Unified 4 All Kids
2019 Community Benefit Strategic Implementation Plan

A tool to create lasting solutions to prominent health issues facing children in Pinellas County and beyond.

JOHNS HOPKINS
All Children’s Hospital
In collaboration with AdventHealth, BayCare Health System, Florida Department of Health, Johns Hopkins All Children’s, Lakeland Regional Health, Moffitt Cancer Center, Suncoast Community Health Centers and Tampa General Hospital.
The team at Johns Hopkins All Children’s Hospital is honored to live, work and serve families in our community—one that is rich in culture, diversity and opportunity.

Our 2019 Community Benefit Strategic Implementation Plan represents our commitment to our community’s health. Together, we will strive to meet these self-identified needs while working to eliminate social health challenges documented in our 2019 Community Health Needs Assessment.

The abbreviated pediatric report, which was released earlier this year, represents qualitative and quantitative data that was collected and analyzed to inform our roadmap. This roadmap includes areas of concentration for our pediatric population:

- Asthma/Allergies/Tobacco Use
- Birth Outcomes/Infant Mortality
- Exercise, Nutrition & Weight
- Injury Prevention
- Mental Health
- Substance Abuse/Alcohol & Marijuana Use

The implementation plan not only reflects five months of diligent work performed with a representative sample of our community—it also demonstrates the alignment of goals by our local participating members, clinicians and researchers relating to top pediatric health issues and the barriers to improving health that were associated with key findings.

We believe no plan has value without measurable results. Participants in Unified4Allkids, our collaborative effort to create social change for children in our community, focused on these six health issues as they adopted evidence-based, high-impact strategies to foster consensus, identify ownership and establish measurable objectives to improve public health and provide marked progress.

Through this alliance, we will consider social, economic, cultural and environmental issues in a holistic approach to improve the health of our community and reduce inequities.

Join us as we work toward our vision of a healthier St. Petersburg, Pinellas County and Florida.

Loyally,

Kimberly Berfield, MBA
Vice President
Government and Community Affairs
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction: Who We Are</td>
<td>1-3</td>
</tr>
<tr>
<td>Unified4AllKids and the Community Health Needs Assessment</td>
<td>4</td>
</tr>
<tr>
<td>Needs Evaluation Process</td>
<td>5</td>
</tr>
<tr>
<td>Summary of Proposed Objectives</td>
<td>6-7</td>
</tr>
<tr>
<td>Justification Process for Proposed Objectives</td>
<td>8</td>
</tr>
<tr>
<td>Action Implementation Improvement Process</td>
<td>9</td>
</tr>
<tr>
<td>Top Health Issues Overview*</td>
<td></td>
</tr>
<tr>
<td>Asthma / Allergies / Tobacco Use Overview</td>
<td>10</td>
</tr>
<tr>
<td>Birth Outcomes / Infant Mortality Overview</td>
<td>11</td>
</tr>
<tr>
<td>Exercise, Nutrition &amp; Weight Overview</td>
<td>12</td>
</tr>
<tr>
<td>Injury Prevention Overview</td>
<td>13</td>
</tr>
<tr>
<td>Mental Health Overview</td>
<td>14</td>
</tr>
<tr>
<td>Substance Abuse / Alcohol &amp; Marijuana Overview</td>
<td>15</td>
</tr>
<tr>
<td>*Issues presented in alphabetical order</td>
<td></td>
</tr>
<tr>
<td>Get Involved</td>
<td>16</td>
</tr>
<tr>
<td>Appendices</td>
<td></td>
</tr>
<tr>
<td>Appendix A. Community Connector Group (CCG) Members</td>
<td>17-18</td>
</tr>
<tr>
<td>Appendix B. Community Health Needs Assessment Survey</td>
<td>19-30</td>
</tr>
<tr>
<td>Appendix C. Pinellas County Pediatric Data Placemat</td>
<td>31</td>
</tr>
<tr>
<td>Appendix D. Implementation Planning Worksheets</td>
<td>32</td>
</tr>
<tr>
<td>Appendix E. Online Dashboard</td>
<td>33</td>
</tr>
</tbody>
</table>
**Who We Are**

Johns Hopkins All Children’s Hospital provides expert pediatric care for infants, children and teens with some of the most challenging medical problems in our community and beyond.

 Ranked in multiple specialties, in 2019, by U.S. News & World Report, we provide access to innovative treatments and therapies. Taking part in pediatric medical education and clinical research helps us to provide care in more than 50 specialties.

With more than half of our 259 beds devoted to intensive care-level services, we are the regional pediatric referral center for Florida’s west coast. Physicians and community hospitals count on us to care for critically ill patients and perform complex surgical procedures.

With a network of Johns Hopkins All Children’s Outpatient Care locations and collaborative care provided by All Children’s Specialty Physicians at regional hospitals, we bring care closer to home. More than 3,500 employees and 525 volunteers support our community at work, at home and at play. Johns Hopkins All Children’s keeps patients and families at the center of care while continuing to expand its mission in treatment, research, education and advocacy.

**Beyond Compliance**

Considering the unpredictable political environment, we desire to improve quality, health outcomes and cost transparency. To positively influence the landscape of our community benefits service area in a holistic manner, Johns Hopkins All Children’s culture dictates maximizing resources within our resource-rich community and leveraging mutually beneficial strategic collaborations in our community benefit strategic implementation plan.

We offer community health services independently and through collaborations with mission-aligned community partners in our catchment area. Our efforts reflect best practices in addressing community health needs, injury prevention, timely and relevant issues and preventive care through initiatives like the Summer Food Service Program, mental health seminars in times of crisis, Healthy Start, high school food pantries and more. While dental care was not one of the top six community health needs identified in the survey data, Johns Hopkins All Children’s continues to address this gap for our patients. In fiscal year 2019, Johns Hopkins All Children’s provided more than $50 million in quantifiable community benefit/resources and charity care for over 2.6 million children and their families, mainly in our six closest counties on the central west coast of Florida.

We realize a Cultural Revolution is needed to eliminate persistent negative social determinants and to stimulate the community to confront current and future obstacles our children face. Strategic partnerships like our current collaboration with local nonprofit hospitals and departments of health extend across sectors to achieve goals associated with the Patient Protection and Affordable Care Act. This leads to improved connectivity and coordination as well as improved quality and health outcomes.

This collaboration maximizes our strategic impact across multiple counties; as a result of
our participation in community health needs assessments in four additional services areas (Hillsborough, Pasco, Polk and Sarasota). Escalating and reinforcing this is a fundamental business practice and a strategy we hope will foster confidence in our partnership with the community and allow us to drive return on investment (ROI) and market engagement.

**Those We Serve**

Approximately 70% of the children we deliver high-quality pediatric care to are insured by Medicaid. This makes Johns Hopkins All Children’s Hospital the highest provider of Medicaid service for children in Florida. Additionally, this uniquely positions us as one of three statutorily defined, freestanding pediatric hospitals to advocate for children, their families, our community and its needs.

The Johns Hopkins All Children’s catchment area captures 17 counties well as international and national areas. Our community-benefit service area, which the implementation strategy discussed in this report seeks to address, includes Pinellas County as a whole, reaching 24 municipalities, 125 schools and is the largest area that benefits from community programming and internal/external services. The map highlights that our largest percentage of patients (80%, red) live south of Ulmerton Road in Pinellas County.

As we serve others, we realize that in today’s society, it is essential to not only demonstrate but also reinforce the fundamental commitment Johns Hopkins All Children’s Hospital has to our community. Confronting self-identified community needs and striving to eliminate social determinants undermining personal health, social stability and productive lives validates the ROI expended on community-identified health needs and public health initiatives.

**Core to Who We Are**

Johns Hopkins All Children’s strives to create healthy tomorrows . . . for one child, for All Children.

As the health care industry evolves, nonprofit healthcare organizations, like Johns Hopkins All Children’s, must focus on reducing the cost of care by improving quality and accessibility of care. Expanding appointment availability and transportation options for our patient families helps improve access; however, the greater community continues to experience this barrier to health care. To respond to these demands and gaps in our service area, we investigate and deploy innovative strategies in partnership with other nonprofit and community-based organizations.

It is this environment accompanied with the Internal Revenue Service (IRS) mandate of performing a community health needs assessment and producing a community benefit strategic implementation plan that necessitates all nonprofit health care organizations to respond by integrating organizational and community benefit objectives to confront self-identified community needs and gaps.

Engaging internal and external subject-matter experts, families, community leaders, government entities, other community health care organizations, as well as our hospital leadership and governance, drives us to continue to provide leadership in child health through treatment, education, advocacy and
research, in meeting the community needs, objectives, priorities, goals and initiatives.

**Establishing Equity**

Diversity and inclusion are not just ideals—they are core principles that guide our decisions and help us deliver on our promise to our patients, our employees and our community. Providing all patients with equitable treatment is in our DNA. Together, the Health Equity Steering Committee and the Diversity and Inclusion Council work toward identifying and closing gaps that block equal treatment of all patients regardless of their race, ethnicity, language, gender identity or sexual orientation.

**Collaboration is Essential**

Collaboration and teamwork are critical to our success. The Johns Hopkins All Children’s family works together to support our organization’s strategic direction, to solve problems, to accomplish tasks and to sustain ourselves financially. We consider patients and families valued partners in the diagnosis, treatment and care of ill children, the creation of new knowledge, and the training of future leaders in health care. We have a duty to engage with our communities to help ensure local, regional, national and global access to our quality care and to create healthier and safer neighborhoods for children and their families. Partnering with community leaders, academic institutions and other health care providers shapes our identity and creates channels for growth. We are leveraging a resource-rich community to close gaps and are striving to eliminate social determinants, which undermine not only personal health but also economic stability and optimism for our children’s future.

**Commitment to Excellence & Respect**

Quality and safety are our highest priorities—our patients deserve no less. We demonstrate excellent service to patients, families and each other.

With a tradition of putting patients first, respecting each other and striving to improve further is inherent to our mission.

We approach our work with a positive attitude and professionalism. Taking responsibility to get the job done and holding ourselves—and each other—accountable is a vital part of “who we are.” We respond promptly to situations with honesty and integrity. We follow best practices and standards of care and also redefine them by looking for ways to increase efficiency and innovation while keeping patient safety first.

**Care Closer to Home**

When life presents the biggest challenges to the smallest people, we provide a regional network of advanced specialized care for kids.

Throughout our network of outpatient care locations and affiliate hospitals, families have access to high-quality pediatric care closer to home.

**Outpatient Care Locations:**
Unified4Allkids and the Community Health Needs Assessment (CHNA)

Johns Hopkins All Children’s Hospital created Unified4Allkids as a public-private partnership involving parents, educators, nonprofit professionals, community leaders, and health care providers to identify and address the most critical pediatric health needs in Pinellas County. It builds upon the Community Health Needs Assessment (CHNA) processes completed in 2013, 2016 and 2019 by reviewing and prioritizing community-identified health issues facing our children.

The 2019 CHNA reflects an enhanced collaborative approach that aligns with local nonprofit hospitals and departments of health. This approach, which differed from previous years, enabled us to establish a partnership among similar-missioned local organizations while facilitating resources and expertise to better understand and address health issues facing residents. Through this collaboration, partners have not only fulfilled the community health needs assessment IRS tax exemption requirement, but we have also convened a pathway to produce a unique and holistic approach to determining activities and community services that will constitute a cultural health transformation in each community, county and/or region.

Unified4Allkids has prioritized community engagement since its inception. Now that our community stakeholders have identified critical issues, our partners and supporters will champion the Community Benefit Strategic Implementation Plan (CBSIP) by integrating and adopting parts of the plan. We invite the community to join us, take action, and follow our progress on our accountability dashboards found at Hopkinsallchildrens.org/Community/In-the-Community.

Community Benefits Service Area

The combined resources of the collaborative has permitted the evaluation of five (5) counties (Hillsborough, Pasco, Pinellas, Polk and Sarasota). Historically, Johns Hopkins All Children’s identified the City of St. Petersburg as its sole Community Benefits Service Area (CBSA). This was based on the population with the largest usage of the Emergency Center and the majority of recipients of community benefits contributions and programming. However, appreciating that Johns Hopkins All Children’s provides services to a 17-county catchment area, it has elected to extract the data collected and analyzed for Pinellas and Hillsborough counties first, with forthcoming activity to encompass Sarasota County.

The expansion of the Community Benefits Service Area will permit Johns Hopkins All Children’s Hospital to participate more robustly in the various counties where it provides services to similar populations and where those populations will experience community benefit contributions and programming. Additionally, it will enable Johns Hopkins All Children’s to participate in dynamic cohort cross-evaluation with greater impact.
Needs Evaluation Process

Establish Community Health Needs & Community Inventory
With Collaborative Partners & Consultant

Develop Assessment Tool Utilizing the Section 501 c3 Internal Revenue Service Tax Code to Standardize Program Data with Collaborative Partners & Consultant

<table>
<thead>
<tr>
<th>Specific Purpose</th>
<th>Establish Parameters and Scope of CBSA</th>
<th>Confirm Methods of Data Collection</th>
<th>Explanation of Contributing Factors</th>
<th>Potential of Improving</th>
<th>Dduplication and/or Adequate Coordination of Activities</th>
<th>Compile Community Inventory</th>
<th>Potential of Other Stakeholders to Administer Change</th>
</tr>
</thead>
</table>

Conduct Community Health Needs Assessment Utilizing Standardized Tools with Parents (children under 18) and living at home – Community Health Needs Assessment Survey

Key Informant Interviews: Gather Data from Key External Stakeholders
Focus Groups: Gather More Qualitative Data from Key Community Leaders & Members

Analyze Data from All Sources

<table>
<thead>
<tr>
<th>Name the Issues</th>
<th>Choose Areas of Focus</th>
<th>Define Assessment Outcomes</th>
<th>Diagnose &amp; Analyze Community</th>
<th>Establish Community Connector Groups</th>
</tr>
</thead>
</table>

Mission Alignment

<table>
<thead>
<tr>
<th>Primary Data</th>
<th>Secondary Data &amp; Research</th>
<th>Community Connector Groups</th>
<th>Exploratory, In-Depth Interviews</th>
</tr>
</thead>
</table>

Evaluation

<table>
<thead>
<tr>
<th>Describe the Problem</th>
<th>Focus Evaluation Design</th>
<th>Gather Reliable Evidence</th>
<th>Justify Conclusions</th>
<th>Ensure Utilization &amp; Share Lessons Learned</th>
</tr>
</thead>
</table>
PROPOSED OBJECTIVES

Asthma / Allergies / Tobacco

- Increase parental awareness of tobacco free policies—including vaping and e-cigarettes—by adding updated “tobacco free” signage at 80% of Pinellas County Schools by Dec. 31, 2022.

- Increase number of outpatient referrals to home assessment providers (pulmonologists/APRNs) to reduce the impact of asthma triggers in home environment to Pinellas County children with persistent asthma by 2020 year-end.

- Partner with funding or regulatory providers of children’s services to reduce exposure to secondhand smoke by increasing the number of smoke-free worksites by at least 2% by Dec. 31, 2022.

- Increase access to supplemental medical equipment (nebulizers, aero chambers) to improve use of prescription medications at Pinellas County Schools by Dec. 31, 2022.

Birth Outcomes / Infant Mortality

- Increase awareness of social and political determinants affecting patients’ health to improve health equity and quality of services by Dec. 31, 2022.

- Increase number of individuals ages 14-44 who have reproductive health education to increase understanding of best practices to inform decisions before becoming pregnant in Pinellas County by Dec. 31, 2022.

- Increase involvement of fathers/partners in pregnancy and early childhood stages by providing resources and awareness of the positive impact of paternal engagement in Pinellas County families by Dec. 31, 2022.

Exercise, Nutrition & Weight

- Expand meal and food programs by establishing My Mobile Markets or mobile food pantries in at least three areas identified as food deserts and/or food swamps in Pinellas County by Dec. 31, 2022.

- Improve children’s nutrition and increase children’s physical activity by partnering with school and community organizations to improve/upgrade food and physical activity policies by Dec. 31, 2022.

- Review the needs and barriers of Pinellas County families in accessing health-related programs, services and initiatives, by Dec. 31, 2022.

*Issues presented in alphabetical order
PROPOSED OBJECTIVES*  
(Continued…)

**Injury Prevention**

- Increase the number of community partners sharing injury prevention information based on top identified needs by 5% by Sept. 1, 2020 (Baby Safety Month).

- Decrease number of trauma visits from children injured during motor vehicle crashes by increasing education and awareness of safety measures in Pinellas County by Dec. 31, 2022.

- Eliminate texting and driving in Pinellas County teens by increasing the awareness of current texting and driving laws through education and enforcement by Dec. 31, 2022.


- Increase water safety awareness and preventable messaging to the public/parents to prevent pediatric submersions in Pinellas County by Dec. 31, 2022.

**Mental Health**

- Build coping and resiliency mechanisms/programs for every developmental age for all children in Pinellas County by Dec. 31, 2022.

- Establish a marketing and/or public relations plan to engage key stakeholders to remove the stigma of “mental illness” in Pinellas County by Dec. 31, 2022.


- Review and revise apparent pediatric suicide reporting process to require death review from Medical Examiner for improved knowledge on the suicide rate, ability to determine vulnerable populations and additional interventions needed by Dec. 31, 2022.

**Substance Abuse / Alcohol & Marijuana**

- Increase parent and community education and awareness around substance use (marijuana and alcohol) to bring awareness of impact on developing children and adolescents in Pinellas County by Dec. 31, 2022.

- Increase collaboration of stakeholders to develop/disseminate innovative opportunities and resources to address disparities around substance and opioid abuse in Pinellas County by Dec. 31, 2022.

- Increase and/or request funding for community navigators to extend assistance with resources and linkage to care in Pinellas County by Dec. 31, 2022.

*Issues presented in alphabetical order
Justification Process for Proposed Objectives

Proposed Objectives

- Does the objective address health barrier(s) from CHNA and/or health equity issue?
  - No: Abandon
  - Yes: Does the objective(s) address root causes/risk factors?
    - No: Abandon
    - Yes: Are there best practices/models from similar communities that can be applied here?
      - No: Result of success or failure
      - Yes: Is there an avenue of potential funding and/or personnel to achieve objective(s)?
        - No: Evaluate grants and public-private partnership options
        - Yes: Is the objective achievable by 2022?
          - No: Long-term strategy
          - Yes: Parking lot

- Is this a new objective or does it build on an existing objective in the community?
  - Yes: Impact
  - No: Evaluate implications and opportunities
    - No: Abandon
    - Yes: If an existing objective, is there proof that it’s working?
      - No: Abandon
      - Yes: Can one or more of the key institutions play a role in achieving objective(s)?
        - No: Option
        - Yes: Reevaluate solution if Explanation is to why
          - Yes: Pursue
          - No: Abandon

- Can one or more of the key institutions play a role in achieving objective(s)?
  - No: Abandon
  - Yes: Is there a role for other key partners and collaborators?
    - No: Abandon
    - Yes: Might one or more organization integrate objective into org’s strategic plan?
      - No: Can lead assume alone?
      - Yes: Evaluate grants and public-private partnership options
        - Yes: Parking lot
        - No: Long-term strategy

- Is there a role for other key partners and collaborators?
  - No: Abandon
  - Yes: Can lead assume alone?
    - No: Abandon
    - Yes: Pursue
Action Implementation Improvement Process

Unified4Allkids

Community Benefit Strategic Implementation Plan

Community Health Needs Assessment

Prepare & Analyze Community Health

Self-Identified Community Health Needs

Six Health Issues

Monitor & Develop Public Outcome Reporting

Environmental Scan

Call to Action

Implement Strategy Leveraging Partnerships

Address Health Equity & Identify Health Disparities

Engage & Establish Accountable Partners

Develop Community Benefit Strategic Implementation Plan

Analyze Each Health Issue

Prepare & Analyze Community Health

Self-Identified Community Health Needs

Six Health Issues
Asthma / Allergies / Tobacco Use

2019 Collaborative CHNA Health Issue Key Findings
The Pinellas County School Nurses report supports the data collected during the 2019 Community Health Needs Assessment, which reflected that more children face asthma than any other health issue.

- 44.4% of parent survey respondents reported children in their home have faced allergies.
- 19.9% of parent survey respondents reported children in their home have faced asthma.
- A sample from four Pinellas hospitals from 2018, reported that there were 227 Emergency Center visits for uncontrolled asthma for children 17 years old and younger.

Outcomes-Driven Activities

Promotion
Promote a non-smoking environment and lifestyle for children to make school campuses a “smoke-free” zone for anyone present. Advocate to secure commitments from community grant funders that all grants awarded for children’s activities must be tobacco free worksites, which will limit smoking environments around children.

Access
Reduce asthmatic episodes by increasing the number of home assessments to identify environmental triggers and resolution for triggers.

Improve
Enhance nursing education on how to better manage daily asthma symptoms and prevent emergencies. Provide school nurses with nebulizers to assist in manage disease and reduce time away from the classroom.

PROPOSED OBJECTIVES

1. Increase parental awareness of tobacco free policies — including vaping and e-cigarettes — by adding updated “tobacco free” signage at 80% of Pinellas County Schools, by Dec. 31, 2022.

2. Increase number of outpatient referrals to home assessment providers (pulmonologists/APRNs) to reduce the impact of asthma triggers in home environment to Pinellas County children with persistent asthma by 2020 year-end.

3. Partner with funding or regulatory providers of children’s services to reduce exposure to secondhand smoke by increasing the number of smoke free worksites by at least 2% by Dec. 31, 2022.

4. Increase access to supplemental medical equipment (nebulizers, aero chambers) to improve use of prescription medications at Pinellas County Schools by Dec. 31, 2022.
Birth Outcomes / Infant Mortality

2019 Collaborative CHNA Health Issue Key Findings
According to the Healthy Start Coalition of Pinellas County, birth-related issues including infant mortality and low birth weight are found to be more prevalent among Black/African American women by almost 2.5 times in 2018.

- In Pinellas County, data shows that Black/African American infants are at an inequality in terms of infant mortality. In 2017, there were 11.4 Black/African American infant deaths per 1,000 live births.
- In relation to low and very low birth weight, Black/African American babies are over two times more likely than their white counterparts to be considered low or very low at birth.

Outcomes-Driven Activities

Social and Political Determinants of Health
Increase the knowledge and awareness community leaders, Pinellas residents and clinical staff has of the impact social determinant of health have on an individual and communities in an effort to influence housing, employment and transportation.

Targeted Education
Provide comprehensive, high-quality preconception/interconception health care and convenient education to eliminate or minimize societal implications to improve birth outcomes.

Father Involvement is Important
Improve cognitive, behavioral and general health of children through increasing father and/or partner engagement, particularly during early childhood development. Establishing a lifelong presence and impact can contribute to higher levels of success in a child’s career and improve the likelihood of a strong, long-term relationship.

PROPOSED OBJECTIVES

1. Increase awareness of social and political determinants that affect patients’ health in order to improve health equity and quality of services by Dec. 31, 2022.

2. Increase the number of individuals 14-44 years of age who have reproductive health education to increase understanding of best practices to make informed decisions before becoming pregnant in Pinellas County by Dec. 31, 2022.

3. Increase father/partner involvement in pregnancy and early childhood stages by providing resources and awareness of the positive impact of paternal engagement in Pinellas County families by Dec. 31, 2022.
2019 Collaborative CHNA Health Issue Key Findings
The 2019 CHNA and a new study published in the Journal of Nutrition, Education and Behavior reflected the ongoing struggle of food insecurity, wellness and physical activity impact on disadvantaged children and their families at a disproportionately higher rate. Improving health and achieving health equity will require broader approaches to address social determinants of health such as social, economic and environmental factors.

PROPOSED OBJECTIVES

1. Expand meal and food programs by establishing My Mobile Markets or mobile food pantries in at least three areas identified as food deserts and/or food swamps in Pinellas County by Dec. 31, 2022.

2. Improve children’s nutrition and increase children’s physical activity by partnering with school and community organizations to improve/upgrade food and physical activity policies by Dec. 31, 2022.

3. Review the needs and barriers of Pinellas County families in accessing health-related programs, services and initiatives, by Dec. 31, 2022.

- 33.5% of community survey respondents with children in the home self-reported food insecurity.
- An alarming percentage, 27.9%, of parent survey respondents noted that their children are not getting “at least three servings of fruits and vegetables every day.”
- The community survey also found that about 31% of children are not getting at least 60 minutes of exercise a day.

Outcomes-Driven Activities

Establishing My Mobile Markets
Establish innovative, convenient pathways to access healthy, nutritional food to serve areas that are underserved and impacted by barriers like food costs, mobility, transportation and language. One innovative idea is a “pop-up style market/mobile grocery store that provides access to nutritious foods (both fresh and shelf stable).

Increase Physical Activity & Nutrition
Advance a community where a health culture links exercise with a well-balanced diet built on knowledge and behaviors to restore, protect and strengthen both personal and public health through implementation of innovative programs and/or initiatives to address need.

Access to Health-Related Programs
Kick start healthy lifestyles by introducing accessible evidence-based fitness and nutrition programs for children in resource needy communities.
Injury Prevention

2019 Collaborative CHNA Health Issue Key Findings
Children can get hurt either accidentally (through injury) or on purpose (through violence). Every hour, nearly 150 children between ages 0 to 19 are treated in emergency departments for injuries sustained in motor vehicle crashes. More children ages 5 to 19 die from crash-related injuries than from any other type of injury. More than 180,000 people annually die from injuries and approximately 1 in 10 sustains a nonfatal injury serious enough to deliver that child to a hospital emergency room.

- Falls (48%), motor vehicle crashes (MVC) (13.8%), strike against or by (9.2%), and bicycle crash (6.9%).

- Unintentional injuries are the leading cause of death among Florida residents ages 1–44.

Outcomes-Driven Activities

Targeting Education and Awareness
To better protect our children’s safety and security we will work with traditional and nontraditional collaborations to decrease intentional and unintentional injuries through strategically driving education and awareness.

Decrease Bicycle, MVC and Pedestrian Injuries
With an ultimate goal of zero deaths, the strategy is to prevent the crash and mitigate injuries from crashes regarding motor vehicles, bicycles and pedestrians. Partnering with law enforcement, hospitals, and the Department of Transportation will provide the much-needed reach and awareness tools for Pinellas County.

Water Safety Awareness Mission
Florida leads the nation in drowning deaths for children under 5. Advocating for proper home-safety equipment will be critical as well as maintaining effective community partnerships, establishing widespread communication, and establishing innovative approaches to implementing sustainable initiatives to reduce drowning.

PROPOSED OBJECTIVES

1. Increase the number of community partners sharing injury prevention information based on top identified needs by 5% by Sept. 1, 2020 (Baby Safety Month).

2. Decrease number of trauma visits from children injured during motor vehicle crashes by increasing education and awareness of safety measures in Pinellas County by Dec. 31, 2022.

3. Eliminate texting and driving in Pinellas County teens by increasing the awareness of current texting and driving laws through education and enforcement by Dec. 31, 2022.


5. Increase water safety awareness and preventable messaging to the public/parents to prevent pediatric submersions in Pinellas County by Dec. 31, 2022.
Mental Health

2019 Collaborative CHNA Health Issue Key Findings
Traditional treatment models do not necessarily fit the lifestyles of the growing number of people who struggle with mental/behavioral health. We must identify solutions to address the barriers, stigmas and disparities between the treatment of general and mental health, as found to be the highest prioritized issue throughout this process.

- Results from the community survey indicated that 30% of survey respondents reported four or more traumatic experiences during childhood.
- According to a sampling of four Pinellas hospitals, in 2018 there were about 650 visits to an emergency center for mental health (including suicide) for those 17 and younger.
- Suicide is the second leading cause of death among people ages 10 to 34 in the United States, according to the Centers for Disease Control and Prevention. Additionally, a study published in the Journal of Abnormal Psychology says depression rates among teenagers are on the rise.

Outcomes-Driven Activities

Build Coping and Resiliency Techniques
By learning and developing positive coping skills in the teenage years, children will build resiliency, wellbeing and important skills for life.

Remove stigma of “Mental Illness”
Mental health disorders can have a powerful effect on the health of individuals, families and the community. Promoting and implementing prevention and early intervention strategies to reduce the impact of mental health disorders is essential for length and quality of life.

Reach & Educate Community Providers
Education and training opportunities for our mental health and primary care providers is needed now that this issue is at an all-time high. Providers need more education on how to recognize signs and symptoms and eventually to treat.

PROPOSED OBJECTIVES


2. Establish a marketing and/or public relations plan to engage key stakeholders to remove the stigma of “mental illness” in Pinellas County by Dec. 31, 2022.


4. Review and revise apparent pediatric suicide reporting process to require death review from Medical Examiner for improved knowledge on the suicide rate, ability to determine vulnerable populations and additional interventions needed by Dec. 31, 2022.
2019 Collaborative CHNA Health Issue Key Findings
The misuse of alcohol, over-the-counter medications, and illicit drugs affect the health and well-being of millions of Americans. Recent data shows that Pinellas County youth are engaged in increased rates of heavy or binge drinking.

- 56% of high school students reported use of alcohol or any illicit drug(s) in Pinellas County
- 31.4% of middle school students reported use with alcohol or any illicit drug(s)
- Prevention of first-time opioid use or “painkillers” is a top priority for our pediatric population

Outcomes-Driven Activities

Parent Education and Awareness
Talk to parents about substance use (marijuana and alcohol) to bring awareness of impact on developing children and adolescents. This data and data from the Florida Youth Substance Abuse Survey, recognize there is a need to educate an even younger population, as young as 10 years old.

Increase Stakeholder Collaboration
Innovative and creative stakeholders, along with community leaders, need to all be at the table to develop and disseminate opportunities (new resources) to help this growing issue of substance use and abuse.

Need for Community Navigators
Focus groups and key informant interviews have found a gap in treatment and services. Someone assisting or directing those needing substance use or addiction help would be extremely beneficial to those circumnavigating an already confusing health care system.

PROPOSED OBJECTIVES

1. Increase parent and community education and awareness around substance use (marijuana and alcohol) to bring awareness of impact on developing children and adolescents in Pinellas County by Dec. 31, 2022.

2. Increase collaboration of stakeholders to develop/disseminate innovative opportunities and resources to address disparities around substance and opioid abuse in Pinellas County by Dec. 31, 2022.

3. Increase and/or request funding for community navigators, to extend assistance with resources and linkage to care in Pinellas County by Dec. 31, 2022.
Ready to Get Involved?
Collaboration and teamwork are critical to our success. The Johns Hopkins All Children’s family works together to support our organization’s strategic direction, solve problems and accomplish tasks. We consider patients, families and volunteers valued partners just like community leaders, government officials, residents, educators and community members.

Unified4Allkids provides a variety of opportunities to get involved—such as participating in one of our Community Connector Groups associated with the issues below so you can influence advancing health in our community.

We also invite you to get involved with Voice4Allkids, a Johns Hopkins All Children’s Hospital advocacy network that speaks up for children who are not able to speak for themselves. Visit HopkinsAllChildrens.org/Voice4Allkids to sign up.

Asthma / Allergies / Tobacco
- Participate in the Community Connector Group.
- Advocate to increase the number of smoke-free private businesses & government locations that are promoting a healthy lifestyle for children.
- Seek out and participate in securing grant funding for asthma equipment for school nurses.

Birth Outcomes / Infant Mortality
- Participate in the Community Connector Group.
- Support family planning education to assist women in reaching their potential and reduce the impact of social determinants of health.
- Continue, develop and deploy existing or new father and/or partner engagement programs that assist children in thriving by building stronger relationships.

Exercise, Nutrition & Weight
- Participate in the Community Connector Group.
- Encourage children (and adults) to be physically active and learn about what they are putting in their bodies.
- Get active and start a health-related program in your community!
- Research nearby fresh food desert; help out a local food pantry/bank.

Injury Prevention
- Participate in the Community Connector Group.
- Become a child passenger safety technician. Join the SafeKids Coalition.
- Complete training to become an injury prevention ambassador to a local hospital, health department, school and/or community organizations.

Mental Health
- Participate in the Community Connector Group
- Openly discuss mental health with health care practitioners and children.
- Strive to eliminate the treatment disparity between physical and mental health to secure better overall health outcomes.
- Advocate for a legislative change requiring a medical review of all apparent pediatric suicides.

Substance Abuse / Alcohol Use
- Participate in the Community Connector Group.
- Discuss substance abuse and prevention at your next PTA meeting.
- Collaborate with the Pinellas County Sheriff, county Florida Department of Health and other organizations with an aligned mission to educate, strategize and deploy community outreach.

Join this action, solution-driven model to improve the health of children in our community.
### APPENDIX A. Community Connector Group (CCG) Members

<table>
<thead>
<tr>
<th>Organization</th>
<th>Name and Title</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Substance Abuse / Alcohol &amp; Marijuana CCG Members</strong></td>
<td></td>
</tr>
<tr>
<td>Operation PAR / LiveFree!</td>
<td>Daphne Lampley, Prevention Services Administrator</td>
</tr>
<tr>
<td>Pinellas County Schools</td>
<td>Freddie Middlebrooks, FACE IT Coordinator</td>
</tr>
<tr>
<td>Johns Hopkins All Children’s Hospital</td>
<td>Jasmine Reese MD, Physician, Director Adolescent Medicine</td>
</tr>
<tr>
<td>Johns Hopkins All Children’s Hospital</td>
<td>Jennifer Longo, MD, Emergency Center Physician</td>
</tr>
<tr>
<td>Johns Hopkins All Children’s Hospital</td>
<td>Laleh Bahar-Posey, MD, Emergency Center Physician</td>
</tr>
<tr>
<td>Pinellas County Schools</td>
<td>Lisa Depaolo, Managing Officer, Prevention</td>
</tr>
<tr>
<td>Johns Hopkins All Children’s Hospital</td>
<td>Sue Vander Sommen, Senior Director CBDI</td>
</tr>
<tr>
<td>Florida Department of Health - Pinellas</td>
<td>Ulyee Choe, DO, Director</td>
</tr>
<tr>
<td>Operation PAR / LiveFree! Coalition</td>
<td>Wanda Stuart, Education Manager</td>
</tr>
<tr>
<td>Johns Hopkins All Children’s Hospital</td>
<td>Wassam Rahman, MD, Medical Director, Emergency Center</td>
</tr>
<tr>
<td><strong>Mental Health CCG Members</strong></td>
<td></td>
</tr>
<tr>
<td>NAMI Pinellas County FL, Inc.</td>
<td>Denise Whitfield, Executive Director</td>
</tr>
<tr>
<td>Pinellas County Schools</td>
<td>Donna Sicilian, Executive Director Student Services</td>
</tr>
<tr>
<td>Johns Hopkins All Children’s Hospital</td>
<td>Dr. Jennifer Katzenstein, Director, Psychology and Neuropsychology Pediatric Neuropsychologist</td>
</tr>
<tr>
<td>NAMI Pinellas County FL, Inc.</td>
<td>Gabriela Garayar, Community Coordinator</td>
</tr>
<tr>
<td>USF - Family Study Center</td>
<td>Jennifer Hughes, Project Administrator</td>
</tr>
<tr>
<td>Pinellas County Schools</td>
<td>Joan Reubens, Bullying Prevention Specialist</td>
</tr>
<tr>
<td>Pinellas County Schools</td>
<td>Jodi Mattingly, Campbell Park Elementary, Social Worker</td>
</tr>
<tr>
<td>Community Health Centers of Pinellas Inc.</td>
<td>Joe Santini, Manager</td>
</tr>
<tr>
<td>Suncoast Center, Inc.</td>
<td>Laurie Elbow, Director of Clinical Services</td>
</tr>
<tr>
<td>Johns Hopkins All Children’s Hospital</td>
<td>Michelle Dujardin, Senior Director IBPS</td>
</tr>
<tr>
<td>Johns Hopkins All Children’s Hospital</td>
<td>Sarah Stromberg, Psychologist</td>
</tr>
<tr>
<td>Pinellas County Schools</td>
<td>Vicki Koller, Project Aware Program Manager</td>
</tr>
<tr>
<td><strong>Injury Prevention CCG Members</strong></td>
<td></td>
</tr>
<tr>
<td>Sunstar Paramedics</td>
<td>Charlene Cobb, Community Outreach Coordinator, PIO</td>
</tr>
<tr>
<td>East Lake Fire Rescue</td>
<td>Claudia Paiola, Fire And Life Safety Educator</td>
</tr>
<tr>
<td>Palm Harbor Fire Rescue</td>
<td>Elizabeth Graham, Public Information Officer</td>
</tr>
<tr>
<td>Johns Hopkins All Children’s Hospital</td>
<td>Jane Simon, Foundation, Senior Gift Officer, National Grants</td>
</tr>
<tr>
<td>Johns Hopkins All Children’s Hospital</td>
<td>Karen Macauley, Director, Pediatric Trauma Program</td>
</tr>
<tr>
<td>Johns Hopkins All Children’s Hospital</td>
<td>Lynn Larson, Injury Prevention Coordinator</td>
</tr>
<tr>
<td>Johns Hopkins All Children’s Hospital</td>
<td>Petra Vybiralova, Safe Kids Supervisor</td>
</tr>
<tr>
<td>Johns Hopkins All Children’s Hospital</td>
<td>Scott Seibert, Disaster EMS Coordinator, Emergency Medicine</td>
</tr>
<tr>
<td><strong>Exercise, Nutrition &amp; Weight CCG Members</strong></td>
<td></td>
</tr>
<tr>
<td>St. Pete Innovation District</td>
<td>Alison Barlow, Executive Director</td>
</tr>
<tr>
<td>Johns Hopkins All Children’s Hospital</td>
<td>Anita Jimenez, Program Coordinator, Fit 4 All Kids</td>
</tr>
<tr>
<td>Pinellas County Schools</td>
<td>Ashley Grimes, Specialist PreK-12 Physical Education &amp; Health</td>
</tr>
<tr>
<td>Johns Hopkins All Children’s Hospital</td>
<td>Brandon McIntosh, School Health Coordinator</td>
</tr>
<tr>
<td>St. Petersburg Parks &amp; Recreation</td>
<td>Christie Bruner, Comm. Engagement Supervisor</td>
</tr>
<tr>
<td>BayCare Health System</td>
<td>Colette Okeefe-Bogg, Program Coordinator</td>
</tr>
<tr>
<td>Johns Hopkins All Children’s Hospital</td>
<td>Janelle Garcia, PhD, Clinical Integration Manager</td>
</tr>
<tr>
<td>Johns Hopkins All Children’s Hospital</td>
<td>Kelly Gilmore, Manager Community Health and Wellness</td>
</tr>
<tr>
<td>Pinellas County Schools</td>
<td>Kelly Hicks, Physical Education &amp; Health</td>
</tr>
<tr>
<td>St Pete YMCA</td>
<td>Kieran Gabel, Director of Healthy Communities</td>
</tr>
<tr>
<td>City of St. Pete – Healthy St. Pete</td>
<td>Kim Lehto, Healthy St. Pete Coordinator</td>
</tr>
<tr>
<td>Juvenile Welfare Board</td>
<td>Lynda M. Leedy, Chief Administrative Officer</td>
</tr>
<tr>
<td>Johns Hopkins All Children’s Hospital</td>
<td>Mallory Carteaux, Exercise Physiologist</td>
</tr>
<tr>
<td>UF/IFAS Extension Family Nutrition Program</td>
<td>Mark Trujillo, Public Health Specialist</td>
</tr>
</tbody>
</table>
### Exercise, Nutrition & Weight CCG Members, cont.

<table>
<thead>
<tr>
<th>Organization</th>
<th>Contact Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeding Tampa Bay</td>
<td>Matt Spence, Chief Programs Officer</td>
</tr>
<tr>
<td>Feeding Tampa Bay</td>
<td>Rachelle Thompson, Community Outreach Manager</td>
</tr>
<tr>
<td>Florida Department of Health- Pinellas</td>
<td>Theresa Skipper, School-Based Health Clinics Manager</td>
</tr>
</tbody>
</table>

### Birth Outcomes / Infant Mortality CCG Members

<table>
<thead>
<tr>
<th>Organization</th>
<th>Contact Person</th>
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</thead>
<tbody>
<tr>
<td>Johns Hopkins All Children’s Hospital</td>
<td>Anna Sedney, Medical Fellow</td>
</tr>
<tr>
<td>Next Stepp Center</td>
<td>Carole Alexander, Director</td>
</tr>
<tr>
<td>Healthy Start Coalition of Pinellas Inc.</td>
<td>Cindy McNulty, Healthy Start Coalition Pinellas Director</td>
</tr>
<tr>
<td>Johns Hopkins All Children’s Hospital</td>
<td>Cynthia Tomlin, Peer Advocate / Community Outreach Manager</td>
</tr>
<tr>
<td>University of South Florida</td>
<td>James McHale, Director of Family Studies</td>
</tr>
<tr>
<td>Johns Hopkins All Children’s Hospital</td>
<td>Johnae Snell, Medical Resident</td>
</tr>
<tr>
<td>Grow Smarter</td>
<td>Keesha Benson, Community Outreach Manager</td>
</tr>
<tr>
<td>Johns Hopkins All Children’s Hospital</td>
<td>Kimberly Brown-Williams, Healthy Start Manager</td>
</tr>
<tr>
<td>Florida Department of Health- Pinellas</td>
<td>Lisa Brown, Health Services Manager-A (MCH)</td>
</tr>
<tr>
<td>Healthy Start Coalition of Pinellas Inc.</td>
<td>Michelle Schaefer, FIMR Coordinator</td>
</tr>
<tr>
<td>Johns Hopkins All Children’s Hospital</td>
<td>Prabhu Parimi, MD, MFNI Director</td>
</tr>
<tr>
<td>Florida Department of Health- Pinellas</td>
<td>Ray Hensley, Maternal &amp; Child Health Director</td>
</tr>
<tr>
<td>Johns Hopkins All Children’s Hospital</td>
<td>Tracy Enright, Healthy Start Program Evaluator</td>
</tr>
</tbody>
</table>

### Allergies / Asthma / Tobacco CCG Members

<table>
<thead>
<tr>
<th>Organization</th>
<th>Contact Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Johns Hopkins All Children’s Hospital</td>
<td>Carolyn Robinson, MD, Pulmonology</td>
</tr>
<tr>
<td>Johns Hopkins All Children’s Hospital</td>
<td>Cindy Driscoll, Senior Director Kids Home Care</td>
</tr>
<tr>
<td>Pinellas County Schools</td>
<td>Donna Sicilian, Executive Director Student Services</td>
</tr>
<tr>
<td>Johns Hopkins All Children’s Hospital</td>
<td>Jasmine Reese, MD, Director of Adolescent &amp; Young Adult Specialty Clinic</td>
</tr>
<tr>
<td>Gulfcoast North Area Health Education Center (GNAHEC)</td>
<td>Kadie Raven, Communications &amp; Training Specialist</td>
</tr>
<tr>
<td>Gulfcoast North Area Health Education Center (GNAHEC)</td>
<td>Katie Murphy, Tobacco Cessation Specialist</td>
</tr>
<tr>
<td>Florida Department of Health - Pinellas</td>
<td>Mary Jenkins, Tobacco Prevention</td>
</tr>
<tr>
<td>Johns Hopkins All Children’s Hospital</td>
<td>Santrice Johnson, Kids Home Care Admin</td>
</tr>
<tr>
<td>Pinellas County Schools</td>
<td>Sara O’Toole, Managing Officer, School Health Services</td>
</tr>
<tr>
<td>Johns Hopkins All Children’s Hospital</td>
<td>Shannon Dansby, RN Kids Home Care Coordinator</td>
</tr>
<tr>
<td>Florida Department of Health- Pinellas</td>
<td>Sonja (Sunny) Davis, Tobacco Program Manager</td>
</tr>
</tbody>
</table>
2019 Health Survey

Our local not-for-profit hospitals and the department of health want to hear from you! The results of this survey will be used to help us to understand your community health concerns so that improvements can be made. We encourage you to take 15 minutes to fill out the survey below. Your voice is important to ensure these organizations have the best understanding of the needs of our community. Thank you!

You must be 18 years of age or older to complete this survey. COMPLETE THIS SURVEY ONLY FOR YOURSELF. If someone else would like to complete the survey, please have that person complete a separate survey. Remember, your answers are completely anonymous. We will not ask for your name or any other information which can be used to identify you. If you have any questions, please contact Lisa Bell at 727-519-1282 or lisa.bell@baycare.org.

These first few questions tell us about you. They will be used only to help us better understand the people who live in your community so that we can provide better health care services. This information will not be used to identify you.

1. In which county do you live? (Please choose only one)
   - [ ] Hillsborough
   - [ ] Pasco
   - [ ] Pinellas
   - [ ] Polk
   - [ ] Sarasota
   - [ ] Other

2. In which ZIP code do you live? (Please write in)

3. What is your age? (Please choose only one)
   - [ ] 18 to 24
   - [ ] 25 to 34
   - [ ] 35 to 44
   - [ ] 45 to 54
   - [ ] 55 to 64
   - [ ] 65 to 74
   - [ ] 75 or older

4. Are you of Hispanic or Latino origin or descent? (Please choose only one)
   - [ ] Yes, Hispanic or Latino
   - [ ] No, not Hispanic or Latino
   - [ ] Prefer not to answer

5. Which race best describes you? (Please choose only one)
   - [ ] American Indian or Alaska Native
   - [ ] Asian
   - [ ] Black or African American
   - [ ] Native Hawaiian or Pacific Islander
   - [ ] White
   - [ ] More than one race
   - [ ] Other
   - [ ] Prefer Not to Answer

6. Do you identify your gender as:
   - [ ] Male
   - [ ] Female
   - [ ] Transgender (if so: [ ] Male to Female or [ ] Female to Male)
   - [ ] Other /Gender non-Conforming

7. Which of the following best describes your sexual orientation? (Please choose only one)
   - [ ] Heterosexual (Straight)
   - [ ] Gay or Lesbian
   - [ ] Bisexual
   - [ ] Other

8. What language do you MAINLY speak at home? (Please choose only one)
   - [ ] Arabic
   - [ ] Chinese
   - [ ] English
   - [ ] French
   - [ ] German
   - [ ] Haitian Creole
   - [ ] Russian
   - [ ] Spanish
   - [ ] Vietnamese
   - [ ] Other

9. How well do you speak English? (Please choose only one)
   - [ ] Very well
   - [ ] Well
   - [ ] Not Well
   - [ ] Not at all

10. What is the highest level of school that you have completed? (Please choose only one)
    - [ ] Less than high school
    - [ ] Some high school, but no diploma
    - [ ] High school diploma (GED)
    - [ ] Some college, no degree
    - [ ] 2 – Year College Degree
    - [ ] 4 – Year College Degree
    - [ ] Graduate -Level Degree or Higher
    - [ ] None of the above
11. How much total combined money did all people living in your home earn last year? (Please choose only one)

- $0 to $9,999
- $10,000 to $24,999
- $25,000 to $49,999
- $50,000 to $74,999
- $75,000 to $99,999
- $100,000 to $124,999
- $125,000 to $149,999
- $150,000 to $174,999
- $175,000 to $199,999
- $200,000 and up
- Prefer not to answer

12. Which of the following categories best describes your employment status? (Please choose only one)

- Employed, working full-time
- Employed, working part-time
- Not employed, looking for work
- Not employed, NOT looking for work
- Student
- Retired
- Disabled, not able to work

13. What transportation do you use most often to go places? (Please choose only one)

- I drive my own car
- Someone drives me
- I take the bus
- I walk
- I ride a bicycle
- I take a taxi cab
- I ride a motorcycle or scooter
- I take an Uber/Lyft
- Some other way

14. Are you

- A Veteran
- In Active Duty
- National Guard/Reserves
- Neither (Skip to question 16)

15. If Veteran, Active Duty, National Guard, or Reserves, are you receiving care at the VA?

- Yes
- No

16. How do you pay for most of your health care? (Please choose only one)

- I pay cash / I don’t have insurance
- TRICARE
- Medicare or Medicare HMO
- Indian Health Services
- Medicaid or Medicaid HMO
- Commercial health insurance (HMO, PPO)
- Veteran’s Administration
- Some other way

17. Including yourself, how many people currently live in your home? (Please choose only one)

- 1
- 2
- 3
- 4
- 5
- 6 or more

18. Are you a caregiver to an adult family member who cannot care for themselves in your home? (Please choose only one)

- Yes
- No

19. Including yourself, how many people 65 years or older currently live in your home? (Please choose only one)

- None
- 1
- 2
- 3
- 4
- 5
- 6 or more

20. How many CHILDREN (under age 18) currently live in your home? (Please choose only one)

- None (Skip to question 32)
- 1
- 2
- 3
- 4
- 5
- 6 or more

- Begin Children’s Section –
21. Was there a time in the PAST 12 MONTHS when children in your home needed medical care but did NOT get the care you needed?  
☐ Yes  ☐ No (skip to question 23)

22. What is the MAIN reason they didn’t get the medical care they needed? (Please choose only one)  
☐ Can’t afford it / Costs too much  ☐ I had transportation problems  
☐ I don’t have a doctor  ☐ I don’t know where to go  
☐ I had trouble getting an appointment  ☐ I don’t have health insurance  
☐ Other

23. Was there a time in the PAST 12 MONTHS when children in your home needed DENTAL care but did NOT get the care you needed?  
☐ Yes  ☐ No (skip to question 25)

24. What is the MAIN reason they didn’t get the dental care they needed? (Please choose only one)  
☐ Can’t afford it / Costs too much  ☐ I had transportation problems  
☐ I don’t have a dentist  ☐ I don’t know where to go  
☐ I had trouble getting an appointment  ☐ I don’t have dental insurance  
☐ Other

25. Was there a time in the PAST 12 MONTHS when children in your home needed mental health care but did NOT get the care you needed?  
☐ Yes  ☐ No (skip to question 27)

26. What is the MAIN reason they didn’t get the mental health care they needed? (Please choose only one)  
☐ Can’t afford it / Costs too much  ☐ I had transportation problems  
☐ I don’t have a doctor / counselor  ☐ I don’t know where to go  
☐ I had trouble getting an appointment  ☐ I don’t have health insurance  
☐ Other

27. I feel safe walking in my neighborhood.  
☐ Yes (skip to question 29)  ☐ No

28. If you answered “no”, check all reasons you do not feel safe walking:  
☐ Traffic  ☐ No sidewalks  
☐ Poor condition of roads or sidewalks  ☐ Dogs not on a leash  
☐ Stopped by police  ☐ Violent Crime or theft

29. Check all the health issues children in your home have faced (CHECK ALL THAT APPLY)  
☐ My children have not faced any health issues  
☐ Allergies  
☐ Asthma  
☐ Bullying  
☐ Unintentional injuries or accidents that required immediate medical care (such as a concussion from playing sports)  
☐ Behavioral Health / Mental health  
☐ Children overweight  
☐ Children underweight
| Birth-related (such as low birthweight, prematurity, prenatal, and others) | □ |
| Dental Problems (such as cavities, root canals, extractions, surgery, and others) | □ |
| Autism | □ |
| Child abuse / child neglect | □ |
| Diabetes / Pre-diabetes / High Blood Sugar | □ |
| Using drugs or alcohol | □ |
| Using tobacco, e-cigarettes, or vaping | □ |
| Teen pregnancy | □ |
| Sexually Transmitted Disease | □ |
| Other (please specify) | □ |

30. **Check all the special needs children in your home have faced (CHECK ALL THAT APPLY)**

| My children do not have any special needs | □ |
| Attention deficit / hyperactivity disorder (AD/HD) | □ |
| Autism / pervasive development disorder (PDD) | □ |
| Blindness / visual impairment | □ |
| Cerebral palsy | □ |
| Child who uses a wheelchair or walker | □ |
| Deaf / hearing loss | □ |
| Developmental delay (DD) | □ |
| Down syndrome | □ |
| Emotional disturbance | □ |
| Epilepsy / Seizure disorder | □ |
| Intellectual disability (formerly mental retardation) | □ |
| Learning disabilities / differences | □ |
| Speech and language impairments | □ |
| Spina bifida | □ |
| Traumatic brain injury | □ |
| Other (please specify) | □ |
31. Do any children in your home… (CHECK ALL THAT APPLY)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Not Sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Know how to swim</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>Wear a bike/skate helmet</td>
<td>![ ]</td>
<td>![ ]</td>
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<tr>
<td>Use a car/booster seat (under age 8)</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>Wear a seatbelt at all times</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>Have access to a pool where you live</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>Receive all shots to prevent disease</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>Have a history of being bullied (including social media)</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
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<tr>
<td>Receive gun safety education</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>Use Sunscreen</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>Eat at Least 3 Servings of Fruits and Vegetables Every Day</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>Exercise at Least 60 Minutes Every Day</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>Get 8 Hours or More of Sleep Every Night</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>Eat Fast Food Every Week</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>Drink Sugary-Sweetened Sodas, Energy Drinks, or Sports Drinks Every Day</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>Eat Junk Food Every Day</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>Stay Home from School 5 or More Days a Year Because of Health Issues</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>Need Regular Access to a School Nurse</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>Attend a Public or Charter School</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
</tbody>
</table>

--End Children's Section--
These next questions are about your view or opinion of the community in which you live.

32. *Overall how would you rate the health of the community in which you live? (Please choose only one)*

- □ Very unhealthy  
- □ Unhealthy  
- □ Somewhat healthy  
- □ Healthy  
- □ Very healthy  
- □ Not sure

33. – 32. *Please read the list of risky behaviors listed below. Which three do you believe are the most harmful to the overall health of your community?*

**Mark which you think are:**

1. Most harmful;  
2. Second-most harmful;  
3. Third-most harmful

Please mark **only three**, using 1, 2 and 3

<table>
<thead>
<tr>
<th>Your Top 3</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol abuse</td>
<td></td>
</tr>
<tr>
<td>Dropping out of school</td>
<td></td>
</tr>
<tr>
<td>Drug abuse</td>
<td></td>
</tr>
<tr>
<td>Lack of exercise</td>
<td></td>
</tr>
<tr>
<td>Poor eating habits</td>
<td></td>
</tr>
<tr>
<td>Not getting “shots” to prevent disease</td>
<td></td>
</tr>
<tr>
<td>Not wearing helmets</td>
<td></td>
</tr>
<tr>
<td>Not using seat belts/not using child safety seats</td>
<td></td>
</tr>
<tr>
<td>Tobacco use / E-cigarettes / Vaping</td>
<td></td>
</tr>
<tr>
<td>Unsafe sex including not using birth control</td>
<td></td>
</tr>
<tr>
<td>Distracted driving (texting, eating, talking on the phone)</td>
<td></td>
</tr>
<tr>
<td>Not locking up guns</td>
<td></td>
</tr>
<tr>
<td>Not seeing a doctor while you are pregnant</td>
<td></td>
</tr>
</tbody>
</table>
33 – 35. Read the list of health problems and think about your community. Which of these do you believe are most important to address to improve the health of your community?

**Mark which you think are:**
1 Most important; 2 Second-most important; 3 Third-most important

Please mark only three, using 1, 2 and 3

<table>
<thead>
<tr>
<th></th>
<th>Your Top 3</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aging Problems (for example: difficulty getting around, dementia, arthritis)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Abuse / Neglect</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Clean Environment / Air and Water Quality</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental Problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes / High Blood Sugar</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domestic Violence / Rape / Sexual Assault</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gun-Related Injuries</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Being Overweight</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Mental Health Problems Including Suicide</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart Disease / Stroke / High Blood Pressure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV/AIDS / Sexually Transmitted Diseases (STDs)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Homicide</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infectious Diseases Like Hepatitis and TB</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Motor Vehicle Crash Injuries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infant Death</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respiratory / Lung Disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teenage Pregnancy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tobacco Use / E-cigarettes / Vaping</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
36. Please read the list of factors below. Which do you believe are most important to improve the quality of life in a community?

Mark which you think are:
1 Most important; 2 Second-most important; 3 Third-most important

Please mark only three, using 1, 2 and 3

<table>
<thead>
<tr>
<th>Your Top 3</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good Place to Raise Children</td>
<td></td>
</tr>
<tr>
<td>Low Crime / Safe Neighborhoods</td>
<td></td>
</tr>
<tr>
<td>Good Schools</td>
<td>1</td>
</tr>
<tr>
<td>Access to Health Care</td>
<td></td>
</tr>
<tr>
<td>Parks and Recreation</td>
<td></td>
</tr>
<tr>
<td>Clean Environment / Air and Water Quality</td>
<td></td>
</tr>
<tr>
<td>Low-Cost Housing</td>
<td></td>
</tr>
<tr>
<td>Arts and Cultural Events</td>
<td>3</td>
</tr>
<tr>
<td>Low-Cost Health Insurance</td>
<td>2</td>
</tr>
<tr>
<td>Tolerance / Embracing Diversity</td>
<td></td>
</tr>
<tr>
<td>Good Jobs and Healthy Economy</td>
<td></td>
</tr>
<tr>
<td>Strong Family Life</td>
<td></td>
</tr>
<tr>
<td>Access to Low-Cost, Healthy Food</td>
<td></td>
</tr>
<tr>
<td>Healthy Behaviors and Lifestyles</td>
<td></td>
</tr>
<tr>
<td>Sidewalks / Walking Safety</td>
<td></td>
</tr>
<tr>
<td>Public Transportation</td>
<td></td>
</tr>
<tr>
<td>Low Rates of Adult Death and Disease</td>
<td></td>
</tr>
<tr>
<td>Low Rates of Infant Death</td>
<td></td>
</tr>
<tr>
<td>Religious or Spiritual Values</td>
<td></td>
</tr>
<tr>
<td>Disaster Preparedness</td>
<td></td>
</tr>
<tr>
<td>Emergency Medical Services</td>
<td></td>
</tr>
<tr>
<td>Access to Good Health Information</td>
<td></td>
</tr>
</tbody>
</table>
39. Below are some statements about your local community. Please tell us how much you agree or disagree with each statement.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Yes</th>
<th>No</th>
<th>Not Sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug abuse is a problem in my community.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have no problem getting the health care services I need.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>We have great parks and recreational facilities.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public transportation is easy to get to if I need it.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>There are plenty of jobs available for those who want them.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crime in my area is a serious problem.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Air pollution is a problem in my community</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel safe in my own neighborhood.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>There are affordable places to live in my neighborhood.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The quality of health care is good in my neighborhood.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>There are good sidewalks for walking safely.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am able to get healthy food easily.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

40. Below are some statements about your connections with the people in your life. Please tell us how much you agree or disagree with each statement.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Yes</th>
<th>No</th>
<th>Not Sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am happy with my friendships and relationships</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have enough people I can ask for help at any time</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My relationships are as satisfying as I would want them to be</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

41. Over the past 12 months, how often have you had thoughts that you would be better off dead or of hurting yourself in some way?

- [ ] Not at All
- [ ] Several Days
- [ ] More than half the days
- [ ] Nearly Every Day
- [ ] None of the time

If you would like help with or would like to talk about these issues, please call the National Suicide Prevention Hotline at 1-800-273-8255.

42. In the past 12 months, I worried about whether our food would run out before we got money to buy more. (Please choose only one)

- [ ] Often true
- [ ] Sometimes true
- [ ] Never true

43. In the past 12 months, the food that we bought just did not last, and we did not have money to get more. (Please choose only one)

- [ ] Often true
- [ ] Sometimes true
- [ ] Never true
44. In the last 12 months, did you or anyone living in your home ever get emergency food from a church, a food pantry, or a food bank, or eat in a soup kitchen? (Please choose only one)  
☐ Yes  ☐ No

45. Now think about the past 7 days. In the past 7 days, how many times did you eat fast food? Include fast food meals eaten at work, at home, or at fast-food restaurants, carryout or drive-through. (Please choose only one)  
___ # of times in past 7 days  ☐ Don’t know

46. Has there been any time in the past 2 years when you were living on the street, in a car, or in a temporary shelter? (Please choose only one)  
☐ Yes  ☐ No

47. Are you worried or concerned that in the next 2 months you may not have stable housing that you own, rent, or stay in as part of a household? (Please choose only one)  
☐ Yes  ☐ No

48. In the past 12 months has your utility company shut off your service for not paying your bills? (Please choose only one)  
☐ Yes  ☐ No

49. In the past 12 months, have you used a prescription pain medicine (morphine, codeine, hydrocodone, oxycodone, methadone, or fentanyl) without a doctor’s prescription or differently than how a doctor told you to use it? (Please choose only one)  
☐ Yes  ☐ No

These next questions are about your personal health and your opinions about getting health care in your community.

50. Overall, how would you rate YOUR OWN PERSONAL health? (Please choose only one)  
☐ Very unhealthy  ☐ Unhealthy  ☐ Somewhat healthy  ☐ Healthy  ☐ Very healthy  ☐ Not sure

51. Was there a time in the PAST 12 MONTHS when you needed medical care but did NOT get the care you needed? (Please choose only one)  
☐ Yes  ☐ No (Skip to question 53)

52. What is the MAIN reason you didn’t get the medical care you needed? (Please choose only one)  
☐ Can’t afford it / Costs too much  ☐ I had transportation problems  
☐ I don’t have a doctor  ☐ I don’t know where to go  
☐ I had trouble getting an appointment  ☐ I don’t have health insurance  
☐ Other

53. Thinking about your MENTAL health, which includes stress, depression, and problems with emotions, how would you rate your overall mental health? (Please choose only one)  
☐ Excellent  ☐ Very good  ☐ Good  ☐ Fair  ☐ Poor

54. Was there a time in the PAST 12 MONTHS when you needed mental health care but did NOT get the care you needed? (Please choose only one)  
☐ Yes  ☐ No (Skip to question 56)
55. What is the MAIN reason you didn’t get the mental health care you needed? (Please choose only one)
- Can’t afford it / Costs too much
- I don’t have a doctor / counselor
- I had trouble getting an appointment
- I had transportation problems
- I don’t know where to go
- I don’t have health insurance
- Other

56. Was there a time in the PAST 12 MONTHS when you needed DENTAL care but did NOT get the care you needed? (Please choose only one)
- Yes
- No (Skip to question 58)

57. What is the MAIN reason you didn’t get the dental care you needed? (Please choose only one)
- Can’t afford it / Costs too much
- I don’t have a dentist
- I don’t know where to go
- I had trouble getting an appointment
- I don’t have dental insurance
- Other

58. In the past 12 months, how many times have you gone to a hospital emergency room (ER) about your own health?
- Yes, Number of times: _____
- I have not gone to a hospital ER in the past 12 months (Skip to question 60)

59. What is the MAIN reason you used the emergency room INSTEAD of going to a doctor’s office or clinic? (Please choose only one)
- After hours / Weekend
- Long wait for an appointment with my regular doctor
- Emergency / Life-threatening situation
- I don’t have a doctor / clinic
- Cost
- I don’t have insurance
- Other

60. Have you ever been told by a doctor or other medical provider that you had any of the following health issues? (CHECK ALL THAT APPLY)

<table>
<thead>
<tr>
<th>Cancer</th>
<th>Heart disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>High blood pressure / Hypertension</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Obesity</td>
</tr>
<tr>
<td>HIV / AIDS</td>
<td>Stroke</td>
</tr>
</tbody>
</table>

61. How often do you smoke? (Please choose only one)
- I do not smoke cigarettes
- I smoke about one pack per day
- I smoke less than one pack per day
- I smoke more than one pack per day

62. How often do you vape or use e-cigarettes? (Please choose only one)
- I do not vape or smoke e-cigarettes
- I vape or smoke e-cigarettes everyday
- I vape or smoke e-cigarettes on some days
The final questions are about events that happened during your childhood. This information will allow us to better understand how problems that may occur early in life can have a health impact later in life. This is a sensitive topic and some people may feel uncomfortable with these questions. If you prefer not to answer these questions, you may skip them.

For these questions, please think back to the time BEFORE you were 18 years of age.

BEFORE you were 18 years of age:

63. Did you live with anyone who was depressed, mentally ill, or suicidal?
   - [ ] Yes
   - [ ] No

64. Did you live with anyone who was a problem drinker or alcoholic?
   - [ ] Yes
   - [ ] No

65. Did you live with anyone who used illegal street drugs or who abused prescription medications?
   - [ ] Yes
   - [ ] No

66. Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?
   - [ ] Yes
   - [ ] No

67. Were your parents separated or divorced?
   - [ ] Yes
   - [ ] No

BEFORE you were 18 years of age:

68. How often did your parents or adults in your home slap, hit, kick, punch, or beat each other up?
   - [ ] Never
   - [ ] Once
   - [ ] More than once

69. How often did a parent or adult in your home hit, beat, kick, or physically hurt you in any way?
   - [ ] Never
   - [ ] Once
   - [ ] More than once

70. How often did a parent or adult in your home swear at you, insult you, or put you down?
   - [ ] Never
   - [ ] Once
   - [ ] More than once

71. How often did an adult or anyone at least 5 years older than you touch you sexually?
   - [ ] Never
   - [ ] Once
   - [ ] More than once

72. How often did an adult or anyone at least 5 years older than you try to make you touch them sexually?
   - [ ] Never
   - [ ] Once
   - [ ] More than once

73. How often did an adult or anyone at least 5 years older than you force you to have sex?
   - [ ] Never
   - [ ] Once
   - [ ] More than once

If you would like help with or would like to talk about these issues, please call the National Hotline for Child Abuse at 1-800-4-A-CHILD (1-800-422-4453).

That concludes our survey. Thank you for participating! Your feedback is important.
CHILDREN’S HEALTH PINELLAS COUNTY

**EXERCISE, NUTRITION & WEIGHT**

Survey Respondents with children in the home who self-reported food insecurity

CHILDHOOD RISK FACTORS FOR OBESITY
Parent survey respondents who answered “NO” to the following:
Do children living in your home...

- Eat at least 3 servings of fruits and vegetables every day (n=444)
- Exercise at least 60 minutes every day (n=495)

SAFETY, PREVENTION AND UNINTENTIONAL INJURY

1102 Trauma-Related Incidents by Top Category, 2018
Sampling from one Pinellas hospital

- Fall: 48.0%
- Motor Vehicle Crash: 13.8%
- Strike Against / Struck by / Crush: 9.2%
- Bike Crash: 6.9%

RESPIRATORY DISEASE

134 ED visits that included a diagnosis of Nicotine Dependence, ages 17 and younger (2018)*

227 ED visits for Uncontrolled Asthma, ages 17 and younger (2018)*

13.4% of parent survey respondents who had children in the home smoked cigarettes (n=189)

19.9% of parent survey respondents reporting children in their home have faced asthma (n=344)

**MENTAL HEALTH AND SUBSTANCE USE**

- 646 ED visits for mental health, ages 17 and younger
  - Sampling of four Pinellas hospitals, 2018

**HIGH SCHOOL STUDENTS**

<table>
<thead>
<tr>
<th>Substance</th>
<th>Pinellas</th>
<th>Florida</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol or any illicit drug</td>
<td>56.0%</td>
<td>54.4%</td>
</tr>
<tr>
<td>Any illicit drug, any alcohol</td>
<td>7.8%</td>
<td>6.6%</td>
</tr>
<tr>
<td>Any illicit drug other than marijuana</td>
<td>38.4%</td>
<td>34.8%</td>
</tr>
<tr>
<td>Alcohol only</td>
<td>17.0%</td>
<td>16.2%</td>
</tr>
<tr>
<td>Cigarette Use</td>
<td>15.7%</td>
<td>14.7%</td>
</tr>
<tr>
<td>Vaporizer / E-Cigarette</td>
<td>41.3%</td>
<td>36.0%</td>
</tr>
</tbody>
</table>

**MIDDLE SCHOOL STUDENTS**

<table>
<thead>
<tr>
<th>Substance</th>
<th>Pinellas</th>
<th>Florida</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol or any illicit drug</td>
<td>31.4%</td>
<td>27.5%</td>
</tr>
<tr>
<td>Any illicit drug</td>
<td>18.8%</td>
<td>16.5%</td>
</tr>
<tr>
<td>Any illicit drug other than marijuana</td>
<td>13.2%</td>
<td>12.6%</td>
</tr>
<tr>
<td>Alcohol only</td>
<td>12.9%</td>
<td>11.3%</td>
</tr>
<tr>
<td>Cigarette Use</td>
<td>6.5%</td>
<td>6.7%</td>
</tr>
<tr>
<td>Vaporizer / E-Cigarette</td>
<td>17.7%</td>
<td>15.1%</td>
</tr>
</tbody>
</table>

**DISPARITIES IN INFANT HEALTH MORTALITY**

Infant deaths per 1,000 births, 2017

<table>
<thead>
<tr>
<th>Race</th>
<th>White</th>
<th>Black</th>
<th>Other Race</th>
<th>Hispanic</th>
<th>Non-Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic Rate</td>
<td>4.9%</td>
<td>11.4%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Hispanic Rate</td>
<td>4.2%</td>
<td>9.8%</td>
<td></td>
<td>16.4%</td>
<td>8.1%</td>
</tr>
</tbody>
</table>

**DISPARITIES IN BIRTH WITH LOW AND VERY LOW BIRTH WEIGHT**
(Per 1,000 Births, 2015-17)

<table>
<thead>
<tr>
<th>Race</th>
<th>Hispanic Rate</th>
<th>Non-Hispanic Rate</th>
<th>Black Rate</th>
<th>White Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic Rate</td>
<td>8.50%</td>
<td>9.80%</td>
<td>16.40%</td>
<td>8.10%</td>
</tr>
</tbody>
</table>

**ACCESS TO CARE**

“Was there a time in the last 12 months when children in your home needed medical care but did not get the care they needed?”

7.1% (n=121) Responded ‘Yes’

WHAT IS THE MAIN REASON THEY DIDN’T GET THE MEDICAL CARE THEY NEEDED?

- I don’t know where to go: 3.0%
- I don’t have a doctor: 3.0%
- I had transportation problems: 10.0%
- I had trouble getting an appointment: 13.0%
- I don’t have health insurance: 13.0%
- Can’t afford it / Costs too much: 56.0%

**DISPARITIES IN BIRTH WITH LOW AND VERY LOW BIRTH WEIGHT**
(Per 1,000 Births, 2015-17)

<table>
<thead>
<tr>
<th>Race</th>
<th>Hispanic Rate</th>
<th>Non-Hispanic Rate</th>
<th>Black Rate</th>
<th>White Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic Rate</td>
<td>8.50%</td>
<td>9.80%</td>
<td>16.40%</td>
<td>8.10%</td>
</tr>
</tbody>
</table>

**DISPARITIES IN INFANT HEALTH MORTALITY**
(Infant deaths per 1,000 births, 2017)

Disparities in Infant Health Mortality

**MATERNAL, FETAL AND INFANT HEALTH**

**DISPARITIES IN INFANT HEALTH MORTALITY**
(Infant deaths per 1,000 births, 2017)

**DISPARITIES IN BIRTH WITH LOW AND VERY LOW BIRTH WEIGHT**
(Per 1,000 Births, 2015-17)

**ACCESS TO CARE**

“Was there a time in the last 12 months when children in your home needed medical care but did not get the care they needed?”

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WHAT IS THE MAIN REASON THEY DIDN’T GET THE MEDICAL CARE THEY NEEDED?

- I don’t know where to go: 3.0%
- I don’t have a doctor: 3.0%
- I had transportation problems: 10.0%
- I had trouble getting an appointment: 13.0%
- I don’t have health insurance: 13.0%
- Can’t afford it / Costs too much: 56.0%
<table>
<thead>
<tr>
<th>Community Need: <strong>HEALTH TOPIC</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal:</td>
</tr>
</tbody>
</table>

**Objective:**

<table>
<thead>
<tr>
<th>Activities</th>
<th>Process Measure</th>
<th>Community Partners</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D.</td>
<td></td>
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</tr>
</tbody>
</table>

**Goal:** Overarching, end product, broad primary outcome  
**Strategy:** The approach you take to achieve a goal  
**Objective:** A measurable step you take to achieve a strategy  
**Activity/Tactic:** A tool you use in pursuing an objective aligned with your strategy  
**Process Measure:** How will we know when the activity is complete?  
**Community Partners:** Who do we need to be successful (be specific)  
**Timeline:** How long will it take to complete the activity?
APPENDIX E. Online Public Dashboard

Pediatric Community Benefit Strategic implementation Plan

Action & Accountability

Quarterly Community Connector Group Meetings, per health topic area, will convene to review objectives and ensure they are either on track, requiring support or accomplished.

The Community Connector Groups begin by discussing updates from what has happened with the objectives or plans and what can be reported as complete. These groups will also report out and take ownership of what is upcoming or going to happen in the next phase (or quarter) of the plan.

Online Public Dashboard

A dashboard similar to this example will be posted publically on Johns Hopkins All Children’s external webpage, https://www.hopkinsallchildrens.org/Community/In-the-Community, to visually describe and monitor progress of the implementation plans. The dashboard will be launched in late December 2019 to recognize and add the new objectives of focus for the next three years (ending Dec. 31, 2022), reporting community partners involved (holding all parties and organizations accountable) and metrics for demonstrating completion.