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Introduction

Purpose

The Johns Hopkins All Children's Hospital Community Health Needs Assessment (CHNA) and Implementation Strategy is required by the Internal Revenue Service (IRS) in response to regulations set forth in the Patient Protection and Affordable Care Act (PPACA). Enacted on March 23, 2010, the PPACA requires not-for-profit hospital organizations to conduct a CHNA once every three taxable years that meets the requirements the Internal Revenue Code 501(r) set forth by the PPACA. It also requires each hospital to adopt an implementation strategy that addresses the community health needs identified in the CHNA. See page 3 for each of the CHNA and implementation strategy requirements.

The CHNA and implementation strategy will be working documents to be used throughout the multi-year community engagement process, and will inform decision-making towards the goal of measurably improving community health outcomes. Community, academic and government entities can access this report to utilize in their work related to addressing community health in St. Petersburg. Both the CHNA and research will be posted online and readily available for use. Please note that where demographic data could compromise anonymity, the research will not be provided.

The development of the CHNA and the implementation strategy was led by the Office of Government, Corporate and Community Relations (Amy Maguire, Vice President). The CHNA report involved nearly 1,000 participants and reflected a six-part methodology: exploratory, in-depth interviews with 16 community advisory group members; online and printed surveys; focus groups; community conversations; secondary research; and a prioritization filter. Youth were separated into two categories based on household income: low-income and other-income.

Key stakeholder groups included but were not limited to, community residents, community leaders, educators, health professionals, school nurses, health advocates, youth advocates and other experts both internal and external to Johns Hopkins All Children's. A 16-member community advisory group provided input during the CHNA process.

The CHNA is a report based on quantitative and qualitative methods that assesses the health issues in a hospital organization's community and that community's access to services related to those issues. The Implementation Strategy is a list of specific actions and goals that demonstrate how Johns Hopkins All Children's plans to meet the CHNA-identified health needs of the residents in the community surrounding the hospital, i.e. the Community Benefit Service Area (CBSA). This implementation strategy was approved by the hospital's Board of Trustees.

Community Benefits Service Area (CBSA)

In 2016, the City of St. Petersburg (population, 253,693) was identified as the CBSA for Johns Hopkins All Children's Hospital. Although Johns Hopkins All Children's provides services to a 17-county catchment area, the CBSA reflects the population with the largest usage of the emergency center (12 of the top 15 zip codes are in St. Petersburg) and the majority of recipients of community benefit contributions and programming. In anticipation of the Florida Department of Health-Pinellas County conducting its countywide community health improvement plan in 2017, Johns Hopkins All Children's opted to focus its CHNA on the City of St. Petersburg, one of Pinellas County's 24 municipalities.

CHNA Requirements Reference

The following is a reference to each of the requirements of the CHNA Community Health Needs Assessment Written Report and the Written Implementation Strategy:

Requirements of Community Health Needs Assessment Written Report:

- ✓ Describe the community served and how it was determined (geographic area served): *p. 2*
- ✓ Describe processes and methods used to conduct the CHNA: *pp. 31-34*
- ✓ Describe the sources and dates of the data and other information used in the CHNA: *pp. 7-34*
- ✓ Describe analytical methods applied to identify community health needs: *pp. 31-34*
- ✓ Identify any information gaps that impact ability to assess the community's health needs: *N/A*
- ✓ Describe organizations with which hospital collaborated in conducting CHNA: *pp. 33, 51*
- ✓ Identify third parties with which hospital contracted to assist in conducting CHNA, along with qualifications of such third parties: *p. 52*
- ✓ Describe how hospital took into account input from parties who represent broad interests of community served: *pp. 32-34*
- ✓ Describe when and how hospital consulted with these persons (whether through meetings, focus groups, interviews, surveys, written correspondence, etc.): *pp. 32-34, 51, 53-58*
- ✓ Describe how hospital took into account input from person(s) with special knowledge of or expertise in public health, including a brief description of individual's special knowledge or expertise: *pp. 8, 10-12, 14, 16, 18*
- ✓ Describe how hospital took into account input from federal, tribal, regional, state or local health departments or agencies, with current data or other information relevant to the community's health needs: *pp. 7-17, 47-49*
- ✓ Describe how hospital took into account input from leaders, representatives, or members of medically underserved, low-income, and minority populations, and populations with chronic disease needs, in the community served by the hospital: *pp. 32-34, 51*
- ✓ Prioritized description of all of the community health needs identified through the CHNA and the process/criteria used in prioritizing such needs: *pp. 4-34*

- ✓ Describe existing health care facilities and other resources within the community available to meet the community health needs identified through the CHNA if the CHNA report is separate from the implementation strategy: *N/A*
- ✓ Make the CHNA report widely available by posting it to the hospital website by June 30, 2016 and must remain on the website until two subsequent CHNA reports have been posted, so information trends will be available to the public: www.hopkinsallchildrens.org/community

Requirements of Written Implementation Strategy:

- ✓ A written plan in conjunction with or separate from the CHNA, that addresses each of the community health needs identified through a CHNA for each facility: *pp. 42-45*
- ✓ Describe how the hospital facility plans to meet each identified health need: *pp. 42-45*
- ✓ If hospital does not plan to meet a health need, explain why the hospital facility does not intend to meet that need: *N/A*
- ✓ In the description of how a hospital plans to meet an identified health need, the implementation strategy must tailor the description to the particular hospital facility, taking into account its specific programs, resources, and priorities (e.g., an implementation strategy could describe hospital's plans to meet a health need by identifying the programs and resources that the hospital facility plans to commit to meeting the health needs and the anticipated impact of those programs and resources on the need: *pp. 42-45*
- ✓ If applicable, describe any planned collaboration with governmental, non-profit, or other health care organizations, including related organizations, in meeting the health need: *pp. 42-45*
- ✓ Most recently adopted implementation strategy must be attached to hospital's annual Form 990 for each hospital facility: *attached as instructed*
- ✓ Receive Board approval for the implementation strategy by June 30, 2016: *Received June 14, 2016*

Key Findings

The overarching goal of the CHNA is to identify the top health youth issues and related barriers to improving health in the City of St. Petersburg, Florida. In this effort, youth were researched by income level (i.e., low-income and other-income). With income being such an influential social determinant of health the categorization provided additional data and insight that would not exist otherwise. This approach identified three health issues common to youth of all income levels, two health issues unique to low-income youth, and one issue of priority to other-income youth.

This Key Findings section reveals key findings related to the top health issues and barriers, and regarding the roles of schools, city government and parents in improving youth health. The Research Report section expands upon each key finding and provides supporting data from surveys, focus groups, community conversations, secondary research and prioritization filters.

Top Health Issues Common to All-Income Children

- **Allergies / Asthma**
- **Mental Health / Bullying that Impacts Mental Health**
- **Obesity / Overweight**

Health Issues Unique to Low-Income Children

- **Birth Outcomes / Infant Mortality**
- **Chronic Disease / Diabetes (including pre-diabetes)**

Health Issue Priority to Other-Income Children

- **Substance & Alcohol Abuse / Tobacco Use**

Top Health Barriers

- **No health insurance / no access to providers / no access to behavioral health / no transportation**
- **Access to nutrition / access to physical activity**
- **Healthy living education**
- **Resource-rich community does poor job distributing resources**

Results above are based on all of the methodology (i.e., exploratory interviews, survey data, focus groups and community conversations, prioritization filter). Health issues and barriers are listed in alphabetic order, not rank order.

Health Issue Common to All-Income Children: Allergies / Asthma

- **Key Finding:** More children are facing allergies and asthma than any other health issues.

Health Issue Common to All-Income Children: Mental health / Bullying that Impacts Mental Health

- **Key Finding:** Mental health (including trauma, anxiety and depression that often goes undiagnosed or untreated) is a widespread issue, which also includes bullying that rises to the level of impacting mental health.

Health issue Common to All-Income Children: Obesity / Overweight

- **Key Finding:** Obese and overweight children is a top health issue. Secondary research shows the problem to be more widespread than parents recognize in their own children. Experts are concerned about the lack of immediacy in addressing the problem.

Health Issue Unique to Low-Income Children: Birth-related / Infant Mortality

- **Key Finding:** Birth-related issues including infant mortality are more prevalent among low-income Black / African-American women, whose children under one year of age have very high death rates due to this problem.

Health Issue Unique to Low-Income Children: Chronic Disease / Diabetes (incl. Pre-Diabetes)

- **Key Finding:** A small percentage of parents have children facing chronic disease, which includes diabetes and pre-diabetes. But this small percentage of children have serious diseases – some of which a generation ago were only seen in adults. There is concern over how unhealthy diets and lack of exercise among low-income youth causes or contributes to some of these diseases.

Health Issue Priority to Other-Income Children: Substance & Alcohol Abuse / Tobacco Use

- **Key Finding:** Secondary research shows substance and alcohol abuse and tobacco use to be more prevalent among youth than their parents recognize in their own children. An expert defines adult smoking as a children's issue due to secondhand and thirdhand smoke.

Health Barrier 1: No health insurance / no access to providers / no access to behavioral health / no transportation

- **Key Finding:** Most parents have access to basic health care, such as primary care, immunizations and annual well-visits. But more access to mental health, dental, medications, specialists and programs is needed.

Health Barrier 2: Access to nutrition / access to activity

- **Key Finding:** Access to nutrition and access to activity are contributing to overconsumption of unhealthy goods as well as lack of sufficient physical activity.

Health Barrier 3: Healthy living education

- **Key Finding:** Parents, health professionals, educators and community leaders see healthy living education as a barrier to improving youth health, and as one of the top things that can be done to improve youth health.

Health Barrier 4: Resource-rich bad job distributing resources

- **Key Finding:** St. Petersburg is a health resource-rich community that does not do a good job of distributing resources to those in need.

Top Findings from Researching Youth by Income Categories

For health professionals, educators and community leaders taking the survey, low-income was defined as unable to meet basic needs on a regular basis, and other-income as middle- and upper-household incomes. Parents were asked demographic information, including household income. Responses were separated into low-income (annual household income is less than \$25,000) and other-income (annual household income is \$25,000 or more).

The following are the top findings from a research approach that started by separating youth into income categories: low-income and other-income.

- **Key finding 1:** Low-income parents are more likely to live in unhealthy neighborhoods, to be unable to access healthy foods easily in their neighborhoods, and to not allow their children to play outside in their neighborhoods during daylight hours.
- **Key finding 2:** More low-income children face mental health issues than other-income children. But more other-income children are facing bullying that impacts mental health than low-income children.
- **Key finding 3:** Children of all income levels are overconsuming fast food, sugar-sweetened beverages and junk food at similar percentages.
- **Key finding 4:** Parents of all income levels are able to take their children to the doctor when needed.
- **Key finding 5:** Most children of all income levels go to the doctor's office for routine health care.
- **Key finding 6:** Nearly all children have health insurance coverage.
- **Key finding 7:** Low-income children are less able to get the needed dental care or behavioral health services needed than other-income children.
- **Key finding 8:** Children of all income levels are absent from school due to health issues at similar percentages, though low-income children are more likely to miss five days or more. Slightly more low-income children attend school sick than other-income children.
- **Key finding 9:** Low-income children are more likely to require regular access to a school nurse and regular access to school health care than other-income children.

Research Report: City of St. Petersburg

The research report expands upon the key findings based on the top health issues and barriers as well as the roles of schools, city government and parents in improving youth health. Research collected can provide for additional findings and analysis beyond these topics.

Health Issue Common to All Income Children: Allergies / Asthma

Key Finding: More children are facing allergies and asthma than any other health issues.

When grouped together, allergies and asthma were by far the health issues most often cited by parents. Additionally, health professionals, educators and community leaders ranked these among the top health issues for low-income and other-income youth. Focus groups and community conversations agreed that allergies and asthma as a grouped issue was one of the most important, being cited as one of the top health issues in 77 percent of the groups.

Supporting Survey Data:

Parents: 55% reported allergies as a health issue their children have faced; and 28% reported asthma. The next highest single health issue parents reported their children facing only garnered 16%.

Low-income parents and Other-income parents:

Of those facing health issues: Allergies

- Low-income: 57% - ranked 1st
- Other-income: 57% - ranked 2nd

Of those facing health issues: Asthma

- Low-income: 37% - ranked 1st
- Other-income: 28% - ranked 2nd

Health professionals, educators and community leaders: Allergies and asthma were ranked in the top five health issues for low-income 25% and 40% respectively; and for other-income 44% and 46%.

Supporting Focus Group / Community Conversation Data:

Allergies and asthma was identified as a top health issue in 77% of the groups.

Supporting Secondary Data:

Percent of Students Who Report Having Asthma (2012)

	Middle School	High School
Pinellas	21.2%	20.9%
Florida	20.1%	20.8%

Source: Florida Department of Health, School-Aged Child & Adolescent Profile

Asthma hospitalizations per 100,000 (2012-2014)

	5-11 years of age	12-18 years of age
Pinellas	450.2	486.9
Florida	470.5	390.4

Source: Florida Department of Health, School-Aged Child & Adolescent Profile

“Allergies and asthma are health issues that must be addressed right now or else children cannot function in their daily lives with things like going to school.”

- Focus Group participant

Prioritization Filter: Allergies and Asthma

Experts were asked to address eight criteria to add perspective and to assist in prioritizing the health issues.

Interviewed: Tracy West-Grubb, MS, MSL, Quality Advisor Performance Improvement, Patient Safety & Quality Administration, Johns Hopkins All Children's Hospital

Magnitude: "Asthma is prominent in St. Petersburg, more so than most realize."

Severity: "Asthma is more manageable than the other high ranking health issues."

Trend: "Effective treatments and programming are moving trends in the right direction."

Urgency: "The urgency is to get people educated on how to manage the problem."

Impact on Vulnerable: "Vulnerable populations are disproportionately impacted because they are likely to have more environmental contributors like the home or smokers."

Change: "Johns Hopkins All Children's and community partners are capable of adopting the changes needed to continue to improve how asthma is addressed."

Resources: "The resources of JHACH include home assessments for each patient who stays in the hospitals for 24 hours or more, which is part of how we have been able to reduce hospital length of stay by 60 percent."

Financial: "Left unaddressed, asthma has the potential to be costly to hospitals and the community."

Health Issue Common to All Income Children: Mental health / Bullying that Impacts Mental Health

Key Finding: Mental health (including trauma, anxiety and depression that often goes undiagnosed or untreated) is a widespread issue, which also includes bullying that rises to the level of impacting mental health.

Mental health and school bullying that impacts mental health were frequently mentioned as a major health issue throughout the entire methodology. The two issues grouped together ranked high overall among parents as well as health professionals, educators and community leaders.

A top challenge to addressing mental health, according to experts interviewed and those participating in focus groups and community conversations, is identifying and measuring the problem. Because there is no standardized, effective way to measure the number of people impacted by mental health issues, it is difficult to identify how widespread the problem is, making established baselines particularly challenging.

Additionally, access to behavioral health services was in part why access to services was ranked as the top health barrier. For instance, approximately one-third of low-income parents (35 percent) who believe their children need mental health services are unable to access such services. Health professionals, educators and community leaders ranked no access to behavioral health high for children in all income brackets.

Nearly all of the focus groups and community conversations (92 percent) identified mental health / school bullying as a top health issue.

Supporting Survey Data:

Parents: 10% reported mental health as a health issue their children have faced; and 16% reported bullying that impacts mental health.

Low-income parents and other-income parents:

Of those facing health issues: Mental health

- Low-income: 20% - ranked 3rd
- Other-income: 9% - ranked 8th

Of those facing health issues: Bullying that impacts mental health

- Low-income: 12% - ranked 6th
- Other-income: 17% - ranked 4th

Health professionals, educators and community leaders: Mental health and bullying that impacts mental health were ranked in the top five health issues for low-income 46% and 30% respectively; and for other-income 50% and 41%.

Supporting Focus Group / Community Conversation Data:

Mental health and bullying that impacts mental health was identified as a top health issue in 92% of the groups.

Supporting Secondary Data:

Children ages 1 to 5 receiving mental health services (per 1,000 population ages 1 to 5, 2009-2011)

Pinellas	11.4
Florida	11.0

Source: Florida Department of Health, Pregnancy and Young Child Profile

“There are many, many more children with significant mental health issues than we realize.”

- Health Professional at Community Conversation

Risk Indicators	Prevalence among Non-Bullied Students	Prevalence among Bullied Students	Percent Increased Risk
Felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities during the past 12 months	17.0%	43.4%	61%
Seriously considered attempting suicide during the past 12 months	6.4%	23.6%	73%
Made a plan about how they would attempt suicide during the past 12 months	4.8%	19.0%	75%
Actually attempted suicide one or more times during the past 12 months	3.3%	13.9%	77%
Made a suicide attempt during the past 12 months that resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse	0.9%	4.9%	82%
Did something to purposely hurt themselves without wanting to die, such as cutting or burning themselves on purpose, one or more times during the past 12 months	6.9%	25.1%	73%
Have ever been choked by someone or tried to choke themselves on purpose, such as with a belt, towel, or rope, for the feeling or experience it caused	4.7%	16.0%	71%

Source: Florida Department of Health, Prevalence of Bullying and Related Risks, 2011 Florida Youth Risk Behavior Survey Special Report

Percent of Students Feeling Safe at School (2012)

	Middle School	High School
Pinellas	80.3%	85.1%
Florida	79.1%	79.8%

Source: Florida Department of Health, School-Aged Child & Adolescent Profile

Prioritization Filter: Mental health and bullying that impacts mental health

Experts were asked to address eight criteria to add perspective and to assist in prioritizing the health issues.

Interviewed for Mental Health: Dr. Dennis Hart, MD, Administrative Director of Developmental and Rehabilitation Service, Johns Hopkins All Children's Hospital

Magnitude: "The vast majority of children who have mental health problems do not get help because they are not diagnosed. This is particularly true with dual-diagnoses."

Severity: "Severity can range from mild academic problems to dysfunction to suicide."

Trend: "Measuring the number of children with mental health problems is very difficult. From my experiences, mental health problems among children are on the rise."

Urgency: "Because mental health problems can quickly move to suicidal ideation, there is great urgency to address the problem, diagnose those with the problem, and help as many as resources allow."

Impact on Vulnerable: "The issues the vulnerable face, such as poverty and in some instances exposure to food insecurity, contribute to poor mental health and make this an issue that disproportionately impacts the vulnerable."

Change: "There are a lot of people willing to close their eyes to mental health issues in children. Change will be slow and could take an entire generation to open eyes to this problem."

Resources: "Of the five health issues in this CHNA, mental health has the least amount of resources, likely due to it having the least amount of awareness."

Financial: "Financial needs for children's mental health are much, much larger than the financial needs for physical health issues, which is because most mental health problems are not even diagnosed."

"We are talking about bullying that is damaging mental health, not just mild teasing or making fun of someone. Someone needs to do something before something bad happens because then it is too late. Social media makes this situation dangerous."
- Health Professional at Community Conversation

Interviewed for bullying that impacts mental health: Lynda Wagner, LMHC, CAP, Director of Clinical Services, Suncoast Center, Inc.

Magnitude: "It's difficult to determine an accurate number of people who are impacted because bullying that impacts mental health is not measured."

Severity: "Cyberbullying has increased the severity of the problem, which can lead to clinical depression and suicide."

Trend: “Because it’s difficult to measure it’s also difficult to quantify trends. However, our (Suncoast Center) reporting of incidents has been increasing each year. We constantly hear reports that bullying is getting worse.”

Urgency: “Due to the perception by professionals the trend is rising, and the severity involving suicide, there is indeed urgency with this problem.”

Impact on Vulnerable: “The vulnerable who are most impacted is not necessarily denoted by race or income, rather more by those kids who simply don’t fit in. These children are the most vulnerable to bullying that impacts mental health.”

Change: “The school district – the key entity to address the problem because at school is where it most often occurs – has the ability to change in terms of adopting programming. For this problem, this could include teacher training on how to identify bullying and how to mitigate bullying situations as well as parent training on similar bullying topics.”

Resources: “Bullying is not a priority for the school district, hence there are few, if any, resources available.”

Financial: “There is no data available on the financial impact of this problem if left unaddressed.”

Health Issue Common to All Income Children: Obesity / Overweight

Key Finding: Obese and overweight children is a top health issue. Secondary research shows the problem to be more widespread than parents recognize in their own children. Experts are concerned about the lack of immediacy in addressing the problem.

Obese and overweight children was a top issue in exploratory interviews, surveys of health professionals, educators and community leaders, and in focus groups and community conversations where 85 percent identified it as a top issue. Conversely, only 14 percent of parents report their children being obese or overweight, while secondary data shows 33 percent of middle- and high-schoolers are obese or overweight.

Experts interviewed and participants in focus groups and community conversations are concerned that because obesity is a slow killer, not causing any immediate pain, there is no immediacy in addressing the issue. Lack of solutions was also often mentioned as another reason for lack of immediacy to reduce the prevalence of obese and overweight children.

Supporting Survey Data:

Parents: 5% reported obesity as a health issue their children have faced; and 9% reported overweight.

Health professionals, educators and community leaders: Obesity and overweight were ranked in the top five health issues for low-income 42% and 26% respectively; and for other-income 39% and 41%.

Low-income parents and other-income parents:

Of those facing health issues: Obesity

- Low-income: 8% - ranked 7th (tied with overweight)
- Other-income: 4% - ranked 12th

Of those facing health issues: Overweight

- Low-income: 8% - ranked 7th (tied with obesity)
- Other-income: 10% - ranked 6th

Supporting Focus Group / Community Conversation Data:

Obesity and overweight was identified as a top health issue in 85% of the groups.

Supporting Secondary Data:

Obese Youth (i.e. at or above the 95th percentile for body mass index by age and sex, 2014)

	Youth (11-17)
Pinellas	10.8%
Florida	12.2%

Source: Florida Department of Health, Pinellas County: 2014 at a Glance Data from the 2014 Florida Youth Tobacco Survey (FYTS)

Overweight Youth (i.e., at or above the 85th percentile but below the 95th percentile for body mass index, by age and sex, 2014)

	Youth (11-17)
Pinellas	15.5%
Florida	15.9%

Source: Florida Department of Health, Pinellas County: 2014 at a Glance Data from the 2014 Florida Youth Tobacco Survey (FYTS)

Middle & High School Student Obesity (BMI \geq 95th Percentile, 2012)

	Middle School	High School
Pinellas	6.9%	10.3%
Florida	11.1%	14.3%

Source: Florida Department of Health, School-Aged Child & Adolescent Profile

Prioritization Filter: Obesity

Experts were asked to address eight criteria to add perspective and to assist in prioritizing the health issues.

*Interviewed: **Janelle Garcia, PhD**, Clinical Research Coordinator, Clinical and Translational Research Organization/Fit4Allkids, Johns Hopkins All Children's Hospital; **Kellie Gilmore**, Community Health and Wellness Manager, Johns Hopkins All Children's Hospital*

Magnitude: "Not only is obesity the nation's top public health epidemic, it's also linked to some of the other top health issues like diabetes, asthma and bullying that impacts mental health."

Severity: "Obesity can shorten life span in all of those with the problem, which makes it more severe than most of the other top health issues."

Trend: "Obesity rates continue to rise locally and nationally."

Urgency: "There is a critical need to address the problem of overweight children right now before they become obese adults. Obese children need treatment for the problem even sooner."

Impact on Vulnerable: “Minorities are disproportionately impacted by obesity, which is often driven by cultural norms that preclude good parents from understanding their children are overweight or obese.”

Change: “It is difficult for the community to adopt change because there of the lack of solutions to lead the way.”

Resources: “There is a lack of resources and a lack of solutions to address obesity. In particular, schools seem reluctant to address the problem because they have no solutions.”

Financial: “Obesity threatens the nation’s financial future, as documented in various studies.”

“It seems no one, including parents, is able to see the long-term impact at the end of the road for these children. This is being ignored. By the time we start paying attention it will be too late for an entire generation of children.”
- Health Professional at Community Conversation

Health Issue Unique to Low-Income Children: Birth-related / Infant Mortality

Key Finding: Birth-related issues including infant mortality are more prevalent among black low-income women, whose children under one year of age have very high death rates due to this problem.

The death rate from birth-related issues including infant mortality is 65 percent over a five-year period: There were a total of 165 deaths of youth ages 0-19 from 2010 to 2014 in South St. Petersburg, and 104 of those were babies less than one-year-old.

Health professionals, educators and community leaders ranked birth-related issues including infant mortality as a top issue for low-income youth. Local experts report black youth are two to four times more likely to be impacted.

More than one-third (35 percent) of the focus groups and community conversations identified birth-related issues, including infant mortality, as a top health issue.

“I don’t think most people understand how bad the problem is because these children don’t live long enough to get any attention.”
- Health Professional at Community Conversation

Supporting Survey Data:

Parents: 9% reported birth-related (such as low birthweight, prenatal and others) as a health issue their children have faced; and 1% reported infant mortality.

Low-income and other-income parents:

Of those facing health issues: Birth-related

- Low-income: 14% - ranked 5th
- Other-income: 8% - ranked 9th

Of those facing health issues: Infant mortality

- Low-income: 2% - ranked 19th
- Other-income: less than 1% - ranked 21st

Health professionals, educators and community leaders: Birth outcomes and infant mortality were ranked in the top five health issues for low-income 27% and 10% respectively.

Supporting Focus Group / Community Conversation Data:

Birth outcomes and infant mortality was identified as a top health issue in 38% of the groups.

Supporting Secondary Data:

Birth Outcomes: Preterm Births (less than 37 weeks gestation, 2014)

	All	White	Black
Pinellas	11.6%	10.3%	16.8%
Florida	13.4%	12.2%	17.7%

Source: Florida Department of Health, Bureau of Vital Statistics

Birth Outcomes: Low Birth Weight Births (under 2500 grams, 2014)

	All	White	Black
Pinellas	8.4%	7.1%	13.8%
Florida	8.7%	7.3%	13.3%

Source: Florida Department of Health, Bureau of Vital Statistics

Infant Mortality: Infant Death Rate per 1,000 live births (death occurred before 1 year of age, 2014)

	All	White	Black
Pinellas	7.0	5.5	15.5
Florida	6.0	4.4	11.0

Source: Florida Department of Health, Bureau of Vital Statistics

Prioritization Filter: Birth outcomes including infant mortality

Experts were asked to address eight criteria to add perspective and to assist in prioritizing the health issues.

Interviewed: **Kimberly Brown-Williams**, Project Director, Healthy Start at Johns Hopkins All Children's Hospital; **Tracy Enright**, Project Evaluator, Healthy Start at Johns Hopkins All Children's Hospital

Magnitude: "The magnitude is not very high since not very many people are impacted. However, other health issues are connected to this problem, such as obesity, chronic disease and mental health – all of which can contribute to the problem."

Severity: "The severity is very high due to a very high death rate among those impacted."

Trend: "The level of severity continues."

Urgency: "Due to the very high death rate among children under one year of age, the urgency is high."

Impact on Vulnerable: "Blacks are two to four times likely to be impacted by this problem."

Change: "The maternal child health community can improve results by better collaborating in terms of sharing resources behind a shared focus."

Resources: "Sharing of resources can make an immediate impact."

Financial: "The financial impact on the community will continue until this very high death rate of children less than one year of age can be reduced."

Health Issue Unique to Low-Income Children: Chronic Disease / Diabetes

Key Finding: A small percentage of parents have children facing chronic disease, which includes diabetes and pre-diabetes. But this small percentage of children have serious diseases – some of which were only seen in adults a generation ago. There is concern over how unhealthy diets and lack of exercise among low-income youth causes or contributes to some of these diseases.

Less than 10 percent (eight percent) of parents reported their children facing chronic diseases that include diabetes and pre-diabetes. Yet, health professionals, educators and community leaders ranked chronic diseases including diabetes and pre-diabetes as a significant health issue for low-income children. Approximately one-half (54 percent) of the focus groups and community conversations identified chronic disease as a top health issue for low-income children.

In focus groups and community conversations, as well as in the interview with an expert, there was concern over low-income children having serious diseases that were only seen in adults a generation ago. Concern was also expressed about how unhealthy diets and lack of daily exercise are causing and contributing to chronic diseases in low-income children.

Supporting Survey Data:

Parents: 6% reported chronic disease or serious disease as a health issue their children have faced; and 2% reported diabetes or pre-diabetes.

Low-income and other-income parents:

Of those facing health issues: Chronic disease

- Low-income: 8% - ranked 9th
- Other-income: 6% - ranked 10th

Of those facing health issues: Diabetes / pre-diabetes

- Low-income: 4% - ranked 15th
- Other-income: 1% - ranked 18th

Health professionals, educators and community leaders: Chronic disease and diabetes (including pre-diabetes) were ranked in the top five health issues for low-income 17% and 23% respectively; and for other-income.

Supporting Secondary Data:

Diabetes hospitalizations per 100,000 (2012-2014)

	5-11 years of age	12-18 years of age
Pinellas	31.4	159.7
Florida	40.8	121.4

Source: Florida Department of Health, School-Aged Child & Adolescent Profile

Prioritization Filter: Chronic Disease

Experts were asked to address eight criteria to add perspective and to assist in prioritizing the health issues. Interviewed: **Tracy West-Grubb, MS, MSL**, Quality Advisor Performance Improvement, Patient Safety & Quality Administration, Johns Hopkins All Children's Hospital

Magnitude: "While the number of children with chronic disease is not large, there is always great concern when children have serious diseases."

Severity: “Anytime a child has a chronic disease it is severe. Seizures from epilepsy are severe. Sickle-cell is severe. Kids sticking themselves four to six times a day to control diabetes is severe.”

Trend: “As lifestyles continue to become more and more unhealthy so will some chronic diseases.”

Urgency: “Preventing chronic diseases in children is urgent.”

Impact on Vulnerable: “Vulnerable populations that have the most challenges with a healthy diet and regular exercise are going to be disproportionately impacted.”

Change: “Parents are key to change. Parents’ unhealthy lifestyles that children are exposed to often contribute to the development of chronic disease at an early age.”

Resources: “Chronic disease prevention and treatment needs more collaboration. The larger groups need to work with the many mom and pops out there. They all have the same goals when it comes to chronic disease.”

Financial: “The financial consequences of not reducing the number of children with chronic diseases is significant. Preventing chronic disease in children is much less expensive than treating it.”

“This is a health issue where children already have serious adult diseases that will reduce their life-span and can lead to disability before they ever become adults.”
- Community Conversation Participant

Health Issue Priority to Other-Income Children: Substance & Alcohol Abuse / Tobacco Use

Key Finding: Secondary research shows substance and alcohol abuse and tobacco use to be more prevalent among youth than their parents recognize in their own children. An expert defines adult smoking as a children’s issue due to second-hand and third-hand smoke.

Substance and alcohol abuse and tobacco use was a top issue for other-income youth in surveys of health professionals, educators and community leaders, and in focus groups and community conversations where 46 percent identified it as an issue, particularly among other-income youth. Illegal use of prescription drugs by teens was mentioned frequently.

But only two percent of other-income parents report substance abuse as an issue their children are facing, and an equal percent report tobacco use as an issue. Yet, secondary research shows these problems to be significant. With substance and alcohol abuse: 18 percent of high-schoolers report using marijuana or hashish, and 11 percent report binge drinking. With tobacco: 13 percent of high-schoolers and 3 percent of middle-schoolers in Pinellas.

An expert interviewed is particularly alarmed at second-hand tobacco smoke, which is one of the most common triggers for asthma attacks and can contribute to behavioral disorders like ADHD. The expert also explained the danger of third-hand smoke, which is the poisonous residue that remains in the environment, such as on clothing, after the cigarette smoke dissipates.

Supporting Survey Data:

Other-Income Parents: 2% reported substance abuse as a health issue their children have faced; and 2% reported tobacco use. The same percentages of low-income parents report their children facing these issues.

Low-income and other-income parents:

Of those facing health issues: Substance abuse

- Low-income: 2% - tied for 17th
- Other-income: 2% - tied for 15th

Of those facing health issues: Tobacco use

- Low-income: 2% - tied for 17th
- Other-income: 2% - tied for 15th

Health professionals, educators and community leaders: Substance abuse and tobacco use were ranked in the top five health issues for other income 33% and 12%, respectively.

Supporting Focus Group / Community Conversation Data:

Substance abuse and tobacco use was identified as a top health issue in 46% of the groups.

Supporting Secondary Data:

Percent of Students Smoking Cigarettes in the past 30 days (2012)

	Middle School	High School
Pinellas	2.8%	13.0%
Florida	3.3%	10.1%

Source: Florida Department of Health, School-Aged Child & Adolescent Profile

Percent of Students Who Used Alcohol in the past 30 days (2012)

	Middle School	High School
Pinellas	11.4%	30.1%
Florida	12.3%	33.9%

Source: Florida Department of Health, School-Aged Child & Adolescent Profile

Percent of Students Reporting Binge Drinking (2012)

	Middle School	High School
Pinellas	2.4%	11.5%
Florida	4.7%	16.4%

Source: Florida Department of Health, School-Aged Child & Adolescent Profile

Percent of Students Using Marijuana/Hashish in the past 30 days (2012)

	Middle School	High School
Pinellas	5.1%	18.2%
Florida	4.2%	18.5%

Source: Florida Department of Health, School-Aged Child & Adolescent Profile

Prioritization Filter:

Experts were asked to address eight criteria to add perspective and to assist in prioritizing the health issues.

Interviewed: **Susan Jenkins, M.Ed.**, Tobacco Policy Coordinator, Florida Department of Health – Pinellas County

Magnitude: “Tobacco kills more children and adults than car accidents, illegal drugs, alcohol or homicides and suicides combined.”

Severity: “Children are exposed to more secondhand smoke than nonsmoking adults. The Surgeon General has concluded there is no risk-free level of secondhand smoke exposure.”

“Kids with more money can get more expensive drugs and have access to serious prescription drugs from their parents. It’s that simple.”

- Health Professional at Community Conversation

Trend: “Children continue to be exposed to secondhand smoke, while adults are just now learning about the damage of third-hand smoke.”

Urgency: “The dangers of secondhand and third-hand smoke make this an urgent children’s issue.”

Impact on Vulnerable: “Secondhand smoke is a cause of low birth weight, which contributes to infant mortality. Low-income black mothers are disproportionately impacted by low birth weight and infant mortality.”

Change: “Aggressive efforts are being made for tobacco to be banned from multi-unit public housing in Pinellas County. Additionally, the corporate community in Pinellas seems more willing to adopt tobacco-free environments once they learn the facts.”

Resources: “There are local resources to address the problem, but the lack of awareness of adult smoking as a children’s health issue needs more awareness.”

Financial: “The financial consequences of tobacco-related illnesses continue to be a major contributor to health care costs.”

Health Barrier 1: No health insurance / no access to providers / no access to behavioral health / no transportation

Key Finding: Most parents have access to basic health care (e.g., primary care physician, immunizations and annual well-visits. But more access to mental health, dental, medications, specialists and programs is needed.

Very high percentages of parents (90 percent range) reported having health insurance, and being able to take their children to a doctor when needed. High percentages (80 percent range) reported their children receiving an annual well-visit each year, and similar numbers reported being up-to-date on vaccinations.

Health professionals identified no health insurance as a top barrier, which on the surface seems to conflict with the high percentages of parents reporting having health insurance. However, many participants in focus groups and community conversations shared all of these basic services do not guarantee access to the health care needed for many children, which can involve medications, specialists and programs not covered by their particular health insurance or provided by their primary provider. In essence, health insurance does not equate to needed health care access. For instance, approximately one-third of low-income parents (35 percent) who believe their children need mental health services are unable to access such services. Additionally, a substantial percentage of low-income parents (27 percent) are unable to get the dental care needed for their children, and more than half are not able to take their children to the dentist for annual check-ups.

The majority (85 percent) of the focus groups and community conversations identified these access issues as a top health barrier. In the surveys, health professionals, educators and community leaders identified all four related access issues among the top health barriers.

Supporting Survey Data:

Survey question: Health insurance coverage.

- Low-income parents: 95% have health insurance, 5% do not
- Other-income parents: 98% have health insurance, 2% do not

Survey question: Are you able to take your children to a doctor when needed?

- Low-income parents: 94% yes, 6% no
- Other-income parents: 99% yes, 1% no

Survey question: My children get an annual well-visit / physical each year.

- Low-income parents: 82%
- Other-income parents: 87%

Survey question: My children are up-to-date on vaccinations.

- Low-income parents: 79%
- Other-income parents: 90%

Survey question: I am able to get the dental care needed for my children.

- Low-income parents: 73% strongly agree or agree, 27% strongly disagree or disagree
- Other-income parents: 86% strongly agree or agree, 14% strongly disagree or disagree

Survey question: My children visit a dentist each year for annual check-up (not dental work like cavities).

- Low-income parents: 57%
- Other-income parents: 74%

Survey question: I am able to get the mental health services needed for my children:

- Low-income parents: 39% do not need mental health services, 40% strongly agree or agree, 22% strongly disagree or disagree
- Other-income parents: 47% do not need mental health services, 44% strongly agree or agree, 9% strongly disagree or disagree

Survey question: What best describes the transportation you normally use to go places?

- Low-income parents: 67% have a car, 13% use public transportation, 10% have family or friends that take them places, 5% don't normally have transportation, 3% use Uber or other ride-sharing services, 2% take a taxi
- Other-income parents: 97% have a car, 1% use public transportation, 1% have families or friends that take them places, 0 don't normally have transportation, less than 1% use Uber or other ride-sharing service, less than 1% take a taxi.

Survey question: How often do you need transportation but are unable to have it?

- Low-income parents: 41% never, 31% rarely, 5% occasionally, 8% sometimes, 15% always
- Other-income parents: 76% never, 17% rarely, 1% occasionally, 4% sometimes, 2% always

Health professionals, educators and community leaders: No health insurance, no access to providers, no access to behavioral health, no transportation were ranked in the top five health barriers for low-income 39%, 45%, 44% and 46%; for other-income 28%, 26%, 50% and 14%.

Supporting Focus Group / Community Conversation Data:

No health insurance, no access to providers, no access to behavioral health, no transportation was identified as health barriers in 85% of the groups.

Health Barrier 2: Access to nutrition / access to activity

Key Finding: Lack of access to nutrition and access to activity are contributing to overconsumption of unhealthy foods as well as inadequate physical activity.

Health professionals, educators and community leaders ranked access to nutrition and activity as top health barriers for children. This is supported by parents of all income groups reporting similar unhealthy rates of over-consumption of fast food, soft drinks and junk food. Approximately half reported their children consuming fast food weekly and junk food daily, and approximately 40 percent said their children have sugar-sweetened beverages like soda daily. Similar percentages of low-income parents and other-income parents report insufficient levels of nutrition and activity. 50 percent of low-income parents and 60 percent of other-income parents report their children having at least three servings of fruits and vegetables each day; and 56 percent and 64 percent respectively report their children exercising daily (breaking a sweat outside of school).

Compounding this issue is the ability to get health foods easily in neighborhoods. A substantial percentage of low-income parents (26 percent) and a significant percentage of other-income parents (13 percent) are unable to do this.

More than three-quarters (77 percent) of the focus groups and community conversations identified access to nutrition and activity as a top health barrier.

Additionally, increasing physical activity and improving nutrition was listed among the top three things schools, city government and parents can do to improve the health of youth in St. Petersburg by parents, health professionals, educators and community leaders.

Supporting Survey Data:

Survey question: One or more of my children eat fast food on a weekly basis.

- Low-income parents: 46%
- Other-income parents: 50%

Survey question: One or more of my children drink sugar-sweetened beverages (non-diet soft drinks, sugary fruit drinks, sports drinks or energy drinks) on a daily basis.

- Low-income parents: 40%
- Other-income parents: 39%

Survey question: One or more of my children eat junk food (chips, candy and other foods) on a daily basis.

- Low-income parents: 50%
- Other-income parents: 52%

Survey question: My children eat at least three servings of fruits and vegetables per day (not including fruit juices).

- Low-income parents: 50%
- Other-income parents: 60%

Survey question: I am able to get healthy foods easily in my neighborhood.

- Low-income parents: 74% strongly agree or agree, 26% strongly disagree or disagree
- Other-income parents: 87% strongly agree or agree, 13% strongly disagree or disagree

Survey question: My children exercise at least one time per day (breaking a sweat outside of school).

- Low-income parents 56%
- Other-income parents: 64%

Survey question: Feel safe walking in my neighborhood.

- Low-income parents 63% strongly agree or agree, while 27% strongly disagree or disagree, and 10% indicated they would not walk regardless of how safe they feel
- Other-income parents 88% strongly agree or agree, 8% strongly disagree or disagree, and 4% indicated they would not walk regardless of how safe they feel.

Health professionals, educators and community leaders: Access to nutrition and access to activity were ranked in the top five health barriers for low-income 68% and 38% respectively; and for other-income 48% and 50%.

Supporting Focus Group / Community Conversation Data:

Access to nutrition and no access to physical activity was identified as health barriers in 77% of the groups.

Health Barrier 3: Healthy living education

Key Finding: Parents, health professionals, educators and community leaders see healthy living education as a barrier to improving youth health, and as one of the top things that can be done to improve youth health.

The majority of parents believe health living education is an ongoing need for families in St. Petersburg. Health professionals, educators and community leaders identified it as a top barrier. Healthy living education was listed among the top three things schools, city government and parents can do to improve the health of youth in St. Petersburg by parents, health professionals, educators and community leaders.

Supporting Survey Data:

Survey question: Healthy living education is an ongoing need for families in St. Petersburg.

- Low-income parents: 73% strongly agree or agree, 27% strongly disagree or disagree.
- Other-income parents: 67% strongly agree or agree, 33% strongly disagree or disagree.
- Health professionals, educators and community leaders: 83% strongly agree or agree, 1% disagree, 17% don't know.

Health professionals, educators and community leaders: Healthy living education was ranked as a top five health barrier for low-income by 38% and for other-income 56%.

Supporting Focus Group / Community Conversation Data:

Healthy living education was identified as a health barrier in 69% of the groups.

Health Barrier 4: Resource-rich community does poor job distributing resources

Key Finding: St. Petersburg is a health resource-rich community that does a poor job of distributing resources to those in need.

Two issues were uncovered during exploratory, in-depth interviews: on one hand, St. Petersburg is a health resource-rich community; on the other hand, St. Petersburg does not do a good job of distributing the resources to those in need. The issues were included in the surveys as separate questions. During focus groups and community conversations, the issues were merged into one.

The result: This issue was reported as a barrier in the survey of professionals and was consistently supported as a top concern in nearly every focus group and community conversation meeting.

In focus groups and community conversations, the Tampa Bay community resource navigator, 2-1-1 Tampa Bay Cares, Inc., was often identified as ineffective, but was also seen as part of a bigger problem. Please note: a question referring to 2-1-1 was not included in the surveys.

Supporting Survey Data:

Survey Question: St. Petersburg is a health resource-rich community, and does not do a good job of distributing health resources to those in need.

- Health professionals, educators and community leaders: 60% strongly agree or agree, 31% strongly disagree or disagree, 9% don't know.
- The question was not asked of parents.

Health professionals, educators and community leaders: "Unaware of resources" was ranked as a top five health barrier for low-income by 36% and other-income by 50%.

Supporting Focus Group / Community Conversation Data:

This issue was supported as a health barrier in 92% of the groups.

Other Key Finding: Perceived Health of St. Petersburg Youth

Parents perceive their children as being healthy, while health professionals, educators and community leaders see St. Pete youth as unhealthy.

Nearly three-quarters of low-income parents perceive their children to be healthy or very healthy, while less than 10 percent of health professionals, educators and community leaders agreed. Similarly, 81 percent of other-income parents see their children as healthy or very healthy, while only 25 percent of health professionals, educators and community leaders agreed.

This discrepancy in perceptions of youth health continues in defining "unhealthy." Only five percent of parents of low-income youth see their children as unhealthy or very unhealthy, while 52 percent of health professionals, educators and community leaders opined low-income children are unhealthy or very unhealthy.

Secondary research supports the position of the health professionals, educators and community leaders, at least in terms of a healthy weight. For instance, 26 percent of Pinellas County youth ages 11-17 are either obese or overweight, which categorically defines them as unhealthy. It is widely understood that overweight children and adolescents are much more likely to be obese adults and more likely to suffer early heart disease and death.

Differences in parents' perceptions and secondary research also fail to align when it comes to exercise. In the survey, 60 percent of parents report their children exercising at least one time per day (breaking a sweat outside of school), yet secondary research reveals only 23 percent of youth report being physically active for at least 60 minutes per day during the past seven days.

Supporting Data from Surveys:

Overall, how would you rate the health of youth in low-income families // health of your children?

- Health professionals, educators, community leaders: 52% very unhealthy / unhealthy; 38% even mix of unhealthy and healthy; 8% very healthy / healthy; 8% not familiar with health of youth in low-income families
- Low-income parents: 5% very unhealthy / unhealthy; 23% even mix of unhealthy and healthy, 71% very healthy / healthy

Overall, how would you rate the health of youth in other-income families // health of your children?

- Health professionals, educators, community leaders: 11% very unhealthy / unhealthy, 57% even mix of unhealthy and healthy; 25% very healthy / healthy; 7% not familiar with the health of youth in other-income families
- Other-income parents: 5% very unhealthy / unhealthy; 14% even mix of unhealthy and healthy, 81% healthy / very healthy

Other Key Finding: Role of Schools

Parents, health professionals, educators and community leaders overwhelmingly agree the school district has a role in improving the health of students; and according to them the role is clear: Improve nutrition, increase physical activity/PE, and provide healthy living education.

Approximately 9-in-10 of parents, health professionals, educators and community leaders see a role for the school district in youth health, according to survey results. The top three things the school district can do to improve youth health are focused efforts around nutrition, physical activity/physical education and healthy living education.

Nearly half of health professionals, educators and community leaders perceive the school district to at least be moderately open to change; and three-quarters believe school policies have a moderate to strong influence over youth health.

Supporting Secondary Data:

Do you believe school officials have a role in improving the health of students?

- Health professionals, educators, community leaders: 90% yes, 3% no, 6% I don't know
- Parents: 85% yes, 6% no, 19% I don't know

What are three things that schools could do to improve the health of students?

- | | |
|--|---|
| <ul style="list-style-type: none">• Health professionals, educators, community leaders (<i>in rank-order</i>)<ol style="list-style-type: none">1. Provide healthy living education2. Increase physical activity, PE, recess (daily)3. Improve nutrition of meals, snacks | <ul style="list-style-type: none">• Parents (<i>in rank-order</i>)<ol style="list-style-type: none">1. Improve nutrition of meals, snacks2. Increase physical activity, PE, recess (daily)3. Provide healthy living education |
|--|---|

How much Influence do school policies have on the health of youth in St. Petersburg?

- Health professionals, educators, community leaders: 33% strong influence, 42% moderate influence, 22% mild influence, 4% no influence
- The question was not asked of parents

How open are school officials to changing policies, systems and environments that improve the health of its students?

- Health professionals, educators, community leaders: 19% not at all open to change, 44% moderately open to change, 4% very open to change, 32% don't know
- The question was not asked of parents

School officials understand healthy students make better grades and do better on tests.

- Health professionals, educators, community leaders: 71% strongly agree or agree, 29% strongly disagree or disagree
- Parents: 75% strongly agree or agree, 15% strongly disagree or disagree

Supporting Focus Group / Community Conversation Data:

Schools increasing physical activity, improving nutrition and providing healthy living education was identified in all (100%) of the groups.

Other Key Finding: Role of City Government

Parents, health professionals, educators and community leaders agree city officials have a role in improving the health of youth; and they also agree the city should partner with schools in ways they currently are not.

Approximately three-quarters of parents and 9-in-10 health professionals, educators and community leaders see a role for city officials in improving youth health. The top three things city officials can do to improve youth health, according to parents, health professionals, educators and community leaders are:

- Healthy living awareness, education and programming
- Partner with schools to increase physical activity, improve nutrition of meals and snacks
- Provide and promote parks and recreation centers

Of interest is a proposed partnership of the city with the school district, in particular with nutrition and activity. Traditionally, city government and school districts do not work together on improving nutrition and increasing physical activity of students.

Supporting Data from Surveys:

Do you believe city elected officials have a role in improving the health of students?

- Health professionals, educators, community leaders: 88% yes, 6% no, 6% don't know
- Parents: 74% yes, 10% no, 16% don't know

What are three things city elected officials could do to improve the health of students?

- Health professionals, educators, community leaders (*in rank-order*)
 1. Healthy living awareness, education, programming
 2. Partner with schools to increase physical activity, improve the health of meals, snacks
 3. Parks and recreation centers
- Parents (*in rank-order*)
 1. Healthy living awareness, education, programming
 2. Partner with schools to increase physical activity, improve the health of meals, snacks
 3. Parks and recreation center promotion and activities

How much influence do city policies and ordinances have on the health of youth in St. Petersburg?

- Health professionals, educators, community leaders: 22% strong influence, 37% moderate influence, 31% mild influence, 10% no influence
- The question was not asked of parents

How open are city elected officials to changing policies, systems and environments that improve the health of its citizens?

- Health professionals, educators, community leaders: 14% not at all open to change, 45% moderately open to change, 8% very open to change, 33% don't know
- The question was not asked of parents

City elected officials understand the range of benefits a healthy population brings to a city.

- 61% strongly agree or agree, 38% strongly disagree or disagree
- The question was not asked of parents

Supporting Focus Group / Community Conversation Data:

City government having a role in increasing physical activity was identified by 54% of the groups; a role in improving nutrition by 38% of the groups; and a role in promoting healthy living education by 54% of the groups.

Other Key Finding: Role of Parents

Parents can improve the health of their children by increasing physical activity, which includes reducing time spent with technology, and by improving nutrition. This finding is not surprising, considering the task of increasing activity and improving nutrition is a challenge parents are struggling with nationwide.

It's not surprising that surveys of health professionals, educators and community leaders, as well as surveys of parents, revealed that parents can improve their children's health through families increasing physical activity, reducing technology time, and improving nutrition. Role modeling by parents is an area of improvement. These challenges are a major part of the nation's poor health.

The good news: Approximately three-quarters of health professionals, educators and community leaders believe parents are moderately to strongly open to change; and 9 in 10 think family / home rules have a moderate to strong influence on their children's health.

Supporting Data from Surveys:

What are three things that parents could do to improve the health of students?

- Health professionals, educators, community leaders (*in rank-order*)
 1. Improve parental responsibility, role modeling
 2. Increase physical activity, less technology
 3. Provide better nutrition with meals, snacks
- Parents (*in rank-order*)
 1. Provide better nutrition with meals, snacks
 2. Increase physical activity, less technology
 3. Role modeling

How much Influence do family / home rules have on the health of youth in St. Petersburg?

- Health professionals, educators, community leaders: 77% strong influence, 13% moderate influence, 8% mild influence, 2% no influence
- The question was not asked of parents

How open are parents to changing family / home rules to improve the health of their children?

- Health professionals, educators, community leaders: 8% not at all open to change, 65% moderately open to change, 8% very open to change, 19% don't know

Supporting Focus Group / Community Conversation Data:

Parents increasing physical activity, improving nutrition and having the need for healthy living education was identified in all (100%) of the groups.

Other Key Finding: School Nurses

There is support to have a school nurse for each school.

Having a school nurse for each school was seen as essential to improving student health in some of the exploratory interviews, and in more than half of the focus groups and community conversations. While most of the groups' dialogue was focused on the importance of having a school nurse at each school for health treatment, there was some discussion on how school nurses could be involved in health promotion at schools.

The issue was included in surveys of school nurses, where the following was uncovered:

- Most school nurses see at least a minor interruption in student learning each day due to health issues, with 1-in-5 nurses seeing an interruption of 30 minutes or more.
- One-third of school nurses are referring students to health resources outside the school on a daily basis.
- One-third of school nurses see 500 or more students on a monthly basis.

All of the school nurses completing the survey indicated the majority of the students they serve are low-income.

Supporting data from surveys:

Survey question: How often do you refer students to health resources outside of school?

- Daily 33%
- Weekly 44%
- Monthly 11%
- Once per semester -0-
- Once per year -0-
- Not at all 11%

Survey question: How much do student health issues interrupt student learning time each day?

- Not at all -0-
- 1-10 minutes per day 44%
- 11-20 minutes per day 22%
- 21-30 minutes per day 11%
- More than 30 minutes per day 22%

Survey question: How many students do you see on a monthly basis?

- 0-499 63%
- 500-999 38%

Survey question: School nurses could measurably improve youth health if provided more resources.

- Strongly disagree -0-
- Disagree -0-
- Agree 67%
- Strongly agree 33%

Supporting data from focus groups and community conversations:

School nurses was not a topic in one of the community conversations. Of the remaining 12 groups, seven identified the need for a school nurse for every school (or 58%)

Other Key Finding: Ongoing Healthy Living and Safety Education

Most parents have an ongoing need for healthy living education for their families, and also want the following child-specific education to be made available to them: bicycle/pedestrian safety, child passenger safety, drowning/water safety, firearm safety, prescription medication safety and infant sleep safety.

Three-quarters or more of parents believe it is important to make available to them education programming on the following: bicycle/pedestrian safety, child passenger safety, drowning/water safety, firearm safety. Approximately two-thirds think prescription medication safety and infant sleep safety are also important programming to make available.

The majority of parents (70%) say healthy living education is an ongoing need for their family.

Support from surveys:

Survey question: Healthy living education is an ongoing need for my family.

- Strongly disagree 13%
- Disagree 18%
- Agree 51%
- Strongly agree 19%

Do you think it is important to make education programming available to parents on any of the following child safety-related issues (check all that apply)?

- Bicycle/pedestrian safety 74%
- Child passenger safety 77%
- Drowning/water safety 87%
- Firearm safety 81%
- Infant sleep safety 63%
- Prescription medication safety 69%

“Firearm safety needs to start earlier. My 3rd grader had an amazing All Children’s Hospital program come to her school about gun safety and she got a lot out of it. My 4-year-old son is playing with “guns” and needs much earlier intervention. He wouldn’t understand that a real gun is not like playing superheroes.”

- Parent survey

Top Findings from Researching Youth by Income Categories

The following are the top findings from a research approach that started by separating youth into income categories: low-income and other-income.

Key finding 1: Low-income parents are more likely to live in unhealthy neighborhoods, to be unable to get healthy foods easily in their neighborhoods, and to not allow their children to play outside in their neighborhoods during daylight hours.

Approximately 1 in 4 low-income parents report their neighborhoods to be unhealthy, compared to approximately 1 in 10 other-income parents. Approximately 1 in 4 low-income parents are unable to get healthy foods easily in their neighborhoods, compared to approximately 1 in 10 other-income parents. More low-income parents report not allowing their children to play outside in their neighborhoods during daylight hours: 25 percent to 15 percent, respectively.

Supporting Survey Data:

Survey question: Overall, how would you rate the health of the neighborhood you live in?

- Low-income: 28% very unhealthy or unhealthy
- Other-income: 13% very unhealthy or unhealthy

Survey question: I am able to get healthy foods easily in my neighborhood.

- Low-income: 26% strongly disagree or disagree
- Other-income: 13% strongly disagree or disagree

Survey question: I allow my children to play outside in my neighborhood during daylight hours.

- Low-income: 25% strongly disagree or disagree
- Other-income: 15% strongly disagree or disagree

Key finding 2: More low-income children face mental health issues than other-income children. Yet more other-income children are facing bullying that impacts mental health than low-income children.

1 in 5 low-income parents report their children facing mental health issues, compared to approximately 1 in 10 other-income parents. However, more other-income parents (17 percent) say their children face bullying that impacts mental health, than low-income parents (12 percent).

Supporting Survey Data:

Of those facing health issues: Mental health

- Low-income: 20% - ranked third
- Other-income: 9% - ranked eighth

Of those facing health issues: Bullying that impacts mental health

- Low-income: 12% - ranked sixth
- Other-income: 17% - ranked fourth

Key finding 3: Low-income children and other-income children are overconsuming fast food, sugar-sweetened beverages and junk food at similar percentages.

Approximately half of low-income and other-income parents say their children eat fast food on a weekly basis. Approximately 40 percent of low-income and other-income parents report their children drinking sugar-sweetened beverages on a daily basis. Approximately half of low-income parents and other-income parents report their children eating junk food on a daily basis.

Supporting survey data:

One or more of my children eat fast food on a weekly basis

- Low-income: 46%
- Other income: 50%

One or more of my children drink sugar-sweetened beverages on a daily basis

- Low-income: 40%
- Other income: 39%

One or more of my children eat junk food on a daily basis

- Low-income: 50%
- Other income: 52%

Key finding 4: Parents of all income levels are able to take their children to the doctor when needed.

Nearly all parents – low-income and other-income – report they are able to take their children to the doctor when needed.

Supporting survey data:

Survey question: Are you able to take your children to a doctor when needed?

- Low-income: 94% yes
- Other-income: 99% yes

Key finding 5: Most children of all income levels go to the doctor's office for routine health care.

Nearly all other-income parents report their children go to the doctor's office for routine health care, while three-quarters of low-income parents say their children do so. The remaining low-income parents say their children likely go to the health department or urgent care clinics.

Supporting survey data:

Survey question: Where do you take your children for routine health care?

- Low-income: 75% doctor office, 10% health department, 6% urgent care clinic, 2% emergency room, 2% my children do not get routine health care
- Other-income: 97% doctor office, 1% health dept., 1% urgent care clinic, less than 1% emergency room, 1% my children do not get routine health care

Key finding 6: Nearly all children have health insurance coverage.

Approximately three-quarters of children have health insurance coverage, with low-income children 71 percent through Medicaid, and other-income children 73 percent through commercial health insurance.

Supporting Survey Data:

Survey question: What type of health care coverage do you have?

- Low-income: 13% Children’s Health Insurance Program (CHIP), 71% Medicaid, 9% commercial health insurance, 5% no health care coverage
- Other-income: 5% Children’s Health Insurance Program (CHIP), 17% Medicaid, 73% commercial health insurance, 2% no health care coverage

Key finding 7: Low-income children are less able to get the needed dental care or behavioral health services needed than other-income children.

Nearly one-third of low-income parents report their children are unable to get the dental care needed, and more than one-third are unable to get the mental health services needed. While significant percentages of other-income children are unable to get needed dental care and mental health services, these percentages are substantially lower than low-income children.

Supporting Survey Data:

Survey question: I am able to get the dental care needed for my children.

- Low-income: 27% strongly disagree or disagree
- Other-income: 14% strongly disagree or disagree

Survey question: I am able to get the mental health services needed for my children.

- Low-income: 35% strongly disagree or disagree (of those who did not check “My children do not need mental health services)
- Other-income: 17% strongly disagree or disagree (of those who did not check “My children do not need mental health services)

Key finding 8: Low-income and other-income children are absent from school due to health issues at similar percentages, though low-income children are more likely to miss five days or more. Slightly more low-income children attend school sick than other-income children.

Approximately 1 in 5 parents of all incomes report their children not being absent from school due to health issues. Other-income children are slightly more likely to miss 1 to 2 days, and low-income children more than 5 days. More than half of other-income parents, and half of low-income parents, say they have not sent their children to school sick. Very similar percentages of low-income and other-income parents report sending their children to school sick 3 or more days.

Supporting Survey Data:

Survey question: How many times have your children been absent this school year due to health issues (physical, mental, dental)?

- Low-income: 17% none, 38% 1-2 days, 23% 3-4 days, 23% 5 days or more
- Other-income: 19% none, 43% 1-2 days, 22% 3-4 days, 16% 5 days or more

Survey question: How many times during the school year have your children been sick but you had to send them to school anyway?

- Low-income: 50% none, 38% 1-2 days, 6% 3-4 days, 6% 5 days or more
- Other-income: 62% none, 27% 1-2 days, 7% 3-4 days, 4% 5 days or more

Key finding 9: Low-income children are more likely to require regular access to a school nurse and regular access to school health care than other-income children.

Approximately 1 in 10 parents report low-income children require regular access to a school nurse and to school health care. Substantially fewer other-income children require regular access to either.

Supporting Survey Data:

Survey question: Do your children require any of the following at school?

- Low-income: 12% regular access to school nurse; 5% regular access to school health care, 10% taking prescription drugs on a regular basis
- Other-income: 5% regular access to school nurse; 1% regular access to school health care, 4% taking prescription drugs on a regular basis

Other St. Petersburg Research Data

In addition to the topics addressed in the key findings and key roles, other relevant issues and topics were queried in the survey. Survey results are located at <http://www.hopkinsallchildrens.org/community> and include the following subject areas:

- Transportation
- Health education programming needs
- Importance of prevention vs. treatment
- Neighborhood health and safety
- Parent and family health habits
- School nutrition/meals
- Health issues and student attendance/performance
- Issues related to special needs children
- Topics specific to the following: Pediatricians, nurses/nurse practitioners, school nurses, school health teachers, school support staff, community leaders, school officials, afterschool staff.

6-Part Methodology for Local Research

The research involved a six-part methodology that involved nearly 1,000 participants. The CHNA Community Advisory Council of 18 members from health organizations, community groups, funders and academia was established to provide input into the CHNA process, as well as feedback on documents generated. The council held monthly, in-person meetings from February to June 2016.

1. Exploratory, in-depth interviews
2. Surveys
3. Focus groups
4. Community conversations
5. Secondary research
6. Prioritization Filter

Methodology note: Youth were separated into two categories based on household income: low-income and other- (middle- and upper-income) income. For health professionals, educators and community leaders taking the survey, low-income was defined as unable to meet basic needs on a regular basis, and other-income as middle- and upper-household incomes. Parents were asked demographic information, including household income. Responses were separated into low-income (annual household income is less than \$25,000) and other-income (annual household income is \$25,000 or more).

1. Exploratory, In-Depth Interviews

To inform survey development, exploratory, in-depth interviews were conducted with each of the advisory council members. The purpose was to identify issues and topics that otherwise may not be included in the survey questions. These interviews were conducted by phone and each was 30 minutes.

2. Surveys

Two surveys were conducted: one with parents of children under 18 and living at home; and the other of health professionals, educators and community leaders. A total of 699 surveys were completed. Surveys were distributed, completed and collected in March and April of 2016.

Surveys of Parents

356 surveys were completed by parents, which represented a demographically diverse representation similar to that of St. Petersburg. Some surveys were conducted online using Survey Monkey, while others were completed via hard-copy (by those without Internet access).

Surveys of Health Professionals, Educators, and Community Leaders

343 surveys were completed by health professionals, educators and community leaders. The survey also included sections of questions specific to the following professions:

- Community leader, health advocate, youth advocate, nonprofit
- Nurse, nurse practitioner, physician assistant, related profession
- School official, government official
- School support staff
- After-school teacher or staff
- Pediatricians
- School nurse
- School health teacher
- Dentist

The majority of surveys were conducted online using Survey Monkey, with some completed via hard-copy (distributed, completed and collected at various organizations meetings).

3. Focus Groups and 4. Community Conversations

A total of 203 participants in 11 focus groups and three community conversations were conducted in April and May 2016. Focus groups (audiences of 14 or less) allowed for more in-depth exploration of issues. Community conversations (audiences of 15 or more) provided for more observation opportunities of the impact of group dynamics on issues.

Group discussion covered three topics:

1. Identify the top youth health issues and barriers to improving youth health.
2. Survey results indicated St. Petersburg is a health resource-rich community that does a poor job of distributing those resources to those in need.
3. What is the role of schools / city government / parents in improving youth health?

The primary purpose of these discussion topics was to discover whether the issues identified in surveys were supported in focus groups. Initially, group participants were not given survey results, which allowed group discussions the opportunity to identify issues without being prompted by survey results. Participants also were given the opportunity to share any additional information they consider worthwhile for the CHNA effort.

Eleven Focus Groups with 100 total participants

- Healthy Start Staff: 10 participants of professionals who serve children in women, infants 0-2 and families
- Healthy Start Community Action Network: 13 participants of professionals and parents who advocate for maternal and child health
- Johns Hopkins All Children's Hospital (JHACH) Advocacy Council: 9 participants of clinical and non-clinical professionals
- JHACH Pediatric Residents: 4 participants of professionals who are in their medical residency
- Directors Reaching for Excellence in South St. Petersburg (DRESS): 10 participants of professionals who work as daycare providers
- Special Needs Parents: 3 participants of parents who have children with special needs
- JHACH Social Work Staff Professionals: 14 participants of social workers
- JHACH Child Life Staff Professionals: 14 participants of child life specialists
- Pinellas County School Nurses: 12 participants of professionals who are school nurses
- JHACH Physical Therapy/Occupational Therapy Rehab Staff: 7 participants of professionals who are physical therapists and occupational therapists
- JHACH Emergency Center Nurses: 4 participants of professionals who are emergency center nurses

Three Community Conversations with 103 total participants

- Concerned Organizations for the Quality Education of Black Students (COQUEBS) School Readiness Committee: 18 participants of professionals who serve low-income black families in South St. Petersburg
- Juvenile Welfare Board (JWB) South County Community Council: 45 participants of professionals and parents who advocate for the needs of low-income black families in South St. Petersburg
- JHACH Medical Explorers: 40 participants of teens who are exploring medical careers

5. Secondary Research

Secondary research was conducted to provide a snapshot of the demographics of St. Petersburg, and to gather data specific to the top health issues identified in the surveys and supported in the focus groups and community conversations.

6. Prioritization Filter

Using CHNA best practices, a filter with eight components was utilized to further refine the process to identify the top youth health issues in St. Petersburg. Each of the top health issues was filtered through the following components:

- Magnitude: How many people are impacted by the health problem?
- Severity: What is the risk associated with health problem?
- Trend: Is the health problem getting worse?
- Urgency: Is there a critical need to address the health problem now?
- Impact on Vulnerable: Does health problem disproportionately impact particular vulnerable groups?
- Change: What is the feasibility of the community/key organizations to adopt change to address the health problem?
- Resources: What resources are available to address health problem?
- Financial: What is the financial impact to the community and to individuals if the health problem remains unaddressed?

Local Community Efforts Addressing Top Health Issues

Local Community Programs Related to Asthma/Allergies

Organization / Program Name	Geographic Area Focus	Program Goals / Services Provided	Audience or Clients
Florida Asthma Coalition	Statewide	The Florida Asthma Coalition (FAC) is a statewide coalition that was established in 2010 to eliminate asthma disparities, improve quality of life, and reduce costs. It is comprised of volunteers and several local coalitions in Florida working to improve asthma outcomes within their areas; members work together to implement the 2015-2019 Florida Asthma Plan. The FAC works to reduce the overall burden of asthma, with a focus on minimizing the disproportionate impact of asthma in racial/ethnic and low-income populations, by promoting asthma awareness and disease prevention at the community level and expanding and improving the quality of asthma education, management, and services through system and policy changes. The FAC provides recognition through the Asthma-Friendly Childcare Center and Asthma-Friendly School awards programs.	Adults and children

Local Community Programs Related to Obesity/Overweight

Organization / Program Name	Geographic Area Focus	Program Goals / Services Provided	Audience or Clients
FindtheFunNow	Pinellas County	Free website that helps Pinellas County residents find activities that fit their lifestyles. Funded by the Florida Department of Health in Pinellas County's Partnerships to Improve Community Health (PICH) initiative.	General public
Healthy Pinellas Consortium	Pinellas County	The Healthy Pinellas Consortium convened in 2013 to oversee two of the Pinellas County Community Health Improvement Plan priority areas: health promotion and disease prevention and healthy communities and environments. The Consortium focuses on policy and environmental changes that help reduce obesity and chronic disease by making safe physical activity and nutritious foods accessible to all residents. Members include local and state government, non-profits, private businesses, and community advocates who are interested in collaborating to make Pinellas a healthier place to live.	General public
Healthy St. Petersburg Initiative	St. Petersburg	Launched in May 2015, Healthy St. Pete is a citywide community engagement and empowerment initiative that will help the community EAT, PLAY, SHOP and LIVE healthier. The program includes outreach, partnerships, community fitness challenges, a cooking show and even an app to track fitness progress. Initiative includes St. Petersburg Police Department Resource Bus Connection in partnership with the Florida Department of Health-Pinellas County and local community health organizations.	General public
Partnerships to Improve Community Health (PICH)	Pinellas County	A three-year county wide initiative of the Florida Department of Health in Pinellas County and funded by the U.S. Department of Health and Human Services and the Centers for Disease Control and Prevention (CDC) to support implementation of voluntary policy and systems changes to encourage healthy choices in physical activity and nutrition. The initiative uses evidence-based strategies to reduce the prevalence of obesity, heart disease, stroke, and diabetes. A major project of PICH includes the "Fun Bites" initiative, which works with youth concession stands to offer more choices without taking away other familiar concession foods and snacks.	General public

Pinellas Trail	Pinellas County	Operated by Pinellas County Parks and Conservation Resources, the Fred Marquis Pinellas Trail is a linear park and recreation trail currently extending from St. Petersburg to Tarpon Springs and is a multi-use trail everyone can enjoy. The Trail, created along an abandoned railroad corridor, provides a unique, protected green space for walking, jogging, skating and biking.	General public
St. Petersburg Parks and Recreation	St. Petersburg	Mission is to preserve, protect, maintain and enhance the city's parklands and recreational facilities and engage people in leisure activities that contribute to their quality of life. Class offerings include arts and crafts, dance, day trips, education, exercise, homeschool, language, martial arts, nature programs and sports. Program focus areas include camps, TASCO (Teen Arts, Sports and Cultural Opportunities) and wellness.	Youth and their families
YMCA of Greater St. Petersburg	St. Petersburg	Services include youth development (i.e., child care, education and leadership, swim, sports, play, and dance), and healthy living (i.e., health, well-being and fitness, sports and recreation, and diabetes prevention).	Youth and their families
YMCA of the Suncoast	Clearwater	Healthy Living: Programming includes swim lessons, summer camps, sports, and wellness.	Youth and their families

Local Community Programs Related to Mental Health/Bullying

Organization / Program Name	Geographic Area Focus	Program Goals / Services Provided	Audience or Clients
Directions for Living	Pinellas County	One of only two sites in Florida that has been selected to implement the evidence-based practice of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) by the National Child Traumatic Stress Network. Offers affordable behavioral health services to children and youths who have been victims of violence, witnesses to violence, or who have suffered a traumatic loss, as well as those with behavioral or emotional disorders.	Children ages 0-18, children in welfare system
Family Resources	Pinellas County	Provides prevention, support, and counseling services to children, teens and families. SafePlace2B for Teens: Short-term residential care and counseling offering a safe refuge for homeless and runaway youth as well as respite and intervention to families in crisis. SafePlace2BToo – Young Moms: Maternal Transitional Living Program (TLP) providing a maternity-based, inclusive residential program for up to 8 pregnant and parenting, homeless women, ages 16-22, and their infants. SafePlace2BToo – LGBTQ provides a safe haven for lesbian, gay, bi-sexual, transgender, or questioning (LGBTQ) youth where they will be accepted for who they are and where they are in their life development. Safe2B – You and Me is a community education program teaching teens and adults, ages 15 to 25, about healthy relationships. The Youth Enrichment Program is a fully licensed after school and summer program for youth, ages 6 to 14, with a focus on positive youth development activities to promote self-efficacy and resiliency.	Children, teens, families
Personal Enrichment through Mental Health Services (PEMHS)	Pinellas County	Behavioral health care organization offering a 24-hour suicide hotline, emergency screening and crisis intervention services, inpatient services for adults and children, residential services for children and community based programs. Community Action Team provides comprehensive, intensive community-based treatment to families with youth and young adults, ages 11-21, who are at risk of out-of-home placement due to a mental health or co-occurring disorder and related complex issues for whom traditional services are not adequate. Also provides a safe environment for children in crisis who need brief, intensive intervention through inpatient care.	Children, adolescents and their families

Suncoast Center, Inc.	Pinellas County	Provides a comprehensive range of evidence-based programs that address emotional wellness, trauma services, and child advocacy to individuals and families. Children's Advocacy Services is dedicated to reducing trauma to children and families affected by abuse or neglect by providing coordination of community services during investigation, assessment, treatment, and recovery.	Children and families
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Local Community Programs Related to Birth Outcomes / Infant Mortality

Organization / Program Name	Geographic Area Focus	Program Goals / Services Provided	Audience or Clients
Figuring It Out for the Child	South St. Petersburg	A unique Resource and Referral (R&R) program designed to support unmarried, non-co-resident African American mothers and fathers having their first baby together. The FIOC program connects with the father and mother together throughout the project; no present or future marriage or enduring committed romantic relationship is presumed. At the point of joining the study, fathers and mothers are paired with an R&R specialist who remains available to them from the pregnancy through the child's first birthday. She helps connect families to existing agencies, programs and community resources, with specific focus on those the parents themselves see as being most needed. She continues to check in periodically with families after the baby has been born, to assure that all foreseen and unforeseen needs are being tended to. Participation also involves registering in a research project, sponsored by the National Institute of Child Health and Development.	Unmarried, non-co-resident African American mothers and fathers having their first baby together
Healthy Families Pinellas	Pinellas County	Intensive home visiting and family support program in operation since 1992. The program focuses on preventing child abuse before it ever starts by working with families from pregnancy until the child is linked to the school system. The program offers enhanced services provided by specialty staff including nurses, mental health counselors, father services specialists, and resource specialist as part of the team.	Families
Healthy Start Coalition of Pinellas	Pinellas County	Offers pregnant women, infants, and young children services that promote healthy pregnancies and healthy babies. Services are provided in the comfort of a family's home and at some obstetric offices. These include: care coordination, home visiting services, breastfeeding education and support, childbirth education, parenting support, smoking cessation, nutritional care and other services. Most Healthy Start services are provided at no cost to families. The Parents as Teachers+ Program is a home visiting program that promotes drug free families.	Women, infants, young children
The Next STEPP (Service to Those Experiencing Pregnancy or Parenting)	South St. Petersburg	The Next STEPP Life Center is a nonprofit Christian organization offering life-affirming solutions to women, men and families facing unintended pregnancy and resources to pregnant and parenting women and their families. Aims to empower women and men to make life and lifestyle choices that promote their physical, emotional and spiritual well-being.	Women and men
Nurse Family Partnership	Pinellas County	Home visiting-based program intended to promote well-being of first-time, low-income mothers and their children. Nurses provide parenting education, referrals to community resources, and promote family enrichment beginning in pregnancy prior to 28 weeks gestation through the child's second birthday. Goals for the program include improving pregnancy outcomes, child health and development and family economic self-sufficiency.	First-time, low-income mothers and their children

Local Community Programs Related to Substance and Alcohol Abuse / Tobacco Use

Organization / Program Name	Geographic Area Focus	Program Goals / Services Provided	Audience or Clients
Directions for Living	Pinellas County	One of only two sites in Florida that has been selected to implement the evidence-based practice of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) by the National Child Traumatic Stress Network. Offers affordable behavioral health services to children and youths who have been victims of violence, witnesses to violence, or who have suffered a traumatic loss, as well as those with behavioral or emotional disorders. Offers substance abuse counseling in-clinic and in-home.	Children ages 0-18, children in welfare system
Florida Department of Health – Pinellas County	Pinellas County	Tobacco Free Coalition of Pinellas County is a membership group of local adults and youth dedicated to ending tobacco use and creating a tobacco free environment. Established in 1998, began as a group working to bring awareness to the way Big Tobacco was luring teens. Purpose and goals have expanded to include identifying resources to assist smokers looking to quit, as well as educating the community on the dangerous effects of secondhand smoke. Tobacco Prevention and Control Program provides technical support to help in the creation and implementation of tobacco free policies to reduce tobacco use, encourage youth to stay tobacco free and reduce exposure to secondhand smoke.	Adolescents and teens
Operation PAR	Pinellas County	Provides adolescent teen alcohol and drug use treatment services through prevention, outpatient care and residential program. Prevention services include: school-based targeted prevention for at-risk fourth graders in conjunction with the Pinellas County School Board; prevention life skills for middle and high school aged adolescents; parenting skills for parents of children from birth through adolescence, with a special focus on parents at risk of abuse and neglect; prevention environmental strategies to change community norms; prevention training and coaching for teachers. Outpatient offerings include: individual, family and group counseling; gender specific and co-ed groups; enhanced outpatient with several contacts per week; Services, a private web based platform for both individual and group sessions with specially trained and certified e-counselors. The Operation PAR Academy for Behavioral Change provides residential substance abuse treatment for teens ages 13 through 17 years old.	Adolescents and teens
Westcare Gulf Coast Prevention Programs	Pinellas County	Westcare Gulf Coast Prevention Programs serve youth ages 9 to 18 years of age. After school, diversion program for both delinquent and pre-delinquent youth ages 8-17. Participants receive substance abuse prevention, life skills and activities that are alternatives to crime and drug use. Program include: The UPSIDE - Utilizing Positive Strategies in Developing Efficacy, Girls Circle of Support Program, and Alternatives Prevention Program.	Youth, ages 8-17

Johns Hopkins All Children's Hospital Efforts Addressing Top Health Issues

JHACH Programs Related to Asthma/Allergies

Organization / Program Name	Geographic Area Focus	Program Goals / Services Provided	Audience or Clients
Suncoast Pediatric Asthma Coalition	Pinellas County	A community-wide organization of people interested in improving the quality of life for children and adolescents who have asthma. The group aims to: increase awareness of asthma and related issues in the community; help identify and eliminate disparities that affect the health outcomes of children and adolescents with asthma; provide education on asthma and asthma management; serve as a link between the community and asthma care and supportive resources; increase school/community management of asthma; utilize asthma data to prioritize coalition goals and activities; build the coalition and increase the diversity of its members; be a catalyst for enhancing activities of other organizations promoting health and well being of children and adolescents with asthma.	Children and their families

JHACH Programs Related to Obesity/Overweight

Organization / Program Name	Geographic Area Focus	Program Goals / Services Provided	Audience or Clients
Fit4Allkids	Pinellas County	A weight management program that advances the prevention of childhood obesity by helping overweight or obese children live fit and active lifestyles. Nutrition, fitness and motivational experts offer fun and interactive family nutrition and cooking classes that encourage children and teens to do their personal best and reach their own individual goals. Families accomplish the following outcomes for better health: a decrease in Body Mass Index (BMI); improved overall health by lowering their blood pressure; fun with fitness and more energy; and a decrease in eating high caloric/high fatty foods with an aim to replace them with great tasting healthy recipes that are budget friendly and easy to make. Efforts include a physician office-based program for children, ages 3 and up; a group program located at the YMCA for youth, ages 7 to 11; and a teen program for ages 12 through 18.	Children, ages 3-18, and their families

JHACH Programs Related to Birth Outcomes / Infant Mortality

Organization / Program Name	Geographic Area Focus	Program Goals / Services Provided	Audience or Clients
Healthy Start	South St. Petersburg (33701, 33705, 33711, 33712 and 33713)	A 5-year federally-funded initiative designed to improve the health and well-being of women during their childbearing years (14-45 years old). Addresses identified gap in the system of maternal and child health services directly linked to health disparities in infant mortality, pre- and inter-conception care. Goal is to work with women to address risk factors (pregnancy intervals, nutrition, substance/alcohol use, psychosocial concerns, family planning and other issues) that impact their health and may affect a future pregnancy. Project also provides parenting, breastfeeding, infant care and health education classes and events that are open to the community.	African American / Black women who are pregnant, inter-conceptional, fathers, and infants 0-2.

Neonatal Abstinence Syndrome (NAS) Follow Up Clinic	Sarasota County	Neonatal Abstinence Syndrome (NAS) is a growing problem among infants in Sarasota County, with the county experiencing a 700% increase of babies exposed prenatally to addictive drugs who exhibit physical and behavioral symptoms of NAS after birth. Established in 2013 at the JHACH Outpatient Care Center in Sarasota for NAS babies discharged from the NICU at Sarasota Memorial Hospital. Provides NAS babies with a variety of special services to help them overcome NAS, including: occupational and physical therapy, speech therapy, feeding therapy and applied behavior analysis. The Healthy Start Coalition of Sarasota supplies a social worker to assist families in the program. Infants are scheduled to visit the clinic at three month intervals from birth until 24 months. The clinic is held twice a month.	Infants and toddlers, 0-24 months and their families
Neonatal Follow Up Clinic	Pinellas County and hospital's catchment area	All Children's main campus offers a Neonatal Follow-up Clinic staffed by pediatricians with extensive experience in monitoring and coordinating the special developmental needs and additional subspecialty follow-up appointments of many of our NICU patients following discharge. The clinic focuses on infants who are born prematurely at Bayfront Medical Center and transferred to the All Children's NICU, and who weighed less than 1500 grams at birth. After "graduating" from the NICU, these infants make no less than four visits to the ACH Neonatal Follow-Up Clinic, timed at regular intervals from the time of discharge through 18 months of "corrected" age. Visits include growth and developmental assessments as well as coordination of therapies and pediatric subspecialty follow-up.	Infants, 0-18 months and their families
West Central Early Steps	Pinellas, Pasco, Citrus and Hernando counties	Early Steps is Florida's early intervention system that offers services to eligible infants and toddlers (birth to 36 months) with significant delays or a condition likely to result in a developmental delay. Early intervention is provided to support families and caregivers in developing the competence and confidence to help their child learn and develop. West Central Early Steps is a partnership with providers and families in Pinellas, Pasco, Citrus and Hernando counties to deliver services that support children's well-being and development where they live, learn and play. Funded on an annual basis by the State of Florida. The program has been renewed annually since becoming affiliated with All Children's Hospital in the early 1990's. Services are based on Early Steps evaluations and the family's concerns, resources, and goals. Early Steps uses a Team Based Primary Service Provider approach which aims to empower each eligible family by providing a comprehensive team of professionals from the beginning of services through transition out of the program. The goal is for the family to receive strong support from one person, provide a comprehensive team of professionals from beginning to end, and for the family to have fewer appointments and more time to be a "family." Most services are early intervention home visits.	Infants and toddlers, 0-36 months, and their families

JHACH Programs Related to Mental Health

Organization / Program Name	Geographic Area Focus	Program Goals / Services Provided	Audience or Clients
USF St. Petersburg Family Study Center's Infant-Family Mental Health Center	Pinellas County	Program operated by USF St. Petersburg Family Study Center and located at JHACH main campus in Child Development and Rehabilitation Center. Aims to create strong families and lifelong health and development through child and family assessment, evaluation of social-emotional development, trauma screening and treatment, coparenting/parenting consultation, behavioral consultation, child-parent therapy and family therapy, and parent groups.	Children, 0-5 years, and their families

West Central Early Steps	Pinellas, Pasco, Citrus and Hernando counties	Early Steps is Florida's early intervention system that offers services to eligible infants and toddlers (birth to 36 months) with significant delays or a condition likely to result in a developmental delay. Early intervention is provided to support families and caregivers in developing the competence and confidence to help their child learn and develop. West Central Early Steps is a partnership with providers and families in Pinellas, Pasco, Citrus and Hernando counties to deliver services that support children's well-being and development where they live, learn and play. Funded on an annual basis by the State of Florida. The program has been renewed annually since becoming affiliated with All Children's Hospital in the early 1990's. Services are based on Early Steps evaluations and the family's concerns, resources, and goals. Early Steps uses a Team Based Primary Service Provider approach which aims to empower each eligible family by providing a comprehensive team of professionals from the beginning of services through transition out of the program. The goal is for the family to receive strong support from one person, provide a comprehensive team of professionals from beginning to end, and for the family to have fewer appointments and more time to be a "family." Most services are early intervention home visits.	Infants and toddlers, 0-36 months, and their families
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Social Determinants of Health / Health Equity

An overview of the social determinants of health and how each relates to St. Petersburg will be included in the materials to inform decision-making for those leading the implementation strategy. The Foundation for a Healthy St. Petersburg has conducted a comprehensive analysis at: <http://healthystpete.foundation/resources/community-highlights/>

Healthy People 2020 defines health equity as the “attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.” An overview of health equity is provided from Healthy People 2020: <https://www.healthypeople.gov/2020/about/foundation-health-measures/Disparities>

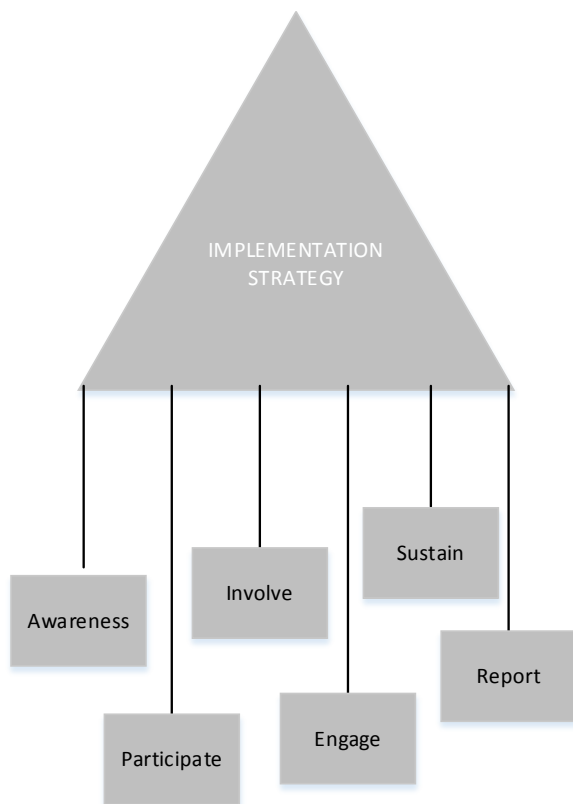
Implementation Strategy

The implementation strategy is a six-part process led by Johns Hopkins All Children's Hospital to engage key entities (schools, city government and parents), community groups and non-profits at the highest levels to measurably improve community health outcomes for the top health issues. This implementation strategy will be led specifically by Johns Hopkins All Children's medical experts and board members, which will be facilitated by a consultant with proven expertise in community engagement.

This process will be a social change effort that will change health behaviors and the aspects of culture that contribute to healthy lifestyles – all in a way that can be measured and shared. The desired social change must engage key decision-makers at all levels: the school superintendent and school board, city government leaders, the leadership of community organizations and nonprofits, and parents, including those not engaged in their child's education or health. This combined effort will rely on the Community Health Needs Assessment data and research to develop solutions for the priority health issues.

As part of the engagement process, key entities (i.e., school district, city government, community and health organizations) will be encouraged to insert strategic solutions related to this CHNA and implementation strategy into their respective organizational strategic plans. This step is critical to improving community health outcomes in a measurable way in the City of St. Petersburg.

Six-Part Community Engagement Process



The **Six-Part process** to engage the community (school district, city government, community and health organizations and parents) is designed to improve health outcomes:

1. **Awareness** : Community Presentations
2. **Participation** : Health Groups
3. **Involvement** : Health Symposiums
4. **Engagement** : Health Summit
5. **Sustainability** : Health Groups Continue
6. **Annual reporting** : Annual Health Summits

I. Awareness: Community Presentations

The purpose of this step is to increase *AWARENESS* of CHNA research: top health issues, health barriers, and other research results. Johns Hopkins All Children’s staff will make individual presentations and gather feedback from 15-20 community groups and health organizations, the school district, city government and PTA. The CHNA will inform feedback from community presentations.

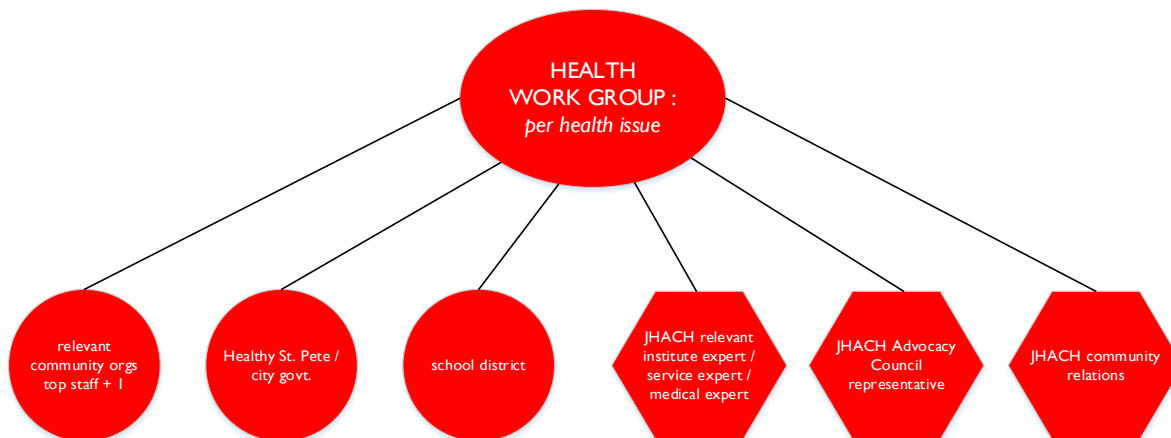
Goal	Strategies	Defining success	Partners	Social Determinants of Health Connection
<ul style="list-style-type: none"> Gather feedback to identify goal 	<ul style="list-style-type: none"> Garner input on best practices, best thinking and innovative work 	<ul style="list-style-type: none"> Determine how to define success 	<ul style="list-style-type: none"> Identify organizational partners Identify key players for Health Work Groups (senior staff) 	<ul style="list-style-type: none"> Identify the connections to the social determinants of health

2. Participation: Health Work Group for Each Health Issue

The purpose of this step is to garner *PARTICIPATION* of top staff of the identified entities, organizations and groups on each health issue to identify top social change barriers (not health barriers) to improving community health outcomes. This will be facilitated by Johns Hopkins All Children’s, which will place top staff in work groups for each health issue. Each health work group will meet twice. The CHNA and the feedback from community presentations will inform decision-making for the Health Work Groups.

Goal	Strategies	Defining success	Partners	Social Change Barriers
<ul style="list-style-type: none"> Set goals 	<ul style="list-style-type: none"> Identify key strategies Develop new strategies as desired 	<ul style="list-style-type: none"> Define success metrics Develop initial thoughts on evaluation and accountability 	<ul style="list-style-type: none"> Identify key players for Health Symposiums (board members) 	<ul style="list-style-type: none"> Identify the top barriers to social change

HEALTH WORK GROUP : *per health issue*



Purpose: Garner *participation* of top staff (schools, city, community groups) on each health issue

Work: (a) Identify top social change barriers to implementation in St. Petersburg
 (b) develop evaluation – measurement, monitoring, reporting

Meetings: Two meetings

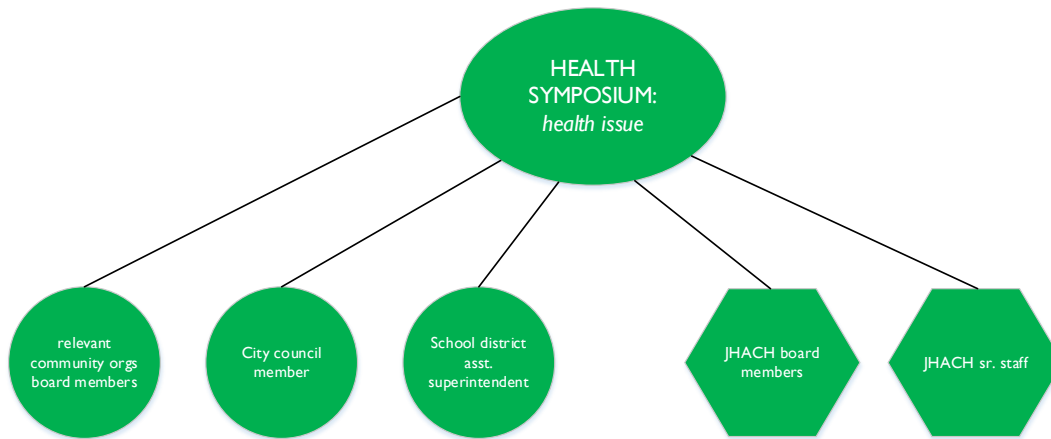
Health Group work informs Health Symposium

3. Involvement: Health Symposiums

The purpose is to *INVOLVE* board members of the identified entities, organizations and groups on each health issue to review national best practices and best thinking and answer the question: How do we make St. Petersburg emulate the best in the nation for each health issue? This will be facilitated by JHACH, which will place board members at one-day health symposiums on each health issue. The CHNA and the work of the health work groups will inform the health symposiums. A key part of the health symposiums is to have board members consider including strategic solutions developed into their organizational strategic plans. Clinical experts from Johns Hopkins Medicine will be invited to participate in the health symposiums. The CHNA, the feedback from community presentations, and the work of the Health Work Groups will inform decision-making for the Health Symposiums.

Goal	Strategies	Defining success	Partners	Social Change Barriers
<ul style="list-style-type: none"> Finalize goals 	<ul style="list-style-type: none"> Finalize key strategies 	<ul style="list-style-type: none"> Finalize evaluation plan 	<ul style="list-style-type: none"> Partner organizations agree to adopt goals, strategies and evaluation into their organization's strategic plans 	<ul style="list-style-type: none"> Develop solutions to social change barriers

HEALTH SYMPOSIUM : *per health issue*



Purpose: *Involve board members (school, city, community groups) on each health issue*

Work: *How do we make St. Petersburg look like the best in the nation for each health issue?*

Meetings: *2 meetings*

Healthy Symposium Work informs Health Summit

4. Engagement: Health Summit

The purpose is to *ENGAGE* board members and top staff – those part of the health symposiums and health work groups – all together in a one-day health summit. The event will include a reporting from each health symposium that will inform the work to answer the question: How do we make St. Petersburg look like the best in the nation with ALL health issues? A key component of the health summit is to have board members agree to include strategic solutions developed into their organizational strategic plans. National experts from Johns Hopkins Medicine will be a part of the health summit. The CHNA, the feedback from community presentations, the work of the Health Work Groups as, and the work of the Health Symposiums will inform decision-making for the Health Summit.

Goal	Strategies	Defining success	Partners	Social Change Barriers
<ul style="list-style-type: none"> • Merge goals of all five health issues into one plan 	<ul style="list-style-type: none"> • Merge key strategies of all five health issues into one 	<ul style="list-style-type: none"> • Merge evaluations of priority health issues into one 	<ul style="list-style-type: none"> • Identify synergies and barriers of combined efforts 	<ul style="list-style-type: none"> • Identify synergies and barriers of social change solutions

5. Sustainability: Health Groups Continue

The purpose is to *SUSTAIN* the work of health groups and health symposiums, which will meet regularly with JHACH to implement the strategies developed, and to track and monitor the progress of the identified entities, organizations and groups. The number of meetings and frequency of reporting will be determined by the health work groups and health symposiums.

6. Annual Reporting: Annual Health Summits

The purpose is to *REPORT* the measurable outcomes on all health issues at an annual health summit, which will include the board members and top staff of the identified entities, organizations and groups. These annual health summits will provide a forum to make adjustments in strategies and add resources as needed.

National Research: Best Practices, Models and Innovation

To inform decision-making for those leading the implementation strategy, national research for each health issue will be comprised of best practices, best thinking and most innovative practices, and model programs/efforts. Input on each of these components will be gathered from local and national experts in the priority health issues. The following table will be used to gather national research:

Health Issue	Current Efforts	Best Practices (if available)	Best Thinking	Programs / Efforts to Consider for Replication / Integration	Key Connections to Social Determinants of Health
Allergies / Asthma					
Obesity / Overweight					
Mental Health / Bullying that Impacts Mental Health					
Birth-Related / Infant Mortality					
Chronic Disease / Diabetes					
Substance and alcohol abuse / tobacco use					

Timeline for Implementation Strategy

Six-Part Process	Awareness	Participation / Involvement	Engagement	Sustainability	Annual Reporting
Activity	Community presentations of CHNA	Health groups and health symposiums meet	Health summit	Health groups and health symposiums continue	Hold annual health summits
Completion Date	September 2016	May 2017	November 2017	Ongoing from 2017-2019	November 2018 November 2019

Appendix A: Snapshot of St. Petersburg

The geographic area of the City of St. Petersburg includes the following zip codes:

33701, 33702, 33703, 33704, 33705, 33706, 33707, 33708, 33709, 33710, 33711, 33712, 33713, 33714, 33715, 33716, 33729, 33730, 33731, 33732, 33733, 33734, 33736, 33737, 33738, 33740, 33741, 33742, 33743, 33747, 33784

Demographics

Population

	2010	2014	% change
Florida	18,804,623	19,893,297	5.8%
Pinellas County	916,812	938,098	2.3%
St. Petersburg	245,193	253,693	3.5%

Source: U.S. Census Bureau, U.S. Census Quick Facts

Ages

	Under 5 years	5 – 14 years	65 years and older	Median Age
U.S.	6.4%	13.1%	13.7%	37.4
Florida	5.6%	11.6%	18.2%	41.2
Pinellas County	4.6%	9.6%	22.1%	46.9
St. Petersburg	5.2%	10.3%	16.2%	42.1

Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates

Race/Ethnicity

	White	Black	Asian	Other	Two or more races	Hispanic / Latino
U.S.	73.8%	12.6%	5.0%	5.7%	2.9%	16.9%
Florida	76.2%	16.1%	2.5%	2.9%	2.3%	23.3%
Pinellas County	82.9%	10.3%	3.1%	1.4%	2.3%	8.5%
St. Petersburg	69.0%	23.9%	3.3%	1.2%	2.6%	6.9%

Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates

Median Household Income

U.S.	\$53,482
Florida	\$47,212
Pinellas County	\$45,574
St. Petersburg	\$45,483

Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates

Unemployment, age 16 years and older

U.S.	5.8%
Florida	6.5%
Pinellas County	5.7%
St. Petersburg	6.5%

Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates

Poverty: Percent Below Poverty Level

U.S.	15.6%
Florida	16.7%
Pinellas County	14.3%
St. Petersburg	17.2%

Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates

Commuting, Workers Age 16 years and older

	U.S	Florida	Pinellas County	St. Petersburg
Car/Truck/Van	86.0%	89.2%	88.9%	88.5%
Public Transport	5.1%	2.1%	1.7%	2.3%
Worked at Home	4.4%	4.9%	5.1%	4.5%
Other	4.6%	3.7%	4.3%	4.6%

Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates

Median Gross Rent

	U.S	Florida	Pinellas County	St. Petersburg
Median Gross Rent	\$920	\$998	\$955	\$927

Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates

Owner-Occupied Housing Unit Rate

	U.S	Florida	Pinellas County	St. Petersburg
Owner-Occupied Housing Unit Rate	64.4%	66.1%	65.5%	58.7%

Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates

Crime Rates, per 100,000, 2014

	Florida	Pinellas County	St. Petersburg
Violent Crime	466.8	509.3	859.4
Property Crime	2,983.9	3,691.3	5,606.8

Sources: Florida Department of Law Enforcement, St. Petersburg Police Department

Education

Education (Adults Age 25 and older)

	Less than High School	High School Graduate / Some College	Bachelor's Degree or Higher
U.S.	13.7%	57.0%	29.3%
Florida	13.5%	60.0%	26.5%
Pinellas County	10.6%	61.1%	28.3%
St. Petersburg	11.4%	58.6%	30.0%

Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates

Pinellas County Graduation Rates, 2014-2015 School Year

	Total	White	Black	Hispanic	Free/Reduced Lunch
Pinellas County	78.3%	82.2%	64.6%	75.1%	66.0%
Florida	77.8%	82.3%	67.9%	76.7%	70.3%

Source: Pinellas County Schools, Assessment, Accountability, & Research, January 2016

School Readiness at Kindergarten Entry

	Pinellas	Florida
2015	91.3%	93.3%
2014	90.4%	93.2%
2013	92.7%	91.2%
2012	92.8%	91.1%
2011	92.2%	90.0%
2010	91.1%	88.5%

Source: Florida Department of Education, Office of Early Learning, as provided by Florida CHARTS

Nurses in Schools

2013	Nurse-Student Ratio in Schools Grades K-12
Pinellas	1:1,977
Florida	1:2,237

Source: Florida Department of Health, School-Aged Child & Adolescent Profile

Percent of Students Who Used Alcohol in the past 30 days, 2012

	Middle School	High School
Pinellas	11.4%	30.1%
Florida	12.3%	33.9%

Source: Florida Department of Health, School-Aged Child & Adolescent Profile

Percent of Students Reporting Binge Drinking, 2012

	Middle School	High School
Pinellas	2.4%	11.5%
Florida	4.7%	16.4%

Source: Florida Department of Health, School-Aged Child & Adolescent Profile

Percent of Students Using Marijuana/Hashish in the past 30 days, 2012

	Middle School	High School
Pinellas	5.1%	18.2%
Florida	4.2%	18.5%

Source: Florida Department of Health, School-Aged Child & Adolescent Profile

Appendix B: Description of Johns Hopkins All Children's Hospital

Johns Hopkins All Children's Hospital in St. Petersburg is a leader in children's health care, combining a legacy of compassionate care focused solely on children since 1926 with the innovation and experience of one of the world's leading health care systems. The 259-bed teaching hospital, ranked as a U.S. News & World Report Best Children's Hospital, stands at the forefront of discovery, leading innovative research to cure and prevent childhood diseases while training the next generation of pediatric experts. With a network of Johns Hopkins All Children's Outpatient Care centers and collaborative care provided by All Children's Specialty Physicians at regional hospitals, Johns Hopkins All Children's brings care closer to home. Johns Hopkins All Children's Hospital consistently keeps the patient and family at the center of care while continuing to expand its mission in treatment, research, education and advocacy.

Vision

Creating healthy tomorrows... for one child, for All Children.

Mission

To provide leadership in child health through treatment, education, advocacy and research.

- Treatment - Deliver quality services with compassion and commitment to family-centered care.
- Education - Provide educational programs for our patients, families, employees and healthcare professionals
- Advocacy - Provide leadership in promoting the well-being of children
- Research- Develop, support and participate in clinical, basic and translational research

Values

- Honesty and Integrity
- Inspiration and Hope
- Collaboration and Teamwork
- Inquiry and Innovation
- Compassion and Respect
- Responsibility and Safety

Value Statement

"There is only one child in all the world, and that child's name is All Children"
- Carl Sandburg

Appendix C: CHNA Community Advisory Council

The 18-member CHNA Community Advisory Council includes representatives from community groups, health care organizations, advocates for disproportionate minorities, as well as the key entities of the school district, city government and parents. The group provided input into the CHNA process and feedback on documents generated. The council held monthly, in-person meetings from February to June 2016. They will be invited to continue their participation through the implementation strategy process.

Name	Title	Organization
Rick Bennett	Community Health Educator	Florida Blue
Kim Brasher	Director, Healthy St. Pete	City of St. Petersburg
Kimberly Brown-Williams	Project Director, Healthy Start	Johns Hopkins All Children's Hospital
Barbara Daire	President/CEO	Suncoast Center, Inc.
Kieran Gabel	Director of Healthy Communities	YMCA of Greater of St. Petersburg
Kellie Gilmore	Community Health and Wellness Manager	Johns Hopkins All Children's Hospital
Carrie Hepburn	Executive Director	Tampa Bay Healthcare Collaborative
Jocelyn Howard	Coordinator, Community Health Improvement Plan	Florida Department of Health-Pinellas
Lynda Leedy	Chief Administrative Officer	Juvenile Welfare Board of Pinellas County
Leila Martini	Director, Policy and Research	Foundation for a Healthy St. Petersburg
Dr. James McHale	Director, Family Studies Center	USF St. Petersburg
Chitra Naidu	Liaison for Healthy Communities	Bon Secours
Sara O'Toole	Supervisor, School Health Services	Pinellas County Schools
Alizza Punzalan-Randle	Community Engagement Manager	Johns Hopkins All Children's Hospital
Dr. Stephanie Reed	Section Manager, Planning and Quality Assurance	Pinellas County Human Services
Joseph Santini	Director, Business Development	Community Health Centers of Pinellas, Inc.
Patty Sawyer-Hampton	Director, Health Initiatives	Pinellas County Urban League
Mark Trujillo	Public Health Regional Coordinator, Family Nutrition Program	University of Florida Institute of Food and Agricultural Services Extension

Appendix D: dewey & associates

dewey & associates (d&a) is a national management and strategy consulting practice that specializes in research, solutions and advocacy on critical youth issues including children's health, obesity prevention, juvenile justice reform and education reform. Founded in the year 2000, d&a promotes social change through impactful studies that inform policy decision-making, and with nationally innovative programs that change behavior and culture.

d&a Programs

Dewey's national innovation in childhood obesity is "Kidz Bite Back," a kid-created, kid-led, kid-spread health program for youth and families that he designed using best practices from his work on the highly successful 'truth' teen anti-tobacco campaigns like the national 'truth' campaign. d&a owns Kidz Bite Back, which is a social entrepreneurial venture. Kidz Bite Back has been named a national model practice by the National Association of County and City Health Officials.

Senior-level d&a team on this project

Dewey Caruthers

Dewey Caruthers is a national public health and education strategist. He has worked on prevention education campaigns that are among the most successful in the nation in addressing the top public health epidemics of tobacco and obesity.

Dewey is a strong advocate for the large body of proven research that simply shows healthy youth perform better academically and has spoken at various national and regional conferences. He has worked on the national 'truth' anti-tobacco campaign, as well as numerous state tobacco prevention campaigns, including being the chief strategist for the West Virginia campaign that produced the following results in its first four years, according to the Youth Risk Behavioral Study: reduced teen tobacco use by 32.5% (saving more than 7,000 lives); reduced teen smokeless tobacco use by 38%; tobacco industry doubled its marketing efforts in the State from \$35 million to \$70 million during the campaign; estimated lifetime health care savings of \$127 million.

Prior to founding d&a, Dewey was the State Director of Public Relations, Public Affairs and Marketing for the American Heart Association and worked on a wide array of health issues related to school, workplace and community health. He has a Master's Degree in Organizational Management, and a Bachelor's Degree in Journalism. He has been adjunct faculty at the University of Tampa teaching advertising, public relations and social marketing.

Angela Horvath, Ph.D.

Dr. Angela Horvath is a research psychologist with more than 15 years of experience in program evaluation, needs assessment, survey research, focus groups and data analysis. Her doctoral work, specializing in mixed-methods research, focused on the triangulation of quantitative and qualitative research methods by analyzing survey and focus group data from parents, teachers, and students in a middle school setting.

Dr. Horvath has worked at the city, county and state levels in program evaluation and analysis, including serving as the Project Evaluator of a federally-funded public health grant at the Florida Department of Health. There, she also supervised the evaluation of the federal Steps to a Healthier Pinellas grant, a community outreach program designed to impact obesity, asthma and diabetes by reducing risk factors related to nutrition, physical activity and tobacco use. She currently provides consulting services in community health through literature reviews, survey research, focus groups and data analysis.

Appendix E: Survey Results and Questionnaires

Both the Parents and Professionals surveys were made available online via Survey Monkey. The Parents Survey was also distributed by hand. Complete survey results are posted at www.hopkinsallchildrens.org/community.

2016 COMMUNITY HEALTH NEEDS ASSESSMENT SURVEY Parents / Family Members / Guardians of Youth in St. Petersburg

Thank you for taking this survey, which will take 15 minutes or less to complete. Please be honest as your responses are anonymous. The purpose of this survey is to better understand how to improve the health of youth in St. Petersburg. Survey results will be shared in the spring through community organizations and the media. Thank you again.

1. Overall, how would you rate the health of the neighborhood where you live?

- | | |
|--|--|
| <input type="checkbox"/> A. Very unhealthy | <input type="checkbox"/> D. Very healthy |
| <input type="checkbox"/> B. Unhealthy | <input type="checkbox"/> E. I don't know |
| <input type="checkbox"/> C. Healthy | |

2. I am able to get healthy foods easily in my neighborhood.

- | | |
|---|--|
| <input type="checkbox"/> A. Strongly disagree | <input type="checkbox"/> C. Agree |
| <input type="checkbox"/> B. Disagree | <input type="checkbox"/> D. Strongly agree |

3. My neighbors are healthy people.

- | | |
|---|--|
| <input type="checkbox"/> A. Strongly disagree | <input type="checkbox"/> C. Agree |
| <input type="checkbox"/> B. Disagree | <input type="checkbox"/> D. Strongly agree |

4. I feel safe in my neighborhood.

- | | |
|---|--|
| <input type="checkbox"/> A. Strongly disagree | <input type="checkbox"/> C. Agree |
| <input type="checkbox"/> B. Disagree | <input type="checkbox"/> D. Strongly agree |

5. I let my children play outside in my neighborhood during daylight hours.

- | | |
|---|--|
| <input type="checkbox"/> A. Strongly disagree | <input type="checkbox"/> C. Agree |
| <input type="checkbox"/> B. Disagree | <input type="checkbox"/> D. Strongly agree |

6. Check all the "risky behaviors" in your neighborhood (check all that apply).

- | | |
|--|--|
| <input type="checkbox"/> A. Alcohol abuse | <input type="checkbox"/> I. Smoking cigarettes |
| <input type="checkbox"/> B. Child abuse / child neglect | <input type="checkbox"/> J. Not using birth control |
| <input type="checkbox"/> C. Illegal drug use (marijuana) | <input type="checkbox"/> K. Not using child safety belts |
| <input type="checkbox"/> D. Illegal drug abuse (drugs harder than marijuana like cocaine, heroin and others) | <input type="checkbox"/> L. Not using seat belts |
| <input type="checkbox"/> E. Prescription drug abuse | <input type="checkbox"/> M. Unsafe sex |
| <input type="checkbox"/> F. Lack of exercise | <input type="checkbox"/> N. Gun violence |
| <input type="checkbox"/> G. Poor eating habits | <input type="checkbox"/> O. I am not familiar with my neighborhood's risky behaviors |
| <input type="checkbox"/> H. Not getting "shots" to prevent disease | <input type="checkbox"/> P. Other (please specify):
_____ |

7. I feel safe walking in my neighborhood.

- | | |
|---|--|
| <input type="checkbox"/> A. Strongly disagree | <input type="checkbox"/> D. Strongly agree |
| <input type="checkbox"/> B. Disagree | <input type="checkbox"/> E. I do not walk in my neighborhood regardless of how safe I feel |
| <input type="checkbox"/> C. Agree | |

If you checked A or B above, check all of the reasons you do not feel safe walking in your neighborhood (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> A. Traffic | <input type="checkbox"/> E. Stopped by law enforcement |
| <input type="checkbox"/> B. No sidewalks | <input type="checkbox"/> F. Potential for violent crime / theft |
| <input type="checkbox"/> C. Poor condition of roads or sidewalks | <input type="checkbox"/> G. Other (please specify):
_____ |
| <input type="checkbox"/> D. Unrestrained dogs | |

8. I feel safe biking in my neighborhood.

- | | |
|---|--|
| <input type="checkbox"/> A. Strongly disagree | <input type="checkbox"/> D. Strongly agree |
| <input type="checkbox"/> B. Disagree | <input type="checkbox"/> E. I do not bike in my neighborhood regardless of how safe I feel |
| <input type="checkbox"/> C. Agree | |

If you checked A or B above, check all of the reasons you do not feel safe walking in your neighborhood (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> A. Traffic | <input type="checkbox"/> E. Unrestrained dogs |
| <input type="checkbox"/> B. No sidewalks | <input type="checkbox"/> F. Stopped by law enforcement |
| <input type="checkbox"/> C. Poor condition of roads or sidewalks | <input type="checkbox"/> G. Potential for violent crime / theft |
| <input type="checkbox"/> D. Lack of bike lanes | <input type="checkbox"/> H. Other (please specify):
_____ |

The following questions are related to your transportation needs.

9. What best describes the transportation you normally use to go places?
- A. I have a car
 - B. I use public transportation
 - C. I take a taxi
 - D. I use Uber or other ride-sharing services
 - E. I have family or friends that take me places
 - F. I don't normally have transportation

10. Is public transportation available within walking distance?

- A. Yes
- B. No
- C. I don't know

11. How often do you need transportation but are unable to have it?

- A. Never
- B. Rarely
- C. Occasionally
- D. Sometimes
- E. Sometimes
- F. Always

The following questions are about your children, or children living in your home, who are under age 18. Please be honest – your answers are anonymous.

12. Check all of the health issues your children have faced.

- A. Allergies
- B. Asthma
- C. Autism
- D. Birth-related (low birthweight, prenatal and others)
- E. Bullying
- F. Child abuse / child neglect
- G. Childhood obesity
- H. Children overweight
- I. Chronic / serious disease
- J. Dental (anything more serious than cavities such as root canals, extractions, surgery and others)
- K. Diabetes / Pre-diabetes
- L. Food insecurity (not enough to eat)
- M. Infant death / mortality
- N. Mental health
- O. Sexually transmitted diseases
- P. Substance abuse
- Q. Tobacco use
- R. Teen pregnancy
- S. Unintentional injuries or accidents that required immediate medical care
- T. My children have not faced any health issues
- Other (please specify): _____

13. Overall, how would you rate the health of your children?

- A. Very unhealthy
- B. Unhealthy
- C. Even mix of unhealthy and healthy
- D. Healthy
- E. Very healthy

The following questions are related to your personal health habits. Please be honest – your answers are anonymous.

14. Choose all of the statements that apply to you (check all that apply)

- A. I exercise at least 3 times per week (breaking a sweat).
- B. I eat at least 5 servings of fruits and vegetables per day (not including fruit juices).
- C. I drink at least 3 glasses of water per day.
- D. I use sunscreen or protective clothing for planned time in the sun.
- E. I receive a flu shot each year.
- F. I have access to a wellness program through my employer.
- G. I see the dentist annually for cleaning and exam.

15. Choose all of the statements that apply to you (check all that apply)

- A. I eat fast food more than once a WEEK.
- B. I drink sugar-sweetened beverages (non-diet soft drinks, energy drinks, sports drinks) one or more times per DAY.
- C. I eat junk food (chips, candy, ice cream) 1 or more times per DAY.
- D. I smoke cigarettes.
- E. I smoke marijuana.
- F. I use illegal drugs harder than marijuana (cocaine, meth, heroin or others).
- G. I overuse or abuse prescription drugs.
- H. I consume more than 4 alcoholic drinks (if female) or 5 (if male) per DAY.

16. Thinking about your physical health – which includes physical illness and injury – for how many days during the past 30 days was your physical health not good? _____

17. Thinking about your mental health – which includes stress, depression and problems with emotions – for how many days during the past 30 days was your mental health not good? _____

The following questions are related to your family's habits related to health and nutrition. Please be honest – your answers are anonymous.

18. Check all statements that apply to the children (under 18) living at home:

- | | |
|--|--|
| <input type="checkbox"/> A. My children exercise at least 1 time per day (breaking a sweat outside of school). | <input type="checkbox"/> F. My children visit a dentist each year for annual check-up (not dental work like cavities). |
| <input type="checkbox"/> B. My children eat at least 3 servings of fruits and vegetables per day (not including fruit juices). | <input type="checkbox"/> G. My children get enough sleep (8 hours or more) each night |
| <input type="checkbox"/> C. My children use sunscreen or protective clothing for planned time in the sun. | <input type="checkbox"/> H. My children are up-to-date on vaccinations. |
| <input type="checkbox"/> D. My children receive a flu shot each year. | <input type="checkbox"/> I. My children use seat belts or car seats when in a car. |
| <input type="checkbox"/> E. My children get an annual well-visit / physical each year. | <input type="checkbox"/> J. None of the above. |

19. Check all statements that apply to the children (under 18) living at home:

- | | |
|--|---|
| <input type="checkbox"/> A. One or more of my children eat fast food on a weekly basis. | <input type="checkbox"/> F. One or more of my children use illegal drugs harder than marijuana (cocaine, meth, heroin or others). |
| <input type="checkbox"/> B. One or more of my children drink sugar-sweetened beverages (non-diet soft drinks, energy drinks, sports drinks) one or more times per DAY. | <input type="checkbox"/> G. One or more of my children use prescription drugs that are not theirs. |
| <input type="checkbox"/> C. One or more of my children eat junk food (chips, candy, ice cream) 1 or more times per DAY. | <input type="checkbox"/> H. One or more of my children consume alcoholic beverages. |
| <input type="checkbox"/> E. One or more of my children smoke marijuana. | <input type="checkbox"/> I. None of the above. |

20. What are three things you can do as a parent to improve the health of your children?

- A. _____
 B. _____
 C. _____

21. Do you think it is important to make education programming available to parents on any of the following child safety-related issues (check all that apply)?

- | | |
|---|--|
| <input type="checkbox"/> A. Bicycle / pedestrian safety | <input type="checkbox"/> E. Infant sleep safety |
| <input type="checkbox"/> B. Child passenger safety | <input type="checkbox"/> F. Prescription medication safety |
| <input type="checkbox"/> C. Drowning / water safety | <input type="checkbox"/> G. Other (please specify) |
| <input type="checkbox"/> D. Firearm safety | |

22. Healthy living education is an ongoing need for my family.

- | | |
|---|--|
| <input type="checkbox"/> A. Strongly disagree | <input type="checkbox"/> C. Agree |
| <input type="checkbox"/> B. Disagree | <input type="checkbox"/> D. Strongly agree |

The following questions are about your children's (under age 18 living at home) health care. Please be honest – your answers are anonymous.

23. Are you able to take your children to a doctor when needed?

- A. Yes
 B. No

If **yes**, where do you take your children for routine health care?

- | | |
|--|--|
| <input type="checkbox"/> A. Doctor's office | <input type="checkbox"/> F. My children do not get routine health care |
| <input type="checkbox"/> B. Health department | <input type="checkbox"/> G. Other (please specify): |
| <input type="checkbox"/> C. Emergency room | _____ |
| <input type="checkbox"/> D. Urgent care clinic | |
| <input type="checkbox"/> E. Clinic in a drug store | |

If **no**, why are you not able to take your children to a doctor when needed (check all that apply)?

- | | |
|---|--|
| <input type="checkbox"/> A. Cannot afford it | <input type="checkbox"/> C. No transportation |
| <input type="checkbox"/> B. Cannot take time off work | <input type="checkbox"/> D. Child is unwilling to go |

24. What type of health care coverage do your children have?

- | | |
|---|---|
| <input type="checkbox"/> A. Children's Health Insurance Program | <input type="checkbox"/> D. No health care coverage |
| <input type="checkbox"/> B. Medicaid | <input type="checkbox"/> E. Other (please specify): |
| <input type="checkbox"/> C. Commercial health insurance (e.g., Humana, FL Blue, etc.) | _____ |

25. I am able to get the dental care needed for my children.

- | | |
|---|--|
| <input type="checkbox"/> A. Strongly disagree | <input type="checkbox"/> C. Agree |
| <input type="checkbox"/> B. Disagree | <input type="checkbox"/> D. Strongly agree |

26. I am able to get the mental health services needed for my children.
- A. Strongly disagree
 - B. Disagree
 - C. Agree
 - D. Strongly agree
 - E. My children do not need mental health services

The following questions are related to schools in St. Petersburg and City of St. Petersburg government. Please be honest – your answers are anonymous.

27. School officials understand healthy students make better grades and do better on tests.
- A. Strongly disagree
 - B. Disagree
 - C. Agree
 - D. Strongly agree

28. Do you believe school officials have a role in improving the health of students?
- A. Yes
 - B. No
 - C. I don't know

29. What are three things school officials could do to improve the health of youth in St. Petersburg?
- A. _____
 - B. _____
 - C. _____

30. Do you believe city elected officials have a role in improving the health of youth?
- A. Yes
 - B. No
 - C. I don't know

31. What are three things city elected officials could do to improve the health of youth?
- A. _____
 - B. _____
 - C. _____

32. Do your children regularly eat the lunches provided by the school cafeteria?
- A. Yes
 - B. No
 - C. I don't know
 - D. My children do not attend a school that offers lunches

- If **yes**, check all that apply to your children's school lunches.
- A. School lunches are healthy.
 - B. Students have enough time to get their lunches and eat before lunch break is over.
 - C. School lunches are tasty.
 - D. None of the above.
 - E. I don't know enough about school lunches.
 - F. Other (please specify): _____

- If **no**, why do your children not eat the school lunches (check all that apply)?
- A. School lunches are not healthy.
 - B. Students have to stand in line too long to get their lunches (not leaving enough time to eat during lunch break).
 - C. My children prefer the tastiness of the lunches packed from home.
 - D. None of the above.
 - E. Other (please specify): _____

33. Are your children eligible to participate in the free or reduced lunch program at their school(s)?
- A. Yes
 - B. No

34. Do your children require any of the following at school (check all that apply)?
- A. Special diet
 - B. Regular access to school nurse
 - C. Regular access to school health care
 - D. Taking prescription drugs on a regular basis
 - E. None of the above
 - F. Other (please specify): _____

35. How many times have your children been absent this school year (2015-2016) due to health issues (i.e., physical, mental, dental)?
- A. 0 days – my children have not missed any school in 2015-16
 - B. 1-2 days
 - C. 3-4 days
 - D. 5 days or more

36. How many times during the school year (2015-2016) have your children been sick but you had to send them to school anyway?

- A. 0 days – my children have not attended school while sick C. 3-4 days
 B. 1-2 days D. 5 days or more

The purpose of this survey is to better understand the health of your family and neighborhood. We want you to have the opportunity to share anything you think we should know.

Lastly, tells us about yourself.

37. What zip code do you **live** in? 38. What zip code do you **work** in?

39. What best describes your employment?

- A. Full-time C. Not employed / not looking for work
 B. Part-time D. Not employed / looking for work

40. What best describes your relationship status?

- A. Married C. Single parent (no co-parent) with family support
 B. Divorced D. Single parent (no co-parent) with NO family support
 C. Not married E. Other _____
and co-parenting

41. What is your age?

- Younger than 18
 18-24 years old
 25-34 years old
 35-44 years old
 45-54 years old
 55-64 years old
 65-74 years old
 75 years or older

42. What best describes your ethnicity?

- Asian / Pacific Islander
 Black or African American
 Hispanic or Latino
 Multiracial
 Native American or American Indian
 White
 Other
-

43. What is your gender?

- Female Male Other (please specify) _____

44. How many children (under age 18) living at home?

- A. 1 C. 3
 B. 2 D. 4 or more

45. What ages are your children (check all that apply)?

- A. Newborn D. Elementary school (grades 1-5)
 B. 1-3 years old E. Middle school (grades 6-8)
 C. Pre-K (age 4) and Kindergarten (ages 5-6) F. High school (grades 9-12)
 G. Other (please specify)

46. What is the highest level of school that you have completed?

- A. Some high school, but no diploma D. 2-year college degree
 B. High school diploma (or GED) E. 4-year college degree
 C. Some college, but no degree F. Graduate-level degree
 G. None of the above

47. What is your approximate average household income?

- A. \$0-\$24,999 F. 125,000-\$149,999
 B. \$25,000-\$49,999 G. \$150,000-\$174,999
 C. \$50,000-\$74,999 H. \$175,000-\$199,999
 D. \$75,000-\$99,999 I. \$200,000 and up
 E. \$100,000-\$124,999

48. Where do your children attend school (check all that apply)?

- A. My children are too young to attend school E. Private school
 B. Pre-K F. Home-school
 C. Public school Other (please specify) _____
 D. Charter school
-

49. Do any of your children have any special needs (check all that apply)?

- A. Yes
 B. No

If **yes**, what are your children's special needs (check all that apply)?

- | | |
|--|---|
| <input type="checkbox"/> A. Attention deficit / hyperactivity disorder (AD/HD) | <input type="checkbox"/> J. Intellectual disability (formerly mental retardation) |
| <input type="checkbox"/> B. Autism / pervasive development disorder (PDD) | <input type="checkbox"/> K. Learning disabilities / differences |
| <input type="checkbox"/> C. Blindness / visual impairment | <input type="checkbox"/> L. Speech and language impairments |
| <input type="checkbox"/> D. Cerebral palsy | <input type="checkbox"/> M. Spina bifida |
| <input type="checkbox"/> E. Deaf / hearing loss | <input type="checkbox"/> N. Traumatic brain injury |
| <input type="checkbox"/> F. Developmental delay (DD) | <input type="checkbox"/> O. Other (please specify) |
| <input type="checkbox"/> G. Down syndrome | |
| <input type="checkbox"/> H. Emotional disturbance | _____ |
| <input type="checkbox"/> I. Epilepsy | |

(If applicable) I am satisfied with my school's special needs education services.

- | | |
|---|--|
| <input type="checkbox"/> A. Strongly disagree | <input type="checkbox"/> C. Agree |
| <input type="checkbox"/> B. Disagree | <input type="checkbox"/> D. Strongly agree |

(If applicable) I am satisfied with how my school gives prescription drugs (related her/his special needs) to my child.

- | | |
|---|---|
| <input type="checkbox"/> A. Strongly disagree | <input type="checkbox"/> D. Strongly agree |
| <input type="checkbox"/> B. Disagree | <input type="checkbox"/> E. My child does not take prescription drugs |
| <input type="checkbox"/> C. Agree | |

Thank you for your participation. This survey will be used by All Children's Hospital Johns Hopkins Medicine for the 2016 Community Health Needs Assessment to identify the child health needs and assets of the City of St. Petersburg, as well as to understand how its community benefits programming can address the specific needs deemed to be of the utmost priority by the Hospital. In addition to guiding future programming, the Community Health Needs Assessment will ensure that All Children's Hospital is compliant with IRS community benefits guidelines.

For more information, please contact the Office of Community Relations at 727-767-2328.