Community Health Needs Assessment and Implementation Strategy
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Executive Summary

Huntington Hospital is pleased to present the 2013 Community Health Needs Assessment (CHNA) and Implementation Strategy for the Hospital’s service area of Greater Pasadena. Per the Affordable Care Act federal requirements, this report provides an analysis of the significant health needs in the community and the Hospital’s plan to address those needs. Moreover, it serves as a framework upon which future assessments will be based.

Service Area: Greater Pasadena

Huntington Hospital’s service area is defined as Greater Pasadena, which comprises the following zip codes: 91001, 91030, 91101, 91103, 91104, 91105, 91106, 91107, and 91108. Greater Pasadena is the primary unit of analysis for this assessment.

To provide a comprehensive assessment of needs in Greater Pasadena, information for the surrounding geographical boundary of public health Service Planning Area 3 (SPA 3) - San Gabriel is used to support findings throughout this report.

Demographics

Compared to Los Angeles County, Greater Pasadena has a smaller proportion of youth (<18 years) and a higher proportion of seniors (65+), higher household incomes and higher education attainment, and a lower poverty rate. The majority of Pasadena’s residents are white and non-Hispanic/Latino, and speak only English at home. Within Pasadena, zip codes 91101, 91103, and 91104 have the highest proportion of people living below the poverty level and having less than a high school education.

Identifying Significant Community Needs: Methodology

Secondary Data Analysis

The secondary data was analyzed through http://www.HealthyPasadena.org, which includes a comprehensive dashboard of over 100 community health and quality of life indicators covering over 20 topic areas. Approximately 17 indicators (out of 47) at the Greater Pasadena geography and 19 indicators (out of 33) at the Service Planning Area 3 geography were identified as top community need indicators. Indicators were grouped and examined by topic area.

Community Input

Huntington Hospital worked with the City of Pasadena Public Health Department during their Community Health Improvement Plan (CHIP) process to obtain feedback from over 50 community
partners familiar with the needs of uninsured, low-income, marginalized, and other high needs groups in the community.

**Significant Community Needs Identified**

To identify the significant community needs, the results of the secondary data analysis were combined with the results of the community input and grouped by topic area. Nine common areas of significant community needs emerged:

- Access to Health Services
- Cancer
- Diabetes
- Exercise, Nutrition & Weight
- Heart Disease & Stroke
- Immunizations & Infectious Disease
- Maternal, Fetal & Infant Health
- Mental Health
- Substance Abuse

**Prioritization Process**

Huntington Hospital established a working group with specific community and clinical knowledge to prioritize the significant community needs based on criteria important to the Hospital, including:

- Alignment with Huntington Hospital strengths, mission, and resources
- Opportunity for partnership
- Solution impacts multiple problems
- Feasibility-effective methods are available

Results from the prioritization session were discussed with the Hospital’s Executive Management Team, which determined that Huntington Hospital’s prioritized needs are:

- Cancer, with a focus on breast cancer and early detection
- Immunization, with a focus on vaccination

**Huntington Hospital’s Implementation Strategy**

In order to maximize the positive impact on community health, Huntington Hospital has chosen to concentrate efforts into two focused areas of significant community need rather than diffusing resources into multiple areas. The Hospital Executive Management Team felt that it had stronger expertise to address cancer, with a focus on breast cancer and screening, and immunization, with a focus on vaccination.
Huntington Hospital is dedicated to promoting best practices and will be investing time and resources to research successful, evidence-based programs to inform their three-year strategies.

**Cancer, with a focus on breast cancer and screening**
Over the next three years Huntington Hospital will focus on improving screening rates through a combined evidence-based strategy of *increasing access* and *education*.

*Increasing Access*
- By year-end 2014, Huntington Hospital will develop a plan in partnership with at least four community agencies/partners to increase access to mammograms.
- By year-end 2016, Huntington Hospital and partners will increase mammography screenings by 10% for Huntington Hospital and the four partner agencies.

*Education*
- By year-end 2014, Huntington Hospital will inventory current community resources for education about breast cancer screening and investigate best practices.
- By year-end 2016, Huntington Hospital will develop and deploy an education and outreach campaign to increase awareness of the importance of early detection.

**Immunization, with a focus on vaccination**
Over the next three years Huntington Hospital will focus on improving the vaccination rate through a combined evidence-based strategy of *increasing access* and *education*.

*Increasing Access*
- By year-end 2014, Huntington Hospital will develop a plan in partnership with at least four community agencies/partners to increase influenza vaccinations among adults age 65 and older.
- By year-end 2016, Huntington Hospital and partners will increase flu vaccination by 15% for the Hospital and the four partner agencies.

*Education*
- By year-end 2014, Huntington Hospital will inventory current community resources for education about flu vaccination and investigate best practices.
- By year-end 2016, Huntington Hospital will develop and deploy an education and outreach campaign to increase awareness of the importance of vaccination.

For a full description of Huntington Hospital’s planned actions, anticipated impact, and evaluation plan, please refer to Huntington Hospital’s implementation strategy for 2014-2016.
Introduction

The 2010 Patient Protection and Affordable Care Act, commonly known as the Affordable Care Act (ACA), requires non-profit, tax-exempt hospitals, such as Huntington Hospital, to conduct a Community Health Needs Assessment (CHNA) every three years to analyze and identify the health needs of their communities, and to develop and adopt an implementation strategy to meet the identified needs.

This CHNA report provides an analysis of the significant health needs that have been identified in Huntington Hospital’s service area and the Hospital’s plan to address those needs. It provides a framework upon which future assessments will be based.

This report provides a description of:
- The community demographics and population served
- How the report’s data was obtained, analyzed, and synthesized
- The significant health needs in the community, taking into account the needs of uninsured, low-income, and marginalized groups
- The process and criteria used in identifying certain health needs as significant and prioritizing such significant community needs
- The process for consulting with persons representing broad interests of the community, including those with special knowledge of or expertise in public health
- The strategy of how Huntington Hospital plans to address prioritized needs over the next several years

About Huntington Hospital

The mission of Huntington Memorial Hospital is to excel at the delivery of health care to our community. Our mission, core values, and standards of conduct guide our organization's commitment to community needs.

Huntington Memorial Hospital is a 625-bed, not-for-profit community hospital located in Pasadena, California. Founded in 1892, Huntington Hospital is committed to providing excellent patient care delivered with compassion and respect. The hospital offers a full complement of acute medical care and community services, ranging from general medicine to the foremost specialized programs in cardiovascular services, oncology, and the neurosciences. The hospital has the only trauma center in the region. In addition, Huntington offers women's and children's services, state-of-the art orthopedic surgery, in- and outpatient psychiatric services, Huntington Hospital Senior Care Network, and Huntington Ambulatory Care Center.

As a teaching facility affiliated with the University of Southern California’s Keck School of Medicine, Huntington supports 39 residents each year, specializing in internal medicine or general surgery. Approximately one-third of Huntington’s residents remain in the area to practice, providing a seamless transition through generations of care.
Huntington Hospital also offers continuing education and learning for the public, employees, medical staff, and other health care professionals, through the availability of health science and community libraries. With social media transforming the way that people communicate, Huntington Hospital has extended its reach into the web community using familiar sites like Facebook, YouTube, and Twitter.

**Huntington Hospital’s Commitment and History**

Throughout its 120-year history, Huntington Hospital has been committed to improving the health of its community. Founded by a group of concerned citizens, the Hospital filled an important community need for access to health care for local residents. Since 1997, Huntington Hospital has embraced its role in assessing current community needs and addressing them in a formal annual report to the state of California. The Hospital’s commitment to this process manifests itself at the highest levels of the organization through the Board of Directors Community Benefits Committee and the support of the Executive Management Team.

Huntington Hospital supports the American Hospital Association’s call for hospitals to “voluntarily, publicly, and proactively report to their communities on the full value of benefits” they provide. Not-for-profit hospitals are the backbone of our nation’s healthcare system, investing all surplus revenue into operations that benefit the community. This distinction provides the resources needed to fund necessary, yet often unprofitable, services – programs that might not be offered in a for-profit environment that answers mainly to the earnings of shareholders. This accountability for assessing and meeting needs at a local level allows not-for-profit hospitals to do the most good for the most people, while also being good stewards of these precious community resources.

**About Huntington Hospital CHNA/Implementation Strategy Workgroup**

Huntington Hospital’s CHNA and planning activities are based on several broad, collaborative, and multispecialty teams. Overall responsibility rests with the Board of Trustees and is overseen by the Community Benefits Committee of the Board. The Community Benefits Committee comprises key stakeholders and representatives from the Hospital’s service area. Constituents on the committee include the Department of Public Health, Pasadena Unified School District, Community Health Alliance of Pasadena (a Federally Qualified Health Center), Huntington Medical Foundation, state and federal elected officials, and social service agencies. The committee’s activities are supported by the Department of Public Affairs under the Office of Philanthropy. The Hospital completes a CHNA every three years and files a community benefits plan every year with the state of California.

The Executive Management Team at Huntington Hospital oversees the CHNA. They manage the process, provide input, and approve the conclusions and recommendations. This year’s development of the priorities and implementation strategy was the work of a multi-disciplinary team at the Hospital that included the Director of Senior Care Network; the Manager of the Huntington Ambulatory Care Clinic; the Executive Director of Emergency Services, Trauma, and Behavioral Health; the Manager of Community Outreach; and the Director of Care Coordination. The final
assessment, including priorities, recommendations, and implementation plan, is sent to the Executive Management Team for approval and then to the Board of Trustees.

About Healthy Communities Institute

Huntington Hospital commissioned Healthy Communities Institute to assist with the 2013 Community Health Needs Assessment and Implementation Strategy and author this report.

The Healthy Communities Institute offers a web-based dashboard system that allows data to be easily visualized and comprehended by its users. This allows community stakeholders to understand the variety of data, and to be able to take concrete action and improve target areas of interest. HCI has over 100 implementations of its dashboard for clients in 35+ states.

The HCI mission is to improve the health, environmental sustainability, and economic vitality of cities, counties, and communities worldwide. The company is rooted in work started in 2002 in concert with the Healthy Cities Movement at the University of California at Berkeley. HCI staff are experts in managing and presenting data with extensive experience in data visualization and data mapping.

To learn more about Healthy Communities Institute please visit http://www.HealthyCommunitiesInstitute.com. For information about the authors, please see Appendix F.
Service Area: Greater Pasadena

Huntington Hospital’s service area is defined by the geographical boundary of Greater Pasadena, which is the primary unit of analysis for this assessment.

Greater Pasadena comprises the following zip codes: 91001, 91030, 91101, 91103, 91104, 91105, 91106, 91107, and 91108. Huntington Hospital provides over half of all inpatient services to individuals residing in these zip codes. This area has minimal overlap with the community benefit activities of other providers and hence minimizes duplication.

To provide a rich and comprehensive assessment of needs in Greater Pasadena, information for the surrounding geographical boundary of public health Service Planning Area 3 (SPA 3) - San Gabriel is also used to support findings. According to the Los Angeles Department of Public Health, SPA 3 serves the communities of:

Alhambra, Altadena, Arcadia, Azusa, Baldwin Park, Claremont, Covina, Diamond Bar, Duarte, El Monte, Glendora, Irwindale, Monrovia, Monterey Park, Pasadena, Pomona, San Dimas, San Gabriel, San Marino, Temple City, Walnut, West Covina, and others.

For more information about the Los Angeles public health Service Planning Areas, please refer to http://publichealth.lacounty.gov/chs/SPAMain/ServicePlanningAreas.htm.
Demographics

Population

In 2013, the Greater Pasadena population was estimated to be 231,274 people, making up about 2.3% of Los Angeles County’s population. Zip codes located in the northeastern region of Greater Pasadena (91001, 91104, and 91107) have more residents compared to other zip codes in the area. Approximately 48.5% of the population is male, and 51.5% is female.

A smaller proportion of youth (those under 18 years of age, 20.5%) and a greater proportion of seniors (those over 65 years of age, 14.6%) live in Greater Pasadena compared to Los Angeles County (23.8% and 11.5% respectively).
Economy

Income/Employment

Greater Pasadena residents have a higher median household income ($71,396) and average household income ($102,870) compared to Los Angeles County ($53,880, $78,598, respectively). The unemployment rate is 9.4%, lower than Los Angeles County overall (11.3%, Nielsen Claritas, January 2013).

Poverty

With 8.3% of families living below the poverty level, Greater Pasadena has a lower family poverty rate compared to Los Angeles County (13.5%). Within Greater Pasadena, zip codes 91101 and 91103 have the highest percent of families living below the poverty level (14.7% and 14.4% respectively).
Figure 6: Number of Families Living Below Poverty, 2013

Number of Families Living Below Poverty
Nielsen Claritas, January 2013

Zip codes 91104 and 91103 have the highest number of families living below poverty level (869 families and 868 families respectively).

Education

A greater proportion of Greater Pasadena adults (25 years and older) have a high school degree or higher (86.4%) compared to Los Angeles County (75.9%). In addition, almost half of adults 25 years and older (48.8%) have an advance degree, including a bachelor’s degree or higher.

Figure 7: Percent Population Age 25Yrs+ by Education Attainment, 2013

Percent Population Age 25 Yrs+ by Education Attainment
Nielsen Claritas, January 2013

Los Angeles County (%)  |  Greater Pasadena (%)
--- | ---
Less than 9th Grade | 14.2 | 8.2
Some High School, No Diploma | 10.0 | 5.4
High School Grad | 20.4 | 13.5
Some College, No Degree | 19.5 | 17.4
Associate Degree | 6.7 | 6.8
Bachelor Degree | 19.0 | 12.8
Master’s Degree | 6.5 | 2.4
Professional School Degree | 5.2 | 1.3
Doctorate Degree | 4.2 |
Race/Ethnicity

Race

Caucasians make up a slightly larger proportion of Greater Pasadena (54.5%) compared to Los Angeles County (49.9%). Similarly, Asians (17.9%) and African Americans (10.4%) make up a slightly larger proportion of Greater Pasadena compared to Los Angeles County (14.1% and 8.4% respectively). About 5.0% of Greater Pasadena residents identify as being two or more races and 11.6% identify as “Other.”

Figure 8: Percent Population by Single Race, 2013

<table>
<thead>
<tr>
<th></th>
<th>Los Angeles County (%)</th>
<th>Greater Pasadena (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>49.9</td>
<td>54.5</td>
</tr>
<tr>
<td>Black/Af Amer</td>
<td>8.4</td>
<td>10.4</td>
</tr>
<tr>
<td>Am Ind/AK Native</td>
<td>0.7</td>
<td>0.6</td>
</tr>
<tr>
<td>Asian</td>
<td>14.1</td>
<td>17.9</td>
</tr>
<tr>
<td>Native Hl/Pl</td>
<td>0.3</td>
<td>0.1</td>
</tr>
<tr>
<td>Some Other Race</td>
<td>22.1</td>
<td>11.6</td>
</tr>
<tr>
<td>2+ Races</td>
<td>4.4</td>
<td>5.0</td>
</tr>
</tbody>
</table>

Ethnicity

Only 29.3% of Greater Pasadena residents identify as Hispanic/Latino, a smaller proportion compared to Los Angeles County (48.5%).
The majority of Greater Pasadena residents five years and older speak only English at home (56.7%). About 23.9% of residents speak Spanish, 11.4% speak an Asian language, 6.7% speak an Indo-European language and 1.3% speak some other language.
Risk Factors

Poverty and Education

Two important socioeconomic factors that have been shown to influence personal and community health are poverty and education. The graph below shows the percentage of people living below poverty and those without a high school degree in each zip code of the Greater Pasadena community (American Community Survey, 2007-2011). Zip codes 91101, 91103, and 91104, located in the northern side of the Greater Pasadena Service Area, have the highest proportion of people living with these risk factors.

Figure 11: Risk Factors: Poverty and Education, 2007-2011

Additional demographics information for each of these zip codes, the Greater Pasadena Service Area, and Los Angeles County is available under Demographics on http://www.HealthyPasadena.org.

Key Demographic Findings

Compared to Los Angeles County, Greater Pasadena has:
- A smaller proportion of youth (<18yrs) and a higher proportion of seniors (65+)
- Higher household incomes and higher education attainment among residents
- Lower poverty and unemployment rates
Greater Pasadena’s residents have the following characteristics:

- Majority of the residents are White
- Asians represent the largest minority group
- Majority of the residents are non-Hispanic/Latino
- Majority of the residents speak only English at home, Spanish is the next most common language

Within Greater Pasadena:

- Zip codes 91101, 91103, and 91104 have the highest proportion of people living below the poverty level and having less than a high school education
- Zip code 91103 has one of the highest number and proportion of families living below the poverty level
Identifying Significant Community Needs: Methodology

An analysis of secondary community health data and community input was used to identify the significant community needs for Huntington Hospital.

Secondary Data Analysis

The secondary data was collected and analyzed through [http://www.HealthyPasadena.org](http://www.HealthyPasadena.org), a web-based community health data platform developed by Healthy Communities Institute and sponsored by Huntington Hospital in an effort to bring non-biased data, local resources, and a wealth of information to one accessible, user-friendly location. It includes a comprehensive dashboard of over 100 community indicators covering over 20 topics in the areas of health, determinants of health, and quality of life. The data is primarily derived from state and national public secondary data sources. It also includes preventable hospitalization and emergency room visit information, collected by the California Office of Statewide Health Planning and Development. For more information on the indicators and data, please see Appendix B.

For ease of interpretation and analysis, indicator data is visually represented as a red-yellow-green gauge, a trend arrow, or bar graph, showing how the community is faring against a distribution of counties in California or United States, or against the CA state or US national value, and/or against the national Healthy People 2020 goals/targets. Healthy People 2020 goals are national objectives for improving the health of the nation set by the Department of Health and Human Services’ (DHHS) Healthy People Initiative (for more information, please see Appendix B).

An indicator represented by a needle pointing to the green section signifies that the community value is in the better performing half (or top 50th percentile) of all California or US counties, yellow signifies that the value is between the bottom 25th and 50th percentile, and red signifies that the value is in the worst performing quartile (or bottom 25th percentile) of all California or US counties.
In order to determine top community needs, all indicators available at the Greater Pasadena and Service Planning Area 3 (SPA 3) geography were analyzed on the following criteria: (1) Is the indicator in the red? (2) Is the indicator in the yellow? (3) Is it failing to meet the national Healthy People 2020 target? (see Figure 12). If the answer to any of these questions was yes (meaning the value was in the worst performing half of US or California counties, or did not meet the Healthy People 2020 national target), the indicator was identified as a top community need. (For a full list of indicators and sources included in this analysis, please see Appendices A and B)

Approximately 17 indicators (out of 47) at the Greater Pasadena geography and 19 indicators (out of 33) at the SPA 3 geography were identified as top community need indicators. Once these indicators were identified, they were grouped and examined by topic area. Indicators and topic areas that were identified as top needs are listed in Figure 13.

Historic data as well as gender and racial data were examined as available. Other supporting indicators were examined topically to provide context for the community need indicators. As data permitted, inequities in preventable hospitalization rates within Greater Pasadena were also examined and highlighted in this report.

Please note that the most recent period of measure was used for all secondary data presented in this report (as publicly available on May 1st, 2013). Although this analysis is extensive, additional
indicators, trend data, and demographics are available for review on 
http://www.HealthyPasadena.org, which will continue to publish updates to data as they become 
available.

Figure 13: Secondary Data Analysis: Top Needs

<table>
<thead>
<tr>
<th>Greater Pasadena</th>
<th>Service Planning Area 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cancer</strong></td>
<td><strong>Access to Health Services</strong></td>
</tr>
<tr>
<td>Age-Adjusted Death Rate due to Breast Cancer</td>
<td>Adults with Health Insurance</td>
</tr>
<tr>
<td>Age-Adjusted Death Rate due to Prostate Cancer</td>
<td>People with a Usual Source of Health Care</td>
</tr>
<tr>
<td><strong>Diabetes</strong></td>
<td>Children with Health Insurance</td>
</tr>
<tr>
<td>Age-Adjusted Death Rate due to Diabetes</td>
<td>People Delayed or had Difficulty Obtaining Care</td>
</tr>
<tr>
<td>Age-Adjusted Hospitalization Rate due to Diabetes</td>
<td>Disabled Persons with Health Insurance</td>
</tr>
<tr>
<td>Age-Adjusted Hospitalization Rate due to Long-Term Complications of Diabetes</td>
<td><strong>Cancer</strong></td>
</tr>
<tr>
<td>Age-Adjusted Hospitalization Rate due to Uncontrolled Diabetes</td>
<td>Colon Cancer Screening</td>
</tr>
<tr>
<td><strong>Heart Disease &amp; Stroke</strong></td>
<td>Mammogram History</td>
</tr>
<tr>
<td>Age-Adjusted Death Rate due to Coronary Heart Disease</td>
<td>Pap Test History</td>
</tr>
<tr>
<td>Age-Adjusted Hospitalization Rate due to Congestive Heart Failure</td>
<td><strong>Diabetes</strong></td>
</tr>
<tr>
<td><strong>Immunizations &amp; Infectious Diseases</strong></td>
<td>Adults with Diabetes</td>
</tr>
<tr>
<td>Age-Adjusted Death Rate due to Influenza and Pneumonia</td>
<td><strong>Exercise, Nutrition, &amp; Weight</strong></td>
</tr>
<tr>
<td><strong>Maternal, Fetal &amp; Infant Health</strong></td>
<td>Adults Engaging in Moderate Physical Activity</td>
</tr>
<tr>
<td>Babies with Low Birth Weight</td>
<td>Adults Engaging in Vigorous Physical Activity</td>
</tr>
<tr>
<td>Babies with Very Low Birth Weight</td>
<td>Adult Fast Food Consumption</td>
</tr>
<tr>
<td><strong>Respiratory Diseases</strong></td>
<td>Child Fruit and Vegetable Consumption</td>
</tr>
<tr>
<td>Age-Adjusted Hospitalization Rate due to Adult Asthma</td>
<td>Teens who Engage in Regular Physical Activity</td>
</tr>
<tr>
<td>Age-Adjusted Hospitalization Rate due to Asthma</td>
<td><strong>Heart Disease &amp; Stroke</strong></td>
</tr>
<tr>
<td><strong>Substance Abuse</strong></td>
<td>High Blood Pressure Prevalence</td>
</tr>
<tr>
<td>Age-Adjusted Hospitalization Rate due to Alcohol Abuse</td>
<td><strong>Immunizations &amp; Infectious Diseases</strong></td>
</tr>
<tr>
<td>Age-Adjusted Hospitalization Rate due to Dehydration</td>
<td>Adults 65+ with Influenza Vaccination</td>
</tr>
<tr>
<td><strong>Other Conditions</strong></td>
<td>Mental Health &amp; Mental Disorders</td>
</tr>
<tr>
<td>Age-Adjusted Hospitalization Rate due to Urinary Tract Infections</td>
<td>Adults Needing and Receiving Behavioral Health Care Services</td>
</tr>
<tr>
<td></td>
<td><strong>Wellness &amp; Lifestyle</strong></td>
</tr>
<tr>
<td></td>
<td>Self-Reported General Health Assessment: Good or Better</td>
</tr>
</tbody>
</table>

**Community Input**

In order to gather community input, Huntington Hospital joined the City of Pasadena Public Health Department’s ongoing efforts to develop a Community Health Improvement Plan (CHIP).

On January 31, 2013, the City of Pasadena Public Health Department held a meeting with over fifty community partners in order to solicit feedback and prioritize health issues for the City of Pasadena. Participants included Huntington Hospital, City Council Field Representatives, City of Pasadena Department Directors, local community groups, and other government and health related organizations. By participating in this meeting, Huntington Hospital was able to obtain feedback from organizations intimately familiar with the needs of uninsured, low-income, marginalized, and other
high needs groups in the community. For a full list of organizations that provided input, as well as the populations they represent (ex: low-income, underserved, minority groups), please see Appendix C.

Participants provided feedback in two ways: audience response system and facilitated discussion groups. First, participants ranked top needs based on the magnitude of the health issue and the feasibility to impact it. The top five major health concerns that arose from this exercise were (in order): teen pregnancy, substance abuse amongst youth, rates of uninsured individuals, obesity, and mental health. Next, participants were broken out into groups of seven or more for facilitated group discussion about the results. Groups consisted of individuals from various organizations. They worked to agree on three to four top health issues, identify resources, and put forth strategies to address needs. Lastly, the results from the audience response and the facilitated group discussions were aggregated to identify the following as the overall top community needs (in order):

1. Obesity
2. Access to Health Care
3. Teen Pregnancy
4. Mental Health (encompassing substance abuse, homelessness, and access to mental health programs)

See Figure 14 for an overview of the Community Input Process.

Community Resources

Resources available in the community to address health needs were identified through facilitated group discussions during the Community Input process. In addition, resources were collected in a joint effort by Huntington Hospital and the Pasadena Public Health Department in May 2013. Please see Appendix D for an extensive list of community resources categorized by topic area.
Community Input: City of Pasadena
Community Health Improvement Plan (CHIP)

Who: City of Pasadena Public Health Department + 50 Community Partners (January 31, 2013 meeting)

Goal: solicit partner feedback and prioritize health issues for City of Pasadena

Methods

Audience Response System
(participants ranked top needs based on magnitude of health issue and the feasibility to impact it)

Facilitated Discussion Groups
(at least 7 people from various organizations worked in groups to agree on top 3 or 4 health issues, identify resources, and put forth strategies to address needs)

Results

Audience Response Results: by topic area, the top 5 major health concerns:
1. Maternal, Fetal & Infant Health: teen pregnancy
2. Substance Abuse: substance abuse amongst youth
3. Access to Health Services: rates of uninsured individuals
4. Exercise, Nutrition, & Weight: obesity
5. Mental Health & Mental Disorders: mental health

Overall Results: aggregated from Audience Response results and the number of tables ranking need as top priority:
1. Exercise, Nutrition, & Weight: obesity
2. Access to Health Services: access to health care
3. Maternal, Fetal & Infant Health: teen pregnancy
4. Mental Health & Mental Disorders: mental health (including substance abuse, homelessness, and access to mental health programs)

Significant Community Needs (Aligning Secondary Data and Community Input)

To identify the significant community needs, the results of the secondary data analysis were combined with the results of the community input and grouped by topic area. Nine common areas of significant community needs emerged:

- Cancer
- Diabetes
- Heart Disease & Stroke
- Immunizations & Infectious Diseases
- Maternal, Fetal & Infant Health
- Substance Abuse
- Access to Health Services
- Exercise, Nutrition & Weight
- Mental Health

The significant community needs can be seen in bold in Figure 15.
Figure 15: Significant Community Needs by Topic Area

Significant Community Needs by Topic Area

Greater Pasadena
- Respiratory Disease
- Other (UTIs, Dehydration)

SPA 3
- Wellness & Lifestyle

Community Input
- Access to Health Services
- Exercise, Nutrition & Weight
- Mental Health

Maternal, Fetal & Infant Health
- Substance Abuse

Cancer
- Diabetes
- Heart Disease & Stroke
- Immunizations & Infectious Disease
Prioritization Process

In order to prioritize the community needs, Huntington Hospital established a working group to rank the significant community needs based on criteria important to the Hospital.

Participants

The group was chosen to represent people with community and clinical knowledge, with particular attention to include individuals who are knowledgeable about the needs assessment process, manage services to the underserved, or manage services that address an identified need. Participants included:

- Sheryl Rudie, Director Business Development
- Cathi Chadwell, Executive Director, Public Affairs
- Troy M. Maynor, Manager, Strategic Financial Analysis
- Jeanette Abundis, Executive Director, Emergency, Trauma and Psychiatric Services
- Sona Nikogossian, Manager, Huntington Ambulatory Care Center
- Lois Zagha, Manager, Community Outreach Services
- Marcia Penido, Director, Care Coordination
- Manisha Rea, Huntington Medical Foundation

Process

The group met for one and a half hours on July 9th, 2013. First, they reviewed the Community Health Needs Assessment requirements and progress. Then, the group reviewed the results of the secondary data analysis conducted by Healthy Communities and discussed the top significant needs that were identified in that process:

- Cancer
- Diabetes
- Heart Disease & Stroke
- Immunizations & Infectious Diseases
- Maternal, Fetal & Infant Health
- Substance Abuse
- Access to Health Services
- Exercise, Nutrition & Weight
- Mental Health

The group was presented with five criteria for ranking the needs:

- Alignment with Huntington Hospital strengths, mission, and resources
- Opportunity for partnership
- Solution impacts multiple problems
- Feasibility-effective methods are available
- Importance to community
A consensus was reached to remove “importance to the community” because that criterion was already part of the original analysis. The group then went through a facilitated discussion and agreed on weights for each criterion. The group provided a score for each of the areas of need based on how well it met each of the criteria: high (3), medium (2) or low (1). Please see Appendix E for the rating matrix and weights for each criterion.

### Prioritized Health Needs

The results from Huntington Hospital’s prioritization were calculated, and Diabetes, Cancer, and Immunization received the largest scores. The group met again to review the results and begin to discuss high-level strategies that might be used to address the needs. After reviewing the results with the Executive Management Team, it was determined that Huntington Hospital’s prioritized needs would be:

- Cancer, with a focus on breast cancer and screening
- Immunization, with a focus on vaccination

It was determined that by selecting only two health priorities, Huntington Hospital would be better suited to make a positive impact on community health as the Hospital could concentrate efforts into two focused areas of high need rather than diffusing resources into multiple areas.
Priority A: Cancer

Cancer (of all sites) is a leading cause of death in Greater Pasadena. According to the National Cancer Institute, lung, colorectal, breast, pancreatic, and prostate cancers contribute with the greatest number of annual deaths. Compared to other counties in California, Greater Pasadena has a high breast cancer death rate (23.9 deaths/100,000 females) and a high prostate cancer death rate (22.8 deaths/100,000 males). This places the community in the bottom half of all counties in California for prostate cancer deaths and in the bottom quartile for breast cancer deaths (2008-2010). In addition, Greater Pasadena is close to, but not meeting the Healthy People 2020 national targets for either of these measures.

<table>
<thead>
<tr>
<th>High need indicators</th>
<th>Why top need?</th>
<th>Value, year, source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greater Pasadena Service Area</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age-Adjusted Death Rate due to Breast Cancer</td>
<td>HP2020(20.6)</td>
<td>23.9 deaths/100,000 females, 2008-2010, 4</td>
</tr>
<tr>
<td>Age-Adjusted Death Rate due to Prostate Cancer</td>
<td>HP2020(21.2)</td>
<td>22.8 deaths/100,000 males, 2008-2010, 4</td>
</tr>
<tr>
<td>Service Planning Area 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colon Cancer Screening</td>
<td></td>
<td>67.4%, 2009, 7</td>
</tr>
<tr>
<td>Mammogram History</td>
<td></td>
<td>78.2%, 2009, 7</td>
</tr>
<tr>
<td>Pap Test History</td>
<td></td>
<td>79.5%, 2007, 7</td>
</tr>
</tbody>
</table>

For most cancers, early detection and treatment can drastically improve patient outcomes and prevent deaths. Regular screening practices, including colonoscopies, fecal-occult blood tests, mammograms and pap tests, increase early detection. The surrounding Service Planning Area 3 has low cancer screening rates when compared to other counties in California. Only 67.4% of adults 50 years and older received the recommended colon cancer screening (2009), 78.2% of women 40 years and older received a mammogram in the past two years (2009), and 79.5% of women received a pap smear in the past three years (2007).

Cancer Community Resources

- American Cancer Society
- Bill Moore Community Health Clinic/URDC
- Cancer Support Community - Pasadena ChapCare
- Huntington Hospital Cancer Center
- Huntington-Hill Breast Center
- Planned Parenthood
Priority B: Immunizations and Infectious Disease

With 22.4 deaths/100,000 population, Greater Pasadena has a higher death rate due to influenza and pneumonia compared to other counties in California (2008-2010). While the hospitalization rate due to immunization-preventable pneumonia and influenza is relatively low for the community overall (1 hospitalization per 10,000 population), zip code 91103 has a higher rate at 2.2 hospitalizations for every 10,000 people.

Influenza is a contagious disease caused by a virus. The number of influenza deaths can fluctuate considerably from one year to the next as influenza can be caused by more virulent virus strains in some years than others because the viruses constantly mutate. Pneumonia is a serious infection of the lungs that develops when the immune system is weakened. Because it is frequently a complication of influenza, influenza and pneumonia are traditionally reported together. Pneumonia is mainly caused by bacteria and viruses. There are typically more deaths from pneumonia than influenza. Persons most at risk include the elderly, the very young, and the immune-compromised. The seasonal influenza vaccine can prevent serious illness and death.

Figure 18: Immunizations and Infectious Diseases High Need Indicators

<table>
<thead>
<tr>
<th>High need indicators</th>
<th>Why top need?</th>
<th>Value, year, source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greater Pasadena Service Area</td>
<td></td>
<td>22.4 deaths/100,000 pop, 2008-2010, 4</td>
</tr>
<tr>
<td>Age-Adjusted Death Rate due to Influenza and Pneumonia</td>
<td></td>
<td>HP2020(90.0) 64.6%, 2009, 7</td>
</tr>
<tr>
<td>Service Planning Area 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults 65+ with Influenza Vaccination</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The Centers for Disease Control and Prevention (CDC) recommends annual vaccinations to protect against influenza and prevent the spread of the virus. In SPA 3, only 64.6% of adults 65 years and older received an influenza vaccination in the prior year (2009), far from the Healthy People 2020 goal to increase the proportion of adults aged 65 years and older who receive an influenza vaccination to 90%. This low rate also places SPA 3 in the bottom quartile of all California counties.

Immunizations & Infectious Diseases Community Resources

Bill Moore Community Health Clinic/URDC
ChapCare
Huntington Hospital
- Community Outreach Flu Clinics
- Phil Simon Clinic
Pasadena Community Urgent Care
Pasadena Public Health Department
- HIV Clinic
- Immunization Clinic
- TB Clinic
Pasadena Unified School District – Health Programs
A Closer Look at Other Community Needs

The following are significant community needs that were identified from the analysis but were not selected as priorities by Huntington Hospital. Because many of the areas of community need are interrelated and influence one another, the goal of this review is to provide the reader with a more complete picture of community needs in Greater Pasadena. It is the hope that reviewing these additional needs will allow the reader to make more informed decisions when developing strategies and planning activities to address community needs.

Access to Health Care Services

Access to health care services is integral to promoting health wellness, preventing disease, and treating health conditions. Barriers to services range from communication differences and transportation to lack of health insurance coverage and high cost, and can lead to delays in care, overuse of hospitals in place of primary care, and preventable hospitalizations and emergency room visits. Individuals with access to health services are more likely to have routine checkups and screenings, and are thus more likely to have illnesses caught early on, when treatment is easier and less costly. Access to health care services impacts the health outcomes of other areas of need.

Figure 19: Access to Health Care Services High Need Indicators

<table>
<thead>
<tr>
<th>High need indicators</th>
<th>Why top need?</th>
<th>Value, year, source</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Service Planning Area 3</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults with Health Insurance</td>
<td>HP2020(100%)</td>
<td>78.1%, 2009, 7</td>
</tr>
<tr>
<td>Children with Health Insurance</td>
<td>HP2020(100%)</td>
<td>95.8%, 2009, 4</td>
</tr>
<tr>
<td>People with a Usual Source of Health Care</td>
<td>HP2020(95%)</td>
<td>85.0%, 2009, 7</td>
</tr>
<tr>
<td>People Delayed or had Difficulty Obtaining Care</td>
<td>HP2020(4.2%)</td>
<td>10.5%, 2009, 7</td>
</tr>
<tr>
<td>Disabled Persons with Health Insurance</td>
<td>HP2020(100%)</td>
<td>72.4%, 2009, 7</td>
</tr>
<tr>
<td><strong>Community Input</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rates of uninsured individuals</td>
<td>Ranked #3 Priority by Audience Response</td>
<td>Overall: Ranked #2 Priority</td>
</tr>
</tbody>
</table>

In SPA 3, 78.1% of adults have health insurance, placing the community between the bottom 25th and 50th percentile of California counties (2009). There is a particularly low rate of disabled adults having health insurance: at 72.4%, the community performs in the bottom 25th percentile of California counties (2009). Moreover, the community does not meet the Healthy People 2020 national targets for the measures previously mentioned or for Children with Health Insurance, People with a Usual Source of Health Care, and People Delayed or had Difficulty Obtaining Care. Lack of health insurance is a source of much concern in the community, as reflected by the Community Input ranking as second most important priority.
**Community Input**

Considering the high uninsured rate and that the “low cost healthcare provider network is currently overburdened, members felt this was an immediate problem.” Suggestions included educating people about available resources and the healthcare reform, and helping people enroll for insurance.

General consensus that community leaders need to be more proactive in connecting people to resources and informing them about healthcare reform.

*City of Pasadena CHIP Planning Meeting Summary, 1/31/13*

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**Access to Health Services**

**Community Resources**

- Armenian Relief Society Social Services
- Bill Moore Community Health Clinic/URDC
- ChapCare
- Convalescent Aid Society
- H.E.A.R. Center
- Huntington Ambulatory Care Center
- Huntington Hospital
- Los Angeles County Dept. of Public Social Services
- Pasadena Community Urgent Care
- Pasadena Public Health Department
- Young & Healthy
- Pasadena Unified School District Primary Health Care Clinic

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**Diabetes**

Diabetes can have a harmful effect on most of the organ systems in the human body; it is a frequent cause of end-stage renal disease, non-traumatic lower-extremity amputation, and blindness among working age adults. Persons with diabetes are also at increased risk for ischemic heart disease, neuropathy, and stroke.

*Figure 20: Diabetes High Need Indicators*

<table>
<thead>
<tr>
<th>High need indicators</th>
<th>Why top need?</th>
<th>Value, year, source</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Greater Pasadena Service Area</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age-Adjusted Death Rate due to Diabetes</td>
<td></td>
<td><strong>55.0</strong> deaths/100,000 pop, 2008-2010, 4</td>
</tr>
<tr>
<td>Age-Adjusted Hospitalization Rate due to Diabetes</td>
<td></td>
<td><strong>15.3</strong> hospitalizations/10,000 pop 18yrs+, 2009-2011, 8</td>
</tr>
<tr>
<td>Age-Adjusted Hospitalization Rate due to Long-Term Complications of Diabetes*</td>
<td></td>
<td><strong>10.5</strong> hospitalizations/10,000 pop 18yrs+, 2009-2011, 8</td>
</tr>
<tr>
<td>Age-Adjusted Hospitalization Rate due to Uncontrolled Diabetes**</td>
<td></td>
<td><strong>1.1</strong> hospitalizations/10,000 pop 18yrs+, 2009-2011, 8</td>
</tr>
<tr>
<td><strong>Service Planning Area 3</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults with Diabetes</td>
<td></td>
<td><strong>13.9%</strong>, 2009, 7</td>
</tr>
</tbody>
</table>

*Long-term complications of diabetes may include heart disease, stroke, blindness, amputations, kidney disease, and nerve damage. **Uncontrolled diabetes is a non-specific diagnosis, which indicates that the patient’s blood sugar level is not kept within acceptable levels by his or her current treatment routine.

**Diabetes Community Resources**

- ChapCare/Pasadena Public Health Department - PACE
- Huntington Hospital
  - - Ambulatory Care Clinic
  - - Community Outreach/Health Counseling and Screenings
  - - HELP (Healthy Eating Lifestyle Program)

---
There is a high death rate from diabetes in Greater Pasadena; with 55 deaths/100,000 population, the community is performing in the bottom 25th percentile of counties in California (2008-2010). There are also high hospitalization rates due to: diabetes (15.3 hospitalizations/10,000 pop 18yrs+), long-term complications due to diabetes (10.5 hospitalizations/10,000 pop 18yrs+), and uncontrollable diabetes (1.1 hospitalizations/10,000 pop 18yrs+), placing the community between the bottom 25th and 50th percentile of California counties (2009-2011).

In addition, about 13.9% of adults in SPA 3 have diabetes, a much higher prevalence compared to most counties in California (2009).

There are large differences in diabetes hospitalization rates between the zip codes within the Greater Pasadena service area.

Zip code 91103 has the highest age-adjusted rate of hospitalizations due to both diabetes (34.4 hospitalizations/10,000 population 18yrs+) and long-term complications due to diabetes (23.2 hospitalizations/10,000 population 18yrs+, 2009-2011).

In contrast, zip code 91108 has the lowest age-adjusted rate of hospitalizations due to both diabetes (3.6 hospitalizations/10,000 population 18yrs+) and long-term complications due to diabetes (2.7 hospitalizations/10,000 population 18yrs+) (2009-2011).

Although Greater Pasadena overall has a lower emergency room visit rate due to diabetes (17.1 ER visits/10,000 population 18yrs+) and long-term complications due to diabetes (10.4 ER visits/10,000 population 18yrs+) compared to other counties in California, there are still large differences in ER visit rates across the different zip codes within Greater Pasadena (2009-2011).

Once again, zip code 91103 has the highest age-adjusted ER visit rate due to both diabetes (35.7 ER visits/10,000 population 18yrs+) and long-term complications due to diabetes (18.6 ER visits/10,000 population 18yrs+).

Meanwhile, zip code 91108 has the lowest age-adjusted ER visit rate due to both diabetes (3.7 ER visits/10,000 population 18yrs+) and long-term complications due to diabetes (2.8 ER visits/10,000 population 18yrs+).
Heart Disease and Stroke

Heart disease is one of the leading causes of death in Greater Pasadena. With 124.2 deaths due to coronary heart disease per 100,000 population, the community has a higher death rate compared to other California counties and is not meeting the Healthy People 2020 national target to reduce the coronary heart disease death rate to 100.8 deaths per 100,000 population (2008-2010).

There is also a high hospitalization rate due to congestive heart failure (23.3 hospitalizations/10,000 population 18yrs+), a value higher compared to other counties in California. Zip codes 91103 and 91104 have especially high rates: 30.6 and 31.3 hospitalizations per 10,000 population 18 years and older, respectively.

Figure 22: Heart Disease and Stroke High Need Indicators

<table>
<thead>
<tr>
<th>High need indicators</th>
<th>Why top need?</th>
<th>Value, year, source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greater Pasadena Service Area</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age-Adjusted Death Rate due to Coronary Heart Disease</td>
<td>HP2020(100.8)</td>
<td>124.2 deaths/100,000 pop, 2008-2010, 4</td>
</tr>
<tr>
<td>Age-Adjusted Hospitalization Rate due to Congestive Heart Failure</td>
<td></td>
<td>23.3 hospitalizations/10,000 pop 18yrs+, 2009-2011, 8</td>
</tr>
</tbody>
</table>

Service Planning Area 3

<table>
<thead>
<tr>
<th>High need indicators</th>
<th>Why top need?</th>
<th>Value, year, source</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Blood Pressure Prevalence</td>
<td>HP2020(26.9)</td>
<td>30.6%, 2009, 7</td>
</tr>
</tbody>
</table>

Heart Disease & Stroke Community Resources

Huntington Hospital
- Ambulatory Care Clinic
- Community Outreach/Health Counseling and Screenings
- Heart HELP (Healthy Eating Lifestyle Program)
- Stroke Center

In addition, SPA 3 has a high prevalence (30.6%) of adults with high blood pressure (2009), exceeding the Healthy People 2020 national target to reduce the proportion of adults with high blood pressure to 26.9%. This high prevalence also places SPA 3 in the bottom quartile of all California counties. Higher blood pressure is associated with a greater risk of heart attack, heart failure, stroke, and kidney disease.
Maternal, Fetal, and Infant Health

Babies born with a very low birth weight are more likely than babies of normal weight to require specialized medical care and often must stay in intensive care nurseries. In 2011, 6.7% of newborns in Greater Pasadena had a low birth weight, less than 2,500 grams (5 pounds, 8 ounces), and 1.3% of newborns had a very low birth weight, less than 1,500 grams (3 pounds, 5 ounces). Although the community meets the national Healthy People 2020 targets (no more than 7.8% with low birth weight and no more than 1.4% with very low birth weight), Greater Pasadena is performing between the bottom 25th and 50th percentiles of all California counties for these measures. There are an especially high percentage of newborns with low birth weight for zip codes 91108 (8.5%), 91001 (8.2%), and 91103 (7.8%).

**Figure 24: Maternal, Fetal, and Infant Health High Need Indicators**

<table>
<thead>
<tr>
<th>High need indicators</th>
<th>Why top need?</th>
<th>Value, year, source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greater Pasadena Service Area</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Babies with Low Birth Weight</td>
<td></td>
<td>6.7%, 2011, 3</td>
</tr>
<tr>
<td>Babies with Very Low Birth Weight</td>
<td></td>
<td>1.3%, 2011, 3</td>
</tr>
<tr>
<td>Community Input</td>
<td></td>
<td>Ranked #1 Priority by Audience Response</td>
</tr>
<tr>
<td>Teen pregnancy</td>
<td></td>
<td>Overall: Ranked #3 Priority</td>
</tr>
</tbody>
</table>

Community representatives identified teen pregnancy as one of the top priorities in the community during the City of Pasadena CHIP planning meeting, especially among Hispanic teens. Pregnancy and delivery can be harmful to teenagers' health, as well as social and educational development. Babies born to teen mothers are more likely to be born preterm and/or low birth weight.

**Community Input**

High rate of teen pregnancy, especially amongst Hispanic teens, was identified as a top concern. Discussion group noted “prevention by education was the best approach for teens.” Access to prevention education and practices should be widespread, including sexual and reproductive health education in schools, through health educators, teen clinics, and/or mobile clinics that would make school visits.

Suggestions for collaboration partners:
Community Health Alliance of Pasadena (CHAP); Planned Parenthood of Pasadena and the San Gabriel Valley; the Institute for Girls Development; Lake Avenue Church STARS Program; the YWCA; Hathaway-Sycamores Child and Family Services; and Maternal, Child and Adolescent Health (MCAH)

*City of Pasadena CHIP Planning Meeting Summary, 1/31/13*

**Maternal, Fetal & Infant Health/ Family Planning Community Resources**

Bill Moore Community Health Clinic/URDC
ChapCare
Huntington Hospital – Women’s and Children’s Services
Pasadena Public Health Department
- Family & Women’s Services
- Prenatal Clinic
- Black Infant Health Program
- Maternal, Child and Adolescent Health Outreach
Planned Parenthood of Pasadena
Elizabeth House
Mother’s Club of Pasadena

Healthy Communities Institute
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Substance Abuse

Drinking alcohol has immediate effects that can increase the risk of many harmful health conditions. According to the Centers for Disease Control and Prevention, excessive alcohol use, either in the form of heavy drinking (drinking more than two drinks per day on average for men or more than one drink per day on average for women) or binge drinking (drinking more than five drinks during a single occasion for men or more than four drinks during a single occasion for women), can lead to increased risk of health problems such as liver disease or unintentional injuries.

<table>
<thead>
<tr>
<th>High need indicators</th>
<th>Why top need?</th>
<th>Value, year, source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greater Pasadena Service Area</td>
<td></td>
<td>10.1 hospitalizations/10,000 pop 18yrs+, 2009-2011, 8</td>
</tr>
<tr>
<td>Age-Adjusted Hospitalization Rate due to Alcohol Abuse</td>
<td>Ranked #2 Priority by Audience Response Overall: grouped with mental health and homelessness, Ranked #4 Priority</td>
<td></td>
</tr>
</tbody>
</table>

Community Input

Suggestion that larger focus be placed on counseling to avoid issues with substance abuse and ultimately help mentally ill individuals to recover/cope with their illness. Medication alone is inefficient. Medication distribution should be tracked so that prescriptions are properly dispensed and not used for recreational purposes.

City of Pasadena CHIP Planning Meeting Summary, 1/31/13

Substance Abuse Community Resources

Give The Streets Back!
Aurora Las Encinas Hospital
Huntington Hospital Della Martin Center
Pacific Clinics
Casa de las Amigas
IMPACT
Pasadena Council - Alcoholism and Drug Dependence
Passageways
The Walter Hoving Home
CHOICES - URDC Human Services Corporation
Day One

Community representatives identified substance abuse as the fourth top community priority, especially among youth. Substance abuse was seen as an issue that went hand in hand with mental health and homelessness.

There is a high hospitalization rate due to alcohol abuse in Greater Pasadena. “Alcohol abuse” includes alcohol dependence syndrome, nondependent alcohol abuse, alcoholic psychosis, excessive blood alcohol level, and fetal alcohol syndrome. With 10.1 hospitalizations per 10,000 people 18 years and older, the community is performing in the bottom 25th percentile of counties in California (2009-2011).
Although Greater Pasadena overall has a lower emergency room visit rate due to alcohol abuse (24.5 ER visits/10,000 population 18yrs+) compared to other counties in California, there are large differences in ER visit rates across the different zip codes within Greater Pasadena (2009-2011).

Zip code 91105 has the highest age-adjusted ER visit rate due to alcohol abuse (49.2 ER visits/10,000 population 18yrs+) while zip code 91108 has the lowest rate (11.7 ER visits/10,000 population 18yrs+).

There are also large differences in alcohol abuse hospitalization rates between the zip codes.

Zip code 91105 once again has the highest age-adjusted rate of hospitalizations due to alcohol abuse (17.6 hospitalizations/10,000 population 18yrs+) while zip code 91108 has the lowest rate (4.9 hospitalizations/10,000 population 18yrs+) (2009-2011).
Exercise, Nutrition, and Weight

Figure 28: Exercise, Nutrition, and Weight High Need Indicators

<table>
<thead>
<tr>
<th>High need indicators</th>
<th>Why top need?</th>
<th>Value, year, source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Planning Area 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult Fast Food Consumption</td>
<td></td>
<td>60.8%, 2009, 7</td>
</tr>
<tr>
<td>Adults Engaging in Moderate Physical Activity</td>
<td></td>
<td>17.2%, 2007, 5</td>
</tr>
<tr>
<td>Adults Engaging in Vigorous Physical Activity</td>
<td></td>
<td>13.7%, 2007, 5</td>
</tr>
<tr>
<td>Child Fruit and Vegetable Consumption</td>
<td></td>
<td>46.3%, 2009, 7</td>
</tr>
<tr>
<td>Teens who Engage in Regular Physical Activity</td>
<td></td>
<td>62.7%, 2009, 7</td>
</tr>
<tr>
<td>Community Input</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obesity</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Exercise, nutrition, and weight are important contributors to general health. Good nutrition and regular exercise are key factors to maintaining a healthy weight. Altogether, these health factors reduce the risk for many health conditions, including high blood pressure, heart disease and stroke, type 2 diabetes, and several types of cancer. Diet and exercise are particularly important habits to develop in children for healthy development and weight.

There were low rates of physical activity in adults and teens. SPA 3 performed in the bottom 25th percentile as compared to the rest of California for adults engaging in moderate physical activity at 17.2% (2007) and vigorous physical activity at 13.7% (2007). In teens, only 62.7% engaged in regular physical activity (2009). The area also placed in the bottom quartile of California counties with only 46.3% of children consuming at least five servings of fruits and vegetables per day. Fast food consumption was higher than other California counties, with 60.8% of adults having consumed fast food at least once in the prior week (2009).

Obesity emerged as the top priority during the Community Input process.
Mental Health

Mental health is critical to general well being and community belonging. Mental health disorders are the leading causes of disability in the United States, and affect all aspects of life, from physical and general health to interpersonal relationships and productivity. Lack of prevention and treatment of mental health disorders can be debilitating and may lead to disability, increased morbidity and mortality, substance abuse, and suicide.

Figure 29: Mental Health High Need Indicators

<table>
<thead>
<tr>
<th>Service Planning Area 3</th>
<th>Why top need?</th>
<th>Value, year, source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults Needing and Receiving Behavioral Health Care Services</td>
<td>Ranked #5 Priority by Audience Response Overall: grouped with substance abuse and homelessness, Ranked #4 Priority</td>
<td>47.8%, 2009, 7</td>
</tr>
</tbody>
</table>

In SPA 3, only 47.8% of adults needing behavioral health care services received or obtained help, placing the area in the bottom 25th percentile of California counties (2009). Through Community Input, mental health was prioritized as the fourth priority for Pasadena. In particular, participants noted that a general expansion of resources and access to mental health services to all populations is necessary.

Community Input

Greater access to mental health services is needed as many community services in Pasadena are geared towards children. Housing programs for older homeless adults was seen as a necessary and effective tool to reduce mental health disparities.

Participants also felt that “many resources are dedicated to the most poor of families, leaving many middle-class families without support.”

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Mental Health

Community Resources

- Arcadia Mental Health Center / Los Angeles County Department of Mental Health
- Aurora Las Encinas Hospital
- D’Veal Family and Youth Services
- Foothill Family Service
- Fuller Psychological and Family Services
- Huntington Hospital Della Martin Center
- Pacific Clinics
- Pacific Clinics Child & Family Specialty Services
- Pacific Clinics Hudson Family Services
- Pacific Clinics Pasadena Family Services
- Pasadena Mental Health
- Rose City Counseling Center
- Westminster Counseling Center
- Passageways
Key Health Findings

Nine areas of significant health needs, particularly in health behaviors and chronic diseases, emerged through secondary data analysis and Community Input:

- Access to Health Services
- Cancer
- Diabetes
- Exercise, Nutrition & Weight
- Heart Disease & Stroke
- Immunizations & Infectious Disease
- Maternal, Fetal & Infant Health
- Mental Health
- Substance Abuse

The need for greater access to health services is echoed in other areas such as cancer, where screening rates are low, and mental health, where the rate of adults who needed and received mental health services are also low.

Some disparities between geographic areas were noted. Zip codes 91103 and 91104 have consistently high rates of preventable hospitalizations and ER visits compared to other zip codes, though Greater Pasadena as a whole tends to perform better than Los Angeles County.
Implementation Strategy

The Community Health Needs Assessment (CHNA) revealed that Greater Pasadena had significant community needs in the following nine areas:

- Access to Health Services
- Cancer
- Diabetes
- Exercise, Nutrition & Weight
- Heart Disease & Stroke
- Immunizations & Infectious Disease
- Maternal, Fetal & Infant Health
- Mental Health
- Substance Abuse

Huntington Hospital’s Prioritized Needs

After a structured prioritization process, the three significant community needs that rose to the top were: Diabetes, Cancer, and Immunizations (see Appendix E).

Given these results, the Huntington Hospital CHNA/Implementation Strategy workgroup and the Executive Management Team determined that the Hospital’s two priorities over the next three years, 2014-2016, would be:

- Cancer, with a focus on breast cancer and screening, and
- Immunization, with a focus on vaccination

Rationale

In order to maximize the positive impact on community health, Huntington Hospital has chosen to concentrate efforts into two focused areas of high-need rather than diffusing resources into multiple areas. Huntington Hospital felt that it has stronger expertise and competencies to address the two chosen priorities (cancer and immunization) as compared to some of the other areas of community need, which may be better suited for community-based organizations or the Health Department. Moreover, Huntington is aware of efforts in the community already underway to address some of the health needs. For example:

- Access to Health Services
  - ChapCare, the community’s Federally Qualified Health Center, is expanding its capacity to meet anticipated increases in demand for its services under the Affordable Care Act.
- Diabetes/Heart Disease/Stroke
Huntington Hospital

- ChapCare is also applying to become certified as a Patient-Centered Medical Home in order to develop enhanced coordinated systems of care management, which will include a special focus on patient populations with diabetes and hypertension.

- Maternal, Fetal & Infant Health
  - Pasadena Public Health Department is collaborating with Planned Parenthood of Pasadena in providing prenatal health care services to low-income, high-risk populations.

- Mental Health/Substance Abuse
  - Housing Works is collaborating with the Pasadena Police Department to identify and assist homeless individuals, many of who suffer from mental health or substance abuse issues, through intensive and personalized case management.

For additional resources available in the community to address needs found through this CHNA, please see Appendix D.

Some of the other significant community needs that have been identified in the needs assessment will be partially addressed by Huntington Hospital through various continual efforts and initiatives, though they will not be subject to the same standard of monitoring and evaluation that will be dedicated to Huntington Hospital’s two prioritized needs. For example:

- Access to Health Services
  - Huntington Ambulatory Care Clinic provides primary and specialty care for uninsured and underinsured residents.
  - Huntington Hospital’s Emergency and Trauma Center is the sole provider of emergency services in Pasadena.
  - Huntington Hospital continues to support Pasadena Community Urgent Care through outreach and marketing efforts.

- Diabetes/Heart Disease/Stroke
  - Huntington Hospital’s Patient Partners Program provides nurse navigation and care management for chronic disease patients with diabetes, congestive heart failure, and chronic obstructive pulmonary disease.
  - As a Primary Stroke Center, Huntington Hospital provides community education on stroke prevention and detection, as well as support groups for patients who have suffered from stroke.

- Maternal, Fetal & Infant Health
  - Huntington Hospital provides delivery and high-risk services for low-income women participating in Pasadena Public Health Department’s prenatal program.
  - In addition, Huntington Hospital offers childbirth and parenting classes for community members.
  - Huntington Hospital is the only local provider of high-risk, inpatient perinatal services, and a neonatal intensive care unit.

- Mental Health/Substance Abuse
Huntington Hospital’s Della Martin Center is the only not-for-profit inpatient behavioral health unit in San Gabriel Valley, with special programs in geriatric psychiatry and chemical dependency.

The Hospital’s emergency department also serves as the area’s intake and triage for acute mental health services.

Plan

The following is a description of Huntington Hospital’s implementation strategy for 2014-2016. It includes the Hospital’s planned actions, anticipated impact, and a plan to evaluate these actions for the two areas of prioritized need: cancer, with a focus on breast cancer and screening, and immunization, with a focus on vaccination.
### PRIORITY A: CANCER WITH A FOCUS ON BREAST CANCER AND SCREENING

#### Significant Community Need: Cancer (Breast Cancer Screening)

**Resources/Partners:** ChapCare, Planned Parenthood, Pasadena Public Health Dept., Huntington Care Network ACO

|----------------|-----------|------------|-----------------------------|-----------------------------|----------------------------------|-----------------------------|-------------------------------|------|
| Age-adjusted death rate due to breast cancer is 23.9 per 100,000 females (Greater Pasadena, 2008-2010) | Increase Access | Screenings/Early Detection | **1.** By year-end 2014, HH will develop a work-plan in partnership with four community agencies to increase access to mammograms.  
**2.** By year-end 2016, HH and partners will increase mammography screenings by 10% for HH and four partner agencies. | **1.** Quarterly: Track progress towards work-plan completion and number of agencies entering partnership. | **1.** By year-end 2014, community partners are identified; work-plan is complete and resourced; HH and partners are ready to deploy community plan. | Annually: Track death rates and mammogram screening rates for community through HealthyPasadena.org. | | Age-adjusted death rate due to breast cancer meets HP2020 target of 20.6 per 100,000 females |
| | Education | | **1.** By year-end 2014, HH will inventory current community resources for education about breast cancer screening and investigate best practices.  
**2.** By year-end 2016, HH will develop and deploy an education and outreach plan to increase awareness of the importance of early detection. | **1.**Biannually: Track the number of community resources and best practices identified.  
**2.** Quarterly: Track progress towards the work-plan. | **1.** By year-end 2014, HH will produce a community resource list and recommendations for education campaign best practices.  
**2.** By year-end 2014, a work-plan is complete; HH is ready to deploy education and outreach campaign using most effective methods. | | | |
Cancer, with a focus on breast cancer and screening

Where we are
In 2008-2010, the age-adjusted death rate due to breast cancer in Greater Pasadena was 23.9 per 100,000 females, placing the community in the lowest quartile of counties in California. Mammogram screening rates were also low in Service Planning Area 3 (SPA 3), the area surrounding Greater Pasadena, only 77.1% of women 40 and over have had a mammogram in the past two years (2009).

Our goal.desired impact
Our overall goal is to make a positive impact on the health of our community by reducing the rate of women who die due to breast cancer. We aspire to meet the Healthy People 2020 national health target, which is to reduce the breast cancer death rate to 20.6 deaths per 100,000 females by 2020.

Our plan of action to achieve our goal.desired impact
In order to make a meaningful impact in reducing breast cancer in our community, we are dedicating the next three years to improve early detection/screening rates through two evidence-based strategies: increasing access and education1. Early screening is a key component to reducing our community’s high breast cancer mortality rate as individuals with late detection have higher mortality rates.

Increasing Access
Objective 1. By year-end 2014, Huntington Hospital will develop a work-plan to increase access to mammograms in partnership with at least four community agencies/partners, most likely ChapCare, Planned Parenthood, Pasadena Public Health Department, and Huntington Care Network ACO.

Short-Term Target Outcome: By year-end 2014, community partners will be identified and confirmed. A work-plan will be completed and resourced, and Huntington Hospital and partners will be ready to deploy the community plan.

Short-Term Evaluation: On a quarterly basis, Huntington Hospital will track progress towards the work-plan completion and track the number of agencies actively participating in the community plan.

Objective 2. By year-end 2016, Huntington Hospital and partners will increase mammography screenings by 10% for our Hospital and the four partner agencies.

Short-Term Target Outcome: By year-end 2014, Huntington Hospital will develop screening targets for 2015 and 2016 based on baseline data. This plan endeavors to utilize the initial year as a “base year” upon which subsequent years will build. Moreover, the implementation plan was developed with the expectation that future progress would be reviewed by Huntington Hospital as well as potentially by public health agencies.

Short-Term Evaluation: On a quarterly basis, Huntington Hospital will track the number of agencies who have provided baseline data for mammography screenings as well as the number of screens conducted per location.

**Education**

Objective 1. By year-end 2014, Huntington Hospital will inventory current community resources for education about breast cancer screening and investigate best practices.

Short-Term Target Outcome: By year-end 2014, Huntington Hospital will produce a community resource list and recommendations for education campaign best practices based on the research conducted.

Short-Term Evaluation: On a bi-annual basis, Huntington Hospital will track the number of community resources and best practices identified.

Objective 2. By year-end 2016, Huntington Hospital will develop and deploy an education and outreach campaign to increase awareness of the importance of early detection.

Short-Term Target Outcome: By year-end 2014, Huntington Hospital will complete the work-plan and be ready to deploy an education and outreach campaign using most effective methods.

Short-Term Evaluation: On a quarterly basis, Huntington Hospital will track progress towards the work-plan.

According to the Centers for Disease Control and Prevention, between 1993 and 2010, national compliance for mammography screenings for women aged 50-64 increased from 70% to 83% among privately insured women, while the compliance rate among publicly insured women fluctuated between 60%-70%

We believe that our goal of increasing mammography screenings by 10% for our Hospital and four partner agencies is an ambitious but realistic goal given that other successful breast cancer screening programs were able to demonstrate a 6-20+% increase in screenings through various community partnerships, care management techniques, and education best practices techniques

As a part of our commitment to promoting best practices, we are investing time and resources to research successful, evidence-based programs to inform our efforts.

**Long-term plan to evaluate our actions**

In addition to evaluating our efforts on a short-term basis as noted above, we are also committed to evaluating our long-term impact on the community. To do so, we will be tracking death rates and mammogram screening rates for our service area through our publicly facing data platform, [http://www.HealthyPasadena.org](http://www.healthyPasadena.org). We will track two indicators annually, *Age-Adjusted Death Rate due to Breast Cancer* for Greater Pasadena and *Mammogram History* for SPA 3, as data becomes available. Our goal is to see a decrease of death rates due to breast cancer and an increase in the percentage of mammogram screenings, ultimately reaching the long-term Healthy People 2020 national target of reducing the breast cancer death rate to 20.6 deaths per 100,000 females in our community.

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1. [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6232a5.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6232a5.htm)
## PRIORITY B: IMMUNIZATION WITH A FOCUS ON VACCINATION

### Significant Community Need: Immunizations

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<tr>
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<tbody>
<tr>
<td>From 2009 to 2011-2012, flu immunizations increased from 64.6% to 74.7% for adults 65+ (SPA 3)</td>
<td>Vaccination</td>
<td>Increase Access</td>
<td>1. By year-end 2014, HH will develop a work-plan in partnership with 4 community agencies to increase vaccination rate. 2. By year-end 2016, HH and partners will increase the number of flu vaccines administered by HH &amp; applicable partner agencies by 15%.</td>
<td>1. Quarterly: Track progress towards work-plan completion and number of agencies entering partnership. 2. Quarterly: Track the number of agencies who have provided baseline data for flu vaccines administered; track the number of doses administered per location.</td>
<td>1. By year-end 2014, community partners are identified; work-plan is complete and resourced; HH and partners are ready to deploy community plan. 2. By year-end 2014, HH will develop vaccination targets for 2015 and 2016 based on baseline data.</td>
<td></td>
<td></td>
<td>Increase flu immunization rates among adults 65+ in service area to HP2020 target of 90%</td>
</tr>
<tr>
<td></td>
<td>Education</td>
<td></td>
<td>1. By year-end 2014, HH will inventory current community resources for education about flu vaccination and investigate best practices. 2. By year-end 2016, HH will develop and deploy an education and outreach plan to increase awareness of the importance of flu vaccinations.</td>
<td>1. Biannually: Track the number of community resources and best practices identified. 2. Quarterly: Track progress toward a work-plan.</td>
<td>1. By year-end 2014, HH will produce a recommendation for an education campaign based on best practices. 2. By year-end 2014, a work-plan is complete; HH is ready to deploy education and outreach using most effective methods.</td>
<td></td>
<td></td>
<td>Decrease in influenza death rates and increase in vaccination rates.</td>
</tr>
</tbody>
</table>
Immunization, with a focus on vaccination

Where we are
In Service Planning Area 3 (SPA 3), the influenza vaccination rate for adults 65 and over have increased from 64.6% (2009) to 74.7% (2011-2012). Although the increase is a positive sign, this vaccination rate is far from the national target of 90%. In addition, in 2008-2010, the age-adjusted death rate due to influenza and pneumonia in the Greater Pasadena service area was 22.4 per 100,000 population, placing the community in the lowest quartile of counties in California.

Our goal/desired impact
Our overall goal is to make a positive impact on the health of our surrounding community, SPA 3, by increasing the percent of adults 65 years and older with an influenza vaccination. We aspire to meet the Healthy People 2020 national health target, which is to increase the proportion of adults aged 65 years and older who receive an influenza vaccination to 90% by 2020.

Our plan of action to achieve our goal/desired impact
In order to make a meaningful impact in increasing influenza vaccination in our community, we are dedicating the next three years to improving vaccination through a combined evidence-based strategy of increasing access and education. CDC’s Community Preventive Services Task Force has concluded that there is strong evidence that community-based interventions implemented in combination (such as a combination of expanded access to vaccination services, educational activities, and media campaign) shows effectiveness in increasing vaccination rates in targeted populations. Huntington Hospital has played a key role in increasing immunization rates over the last few years by purchasing and administering free flu shots in the community. We plan to continue this tactic as part of the efforts to improve vaccination rates.

Increasing Access
Objective 1. By year-end 2014, Huntington Hospital will develop a work-plan to increase influenza vaccinations among adults 65 years and older in partnership with at least four community agencies/partners, most likely Pasadena Public Libraries, Senior Centers, Pasadena Unified School District, Local Employers, and Huntington Care Network ACO.

Short-Term Target Outcome: By year-end 2014, community partners will be identified and confirmed. A work-plan will be completed and resourced, and Huntington Hospital and partners will be ready to deploy the community plan.

Short-Term Evaluation: On a quarterly basis, Huntington Hospital will track progress towards the work-plan completion and track the number of agencies participating in the community plan.

Objective 2. By year-end 2016, Huntington Hospital and partners will increase flu vaccination by 15% for our Hospital and the four partner agencies.

Short-Term Target Outcome: By year-end 2014, Huntington Hospital will develop vaccination targets for 2015 and 2016 based on baseline data. This plan endeavors to utilize the initial

http://www.thecommunityguide.org/vaccines/communityinterventions.html
year as a “base year” upon which subsequent years will build. Moreover, the implementation plan was developed with the expectation that future progress would be reviewed by the Hospital as well as potentially by public health agencies.

Short-Term Evaluation: On a quarterly basis, Huntington Hospital will track the number of agencies who have provided baseline data for flu vaccinations as well as the number of doses administered per location.

**Education**

Objective 1. By year-end 2014, Huntington Hospital will inventory current community resources for education about flu vaccination and investigate best practices.

Short-Term Target Outcome: By year-end 2014, Huntington Hospital will produce a community resource list and recommendations for education campaign best practices based on the research conducted.

Short-Term Evaluation: On a bi-annual basis, Huntington Hospital will track the number of community resources and best practices identified.

Objective 2. By year-end 2016, Huntington Hospital will develop and deploy an education and outreach campaign to increase awareness of the importance of early detection.

Short-Term Target Outcome: By year-end 2014, Huntington Hospital will complete the work-plan and will be ready to deploy an education and outreach campaign using most effective methods.

Short-Term Evaluation: On a quarterly basis, Huntington Hospital will track progress towards the work-plan.

According to the Centers for Disease Control and Prevention, in 2010-2011 approximately 66.6% of adults 65 years and older received the flu vaccination, with African Americans having some of the lowest rates with 56.1% adults 65 years and older vaccinated\(^7\). We believe that our goal of increasing flu vaccination by 15% for our Hospital and four partner agencies is an ambitious but realistic goal given that other successful programs were able to demonstrate an 8-16.5% increase in flu vaccinations by implementing a combination of at least two best-practice strategies\(^8,9,10\). As a part of our commitment to promoting best practices, we are investing time and resources to research successful, evidence-based programs to inform our efforts.

**Long-term plan to evaluate our actions**

In addition to evaluating our efforts on a short-term basis as noted above, we are also committed to evaluating our long-term impact on the community. To do so, we will be tracking death rates and vaccination rates for our service area through our publicly facing data platform, [http://www.HealthyPasadena.org](http://www.HealthyPasadena.org). We will track two indicators, *Age-Adjusted Death Rate due to Influenza and Pneumonia* for Greater Pasadena and *Adults 65+ with Influenza Vaccination* for SPA 3, on an annual basis as data becomes available. In addition, we will be monitoring the following:

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\(^7\) [http://www.cdc.gov/flu/professionals/vaccination/trends-summary.htm](http://www.cdc.gov/flu/professionals/vaccination/trends-summary.htm)


indicators for the Greater Pasadena community: *Age-Adjusted Hospitalization Rate due to Immunization-Preventable Pneumonia and Influenza* and *Hospitalization Rate due to Immunization-Preventable Pneumonia and Influenza 65+. Our goal is to see a decrease of death rates and preventable hospitalizations due to pneumonia and influenza and an increase in the percentage of influenza vaccinations, ultimately reaching the long-term Healthy People 2020 national target of increasing the proportion of adults aged 65 years and older who receive an influenza vaccination to 90% in our community.

**Closing**

Huntington Hospital is committed to ongoing monitoring and evaluation of this implementation strategy. We strive to have a better understanding of “what works,” particularly in how we can adjust and adapt our programs to have the greatest impact in our community. By engaging in this framework, we hope to build internal implementation and evaluation skills and capacities. Our vision is to apply our lessons learned from this process so that we can expand the number of priorities we will address in the next CHNA cycle.
Appendices

Appendix A: Sources Used for Secondary Data Analysis
Appendix B: Indicators Used for Secondary Data Analysis
Appendix C: Organizations Providing Community Input
Appendix D: Community Resources
Appendix E: Huntington Hospital Prioritization Matrix
Appendix F: About the Authors
Appendix A: Sources Used for Secondary Data Analysis

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<th>#</th>
<th>Source</th>
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<td>8</td>
<td>Planning and Development</td>
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<td>9</td>
<td>Nielsen Claritas</td>
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Many additional data sources can be found by visiting [http://www.HealthyPasadena.org](http://www.HealthyPasadena.org)
## Appendix B: Indicators Used for Secondary Data Analysis

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<th>Indicator</th>
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<td>64.6</td>
<td>percent</td>
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<td>Children with Health Insurance</td>
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<td>deaths/100,000 population</td>
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<td>Age-Adjusted Death Rate due to Lung Cancer</td>
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<td>25.4</td>
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<td>Age-Adjusted Death Rate due to Prostate Cancer</td>
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<td>deaths/100,000 males</td>
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<td><strong>Service Planning Area 3</strong></td>
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<td>Colon Cancer Screening</td>
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<td><strong>Diabetes</strong></td>
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<td>17.1</td>
<td>ER visits/10,000 population 18+ years</td>
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<td>Age-Adjusted ER Rate due to Long-Term Complications of Diabetes</td>
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<td>Age-Adjusted ER Rate due to Short-Term Complications of Diabetes</td>
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<td>Age-Adjusted ER Rate due to Uncontrolled Diabetes</td>
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<td>ER visits/10,000 population 18+ years</td>
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### Age-Adjusted Hospitalization Rate due to Diabetes

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<th>Rate</th>
<th>Value</th>
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<td>10,000 population 18+ years hospitalizations</td>
<td>15.3</td>
<td><strong>CA Counties</strong></td>
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### Complications of Diabetes

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<td>10,000 population 18+ years hospitalizations</td>
<td>10.5</td>
<td><strong>CA Counties</strong></td>
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### Short-Term Complications of Diabetes

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<td>10,000 population 18+ years hospitalizations</td>
<td>3.3</td>
<td><strong>CA Counties</strong></td>
<td>2009-2011</td>
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### Uncontrolled Diabetes

<table>
<thead>
<tr>
<th>Rate</th>
<th>Value</th>
<th>Description</th>
<th>Year</th>
<th>Region</th>
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</thead>
<tbody>
<tr>
<td>10,000 population 18+ years hospitalizations</td>
<td>1.1</td>
<td><strong>CA Counties</strong></td>
<td>2009-2011</td>
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### Service Planning Area 3

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
<th>Description</th>
<th>Year</th>
<th>Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults with Diabetes</td>
<td>13.9</td>
<td><strong>CA Counties</strong></td>
<td>2009</td>
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</table>

### Disabilities

<table>
<thead>
<tr>
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<th>Value</th>
<th>Description</th>
<th>Year</th>
<th>Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults with Disability</td>
<td>31%</td>
<td><strong>CA Value Counties</strong></td>
<td>2009</td>
<td></td>
</tr>
<tr>
<td>Disabled Persons with Health Insurance</td>
<td>Not Met</td>
<td>72.4</td>
<td><strong>CA Counties</strong></td>
<td>2009</td>
</tr>
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</table>

### Exercise, Nutrition, & Weight

<table>
<thead>
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<th>Category</th>
<th>Value</th>
<th>Description</th>
<th>Year</th>
<th>Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Fast Food Consumption</td>
<td>60.8</td>
<td><strong>CA Counties</strong></td>
<td>2009</td>
<td></td>
</tr>
<tr>
<td>Adult Fruit and Vegetable Consumption</td>
<td>49.4</td>
<td><strong>CA Counties</strong></td>
<td>2005</td>
<td></td>
</tr>
<tr>
<td>Adults Engaging in Moderate Physical Activity</td>
<td>17.2</td>
<td><strong>CA Counties</strong></td>
<td>2007</td>
<td></td>
</tr>
<tr>
<td>Adults Engaging in Vigorous Physical Activity</td>
<td>13.7</td>
<td><strong>CA Counties</strong></td>
<td>2007</td>
<td></td>
</tr>
<tr>
<td>Adults who are Obese</td>
<td>Met</td>
<td><strong>CA Counties</strong></td>
<td>2009</td>
<td></td>
</tr>
<tr>
<td>Adults who are Overweight or Obese</td>
<td>51.1</td>
<td><strong>CA Counties</strong></td>
<td>2009</td>
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<tr>
<td>Child Fruit and Vegetable Consumption</td>
<td>46.3</td>
<td><strong>CA Counties</strong></td>
<td>2009</td>
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<tr>
<td>Teens who Engage in Regular Physical Activity</td>
<td>62.7</td>
<td><strong>CA Counties</strong></td>
<td>2009</td>
<td></td>
</tr>
<tr>
<td>Teens who Participate on a Sports Team</td>
<td>54.4</td>
<td><strong>CA Counties</strong></td>
<td>2007</td>
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### Heart Disease & Stroke

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
<th>Description</th>
<th>Year</th>
<th>Region</th>
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</thead>
<tbody>
<tr>
<td>Greater Pasadena</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)</td>
<td>Met</td>
<td>29.1</td>
<td>deaths/100,000 population deaths/100,000</td>
<td>2008-2010</td>
</tr>
<tr>
<td>Age-Adjusted Death Rate due to Coronary Heart Disease</td>
<td>Not Met</td>
<td>124.2</td>
<td>population ER visits/10,000 population 18+ years</td>
<td>2008-2010</td>
</tr>
<tr>
<td>Age-Adjusted ER Rate due to Congestive Heart Failure</td>
<td>2.7</td>
<td><strong>CA Counties</strong></td>
<td>2009-2011</td>
<td></td>
</tr>
<tr>
<td>Age-Adjusted Hospitalization Rate due to Congestive Heart Failure</td>
<td>23.3</td>
<td><strong>CA Counties</strong></td>
<td>2009-2011</td>
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### Service Planning Area 3

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
<th>Description</th>
<th>Year</th>
<th>Region</th>
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</thead>
<tbody>
<tr>
<td>High Blood Pressure Prevalence</td>
<td>Not Met</td>
<td>30.6</td>
<td>percent</td>
<td>2009</td>
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</table>

---

**Healthy Communities Institute**

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### Immunizations & Infectious Diseases

<table>
<thead>
<tr>
<th>Greater Pasadena</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age-Adjusted Death Rate due to Influenza and Pneumonia</strong></td>
<td>22.4</td>
<td>deaths/100,000 population 2008-2010</td>
</tr>
<tr>
<td><strong>Age-Adjusted ER Rate due to Bacterial Pneumonia</strong></td>
<td>9.3</td>
<td>ER visits/10,000 population 18+ years 2009-2011</td>
</tr>
<tr>
<td><strong>Age-Adjusted ER Rate due to Hepatitis</strong></td>
<td>0.4</td>
<td>ER visits/10,000 population 18+ years 2009-2011</td>
</tr>
<tr>
<td><strong>Age-Adjusted Hospitalization Rate due to Bacterial Pneumonia</strong></td>
<td>17.8</td>
<td>hospitalizations/10,000 population 18+ years 2009-2011</td>
</tr>
<tr>
<td><strong>Age-Adjusted Hospitalization Rate due to Hepatitis</strong></td>
<td>1.4</td>
<td>hospitalizations/10,000 population 18+ years 2009-2011</td>
</tr>
<tr>
<td><strong>Age-Adjusted Hospitalization Rate due to Immunization-Preventable Pneumonia and Influenza</strong></td>
<td>1</td>
<td>hospitalizations/10,000 population 18+ years 2009-2011</td>
</tr>
<tr>
<td><strong>Hospitalization Rate due to Immunization-Preventable Pneumonia and Influenza 65+</strong></td>
<td>2.1</td>
<td>hospitalizations/65+ years 2009-2011</td>
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### Service Planning Area 3

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<thead>
<tr>
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<tbody>
<tr>
<td><strong>Adults 65+ with Influenza Vaccination</strong></td>
<td>Not Met</td>
<td>64.6</td>
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### Maternal, Fetal & Infant Health

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<tbody>
<tr>
<td><strong>Babies with Low Birth Weight</strong></td>
<td>Met</td>
<td>6.7</td>
</tr>
<tr>
<td><strong>Babies with Very Low Birth Weight</strong></td>
<td>Met</td>
<td>1.3</td>
</tr>
<tr>
<td><strong>Infant Mortality Rate</strong></td>
<td>Met</td>
<td>2.5</td>
</tr>
<tr>
<td><strong>Mothers who Received Early Prenatal Care</strong></td>
<td>Met</td>
<td>87.3</td>
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### Mental Health & Mental Disorders

<table>
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</thead>
<tbody>
<tr>
<td><strong>Age-Adjusted Death Rate due to Suicide</strong></td>
<td>Met</td>
<td>7.8</td>
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### Service Planning Area 3

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<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>Adults Needing and Receiving Behavioral Health Care Services</strong></td>
<td>47.8</td>
<td>percent 2009</td>
</tr>
<tr>
<td><strong>Adults who Received Mental Health Care Last Year</strong></td>
<td>8.1~</td>
<td>percent 2007</td>
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</table>

### Older Adults & Aging

<table>
<thead>
<tr>
<th>Greater Pasadena</th>
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</thead>
<tbody>
<tr>
<td><strong>Hospitalization Rate due to Hip Fractures Among Females 65+</strong></td>
<td>Met</td>
<td>660.2</td>
</tr>
<tr>
<td><strong>Hospitalization Rate due to Hip Fractures Among Males 65+</strong></td>
<td>Met</td>
<td>320.2</td>
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# Oral Health

## Service Planning Area 3

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<th>Units</th>
<th>Year</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children and Teens who Visited a Dentist</td>
<td>81.1</td>
<td>percent</td>
<td>2007</td>
<td>CA Counties</td>
</tr>
<tr>
<td>Children who Visited a Dentist</td>
<td>88.6</td>
<td>percent</td>
<td>2009</td>
<td>CA Counties</td>
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</table>

## Other Conditions

### Greater Pasadena

<table>
<thead>
<tr>
<th>Metric</th>
<th>Value</th>
<th>Units</th>
<th>Years</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age-Adjusted ER Rate due to Dehydration</td>
<td>6.7</td>
<td>10,000 population 18+ years</td>
<td>2009-2011</td>
<td>CA Counties</td>
</tr>
<tr>
<td>Age-Adjusted ER Rate due to Urinary Tract Infections</td>
<td>42</td>
<td>10,000 population 18+ years</td>
<td>2009-2011</td>
<td>CA Counties</td>
</tr>
<tr>
<td>Age-Adjusted Hospitalization Rate due to Dehydration</td>
<td>6.9</td>
<td>18+ years</td>
<td>2009-2011</td>
<td>CA Counties</td>
</tr>
<tr>
<td>Age-Adjusted Hospitalization Rate due to Urinary Tract Infections</td>
<td>14.8</td>
<td>10,000 population 18+ years</td>
<td>2009-2011</td>
<td>CA Counties</td>
</tr>
</tbody>
</table>

## Prevention & Safety

### Greater Pasadena

<table>
<thead>
<tr>
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<th>Value</th>
<th>Units</th>
<th>Years</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age-Adjusted Death Rate due to Unintentional Injuries</td>
<td>Met</td>
<td>deaths/100,000 population</td>
<td>2008-2010</td>
<td>CA Counties</td>
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</table>

## Respiratory Diseases

### Greater Pasadena

<table>
<thead>
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<th>Value</th>
<th>Units</th>
<th>Years</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age-Adjusted ER Rate due to Adult Asthma</td>
<td>19.4</td>
<td>10,000 population 18+ years</td>
<td>2009-2011</td>
<td>CA Counties</td>
</tr>
<tr>
<td>Age-Adjusted ER Rate due to Asthma</td>
<td>25.3</td>
<td>10,000 population 18+ years</td>
<td>2009-2011</td>
<td>CA Counties</td>
</tr>
<tr>
<td>Age-Adjusted ER Rate due to COPD</td>
<td>5.6</td>
<td>10,000 population 18+ years</td>
<td>2009-2011</td>
<td>CA Counties</td>
</tr>
<tr>
<td>Age-Adjusted Hospitalization Rate due to Adult Asthma</td>
<td>8.7</td>
<td>18+ years</td>
<td>2009-2011</td>
<td>CA Counties</td>
</tr>
<tr>
<td>Age-Adjusted Hospitalization Rate due to Asthma</td>
<td>8.4</td>
<td>10,000 population</td>
<td>2009-2011</td>
<td>CA Counties</td>
</tr>
<tr>
<td>Age-Adjusted Hospitalization Rate due to COPD</td>
<td>15.8</td>
<td>10,000 population under 18 years</td>
<td>2009-2011</td>
<td>CA Counties</td>
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### Service Planning Area 3

<table>
<thead>
<tr>
<th>Metric</th>
<th>Value</th>
<th>Units</th>
<th>Years</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults with Asthma</td>
<td>11.5</td>
<td>percent</td>
<td>2009</td>
<td>CA Counties</td>
</tr>
<tr>
<td>Children with Asthma</td>
<td>11.1~</td>
<td>percent</td>
<td>2007 and 2009</td>
<td>CA Value</td>
</tr>
</tbody>
</table>
## Substance Abuse

<table>
<thead>
<tr>
<th>Greater Pasadena</th>
<th></th>
<th></th>
<th>ER visits/10,000 population 18+ years</th>
<th>2009-2011</th>
<th></th>
<th>CA Counties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age-Adjusted ER Rate due to Alcohol Abuse</td>
<td>24.5</td>
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</tr>
<tr>
<td>Age-Adjusted Hospitalization Rate due to Alcohol Abuse</td>
<td>10.1</td>
<td>!</td>
<td>hospitalizations/1 0,000 population 18+ years</td>
<td>2009-2011</td>
<td></td>
<td>CA Counties</td>
</tr>
<tr>
<td>Service Planning Area 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults who Binge Drink</td>
<td>22.1</td>
<td></td>
<td>percent</td>
<td>2009</td>
<td></td>
<td>CA Counties</td>
</tr>
<tr>
<td>Adults who Smoke</td>
<td>11.5</td>
<td>Met</td>
<td>percent</td>
<td>2009</td>
<td></td>
<td>CA Counties</td>
</tr>
<tr>
<td>Teens who do not Smoke</td>
<td>99.9</td>
<td></td>
<td>percent</td>
<td>2009</td>
<td></td>
<td>CA Counties</td>
</tr>
<tr>
<td>Teens who have Used Alcohol</td>
<td>30.8</td>
<td></td>
<td>percent</td>
<td>2007</td>
<td></td>
<td>CA Counties</td>
</tr>
</tbody>
</table>

## Transportation Safety

<table>
<thead>
<tr>
<th>Greater Pasadena</th>
<th></th>
<th></th>
<th>deaths/100,000 population</th>
<th>2008-2010</th>
<th></th>
<th>CA Counties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age-Adjusted Death Rate due to Motor Vehicle Collisions</td>
<td>4.4</td>
<td></td>
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</table>

## Wellness & Lifestyle

<table>
<thead>
<tr>
<th>Service Planning Area 3</th>
<th></th>
<th></th>
<th>percent</th>
<th>2009</th>
<th></th>
<th>CA Counties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-Reported General Health Assessment: Good or Better</td>
<td>79.4</td>
<td>!</td>
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</tr>
</tbody>
</table>

## Legend

- **Value is in the bottom 25% of CA or US counties.**
- **Value is between the bottom 25% to 50% of CA or US counties**
- **Value is in the top 50% of CA or US counties.**
- **Value is non-directional, high value is not necessarily good or bad**
- **Met** Value met Healthy People 2020 target
- **Not Met** Value did not meet Healthy People 2020 target
- **~** Value compared to the CA value, US value not a distribution of counties.
- **!** Indicator meets criteria for “high need.” In the “Red,” “Yellow,” or not meeting Healthy People 2020 target

## Source

[http://www.HealthyPasadena.org](http://www.HealthyPasadena.org) as of May 1, 2013
Appendix C: Organizations Providing Community Input

The following is a list of organizations that were represented during the Community Health Improvement Plan (CHIP) meeting held by the City of Pasadena Public Health Department on January 31, 2013. Representatives from these organizations provided community input on community health needs through an audience response system and facilitated discussion groups.

<table>
<thead>
<tr>
<th>Organization Name</th>
<th>Organization Focus Area</th>
<th>Populations whose interests were represented</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Low-income</td>
</tr>
<tr>
<td>All Saints of Pasadena</td>
<td>Education</td>
<td>Children</td>
</tr>
<tr>
<td>Altadena Town Council</td>
<td>Public Safety</td>
<td>Children</td>
</tr>
<tr>
<td>American Health Services</td>
<td>Access to Health Services</td>
<td>Children</td>
</tr>
<tr>
<td></td>
<td>Mental Health Substance Abuse</td>
<td></td>
</tr>
<tr>
<td>Community Clergy Coalition (CCC)</td>
<td>Social Environment</td>
<td>Children</td>
</tr>
<tr>
<td>City of Pasadena</td>
<td>Public Safety</td>
<td>Children</td>
</tr>
<tr>
<td></td>
<td>Economy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Transportation</td>
<td></td>
</tr>
<tr>
<td>Community Health Alliance of Pasadena (CHAP)</td>
<td>Access to Health Services</td>
<td>Children</td>
</tr>
<tr>
<td></td>
<td>Oral Health</td>
<td></td>
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</tr>
<tr>
<td>Day One</td>
<td>Education</td>
<td>Children</td>
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<tr>
<td></td>
<td>Environment</td>
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</tr>
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<td></td>
<td>Children's Health</td>
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<tr>
<td>El Centro de Acción Social</td>
<td>Social Environment</td>
<td>Children</td>
</tr>
<tr>
<td></td>
<td>Older Adults &amp; Aging</td>
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<td></td>
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<tr>
<td>Flintridge Center</td>
<td>Social Environment</td>
<td>Children</td>
</tr>
<tr>
<td>Foothill Family Service</td>
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<td>Children</td>
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<td></td>
<td>Substance Abuse</td>
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<td>Hathaway-Sycamores</td>
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<td>Children</td>
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<td>HealthyPasadena.org</td>
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<td>Children</td>
</tr>
<tr>
<td>John Muir Learning Garden</td>
<td>Education</td>
<td>Children</td>
</tr>
<tr>
<td></td>
<td>Environment</td>
<td></td>
</tr>
<tr>
<td>LA County Department of Mental Health</td>
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<td>Children</td>
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<tr>
<td>Learning Works</td>
<td>Education</td>
<td>Children</td>
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<tr>
<td>Organization</td>
<td>Focus Areas</td>
<td>Population</td>
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<td>---------------------------------------------------</td>
<td>-------------------------------------------------</td>
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<tr>
<td>Loma Linda University</td>
<td></td>
<td>Children</td>
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<td>Adults</td>
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<td></td>
<td></td>
<td>Seniors</td>
</tr>
<tr>
<td>Northeast Los Angeles (NELA) Transition Group</td>
<td>Environment</td>
<td>Children</td>
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<td></td>
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<td>Office of the Mayor</td>
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<td>Children</td>
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<td>Adults</td>
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<td></td>
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<td>Seniors</td>
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<td>Pacific Clinics</td>
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<td>Adults</td>
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<tr>
<td></td>
<td>Education</td>
<td>Seniors</td>
</tr>
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<td>Pasadena City Council / Pasadena Field Rep</td>
<td>Social Environment</td>
<td>Children</td>
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<tr>
<td></td>
<td>Transportation</td>
<td>Adults</td>
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<td></td>
<td>Public Safety</td>
<td>Seniors</td>
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<tr>
<td>Pasadena Community College District</td>
<td>Education</td>
<td>Adults</td>
</tr>
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Appendix D: Community Resources

The following are resources available to Pasadena residents to respond to the health needs in the community. These were collected in a joint effort by Huntington Hospital and the Pasadena Public Health Department in May 2013.

Access to Health Services


**Bill Moore Community Health Clinic/URDC.** 1460 N. Lake Ave., #107 Pasadena, CA 91101. (626) 398-3796. Clinic: primary care, immunizations, women's health care, WIC exams, well-baby care, health education.


Cancer

Education: cancer, resource/referrals, advocacy.

Children’s Health

Social Services: children/youth, behavioral health, foster care.

Hathaway-Sycamores Child and Family Services. 210 S. DeLacey Ave. #110 Pasadena, CA 91105. (626) 395-7100.
Foster Care Agency: children/youth, social services, education.

Health Screening: children/youth, social services.

Case Management: children/youth, lead poisoning prevention, education.

Clinic: children/youth, school-based programs.

Pasadena Unified School District Primary Health Care Clinic. 351 S. Hudson Ave., #130 Pasadena, CA 91109. (626) 396-3600 x88180
Clinic: children/youth, medical services, screenings.

Disabilities

Disabled Center: children/youth, adults.

Disabled Center: adults, recreation, referrals.

Disabled Center: adults, counseling, vocational services.

Disabled Center: adults, children/youth, community-based services.

Foothill Vocational Opportunities. 789 N. Fair Oaks Ave. Pasadena, CA 91103. (626) 449-0218.
Disabled Center: adults, vocational training, job placement.

Disabled Center: adults, children/youth, community-based services.

Disabled Center: adults, vocational training, education.

Disabled Center: adults, children/youth.
Economy

24-hour City Job Line. (626) 744-4600.
Hotline: employment.

Foothill Employment and Training Center. 1207 E. Green St. Pasadena, CA 91106. (626) 796-5627.
Career Center: employment, resources.

Career Center: teens, employment, vocational training.

Pasadena Community Job Center. 500 N. Lake Ave. Pasadena, CA 91101. (626) 440-0112.
Day Laborer Site: employment, education.

Sources Career Development. 825 E. Orange Grove Blvd. Pasadena, CA 91104. (626) 240-4591.
Career Center: employment, adults.

Career Center: employment, resources, women.

Education

Education.

Education: children/youth, parenting, mentoring.

Boys & Girls Club of Pasadena. 3230 E. Del Mar Blvd. Pasadena, CA 91107 Pasadena, CA 91107. (626) 449-9100.
Education: children/youth, recreation, tutoring.

Education.

Social Services: children/youth, child development, housing assistance, support services.

Education: adults, parenting, vocational training.

Education: children, seniors.

Education: children/youth, gang prevention, substance abuse.

Website: children/youth, teen resources, parenting.

Huntington Community Health Library. 100 W. California Blvd. Pasadena, CA 91105. (626) 397-5161.
Library: medical information.
Education: obesity prevention, diabetes management, cardiovascular health.

Education: women, pre-natal, parenting.


**Lake Avenue Community Foundation.** 712 E. Villa St. Pasadena, CA 91101. (626) 449-4960. 
Education: children/youth, tutoring, referrals, health services.


Education: parent education, literacy.


Education: children/youth, tutoring, community development.


Education: children/youth, after-school programs.

**Pasadena Social Services.** http://www.pasadenasocialservices.org/. Website: referrals, social services, mental health.

Childcare: children/youth, pre-school.


Education: women, children/youth, parenting, mammograms.

**Exercise, Nutrition & Weight**

Family Planning

**Pasadena Public Health Department - Family & Women's Services.** 1845 N. Fair Oaks Ave., G151 Pasadena, CA 91103. (626) 744-6140.  
http://www.cityofpasadena.net/publichealth.  
Clinic: family planning, STD testing, mental health.

**Planned Parenthood of Pasadena.** 1045 N. Lake Ave. Pasadena, CA 91104. (626) 798-0706.  
http://www.plannedparenthood.org/pasadena.  
Clinic: family planning, reproductive health, sex education.

Immunizations & Infectious Diseases

Social Services: HIV, education, support, testing.

**Huntington Hospital Phil Simon Clinic.** 711 Fairmount Ave. Pasadena, CA 91105. (626) 397-5480. http://www.thephilsimonclinic.org  
Clinic: HIV/AIDS medical care, case management, social services.

Clinic: HIV/AIDS medical care, case management, social services.

**Pasadena Public Health Department - Immunization Clinic.** 1845 N. Fair Oaks Ave. #122 Pasadena, CA 91103. (626) 744-6121.  
http://www.cityofpasadena.net/publichealth.  
Clinic: immunizations.

Maternal, Fetal & Infant Health

**Elizabeth House.** P.O. Box 94077 Pasadena, CA 91109. (626) 577-4434. http://www.elizabethhouse.net.  
Shelter: women, children, shelter.

**Pasadena Public Health Department - Prenatal Clinic.** 1845 N. Fair Oaks Ave. #2130 Pasadena, CA 91103. (626) 744-6125.  
http://www.cityofpasadena.net/publichealth.  
Clinic: women, prenatal care, social services.

Case Management: at-risk pregnant and parenting African-American women, support services, education.

Info and Referral: women, children/youth.

Mental Health

**Arcadia Mental Health Center / Los Angeles County Department of Mental Health.** 330 E. Live Oak Ave. Arcadia, CA 91006. (626) 574-5130. http://www.dmh.lacounty.gov.  
Info And Referral: mental health, adults.

Hospital: mental health, chemical dependency.

Social Services: behavioral health, at-risk youth, drug and gang prevention, job training.
Social Services: behavioral health, children, adults.

Fuller Psychological and Family Services. 180 N. Oakland Ave. Pasadena, CA 91101. (626) 584-5555. 
Counseling Center: mental health.

Huntington Hospital Della Martin Center. 100 W. California Blvd. Pasadena, CA 91105. (626) 397-2329. 
Hospital: mental health, chemical dependency.

Social Services: behavioral health, outpatient treatment, substance abuse.

Counseling Center: mental health, children/youth.

Counseling Center: mental health, children/youth, adults.

Counseling Center: mental health, case management, education.

Counseling Center: mental health, education.

Counseling Center: mental health.

Westminster Counseling Center. 867 E. Atchison Pasadena, CA 91104’(626) 798-0915. (626) 798-0915. 
Counseling Center: mental health.

Older Adults & Aging

Altadena Senior Center. 560 E. Mariposa Altadena, CA 91001. (626) 798-0505. 
Senior Center: seniors, education, recreation.

Hart Park House Senior Center. 222 W. Sierra Madre Blvd. Sierra Madre, CA 91024. (626) 355-7394. 
Senior Center: education, recreation.

Hospice of Pasadena. 351 E. Foothill Blvd. Arcadia, CA 91006. (626) 397-3600. 
Hospice Care.

Huntington Senior Care Network. 837 S. Fair Oaks Ave. Pasadena, CA 91105. (626) 397-3110. 
http://www.huntingtonhospital.com/SCN. 
Info and Referral: seniors and disabled adults, education, case management.

Social Services: seniors, job training.

Senior Center: seniors, education, recreation.

South Pasadena Senior Center. 1102 Oxley St. South Pasadena, CA 91030. (626) 403-7360. 
Senior Center: seniors, education, recreation.
Prevention & Safety

Clinic: public health, pre-natal, immuniz./TB/HIV, dental.

Clinic: TB testing, case management.

Social Environment

Shelter: women, transitional housing, support services.

Childcare: children/youth, referrals, GAIN, CalWorks.

Food Bank: homeless, low-income.

Food Bank: homeless, social services.

Food Bank: homeless, bad weather shelter, women’s daytime shelter.

**Grace Center.** P.O. Box 40250 Pasadena, CA 91114. (626) 355-4545. http://www.grace-center.org.
Shelter: women, domestic violence, support services.

Shelter: women, domestic violence, support services.

**Holy Family Giving Bank.** 1524 Fremont Ave. South Pasadena, CA 91030. (626) 799-8908.
Food Bank: homeless.

Social Services: homeless, behavioral health, case management.

**Meals on Wheels, Pasadena.** 54 N. Oakland Ave. Pasadena, CA 91101. (626) 449-6815.
Food Delivery: seniors.

Food Support: women, children.

**Rape & Battering Hotline.** (626) 793-3385.
Hotline: domestic violence, sexual assault.

Food Bank: homeless.

Shelter: domestic violence, women, children/youth.


Substance Abuse


Teen & Adolescent Health


Transportation

Appendix E: Huntington Hospital Prioritization Matrix

Rank each need for how well it meets the criteria:
1=Low, 2=Medium, 3=High

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Participants:
- Sheryl Rudie, Director Business Development
- Cathi Chadwell, Executive Director, Public Affairs
- Troy M. Maynor, Manager, Strategic Financial Analysis
- Jeanette Abundis, Executive Director, Emergency, Trauma and Psychiatric Services
- Sona Nikoghossian, Manager, Huntington Ambulatory Care Center
- Lois Zagha, Manager, Community Outreach Services
- Marcia Penido, Director, Care Coordination
- Manisha Rea, Huntington Medical Foundation
Appendix F: About the Authors

Yelena Nedelko Meisel, MPH
Director of Consulting Services, Healthy Communities Institute
Served as Project Lead and principal author of Community Health Needs Assessment/Implementation Strategy

Ms. Meisel is Director of Consulting Services for Healthy Communities Institute (HCI). HCI develops and maintains a high-quality data and decision support information system, which is used to assist communities in identifying, addressing, and tracking their health needs. Ms. Meisel enjoys working with clients throughout the nation, guiding them through the community health needs assessments process, developing implementation strategies, and providing technical assistance to organizations seeking to improve health in their communities.

Prior to joining HCI, Ms. Meisel worked in mental health, education, legal advocacy and aided several nonprofits with planning, implementation and evaluation. Ms. Meisel holds a Bachelor of Arts degree in Psychology from Loyola Marymount University in Los Angeles, California, and a Master of Public Health degree from University of California, Los Angeles.

Will Douglas
Manager of Client Services, Healthy Communities Institute
Served as HealthyPassadena.org Account Manager and contributing author of Community Health Needs Assessment/Implementation Strategy

As Manager of Client Services, Will Douglas oversees the implementation and utilization of Healthy Communities Institute’s products with a diverse group of clients, representing hospitals, public health agencies, and community coalitions from around the country. Mr. Douglas facilitates the integration of health information technology to meet group goals and objectives with numerous stakeholders.

Mr. Douglas has worked with a mix of communities to develop their own framework for identification of community needs through the collection and analysis of primary and secondary data. He has also helped craft implementation strategies designed to improve identified community needs. Mr. Douglas has additional experience with facilitation and group collaboration, strategic communications, and has worked in a variety of sectors including public health, information technology, regional planning, and emergency management. He received a Bachelor of Arts in International Relations from University of California, Davis. He has also studied at Lund University in Sweden, and University of Barcelona in Spain.

Rebecca Yae
Research Assistant, Healthy Communities Institute
Served as Research Assistant and contributing author of Community Health Needs Assessment/Implementation Strategy

As a Research Assistant, Rebecca Yae develops and maintains data and resources databases for client websites in addition to providing support to the client services and consulting services teams. Ms. Yae holds a Bachelor of Arts degree in Public Health from University of California, Berkeley.