

2025 Pediatric Community Health Needs Assessment

Pinellas County



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Letter from the All4HealthFL Collaborative

To the citizens of Pinellas County,

We are proud to present the 2025 All4HealthFL Collaborative Community Pediatric Health Needs Assessment(CHNA) for Pinellas County.

The All4HealthFL Collaborative members include AdventHealth, BayCare Health System, Johns Hopkins All Children's Hospital, Lakeland Regional Health, Moffitt Cancer Center, Orlando Health Bayfront Hospital, and Tampa General Hospital.

The purpose of the Collaborative is to improve the health of our communities by leading regional, outcome-driven health initiatives that have been prioritized through community needs health assessments.

We would like to extend our sincere gratitude to the volunteers, community members, community organizations, local governments and the many others who devoted their time, input and resources to the 2025 Community Health Needs Assessment and prioritization process.

The Collaborative is keenly aware that by working together we can provide greater benefit to individuals in our community who need our support to improve their health and wellbeing.

Over the next few months, we will be developing a detailed implementation plan around the top health needs identified in this report that will drive our joint efforts.

Thank you for taking the time to read the All4HealthFL 2025 Community Health Needs Assessment.

The All4HealthFL Collaborative

Introduction

The world has changed a lot since the 2022 Community Health Needs Assessment. COVID-19 is no longer one of the leading causes of death, yet many of the barriers and challenges that existed three years ago still exist today. With the continuing rise in cost of living, inflation, and changes in policy at the local, state, and national levels, there are several emerging needs in the 2025 Community Health Needs Assessment. The following Community Health Needs Assessment report focuses on the pediatric (under 18) population and will highlight the priority areas in Pinellas County.

Primary and secondary quantitative and qualitative data were collected from September 2024 through February 2025. Unfortunately, during the research phase, West Central Florida was hit by Hurricanes Helene and Milton in September and October 2024, which resulted in major damage across the region. To respect the community's efforts to rebuild neighborhoods and communities, the research was paused until January 2025. In addition, the impacts of the hurricanes influenced community-identified needs. Whenever possible, the impacts of the hurricane are included in the findings.

Purpose

The Community Health Needs Assessment (CHNA) is a comprehensive process that identifies the health needs, barriers to accessing care, and the social drivers of health (SDoH) in a community. Intentional outreach was made to include the voices and lived experiences of the community's most vulnerable populations that may not have historically participated in this process in prior years. The Community Health Needs Assessment is also a requirement of all not-for-profit hospitals to complete every three years as part of the Patient Protection and Affordable Care Act (the ACA) and codified under IRS Section 501(r)(3).

Acknowledgments

The Community Health Needs Assessment could not have happened without the support and participation of all community partners within Pinellas County. The All4HealthFL Collaborative members were integral in the outreach and marketing of the stakeholder interviews, focus groups, and community survey.

Crescendo Consulting Group, a woman-owned business with over 20 years of experience conducting Community Needs Assessments across the United States, led the research for the Community Health Needs Assessment. By partnering with the All4HealthFL Collaborative members, the Crescendo team conducted qualitative and quantitative research, facilitated the needs prioritization process, and developed the county reports. To learn more about Crescendo Consulting Group, please visit www.crescendocg.com.

About the All4HealthFL Collaborative

Established in 2019, the All4HealthFL Collaborative is a partnership between seven not-for-profit health systems and four Florida Departments of Health in West Central Florida. The Collaborative has a mutual interest in improving health by leading regional, outcome-driven health initiatives that have been prioritized through community health assessments. This process is conducted every three years and aims to identify health priorities in the community and develop strategies to address them.

The All4HealthFL Collaborative works together to plan, implement and evaluate strategies that align with identified health priorities. Together, the group strives to make West Central Florida the healthiest region in Florida.

Historically, the All4HealthFL Collaborative has worked together to conduct Community Health Needs Assessments in Hillsborough, Pasco, Pinellas, and Polk counties. In 2025, the work expanded to Citrus, Hardee, Hernando, Highlands, Manatee, Marion, and Sarasota counties.

The All4HealthFL Collaborative consists of content experts from the following organizations and agencies:



The All4HealthFL Collaborative also hosts and maintains the [All4HealthFL Community Data Platform](#) as a community resource for Hillsborough, Pasco, Pinellas, and Polk Counties. Additionally, all county reports and appendices are located on the website.

Evaluation of Progress Since Previous CHNA

The Community Health Needs Assessment process should be viewed as a three-year cycle to evaluate the impact of actions taken to address priority areas. This step affirms organizations' focus and targets efforts during the next CHNA cycle. The top four health priorities for Pinellas County from the 2022 Pinellas County Children Community Health Needs Assessment were Access to Health and Social Services, Behavioral Health (Mental Health and Substance Misuse), Exercise, Nutrition and Weight, and Maternal, Fetal, and Infant Health.

**Access to
Health and
Social Services**

**Behavioral
Health**

**Exercise,
Nutrition and
Weight**

**Maternal,
Fetal and
Infant Health**

CHNA Methodology

A mixed-methods approach consisting of a combination of primary and secondary quantitative and qualitative research methods designed to evaluate the perspectives and opinions of community stakeholders, especially those from underserved and vulnerable populations, was implemented between September 2024 and February 2025.

Intentional outreach was made to vulnerable populations in the community, such as people of color, persons experiencing homelessness, persons living with behavioral health conditions, caregivers, and young families. Focus groups and surveys were available in multiple languages to ensure community residents were able to participate in the process in their language of choice.

Each activity is described below in more detail.



Secondary Data provided a critical insight into the demographics of Pinellas County, social drivers of health, and behavioral health-related measures, among many others. The data was mainly collected from the U.S. Census Bureau American Community Survey, the United States Centers for Disease Control and Prevention, and FLHealthCharts.

Qualitative Research included 32 one-on-one stakeholder interviews and four focus groups, speaking with over 50 participants. The primary qualitative data was collected between September 2024 and February 2025 in-person and virtually.

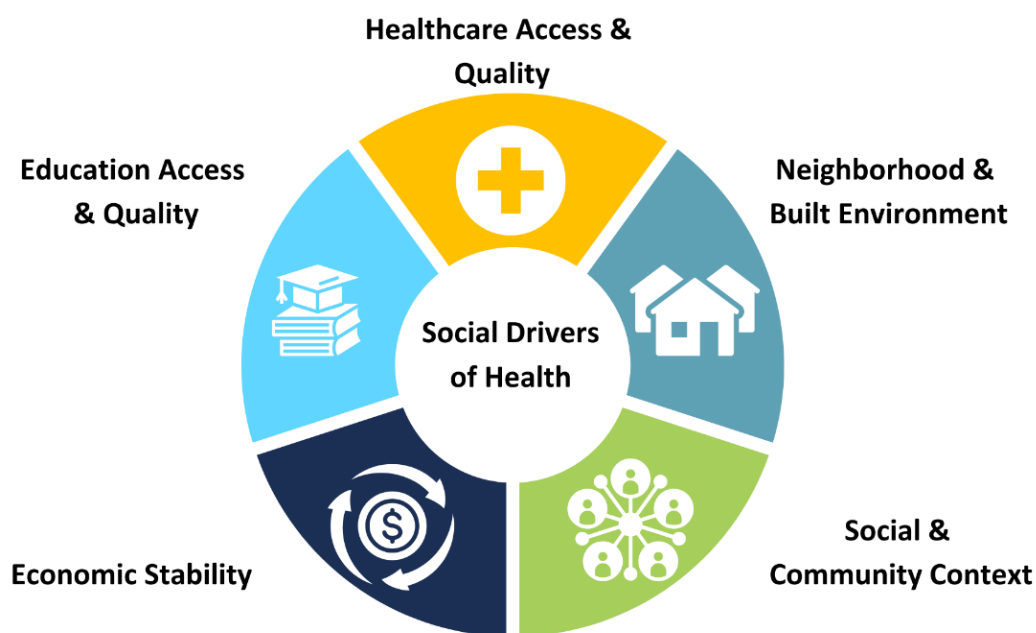
A **Community Survey** was completed via a SurveyMonkey by parents on behalf of underage individuals. Surveys were made available in paper copies in five languages to evaluate and address healthcare, housing, employment, and other needs, gaps, and resources in the community. A total of 961 responses were collected and analyzed.

The **Needs Prioritization Process** was conducted on March 27, 2025, with 27 community partners and All4HealthFL Collaborative members. The meeting consisted of a data presentation, discussion of data, the community needs, and potential strategies. A survey using a modified Hanlon Method was used to prioritize the needs based on magnitude, severity, and feasibility of addressing the needs in each county.

Social Drivers of Health

The social drivers of health (SDoH), also called social determinants of health, are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.¹ Clinical care impacts only 20.0% of health outcomes, while Social Drivers impact as much as 50.0% of health outcomes.² Examples of SDoH include economic stability, safe and affordable housing, access to nutritious foods, and many more. The Social Drivers of Health model³ consists of five domains shown below in Exhibit 1.

EXHIBIT 1: SOCIAL DRIVERS OF HEALTH FRAMEWORK



Healthy People 2030

Healthy People 2030 sets data-driven national objectives to improve health and well-being of communities across the United States over the next decade. The federal initiative is managed by the U.S. Department of Health and Human Services Office of Disease Prevention and Health Promotion. The identified needs of the CHNA use similar language to the Healthy People 2030 objectives and indicators. For more information about Healthy People 2030, please visit <https://odphp.health.gov/healthypeople>.

¹ ODPHP, n.d. Social Determinants of Health.

² Whitman et al. (ASPE), 2022.

³ ODPHP, n.d. Social Determinants of Health.

Demographics

Pinellas County, Florida Pediatric Demographic Overview

Total
Population
150,459

Population by Age



Under Age 5
4.0%



Age 5-9
4.2%



Age 10-14
4.6%



Age 15-19
4.5%

Household Composition

19.0%

Households
with Children

30.3%

Children (Age 0-17) in
Single-Parent
Households

0.9%

Households with
Grandparents Responsible
for Grandchildren

758.7

Rate of Children
Age 1-4 (per 100,000)
in Foster Care
2020-2022

845.2

Rate of Children
Age 5-11 (per 100,000)
in Foster Care
2020-2022

618.0

Rate of Children
Age 12-17 (per 100,000)
in Foster Care
2020-2022

Economic Wellbeing



Households Below
Poverty Level
12.8%



Households Receiving
SNAP Benefits
8.7%



Under 18 Food
Insecurity Rate
17.6%



Elementary School
Students Eligible for
Free/Reduced Lunch
54.1%

Population Living in Poverty

Age Under 5

12.7%

Age Under 18

13.9%

0% 2% 4% 6% 8% 10% 12% 14%

Uninsured Population

7%
6%
5%
4%
3%
2%
1%
0%

5.3%

Under Age 6

7.0%

Age 6-18

Population Living with a Disability

8%
6%
4%
2%
0%

1.7%

Under Age 5

7.7%

Age 5-17

Needs Prioritization Process

The needs prioritization process is a critical step to finalizing the Community Health Needs Assessment. The quantitative and qualitative research for Pinellas County was analyzed, and eight community needs were identified.

On March 27, 2025, participants from the All4HealthFL Collaborative and community partners that serve the youth of Pinellas County came together to prioritize the most significant health needs for Pinellas County. The Needs Prioritization meeting was a three-hour in-person meeting facilitated by Crescendo Consulting Group. A total of 27 individuals attended the prioritization meeting. The meeting was divided into three sections: presentation of collected data, evaluation of community needs, and proposal of potential strategies.

The first part of the meeting consisted of a data presentation followed by a roundtable discussion, and additional data presented in the data placemats. The PowerPoint presentation and the data placements referenced during this meeting are available in the appendix.

Ahead of the second roundtable discussion, each table was assigned one of the community needs. The discussion focused on the magnitude and severity of the community need, potential barriers to addressing the need, and what happens if the community need is not addressed in the county. All tables reported the high-level findings of their discussions to all attendees.

Following the second round of discussions, all participants completed a short survey to vote on the top needs. The needs were ranked using the modified Hanlon method, where they are scored on a scale from one to five based on magnitude, severity, and feasibility. The lower the overall score, the more pressing the health need is to address.

The final roundtable discussions focused on potential strategies for addressing the needs that were prioritized. This information is included in this report for each All4HealthFL Collaborative member for consideration as they build their hospital Implementation Strategy Plans, and for any community partners to use for their own planning efforts.

Community Needs

The following seven community needs were identified.



After the final vote during the Needs Prioritization session, the final needs in rank order are below.

Rank	Community Need	Score
1	Behavioral Health	6.97
2	Maternal, Fetal and Infant Health	10.03
3	Exercise, Nutrition and Weight	10.44
4	Economic Stability	10.10
5	Healthcare Access and Quality	11.45
6	Immunization and Infectious Disease	18.55
7	Respiratory Disease	19.19

Behavioral Health

Behavioral health is a critical component of overall child and adolescent well-being, deeply intertwined with the other key drivers of health. For children, poor mental health can disrupt emotional development, impair learning, and increase the risk of chronic physical conditions.

NIMH, 2024.

Key Secondary Data Findings

Children in foster care are more likely to experience behavioral health challenges, including anxiety, depression, and trauma-related disorders. Research shows they have higher rates of psychiatric referrals, lower self-esteem, and reduced overall life satisfaction compared to peers raised in permanent family homes.⁴

In Pinellas County, the rate of children aged 17 and under in foster care is 964.8 per 100,000 people, far higher than the state rate of 541.4 per 100,000 people. When looking only at infants, Pinellas County has almost double the rate of infants in foster care when compared to the state of Florida as a whole.

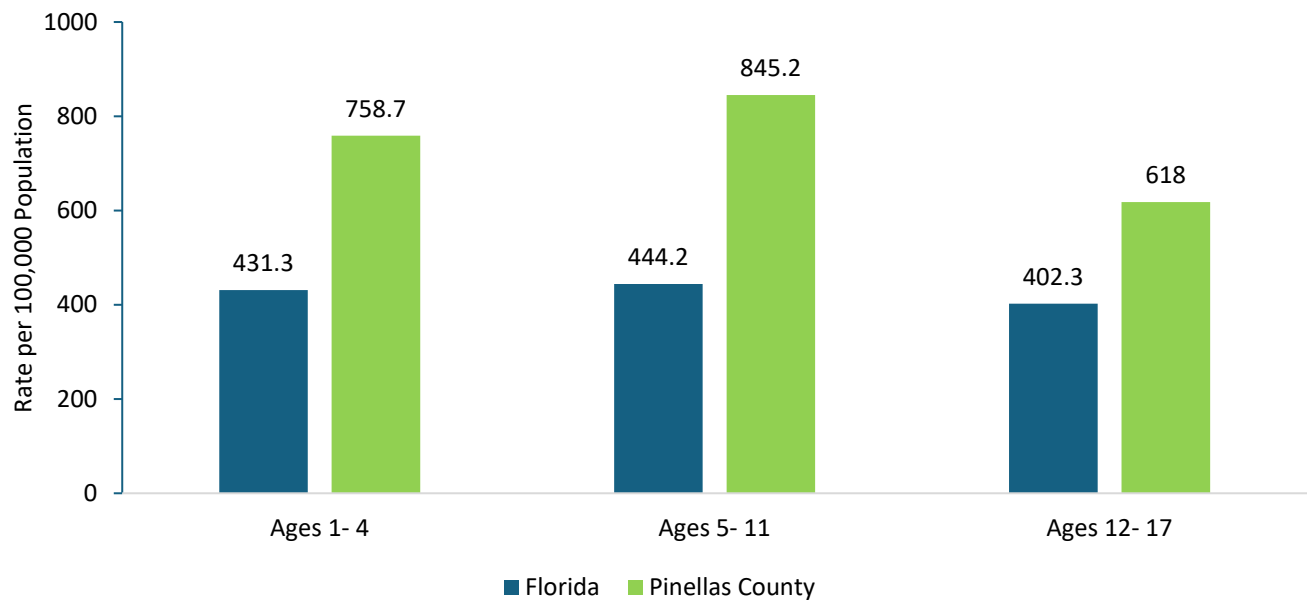
EXHIBIT 2: CHILDREN AND INFANTS IN FOSTER CARE RATE PER 100,000 POPULATION, 2021-2023 AND 2020-2022

	Pinellas County	Florida
Children in Foster Care (Age 0-17), 2021-2023	964.8	541.4
Infants in Foster Care, 2020-2022	2,552.7	1,481.9

Source: FLHealthCHARTS, n.d.

⁴ ASPCC, n.d. Impact of Foster Care.

EXHIBIT 3: CHILDREN IN FOSTER CARE BY AGE PER 100,000 POPULATION, 2020-2022



Source: FLHealthCHARTS, n.d.

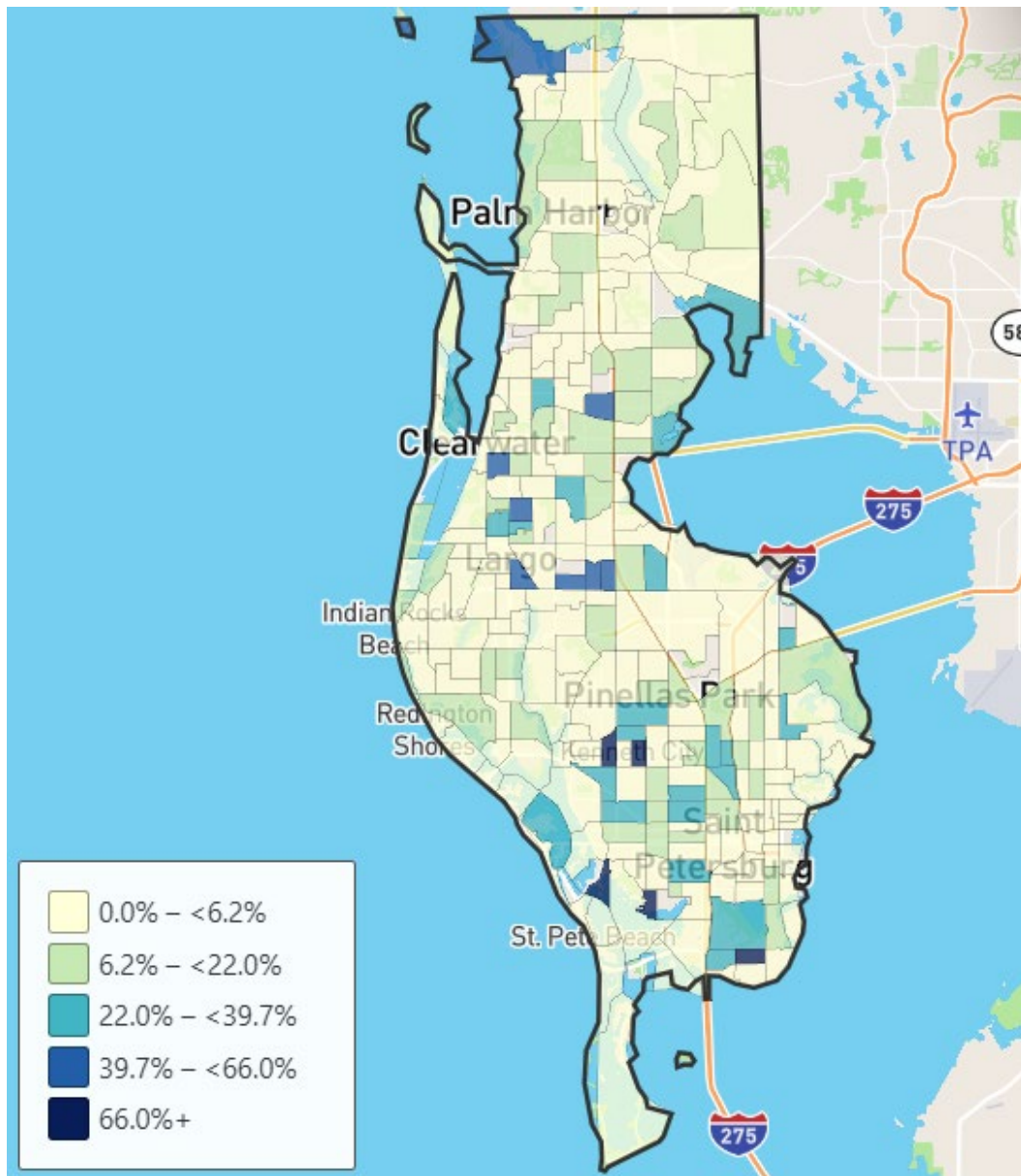
Disconnected youth are individuals between the ages of 16 to 19 who are neither in school nor employed.⁵ Studies show that disconnected youth are significantly more likely to experience depression, anxiety, substance use, and social isolation than their connected peers.⁶

As seen in the map, Pinellas County has varying rates of disconnected youth. The darker blue areas, such as those around Clearwater and St. Petersburg, represent areas where youth are particularly affected.

⁵ U.S. Census Bureau, n.d. American Community Survey, 2019-2023.

⁶ Lewis & Burd-Sharps, 2021.

EXHIBIT 4: DISCONNECTED YOUTH PER CAPITA (AGE 16 TO 19), 2019-2023



Source: U.S. Census Bureau, n.d. American Community Survey, 2019-2023, Five-Year Estimates.

Substance use among youth is a growing concern in Pinellas County. By high school, nearly one in three students report using illicit drugs, and one in four have used e-cigarettes or vapes containing nicotine. Among middle school students in Pinellas County, substance use patterns begin early: 18.6% have tried illicit drugs, 11.6% have consumed alcohol, 12.9% have used a vaporizer or e-cigarette at least once in their lifetime.

The reasons teens use substances vary – from peer pressure and stress relief to family patterns and lack of supervision.⁷ But the risks are serious: substance use at a young age is linked to mental health issues, academic struggles, and increased risk of overdose.⁸

Access to care is a critical factor in behavioral health outcomes. In Pinellas County, the mental health provider ratio is 558:1, meaning there are approximately 558 people for every one mental health provider. It is important to note that this provider pool includes psychiatrists, psychologists, counselors, and other mental health professionals, many of whom may not be accepting new patients, may have long waitlists, or may not accept certain types of insurance. Limited access can contribute to delayed care, unmet mental health needs, and increased burden on emergency and crisis services.⁹

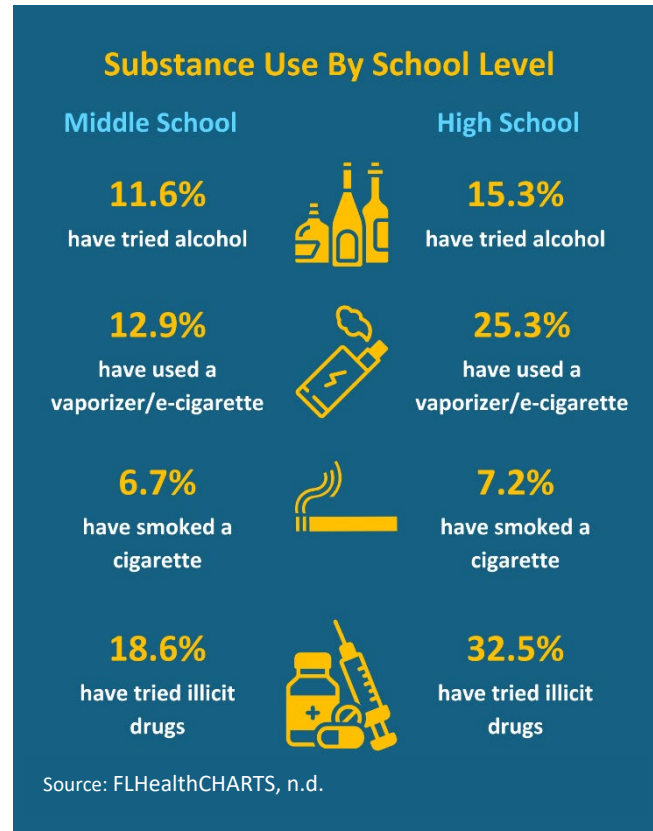


EXHIBIT 5: MENTAL HEALTH PROVIDER RATIO (PERSONS PER PROVIDER), 2024

	Pinellas County	Florida
Mental Health Provider Ratio	558:1	693:1

Source: CMS, n.d. NPPES NPI, 2024.

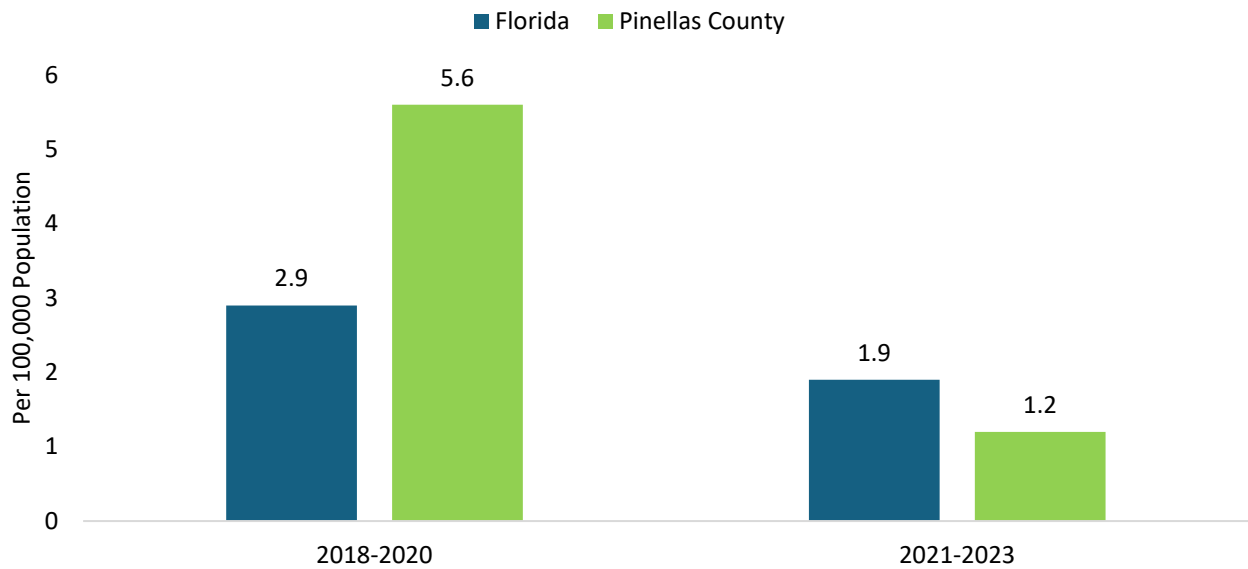
⁷ CDC, 2024. Substance Use Among Youth.

⁸ CDC, 2024. Substance Use Among Youth.

⁹ ODPHP, n.d. Social Determinants of Health.

The number of children receiving mental health treatment has declined in both Pinellas County and the State of Florida.

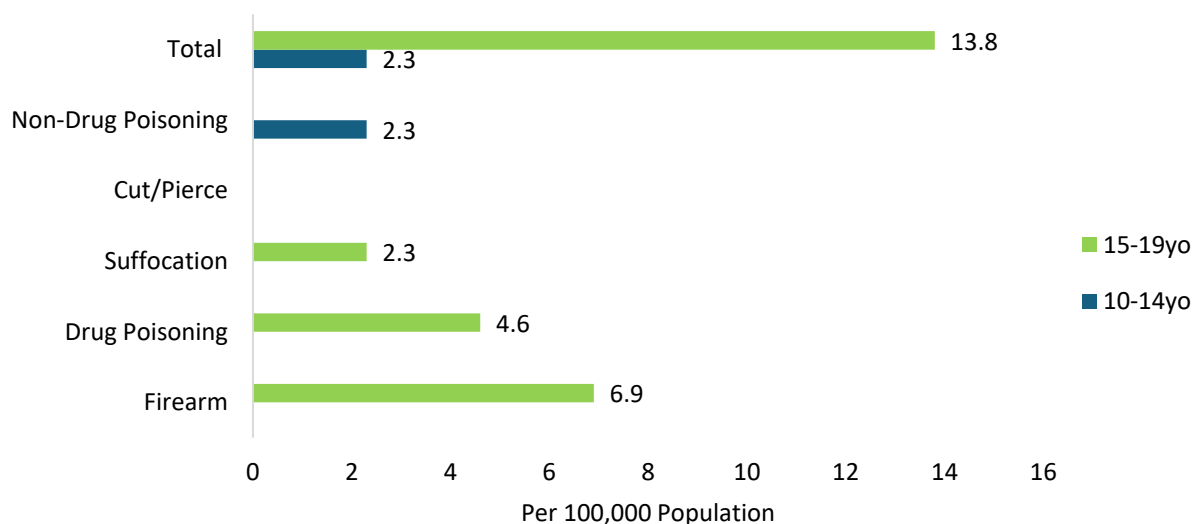
EXHIBIT 6: RECEIVING MENTAL HEALTH TREATMENT SERVICES PER 100,000 POPULATION AGED 1-5 YEARS, 2021-2023 AND 2018-2020



Source: FLHealthCHARTS, n.d.

Suicide is another critical indicator of unmet behavioral health needs. Between 2021-2023, Pinellas County had an overall suicide rate of 13.8 per 100,000 among 15 to 19-year-old adolescents and 2.3 per 100,000 among 10 to 14-year-old children, when combining all methods. Notably, firearms were the most common method among 15 to 19-year-old individuals, with a rate of 6.9 deaths per 100,000. Non-drug poisoning was the most common method for individuals ages 10 to 14. These numbers highlight the importance of upstream prevention, mental health support, and safe storage of lethal means.

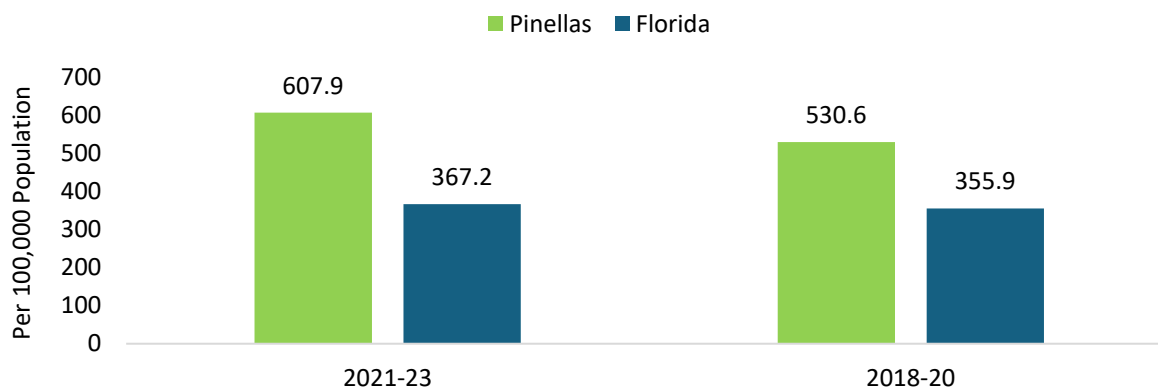
EXHIBIT 7: SUICIDE RATE BY MEANS PER 100,000 POPULATION, 2021-2023



Source: FLHealthCHARTS, n.d.

Behavioral health also drives significant use of emergency and inpatient care. In Pinellas County, emergency department visits due to mental health disorders occurred at a rate of 607.9 per 100,000 people from 2021-2023, significantly above the state rate of 367.2 visits per 100,000 .

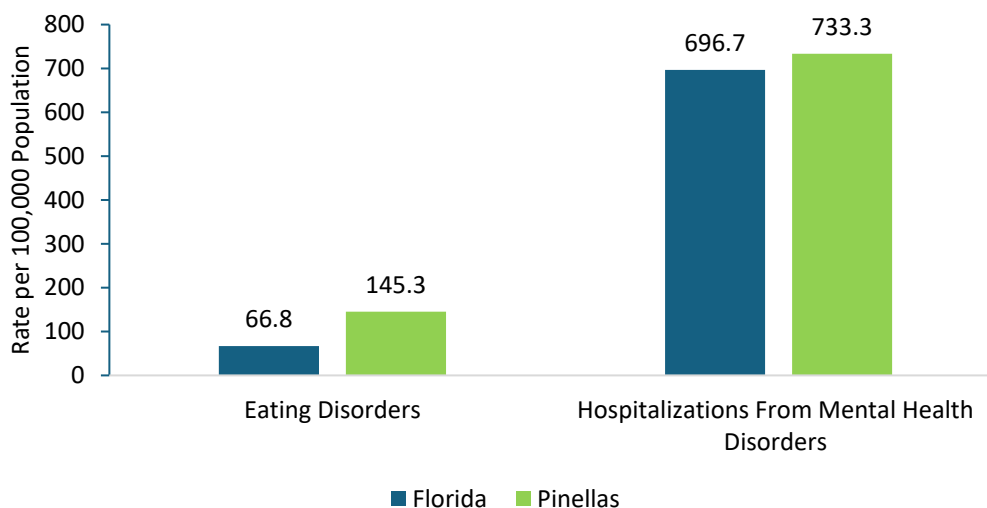
EXHIBIT 8: EMERGENCY DEPARTMENT VISITS FOR MENTAL HEALTH CONDITIONS IN PINELLAS COUNTY (UNDER 18 POPULATION) PER 100,000 POPULATION, 2021-2023 AND 2018-2020



Source: FLHealthCHARTS, n.d.

Pinellas County also sees a significant rate of youth in an inpatient setting for various mental health-related reasons. The rate for inpatient hospital treatment for individuals under 18 is eating disorders at a rate of 145.3 per 100,000 people in the county, higher than the state rate of 66.8 per 100,000 people.

EXHIBIT 9: HOSPITALIZATIONS FOR MENTAL AND BEHAVIORAL HEALTH DISORDERS (UNDER 18 POPULATION), RATE PER 100,000 PEOPLE, BY REASON, 2023

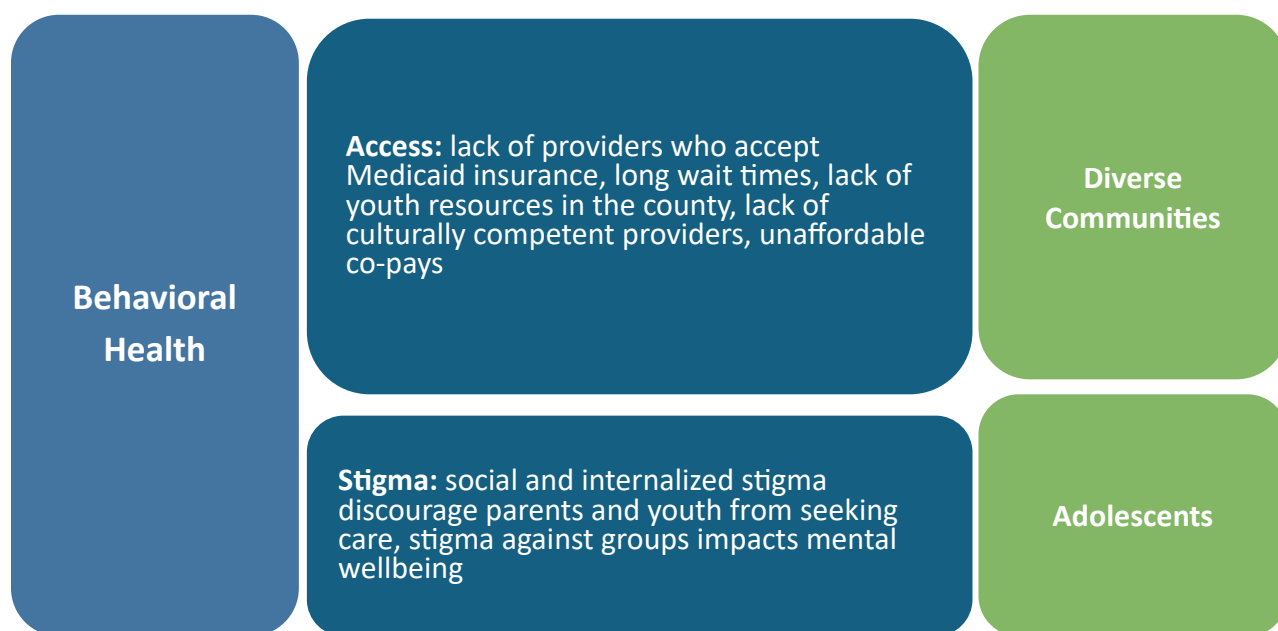


Source: FLHealthCHARTS, n.d.

Key Qualitative Findings

When discussing behavioral health, stakeholder interview and focus group participants shared their first-hand experiences as well as perceptions gleaned from working closely with vulnerable populations. The following chart, summary, and quotes represent the results of thematic and content analyses of the qualitative data collected during the community health needs assessment.

Qualitative findings are represented visually. **Key needs or barriers** are in the center column and **key populations** impacted are in the column on the right. The order and height of each box represents the frequency in which it was discussed in stakeholder interviews and community focus groups.



Stakeholders and focus group participants repeatedly identified both physical and financial barriers to behavioral healthcare for youth populations. Across Pinellas County, participants reported a lack of behavioral healthcare providers for youth, particularly for those who are between ten and 18 years old. They shared that therapists in the area do not accept insurance, or only accept private insurance, which limits options for children on Medicaid. Conversations focused on the need for culturally responsive resources, specifically bilingual behavioral healthcare and LGBTQIA-youth-focused services.

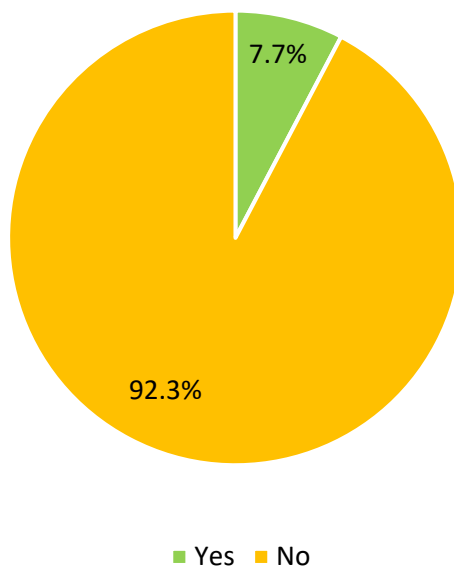
“There are many therapists that do not accept insurance of any kind. [...] And I will tell you, from my experience, those are the therapists that are absolutely amazing, but they don't accept insurance, so you have to pay out of pocket. Not a lot of therapists, counselors accept Medicaid. So that's a barrier, too, because many of our population, particularly children, are on Medicaid.” – Stakeholder Interview

Key Community Survey Findings

In Pinellas County, 7.7% of respondents reported that they had experienced four or more Adverse Childhood Experiences (ACEs) before the age of 18. Adverse childhood experiences are potentially traumatic events that occur in childhood. These events can include physical, sexual, or emotional abuse, witnessing violence in the home or community, parental separation or divorce, household dysfunction (e.g., substance abuse, mental illness), and incarceration of a parent or caregiver.¹⁰ Such experiences are known to impact long-term and physical health outcomes.¹¹

When asked if children at home needed mental or behavioral healthcare, 7.7% of respondents shared that children who needed services but did not get the care they needed.

EXHIBIT 10: WAS THERE A TIME IN THE PAST 12 MONTHS WHEN CHILDREN IN YOUR HOME NEEDED MENTAL/ BEHAVIORAL HEALTHCARE BUT DID NOT GET THE CARE THEY NEEDED?

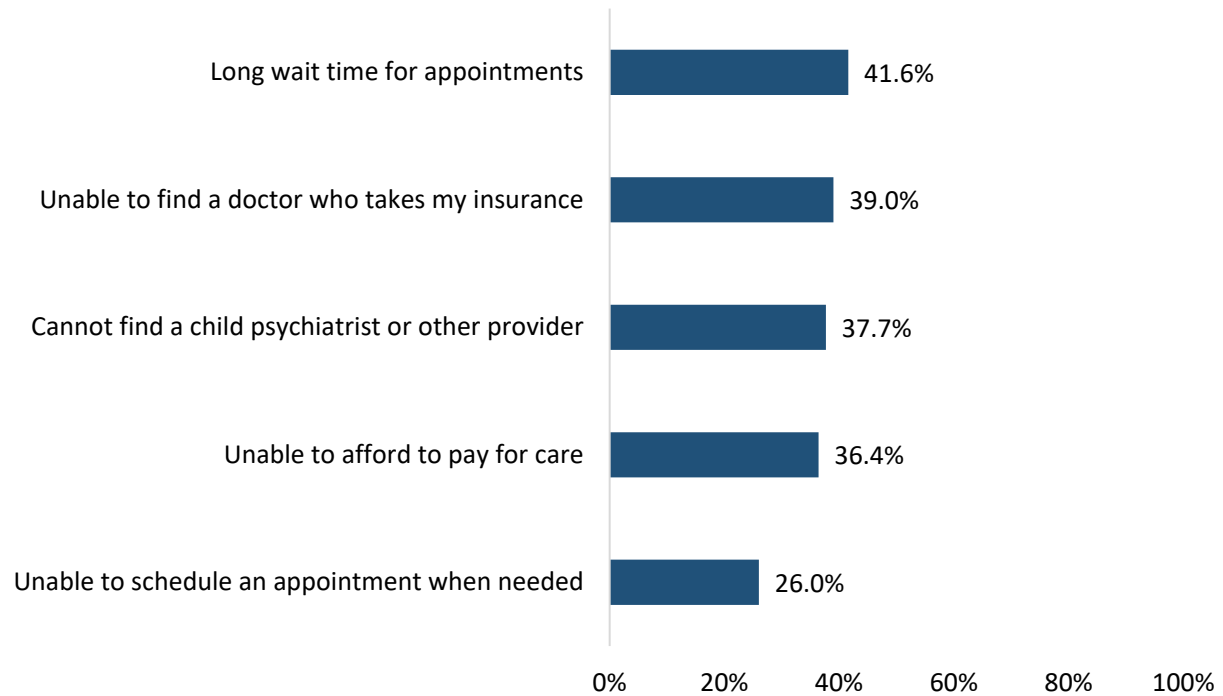


¹⁰ CDC, 2024. About Adverse Childhood Experiences.

¹¹ Monnat & Chandler, 2016.

The top reason for children not to get the care they needed were long wait time for appointments (41.6%), unable to find doctors who take insurance (39.0%), cannot find child psychiatrists or other providers (37.7%), unable to afford pay for care (36.4%), unable to schedule appointment when needed (26.0%).

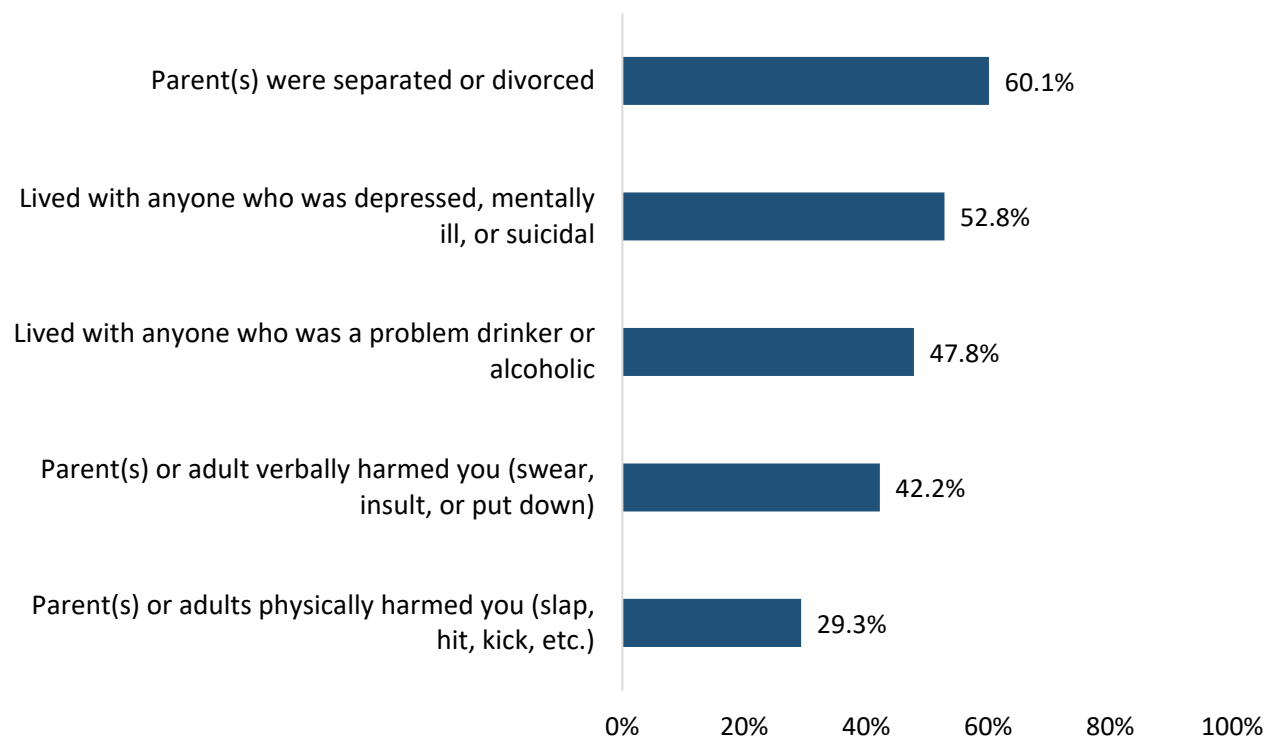
EXHIBIT 11: WHAT ARE SOME REASONS THAT KEPT THEM FROM GETTING THE MENTAL CARE THEY NEEDED?¹²



¹² For complete list, please refer to the appendix.

When asked about any adverse childhood experiences, 20.3% of respondents in Pinellas County experienced 4 or more ACEs before the age of 18. Exhibit 12 presents the percentage of respondents who have children in the household reported experiencing at least one ACE during childhood. Two in three of the respondents (60.1%) reported their parents were divorced or separated. More than half of the respondents (52.8%) lived with anyone who was depressed, mentally ill, or suicidal. Nearly half of the respondents (47.8%) lived with anyone who was a problem drinker or alcoholic. A little over two in five of the respondents' (42.2%) parents verbally harmed them. About one in three of the respondents (29.3%) were physically harmed by their parents.

EXHIBIT 12: EVENTS YOU EXPERIENCED BEFORE AGE OF 18¹³



¹³ For complete list, please refer to the appendix.

Maternal, Fetal, and Infant Health

Healthy pregnancies and safe birth outcomes lay the foundation for lifelong health. In Pinellas County, disparities in prenatal care access, preterm births, and infant mortality highlight ongoing challenges for mothers and babies, especially among communities of color and those with limited financial resources. Supporting maternal health is critical to ensuring every child has a strong, healthy start.

KFF, 2024

Key Secondary Data Findings

Access to care during pregnancy, particularly early prenatal care, plays a critical role in supporting healthy birth outcomes and reducing infant mortality. Timely and comprehensive prenatal services can help identify and manage health risks before they become life-threatening for either the mother or the infant.

From 2021 to 2023, 40.8% of births in Pinellas County were covered by Medicaid, closely aligned with the state rate of 43.9%. This reflects the significant portion of the population that relies on publicly funded insurance for prenatal and delivery care.

As of 2024, there was one OB/GYNs for every 3,905 women and one midwife or doula for every 10,551 individuals in Pinellas County. These shortages may contribute to delays in accessing care and increase the risk of complications during pregnancy and childbirth.

EXHIBIT 13: HEALTHCARE PROVIDER RATIO (PEOPLE PER PROVIDER), 2024

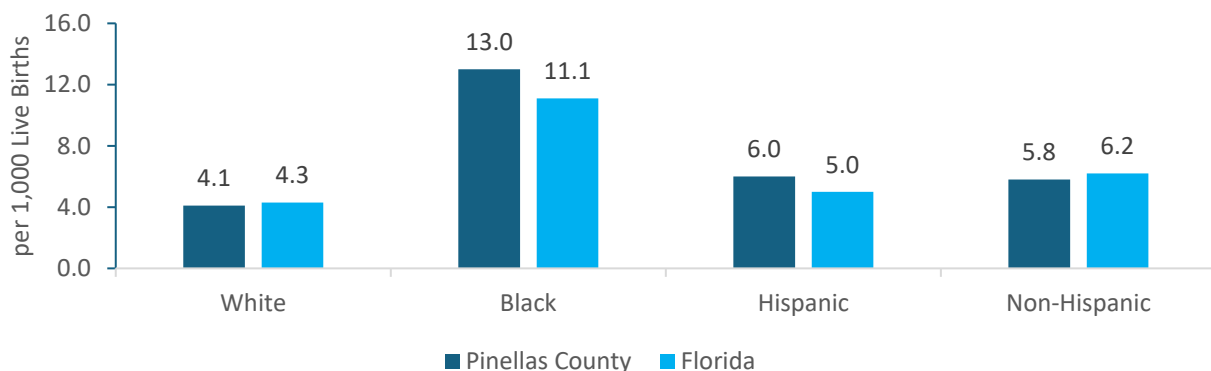
	Pinellas County	Florida	United States
Pediatrician	553:1	879:1	795:1
Obstetrics Gynecology (OBGYN)	3,905:1	3,919:1	3,454:1
Midwife and Doula	10,551:1	9,029:1	9,336:1

Source: National Plan and Provider Enumeration System NPI, 2024

Racial disparities in infant mortality remain a pressing concern. Between 2021 and 2023, Black infants in Pinellas County died at a rate of 13.0 per 1,000 live births, nearly three times higher than the rate for White infants, which was 4.1 per 1,000. These differences highlight the ongoing impact of systemic inequities in access to care and health outcomes. Similar disparities are seen in the rates of mothers initiating prenatal care during the first trimester, with Black and Hispanic mothers less likely to access early care. These local patterns reflect national trends,

where Black, American Indian and Alaskan Native, Pacific Islander, and Hispanic infants experience higher rates of infant mortality compared with White and non-Hispanic infants.¹⁴

EXHIBIT 14: INFANT MORTALITY (AGED 0-364 DAYS), RATE PER 1,000 LIVE BIRTHS BY RACE / ETHNICITY 2021-2023



Source: Florida Department of Health, Bureau of Vital Statistics

Early prenatal care, particularly in the first trimester, is a key factor in improving outcomes. In Pinellas County, White mothers had the highest rate of early prenatal care at 83.8%, while Black mothers had the lowest at 71.4%. All groups in Pinellas exceed the state averages, yet differences by race and ethnicity highlight continued disparities in timely access to prenatal care. Additional figures show that 5.3% of births in Pinellas County occurred to mothers who either received no prenatal care or began care in the third trimester, compared to 7.2% statewide. Delays in prenatal care can result in missed opportunities to manage health conditions, increasing the risk of complications for both the birthing person and the infant.

EXHIBIT 15: PERCENTAGE OF BIRTHS WITH PRENATAL CARE IN THE 1ST TRIMESTER, BY RACE / ETHNICITY 2021-2023

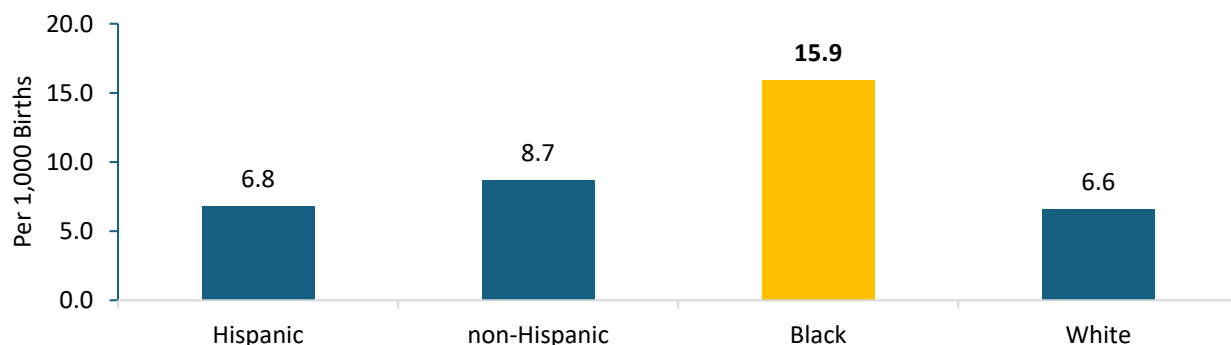
	Pinellas County	Florida
White	83.8%	74.3%
Black	71.4%	63.7%
Hispanic	78.5%	70.5%
non-Hispanic	81.9%	72.3%

Source: Florida Department of Health, Bureau of Vital Statistics

¹⁴ CDC, 2022. Infant Mortality.

Low birth weight is another concern, as it increases the risk of long-term health problems for infants. From 2020 to 2022, 8.3% of births in Pinellas County were classified as having a low birth weight. Racial disparities were also evident. Black infants were more than twice as likely as White infants to be born at low or very low birth weight, with a rate of 15.9 per 1,000 births compared to 6.6 among White infants.

EXHIBIT 16: DISPARITIES IN BIRTH WITH LOW AND VERY LOW BIRTH WEIGHT, PER 1,000 BIRTHS 2020-2022



Source: Florida Department of Health, Division of Public Health Statistics and Performance Management

Teen births continue to be a public health concern, as younger mothers often face greater barriers to accessing care and achieving long-term health and socioeconomic stability. In Pinellas County, the birth rate for teens aged 15 to 19 was 11.7 per 1,000 females from 2021 to 2023, slightly below the state average of 13.2. Repeat teen births remain a concern as well, with 12.9 % of births to teens in Pinellas County involving mothers who had previously given birth.

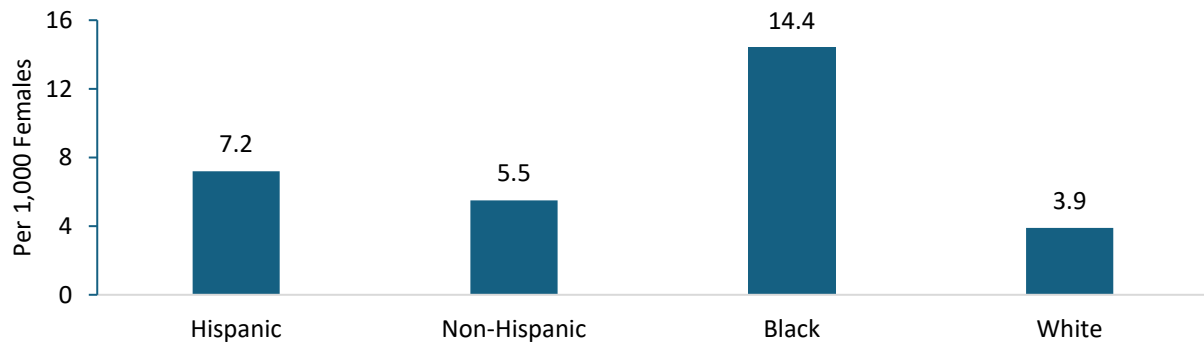
EXHIBIT 17: TEEN BIRTH RATES AND DISPARITIES, 2018-2023

	Pinellas County	Florida
Births to Teens Rate Ages 15-19 (per 1,000 females; 2021-2023)	11.7 per 1,000 females	13.2 per 1,000 females
Repeat Births to Teens Ages 15-19 (2018-2020)	12.9%	12.9%

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management

Disparities by race and ethnicity are evident. Black teens had the highest birth rate at 14.4 per 1,000 females, followed by Hispanic teens at 7.2. In comparison, the rate for White teens was 3.9 and for non-Hispanic teens was 5.5. These differences reflect broader patterns in access to reproductive health services, education, and support for young parents.

EXHIBIT 18: DISPARITIES IN BIRTH TO MOTHERS AGES 15-19, PER 1,000 FEMALES, 2020-2022



Source: Florida Department of Health, Division of Public Health Statistics and Performance Management

Key Qualitative Findings

When discussing behavioral health, stakeholder interview and focus group participants shared their first-hand experiences as well as perceptions gleaned from working closely with vulnerable populations. The following chart, summary, and quotes represent the results of thematic and content analyses of the qualitative data collected during the community health needs assessment.

Qualitative findings are represented visually. **Key needs or barriers** are in the center column and **key populations** impacted are in the column on the right. The order and height of each box represents the frequency in which it was discussed in stakeholder interviews and community focus groups.



When discussing perinatal care, participants in Pinellas County focused on the differences in health outcomes between white and Black mothers and infants. They reflected on the current mortality rates and emphasized the importance of targeted efforts to improve them. Access to care providers was also identified as a need, with a focus on bilingual care providers and OBGYN providers for individuals seeking care in the later stages of pregnancy.

“Black maternal health rates and maternal health rates in general. I have two people that we engage with that just gave birth and they bled from Christmas Eve to New Year day because the health provider didn’t believe they were in labor. [...] That’s on a lot of people’s minds up and down the economic ladder.” – Stakeholder Interview

Key Community Survey Findings

This topic was not explored in the community survey, as such, no data are available for analysis.

Exercise, Nutrition and Weight

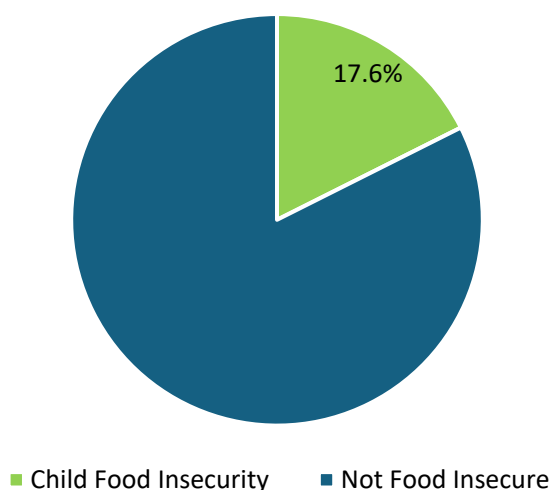
Access to nutritious food and opportunities for physical activity are essential for achieving and maintaining a healthy weight and preventing chronic disease. In Pinellas County, food insecurity remains a significant barrier to health, especially for children and low-income families.

CDC, 2024.

Key Secondary Data Findings

The child food insecurity rate in Pinellas County is 17.6%. This means that 1 in 6 children may not have consistent access to enough food to support an active, healthy life. Food insecurity can negatively affect physical development, academic performance, and mental health in children, and it often coexists with poor nutritional quality and increased risk of obesity.¹⁵

EXHIBIT 19: FOOD INSECURE CHILDREN, 2023

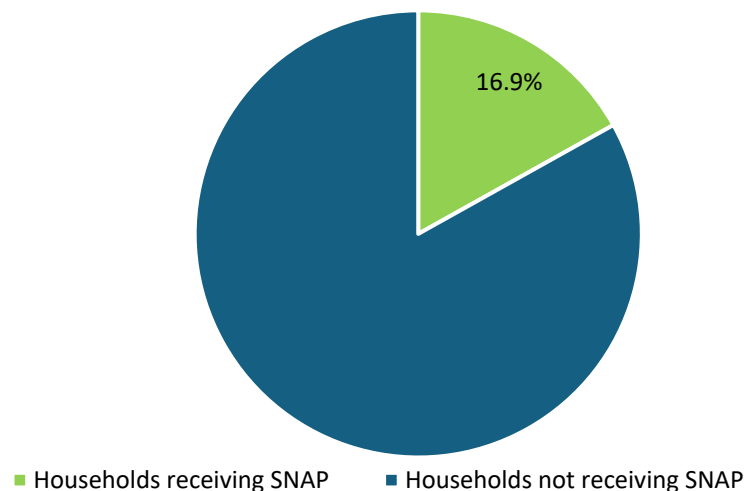


Source: Feeding America, Map the Meal Gap, 2023

¹⁵ Feeding America, n.d. Child Hunger Facts.

At the household level, 16.9% of households with children receive Supplemental Nutrition Assistance Program (SNAP) benefits,¹⁶ which is slightly lower than the Florida average (21.5%) and the national average (18.6%). This suggests that while food insecurity is a concern, some families may not qualify for—or may not be accessing—available nutrition assistance programs.

EXHIBIT 20: HOUSEHOLDS WITH CHILDREN WHO ARE RECEIVING SNAP, 2019-2023



Source: US Census Bureau ACS 5-Year Estimates, 2019-2023

Additionally, 50.7% of middle school students in Pinellas County are eligible for free or reduced-price lunch, indicating widespread economic vulnerability and reliance on school-based nutrition programs to meet daily food needs.¹⁷ At the state level, slightly more middle school students are eligible for free or reduced lunch (52.6%). When looking at elementary school students, 54.1% of them are eligible for free/reduced lunch, compared to the state rate of 55.1%.¹⁸

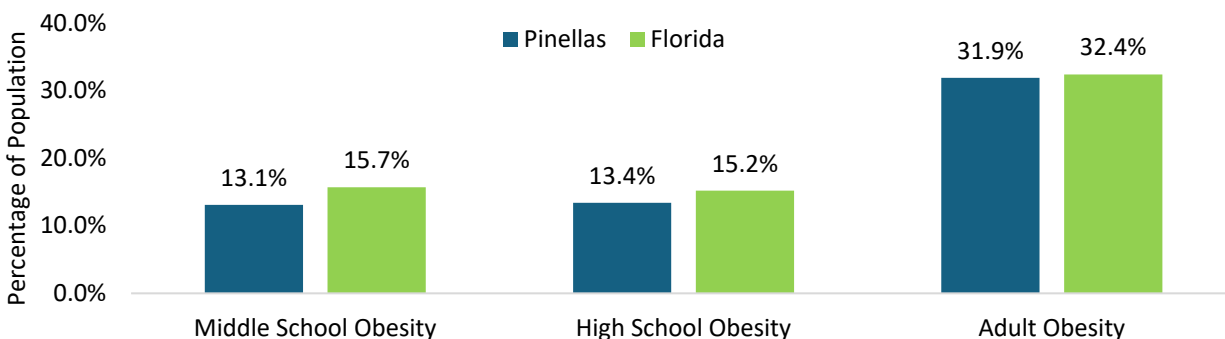
¹⁶ U.S. Census Bureau, n.d. American Community Survey, 2019-2023.

¹⁷ FLHealthCHARTS, n.d. Elementary School Students Eligible for Free/Reduced Lunch 2022-24.

¹⁸ FLHealthCHARTS, n.d. Elementary School Students Eligible for Free/Reduced Lunch 2022-24.

Difficulty in accessing healthy food along with barriers to physical activity can lead to problems with excess weight or obesity (Exhibit 21). Excess weight in childhood is linked to a higher risk of developing chronic health conditions such as type two diabetes, asthma, and high blood pressure, and it can also negatively affect mental health and self-esteem.¹⁹

EXHIBIT 21: PINELLAS COUNTY ADOLESCENT AND ADULT WEIGHT, 2022



Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. (n.d.). FLHealthCHARTS.gov., 2022

These figures highlight ongoing challenges related to food access and affordability—issues that not only affect dietary habits but also influence energy levels, physical activity, and long-term health outcomes of children.²⁰ Lower-income families may struggle to access fresh, healthy food or safe places to exercise, compounding the risk of obesity, diabetes, and other chronic conditions.²¹

¹⁹ CDC, 2022. Consequences of Obesity.

²⁰ CDC. 2024. Healthy Food Environments.

²¹ ODPHP, n.d. Access to Foods.

Key Qualitative Findings

When discussing factors related to exercise, nutrition, and weight, stakeholder interview and focus group participants shared their first-hand experiences as well as perceptions gleaned from working closely with vulnerable populations. The following chart, summary, and quotes represent the results of thematic and content analyses of the qualitative data collected during the community health needs assessment.

Qualitative findings are represented visually. **Key needs or barriers** are in the center column and **key populations** impacted are in the column on the right. The order and height of each box represents the frequency in which it was discussed in stakeholder interviews and community focus groups.



Participants shared that they value the nutrition education opportunities in the community, while also expressing the growing concern regarding youth's access to healthy food. One participant at a youth feeding site noted that current regulatory barriers make it difficult for some programs to fill this gap. Accessible physical activity-focused programs or other organized recreational opportunities for youth were also identified as a way to build healthy habits from a young age. Participants noted that outside of sports, these opportunities are often lacking.

“One of my concerns driven by what we’re seeing everywhere is rising food costs. [...] The downside of the food program is that we’re not able to send food out the door. The state has specific guidelines that when we feed kids it has to be on-site. So we have partners that can provide those at-home meals, but the food scarcity has grown over the past few years. And access to the healthy foods – the cost is prohibitive.” – Stakeholder Interview

Key Community Survey Findings

This section presents the perceptions of survey respondents with children in the household regarding nutrition, food access, and weight. These three factors, if not well maintained, can increase the risk of obesity, type 2 diabetes, heart disease, and cancer.²² This includes eating the recommended fruits and vegetables and getting enough exercise. Understanding a community's barriers to maintaining a healthy diet and lifestyle can help prevent poor long-term health outcomes.²³

Exhibits 22 through 23 presented respondents with a series of questions about their access to food. 30.5% of survey respondents with children in the home said it is often true or sometimes true that in the past 12 months, they worried about the food running out before they got money to buy more. In addition, 30.4% of survey respondents with children at home said that in the past 12 months, the food they bought just did not last, and they don't have money to get more.

EXHIBIT 22: I WORRIED ABOUT WHETHER OUR FOOD WOULD RUN OUT BEFORE WE GOT MONEY TO BUY MORE

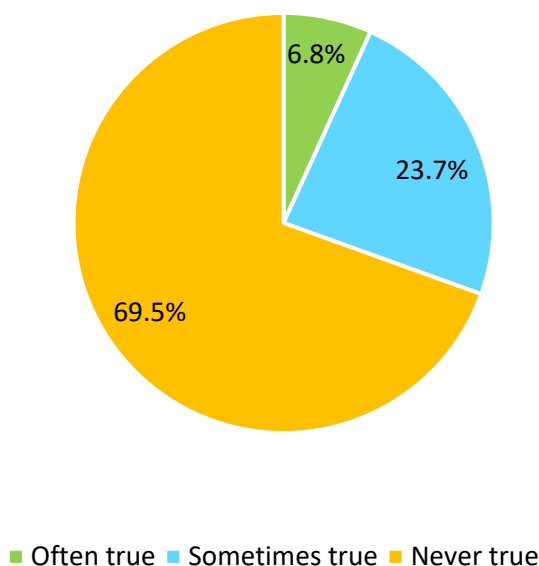
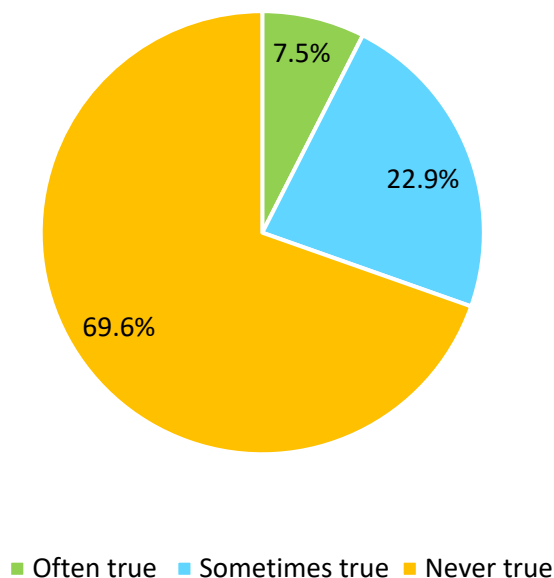


EXHIBIT 23: IN THE PAST 12 MONTHS, THE FOOD THAT WE BOUGHT JUST DID NOT LAST, AND WE DID NOT HAVE THE MONEY TO GET MORE

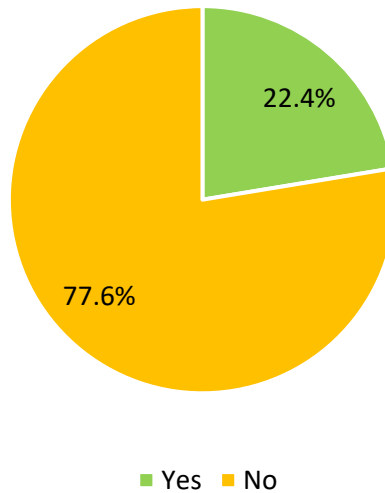


²² Gropper, 2023.

²³ CDC, 2024. Nutrition, Physical Activity, and Weight Status.

When asked, 22.4% of survey respondents with children in the home said yes if they ever get emergency food from a church, food pantry, food bank, or soup kitchen.

EXHIBIT 24: IN THE PAST 12 MONTHS, DID YOU EVER GET EMERGENCY FOOD FROM A CHURCH, A FOOD PANTRY, FOOD BANK, OR EAT IN A SOUP KITCHEN?



Economic Stability

Economic Stability is one of the five social drivers of health. It includes key issues, such as income, poverty, employment, food security, and housing stability. People living in poverty are more likely to experience food insecurity, housing instability or poor housing conditions, and limited access to healthcare services, which can all contribute to poor health outcomes.

CDC, 2023.

Key Secondary Data Findings

Household structure plays an important role in a family’s financial security and access to resources. In Pinellas County, only 19.0% of households include children, compared to 26.5% statewide and 29.9% nationally. A slightly lower percentage of children are taken care of by their grandparents (0.9%) in Pinellas County than the state of Florida (1.2%). This reflects another layer of caregiving that may strain household finances, especially for older adults on fixed income.

EXHIBIT 25: HOUSEHOLD COMPOSITION, 2020-2022

	Pinellas County	Florida	United States
Households with Children	19.0%	26.5%	29.9%
Households with Grandparents Responsible for Grandchildren	0.9%	1.2%	1.3%

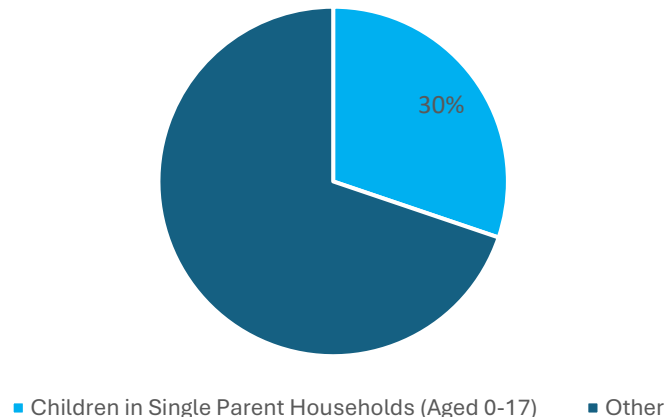
Source: United States Bureau of the Census, American Community Survey, 2020-2022

A notable portion of children are raised in single-parent households, which face higher financial strain due to reliance on a single income.²⁴ These households may experience greater difficulty affording childcare, housing, and healthcare.²⁵

²⁴ Salas-Betsch (CAP), 2024.

²⁵ Salas-Betsch (CAP), 2024.

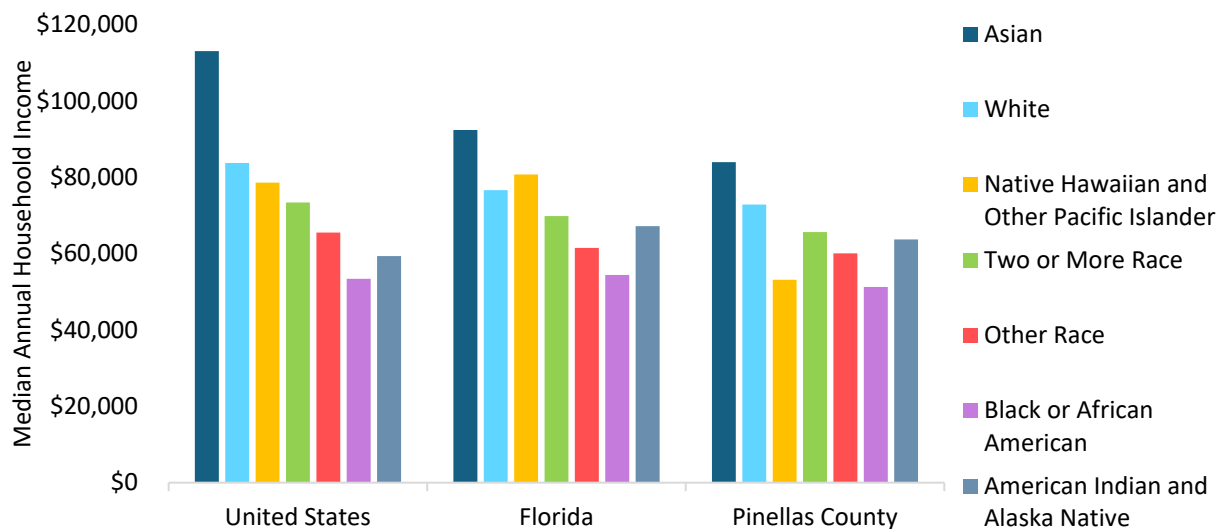
EXHIBIT 26: CHILDREN IN SINGLE-PARENT HOUSEHOLDS (AGED 0-17 YEARS), 2020-2022



Source: FLHealthCHARTS, n.d.

Economic stability plays a foundational role in a child’s health, development, and future opportunity.²⁶ When families face financial insecurity, children may experience limited access to healthcare, nutritious food, and stable housing.²⁷ In Pinellas County, the median household income is \$70,293 annually, compared to the state of Florida’s \$71,711 median household income and United States median household income of \$78,538.

EXHIBIT 27: MEDIAN HOUSEHOLD INCOME, BY RACE, 2019-2023



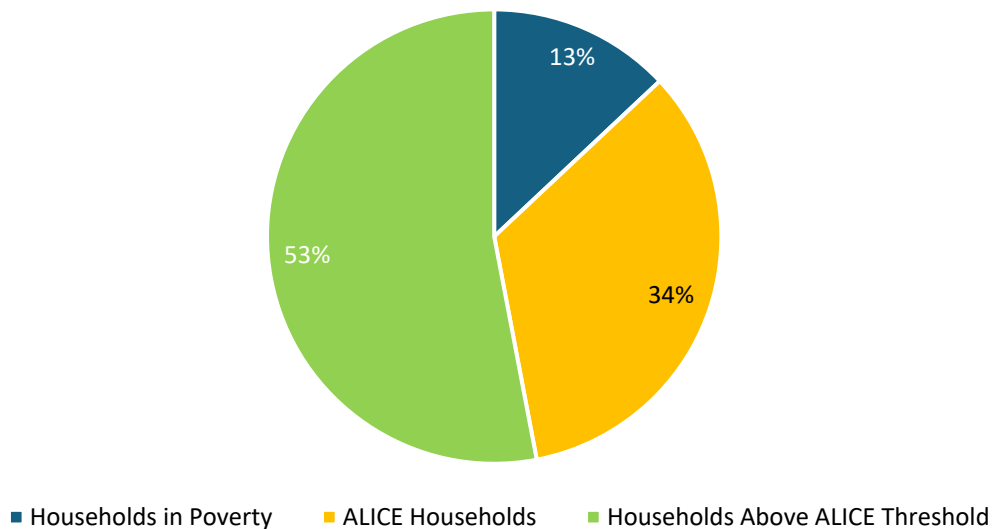
Source: U.S. Census Bureau, n.d. American Community Survey, 2019-2023, Five-Year Estimates.

²⁶ ODPHP, n.d. Poverty.

²⁷ Salas-Betsch (CAP), 2024.

Poverty is a well-established driver of health outcomes. According to the U.S. Census Bureau, in Pinellas County, from 2019 to 2023, 11.4% of the population lived below the poverty line, a lower rate than both the state (12.6%) and national average (12.4%).²⁸ However, traditional poverty metrics often underestimate the number of people struggling to meet basic needs, as they do not account for local cost of living or other essential expenses in their definition.²⁹

EXHIBIT 28: TRENDS IN HOUSEHOLD INCOME STATUS IN PINELLAS COUNTY, 2022



Source: United Way, United for ALICE

²⁸ U.S. Census Bureau, n.d. American Community Survey, 2019-2023.

²⁹ Kilduff (PRB), 2022.


The ALICE population (Asset Limited, Income Constrained, Employed) represents households that earn above the Federal Poverty Level but still struggle to afford necessary costs like housing, childcare, food, transportation, and healthcare.³⁰ In Pinellas County, 34% of households are considered ALICE households.

Housing is one of the most immediate and essential costs for households. When income does not keep pace with local housing costs, residents may face housing instability or become severely cost-burdened – spending a disproportionate share of their income on rent or mortgage payments. In Pinellas County, 34.2% of low-income households currently spend 50% or more of their income on housing costs alone.³¹

Additionally, the median home value in Pinellas County is \$319,000 slightly less than the state median of \$325,000 – but can still be out of reach for many working families, especially those without access to affordable financing or down payment support. The disconnect between wages, rental costs, and homeownership opportunities highlights the affordability challenges faced by many Pinellas County residents.

Internet access is essential for employment, education, healthcare (including telehealth), and civic participation. In Pinellas County, 7.3% of households lack internet access, slightly above the state’s overall percentage of households without internet access (6.8%). For children, limited internet access can hinder access to telehealth services, school assignments, virtual learning, and social connection—deepening educational and digital divides.³²

For households with children, these financial pressures are especially significant. Center-based infant care costs \$11,700 annually, with home-based options costing \$9,100 annually. Although childcare costs decline with age, even school-aged care exceeds \$6,000 annually for center-based programs. For families already navigating tight budgets – especially those classified as ALICE or low-income – these expenses represent a substantial portion of household income.



To afford a modest **two-bedroom rental home** in Pinellas County without being housing cost-burdened, a full-time worker must earn

\$35.60 per hour

At the current minimum wage of \$12/hour, a worker would need to work over **118 hours per week just to afford rent in Pinellas County.**

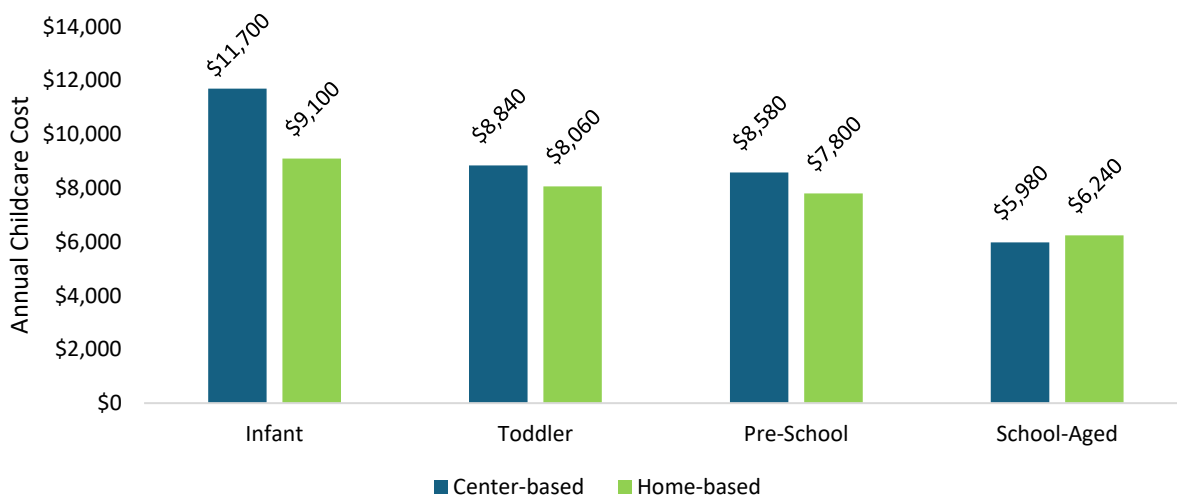
Source: NLIHC, 2024.

³⁰ United for ALICE, n.d. About Us - Meet ALICE.

³¹ U.S. Census Bureau, n.d. American Community Survey, 2019-2023.

³² Graves, et al., 2021.

EXHIBIT 29: ANNUAL CHILDCARE COSTS BY AGE AND TYPE, 2022



Source: Women's Bureau, 2025. The Price of Childcare by County..

To put this in context, the median household income in Pinellas County is \$70,293.³³ A family spending approximately \$22,212 per year on housing³⁴ and \$10,600 on infant childcare³⁵ would be left with just \$37,481 for all other essentials, including food, transportation, healthcare, utilities, and emergencies. This narrow margin leaves little room for unexpected expenses or savings, underscoring how the rising cost of living can threaten household stability even among working families.

Combined with high rates of internet inaccessibility and limited affordable childcare options, these conditions create daily challenges for families raising children. Targeted supports that strengthen financial security and expand access to essential resources are critical for promoting healthy development, school readiness, and long-term well-being for children across Pinellas County.

³³ U.S. Census Bureau, n.d. American Community Survey, 2019-2023.

³⁴ NLIHC, 2024. Out of Reach: Florida.

³⁵ Women's Bureau, 2025. The Price of Childcare by County.

Key Qualitative Findings

When discussing economic stability, stakeholder interviews and focus group participants shared their first-hand experiences as well as perceptions gleaned from working closely with vulnerable populations. The following chart, summary, and quotes represent the results of thematic and content analyses of the qualitative data collected during the community health needs assessment.

Qualitative findings are represented visually. **Key needs or barriers** are in the center column and **key populations** impacted are in the column on the right. The order and height of each box represents the frequency in which it was discussed in stakeholder interviews and community focus groups.



Participants shared concern regarding the rising cost of living in Pinellas County and how this impacts families and youth. They noted that rising costs of housing, food, childcare, and medical care make it difficult for parents to afford basic necessities. Additionally, they shared that a lack of affordable childcare further limits parents' access to employment, creating a cycle that inhibits economic stability. A growing ALICE population was also identified as a group that is becoming more vulnerable due to the economic conditions of the area.

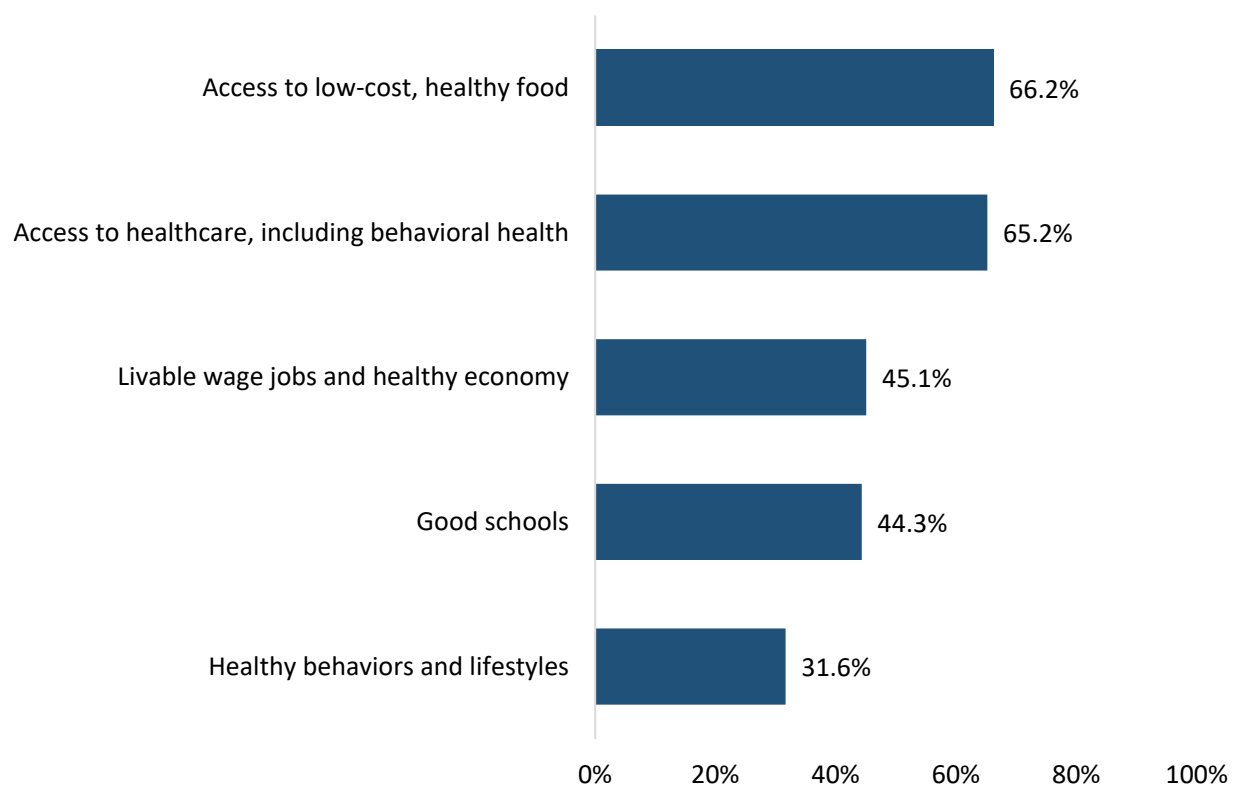
"We have children at school that have chronic diseases and when I hear the parents come to the window at the school and say, 'I don't have the needles for my kid' or this or that and I don't have the money for that and then there's a field trip and it snowballs. And these are parents with little education and low paying jobs."— Stakeholder Interview

Key Community Survey Findings

This section presents the perceptions of survey respondents with children in the household regarding the economic well-being of the community. It includes answers to questions asking community members to identify what they believe are important to improve the quality of life, living conditions, and ability to meet their basic needs, such as livable wage jobs, housing, utilities, and food. The findings are examined across income groups, race, and ethnicity to better understand disparities.

Nearly half of the survey respondents with children at home said access to low cost, healthy food is the most important factor to improve the quality of life in a community (66.2%), followed by access to healthcare (65.2%), livable wage jobs and healthy economy (45.1%), good schools (44.3%), and healthy behaviors and lifestyles (31.6%).

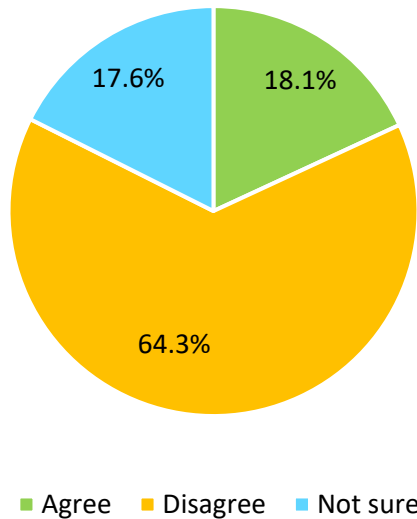
EXHIBIT 30: PLEASE READ THE LIST BELOW. WHICH DO YOU BELIEVE ARE THE 5 MOST IMPORTANT FACTORS TO IMPROVE THE QUALITY OF LIFE IN A COMMUNITY? ³⁶



³⁶ The top five factors are presented in the exhibit. For complete list, please refer to the appendix.

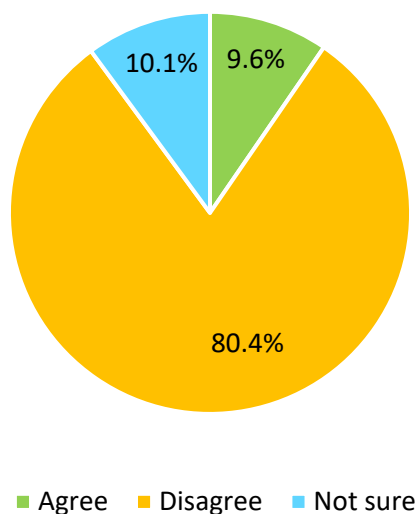
Among survey respondents with children in the household, when asked whether they agreed with the statement *"There are plenty of livable wage jobs available,"* 64.3% of the respondents disagreed.

EXHIBIT 31: THERE ARE PLENTY OF LIVABLE WAGE JOBS AVAILABLE FOR THOSE WHO WANT THEM



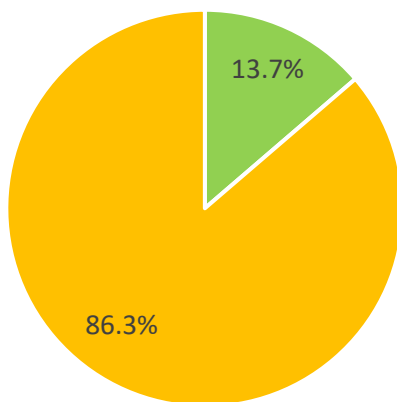
Among survey respondents with children in the household, when asked whether they agreed with the statement "There are affordable places to live in my community", 80.4% of respondents disagreed.

EXHIBIT 32: THERE ARE AFFORDABLE PLACES TO LIVE IN MY COMMUNITY



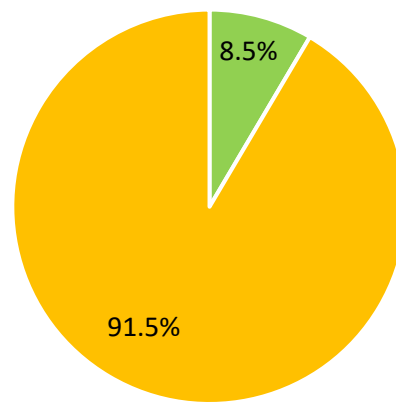
Exhibits 33 and 34 ask respondents a series of questions regarding housing security. 13.7% of the respondents were worried or concerned about whether in the next 2 months they may not have a stable place to stay. In addition, 8.5% of respondents said in the past 12 months, their utility company shut off services due to not paying the bills.

EXHIBIT 33: ARE YOU WORRIED OR CONCERNED THAT IN THE NEXT 2 MONTHS YOU MAY NOT HAVE STABLE HOUSING THAT YOU OWN, RENT, OR STAY?



■ Yes ■ No

EXHIBIT 34: IN THE PAST 12 MONTHS, HAS YOUR UTILITY COMPANY SHUT OFF YOUR SERVICE FOR NOT PAYING YOUR BILLS



■ Yes ■ No

Healthcare Access and Quality

Healthcare Access and Quality is one of the five social drivers of health. Healthcare access and quality can impact a person's health outcomes and overall well-being by influencing the availability, effectiveness, and safety of health services. Vulnerable populations often face barriers to high-quality healthcare due to socioeconomic disparities, insurance gaps, and limited availability or access to providers among other factors.

ODPHP, n.d.

Key Secondary Data Findings

Access to high-quality healthcare is essential to children's physical, behavioral, and developmental well-being.³⁷ When children are uninsured or face barriers accessing providers, they are less likely to receive preventive services and more likely to visit the emergency room for avoidable conditions.³⁸

In Pinellas County, 9.8% of the population does not have health insurance, including 16.4% of adults aged 19 to 64.³⁹ Among children, coverage is higher, with 93.1% insured in 2023.⁴⁰ However, gaps remain. Hospital data show that most pediatric patients seen were covered by Medicaid, making up 54% of visits, followed by commercial insurance at 28%. Coverage varies across the county, and 7.0% of children ages 6 to 18 remain without insurance, pointing to continued challenges in ensuring access for all families⁴¹.

Despite high overall coverage, racial and ethnic disparities persist. Hispanic/Latino children were less likely to be insured than their non-Hispanic peers. In 2023, 89.5% of Hispanic/Latino children had health insurance, compared to 93.4% of non-Hispanic White children and 98.2% of Black/African American children. Children who identify as other races also experienced lower coverage rates, with 82.7% insured.

³⁷ ASPCC, 2023. The Impact of Healthcare Access of Child Development.

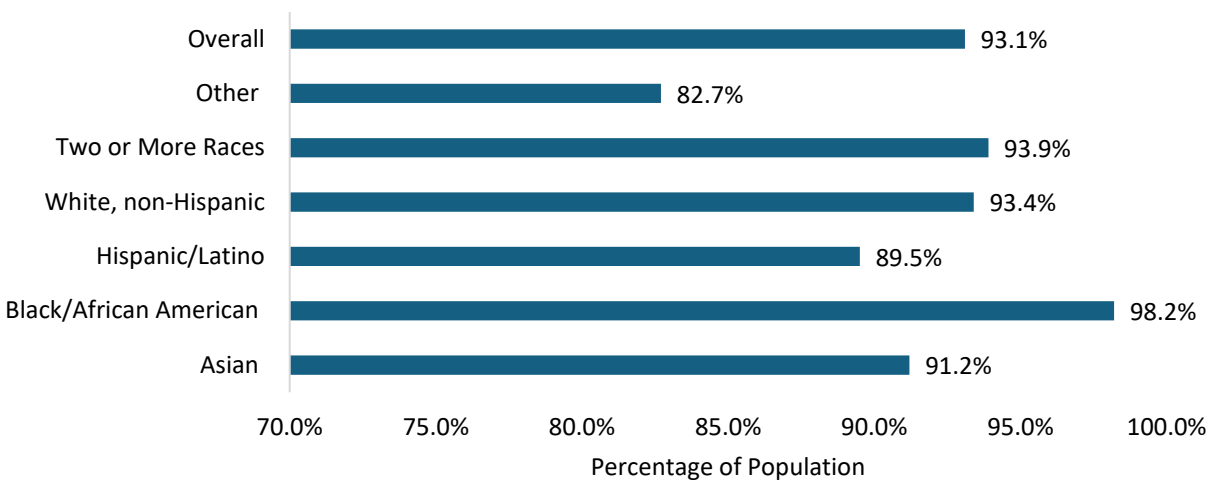
³⁸ MACPAC, 2021. Children's Experiences in Accessing Medical Care.

³⁹ U.S. Census Bureau, n.d. American Community Survey, 2019-2023.

⁴⁰ U.S. Census Bureau, n.d. American Community Survey, 2019-2023.

⁴¹ U.S. Census Bureau, n.d. American Community Survey, 2019-2023.

EXHIBIT 35: CHILDREN WITH HEALTH INSURANCE IN PINELLAS COUNTY BY RACE/ETHNICITY, 2023



Source: US Census Bureau ACS 1-Year, 2023

In addition to insurance gaps, many families face limited access to healthcare providers. Pinellas County has been designated a Health Professional Shortage Area (HPSA) for primary care, dental, and mental health services, which indicates a shortage of providers to meet the needs of the population⁴².

As of 2024, the county had one pediatrician for every 553 children and one mental health provider for every 558 residents. There are also significant shortages in dental care and maternal health services, with one OB-GYN for every 3,905 women and one midwife or doula for every 10,551 individuals. These provider shortages can delay care, reduce preventive service use, and contribute to greater health risks for children and families, especially in low-income and underserved areas.

⁴² HRSA, n.d. Health Provider Shortage Areas.

EXHIBIT 36: HEALTHCARE PROVIDER RATIOS (PEOPLE PER PROVIDER), 2024

	Pinellas County	Florida	United States
Primary Care Physician	723:1	858:1	879:1
Primary Care Nurse Practitioner	779:1	800:1	1,110:1
Dentist	1,350:1	1,686:1	1,532:1
Mental Health Provider	558:1	693:1	550:1
Pediatrician	553:1	879:1	795:1
Obstetrics Gynecology (OBGYN)	3,905:1	3,919:1	3,454:1
Midwife and Doula	10,551:1	9,029:1	9,336:1

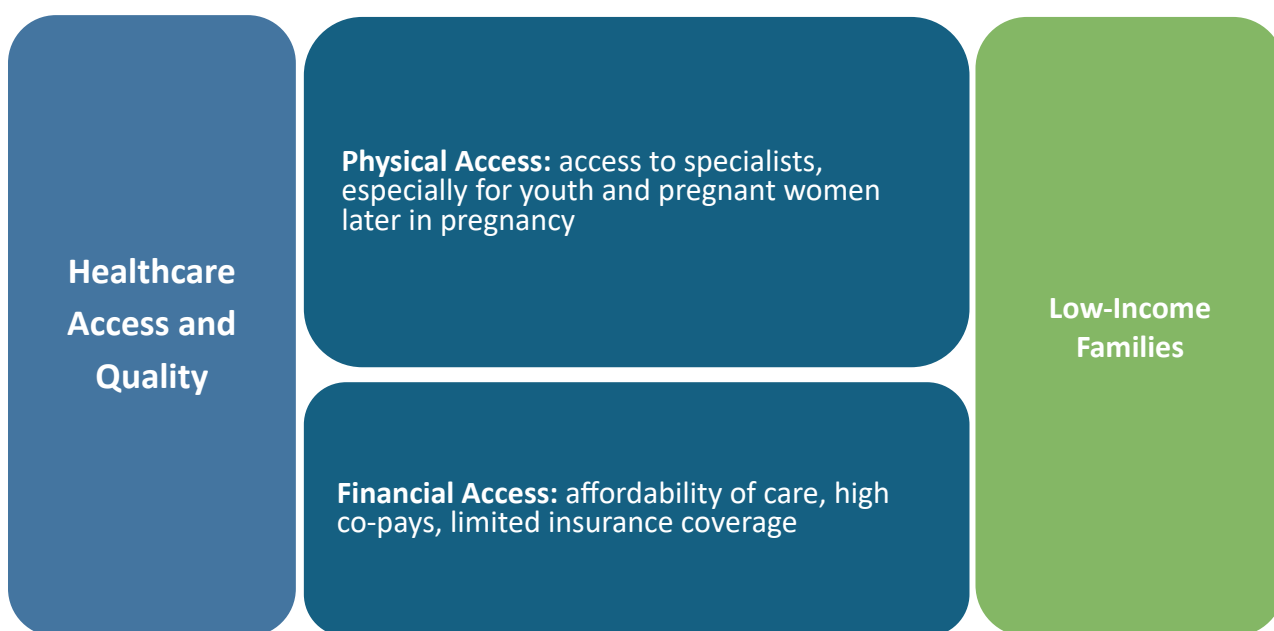
Source: CMS, 2024. NPES NPI.

Pediatric hospital data provides insight into the most common health conditions leading to emergency and non-emergency visits. In Pinellas County, falls and injuries were the leading cause of emergency hospitalizations among children, followed by pneumonia and uncontrolled asthma. Mental health conditions such as anxiety and major depressive disorders also contributed to a significant number of hospital visits. Preventable dental conditions were another common reason for hospitalization, reflecting persistent gaps in oral health access. These conditions are often manageable or preventable through regular primary care, behavioral health support, and routine dental visits, underscoring the need for comprehensive pediatric services. These patterns suggest that many pediatric hospital visits could be avoided through earlier intervention, improved insurance coverage, and better access to routine outpatient care. The high rates of hospital visits for asthma and pneumonia highlight a need for consistent disease management and follow-up care. Mental health-related encounters signal a growing demand for pediatric behavioral health services that are not yet being fully met by the current healthcare infrastructure.

Key Qualitative Findings

When discussing healthcare access and quality, stakeholder interview and focus group participants shared their first-hand experiences as well as perceptions gleaned from working closely with vulnerable populations. The following chart, summary, and quotes represent the results of thematic and content analyses of the qualitative data collected during the community health needs assessment.

Qualitative findings are represented visually. **Key needs or barriers** are in the center column and **key populations** impacted are in the column on the right. The order and height of each box represents the frequency in which it was discussed in stakeholder interviews and community focus groups.



When discussing the issues that youth face in the community, many participants in Pinellas County noted that a lack of access to specialists in the area as a great need. Additionally, financial barriers, including insurance related challenges continue to impact low income families' access to care.

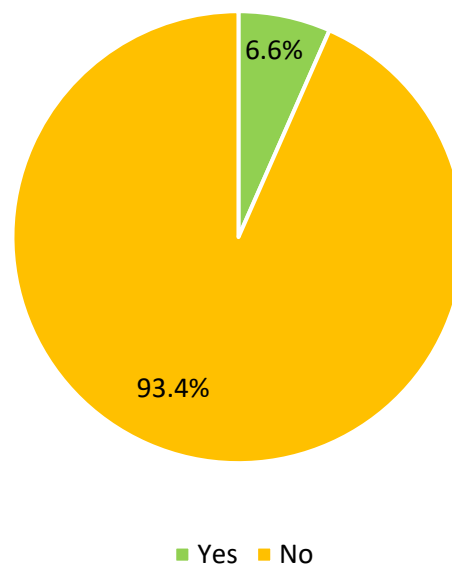
““We see a lot more children that are sicker than they used to be with medical ailments and they’re not able to get the care they need because there’s not many child specialists around. We’ve been seeing severe cases of children with cancer, heart problems, and neuro challenges.” –Stakeholder Interview

Key Community Survey Findings

This section presents the perceptions of survey respondents with children in the household regarding access to medical care. Responses help identify barriers to care and highlight areas where improvement in healthcare delivery may be needed.

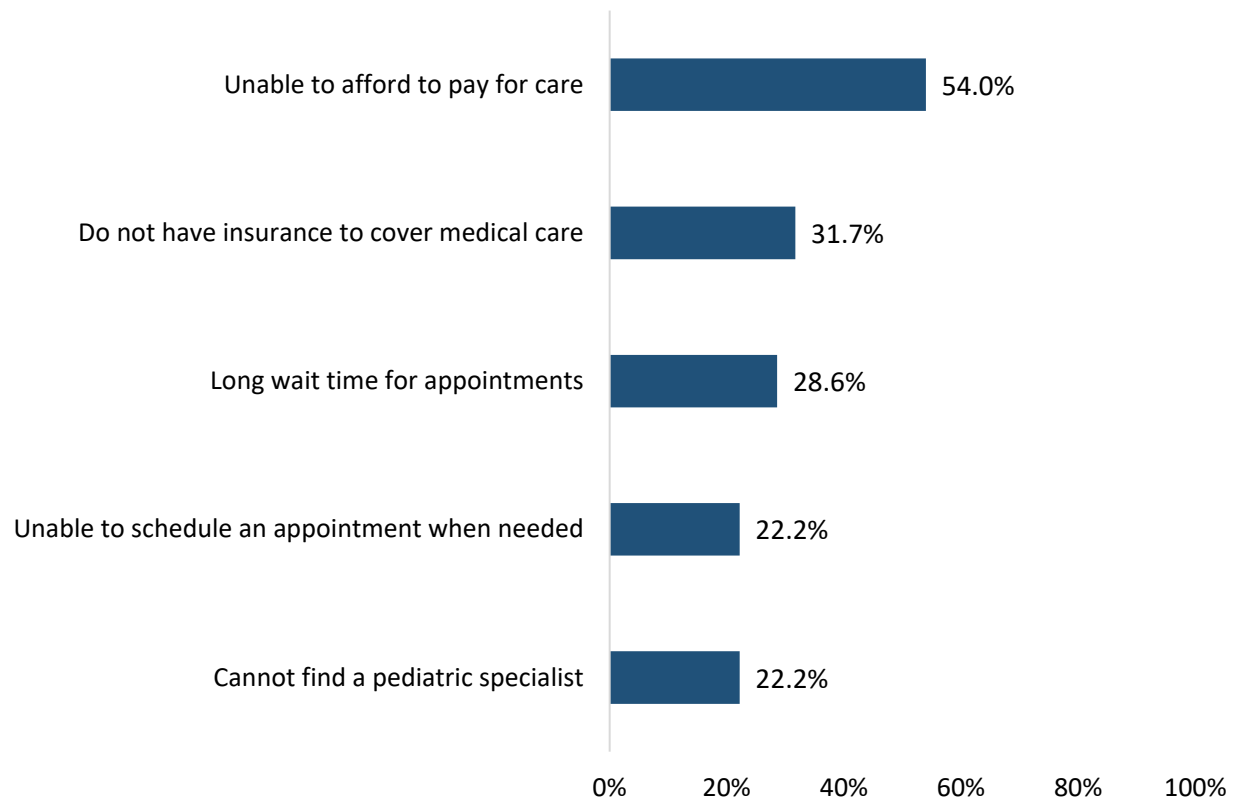
One in 15 (6.6%) of survey respondents said children in their home needed medical care but did not get it.

EXHIBIT 37: WAS THERE A TIME IN THE PAST 12 MONTHS WHEN THE CHILDREN IN YOUR HOME NEEDED MEDICAL CARE BUT DID NOT GET THE CARE YOU NEED?



The top reasons for children not getting the medical care they need are unable to afford to pay for care (54.0%), do not have insurance to cover medical care (31.7%), long wait time for appointments (28.6%), unable to schedule an appointment when needed (22.2%) and cannot find a pediatric specialist (22.2%).

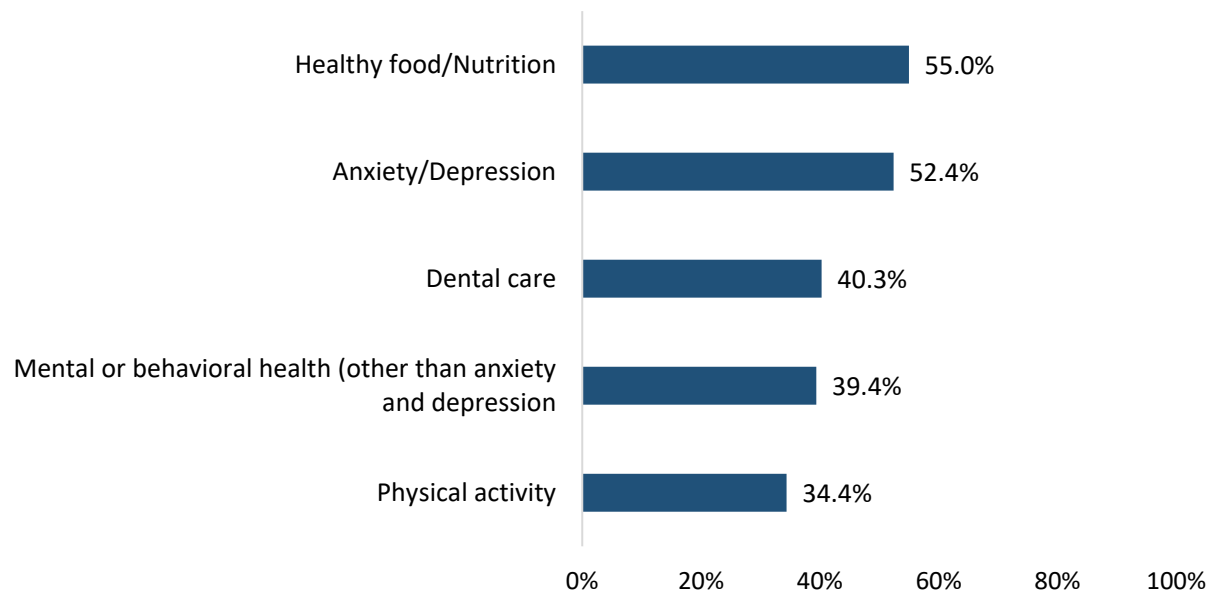
EXHIBIT 38 WHAT ARE SOME REASONS THAT KEPT THEM FROM GETTING MEDICAL CARE?⁴³



⁴³ For complete list, please refer to the appendix.

When asking survey respondents about the most important health needs for children in the community, 55.0% of survey respondents said healthy food or nutrition is the top need, followed by anxiety and/or depression (52.4%), dental care (40.3%), mental or behavioral health (39.4%), and physical activity (34.4%).

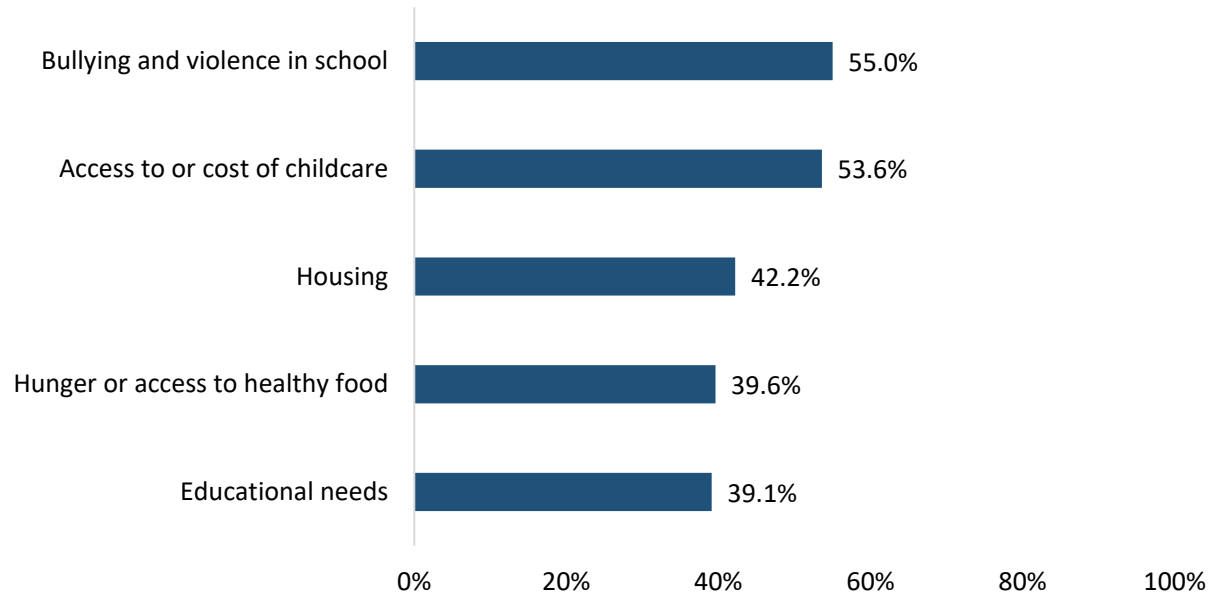
EXHIBIT 39 WHEN YOU THINK ABOUT THE MOST IMPORTANT HEALTH NEEDS FOR CHILDREN IN YOUR COMMUNITY, PLEASE SELECT TOP 5 MOST IMPORTANT HEALTH NEEDS TO ADDRESS ⁴⁴



⁴⁴ The top 5 needs are presented in exhibit. For complete list, please refer to the appendix.

Survey respondents said bullying and violence in school is one of the top alternative needs or concerns to address (55.0%), followed by access or cost of childcare (53.6%), housing (42.2%), hunger or access to healthy food (39.6%), and educational needs (39.1%).

EXHIBIT 40: WHEN YOU THINK ABOUT OTHER IMPORTANT NEEDS OR CONCERNS THAT AFFECT CHILD HEALTH IN YOUR COMMUNITY, PLEASE RANK THE TOP 5 CRITICAL NEEDS OR CONCERNS MOST IMPORTANT TO ADDRESS



Immunization and Infectious Disease

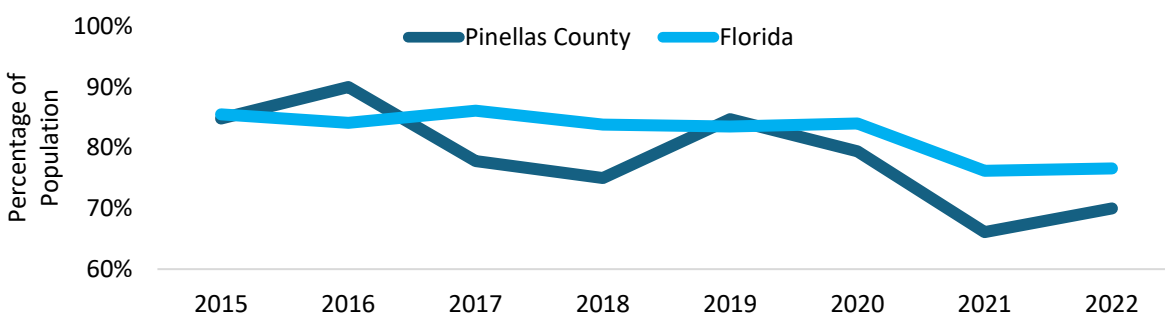
Vaccination remains one of the most effective tools for preventing infectious diseases and promoting public health. According to the CDC, due to the success of childhood immunizations, many serious diseases that once harmed or killed infants, children, and adults in the U.S have been significantly reduced, and in some cases eliminated.

CDC, 2025

Key Secondary Data Findings

Among younger children, kindergarten immunization levels statewide averaged 90.6% for the three-year period from 2021 to 2023.⁴⁵ In Pinellas County, the percentage of 2-year-old children fully immunized with the basic vaccine series has fluctuated over time but showed an overall decline from a high of 90.0% in 2016 to 70.0% in 2022. While Florida's rates remained relatively stable with some noticeable decline in recent years, Pinellas County has fallen below the state rate since 2020.

EXHIBIT 41: CHILDREN FULLY IMMUNIZED BASIC IMMUNIZATION SERIES, 2015-2022



Source: FLHealthCHARTS, n.d.

In Pinellas, 52.9% of adolescents aged 13–17 were fully vaccinated against HPV in 2023. Rates in Pinellas remained relatively stable over the four-year period, while Florida saw greater fluctuations.

EXHIBIT 42: (HPV) VACCINE COMPLETION, AGES 13-17, PERCENTAGE OF POPULATION, 2020-2023

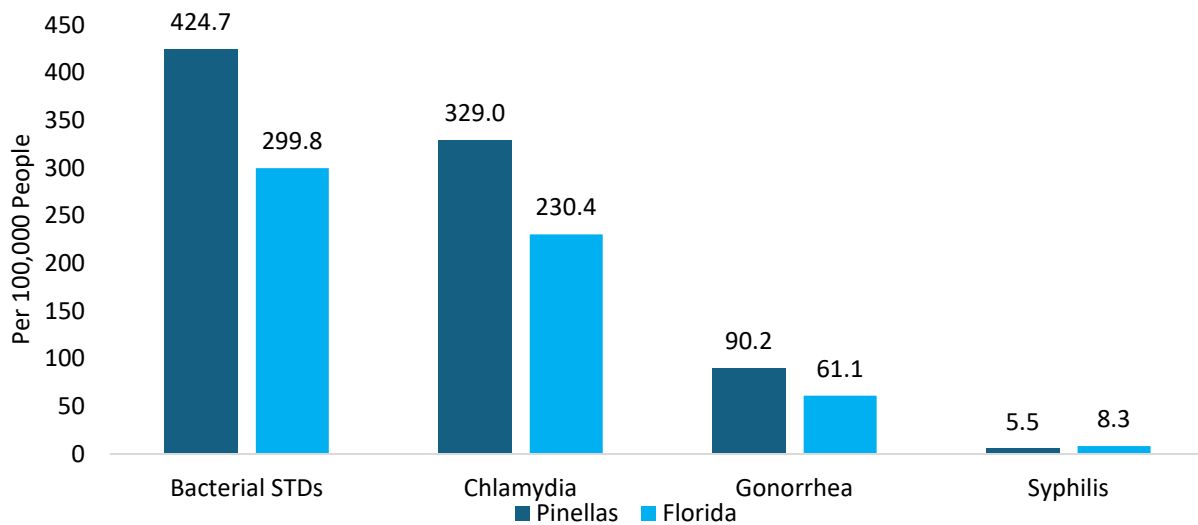
	Pinellas County	Florida
2023	52.9%	56.8%
2022	52.2%	55.7%
2021	52.8%	57.2%
2020	49.9%	53.2%

⁴⁵ FDOH, n.d. Immunization, 2021-2023.

Source: FLHealthCHARTS, n.d.

Infectious disease surveillance among youth also points to continued challenges. In Pinellas County, the 3-year rolling average from 2021–2023 for bacterial STDs among youth aged 0–17 was significantly higher (424.7 per 100,000 people) than the state rate (299.8). Rates for chlamydia (329.0), gonorrhea (90.2), and syphilis (5.5) also exceeded state averages, suggesting a need for targeted education, prevention, and access to care for youth and adolescents.

EXHIBIT 43: STD’S AGE 0-17, RATE PER 100,000 people, 3-YEAR ROLLING 2021-2023



Source: FLHealthCHARTS, n.d.

Key Qualitative Findings

There was a lack of qualitative data related to immunizations and infectious diseases in Pinellas County.

Key Community Survey Findings

This topic was not explored in the community survey; as such, no data are available for analysis.

Respiratory Disease

Asthma is one of the most common chronic conditions in the United States, affecting both children and adults and contributing to high rates of emergency department visits and missed school days.

EPA, 2025

Key Secondary Data Findings

In Florida, childhood asthma remains a significant public health concern. In Pinellas County, 2022 data show that 5.4% of middle school students and 10.6% of high school students reported having asthma, compared to statewide rates of 9.5% and 9.2%.

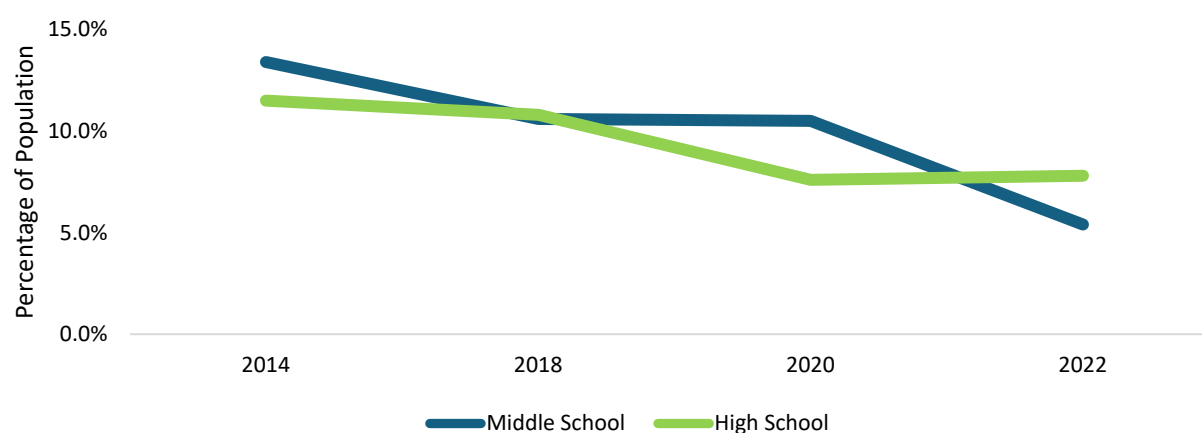
EXHIBIT 44: STUDENTS WHO CURRENTLY HAVE ASTHMA, 2022

	Pinellas County	Florida
Middle School students	5.4%	9.5%
High School students	10.6%	9.2%

Source: FLHealthCHARTS, n.d.

These rates represent a steady decline over time, particularly among middle school students, whose reported asthma rates dropped from 13.4% in 2014 to 5.4% in 2022.

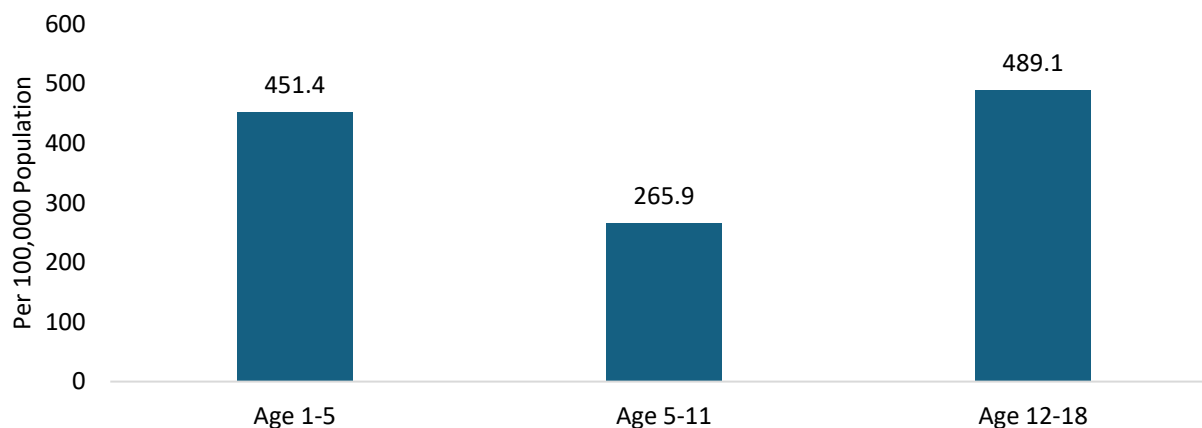
EXHIBIT 45: STUDENTS WHO CURRENTLY HAVE ASTHMA, 2014-2022



Source: FLHealthCHARTS, n.d.

Among younger children, asthma leads to a substantial number of emergency room visits, with over 1,033 visits among children under age five from 2021 to 2023.⁴⁶ During this period, asthma hospitalization rates were highest among youth ages 12–18 (489.1 per 100,000 people), followed by children ages 1–5 (451.4 per 100,000 people), and children ages 5–11 (265.9 per 100,000 people).

EXHIBIT 46: ASTHMA HOSPITALIZATIONS, RATE PER 100,000 PEOPLE, JF



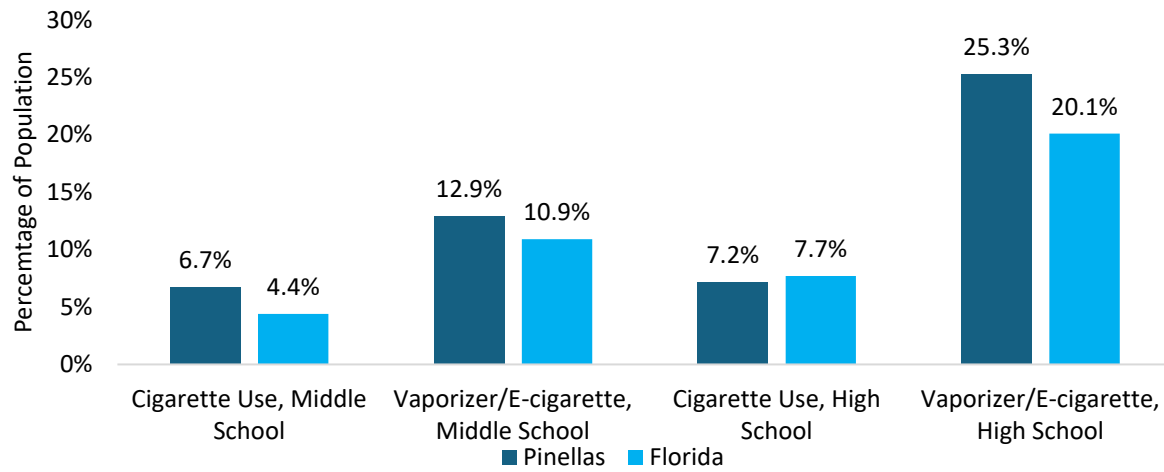
Source: FLHealthCHARTS, n.d.

Secondhand smoke exposure is another factor affecting youth respiratory health. In 2022, 54.9% of youth in Pinellas County reported being exposed to secondhand smoke.⁴⁷ Tobacco and nicotine use are also prevalent among local youth. Among middle school students, 6.7% reported cigarette use and 12.9% reported using vaporizers or e-cigarettes, both higher than the statewide averages. Among high school students, 7.2% reported cigarette use and 25.3% reported using vaporizers or e-cigarettes. These data suggest an ongoing need for public health efforts aimed at reducing exposure to respiratory irritants and preventing early use of tobacco and vaping products.

⁴⁶ FLHealthCHARTS, n.d. Asthma Hospitalizations, 2021-2023.

⁴⁷ FLHealthCHARTS, n.d. Florida Youth Tobacco Survey, 2022.

EXHIBIT 47: YOUTH WHO REPORTED HAVING USED CIGARETTES OR VAPORIZER/E-CIGARETTES IN THEIR LIFETIME, 2022



Source: Florida DCF, n.d. FYSAS, 2022

Key Qualitative Findings

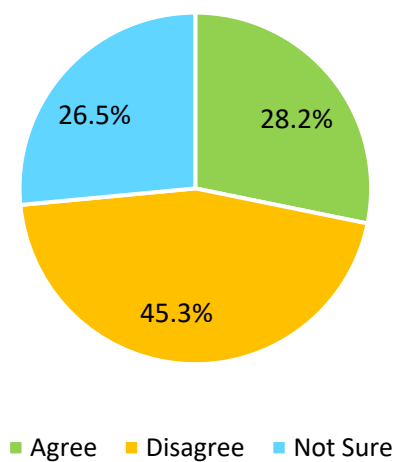
There was a lack of qualitative data related to respiratory disease in Pinellas County.

Key Community Survey Findings

This section presents the perceptions of survey respondents with children in the household regarding environmental and climate-related issues may impact their health, such as respiratory disease.

When asking survey respondents about air quality in their community, 28.2% of the respondents agreed that air pollution is a problem in their community, whereas 45.3% of respondents disagreed.

EXHIBIT 48: AIR POLLUTION IS A PROBLEM IN MY COMMUNITY



Conclusion

The world has changed a lot over the past few years, and our children are struggling more now than ever as evident by the qualitative and quantitative data collected in the Community Health Needs Assessment.

With multiple hospitals and health systems within its borders, the All4HealthFL Collaborative partners, along with their community partners, are well-suited to address some of the social drivers of health and health needs within the county for the youth population. Afterall, our children are our future.

Appendices Summary

The following support documents are shared separately on the All4HealthFL website.

A. Secondary Data

- a. Additional secondary data tables

B. Qualitative Research

- a. Methodology Overview
- b. Additional Qualitative Findings
- c. Community Engagement
- d. Stakeholder Interview Guide
- e. Focus Group Interview Guide

C. Community Survey

- a. Methodology Overview
- b. Additional Community Survey Findings
- c. Community Survey Tool (English)

D. Maps

E. Needs Prioritization

- a. Needs Prioritization Presentation
- b. Data Placemats

F. Community Partners and Committee Members

G. Bibliography