

Unified Allkids

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.

Unified  Allkids



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

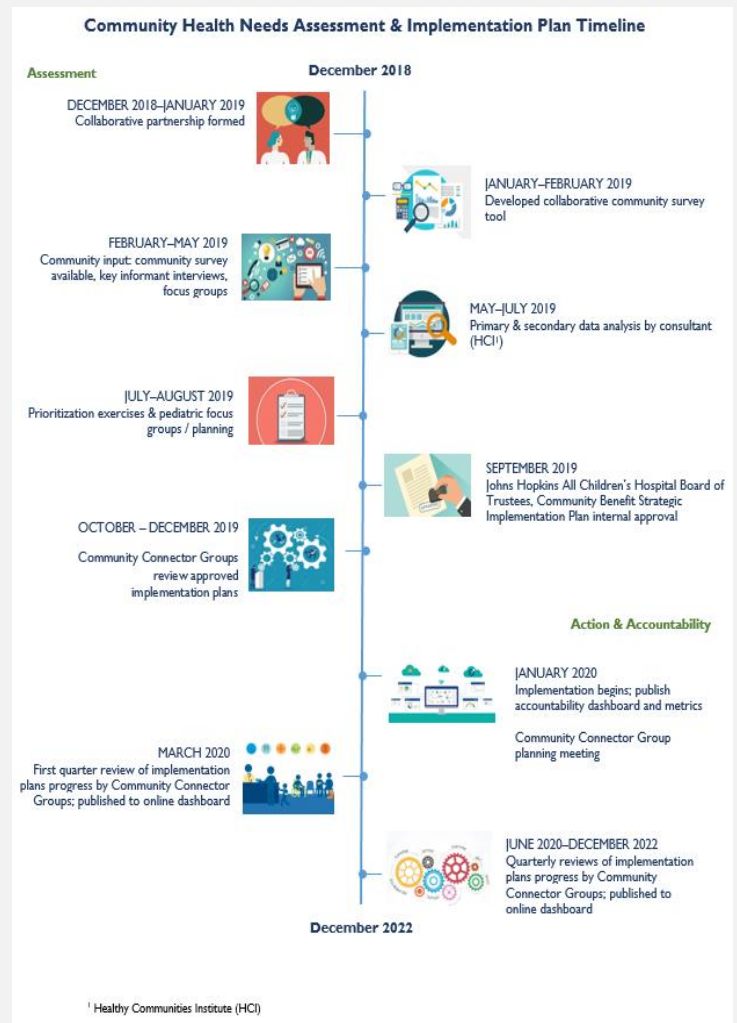


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Who We Are

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

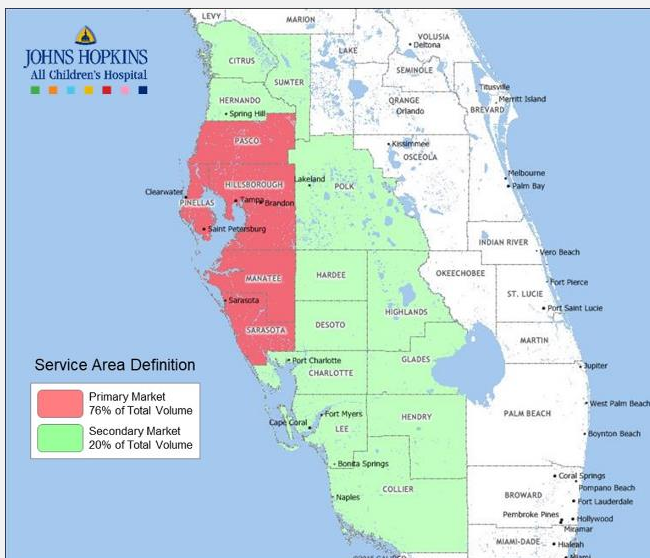


our participation in community health needs assessments in four additional services areas (Hillsborough, Pasco, Polk and Sarasota). Escalating and reinforcing this is a fundamental business practice and a strategy we hope will foster confidence in our partnership with the community and allow us to drive 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.



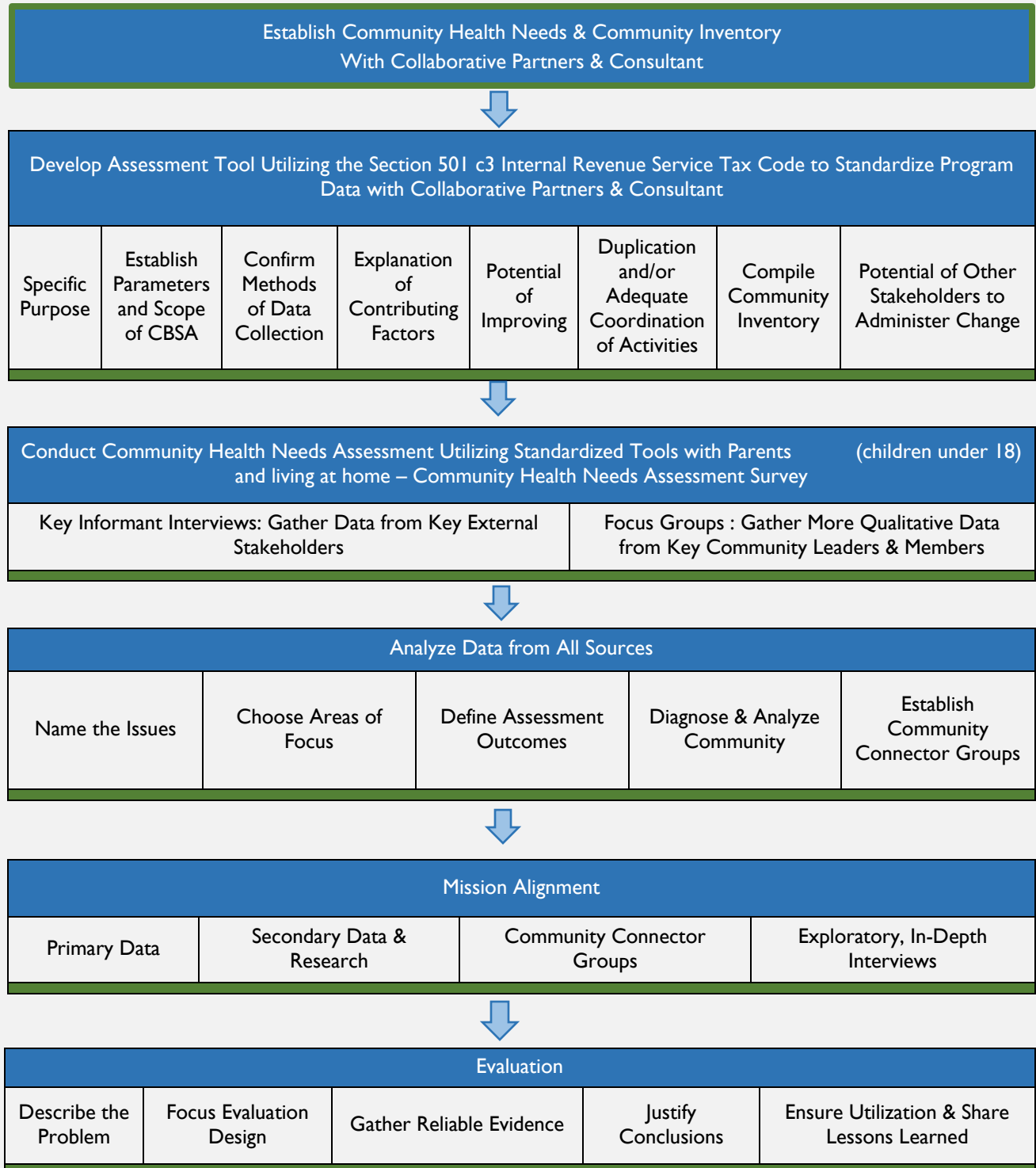
Community Benefits Service Area

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



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.
- Decrease number of bicycle and pedestrian injuries through best-practice education and prevention messaging to Pinellas children 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.
- Enhance Pinellas County provider and community education in evidence-based treatments for children 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.

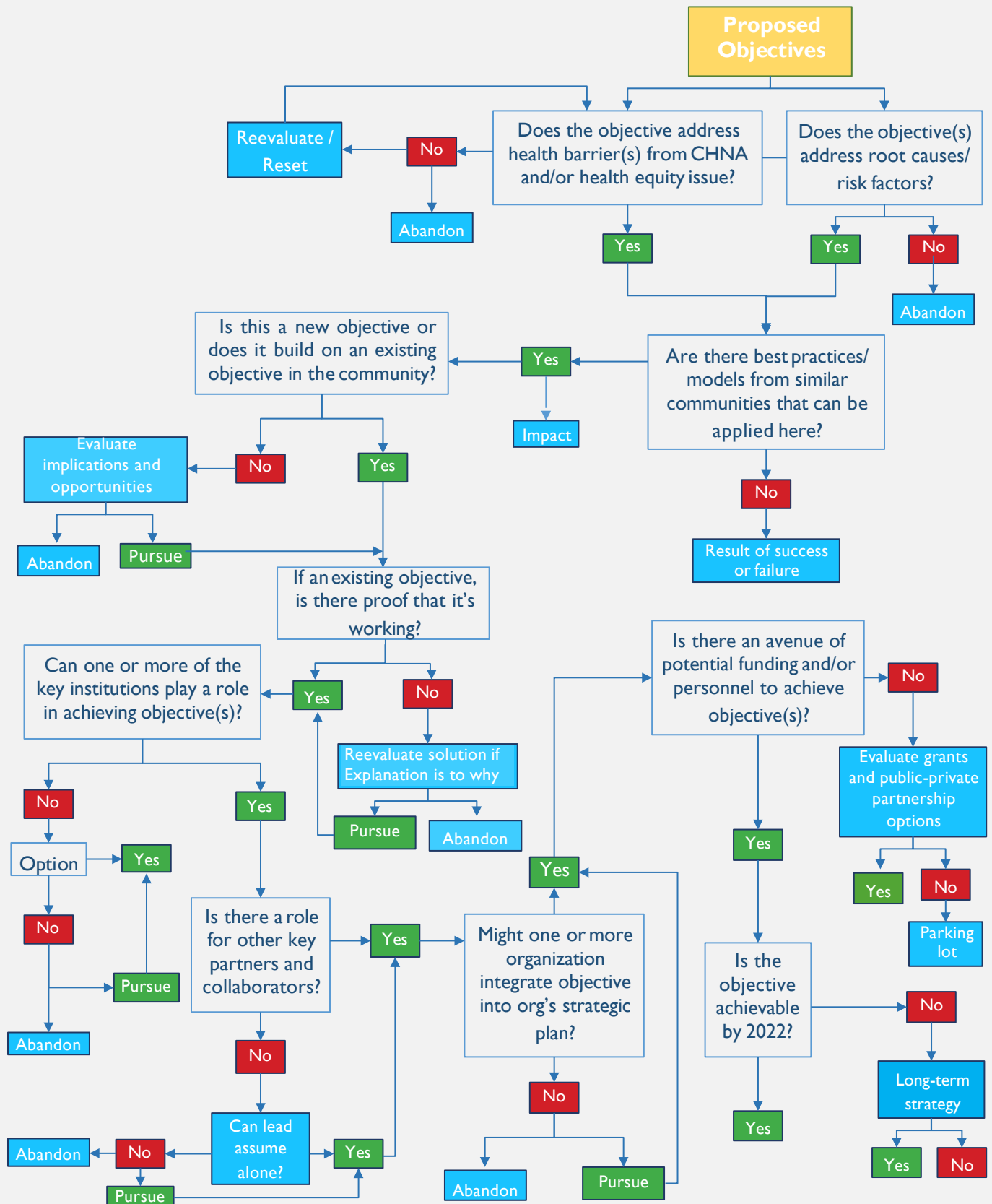
Substance Abuse / Alcohol & Marijuana

- 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.

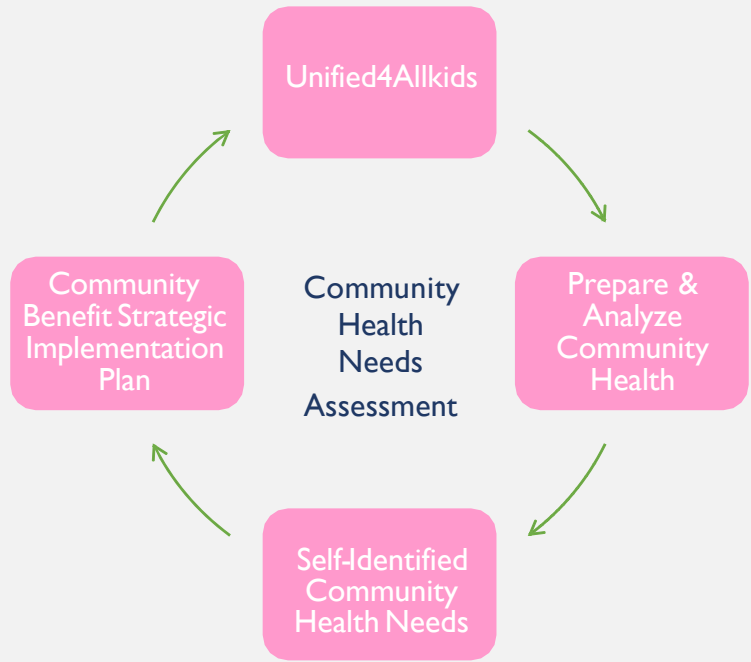
*Issues presented in alphabetical order



Justification Process for Proposed Objectives



Action Implementation Improvement Process



Six Health Issues



A

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.



B

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 a 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.





Exercise, Nutrition, & Weight

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

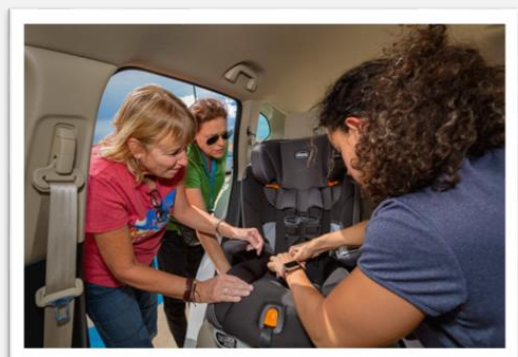
With an ultimate goal of zero deaths, the strategy is to prevent the crash and mitigate injuries from crashes regarding motor vehicles, bicycles and pedestrians. Partnering with law enforcement, hospitals, and the Department of Transportation will provide the much-needed reach and awareness tools for 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.
4. Decrease number of bicycle and pedestrian injuries through best practice education and prevention messaging to Pinellas children 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.



M

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

1. Build coping and resiliency mechanisms/programs for every developmental age for all children in Pinellas County by Dec. 31, 2022.
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.
3. Enhance Pinellas County provider and community education in evidence-based treatments for children 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.



S

Substance Abuse / Alcohol & Marijuana

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.



A

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.

I

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.

B

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.

M

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.

E

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.

S

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

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



Exercise, Nutrition & Weight CCG Members, cont.	
Feeding Tampa Bay	Matt Spence, Chief Programs Officer
Feeding Tampa Bay	Rachelle Thompson, Community Outreach Manager
Florida Department of Health- Pinellas	Theresa Skipper, School-Based Health Clinics Manager
Birth Outcomes / Infant Mortality CCG Members	
Johns Hopkins All Children's Hospital	Anna Sedney, Medical Fellow
Next Stepp Center	Carole Alexander, Director
Healthy Start Coalition of Pinellas Inc.	Cindy McNulty, Healthy Start Coalition Pinellas Director
Johns Hopkins All Children's Hospital	Cynthia Tomlin, Peer Advocate / Community Outreach
University of South Florida	James McHale, Director of Family Studies
Johns Hopkins All Children's Hospital	Johnae Snell, Medical Resident
Grow Smarter	Keesha Benson, Community Outreach Manager
Johns Hopkins All Children's Hospital	Kimberly Brown-Williams, Healthy Start Manager
Florida Department of Health- Pinellas	Lisa Brown, Health Services Manager-A (MCH)
Healthy Start Coalition of Pinellas Inc.	Michelle Schaefer, FIMR Coordinator
Johns Hopkins All Children's Hospital	Prabhu Parimi, MD, MFNI Director
Florida Department of Health- Pinellas	Ray Hensley, Maternal & Child Health Director
Johns Hopkins All Children's Hospital	Tracy Enright, Healthy Start Program Evaluator
Allergies / Asthma / Tobacco CCG Members	
Johns Hopkins All Children's Hospital	Carolyn Robinson, MD, Pulmonology
Johns Hopkins All Children's Hospital	Cindy Driscoll, Senior Director Kids Home Care
Pinellas County Schools	Donna Sicilian, Executive Director Student Services
Johns Hopkins All Children's Hospital	Jasmine Reese, MD, Director of Adolescent & Young Adult Specialty Clinic
Gulfcoast North Area Health Education Center (GNAHEC)	Kadie Raven, Communications & Training Specialist
Gulfcoast North Area Health Education Center (GNAHEC)	Katie Murphy, Tobacco Cessation Specialist
Florida Department of Health - Pinellas	Mary Jenkins, Tobacco Prevention
Johns Hopkins All Children's Hospital	Santrice Johnson, Kids Home Care Admin
Pinellas County Schools	Sara O'Toole, Managing Officer, School Health Services
Johns Hopkins All Children's Hospital	Shannon Dansby, RN Kids Home Care Coordinator
Florida Department of Health- Pinellas	Sonja (Sunny) Davis, Tobacco Program Manager



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)

- | | | |
|---|---|---|
| <input type="checkbox"/> \$0 to \$9,999 | <input type="checkbox"/> \$10,000 to \$24,999 | <input type="checkbox"/> \$25,000 to \$49,999 |
| <input type="checkbox"/> \$50,000 to \$74,999 | <input type="checkbox"/> \$75,000 to \$99,999 | <input type="checkbox"/> \$100,000 to \$124,999 |
| <input type="checkbox"/> \$125,000 to \$149,999 | <input type="checkbox"/> \$150,000 to \$174,999 | <input type="checkbox"/> \$175,000 to \$199,999 |
| <input type="checkbox"/> \$200,000 and up | <input type="checkbox"/> Prefer not to answer | |

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

- | | |
|---|---|
| <input type="checkbox"/> Employed, working full-time | <input type="checkbox"/> Student |
| <input type="checkbox"/> Employed, working part-time | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Not employed, looking for work | <input type="checkbox"/> Disabled, not able to work |
| <input type="checkbox"/> Not employed, NOT looking for work | |

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

- | | |
|---|--|
| <input type="checkbox"/> I drive my own car | <input type="checkbox"/> Someone drives me |
| <input type="checkbox"/> I take the bus | <input type="checkbox"/> I walk |
| <input type="checkbox"/> I ride a bicycle | <input type="checkbox"/> I take a taxi cab |
| <input type="checkbox"/> I ride a motorcycle or scooter | <input type="checkbox"/> I take an Uber/Lyft |
| <input type="checkbox"/> 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)

- | | |
|--|---|
| <input type="checkbox"/> I pay cash / I don't have insurance | <input type="checkbox"/> TRICARE |
| <input type="checkbox"/> Medicare or Medicare HMO | <input type="checkbox"/> Indian Health Services |
| <input type="checkbox"/> Medicaid or Medicaid HMO | <input type="checkbox"/> Commercial health insurance (HMO, PPO) |
| <input type="checkbox"/> Veteran's Administration | <input type="checkbox"/> 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 | <input type="checkbox"/> |
| Allergies | <input type="checkbox"/> |
| Asthma | <input type="checkbox"/> |
| Bullying | <input type="checkbox"/> |
| Unintentional injuries or accidents that required immediate medical care (such as a concussion from playing sports) | <input type="checkbox"/> |
| Behavioral Health / Mental health | <input type="checkbox"/> |
| Children overweight | <input type="checkbox"/> |
| Children underweight | <input type="checkbox"/> |

Birth-related (such as low birthweight, prematurity, prenatal, and others)	<input type="checkbox"/>
Dental Problems (such as cavities, root canals, extractions, surgery, and others)	<input type="checkbox"/>
Autism	<input type="checkbox"/>
Child abuse / child neglect	<input type="checkbox"/>
Diabetes / Pre-diabetes / High Blood Sugar	<input type="checkbox"/>
Using drugs or alcohol	<input type="checkbox"/>
Using tobacco, e-cigarettes, or vaping	<input type="checkbox"/>
Teen pregnancy	<input type="checkbox"/>
Sexually Transmitted Disease	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>

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

My children do not have any special needs	<input type="checkbox"/>
Attention deficit / hyperactivity disorder (AD/HD)	<input type="checkbox"/>
Autism / pervasive development disorder (PDD)	<input type="checkbox"/>
Blindness / visual impairment	<input type="checkbox"/>
Cerebral palsy	<input type="checkbox"/>
Child who uses a wheelchair or walker	<input type="checkbox"/>
Deaf / hearing loss	<input type="checkbox"/>
Developmental delay (DD)	<input type="checkbox"/>
Down syndrome	<input type="checkbox"/>
Emotional disturbance	<input type="checkbox"/>
Epilepsy / Seizure disorder	<input type="checkbox"/>
Intellectual disability (formerly mental retardation)	<input type="checkbox"/>
Learning disabilities / differences	<input type="checkbox"/>
Speech and language impairments	<input type="checkbox"/>
Spina bifida	<input type="checkbox"/>
Traumatic brain injury	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>

31. Do any children in your home... (CHECK ALL THAT APPLY)

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

--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

	Your Top 3	Example
Alcohol abuse		
Dropping out of school		
Drug abuse		1
Lack of exercise		
Poor eating habits		
Not getting "shots" to prevent disease		
Not wearing helmets		
Not using seat belts/not using child safety seats		3
Tobacco use / E-cigarettes / Vaping		2
Unsafe sex including not using birth control		
Distracted driving (texting, eating, talking on the phone)		
Not locking up guns		
Not seeing a doctor while you are pregnant		

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

	Your Top 3	Example
Aging Problems (for example: difficulty getting around, dementia, arthritis)		
Cancers		
Child Abuse / Neglect		1
Clean Environment / Air and Water Quality		
Dental Problems		
Diabetes / High Blood Sugar		
Domestic Violence / Rape / Sexual Assault		
Gun-Related Injuries		3
Being Overweight		2
Mental Health Problems Including Suicide		
Heart Disease / Stroke / High Blood Pressure		
HIV/AIDS / Sexually Transmitted Diseases (STDs)		
Homicide		
Infectious Diseases Like Hepatitis and TB		
Motor Vehicle Crash Injuries		
Infant Death		
Respiratory / Lung Disease		
Teenage Pregnancy		
Tobacco Use / E-cigarettes / Vaping		

36. – 38. 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

	Your Top 3	Example
Good Place to Raise Children		
Low Crime / Safe Neighborhoods		
Good Schools		1
Access to Health Care		
Parks and Recreation		
Clean Environment / Air and Water Quality		
Low-Cost Housing		
Arts and Cultural Events		3
Low-Cost Health Insurance		2
Tolerance / Embracing Diversity		
Good Jobs and Healthy Economy		
Strong Family Life		
Access to Low-Cost, Healthy Food		
Healthy Behaviors and Lifestyles		
Sidewalks / Walking Safety		
Public Transportation		
Low Rates of Adult Death and Disease		
Low Rates of Infant Death		
Religious or Spiritual Values		
Disaster Preparedness		
Emergency Medical Services		
Access to Good Health Information		

39. Below are some statements about your local community. Please tell us how much you agree or disagree with each statement.

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

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.

	Yes	No	Not Sure
I am happy with my friendships and relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have enough people I can ask for help at any time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My relationships are as satisfying as I would want them to be	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)
- | | |
|---|--|
| <input type="checkbox"/> Can't afford it / Costs too much | <input type="checkbox"/> I had transportation problems |
| <input type="checkbox"/> I don't have a doctor | <input type="checkbox"/> I don't know where to go |
| <input type="checkbox"/> I had trouble getting an appointment | <input type="checkbox"/> I don't have health insurance |
| <input type="checkbox"/> 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)

- | | |
|---|--|
| <input type="checkbox"/> Can't afford it / Costs too much | <input type="checkbox"/> I had transportation problems |
| <input type="checkbox"/> I don't have a doctor / counselor | <input type="checkbox"/> I don't know where to go |
| <input type="checkbox"/> I had trouble getting an appointment | <input type="checkbox"/> I don't have health insurance |
| <input type="checkbox"/> 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)

- | | |
|---|--|
| <input type="checkbox"/> Can't afford it / Costs too much | <input type="checkbox"/> I had transportation problems |
| <input type="checkbox"/> I don't have a dentist | <input type="checkbox"/> I don't know where to go |
| <input type="checkbox"/> I had trouble getting an appointment | <input type="checkbox"/> I don't have dental insurance |
| <input type="checkbox"/> 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)

- | | |
|--|---|
| <input type="checkbox"/> After hours / Weekend | <input type="checkbox"/> I don't have a doctor / clinic |
| <input type="checkbox"/> Long wait for an appointment with my regular doctor | <input type="checkbox"/> Cost |
| <input type="checkbox"/> Emergency / Life-threatening situation | <input type="checkbox"/> I don't have insurance |
| <input type="checkbox"/> 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)

Cancer	<input type="checkbox"/>
Depression	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>
HIV / AIDS	<input type="checkbox"/>

Heart disease	<input type="checkbox"/>
High blood pressure / Hypertension	<input type="checkbox"/>
Obesity	<input type="checkbox"/>
Stroke	<input type="checkbox"/>

61. How often do you smoke? (Please choose only one)

- | | |
|---|---|
| <input type="checkbox"/> I do not smoke cigarettes | <input type="checkbox"/> I smoke less than one pack per day |
| <input type="checkbox"/> I smoke about one pack per day | <input type="checkbox"/> I smoke more than one pack per day |

62. How often do you vape or use e-cigarettes? (Please choose only one)

- | | |
|--|--|
| <input type="checkbox"/> I do not vape or smoke e-cigarettes | <input type="checkbox"/> I vape or smoke e-cigarettes on some days |
| <input type="checkbox"/> I vape or smoke e-cigarettes everyday | |

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

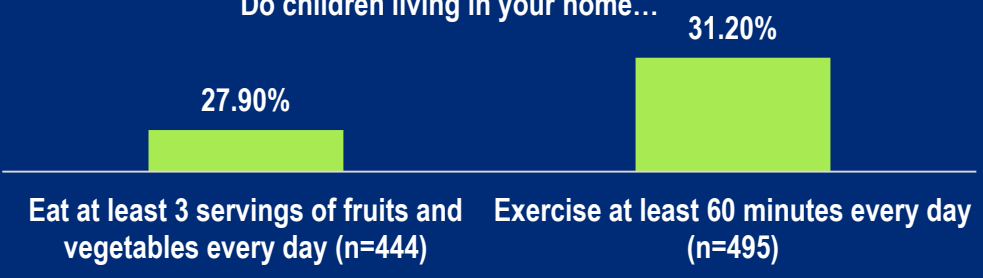
33.5%

Or 488



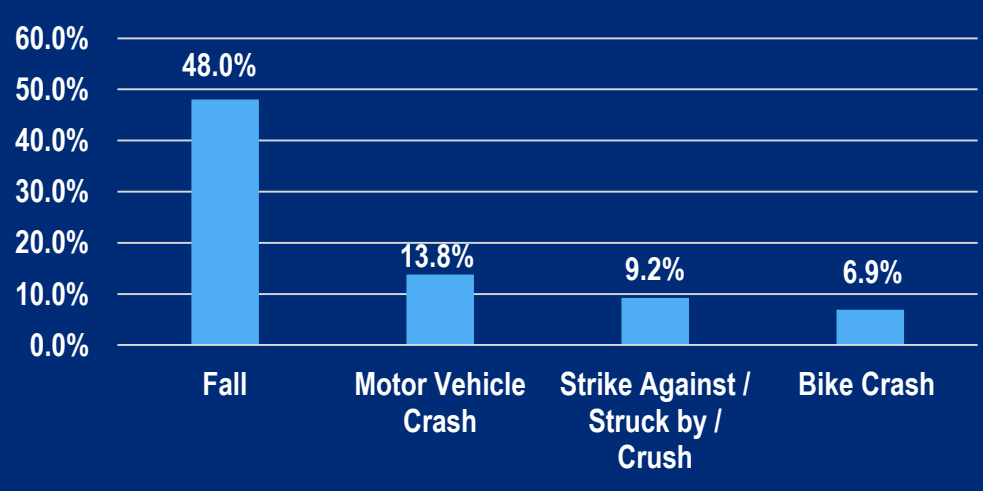
Survey Respondents with children in the home who self-reported food insecurity

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



SAFETY, PREVENTION AND UNINTENTIONAL INJURY

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



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)

44.4% Of parent survey respondents reporting children in their home have faced allergies (n=768)

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

*Sampling of Four Pinellas Hospitals, 2018

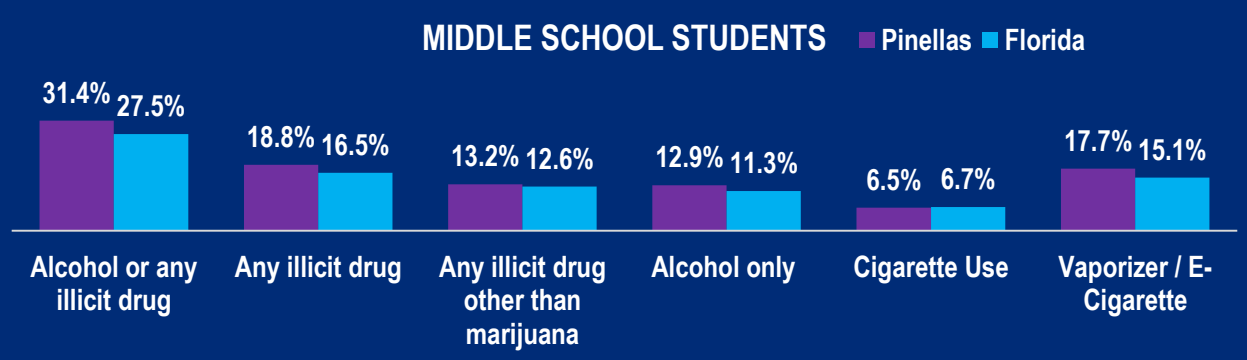
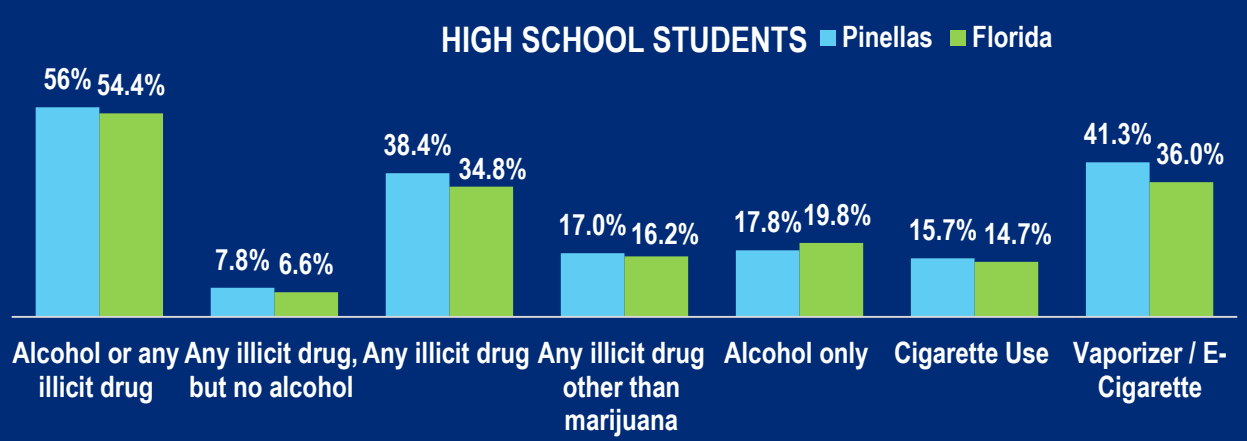
MENTAL HEALTH AND SUBSTANCE USE



646 ED visits for mental health, ages 17 and younger

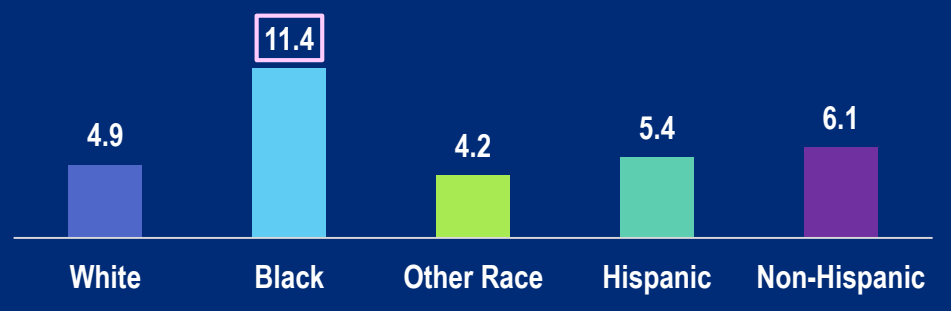
Sampling of four Pinellas hospitals, 2018

Percentages of Pinellas and Florida Statewide youth who reported having used various drugs in their lifetimes, 2018

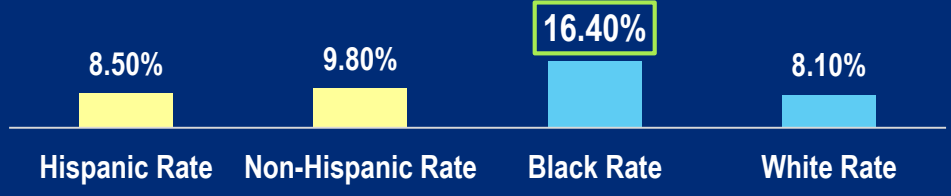


MATERNAL, FETAL AND INFANT HEALTH

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)

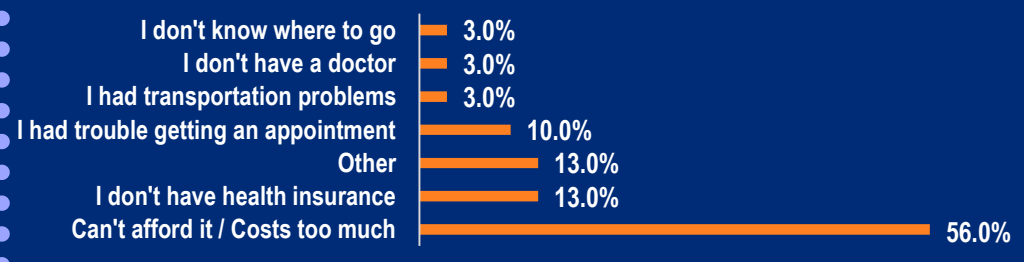


ACCESS TO CARE

"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?"

7.1% (n=121) Responded 'Yes'

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



APPENDIX D. Implementation Planning

Pediatric Community Health Needs

IMPLEMENTATION PLANNING WORKSHEET – *confidential / proprietary information*



Community Need: <u>HEALTH TOPIC</u>			
Goal:			
Objective:			
Activities	Process Measure	Community Partners	Timeline
A.			
B.			
C.			
D.			

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

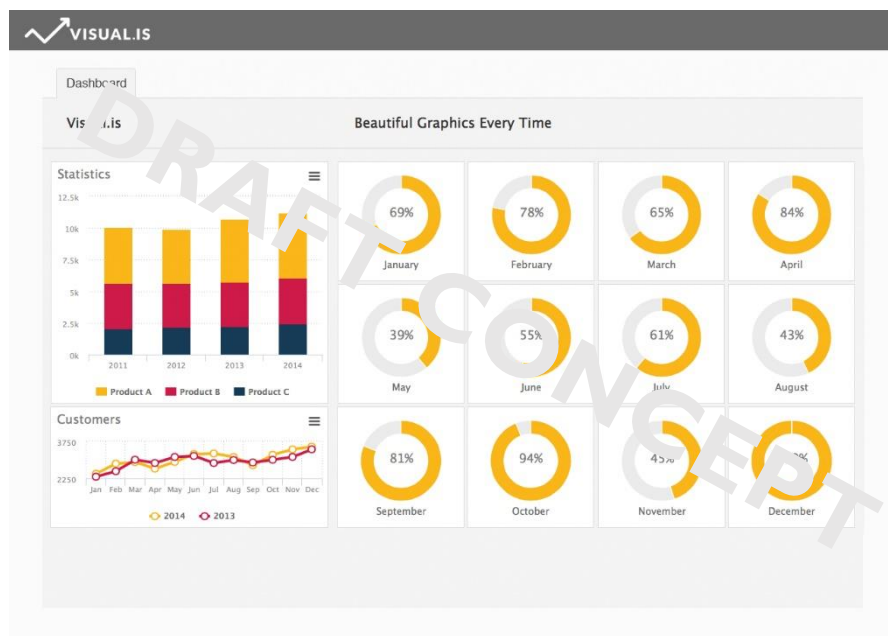
per health topic area, will convene to review objectives and ensure they are either on track, requiring support or accomplished.



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 publicly 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.



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