

APALACHEE CENTER, INC

EASTSIDE PSYCHIATRIC HOSPITAL



COMMUNITY HEALTH NEEDS ASSESSMENT

2 0 2 2



I. Apalachee Center, Inc.

Mission Statement: It is the mission of Apalachee Center, Inc. to empower persons served to improve the quality of life for themselves and their families through the provision of quality behavioral health care with unrelenting attention to clinical excellence and safety.

Vision: It is the vision of Apalachee Center, Inc. to serve as an integral component of the community's healthcare system.

Core Values:

- *Integrity:* We embrace the highest standards of behavior and promote honesty, responsibility and fairness in all of our relationships.
- *Respect:* We treat those we serve and each other with dignity, respect and compassion.
- *Team Work:* We respect the professionalism and contributions of our coworkers, value diversity and recognize that people are one of our greatest assets.
- *Excellence:* We strive to always provide the highest standard of care in everything we do.
- *Safety:* We take the safety and security of our clients, staff and all persons we come in contact with seriously. Safety is a part of all we do.

Organizational Goals:

- *Leadership:* "To provide direction and engagement in the development of an organized and flexible framework for delivery of quality clinical services including planning, directing, financing, coordinating, implementing, and ongoing improvement of our services, performance and productivity that is responsive to the needs of our clients and communities and ensures organizational stability and viability."
- *Safety / Environment of Care:* "To provide a safe, secure and therapeutic environment for those persons served by, or working in, the Organization."
- *Human Resources:* "To recruit and retain qualified and competent staff and to foster continuing education and skill development to support personal growth and organizational development."
- *Information Management:* "To obtain, manage, and use information and data to enhance and improve individual and organizational performance."

- *Client Rights:* "To recognize and respect the applicable rights of each person served and to meet or exceed each client's expectations."
- *Service Delivery:* "To provide safe, accurate and appropriate assessment, excellent clinical care and treatment based on current best practice models which support a positive client outcome."

II. Description of the Community served

Geographic and Environmental Characteristics

The Agency's service area, which covers 5,554 square miles, includes Franklin, Gadsden, Jefferson, Leon, Liberty, Madison, Taylor, and Wakulla counties. With the exception of Leon County, the service area counties are primarily rural, agricultural, fishing, and forestry areas (refer to Attachment 1 - Service Area Map).

Located within Leon County is Tallahassee, the State Capital, wherein reside the State Government offices, two universities (Florida A&M University and Florida State University), and a community college (Tallahassee Community College).

Demographic Characteristics

The estimated population of the service area as of 2021 was 447,542 persons with Leon County accounting for 66% of the total population. Leon County is the only county within the service area that is considered a Standard Metropolitan Statistical Area (SMSA), (i.e., containing 100,000 or more persons). The density rate (persons per square mile) of all the service area's counties is significantly lower than the statewide rate (408.2). Only Leon County's density rate of 442.7 approximates that of the State (Office of Economic and Demographic Research).

Socio-Economic Characteristics

Seven (7) of the eight (8) counties had a higher percentage of persons living below the poverty level than the State (12.4%) as a whole. Wakulla County was the only county with a poverty level lower than the state (10.3%). The counties range from a low of 10.3% (Wakulla County) to a high of 23.8% (Madison County) of persons living below the poverty level. All eight (8) of the counties had per capita personal incomes below the State figure of \$55,675 ranging from a high of \$48,850 in Leon County to a low of \$28,496 in Liberty County.

Three (3) of the eight (8) counties had an unemployment rate beyond that of the State (3.3%): Gadsden: 5.4%; Madison: 4.9%; Taylor: 5.0% (Office of Economic and Demographic Research). The unemployment rates range from a low of 3.2% (Wakulla) to a high of 5.4% (Gadsden).

The factors of poverty, low per capita income, and unemployment are all problems within the service area that represent potential barriers to service utilization by affected persons (please refer to Attachment 5 - Selected Population Statistics). Poorer clients, having limited transportation resources to pursue services, have traditionally found services to be less accessible. Furthermore, these low-income clients cannot pay for services, necessitating that Federal and State funds be available to subsidize services to them.

The above service area profile statistics have remained fairly steady during the last two (2) periods of census tract study, indicating that the demographic and socio-economic factors will remain constant for Agency planning purposes.

External Influences

The variety of external influences which impact on the Center's ability to deliver services cover the range of social, political, economic, and geographic factors presented above. Also affecting the Center's service delivery capability is the amount of financial resources available as well as the extent of other similar services available in the service area.

One of the major factors influencing Apalachee's service delivery capability is the size and diversity of its geographic service area. The provision of consistent levels of service across a 5,000 square-mile service area poses obvious transportation barriers for local staff and clients. The availability of generalized outpatient services can be offered throughout the area; however, specialized services (e.g., Inpatient Services) requiring high overhead costs can require traveling considerable distances. Apalachee has decentralized as many services as possible while also attempting to improve the access to more centralized programs by use of law enforcement, natural support systems, and staff transportation, where feasible. The density of the service area also poses particular problems for the planning and delivery of mental health services. The center of the service area (Leon County) is a fairly urbanized SMSA with a population of over 295,000 persons. The remaining seven (7) counties of the service area comprise a population of approximately 152,000 persons. The juxtaposition of urban and rural populations and influences presents two fairly different sets of client needs and problems. To the extent possible, Apalachee has attempted to address this situation

through the provision of services to each county through local facilities staffed by indigenous personnel.

The large geographic area also affects how Apalachee is impacted politically. Having a service area comprised of eight (8) counties means that relationships have to be developed and maintained with eight (8) county commissions, eight (8) sheriff's departments, and numerous other municipal officials and public officers. To the extent possible, Apalachee attempts to keep the responsibility for liaison work with these groups to as few persons as possible to keep misunderstandings to a minimum. The Chief Executive Officer is primarily responsible for all contact and presentations to county commissions as well as maintaining linkages with and flow of information to community service provider agencies. Since local county governments are required by state law to financially participate in the community mental health system (every three state dollars requires one matching local dollar), the maintenance of appropriate linkages and coordination with local governmental agencies becomes a critical task.

Apalachee is, of course, impacted enormously by the political and legal influences exerted by the massive amount of federal and state legislation passed during the past twenty years. The Substance Abuse and Mental Health Program Office (SAMH) of the Department of Children and Families (DCF) has promulgated numerous rules and regulations within which all Center programs and services must operate. Further, the ADM program staff has developed comprehensive monitoring standards and manuals based upon state statutes, rules, and regulations. In 2012, DCF began contracting with private, non-profit Managing Entities across Florida to have one single agency in each region manage local contracts for substance abuse and mental health services. In 2013, Big Bend Community Based Care (BBCBC) became the northwest regions Managing Entity. In 2020, BBCBC transitioned to a new name, Northwest Florida Health Network.

Economic factors are the remaining external element affecting the service delivery capability of Apalachee. The availability of financial resources for the funding of services, both from governmental and private sources, is a definite deciding factor in the quantity and range of services that can be offered. Public funding is essential to continue to support services for the high-risk populations that, even more than before, are unable to pay for their services.

Tallahassee Memorial HealthCare Community Health Survey

In 2021, Apalachee Center, Inc. and Tallahassee Memorial HealthCare (TMH) created a joint partnership to provide strategic direction and planning for both Apalachee Center and TMH

relating to all facets of behavioral healthcare in Florida's Big Bend region. Led by Apalachee Center's CEO and including senior leadership staff over behavioral health care in both organizations, this partnership entity is responsible for regional level long-term strategic direction regarding behavioral healthcare. While Apalachee previously served as a stakeholder/participant in the 2019 TMH Community Health Needs Assessment survey process and collaborated closely on behavioral health issues that impacted the community, with the development of the new partnership, Apalachee Center and TMH have embarked on an integrated strategic planning process that guides the analysis of and development of all behavioral health services provided by both entities in this region. For the current CHNA, an integrated CHNA behavioral health sub-committee including representatives from both Apalachee and TMH was convened and was fully engaged in the development of the community survey, analysis of the survey results, and development of strategic responses to those results. Accordingly, the Apalachee Center and TMH CHNA needs assessments and responses were developed as a unified response to a single comprehensive survey and community input process, although both entities prepare separate CHNA responses.

Comprehensive Tallahassee Memorial HealthCare 2022 Community Health Needs Assessment Report

DEFINITION OF THE COMMUNITY SERVED BY THE HOSPITAL FACILITY

Tallahassee Memorial HealthCare (TMH) determined the definition and scope of the community served by assessing the geographic area representing approximately 80% of its inpatient discharges and ambulatory surgery services. For this CHNA, the defined service area includes Gadsden, Jefferson, Leon and Wakulla counties. These counties comprised approximately 80% of TMH's annual patient volume from 2019 to 2021, with Leon County alone accounting for almost 55% of patient volume. Similarly, these counties accounted for 79.9% of Apalachee's patient volume. (Data Source: Florida Agency for Healthcare Administration, Hospital Inpatient and Ambulatory Surgery datasets).

DEMOGRAPHICS OF THE COMMUNITY

TMH is based in Tallahassee, the core city in the Tallahassee Metropolitan Statistical Area (MSA)¹, which comprises the four counties that make up TMH's primary service area. The Tallahassee MSA is in Florida's Big Bend region and stretches across northern Florida from the Aucilla River westward to the Apalachicola National Forest. Leon County is bounded to the south by Wakulla County and to the east by Jefferson County.

Gadsden County lies to its west and, like both Leon and Jefferson counties, is bordered to the north by southwest Georgia. The Gulf of Mexico demarcates the southern borders of Jefferson and Wakulla counties, and their landscapes include salt marshes and oyster reefs as well as the mix of agricultural land, hardwood and pine forests, lakes, swamps, and freshwater springs that characterize the Big Bend region.

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

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

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

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

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

Sources: U.S. Census Bureau, October 2021, Annual Resident Population Estimates for Metropolitan and Micropolitan Statistical Areas and U.S. Census Bureau, May 2022, Annual Estimates of the Resident Population, 2020-2021

Tallahassee, the only incorporated municipality in Leon County, is the state capital and the largest city in Florida's Panhandle. Tallahassee serves as the agricultural and commercial hub for the Tallahassee MSA and is home not only to state government offices but also to two of Florida's public universities—Florida State University (FSU) and Florida A&M University (FAMU)—and Tallahassee Community College (TCC), part of the Florida College System. Student enrollments at these three schools exceeded 73,000 in 2021, comprising over one-third of Tallahassee's total population.

Leon County also serves as the hub for health and service agencies serving residents of the Tallahassee MSA. Its resources include a Level II Trauma Center (TMH), the Sergeant Ernest I. “Boots” Thomas VA Clinic, a non-profit mental health center offering inpatient, outpatient and residential services and two hospitals: TMH and HCA Florida Capital Hospital (formerly known as Capital Regional Medical Center).

All three post-secondary institutions in Tallahassee offer educational and training programs for health professions: FSU has a School of Nursing and a College of Medicine created in 2000 to address the shortage of family care providers in Florida’s rural areas. FSU also has programs in speech, physical and occupational therapy, audiology and recently launched a program in public health policy. FAMU has a College of Pharmacy and Pharmaceutical Sciences, as well as a public health, health administration and informatics, occupational, physical and respiratory therapy, and cardiopulmonary sciences degree programs. TCC’s programs include degrees in nursing (AS and BS) and dental hygiene.

Residents of the four-county area do not benefit equally from these resources, a disparity that is evident in the designation of Gadsden and Wakulla counties as medically underserved areas (MUA) and the low-income populations of Jefferson and Leon counties are designated as medically underserved populations (MUP). Evaluation of medical underservice is based on the ratio of primary care providers to population, rates of infant mortality and percentage of the population that is elderly and/or poor. Further, Gadsden, Jefferson and Wakulla counties are designated Geographic Health Professional Shortage Areas (HPSA), with too few primary care physicians, dentists, dental hygienists and mental health professionals. Leon County’s low-income population is also designated as Population HPSA.

Because of these designations, the four-county area has six federally funded community health centers: five in Leon County and one in Gadsden County. In addition, the health departments of all four counties provide free or low-cost medical and dental services and an array of other health and social services intended to provide at least some access to care for under-insured and uninsured residents.

Medical Underservice Designations in the Tallahassee MSA	
DESIGNATION	INDEX OF MEDICAL UNDERSERVICE SCORE ²
MEDICALLY UNDERSERVED AREA:	
Gadsden County	53.7
Wakulla County	55.7
MEDICALLY UNDERSERVED POPULATION:	
Low-income population of Jefferson County	51.5
Low-income population of Leon County	59.5

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

COMMUNITY DEMOGRAPHIC AND SOCIOECONOMIC CHARACTERISTICS

The four counties that comprise the Tallahassee MSA are demographically and socioeconomically diverse, with differences in the distributions of their respective populations by age, education, economic status, race/ethnicity and nativity. A brief consideration of these characteristics illuminates the area's medically underserved designation. Greater detail is included in tables presented later in this report, with the Community Health Needs Assessment Data.

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

² The IMUS score ranges from 0 to 100, with 0 representing the greatest need. To be designated a Medically Underserved Area or Medically Underserved Population, an area must score less than 62. See <https://bhwh.hrsa.gov/shortage-designation/types> for more information

Distribution of the Resident Population by Age Groups, 2020					
	GADSDEN	JEFFERSON	LEON	WAKULLA	TALLAHASSEE MSA
Under 18 years (%)	21.7	16.5	18.6	20.7	19.1
Under 5 years (%)	5.9	4.2	5.2	5.2	5.2
18 to 64 years (%)	60.4	60.7	67.9	64.2	66.5
65 years and over (%)	17.9	23.5	13.4	15.7	14.4
85 years and over (%)	1.9	2.6	1.5	0.9	1.5
Median age (years)	41.4	47.3	31.3	42.3	34.1

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

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

Educational Attainment of Adults Aged 25 and Older, 2020					
	GADSDEN	JEFFERSON	LEON	WAKULLA	TALLAHASSEE MSA
Did not complete high school (%)	18.6	17.4	6.6	12.2	9.2
High school graduate or GED (%)	57.1	52.8	19.1	60.6	43.1
Associate degree (%)	6.2	6.5	27.7	8.6	8.7
Bachelor's degree (%)	11.9	14.9	26.5	11.5	22.6
Graduate or professional degree (%)	6.3	8.5	20.1	7.1	16.4

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

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

Economic Status Indicators, 2020					
	GADSDEN	JEFFERSON	LEON	WAKULLA	TALLAHASSEE MSA
Median household income (\$)	41,135	49,081	54,675	67,480	53,423
Persons in poverty (%)	21.3	17.0	19.6	7.5	18.7
Persons without health insurance (%)	12.9	7.4	7.8	8.4	8.4

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

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

Distribution of the Population by Race and Hispanic Origin, 2020					
	GADSDEN	JEFFERSON	LEON	WAKULLA	TALLAHASSEE MSA
Not Hispanic:	93.3	95.8	93.7	96.1	93.3
■ White alone (%)	32.3	59.8	56.0	79.2	55.3
■ Black alone (%)	55.3	33.4	30.9	13.6	32.4
■ Asian alone (%)	0.2	0.4	3.6	0.5	2.8
■ Alaskan Native or Native American alone (%)	0.3	0.2	0.1	0.5	0.2
■ Hawaiian / Pacific Islander alone (%)	0.0	0.0	0.0	0.0	0.0
■ Other race (%)	0.1	0.3	0.3	0.0	0.3
■ Two or more races (%)	1.4	1.7	2.5	2.5	2.4
Hispanic, any race	6.7	4.2	6.6	3.9	6.7

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

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

Percentage Distribution of the Population by Birthplace, 2020					
	GADSDEN	JEFFERSON	LEON	WAKULLA	TALLAHASSEE MSA
U.S. Native:	95.0	96.5	93.4	97.5	94.0
■ Born in Florida (%)	72.8	60.1	57.2	58.9	59.3
■ Born outside Florida (%)	22.1	36.4	36.2	38.6	34.7
Foreign born	5.0	3.5	6.6	2.5	6.0

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

Primary Data

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

STAKEHOLDER AND PARTNER INPUT

Input from community stakeholders and partners was solicited in three ways during the Community Health Needs Assessment (CHNA) process. Stakeholder and partner feedback was solicited with a combination of group discussions and individual surveys, as described below. In this analysis, “N” equals the number of actual written responses via survey and the “Collective Voice” is the total number of people represented in each facilitated discussion

- A Community Health Partners Meeting was held on Jan. 12, 2022, to launch the CHNA initiative. The CHNA Advisory Committee designed the Community Health Partners invitation list based on knowledge of existing healthcare resources and facilities, resulting in over 350 individuals invited to participate. Community Health Partners were also encouraged to invite others representing specific populations and interested in engaging in the community health needs assessment process. Invitees were selected to (1) obtain input from persons who represent broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health and (2) to ask for assistance from our Community Health Partners in reaching vulnerable populations for completion of the Community Health Survey.

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

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

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

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

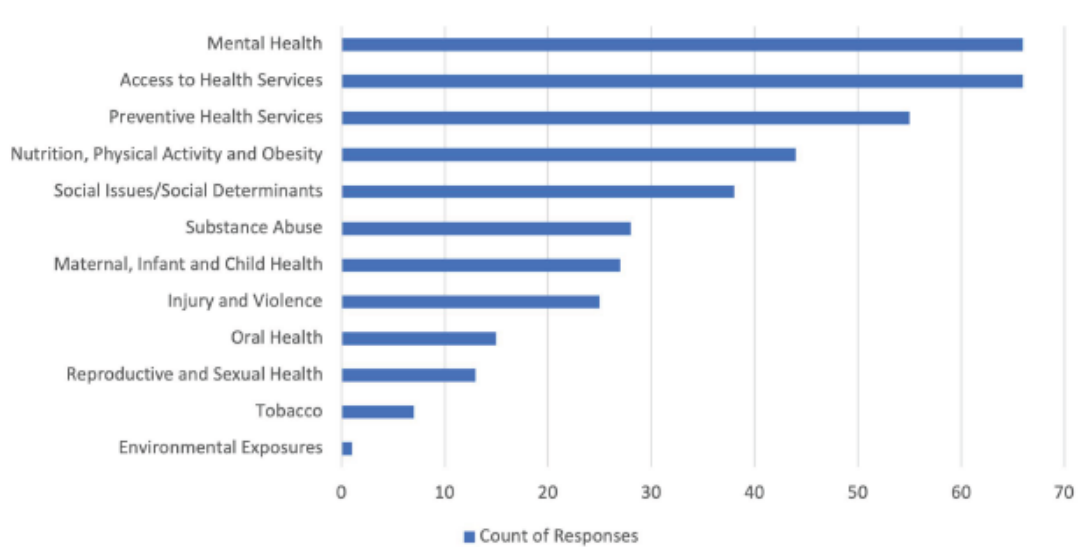
THE HEALTHY PEOPLE 2020 LEADING HEALTH INDICATORS:	
▶ Access to Health Services	▶ Maternal, Infant and Child Health
▶ Mental Health	▶ Injury and Violence
▶ Preventive Health Services	▶ Oral Health
▶ Nutrition, Physical Activity and Obesity	▶ Reproductive and Sexual Health
▶ Social Issues/Social Determinants	▶ Tobacco
▶ Substance Abuse	▶ Environmental Exposures

“Five Most Important Issues”

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

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

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

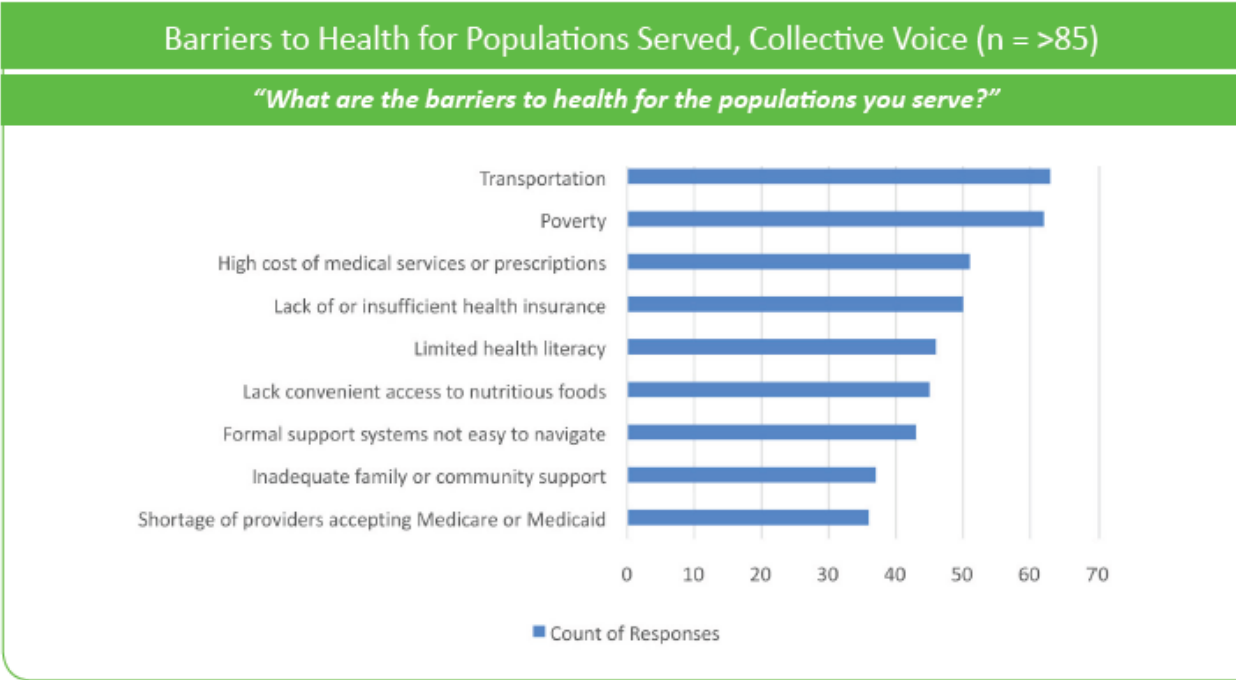


Barriers to Health

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

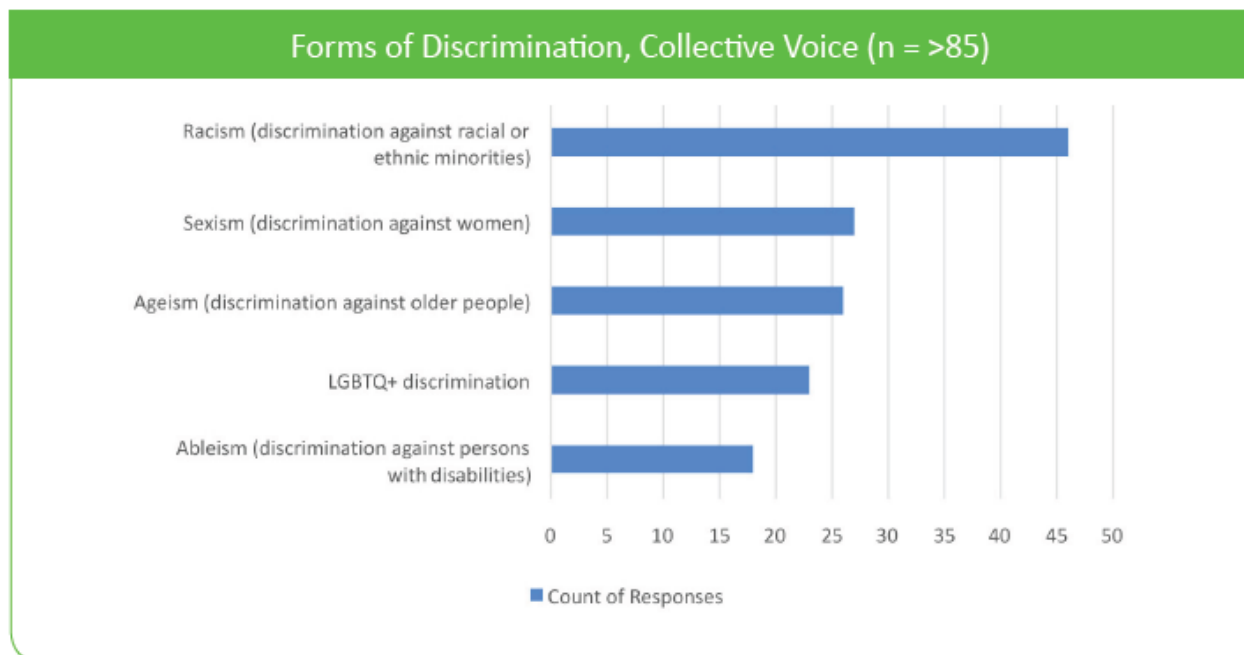
The top four most-often mentioned barriers to health in our community, together accounting for 64% of responses, were transportation, limited income/low health literacy, lack of or insufficient health insurance and costs of medical services or prescriptions. Less frequently mentioned barriers included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

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



Discrimination of Populations Served

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



Populations with Unmet Needs

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

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

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

Localities with Unmet Needs

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

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

Existing Healthcare Facilities and Resources

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

Community Resources: Specific Agencies, Programs and Services

HEALTH CLINICS & OUTREACH SERVICES

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



GRANT PROGRAMS

- + Ryan White Foundation
- + State of Florida



EDUCATION AND RESOURCE COORDINATION AGENCIES

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



LOCAL HOSPITALS

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



CHARITABLE FOUNDATIONS & PROGRAMS

- + Capital Medical Society
- + We Care Network



COMMUNITY-BASED PROGRAMS & ORGANIZATIONS

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



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Impact of COVID-19

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

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

Prioritizing Change

Finally, participants were asked to identify a single change that would improve health and well-being in the community: “If we could make one change as a community to meet the needs and reduce the barriers to health in your community what would that be?” Suggested changes are grouped thematically in the table below.

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

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

Community Health Survey

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

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

METHODOLOGY

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

The resulting survey instrument included 64 primary questions as well as 22 parental supplement questions drawn largely from national health surveys administered annually or biennially by the Centers for Disease Control, including the Behavioral Risk Factor Surveillance System, the National Health Interview Survey, the Youth Risk Behavior Surveillance System and the National Health and Nutrition Examination Survey. The 2022 questionnaire retained many of the questions in the 2019 CHS, including the following topics:

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

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

The survey collected basic demographic information, including age, sex and race/ethnicity. No identifying information was collected, and participants were assured of complete anonymity. Respondent burden was minimized by incorporation of a skip pattern in the electronic version of the survey, so respondents did not see questions that did not pertain to them.

The only qualification criteria for participation in the survey was residency in one of the four counties comprising the primary service area of TMH: Leon, Gadsden, Jefferson and Wakulla. Nonprobability (convenience) sampling, the approach used in most community health needs

assessments, was used to recruit respondents, with outreach efforts targeted to both the general population of the four counties and specific groups of special interest, including:

- Low-income and/or uninsured residents
- Racial and ethnic minorities
- Seniors
- Persons living with chronic illness and/or serious long-term health problems

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

- Social media, including Facebook and Twitter
- A local press release
- Posters in strategic sites, including provider offices, community health clinics and university campuses
- Flyers posted and cards distributed at sites/agencies that serve the general community and target populations
- Email notices with the survey link to TMH patients and volunteers. Survey participation was voluntary, and TMH offered no incentives for completion.

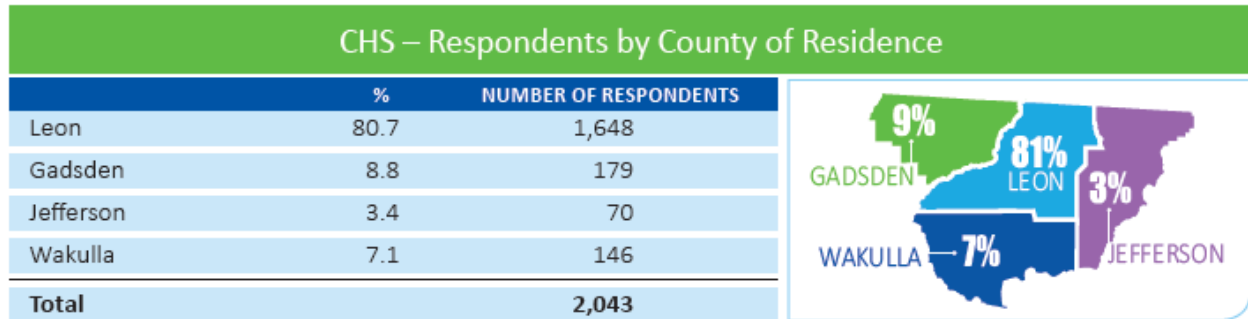
More than 2,200 people accessed the online version of the CHS, 1,978 of whom were residents of the four eligible counties. An additional 65 individuals from these counties completed paper versions of the questionnaire. Information from the paper surveys was entered into Microsoft Excel by TMH staff and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

WHO PARTICIPATED IN THE COMMUNITY HEALTH SURVEY?

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

County of Residence

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



Age

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

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

Sex and Gender

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

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

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

Race and Ethnicity

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

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

Few CHS respondents identified themselves as a race/ethnicity other than Black or Non-Hispanic White. When discussing race/ethnic differences, this report uses a three-category breakdown that combines respondents who identified as Latino or Hispanic with those who identified as other

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

Educational Attainment

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

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

Employment

Half of the respondents report they are working full-time or self-employed and less than 10% report working part-time. About 10% of these respondents reported being unemployed. Of those respondents who are unemployed, most described themselves as retired and a small share reported caring for their children or other family members.

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

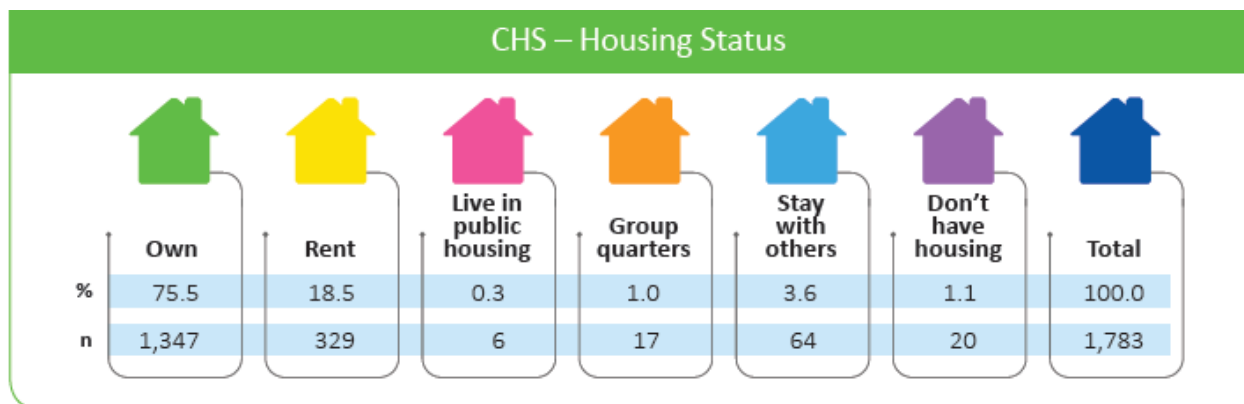
Income

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

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

Housing

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



Community Health Survey Results

INTRODUCTION

This section describes results from the Community Health Survey (CHS). Results are organized by the topic areas listed at the start of this chapter, in the description of the survey's development. Much of the discussion focuses on findings for the full sample—all the survey's participants. However, some responses differ by respondents' racial identity, county of residence or age; when this occurs, those differences are described. Responses to all questions by racial identity and county are available by request to the Tallahassee Memorial HealthCare (TMH) Population Health Department. Additionally, the discussion of healthcare access highlights findings for Leon County ZIP code 32304, identified by TMH Stakeholders in 2019 and 2022 as a geographic area of high need.

SURVEY RESULTS: ACCESS TO CARE

Medical Care

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

CHS – Accessing Primary Care				
<i>Is there a particular doctor's office, health center or other place that you usually go if you are sick or need advice about your health?</i>				
	FULL SAMPLE %	WHITE %	BLACK %	OTHER RACIAL IDENTITIES %
Yes	91.8	93.6	84.7	94.1
No	8.2	6.4	15.3	5.9
Total Respondents	2,019	1,357	300	68

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

Mental Health

Just over 11% of respondents reported using mental or behavioral health services or services for substance abuse. Like physical and oral healthcare, utilization of mental health services varies by

racial identity. More White respondents (11%) reported using mental or behavioral health services than did Black respondents (8%) or respondents of other racial identities (9%).

CHS – Mental Health Services				
<i>Do you use mental or behavioral health services (counseling) or services for alcohol or drug abuse?</i>				
	FULL SAMPLE %	WHITE %	BLACK %	OTHER RACIAL IDENTITIES %
Yes	11.3	11.3	8.0	8.8
No	88.7	88.7	92.0	91.2
Total Respondents	1,986	1,359	299	68

SURVEY RESULTS: HEALTH INSURANCE

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

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

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

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

SURVEY RESULTS: HEALTH BEHAVIORS

Substance Use

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

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

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


SURVEY RESULTS: EMOTIONAL WELL-BEING

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

Stress

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

CHS – Stress	
<i>Stress is when someone feels tense, nervous, anxious or can't sleep at night because their mind is troubled. How stressed have you been in the past 30 days?</i>	
	%
Not at all stressed	15.8
A little bit	28.9
Somewhat	26.3
Quite a bit	18.4
Very stressed	10.5
Total Respondents	1,752



Sources of Stress

The CHS includes multiple questions concerning various aspects of the individual's social environment that may lead to a reduced sense of control and/or feelings of fear. A key source of stress in many communities is insecurity about having sufficient resources — such as food or housing — to meet basic needs. Two items in the CHS focus on food insecurity. Both items were embedded in a list of Yes/No questions. Thirteen and a half percent of respondents say they worry about running out of food before they have money to buy more. A slightly lower percentage (12.1%) report having insufficient funds to purchase the food they need.

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

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

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

To assess insecurity around other critical resources, survey participants were presented with a list of seven items and services and asked to indicate any they had been unable to get in the past year

“when it was really needed.” Overall, 82% of the 1,767 participants who responded reported being able to get whatever they needed. The remaining 18% identified an average of two items or services each. The resource they identified most frequently was medicine or healthcare, followed by food, transportation, utilities and housing. An additional 46 respondents identified other critical resources that were difficult to access, including medical leave from work, housing for low- income residents, in-home care for the elderly or infirm and jobs.

CHS – Other Resource Insecurity		
<i>In the past year, have you or family members living with you been unable to get any of the following when it was really needed? Check all that apply.</i>		
	%	COUNT
I have been able to get whatever I needed	67.7	1,456
Medicine or healthcare	8.6	184
Food	5.7	122
Transportation	3.7	79
Utilities	3.4	73
Housing	3.1	66
Child care	2.7	59
Clothing	1.8	39
Phone	1.3	28
Other	2.1	46
Total Responses	100.0	2,152


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

Social Engagement

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


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

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



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

CHS – Social Contact	
<i>How often have you seen or talked to people that you care about and feel close to in the past 30 days?</i>	
	%
Less than once a week	8.6
1 or 2 times a week	21.5
3 to 5 times a week	24.7
More than 5 times a week	45.2
Total Respondents	1,751



Emotional Impact of COVID-19

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

CHS – Emotional Impact of COVID-19		
	%	TOTAL RESPONDENTS
My quality of life is lower now than before the pandemic	43.1	1,817
Since the pandemic started, I check in with friends and family members more often	64.7	1,829
I feel at risk when shopping or running errands	45.0	1,827
Since the pandemic started, I worry about things more than I used to	60.3	1,825
I appreciate my relationships with family members and friends more than I did before the pandemic	74.6	1,828

SURVEY RESULTS: COMMUNITY PERCEPTIONS

“Five Most Important Issues”

Community participants were asked to answer a key question posed to partners and stakeholders: **“What do you think are the five most important issues that affect health and well-being in our community?”** The table below shows the results two ways — as a percentage of the total number of responses and as a percentage of the persons who responded to the question. The most-frequently selected issue is Access to Health Services, which garnered 17% of all responses; 78% of respondents included this issue in their “top five” selection. Mental Health was the second-ranked choice, accruing 16% of all responses and identified by 76% of respondents as one of the top five issues in the community. Preventive Health Services is the third-ranked choice, representing 13% of all selections and noted by 61% of the respondents. The fourth- and fifth-ranked issues, respectively are Nutrition, Physical Activity and Obesity and Substance Use.

CHS – Top Five Issues That Affect Health and Well-Being in our Community		
<i>What do you think are the five most important issues that affect health and well-being in our community?</i>		
	% OF RESPONSES	% OF RESPONDENTS
Access to Health Services	16.7	77.7
Mental Health	16.3	75.7
Preventive Health Services	13.1	60.9
Nutrition, Physical Activity and Obesity	10.8	50.2
Substance Abuse	8.1	37.5
Social Issues	7.5	35.1
Injury and Violence	7.0	32.4
Maternal, Infant and Child Health	6.5	30.2
Oral health	5.5	25.7
Reproductive and Sexual Health	3.2	14.8
Tobacco Use	2.9	13.3
Environmental Exposure	2.5	11.8
Total	9,510	2,043

SURVEY RESULTS: CHILD HEALTH

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

Table 63 CHS – Children’s Access to Care	
<i>What kinds of medical care or services are hard to get for your child(ren) in your community?</i>	
	%
I’m able to get all of the care my child(ren) need	56.2
I’ve had difficulty getting medical care or services for my children	43.8
Total Respondents	251

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

About 40% of parents reported that their children have medically diagnosed health concerns, the most frequently identified of which are asthma (30%) and mental health problems (30%), followed by obesity or overweight.

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

Health Department Stakeholder Interviews

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

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

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

Participants from the health departments and county leadership included:

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

- Grace Keith, Community Wellness Coordinator, Florida Department of Health in Wakulla County

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

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

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

Leon County

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

Jefferson County

The Florida Department of Health in Jefferson County identified their priority areas as social and behavioral health (mental health), maternal and child health and chronic disease. Efforts to address maternal and child health include continuing to partner with TMH on utilizing the TMH/Florida State University Family Medicine physicians for contracted prenatal visits with the goal of reducing poor birth outcomes in the county. For Jefferson County, stakeholders are also working to address access to dental services for the Medicaid population. While the Jefferson County Health Department has been able to partner with Molar Express and Nova Southeastern

University to provide dental services to children and adolescents, there are no local dentists that accept Medicaid. Lastly, stakeholders in Jefferson County continue their work to increase access to mental health and substance abuse services. A new health equity initiative includes funding for a new health equity coordinator who will help accelerate efforts to better address health disparities in diabetes, access to healthy foods and access to safe areas to exercise.

Gadsden County

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

Wakulla County

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

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

MENTAL HEALTH

Leon County

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

Gadsden County

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

MATERNAL AND CHILD HEALTH

Leon County

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

Jefferson and Gadsden counties

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

DEVELOP HEALTH EQUITY PRIORITIES

Leon County

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

ACCESS TO CARE

Gadsden County

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

Wakulla County

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

CHRONIC DISEASE MANAGEMENT

Leon County

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

Jefferson and Gadsden counties

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

Wakulla County

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

TRANSPORTATION

Gadsden and Wakulla counties

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

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

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

Secondary Data

The primary data collected through the 2022 Community Health Needs Assessment speaks to the attitudes and needs of residents who participated in the CHNA process. Secondary data based on scientific samples and population records describe the community, providing a context for interpreting the primary data. The secondary data presented in the tables and graphs in this section come from multiple federal and state-level sources, including:

- American Community Survey (ACS), U.S. Census Bureau
- Behavioral Risk Factor Surveillance Survey (BRFSS), Centers for Disease Control
- Florida Department of Health
- Florida Department of Education

This section describes health and health-related behaviors in the PSA population. The data, derived from death certificates, were obtained from the Florida Bureau of Vital Statistics at the Florida Department of Health. The section then considers the population's performance on various health indicators. Where available, data are shown for multiple time-points to track trends over time.

HEALTH INDICATORS

Mental Health:

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

Substance Abuse:

- Percentage of middle and high school students reporting alcohol or illicit drug use
- Percentage of adults who engaged in heavy or binge drinking

MENTAL HEALTH

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

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

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

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

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

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

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


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

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

SUBSTANCE USE

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


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

 **Notes:** Includes students between 10 – 19 years of age.

Source: Florida Department of Children and Families, Division of Substance Abuse & Mental Health, Florida Youth Substance Abuse Survey

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

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

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

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

Prioritization of Community Health Needs

METHODOLOGY

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

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

Prioritization of Needs Poll Results			
RANK	AREAS OF NEED	2022 COMMUNITY SURVEY RESPONDENTS (N=2,043)	2022 STAKEHOLDER SURVEY RESPONDENTS (N=87)
#1	Access to Health Services	78	76
#2	Mental Health	76	76
#3	Preventive Health Services	61	63
#4	Nutrition, Physical Activity and Obesity	50	51
#5	Substance Abuse	38	32

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

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

OR

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

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

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

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



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

III. Identity of any and all organizations with which the organization collaborated and third parties that it engaged to assist with the CHNA.

Apalachee Staff involved in conducting the Community Needs Assessment included:

- Amberly Smith, Administrative Services Director
- Sue Conger, Chief Operations Officer
- Jay Reeve, Chief Executive Officer
- Heather Lincicome, Chief Liaison Officer

Tallahassee Memorial Staff involved in the Community Health Needs Assessment

- TMH CHNA Advisory Committee
- Lauren Faison-Clark, Service Line Administrator, Regional Development, Population Health and Telemedicine
- Afaf Quasem, Director of Health Promotion
- See attachment 2 for complete list of partners

IV. Impact of Actions taken to address Community needs identified in the 2019 Community Health Needs Assessment

Health Need # 1 - Improve Access to Behavioral Health Services

Apalachee's implementation strategy for improving access to behavioral health services included the following:

1. Apalachee Center and the Mental Health Council developed a one pager that detailed resources available to persons in the community, including primary care physicians regarding the identification of and treatment available for behavioral health diagnoses. The expectation was that this would result in many physicians being more comfortable in treating some diagnoses, such as anxiety and depression. Also, the physicians will have an increased knowledge of how to access behavioral health services for individuals who may need more intensive/specialized level of care or can provide education to their patients on how to access behavioral health services. While a video was not developed several Facebook live events were held as well as individual meetings to increase awareness of resources available.
2. The Mobile Response Team, which responds to crises 24 hours per day, 7 days per week, was implemented by Apalachee Center, Inc. in all eight counties served in 2018. This program uses a combination of telepsychiatry and live counselors in partnership with law enforcement. In 2020/21, Apalachee partnered with the City of Tallahassee and created the TEAMs mobile unit. The TEAMs unit modeled on the Portland Oregon CAHOOTS program, teams Tallahassee Police Officers, 1st responders from the Tallahassee Fire Department and Apalachee clinicians to respond to mental health crises in the community that are reported through 911. Also in 2021, the Florida Legislature approved funding for

a new ride along program operated by the Leon County Sheriff's Office in partnership with Apalachee. With these three units, access to emergency psychiatric services, crisis intervention services, and treatment for all stakeholders in the region has been greatly enhanced. The MRT has served 3257 clients during the past three years. During 2022 the TEAMs unit has responded to 422 calls and the CALM unit 446 calls.

3. Apalachee Center continued to work with the Mental Health Council of the Big Bend to educate the community via their website and through community events about behavioral health issues, and how to access care in the Big Bend area. Be Kind to Your Mind, a community education event was held in May of this year in an underserved area in the community and was well attended.
4. Apalachee Center, Tallahassee Memorial HealthCare, and The Florida State University College of Medicine signed an agreement to bring a psychiatric residency program to Tallahassee. Currently recruitment is underway for a director of the program. Once opened this will increase psychiatric services available to the community.

Health Need # 2 – Increase Behavioral Health Services for Children and Adolescents

1. In September of 2019, Eastside Psychiatric Hospital opened a new 12 bed Child and Adolescent Unit. This program provides short term inpatient services to children and adolescents ages 6-18 experiencing a mental health crisis. Admissions can occur 24 hours per day, 7 days per week, 365 days per year. Parents/guardians are provided with education regarding their child's behavioral health/diagnoses, medications, and resources for outpatient services upon their child's discharge. Increasing the number of child and adolescent beds available to the community allows more youth to receive timely, effective services. This also improves linkage to outpatient services upon discharge ensuring youth receive ongoing services in the appropriate setting. Since opening, the unit has served 1,531 children and adolescents.
2. Community Action Teams (CAT) were implemented within all eight-counties of the Apalachee Center, Inc. service area in 2018. The CAT Teams provide intensive community-based services for youth (ages 11-21) and their families and are available 24 hours per day, 7 days per week, 365 days per year. CAT Team staff work together to coordinate innovative and comprehensive treatment interventions that integrate natural supports tailored to the individual needs of youth, young adults, and their families. By improving youth and family functioning, increasing health and wellness, and improving school-related outcomes (e.g., attendance, grades, graduation), there has been a decrease in psychiatric hospitalizations, a decrease in substance use and abuse, and a decrease in out-of-home placement allowing each person and family unit to reach their full potential, so that they may remain in their communities. In the past three fiscal years, the CAT team has served 118 unduplicated clients and their families.

Health Need #3 -Suicide Education and Suicide Prevention

1. Brown Bag Lunches: Apalachee Center, Inc. hosted Brown Bag Lunch trainings regarding Assessment and Prevention of Suicide. The trainings were open to the public and provided an opportunity for local residents to increase their awareness of suicide as well as available resources for suicide prevention.
2. Mental Health First Aid: Apalachee Center will continue to sponsor training in Mental Health First Aid for local residents, schools, and organizations. Higher level of mental health literacy and awareness among local residents assists in recognizing someone experiencing a mental health crisis and the resources available. During COVID, provision of mental health first aid was temporarily postponed; however, during the past year there were six Mental Health First Aid trainings held for the public. Additionally, the classes are now offered through three different delivery methods (in person, virtual, and blended).
3. Mobile Response Team: As noted earlier, the Mobile Response Team, which responds to crises 24 hours per day, 7 days per week, was implemented by Apalachee Center, Inc. in all eight counties served. This program uses a combination of telepsychiatry and live counselors in partnership with law enforcement. Availability of this service resulted in crisis counseling being available to all in need in the region.

V. Implementation Strategy

Priority Area: Mental Health and Substance Abuse

Long-Term Goals:

- Expand prevention and support services for emotional and social well-being
- Increase awareness and skills to assist individuals experiencing mental health or substance use-related crisis
- Raise public awareness of issues and resources

Strategy 1: Improve access to community-based, preventive emotional and social well-being services

Target Population: General public/4 Counties

Activity:

- Collaborate with faith-based organizations, schools, and other community groups to offer programs focused on emotional and social well-being.

- Establish Intensive Outpatient Program in 2023 providing treatment for co-occurring mental health and substance use disorders.
- Establish Partial Hospitalization Program year 2025 providing intensive treatment for co-occurring mental health and substance uses disorders.
- Expand individual child and adult psychotherapy and medication management services (virtual and in-person)
- Expand FACT Team into Gadsden and Wakulla Counties
- Expand referrals to NAVIGATE program
- Implement Bradley Reach@Apalachee Virtual Adolescent Partial Hospitalization and Intensive Outpatient programs.

Partners:

- Mental Health Council of the Big Bend
- TMH Behavioral Health Center
- Apalachee Center

Strategy 2: Improve community members’ knowledge and skills to assist individuals in crisis and connect to mental health services

Target Population: Community Stakeholders, Providers

Activity:

- Collaborate with organizations and other community groups to offer Mental Health First Aid (adult/adolescent)

Partners:

- Apalachee Center

Strategy 3: Participate in Mental Health Council of the Big Bend

Target Population: Target vulnerable population based on need.

Activity:

- The aim of the MHC is to foster an evidence-based approach to determine needs and solutions to mental health and substance abuse and to provide a “think tank” for stakeholders in this region.

Partners:

- Apalachee Center
- TMH Behavioral Health Center

Strategy 4: Expand education and services available through Employee Assistance Program and Behavioral Health Center

Target Population: Community Stakeholders

Activity:

- Organize and execute education for stakeholders on how to access resources provided through the Employee Assistance Program and the Behavioral Health Center

Partners:

- EAP
- TMH Behavioral Health Center

Strategy #5: Expand addiction recovery care and expand integrative medication offerings for opioid dependence

Target Population: TMH and Mental Healthcare Partners

Activity:

- Establish opioid Bridge Program between TMH ED, Behavioral Health Center, and the Apalachee Center
- Expand referrals to Medication-assisted Treatment Services (MAT)

Partners:

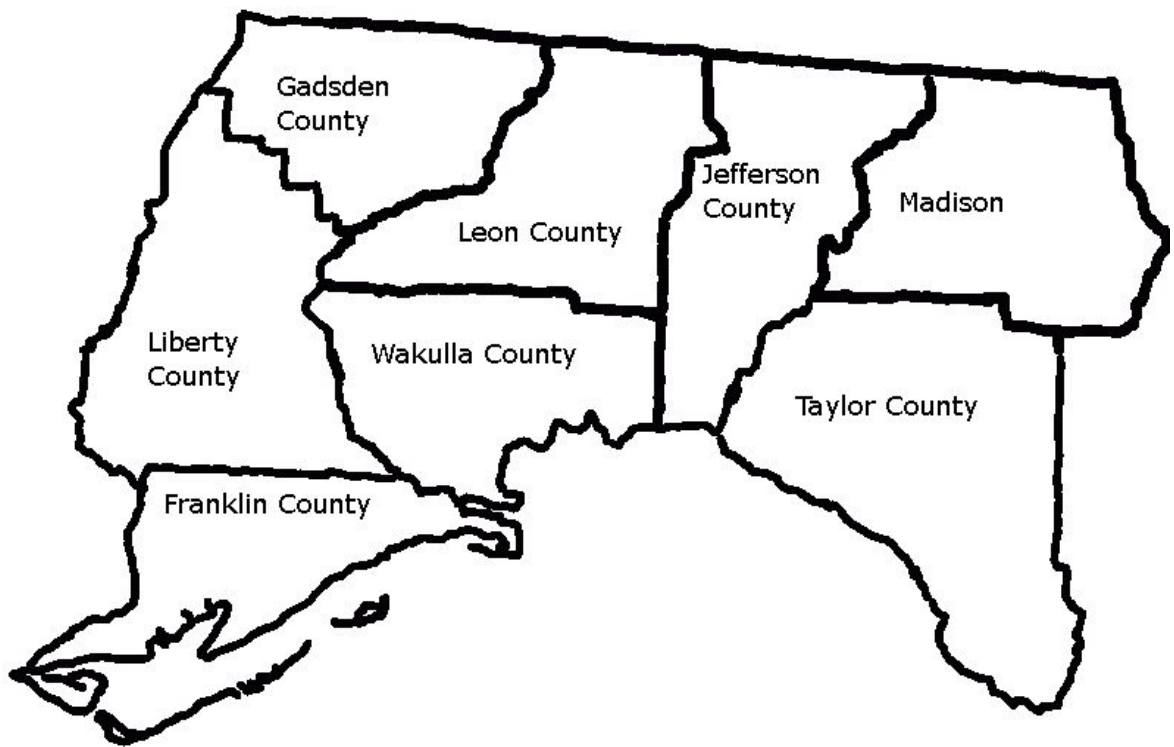
- Apalachee Center
- TMH Behavioral Health Center
- Emergency Department
- TMH Family Residency

Health Needs Facility Does Not Intend to Address

1. Access to Preventive Physical Health Services - Local Healthcare agencies are addressing this need. Apalachee will coordinate with them in addressing this need for our clients.
2. Preventive Health Services – Local Healthcare agencies are addressing this need. Apalachee will coordinate with them in addressing this need for our clients.
3. Nutrition, Physical Activity, and Obesity – Local Healthcare agencies are addressing this need. Apalachee will coordinate with them in addressing this need for our clients.

Apalachee Center Inc.

Service Area



Community Engagement

Tallahassee Memorial HealthCare's (TMH) Community Health Needs Assessments (CHNA) are community- driven projects and success is highly dependent on the involvement of citizens, health and human service agencies, businesses and community leaders. Community partner and stakeholder collaborations were essential in distribution and collection of community health surveys and soliciting valuable input through stakeholder interviews. The partners and stakeholders consist of health and human service agency leaders, persons with special knowledge of or expertise in public health, local health departments and leaders/ representatives of those medically underserved, people with chronic diseases, low-income and minority populations. The CHNA Advisory Committee invited partners and stakeholders to attend both the CHNA Community Health Partners Meeting in January 2022 and the Prioritization of Needs Meeting in May 2022. The following partners and stakeholders attended the CHNA Community Health Partners Meeting and/or the Prioritization of Needs Meeting. This list also represents some of the valuable healthcare facilities and resources within the community that are available to respond to health needs.

PARTNERS AND STAKEHOLDERS LIST

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

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

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

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

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