Huntington Hospital

2016 Community Health Needs Assessment of Greater Pasadena

IMPLEMENTATION STRATEGY
Introduction

Huntington Hospital, a not-for-profit community hospital, is located in Pasadena, California. Founded in 1892, Huntington Hospital is committed to providing outstanding 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. Huntington Hospital is a Level II Trauma Center, a designated Baby-Friendly and Nursing Magnet hospital, offers an array of 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, and an award winning Cancer Center. As a teaching facility, Huntington offers Graduate Medical Education programs in internal medicine and general surgery and is affiliated with the Keck School of Medicine of USC.

Huntington Hospital is committed to providing the highest quality healthcare and emergency services to the residents of our community. For over 125 years, we have provided compassionate community care by bringing together outstanding physicians, talented, caring nurses, skilled professional staff, and advanced technologies. Through our efforts, including collaborations with our long-standing community partners, we continue to work to improve the health and well-being of all individuals living and working in the community, with particular attention to those who are too often without resources.

Background

In 2016, Huntington Hospital and the Pasadena Public Health Department partnered to conduct the first joint Community Health Needs Assessment [CHNA] of Greater Pasadena. The resulting CHNA report describes findings from a year-long, systematic process that was conducted to provide insight into the health status and needs of the residents of the Greater Pasadena area. Data presented in the report span a wide range of indicators that affect community well-being, including disease rates, risk factors for disease and death, health behaviors, and social determinants of health.

The 2016 CHNA of Greater Pasadena report was approved by the Board of Directors of the Hospital in October, 2016 and made available to the public via the Hospital’s community website. In accordance with California Senate Bill 697 [SB697] and the Internal Revenue Service [IRS] Code 501(r), based on regulations contained in the Affordable Care Act [ACA], the Implementation Strategy describes how the significant community needs identified in the CHNA will be addressed over the next three years.
Our Community

The 2016 CHNA focuses on the geographic area of Greater Pasadena, which includes Pasadena, Altadena, South Pasadena, and San Marino, and is comprised of nine contiguous zip codes.

The total population of Greater Pasadena is 236,423, approximately 2.3% of the entire population of Los Angeles County. In many respects, Greater Pasadena is a resource-rich community. For example, compared to California and/or Los Angeles County, the median household income rate is higher, the dropout rate is lower, the percentage of residents with a Bachelor’s degree is much higher, the percentage of single parent households is lower, and the ability to access care is slightly better. On the other hand, a single zip code emerges within the geographic area with the highest level of socioeconomic need: Zip code 91103, northwest Pasadena, has higher relative needs than the county overall, as evidenced by the highest rate of families living in poverty, the lowest median household income, and the highest rate of unemployment. Therefore, helping the residents of this area will be a priority as we plan our community benefit activities.

Prioritized Health Needs

The CHNA process included:

- An analysis of secondary data
- Primary data collection through key informant interviews coupled with input from approximately fifty individuals representing the interests of underserved groups in the Greater Pasadena region
- Synthesis of primary and secondary data
- Prioritization of preliminary data using the HANLON METHOD, rating each health need with a score of 0-10 based on the following three criteria:
  - MAGNITUDE (Volume of people problem affects)
  - SEVERITY (Degree of potential disability or death)
  - FEASIBILITY (Degree to which the problem is amenable to interventions available)
Next, the ‘PEARL’ Test was applied to screen out health problems based on the following feasibility factors:

- **PROPRIETY**-Does an appropriate program exist to address the health problem?
- **ECONOMICS**-Does it make economic sense to address the problem?
- **ACCEPTABILITY**-Will the community accept or want the program?
- **RESOURCES**-Is funding available or potentially available for a program?
- **LEGALITY**-Do current laws allow program activities to be implemented?

Health problems which received a response of “No” to any of the above factors were eliminated. Priority scores were calculated for the remaining problems and rank was assigned accordingly.

The six areas of need that emerged through the prioritization process are:

- Access to Care
- Heart Disease and Stroke
- Child and Adolescent Health
- Mental Health
- Older Adults and Aging
- Exercise, Nutrition, and Weight

**Selected Areas of Focus - Rationale**

Based on the results of the prioritization process, the Huntington Hospital CHNA workgroup and the Executive Management Team determined that the Hospital’s four priorities for the next three years, 2017-2019, will be:

- **Access to Care**, with a focus on improving access to primary and specialty care services, and strengthening the continuum of care
- **Heart Disease and Stroke**, with a focus on increasing awareness through education and patient support
- **Child and Adolescent Health**, with a focus on providing outpatient Asthma specialty care, and addressing the effects of trauma on lifelong health
- **Older Adults and Aging**, with a focus on supporting independence

These four problem areas were selected because approaches to their improvement are compatible with the Hospital’s mission, values, strengths, and resources, providing the best opportunity to positively impact the community.
While Diabetes was not identified as a priority health need, data indicated that the prevalence of the condition is higher in the San Gabriel Valley [12.0\%] than either Los Angeles County [10.0\%] or California [8.9\%]. Additionally, both the Age-Adjusted Hospitalization Rate Due to Uncontrolled Diabetes and the Age-Adjusted Death Rate due to Diabetes are higher than Healthy People 2020 targets. Exercise, Nutrition, and Weight was ranked sixth highest health need and will be incorporated into the strategies to address Heart Disease and Stroke, through lifestyle practices, raising awareness, and education.

**Unaddressed Needs and Additional Community Benefit Activities**

Huntington Hospital’s strategic approach is to allocate Community Benefit resources where impact will be maximized. With this idea guiding our selection of health needs to be addressed, we defer to our various community partners to *directly address Mental and Dental Health* needs. Resources currently exist in Greater Pasadena, through community organizations that are specifically funded, and employ professionally trained staff offering an array of specialized programs and services in the realms of Mental Health and Dental Care. A partial list of existing community resources are:

**DENTAL SERVICES**
- Community Health Alliance of Pasadena (ChapCare)
- Pasadena City College Dental Hygiene Clinic
- Buddhist Tzu Chi Free Clinic
- Young & Healthy
- USC School of Dentistry

**MENTAL HEALTH SERVICES**
- Foothill Family Services
- LA County Department of Mental Health Directly Operated Clinics
- Pacific Clinics Pasadena Family Services
- D’Veal Family and Youth Services
- Heritage Clinic-The Center for Aging Resources
- Didi Hirsch Mental Health Services
- Andrew Escajeda Clinic
Della Martin Center for Behavioral Health - Though Mental Health will not be an area of focus in the Implementation Strategy, Huntington Hospital provides adult behavioral health services through the highly regarded Della Martin Center. Services available include:

- Psychiatric Acute Treatment Program
- Chemical Dependency Recovery Center
- Partial Hospitalization Program
- Intensive Outpatient Program
- Maternal Wellness Program

**Implementation Strategy**

The Implementation Strategy describes the activities the hospital will employ to address the four identified priority health needs over the next three years. The components of this plan are not meant to include an exhaustive account of the various actions Huntington Hospital brings to bear, year in and year out, to address community health and wellness.

The plan is organized in four tables, one for each area of focus, and outlines the following:

- **Health Need** and rationale describing its importance
- **Goal**-What we hope to ultimately achieve
- **Strategies and Programs**-Resources that will be employed to address the need
- **Anticipated Impact/Metrics**-Short-term objectives
- **Potential Partnerships**-Community Partners that may be engaged in joint efforts to address the need

**Note:** To review the 2016 Community Health Needs Assessment of Greater Pasadena, the 2013 Community Health Needs Assessment, and the 2014 and 2015 Community Benefits Plans, please visit [www.healthypasadena.org](http://www.healthypasadena.org).
HEALTH NEED 1: ACCESS TO HEALTH CARE SERVICES
Approximately 30,000 residents of Greater Pasadena do not have a regular source of healthcare, and report having difficulty obtaining care. Access to health care impacts:
- Overall physical, social, and mental health status
- Prevention of disease and disability
- Detection and treatment of health conditions
- Quality of life
- Preventable death
- Life expectancy

GOAL: Improve access to health care for uninsured and underserved residents of Greater Pasadena.

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<tr>
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| **Strategy: Provide navigation assistance to obtain health insurance or services available.**  
*Enrollment Assistance*  
On-site Medi-Cal Eligibility Worker is available at the hospital to assist patients who qualify to enroll for health insurance coverage.  
*Community Outreach Program*  
Nurses provide basic information about health insurance and linkage to providers who can assist with enrollment or affordable health services.  
*Senior Care Network Resource Center*  
Senior Care Network social work resource specialists provide free referral and information about community resources and government entitlements via no-cost call center, health fairs, and referrals from hospital discharge planners. | **Impact:** Residents without insurance or a medical home will receive assistance to enroll for health insurance based on eligibility, and/or linked to affordable health care services  
**Metric:** Number of adults provided assistance. |  
- Young and Healthy  
- ChapCare  
- Pasadena Public Health Department  
- Pasadena Public Libraries  
- Crowell Public Library  
- Pasadena, S Pasadena, Altadena Senior Centers and Jackie Robinson Comm Ctr  
- Foothill Unity Center  
- Friends In Deed  
- Pasadena Public School District |
| **Strategy: Provide healthcare outreach.**  
*Community Outreach Program*  
RN Health Screening/Counseling Clinics monthly, offering health screening, disease management and health counseling, linkage to services, advocacy, and emergency intervention. Health Education classes offered at various community sites throughout the year. Annual free flu shot clinics throughout the community. | **Impact:** An increased number of residents will receive assistance and education to better manage their health, and enable access to health services.  
**Metric:** Number of adults screened, counseled about their health, and/or assisted with resources. |  
- ChapCare  
- Pasadena Public Libraries  
- Pasadena Public School District  
- Pacific Clinics  
- Pasadena, So Pasadena, Altadena, Jackie Robinson, Villa Parke Senior and Community Centers  
- Foothill Unity  
- Friends In Deed  
- Crowell Public Library |
| **Strategy: Offer affordable, high-quality primary and specialty healthcare to the under-served population.**  
*Huntington Ambulatory Care Center (HACC)*  
Full service medical clinic staffed by the | **Impact:** Awareness of high quality primary and specialty care available to underserved adults.  
**Metric:** Number of adults served. |  
- GME Faculty  
- ChapCare |
hospital's internal medicine residents. Social worker assistance to address psychosocial issues and provide referrals to community resources and assist with application for health insurance.

| Strategy: Bring periodic medical clinics into the community to supplement existing services to reach adult underserved residents. **Graduate Medical Education Program** Graduate medical residents, nurses, pharmacy, and social work staff will collaborate to conduct physical examinations, provide vaccinations, health counseling, information and linkage to services to enroll for health insurance coverage and address psychosocial needs. | Impact: High quality medical care, medication evaluation, health counseling, and navigation assistance will be available to residents who might not otherwise be aware of health services in the community. **Metric:** Number of adults served. | • Schools of Nursing (Names)  
• Schools of Social Work (Names)  
• Graduate Medical Residents  
• Pasadena Public Health Department |
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<td>Strategy: Enable shared access of EHR via HIE. Through <strong>Huntington Hospital’s Physician, Interoperability and Data Management Services</strong>, patient health information will be accessible to key Hospital and <strong>ChapCare</strong> (FQHC) physicians to improve patient outcomes.</td>
<td>Impact: Improved health outcomes. <strong>Metric:</strong> Number of ChapCare patients treated in the Emergency Depart. and hospitalized</td>
<td>• ChapCare</td>
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HEALTH NEED 2: HEART DISEASE AND STROKE
The death rate due to coronary vascular disease and stroke in Pasadena is higher than for California adults overall. In addition, the prevalence of diabetes in the adult population of the San Gabriel Valley exceeds that of Los Angeles County or California. Diabetes and tobacco use significantly increase the risk for coronary heart disease and stroke.

Diabetes - The prevalence of diabetes in the San Gabriel Valley is 12%, higher than both the rate for Los Angeles County (10%) and California (8.9%). In the San Gabriel Valley, 10.6% of adults reported being smokers. Tobacco use is the most common cause of preventable premature death.

**GOAL:** Improve outcomes due to CVD, stroke, and diabetes through increased awareness, education, and patient support.

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| **Strategy:** Provide health education and support in the community.  
*Community Outreach Program*  
RN Health Screening/Counseling Clinics monthly, offering health screening and counseling, disease management education, and linkage to services, advocacy, and emergency intervention. Health Education classes offered at various community sites throughout the year.  
*Outpatient Nutrition*  
Dietician provides education at various community sites on nutrition-related topics to promote disease prevention and improve management of existing chronic conditions through healthy diet and lifestyle practices.  
*Huntington Ambulatory Care Center*  
*Tobacco Cessation Program*  
Nurse Practitioner-provided counseling and medication support to stop smoking. | **Impact:** Community residents will be aware of how to access information and assistance to prevent or manage CVD, stroke, and diabetes.  
**Metric:** Number of adults receiving services through Community Outreach nurses.  
**Metric:** Number of adults attending presentations. | • Pasadena Public Health Dept.  
• Pasadena Public Libraries  
• Pasadena Public School District  
• Pacific Clinics  
• Pasadena, So Pasadena, Altadena, Jackie Robinson Senior and Community Centers  
• Foothill Unity  
• Friends In Deed  
• Community houses of worship  
• Pilgrim Towers  
• Employers throughout the community  
• American Lung Association  
• Villa Parke Community Center |
| **Strategy:** Expand awareness of CVD and stroke through activities and events in the community.  
*Neurosciences/Stroke Center*  
Conduct various educational activities in the community throughout the year to raise awareness of stroke prevention, and provide referrals and resources to those recovering from stroke.  
*Neurosciences/Sleep Center*  
Conduct educational presentations to raise awareness of sleep apnea, prevention,  
*Cardiology Services*  
Increase awareness of risks factors for heart disease by providing educational activities, including CPR, physician lectures, and other activities in the community throughout the year. | **Impact:** Community residents will be aware of the risk factors for CHD and stroke.  
**Metric:** Number of adults attending various events. | • American Heart Association  
• American Stroke Association |
| Strategy: Expand education and support to patients with diabetes.  
**Inpatient Diabetes Programming and Continuum of Care**  
Expand and improve care to diabetic patients by the addition of a Diabetes Specialist and an RN Certified Diabetic Educator to enhance treatment approaches for patients with diabetes. Enhance referral process to ensure patients receive follow-up support post discharge from Community Outreach RNs who will round on patients at the bedside and explain monitoring, counseling and support services available in the community. | Impact: Reduced admissions due to uncontrolled diabetes.  
**Metric:** Number of adults receiving services from Diabetes Specialist, CDE, CORN. | • Healthcare Partners  
• Methodist Hospital |

| Strategy: Expand dietary education.  
**Outpatient Nutrition Services**  
Provide instruction to prevent or reduce the incidence of Type 2 diabetes through free nutritional education in the community. Offer counseling and information to reinforce importance of adhering to ADA diet for patients diagnosed with diabetes. | Impact: Increased ability to control diabetes.  
**Metric:** Number of adults attending presentations. | • Variety of workplaces and locations where people gather. |
**HEALTH NEED 3: CHILD AND ADOLESCENT HEALTH**

Asthma is a leading cause of chronic illness among children and adolescents in the United States. In addition to the physical and emotional distress experienced by children with the condition, asthma results in missed days of school, limitations on daily activities, avoidable emergency department visits and hospitalization. While asthma is a potentially serious even fatal chronic disease, most symptoms can be prevented or controlled with appropriate treatment. The prevalence of asthma among children and adolescents in the San Gabriel Valley is higher than both county and state levels. Multiple factors in a child’s environment affect their overall health and well-being. Living in poverty, where environmental stressors are often present, negatively affects both the immediate and long-term health of the child.

**GOAL A:** To improve the ability of children and adolescents with asthma to manage their condition.

**GOAL B:** To mitigate the effects of stress and trauma and improve overall health and well-being of all children in the community.

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| **Strategy:** Continue to provide the following no-cost services through Huntington Hospital Community Asthma Program:  
  - Bedside education and instruction to hospitalized asthma patients.  
  - Asthma education and management classes for the public.  
  - Asthma Clinic for specialty evaluation and medical care.  
  - Advocacy to ensure patients are able to obtain medications and equipment to manage their condition.  
  - Medications and equipment for Young and Healthy and PUSD for children in need. | **Impact:** Children and adolescents with asthma will have the resources necessary to control their condition, avoid ED visits and hospitalization, attend school regularly, and participate in routine daily activities. **Metric:** Number of children receiving services. |   
  - Georgina-Frederick Children’s Foundation  
  - Pasadena Respiratory Foundation  
  - Pasadena Unified School District  
  - Young and Healthy  
  - Community Physicians  
  - Asthma Coalition of LAC |

| **Strategy:** Obtain grant funding to institute programming in the Pasadena Public School District to teach children and their caregivers tools to cope with stressors, based on health research done on trauma, and the Trauma Informed Care approach. | **Impact:** Reduce the effects of trauma on children’s health and well-being. Increase children’s ability to benefit from school instruction. Increase children’s ability to use positive behaviors to meet their needs and articulate and manage their emotions. **Metric:** Number of children receiving intervention. |   
  - Pasadena Unified School District (PUSD)  
  - Pasadena Public Health Department  
  - Young and Healthy  
  - UniHealth Foundation |
HEALTH NEED 4: OLDER ADULTS AND AGING

According to available data, a greater percentage of Pasadena residents 65 years and older lived below the poverty level (14.5%) than in California (10%), and a greater number (28.6%) of older Pasadena residents lived alone than in the state overall (24%).

GOAL: Low income and underserved older adults will have the services and support required to meet their needs.

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| **Strategy:** Provide older adults and their family caregivers with services, information, education, and support. *Huntington Senior Care Network*, a department of the hospital, provides free or low-cost programs to the community to help seniors and caregivers find services, coordinate care, and live independently. | **Impact:** Seniors and/or their caregivers will have a safety net to ensure appropriate services are in place and receive assistance with navigating the system of care. **Metric:** Number of individuals served. | • Pasadena Senior Center
• Altadena Senior Center
• S Pasadena Senior Center
• Jackie Robinson Community Center
• Convalescent Aid Society
• Contracted Homecare Agencies
• Pasadena Senior Commission
• Adult Protective Services
• Elder Abuse Coalition of the East/West San Gabriel Valley |

| **Strategy:** Support patients with chronic diseases, limited resources, and psycho-social issues which lead to hospitalization and threaten independence. *Geriatric Clinical Specialist* This advanced practice nurse ensures optimal practice outcomes and promotes quality patient care for older adult patients of the hospital. **RN Navigation** Clinical nurse navigators provide assistance to patients, and their families, while in the hospital to ensure timely treatment, attention to barriers to remaining healthy and independent, and have the necessary resources upon discharge to prevent problems during transition to home. *uber Transportation/Ridewith24* On behalf of Huntington Hospital patients, 24HrHomeCare arranges on-demand uber driver-partners to assist patients home. The hospital pays for the service for those patients who do not have the resources. Patients who are able to pay are also assisted. | **Impact:** Patients will have support to resolve issues associated with the social determinants of health during and following hospitalization. **Metric:** Number of patients assisted. | • Transportation vendors
• Homecare vendors
• Home health agencies
• Social service agencies
• Adult Protective Services |