
### HEALTH CONDITIONS




GREATER FRENCHTOWN

## Health-Related Behaviors

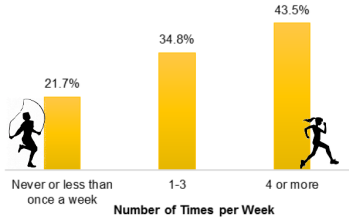
### EAT 3-5 SERVINGS OF FRUIT AND VEGETABLES PER DAY



46.0%

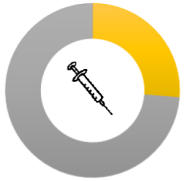
Said "Yes"

### PARTICIPATE IN AT LEAST 30 MINUTES OF ANY MODERATE INTENSITY PHYSICAL ACTIVITIES OR EXERCISES




### SMOKE CIGARETTES, CIGARS (BLACK AND MILDS)

### HAD EITHER A FLU SHOT OR A FLU VACCINE THAT WAS SPRAYED IN THEIR NOSE

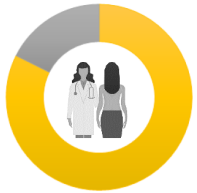


26.3%

Said "Yes"

Lower than the 2016 BRFSS: Leon-41.0%

### HAD A CLINICAL BREAST EXAM



82.4%

Said "Yes"

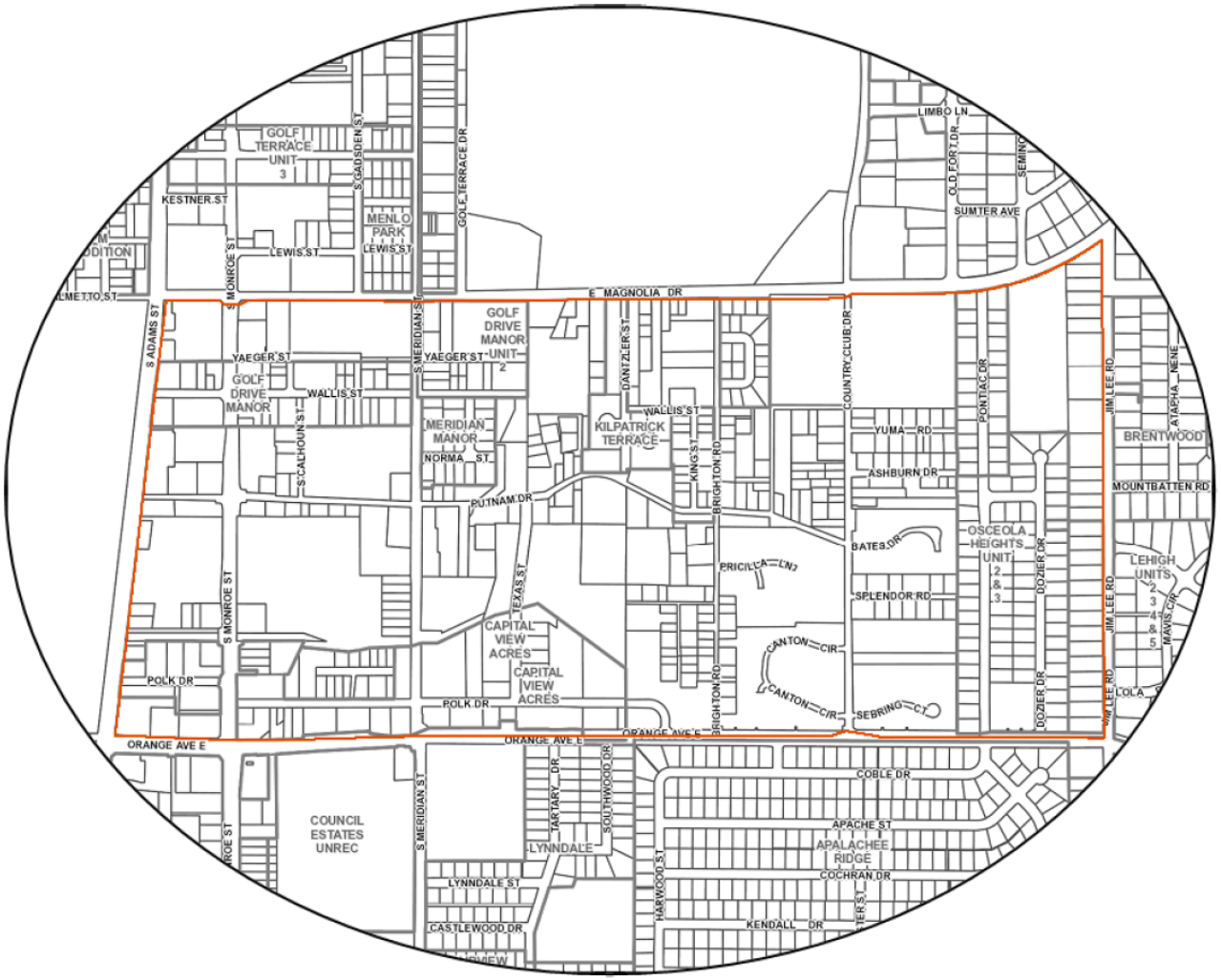
Higher than the 2013 BRFSS: Leon-68.7%

### TOP PERSONAL HEALTH ISSUES

- CANCER
- DIET/WEIGHT/EXERCISE
- HIGH BLOOD PRESSURE
- DIABETES
- MENTAL HEALTH

# South City

# Neighborhood Health Profile



SOUTH CITY

## Social & Economic Factors

U.S. Census Bureau Data, 2012-2016

| | Florida | Leon County | 10.01 |
|---|---|---|---|
| **Population** | | | |
| Total Population | 19,934,451 | 284,788 | 2,827 |
| **Age & Sex** | | | |
| Persons under 18 years, percent | 20.4% | 18.8% | 27.2% |
| Persons Ages 18-64 years, percent | 60.6% | 69.8% | 66.6% |
| Persons 65 years and over, percent | 19.1% | 11.3% | 6.2% |
| Median age | 41.6 | 30.3 | 22.9 |
| Male Persons, Percent | 48.9% | 47.6% | 38.5% |
| Female Persons, Percent | 51.1% | 52.4% | 61.5% |
| **Race & Ethnicity** | | | |
| White alone | 75.9% | 62.1% | 8.0% |
| Black or African American alone | 16.1% | 31.2% | 88.1% |
| Not Hispanic or Latino | 75.9% | 93.9% | 96.1% |
| Hispanic or Latino | 24.1% | 6.1% | 3.9% |
| **Educational Attainment** | | | |
| No Diploma | 12.8% | 7.4% | 18.4% |
| High school diploma and GED | 29.2% | 18.6% | 28.8% |
| Some College | 20.6% | 19.6% | 23.1% |
| Associate | 9.6% | 9.2% | 7.9% |
| Bachelor's | 17.8% | 25.4% | 10.9% |
| Graduate or Professional | 10.0% | 19.8% | 10.9% |
| **Income and Poverty** | | | |
| Median household income | $48,900 | $48,248 | $16,838 |
| Income in the past 12 months below poverty level | 16.1% | 21.3% | 53.2% |
| **Housing** | | | |
| Housing Units | 9,152,815 | 126,658 | 1,143 |
| Occupied | 80.8% | 87.7% | 88.3% |
| Vacant | 19.2% | 12.3% | 11.7% |
| Owner occupied | 64.8% | 52.2% | 15.9% |
| Renter occupied | 35.2% | 47.8% | 84.1% |
| Health Insurance | | | |
| **All Uninsured Civilian Noninstitutionalized Population** | 16.4% | 10.2% | 23.9% |
| Uninsured Children Under 18 Years | 8.9% | 5.2% | 6.9% |
| Uninsured Adults Ages 18 - 64 Years | 23.6% | 13.1% | 33.1% |

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

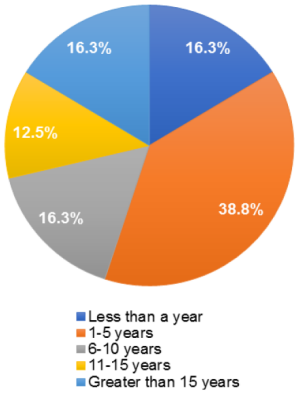
SOUTH CITY

## Community Health Assessment Results

In the months of October and November 2015, the Neighborhood Health Survey was conducted in the South City neighborhood. People who responded to the survey were 18 years of age or older and a resident of the neighborhood. To ensure we reached our target population, this survey was administered door to door. The survey consisted of 87 questions related to various health concerns.

This document highlights the survey results. A total of **80** surveys were collected from the neighborhood. Most (76.3%) of the respondents were female. Majority (83.9%) of the respondents lived in the neighborhood for at least a year.

### LENGTH OF TIME IN THE NEIGHBORHOOD




### RESPONDENTS DEMOGRAPHICS

**AGE (YEARS)**

| | |
|---|---|
| 18-24 | **15.0%** |
| 25-34 | **30.0%** |
| 35-44 | **21.3%** |
| 45-54 | **13.8%** |
| 55-64 | **13.8%** |
| 65+ | **6.3%** |

**SEX**

| | |
|---|---|
| Male | **23.8%** |
| Female | **76.3%** |

**RACE/ETHNICITY**

| | |
|---|---|
| White | **10.3%** |
| Black or African American | **85.9%%** |
| Other | **3.9%** |
| Hispanic | **3.9%** |
| Non-Hispanic | **96.1%** |

**MARITAL STATUS**

| | |
|---|---|
| Single, never married | **67.1%** |
| Married | **10.1%** |
| Divorced | **10.1%** |
| Widowed | **3.8%** |
| Separated | **2.5%** |
| In a relationship or an unmarried couple | **6.3%** |

**EDUCATIONAL ATTAINMENT**

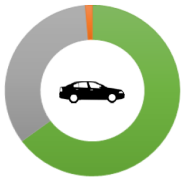
| | |
|---|---|
| Less than a High School | **18.8%** |
| High School Degree or GED | **36.3%** |
| Some college or technical school | **40.0%** |
| Undergraduate | **2.5%** |
| Graduate or Professional Degree | **2.5%** |

SOUTH CITY

## Environmental Health/Built Environment

Yes | No | No opinion/ Don't know

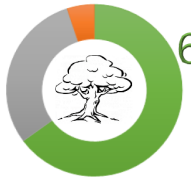
CONCERNED WITH **SPEEDING CARS** IN THEIR NEIGHBORHOOD



65.0%

Said "Yes"

HAVE **PARKS**, **WALKING TRAILS**, **BIKE PATHS** OR **OTHER RECREATION AREAS** IN THEIR NEIGHBORHOOD



65.0%

Said "Yes"

HAVE **ENOUGH LIGHTING** IN THEIR NEIGHBORHOOD AT NIGHT

51.9%

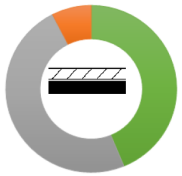
Said "Yes"

FEEL **SAFE** IN THEIR NEIGHBORHOOD

66.2%

Said "Yes"

HAVE **ENOUGH SIDEWALKS** IN THEIR NEIGHBORHOOD



43.8%

Said "Yes"

IS WORRIED ABOUT **LEAD BASED PAINTS** IN AND AROUND THEIR HOME

13.8%

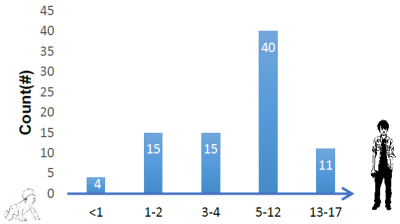
Said "Yes"

SOUTH CITY

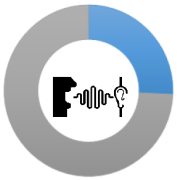
## Children's Concerns

35.0% *Are parents and the head of households or responsible for the children's care.*

**AGE OF RESPONDENTS CHILDREN**




HAVE CONCERNS ABOUT THEIR **CHILD'S SPEECH, HEARING, VISION, OR MOVEMENT**



25.7%

Said "Yes"

PARENTS CONCERNED ABOUT THE **SAFETY OF THEIR CHILDREN** IN THE NEIGHBORHOOD

61.1%

Said "Yes"

**WHY?**

**Crime, Drugs, Violence**

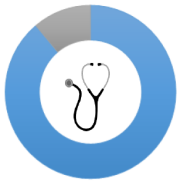
**Speeding Cars**

94.4%

Said "Yes"

If available, would like for their child to attend a nearby school that provided health, dental and job training services to students, parents and others in the neighborhood

BELIEVE THEIR CHILDREN HAVE **GOOD HEALTH CARE**



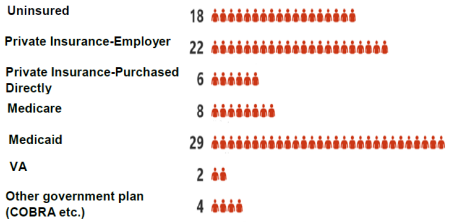
88.9%

Said "Yes"

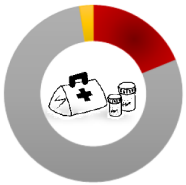
SOUTH CITY

## Access to Care

### HEALTH INSURANCE TYPE BY NUMBER OF RESPONSES



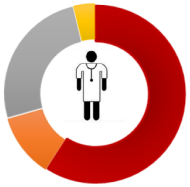

### DIFFICULTY GETTING MEDICAL SERVICES THAT THEY NEEDED



18.8%

Said "Yes"

### HAVE ONE PERSON YOU THINK OF AS YOUR PERSONAL DOCTOR OR HEALTH CARE PROVIDER



59.0%

Said "Yes"

Lower than the 2016 BRFSS: Leon-82.3%

Yes, only one
No
More than one
Don't know / Not sure

### MOST COMMON PLACES TO SEE A DOCTOR

Percentage (%)

**38.9%** Doctor's office or other provider's office

**21.3%** Bond Clinic

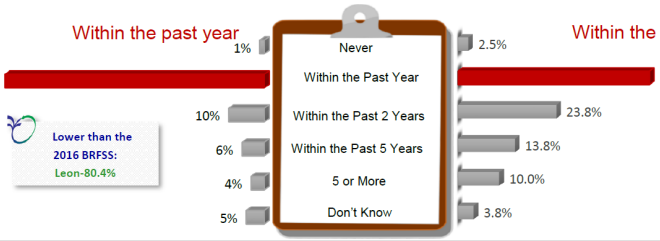
**21.3%** Emergency Room

### SAW A DOCTOR FOR A ROUTINE CHECKUP

73.8%

Within the past year

Lower than the 2016 BRFSS: Leon-80.4%




### SAW A DENTIST OR A DENTAL CLINIC FOR ANY REASON

46.3%

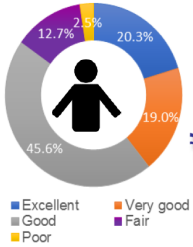
Within the past year



SOUTH CITY

## Health and Wellbeing

### SELF-RATED HEALTH STATUS

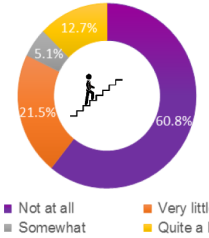



15.2%

"Fair" or "Poor"

Higher than the 2013 BRFSS: Leon-14.1%

### PHYSICAL HEALTH PROBLEMS LIMIT USUAL PHYSICAL ACTIVITIES




17.8%

"Somewhat "or "Quite a lot"

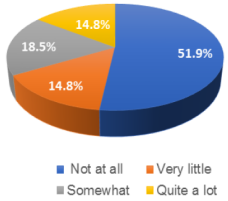
### FELT CONCERNED ABOUT FEELING MOODY, ANXIOUS OR DEPRESSED

25.0%

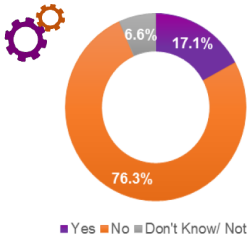
At least one point during the past month

### FEELING MOODY, ANXIOUS OR DEPRESSED KEPT THEM FROM DOING THEIR DAILY ACTIVITIES

Of those that felt concerned

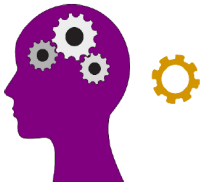



### THEY OR ANYONE IN THEIR FAMILY NEEDED MENTAL HEALTH SERVICES IN THE LAST YEAR




17.1%

Said "Yes"



SOUTH CITY

## Specific Health Conditions

Respondents were asked to identify the specific health condition(s) ever diagnosed by a doctor, nurse or other health professional.

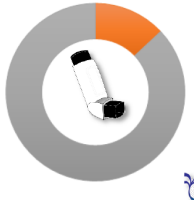
### HIGH BLOOD PRESSURE

22.1%

Have high blood pressure/ hypertension

Lower than the 2013 BRFSS: Leon-25.8%

### ASTHMA



13.0%

Have asthma

Higher than the 2016 BRFSS: Leon-9.8%

### DIABETES

13.0%

Have diabetes

Higher than the 2016 BRFSS: Leon-10.5%

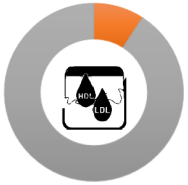
### OVERWEIGHT/OBESITY

11.7%

Are overweight or obese

Lower than the 2016 BRFSS: Leon-64.2%

### HIGH CHOLESTEROL

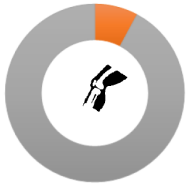


9.1%

Have high cholesterol

Lower than the 2013 BRFSS: Leon-27.5%

### SWELLING / INFLAMMATION OF JOINTS



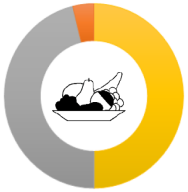
7.8%

Have swelling / inflammation of joints

SOUTH CITY

## Health-Related Behaviors

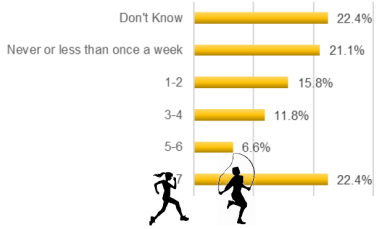
### EAT 3-5 SERVINGS OF FRUIT AND VEGETABLES PER DAY



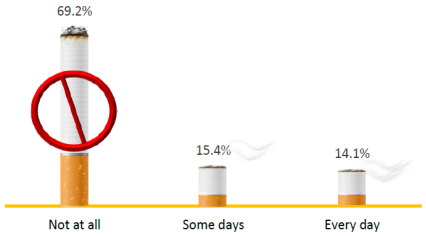
50.0%

Said "Yes"

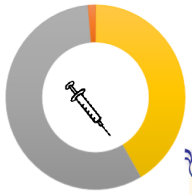
### PARTICIPATE IN AT LEAST 30 MINUTES OF ANY MODERATE INTENSITY PHYSICAL ACTIVITIES OR EXERCISES




### SMOKE CIGARETTES, CIGARS (BLACK AND MILDS)




### HAD EITHER A FLU SHOT OR A FLU VACCINE THAT WAS SPRAYED IN THEIR NOSE

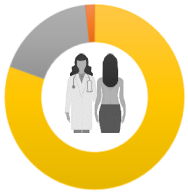


41.6%

Said "Yes"

Higher than the 2016 BRFSS: Leon-41.0%

### HAD A CLINICAL BREAST EXAM



80.3%

Said "Yes"

Higher than the 2013 BRFSS: Leon-68.7%

### TOP PERSONAL HEALTH ISSUES

- HIGH BLOOD PRESSURE
- DIET/WEIGHT/EXERCISE
- DIABETES

# COMMUNITY HEALTH ASSESSMENT SURVEY

*COMMUNITY HEALTH ASSESSMENT SURVEY*

***Please read:***

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

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

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

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

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

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

*Things to keep in mind if residents were to ask:*

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

**Let's begin,**

**DEMOGRAPHIC**

**1 How long have you lived at this residence?**

_____ In years
(Less than a year= 00)

**2 How long have you lived in this neighborhood?**

_____ In years
Less than a year = 00

**3 What is your age?**

_____ Age in years

**4** Indicate sex of respondent.

*Ask only if necessary.*

*01* Male
*02* Female

**5 What is the primary language that is spoken in your home?**

*Read only if necessary:*

*01* English
*02* Spanish
*03* Haitian Creole
*04* **Other** _____

**6 Which one of the following best describes your race?**

01 **White**
02 **Black or African American**
03 **American Indian or Alaska Native**
04 **Asian**
05 **Asian Indian**
06 **Other** _____

**7 Are you Hispanic, Latino/a, or Spanish origin?**

*Do not read:*

*01* Yes
*02* No
*03* Don't know / Not sure

**8 What is your marital status?**

*Please read:*

*01* **Single, Never married**
*02* **Married**
*03* **Divorced**
*04* **Widowed**
*05* **Separated**
***Or***
*06* **In a relationship or An unmarried couple**

**9 How many children less than 18 years of age live in your home with you?** ___ ___ Number of children

**10 How many individuals 18 and over live in this home? (include yourself)** ___ ___

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

*Read only if necessary:*

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

**12** **Are you currently…?**

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

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

a) _____

_____

b) _____

_____

c) _____

_____

d) _____

_____

e) _____

_____

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

a) _____

_____

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?**

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

***If NO, could you explain your answer?***

_____

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

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

***If NO, could you explain your answer***

_____

**17** **Do you have enough sidewalks in your neighborhood?**

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

***If NO, could you explain your answer***

_____

18 Do you have access to parks, walking trails, bike paths or other recreation areas in your neighborhood?

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

*If NO, could you explain your answer*

_____

19 Do you have access to public transportation in the neighborhood?

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

*If NO, could you explain your answer*

_____

20 Are there abandoned houses or buildings that you feel should be removed?

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

*If yes, could you specify location?*

_____

21 Are there abandoned cars or other vehicles in this neighborhood you feel should be removed?

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

*If yes, could you specify location?*

_____

22 Are there roaming/stray animals (such as dogs or cats) in your neighborhood?
*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?

1 Yes *(specify location below)*
2 No
3 No Opinion/Don't Know

*If yes, could you specify location?*

_____

24 Are there large amounts of trash not properly disposed of in this neighborhood?

1 Yes *(specify location below)*
2 No
3 No Opinion/Don't Know

*If yes, could you specify location?*

_____

25 Are you concerned with cars speeding in your neighborhood?

1 Yes *(specify location below)*
2 No
3 No Opinion/Don't Know

*If yes, could you specify location?*

_____

26 Are there areas or abandoned lots overgrown with weeds that do not allow you to easily walk or bike throughout this neighborhood?

1 Yes *(specify location below)*
2 No
3 No Opinion/Don't Know

*If yes, could you specify location?* _____

27 Are you worried about lead based paints in and around your home?

1 Yes *(specify location below)*
2 No
3 No Opinion/Don't Know

*If yes, could you specify location?* _____

28 Are there areas of sewage/foul smelling water outside of your home?

1 Yes *(specify location below)*
2 No
3 No Opinion/Don't Know

*If yes, could you specify location?* _____

29 Do you currently have mold in your home in an area bigger than a dollar bill?

1 Yes *(specify location below)*
2 No
3 No Opinion/Don't Know

*If yes, could you specify location?* _____

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

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

*1)*_____

2)_____

3)_____

ONLY ASK IF THERE ARE CHILDREN IN THE HOUSEHOLD.

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

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

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

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

CHILDRENS' CONCERNS

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

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

*Circle all that apply*

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

33 IF THEY HAVE CHILDREN UNDER 5 ASK****

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

*1 Yes*
*2 No* (Skip to 35)

34 IF "YES" TO THE ABOVE…

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

*List all that apply*

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

35 **Do you have concerns about your child's speech, hearing, vision, or movement?**

*1 Yes*
*2 No*
*3 Not Sure/Don't Know*

*IF YES, why?*

_____

36 **Do you worry that your child has problems…**

1 **Making friends**
2 **Concentrating in school**
3 **With discipline and behavior**
4 **Understanding what is going on around him or her**
5 **Being bullied**
6 **Feeling like he or she is different**
7 **Other worries (Specify)** _____

_____

37 **Do you worry about feeding your children?**

*1 Yes*
*2 No*
*3 Not Sure/Don't Know*

*IF YES, why?*

_____

38 **Do you believe your children have good health care?**

*1 Yes*
*2 No*
*3 Not Sure/Don't Know*

*IF NO, why?*

_____

39 **Do you believe your children have good dental care?**

*1 Yes*
*2 No*
*3 Not Sure/Don't Know*

*IF NO, why?*

_____

40 **Are you concerned about the safety of your children in the neighborhood?**

*1 Yes*
*2 No*
*3 Not Sure/Don't Know*

*IF YES, why?*

_____

41 **Do you like your children's school (s)?**

*1 Yes*

2 *No (Explain below)*
3 *Not Sure/Don't Know*

*IF NO, why?*

_____

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

Do not read. Use only if need a prompt.
0 No worries regarding children
1 Childcare
2 School/Education
3 Safe neighborhood
4 That they have enough food to eat
5 Limited or no 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 most often when you need to see a doctor? (Only one answer is acceptable so if more than one name is given ask that they choose the most used)**

*(Do not read unless need prompt)*

01 *Bond Clinic (Gadsden St., Pasco St., Joe Louis St.)*
02 *Neighborhood Health Clinic (Lincoln Ctr., Southside*
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*

**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:**

**SHOW CARD "A" TO INTERVIEWEE**

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

*01* Do not have a car or transportation
*02* Do not have childcare
*03* Do not have a service provider to go to
*04* Do not have insurance
*05* Do not have enough money to pay for care
*06* Do not know where to go for these services
*07* Service providers were not open when I/we needed services
*08* Service providers could not give me/us an appointment when needed.
*09* Service provider is too far from home.
*10* Service provider's waiting time is too long.
*11* Service provider is different each time I/we go for care.
*12* Service provider does not speak our language / look like us.
*13* Service provider does not listen to / understand me/us.
*14* Service provider does not treat me/us with respect.

**67** **Are there other reasons not on the card?**

_____

## SPECIFIC HEALTH CONDITIONS

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

(SHOW CARD "B" TO INTERVIEWEE)

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

(SHOW CARD "B" TO INTERVIEWEE)

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

## HEALTH-RELATED BEHAVIORS

**The next several questions are about your regular activities.**

**69 Does the grocery store or supermarket that you regularly go to offer a good selection of fresh fruits and vegetables?**

1 Yes
2 No
3 Don't know

**70 On average, do you eat 3-5 servings of fruit and vegetables per day? (1 serving of fruit =1/2 cup=1 tennis ball, 1 serving of vegetables = 1 cup = 1 fist)**

1 Yes
2 No
3 Don't know

**71 On average, how many times per week do you eat meals that were prepared in a fast food restaurant?**

**(include fast food, and restaurants that deliver food to your house).**

___ ___ Enter number of times
97 Less than once per week
00 Never .
98 Don't know/Not sure

**72 On average, how often do you eat fried foods per week?**

___ ___ Enter number of times
97 Less than once per week
00 Never .
98 Don't know/Not sure

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

1 **Every day/almost daily**
2 **A few times per week**
3 **Rarely (Skip to 75)**
4 **Never (Skip to 75)**

**74 Considering all types of alcoholic beverages, how many times during the past 30 days did you have X or more**

___ ___ Number of times (None = 00)
77 Don't know / Not sure

**drinks [X = 5 for men, X = 4 for women] on an occasion?**

**75** **During the last month, other than your regular job, how often did you participate in at least 30 minutes of any moderate intensity physical activities or exercises such as walking, running, or calisthenics?**

___ ___ Times per week
___ ___ Times per month
77 Don't know / Not sure
99 Refused

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

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

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

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

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

**78** **During the past year, have you stopped using cigarettes for one day or longer because you were trying to quit smoking?**

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

**79** **Do you currently use electronic cigarettes (also known as e-cigarettes or vaping)?**

1 Yes
2 Yes, to help me quit smoking or using other tobacco products
3 No

**80** **During the past year, have you had either a flu shot or a flu vaccine that was sprayed in your nose?**

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

**81** **A pneumonia shot is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?**

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

**82** **Have you ever had the shingles or zoster vaccine?**

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

---

**83** **ONLY ASK IF FEMALE**

**Have you ever had a mammogram?**

(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.**

# COMMUNITY SURVEY MEETINGS

Appendix: 2017 CHIP Kick-off Invite, March 8, 2017

Community Partner:

Tallahassee Memorial HealthCare, United Way of the Big Bend, and the Florida Department of Health in Leon County invite your agency to participate in workgroups to develop action plans around the following strategic issues that emerged from the Community Health Assessment. The kick-off meeting will be held on March 8, 2017 from 9:00 a.m. to 12:00 p.m. at 872 W. Orange Ave.

1) Physical Activity and Nutrition
2) Mental Health
3) Neighborhood Safety (focus on built environment, crime and violence)
4) Maternal Child Health
5) Early Childhood Education
6) HIV/Sexually Transmitted Infections
7) Economic Stability
8) Health Communication and Information

We ask that you or your representative(s) join one or more of the workgroups. The workgroups—facilitated by leaders from the health assessment steering group—will meet from March through June. Each workgroup member will be asked to:

- Attend workgroup meetings
- Review existing research and participate in other workgroup meetings or activities
- Engage cross-sectional leaders and community members in the planning process
- Reach out to other groups to learn about their work and gain feedback
- Document current plans and initiatives and suggest potential partners/resources in the action plan
- Develop a draft action plan with help from a template

Please register to participate in a CHIP Workgroup by March 3, 2017. For questions, email Brandi.Knight@flhealth.gov or phone 850-606-8169.

With your help, we can build a stronger and prosperous community in which we all succeed.

Sincerely,

TALLAHASSEE MEMORIAL HEALTHCARE

LIVE UNITED United Way United Way of the Big Bend

Florida HEALTH Leon County

Appendix: 2017 CHIP Kick-off Agenda, March 8, 2017

**Leon County Health Improvement Planning Kick-Off**
**Richardson-Lewis Health Center, Auditorium**
**872 West Orange Avenue, Tallahassee, FL**
**March 8, 2017, 9:00 a.m. – 12:00 p.m.**

## AGENDA

**Purpose:** *Each strategic issue area identifies assets and gaps and brainstorm goals and objectives for the health improvement plan.*

| Topic | Lead |
|---|---|
| Welcome & Introductions | Claudia Blackburn<br>Health Officer, DOH-Leon |
| What is the Health Assessment/Improvement Process? | Brandi Knight<br>DOH-Leon |
| Committee Roles & Responsibilities | Brandi Knight<br>DOH-Leon |
| Committee Discussions | Committee Leads |
| Next Steps | Brandi Knight |
| Closing Remarks/Adjourn | Claudia Blackburn |

Appendix: CHIP Meeting Agenda, February 26, 2018

**Leon County Health Improvement Planning Alignment Meeting**
**Bill Fagen Conference Room**
**1515 Old Bainbridge Road, Tallahassee, FL**
**February 26, 2018, 8:00 a.m. – 12:00 p.m.**

## AGENDA

**Purpose:** *Each strategic issue area identifies assets and gaps and aligns strategies and objectives for the health improvement plan.*

| Topic | Lead |
|---|---|
| Welcome & Introductions | Claudia Blackburn<br>Health Officer, DOH-Leon |
| Committee Roles & Responsibilities | Marcus West<br>DOH-Leon |
| Committee Discussions | Committee Leads |
| Community Based Questions/Concerns | Southside Frenchtown<br>Advisory Council |
| Next Steps | Marcus West<br>DOH-Leon |
| Review of Old CHIP Plan | Marcus West<br>DOH-Leon |
| Closing Remarks/Adjourn | Claudia Blackburn<br>Health Officer, DOH-Leon |

Appendix: CHIP Meeting Sign-in Sheets, February 26, 2018

**Leon County Health Improvement Planning Alignment Meeting**
**Bill Fagen Conference Room**
**1515 Old Bainbridge Road, Tallahassee, FL**
**February 26, 2018, 8:00 a.m. – 12:00 p.m.**

**Sign-in Sheet**

| Name | Organization | Email | Phone Number |
|---|---|---|---|
| Melissa Dancer | Tallahassee Memorial HPC | melissa.dancer-brown@tmh.org | 431-3720 |
| Jasmin Godding | FDOH Leon | jasmin.godding2@FLhealth.gov | 850-606-8113 |
| Claudia Blackburn | FDOH Leon | | |
| Jay Reeve | Apalachee Center | jay@apalacheecenter.org | 523-3253 |
| Edward Holifield | | ewholifield@yahoo.com | 850.556.1085 |
| Betsy Wood | FSU PHP | betsywood100@gmail.com | 850-321-6792 |
| Miaisha Mitchell | Frenchtown/Southside Community Advisory Council | mmiaisha@gmail.com | 850-284-0366 |
| MARGARET S. WHITE | Southside Frenchtown Community Advisory Council | mdgwy11@aol.com | (850) 877-0218 cell |
| CHRISS WALKER | " | | |
| Sylvia Hubbard | " " | sulvinhubbard@hotmail.com | (850)251-3426 |

| Name | Organization | Email | Phone Number |
|---|---|---|---|
| Rebecca Weaver | United Way | rebecca@unitedway.org | 487 8091 |
| Cheryl Williams | DOH | Cheryl.williams@FLhealth.gov | 606 8266 |
| Rose Scheck | DOH | | |
| James Cole | DOH | James.Cole@FLhealthgov | (850) 322-2793 |
| June Logan | SFCAC | juneloganfamilyline@yahoo.com | (850) 556-0986 |
| Marcus Waddell | FDOH-Leon | | |
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Appendix: CHIP Meeting Minutes, February 26, 2018

**Leon County Health Improvement Planning Alignment Meeting**
**Bill Fagen Conference Room**
**1515 Old Bainbridge Road, Tallahassee, FL**
**February 26, 2018, 8:00 a.m. – 12:00 p.m.**

## MINUTES

| Topic |
|---|
| **Attendees:** Claudia Blackburn; James Cole; Melissa Dancer; Jasmin Godding; Edward Holifield; Sylvia Hubbard; June Logan; Miaisha Mitchell; Jay Reeve; RoseAnn Scheck; Arianna Waddell; Chriss Walker; Rebecca Weaver; Marcus West; Cheryl Williams; Margaret White; Betsy Wood (Facilitator) |
| **Welcome & Introductions – Claudia Blackburn** |
| **Review of Old CHIP Plan – Marcus West**<br>Marcus reviewed the strategic issue areas and goals, which include the following:<br>**Strategic Issue Area #1:** Access to Health Care<br>1. Increase access to oral health services<br>2. Improve access to behavioral mental health services<br>3. Raise community's awareness on the role of stress in healthy lifestyles<br>**Strategic Issue Area #2:** Obesity and Chronic Disease<br>1. Increase healthy behavioral among adults and children<br>• *Strgy1: By May 31, 2017, 20% of Leon County schools will achieve a level of success as determined by Alliance criteria*…We need to identify the Leon County Schools that have received recognition for the Alliance for Healthier Generation. (Note: In 2015, Desoto Trail Elementary was recognized with a gold award for wellness. The previous year (2014), Desoto was recognized with a silver award and Chaires Elementary a bronze award. Ruediger Elementary received a bronze recognition in 2013.)<br>• *Strgy1: By June 30, 2014, by 5% the availability of employee wellness programs*…Objective was removed because we did not have the available resources at the time. This is something that is being captured in our current CHIP. We are focusing on nutrition, weight, and smoking cessation in the new plan.<br>• *Strgy1:* Update obesity rates.<br>• *Strgy2: By May 31, 2017, increase the number of elementary schools compliant with the 150 minutes per week*…Not sure how Brandi Knight tracked this. The currently level is most likely over three (3). There is a policy to increase the number of minutes, but there was an option to not to do it. Is there a database to monitor this? The CHIP workgroup needs to work with the CHAMPIONS Program and ECOP.<br>• *Strgy2: By May 31, 2016, reduce the number of elementary schools using unhealthy treats*…ECOP is discussing this matter and has key people in place (Alan Cox and Roseann Wood). We need to incorporate ECOP plan into Nutrition and Physical Activity workgroup.<br>• *Strgy2: By May 31, 2016, reduce the number of elementary schools using unhealthy treats*…ECOP<br>• *Strgy 3: By June 30, 2017, increase the number of participants walking in monthly Move Tallahassee*…We are focusing on community walks, not specifically Move. What is the baseline data for this objective? |

**Strategic Issue Area #3:** Health disparities

1. Raise awareness among health care staff and patients on the importance of breastfeeding
    - Strgy 1: *By December 31, 2016, 100% of TMH health care staff working on the maternity ward…* We should be at 100 percent. On February 7, 2018, TMH had a site visit for the Baby-Friendly Initiative. It will take 4-6 weeks to get back the report for accreditation.
    - Strgy 1: *By December 31, 2016, at least 90% of all pregnant women receiving prenatal care through TMH* …The Collective Impact has discovered that the prenatal care status of many women is missing/unknown. Thus, the prenatal care utilization percentages may be inaccurate. This is a national problem.

We need to identify data sources and keep them updated and uniform.

There should be a racial breakdown of the indicators.

The purpose of this segment of the meeting is to identify the pitfalls of the Old CHIP Plan and to make the necessary changes.

**Current Plan**

Affordable Housing

- We can add private lenders. There is more time so see who hasn't been brought to the table.
- How many safe affordable housing units are there?
- Include overall number of affordable housing units
- Look at people in the community, including CONA and community centers. Christic Henry is a part of the CONA.
- Affordable housing for people living the community -how do we differentiate?
- They have private lenders on their list
- Strategy 1-excluding student housing
- There needs to be a workshop. People from the community need to be part of the workshop.
- What is the impact of business?
- What is the level of federal funding?
- Include policy in action plan.
- Public development and workshops
- Number of new stakeholders
- When do the City and County have meetings?
- Get elected officials to be more thoughtful

Sustainable Employment

- Define sustainable employment (fast-food vs other forms of employment)
- Educate people about existing training opportunities and workforce development –
- Connecting job candidates with employers
- Need to include special populations: jailers and child support
- Educate people that implement the policies



Leon County Health Improvement Planning Alignment Meeting
Bill Fagen Conference Room
1515 Old Bainbridge Road, Tallahassee, FL
February 26, 2018, 8:00 a.m. – 12:00 p.m.

MINUTES

- Career source has a direct line to politicians.
- Suability assessment and data and qualitative assessment
- Melissa can send information about the playbook

HIV

- We are the people served at the bargain table.
- The data is not accurate.
- Educating people about PrEP
- The State Office is specific about advertisement.
- HIV program is collecting data to monitor where people are receiving information.
- One meeting with the State Office -She want them to talk to CEOs and Community members
- Data for PrEP for blacks and whites
- Black treatment advocacy and Black Aids group advertisement
- Where is the money for outreach going?
- Why are there no workshops on HIV morbidity and mortality?
- Test and Treat – People that come to them, they get tested and treated immediately. We are trying to have linkage person for case management. Tested and treated is within 2 weeks. The health department gives them medicine.
- RoseAnn will be starting workgroup with providers.

Maternal Child Health

- Working to get community partners, Maternal Child Health Equity and Collective Impact

Behavioral Health

- Southside and Frenchtown Community Advisory Council (SFCAC) will be a community partner

Nutrition and Physical Activity

- Significant difference between obesity rates of Title 1 schools and non-Title 1 schools
- ECOP is working on a grant proposal to improve nutrition and physical activity among two Title 1 schools: Bond Elementary and Oak Ridge Elementary

**Next Steps - Marcus West**

- Make changes to the CHIP draft based on the information provided today (February 26).
- The Community Health Assessment is being updated.
- Marcus will converse with the team leads.
- Marcus will share the finalized plan with the SFCAC.

Adjourn

Appendix: CHIP Meeting Agenda, July 30, 2018

**Leon County Health Improvement Planning Quarterly Meeting**
**Bill Fagen Conference Room**
**1515 Old Bainbridge Road, Tallahassee, FL**
**July 30, 2018, 10:00 AM – 12:00 PM**

## AGENDA

**Purpose:** *Each strategic issue area identifies assets and gaps and aligns strategies and objectives for the health improvement plan.*

| Topic | Lead |
|---|---|
| Welcome & Introductions | Dr. Judith Ogbonna<br>DOH-Leon |
| CHIP Workgroup Updates<br>• Affordable Housing<br>• Sustainable Employment<br>• HIV/ AIDS<br>• Sexually Transmitted Diseases (STDs)<br>• Physical Activity<br>• Maternal and Child Health<br>• Mental Health | Committee Leads |
| Closing Remarks/Adjourn | Marcus West<br>DOH-Leon |

**Florida Department of Health in Leon County**
**CHIP Meeting**
**R & S, Bill Fagen Room**
**July 30, 2018, 10:00 a.m. – 12:00 p.m.**

**SIGN-IN SHEET**

| Name | Phone Number | Email | Organization |
|---|---|---|---|
| Matt Guse | 850-552-7338 | mguse@elclongbend.org | ELC |
| Claudia Blackburn | 850-606-8160 | | DOH-Leon |
| Jay Reeve | 850-523-3213 | jayr@apalacheecenter.org | Apalachee Center |
| Judith Ogbonna | (850) 606-8162 | judith.ogbonna@flhealth.org | DOH-Leon |
| Holly Kirsch | 850-606-8229 | holly.kirsch@flhealth.gov | DOH-Leon |
| Unam Mansoor | [illegible] | [illegible] | DOH Leon |
| Hanging Sun | 850-300-3614 | Hanging.Sun@flhealth.gov | DOH leon. |
| Thomas Risk | 850 606 8091 | thomas.risk@flhealth.gov | DOH-Leon |
| Melissa Dancer | 850 431-3720 | melissa.dancer-brown@tmh.org | TMH |
| Dale Harrison | 850-545-1605 | dale.harrison@FlHealth.org | STD |
| R Weaver | 4878091 | rebecca@uubb.org | United Way |
| [illegible] | 850- | | |
| Marcus West | ~~850-528~~ 8026 | marcus.west@FLHealth.gov | DOH |
| Arianna Waddell | (850) 718-7227 | Arianna.Waddell@FlHealth.org | |
| | | | |

Appendix: CHIP Meeting Minutes, July 30, 2018

**Leon County Health Improvement Planning Quarterly Meeting**
**Bill Fagen Conference Room**
**1515 Old Bainbridge Road, Tallahassee, FL**
**July 30, 2018, 10:00 AM – 12:00 PM**

## MINUTES

**Purpose**: *Each strategic issue area identifies assets and gaps and aligns strategies and objectives for health improvement plan.*

| Topic |
|---|
| **Present:**<br>Claudia Blackburn; Mellissa Dancer-Brown; Matthew Guse; Sun Hanging<br>Dale Harrison; Holly Kirsch; Unam Mansoor; Judith Ogbonna; Jay Reeve; Thomas Risk; Arianna Waddell; Rebecca Weaver; Marcus West |
| **Welcome/Call to Order:**<br>• The meeting was called to order at 10:10 AM by Dr. Judith Ogbonna.<br>• Dr. Ogbonna led the group in introductions.<br>• Marcus informs the meeting attendees that the purpose of the meeting to examine how far we come with the CHIP. In addition, the group would determine if each objective is still "smart", identify the lessons learned, assess why an objective was not met, and determine if the objective is sustainable. |
| **CHIP Workgroup Updates**<br>*HIV - Thomas Risk*<br>• This is Thomas's first CHIP meeting.<br>• He will forward the 2017 HIV data to the group.<br>• He is having a discussion with FDOH-Leon's public information officer about starting a twitter account.<br>*Nutrition and Physical Activity - Melissa Dancer-Brown*<br>• The workgroup is on target.<br>• The workgroup has aligned itself with the Early Childhood Obesity Prevention's (ECOP) existing goals. ECOP has received funding from the Leon County School Board Foundation to hire a part-time person to work with Bond Elementary and Oakridge Elementary School. The intern will be doing onsite assessments into the schools either before school gets started or the first couple weeks of school. In addition, he will examine the physical environment of water – where it exists in the schools. He will be conducting an assessment on what happens in the schools (e.g., Are teachers limiting students' water consumption to limit their need to go to the restroom?).<br>• Tallahassee Memorial HealthCare will develop the materials for the program.<br>• They will rely on the principals to identify the grades for the program.<br>• The program has an awareness and educational components.<br>• In addition, there will be a challenge for students to track their beverage consumption. Florida State University and Florida A& M University students will assist with the challenge. |

1

**Leon County Health Improvement Planning Quarterly Meeting**
**Bill Fagen Conference Room**
**1515 Old Bainbridge Road, Tallahassee, FL**
**July 30, 2018, 10:00 AM – 12:00 PM**

## MINUTES

**Purpose**: *Each strategic issue area identifies assets and gaps and aligns strategies and objectives for health improvement plan.*

*Maternal Child & Health – Unam Mansoor*

- In June, we participated in the Maternal Child Equity Forum that was at FAMU.
- On August 4th, there will be a Breastfeeding Walk at Lake Ella at 9 AM. There will also be an activity during Black Breastfeeding Week (August 25-31).
- They are providing "Safe Sleep" educational materials and resources at doctors' offices.
- They are partnering with Healthy Start to increase safe sleep awareness by utilizing Healthy Start's electronic crib.
- Healthy Start has initiated providing infancy care classes, and we are trying to partnership with them on this. Would like to have one class per quarter.
- The 2% baseline for the home visits must be tracked in the CHIP document.

*Mental Health- Dr. Jay Reeve*

- This workgroup has four objectives, to Evaluate, Expand, Engage, and Educate.
- We have a baseline that reflects the 4 surveys conducted in Leon County. These studies are incorporated into the whitepaper. Over the next few years, we will gather data.
- Data was collected from participants at the Be Kind to Your Mind event. In addition, data is being collected from 2-1-1 Big Bend.
- They are in the process of developing a behavioral health provider database.
- The Evaluate strategy has expanded since the last CHIP meeting. Currently, objectives A and C are in progress, and objective B is completed.
- The purpose of the education subcommittee was to raise public awareness on issues and resources connected to mental health. We have had media appearances with WFSU and the Tallahassee Democrat, developing a website, and creating awareness videos.
- There will be a CME opportunity for local doctors.
- Partnering with Big Bend Mental Health Coalition.
- Objective 3.1.5 is still in progress.
- He is waiting to get more information from the engage subcommittee.

*Economic Stability & Affordable Housing – Rebecca Weaver*

- We are pretty much on track with everything. However, we are behind on the gap assessment.

*STD-Dale Harrison*

- Their target population are young people between the ages of 15 and 24 years old.



**Leon County Health Improvement Planning Quarterly Meeting**
**Bill Fagen Conference Room**
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**July 30, 2018, 10:00 AM – 12:00 PM**

## MINUTES

**Purpose**: *Each strategic issue area identifies assets and gaps and aligns strategies and objectives for health improvement plan.*

- He will get the number of providers that offer expedited partner therapy (EPT) in Leon County.
- Claudia recommended using rates versus number of cases for the baseline.
- He would like to capture the percentage of people that visit the health department after seeing the STD awareness presentations.

**Adjourned**

# Alignment with National and State Goals

| STRATEGIC HEALTH ISSUE | GOAL | SHIP | HP2020 | CDC Winnable Battle |
|---|---|---|---|---|
| ***Affordable Housing*** | 1. Increase availability of safe and sanitary affordable housing units | HE2.1.1, HE3.4.3 | SDOH-4 | |
| ***Sustainable Employment*** | 1. Minimize barriers to sustainable employment | HE3.1 | SDOH-1 | |
| ***HIV/AIDS*** | 1. Reduce new HIV infection in Leon County<br>2. Increase access to care for people newly diagnosed<br>3. Stop the AIDS pandemic in black communities by engaging and mobilizing black institutions and individuals in efforts to confront HIV | ID2.1, ID2.2 | AHS-7;<br>HC/HIT-13;<br>HIV-1, HIV-2, HIV-8, HIV-19, HIV-20, HIV-21 | CDC Winnable Battle: HIV |
| ***STD*** | 1. To decrease STDs (gonorrhea, chlamydia and syphilis) in Leon County | ID1.2 | STD-8 | |
| ***Physical Activity*** | 1. Develop and promote cross-sector community walking for maintaining health and managing chronic disease | HW2.1 | HW2.1<br>PA-13 | CDC Winnable Battle: Nutrition/Physical Activity/Obesity |
| ***Nutrition*** | 1. To reduce the consumption of sugar-sweetened beverages (SSB) among teachers, staff and students at Title 1 Leon County schools | | | CDC Winnable Battle: Nutrition/Physical Activity/Obesity |
| ***Maternal and Child Health*** | 1. Reduce infant mortality rate from 6.7 to 5 by 2022 | HW1.2,<br>MCH1 | MICH-10, MICH-30 | |
| ***Mental Health*** | 1. To improve mental health outcomes for residents of Leon County | HE3.5.2;<br>MHMD-6, MHMD-7 | | |