2016 Community Health Needs Assessment

Greater Pasadena

Huntington Hospital

PASADENA PUBLIC HEALTH DEPARTMENT

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Executive Summary

Huntington Hospital and the City of Pasadena Public Health Department are pleased to present the **2016 Community Health Needs Assessment of Greater Pasadena**. The goal of this collaboration was to conduct a joint, systematic analysis of health indicators that provides insight into the health status and needs of residents in the Greater Pasadena area.

For 120 years, Huntington Hospital (HH) has served the Greater San Gabriel Valley community through health care services, medical research, professional education and training, provision of care for vulnerable populations, and support of programs that may otherwise be absent from the community. Huntington Hospital takes its mission seriously and, along with its community partners, actively seeks opportunities to ensure access to care for everyone.

Since 1892, the City of Pasadena Public Health Department (PPHD) has been responsible for helping protect, maintain and improve the health of the Pasadena community. The city of Pasadena is one of only three cities in the state of California that maintains its own independent local health jurisdiction.

Huntington Hospital has conducted a triennial Community Health Needs Assessment (CHNA) in accordance with California Senate Bill 697 since its implementation in 1994, requiring tax-exempt hospitals to document activities undertaken to address community health needs. The Patient Protection and Affordable Care Act (ACA), enacted in 2010, included in IRS Section 501(r), directs tax-exempt hospitals to conduct a Community Health Needs Assessment and develop an Implementation Strategy every three years. The CHNA serves as a tool for effectively planning the allocation of community benefits to improve the health of the community.

Since 1992, the PPHD has published several Quality of Life Index reports for the Pasadena/Altadena region. Each report was a broad assessment of indicators related to social determinants of health. Both HH and PPHD leadership recognized the opportunity to partner as we work toward our shared goal of improved community health.

OUR COMMUNITY

The **2016 Community Health Needs Assessment of Greater Pasadena** focuses on the geographic area of Greater Pasadena, which includes Pasadena, Altadena, South Pasadena, and San Marino. The information gathered and contained in this report establishes the foundation for future planning to address the health needs of Greater Pasadena residents. The findings of this assessment can assist the planning and improvement efforts of civic leaders, non-profit organizations, and community constituents.

SIGNIFICANT COMMUNITY NEEDS

Quantitative and qualitative data were collected and analyzed for this CHNA. Quantitative data refers to information that can be expressed in numerical terms, counted, measured or compared on a scale. Qualitative data, on the other hand, refers to information that is difficult to measure, count or express in numerical terms, but provides rich, in-depth descriptive information about a field of interest. The synthesized data results were combined and arranged by topic. In the Huntington Hospital community benefit prioritization process, the following twelve areas of need emerged:

- Access to Care
- Exercise, Nutrition, and Weight
- Mental Health
- Economy/Affordable Housing
- Social Environment/Cultural Competency
- Transportation
- Child and Adolescent Health
- Older Adults and Aging
- Heart Disease and Stroke
- Dental Health
- Public Safety
- Education Equity

PRIORITIZATION PROCESS

A group of health and social service professionals with specific clinical and community knowledge participated in a review and discussion of the findings of the preliminary data analysis. In a facilitated prioritization session, participants rated each health topic area based on criteria reflecting the hospital's mission, values, strengths, and resources. The six highest rated areas of need were:

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

NEXT STEPS

Findings from the **2016 Community Health Needs Assessment of Greater Pasadena** will be the foundation upon which the hospital's Community Benefits Committee, Executive Management Team, and Board of Directors will develop meaningful community health improvement efforts.

The City of Pasadena Public Health Department will be launching a separate community-wide effort to evaluate, prioritize and plan for health improvements based on the findings from this **2016 Community Health Needs Assessment of Greater Pasadena**. This broader Community Health Improvement Plan (CHIP) process will include the full spectrum of community partners, in addition to Huntington Hospital, to create an improvement plan with a full range of community health issues.

I. Introduction

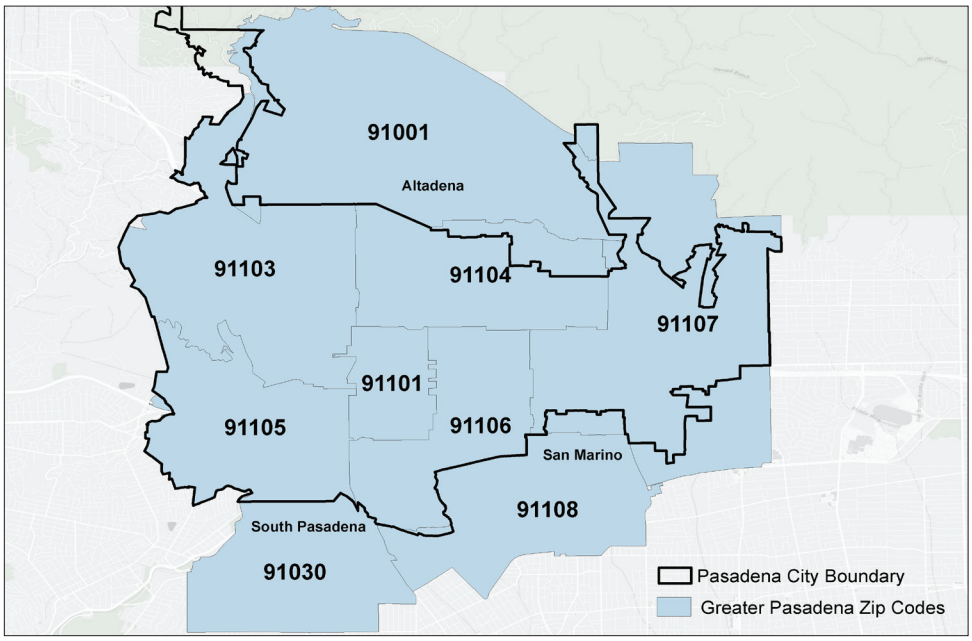
Huntington Hospital and the Pasadena Public Health Department (PPHD) are pleased to present the first joint Community Health Needs Assessment (CHNA) report for Greater Pasadena. This report describes findings from a systematic, year-long CHNA process that was conducted collaboratively in order to provide insight into the health status and needs of the residents of the Greater Pasadena area. Data presented in this report span a wide range of topics related to community well-being, including disease rates, risk factors for disease and death, health behaviors, and social determinants of health.

The examination of key health indicators in the Greater Pasadena area offers some understanding of health needs in this community and will guide community health improvement planning efforts. This CHNA is intended to provide a gateway for concerned community members, civic leaders, non-profit organizations, and policy makers to further delineate and address health issues in Greater Pasadena. This report and healthypasadena.org are meant to be resources for health and health care advocates and organizations that use the data to guide planning, policy development, and procurement or allocation of resources.

Although genetics and individual behaviors contribute to health status, research shows that other risk-factors, such as environmental, social, and economic conditions, are very important in determining the health and well-being of individuals and populations. By studying these social determinants of health, health advocates can address "upstream" causes of diseases. In this CHNA, a variety of data were collected and compiled to characterize the health status of the population in Greater Pasadena. These data include demographics, social determinants of health, and health metrics. Specific efforts were made to identify and highlight health disparities for sub-populations, when the data were available.

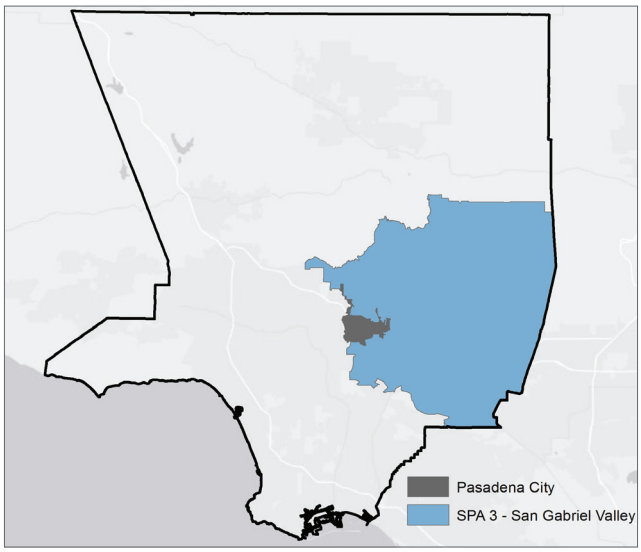
ABOUT THE REGION OF FOCUS

FIGURE 1. GREATER PASADENA AND CITY OF PASADENA



While the geographic focus of this report is the Greater Pasadena area, the data come from a variety of sources with different catchment areas. This report aims to present the most granular level of analysis when possible, but in some instances data are only shown at the higher geographic level due to limitations in sample size or data availability. In this report, data are reported in one of three distinct geographic regions: 1) Greater Pasadena (*Figure 1*), 2) city of Pasadena (*Figure 1*), or 3) Service Planning Area (SPA) 3–San Gabriel Valley (*Figure 2*).

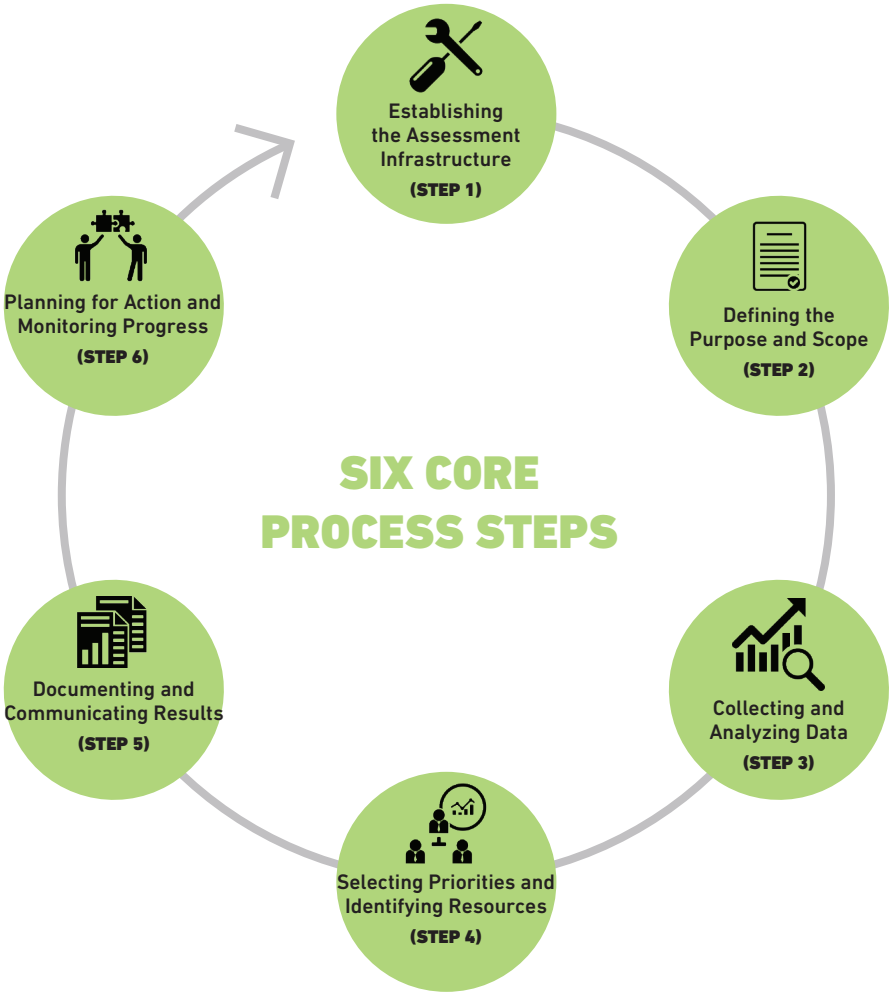
FIGURE 2. LOS ANGELES COUNTY AND SERVICE PLANNING AREA (SPA) 3 - SAN GABRIEL VALLEY



ABOUT THE CHNA PROCESS

The **2016 Community Health Needs Assessment of Greater Pasadena** was developed utilizing a framework adapted from the Association for Community Health Improvement (ACHI) (*Figure 3*).[1] There are six important steps in the process: 1) establishing the assessment infrastructure, 2) defining the purpose and scope of the assessment, 3) collecting and analyzing data, 4) selecting priorities and identifying related resources, 5) documenting and communicating results, and 6) planning for action and monitoring progress.

FIGURE 3. 2016 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS



ABOUT THE CHNA TEAM

HUNTINGTON HOSPITAL

Huntington 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, oncology, and neurosciences, is nationally recognized for Huntington Hospital Senior Care Network's innovation, quality care, and aging expertise, and operates the only Level II trauma center in the San Gabriel Valley. Huntington offers state of the art orthopedic surgery, inpatient and outpatient psychiatric care, women's and children's services, and an ambulatory care center. Huntington is a designated California Children's Services Facility. Through a partnership between Huntington Hospital and Shriners Hospital for Children-Southern California, inpatient surgical and medical services for pediatric patients are available.

As a teaching facility affiliated with the University of Southern California Keck School of Medicine, Huntington supported 26 internal medicine and 15 general surgery residents in 2015. More than one-third of Huntington's residents remain in the area to practice, providing a seamless transition through generations of care.

In accordance with both state and federal legislation applying to non-profit, tax-exempt hospitals and set forth by California Senate Bill 697 and the Patient Protection and Affordable Care Act, Huntington Hospital conducts a triennial CHNA to analyze and identify the health needs of the Greater Pasadena community, and develops an implementation strategy to meet the identified needs. Please see *Appendix A: Community Health Needs Assessment Progress Reports* for an evaluation of progress since the previous CHNA.

PASADENA PUBLIC HEALTH DEPARTMENT

Since 1892, the City of Pasadena Public Health Department has been responsible for helping protect, maintain and improve the health of the Pasadena community. The city of Pasadena is one of only three cities in the state of California that maintains its own independent local health jurisdiction.

The PPHD is responsible for ensuring a healthy community through legally mandated services, essential public health functions, enforcement of the State Health and Safety Code, and administration of other policies, statutes, regulations and programs. To meet the needs of Pasadena's diverse community, the PPHD tailors interventions, monitors health status, diagnoses and investigates health problems, empowers community members, mobilizes community partnerships, enforces laws and regulations, works to promote access to health care, and continuously evaluates effectiveness in services.

The City of Pasadena Public Health Department is dedicated to the physical, social and mental well-being of all who live, work, learn and play in Pasadena. The PPHD is committed to building trusting relationships with the community; providing high-quality services; making health services accessible; achieving health equity; and creating opportunities that foster health professional excellence.

HEALTHY COMMUNITIES INSTITUTE

Healthy Communities Institute (HCI), a Xerox Company, was retained by Huntington Hospital to provide technical assistance for the **2016 Community Health Needs Assessment of Greater Pasadena**. HCI provides customizable, web-based information systems that offer a full range of tools and content to improve community health. HCI and Huntington Hospital have collaborated since 2010 and leveraged HCI technology to develop the Healthy Pasadena platform (www.healthypasadena.org).

To learn more, please visit www.HealthyCommunitiesInstitute.com.

II. Data Overview

ABOUT THE DATA

Quantitative and qualitative data were collected and analyzed for this Community Health Needs Assessment (CHNA). Quantitative data refers to information that can be expressed in numerical terms, counted, measured or compared on a scale. Qualitative data, on the other hand, refers to information that is difficult to measure, count, or express in numerical terms, but provides rich, in-depth descriptive information about a field of interest.

QUANTITATIVE DATA

The quantitative data collected and analyzed for this assessment comes from a variety of sources, including public agencies like the United States Census Bureau and the Pasadena Public Health Department.

For certain social determinants of health or health topics, an Indicator Summary Table is provided at the end of each section. Each table lists indicators that are tracked on healthypasadena.org, a web-based community health data platform developed by Healthy Communities Institute, sponsored by Huntington Hospital, and contributed to by the Pasadena Public Health Department. The indicators are derived from local primary data sources and state and national public secondary data sources.

Each indicator in the Summary Tables was assigned a comparison score from zero to three and a corresponding color on a spectrum ranging from green, to yellow, to red, in order to show how the local community indicator value compared to selected comparison values. The comparison value for any indicator could be one of the following: a distribution of counties in California or the United States, the value for the state of California, the value for the U.S., the trend of the indicator's value over time, and/or the value stated in national Healthy People 2020 goals. Healthy People 2020 goals are national objectives for improving the health of the nation set by the U.S. Department of Health and Human Services' Healthy People Initiative.

For indicators highlighted in green with number scores approaching zero, the local indicator value was better than the comparison values. For indicators highlighted in red with number scores approaching the maximum of three, the local indicator was worse than the comparison values. Many indicators were assigned colors and number scores somewhere between the extremes of the scale. These comparison scores were utilized to consider which indicators might demonstrate more or less community health need. For additional details on each indicator, please reference healthypasadena.org.

When sufficient demographic data was available (e.g., race, ethnicity, gender), analyses of sub-populations were conducted to look for disparities. Please see *Appendix B: Healthy Communities Institute Data Analysis Methods* for more details on the quantitative data methodology.

TABLE 1. SOCIAL DETERMINANTS OF HEALTH AND HEALTH TOPICS INVESTIGATED FOR GREATER PASADENA COMMUNITY, 2016

SOCIAL DETERMINANTS OF HEALTH	HEALTH TOPICS	
Economy, Housing, and Homelessness	Access to Care	Respiratory Diseases
Education	Maternal, Child, and Adolescent Health	Injury Prevention and Safety
Social Environment	Exercise, Nutrition, and Weight	Other Conditions
Environment	Diabetes	Older Adults and Aging
Public Safety	Heart Disease and Stroke	Mental Health
Transportation	Cancer	Substance Abuse
	Immunizations and Infectious Diseases	Mortality

QUALITATIVE DATA

The Pasadena Public Health Department gathered qualitative data through key informant interviews and a community stakeholder meeting. Ten in-person key informant interviews were conducted with knowledgeable community members who provided feedback on social and health topics. The community stakeholder meeting held at Huntington Hospital had forty-nine participants. Participants included representatives from health care organizations, mental health agencies, social service organizations, local government, the public school district, and other interested professionals and community members familiar with the health needs of the Greater Pasadena community.

The qualitative data are described further in section *IV. Community Input* and in the respective topic sections in the main assessment (Sections V and VI)

DATA CONSIDERATIONS

For both quantitative and qualitative data, efforts were made to include as wide a range of data indicators as possible. Limitations on data availability varied by topic. Although the CHNA planning team selected a diverse, comprehensive representation of stakeholders to minimize bias, qualitative data findings are inherently dependent upon both the selection and participation of stakeholders. Quantitative data was limited by the types of measures available at the time of analysis and the selection of measures. Analysis on disparities was possible for indicators with sufficient demographic data, such as those at a SPA or city level.

III. Demographics

POPULATION

The geographic boundary of Greater Pasadena is the primary unit of analysis for this assessment. Greater Pasadena is made up of the following nine ZIP codes: 91001, 91030, 91101, 91103, 91104, 91105, 91106, 91107, and 91108. *Figure 4* illustrates the geographic boundaries of the Greater Pasadena service area and the city of Pasadena limits (black outline in *Figure 4*), and *Table 2* displays the population counts for each ZIP code.

FIGURE 4. GREATER PASADENA POPULATION BY ZIP CODE, 2016[2]

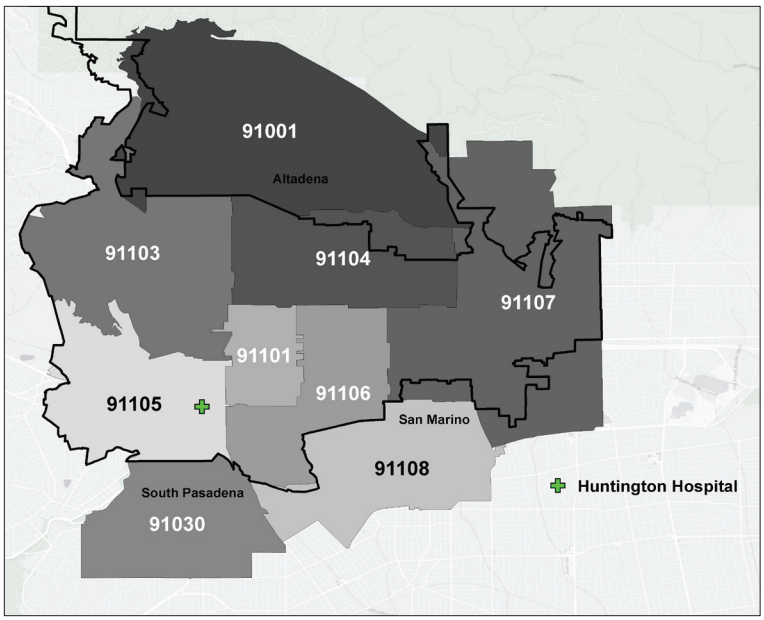


TABLE 2. GREATER PASADENA POPULATION, 2016[2]

ZIP CODE	POPULATION COUNT
91105	12,869
91108	13,620
91101	21,260
91106	24,584
91030	26,692
91103	29,309
91107	33,967
91104	37,011
91001	37,111

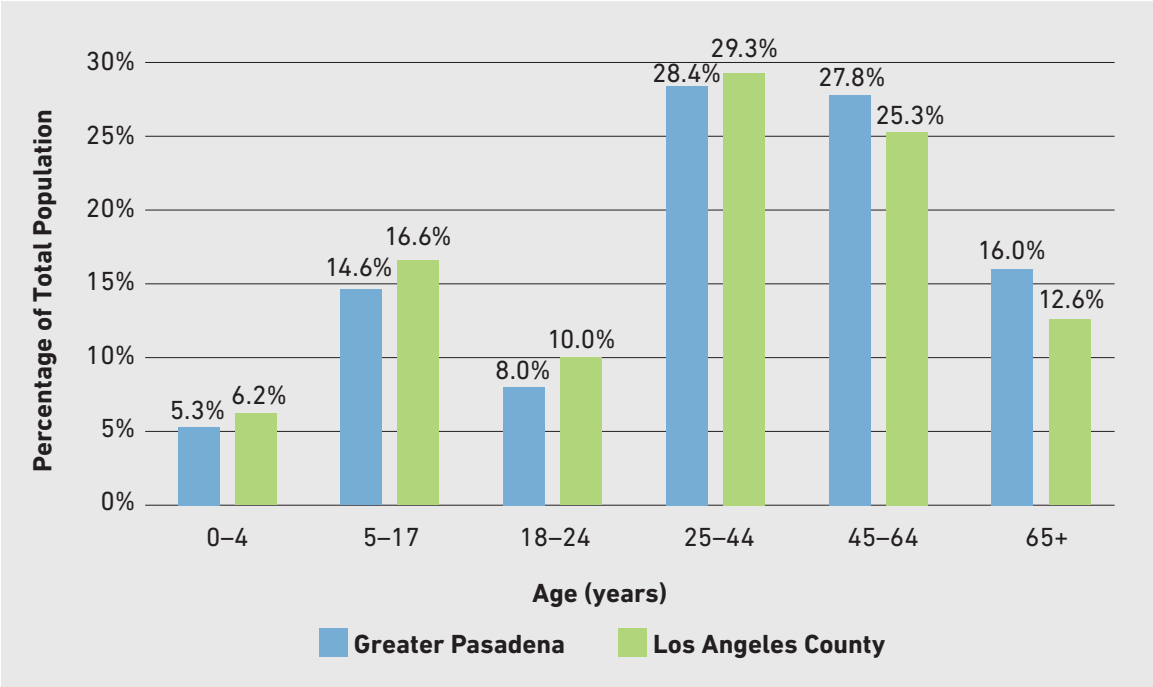
The total population for Greater Pasadena is 236,423, which is approximately 2.3% of the entire population of Los Angeles County.[2] The population of the city of Pasadena is 142,250.[3] The majority of Greater Pasadena residents live in ZIP codes 91001, 91104, and 91107. Between 2010 and 2016, the population of Greater Pasadena grew by 3.7%, which is slower than the population growth experienced by Los Angeles County (4.3%) and the state of California (5.6%).[2]

AGE AND GENDER

The proportion of residents below 18 years of age (19.9%) is lower in Greater Pasadena than in Los Angeles County (22.8%).[2] The proportion of residents ages 45-64 and 65 and older is higher in Greater Pasadena than in Los Angeles County.

In Pasadena, the proportion of males and females are 49.1% and 50.9%, respectively. Among adults 18 years and over, 51.7% are female while seniors age 65 and over are 58.6% female.[3]

FIGURE 5. POPULATION BY AGE, GREATER PASADENA AND LOS ANGELES COUNTY, 2016[2]



RACE, ETHNICITY, AND LANGUAGE

The racial and ethnic diversity of Greater Pasadena differs from that in Los Angeles County, as shown in *Table 3*. In Greater Pasadena, 53.8% of the population identifies as White compared to 49.3% in Los Angeles County.[2] The percentage of Asian residents is 18.6% in Greater Pasadena, while approximately 14.3% of Los Angeles County residents are Asian.[2] A lower percentage of Pasadena residents identify as Some Other Race (11.6%) compared to the percentage in Los Angeles County (22.2%).

In addition, Greater Pasadena has a lower percentage of residents who identify as Hispanic, approximately 29.2% of the population, compared to the percentage in Los Angeles County (48.7%).[2]

TABLE 3. POPULATION BY RACE/ETHNICITY, GREATER PASADENA AND LOS ANGELES COUNTY, 2016[2]

	GREATER PASADENA	LOS ANGELES COUNTY
Race		
White	53.8%	49.3%
Black/African American	9.9%	8.4%
American Indian/Alaska Native	0.6%	0.7%
Asian	18.6%	14.3%
Some Other Race	11.6%	22.2%
2+ Races	5.4%	4.7%
Ethnicity		
Hispanic	29.2%	48.7%

Table 4 shows the most common languages spoken at home by Greater Pasadena residents. The most common language spoken by Greater Pasadena residents is English (57.3% of the population).[2] Compared to Los Angeles County and California, a larger percentage of Greater Pasadena residents speak Asian and Indo-European languages (such as Armenian) at home.

TABLE 4. LANGUAGE SPOKEN AT HOME, GREATER PASADENA, LOS ANGELES COUNTY, AND CALIFORNIA, 2016[3]

	GREATER PASADENA	LOS ANGELES COUNTY	CALIFORNIA STATE
Speak Only English at Home	57.3%	43.2%	56.1%
Speak Spanish at Home	22.8%	39.5%	28.8%
Speak Asian/Pacific Islander Languages at Home	12.5%	10.8%	9.6%
Speak Indo-European Languages at Home	6.4%	5.4%	4.4%
Speak Other Languages at Home	0.9%	1.1%	1.0%

In the city of Pasadena, the top five languages spoken at home other than English were: Spanish (27%), Chinese (Mandarin) (4.2%), Armenian (3.3%), Tagalog (1.9%), and Korean (1.2%).[3]

IV. Community Input

Community feedback (primary qualitative data) was collected as an important component of the needs assessment. First, ten semi-structured key informant interviews were conducted in order to identify and confirm significant community health issues. The data from these interviews with community stakeholders helped to ensure that quantitative data were collected, when available, in those issue areas. The findings from the interviews were also used to identify other knowledgeable community members to participate in interviews and provide feedback on the design of the health assessment.

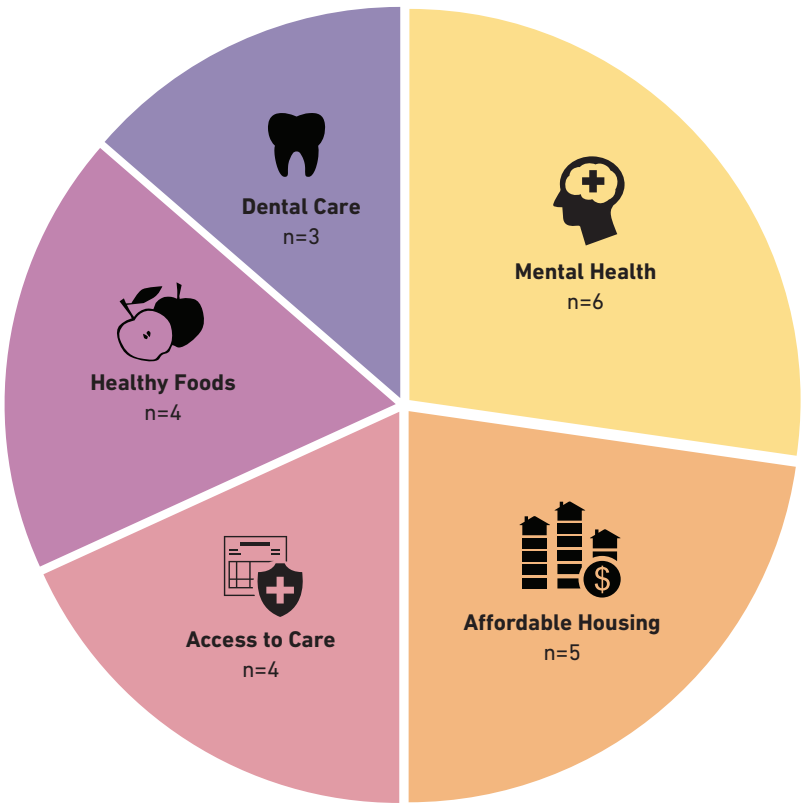
The second method for obtaining community feedback was to conduct a large community stakeholder meeting. At the meeting, the preliminary data analysis was presented by the CHNA planning team, and stakeholders provided input on gaps in data, quality of data, additional sources of data in the community, and the community health needs assessment process.

KEY INFORMANT INTERVIEWS

TOP HEALTH NEEDS

Figure 6 below illustrates the top health needs for the Greater Pasadena community that were identified by key informants.

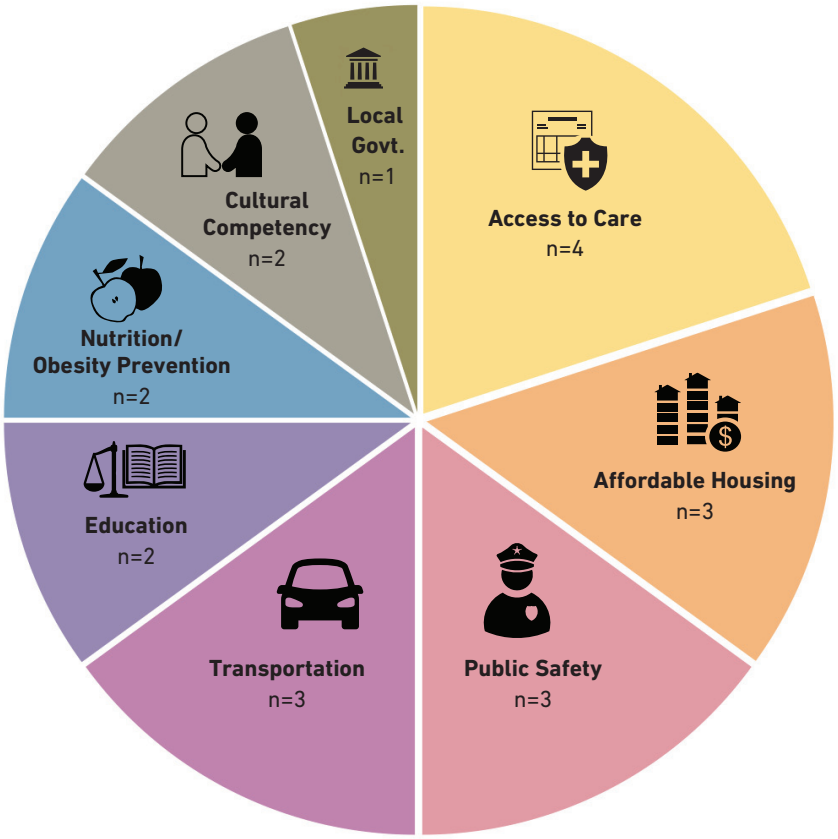
FIGURE 6. TOP HEALTH NEEDS IDENTIFIED BY KEY INFORMANTS



CHALLENGES TO QUALITY OF LIFE

Figure 7 illustrates the top challenges identified by key informants that might lower quality of life for the Greater Pasadena community.

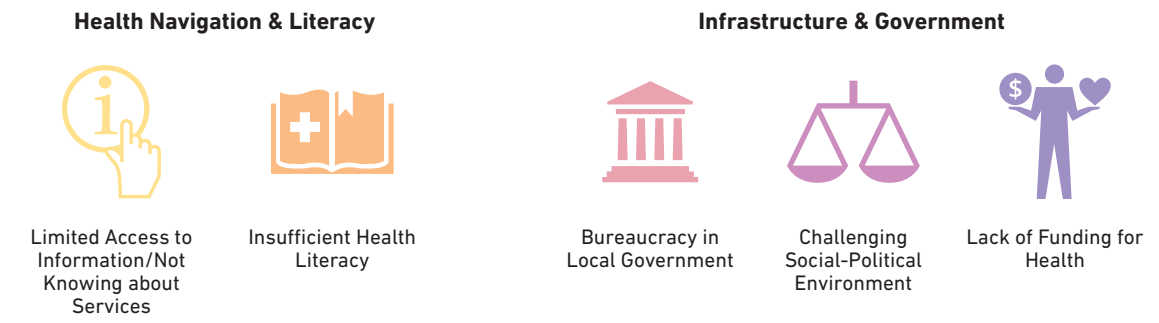
FIGURE 7. TOP QUALITY OF LIFE CHALLENGES IDENTIFIED BY KEY INFORMANTS



BARRIERS TO ADDRESSING HEALTH NEEDS

Figure 8 illustrates what key informants identified as top barriers to addressing the health needs of the community and includes quotes from key informants.

FIGURE 8. TOP BARRIERS TO HEALTH IDENTIFIED BY KEY INFORMANTS



"We need to connect and collaborate better to promote information. So much good stuff goes under the radar."

"Instead of saying 'no' automatically, officials should work to see how it could happen."

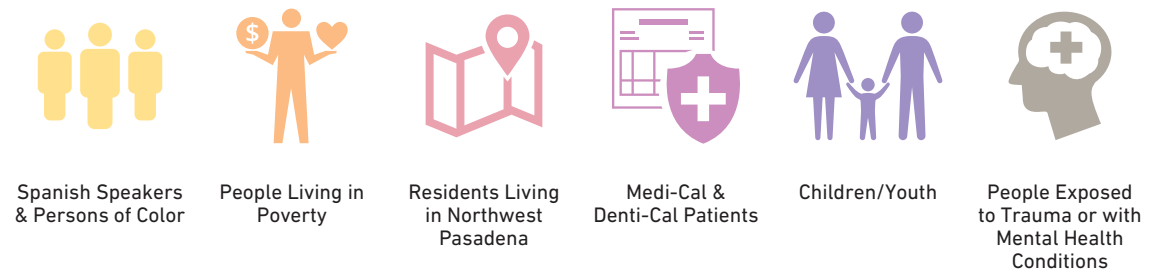
"Information is power, and people are underpowered."

"Pasadena has a culture of, 'this is how it has always been'."

GROUPS AT-RISK FOR LOWER QUALITY OF LIFE

Figure 9 below illustrates vulnerable populations mentioned by key informants.

FIGURE 9. VULNERABLE POPULATIONS IDENTIFIED BY KEY INFORMANTS



COMMUNITY STRENGTHS SUPPORTING QUALITY OF LIFE

Strengths and resources in the Greater Pasadena community that were identified by key informants were categorized into six main areas: Health Organizations and Resources, Health Interventions, Local Organizations and Resources, Pasadena Unified School District, Residents, and City Council/Local Government. *Figure 10* illustrates the most commonly cited community strengths for each of these topics.

FIGURE 10. TOP COMMUNITY STRENGTHS IDENTIFIED BY KEY INFORMANTS

KEY INFORMANT INTERVIEW PARTICIPATING ORGANIZATIONS

TABLE 5. KEY INFORMANT INTERVIEWS PARTICIPATING ORGANIZATION TYPES AND POPULATIONS SERVED

ORGANIZATION TYPE	POPULATIONS SERVED
Faith-Based Organization	Faith Community
Ambulatory Care Clinic	Medically Underserved Adults
Maternal Care Management Program (Client)	Expectant African American Mothers and Families
Youth-Advocacy Non-Profit	Youth, At-Risk Youth for Alcohol and Other Drug Abuse
Governmental Child Services Agency	Youth, Families, At-Risk Children and Families
Behavioral and Mental Healthcare Agency	Mental Health Medically Underserved
Pasadena Community Advocate	Pasadena Community
Local School District (Staff)	Youth
Local School District (Parent)	Youth, Pasadena Community
Youth and Family Services Non-Profit	Youth, Families, Medically Underserved

COMMUNITY MEETING

At the community meeting, participants were presented with preliminary needs assessment data, including findings from the key informant interviews. Participants were asked to identify additional health indicators, and to describe barriers to health as well as resources that contribute to health and wellness that exist in the community. The indicators and the associated resources are included in the next two sections of this report. Additional resources are listed in *Appendix C: Community Resources*.

Table 6 lists the topics that were identified by community meeting participants as health concerns and discussed in detail during the meeting.

TABLE 6. TOP HEALTH AND QUALITY OF LIFE CONCERNS IDENTIFIED IN COMMUNITY MEETING

TOPIC	KEY POINTS
Access to Health Services	Medi-Cal providers and specialists have low ratings from their patients; difficulties with eligibility, navigating system, and choosing providers; need for an improved 2-1-1 system for health information exchange
Economy	Analyzing economic disparities by ZIP code can be misleading because disparities occur within such a large geographic area
Housing Affordability and Supply	Issues include gentrification, limited supply of affordable housing and limited budgets due to high rent
Homelessness	Challenging for outreach workers to build trust with the homeless
Public Safety	More information and data needed on gun violence, domestic violence, and incarceration/re-entry rates
Mental Health and Mental Disorders	Not enough mental health providers serving children — possible barriers include liabilities working with children or language barriers

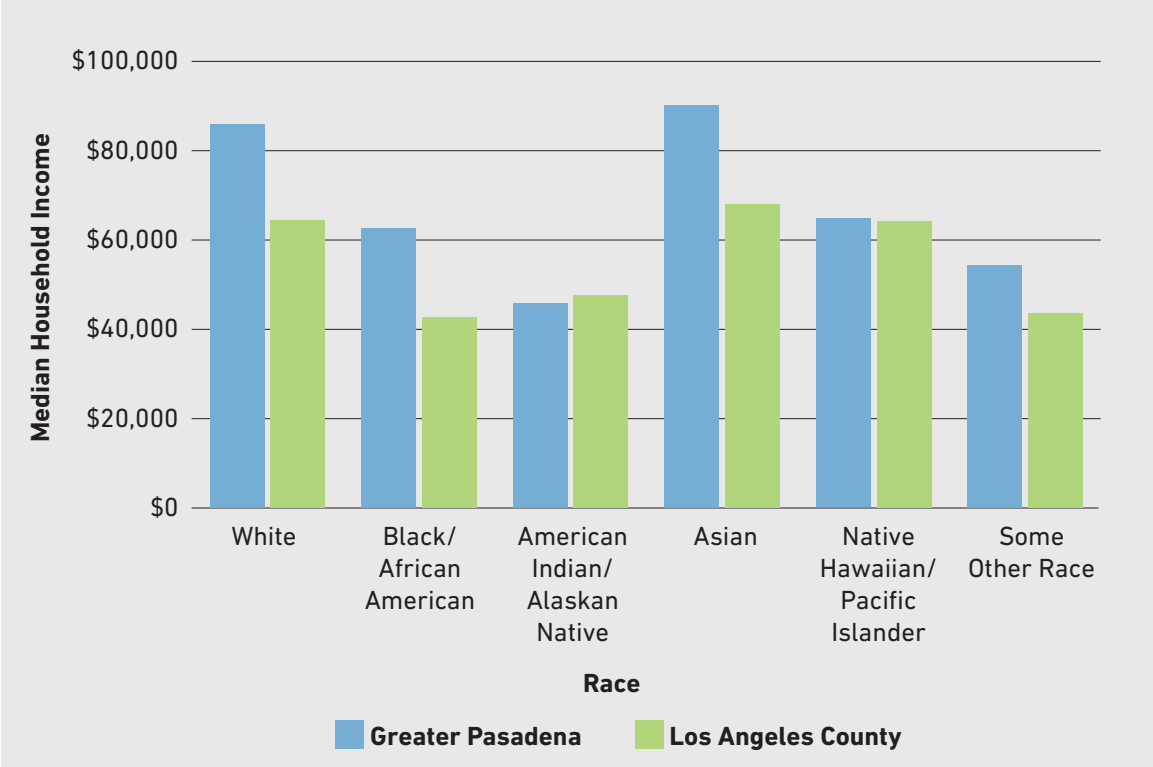
Please see the *Acknowledgements* section for a full list of community participants.

V. Social Determinants of Health

ECONOMY, HOUSING, AND HOMELESSNESS

- **Income:** The median household income in 2016 was higher in Greater Pasadena ($79,727) than in California ($63,566) and in Los Angeles County ($57,864).[2] ZIP codes 91101 and 91103 had the lowest median household income levels in the Greater Pasadena region ($58,394 and $61,478, respectively).[2] *Figure 11* shows median household income by race. The median household income for White, African American, Asian, and Some Other Race groups in Greater Pasadena was higher than for their counterparts in the County.

FIGURE 11. MEDIAN HOUSEHOLD INCOME BY RACE IN GREATER PASADENA, 2016[2]



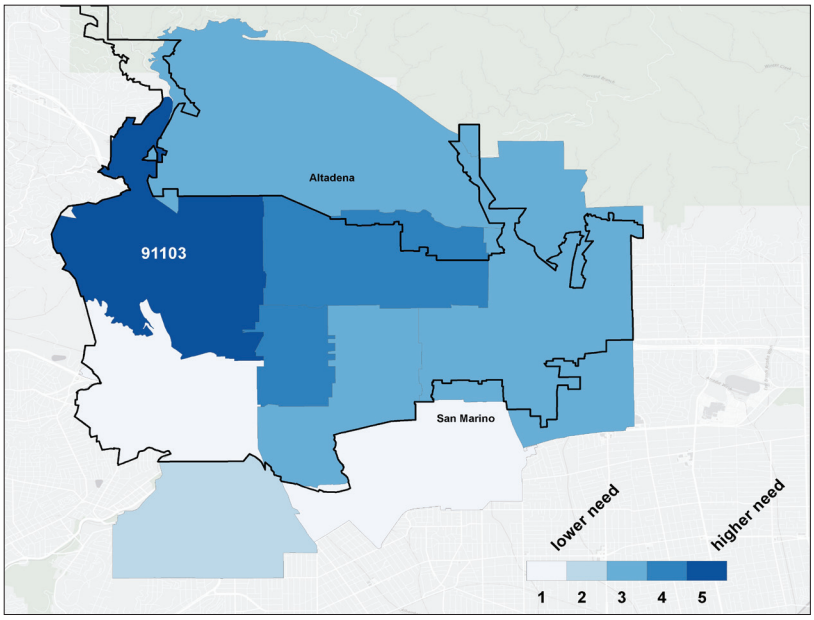
- **Poverty:** An estimated 7.4% of Greater Pasadena families lived below the federal poverty level in 2016.[2] This was a smaller percentage of families living in poverty compared to Los Angeles County (14.9%) and California (12.6%).[2] ZIP code 91103 had the highest rate of families living in poverty in the service area (14%).[2] During 2010-2014, 14.5% of Pasadena seniors ages 65 and older were living below the poverty line compared to 10.0% in California overall.[3]

- **Cost of Living:** In order to afford basics needs in Pasadena, a single-parent adult with one preschooler and one school-age child would need to earn approximately $30.92 per hour in 2015.[4] For an hourly, full-time worker that is equivalent to $64,313 per year. This is similar to what would be needed in Los Angeles County: a yearly income of $65,519.[4]
- **Unemployment:** An estimated 9.2% of Greater Pasadena residents were unemployed in 2016, which was slightly lower than the Los Angeles County and California rates, 10.8% and 10.6%, respectively. ZIP code 91103 had the highest unemployment rate in the service area (11.8%).[2]
- **SocioNeeds Index:** Healthy Communities Institute developed the SocioNeeds Index as a measure of socioeconomic need that is correlated with poor health outcomes.[5] The Index incorporates estimates for six different social and economic determinants of health: income, poverty, unemployment, occupation, educational attainment, and linguistic barriers. All ZIP codes in the United States are given an Index value from 0 (low need) to 100 (high need). Within Greater Pasadena, ZIP codes are ranked by relative levels of need, from 1 (lower need) to 5 (higher need) (*Table 7* and *Figure 12*). The ZIP code with the highest level of socioeconomic need is 91103 (Index value: 69.5). Los Angeles County has an Index value of 56.4, meaning ZIP code 91103 has higher relative need than the county overall, while other ZIP codes in the Greater Pasadena service area have lower relative need when compared to Los Angeles County.

TABLE 7. HCI SOCIONEEDS INDEX, 2016[5]

LOCATION	INDEX	RANK
91103	69.5	5
91101	42.8	4
91104	40.1	4
91001	18.8	3
91106	18.0	3
91107	15.1	3
91030	8.7	2
91105	2.8	1
91108	0.8	1

FIGURE 12. SOCIONEEDS INDEX MAP, GREATER PASADENA RANKINGS, 2016[5]



- **Housing:** In Pasadena, 40.9% of housing units were occupied by homeowners in 2010-2014, which was lower than in Los Angeles County (43.4%) and in California (50.1%).[3] As illustrated by *Figure 13*, ZIP codes 91001 and 91108 had the highest percentages of homes that are occupied by homeowners (over 76%), and ZIP code 91101 had the lowest homeowner rate (17%) in 2015.[6]
- **Housing Affordability:** In *Figure 14*, ZIP codes 91101 and 91105 are shown to have the highest costs of rent in Pasadena in 2015: $2,452 and $2,559 per month on average for a two-bedroom apartment, respectively.[6]
- **Homelessness:** According to Pasadena Homeless Count estimates, there were 530 homeless persons in the city of Pasadena in 2016. This rate has been declining since at least 2012, when 904 homeless persons were counted in Pasadena.[7]
- **Disparities in Homelessness:** The majority of the people counted as homeless were between the ages of 25 and 61 (67%). In addition, the majority of the people included in the homeless count were individuals who identified as White (43%) or Black (33%).[7]

FIGURE 13. PERCENT OWNER OCCUPIED HOUSING IN GREATER PASADENA, 2015[3]

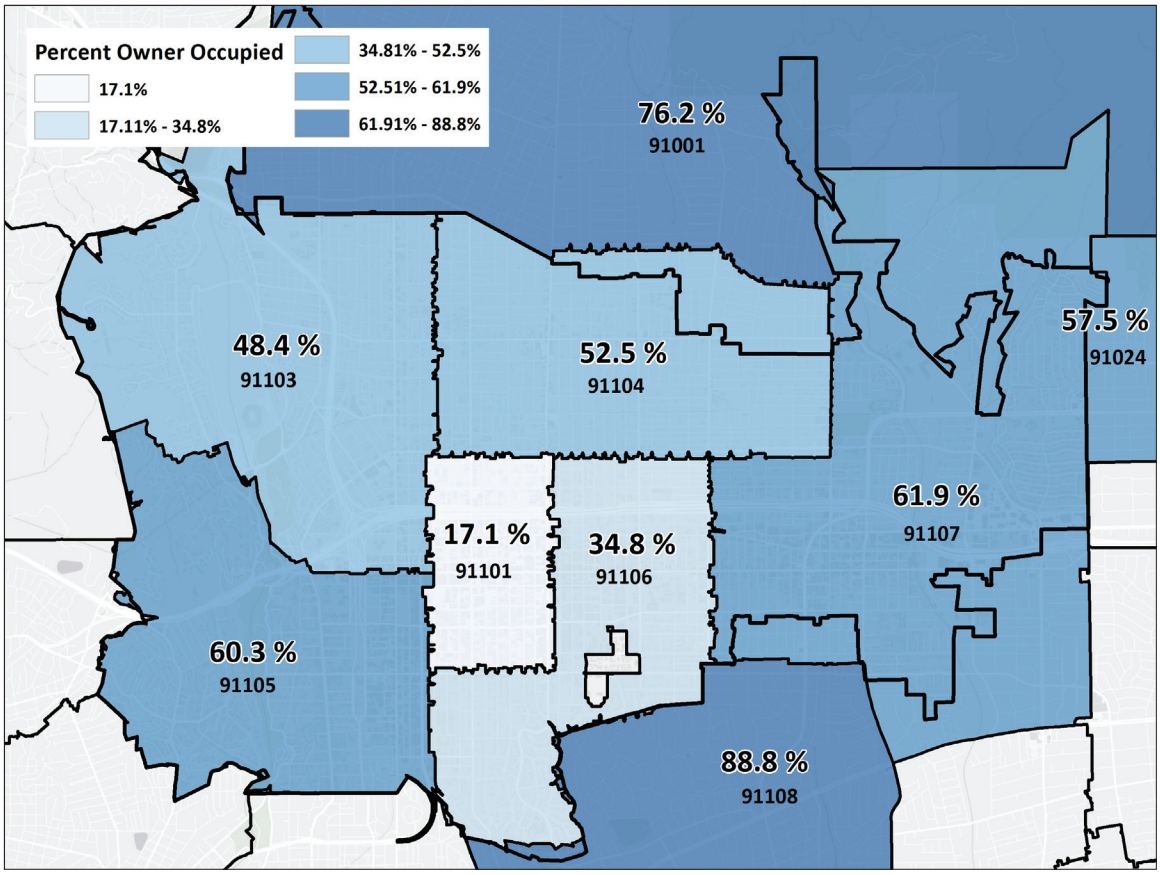


FIGURE 14. AVERAGE RENT FOR 2-BEDROOM APARTMENT IN GREATER PASADENA, 2015[6]

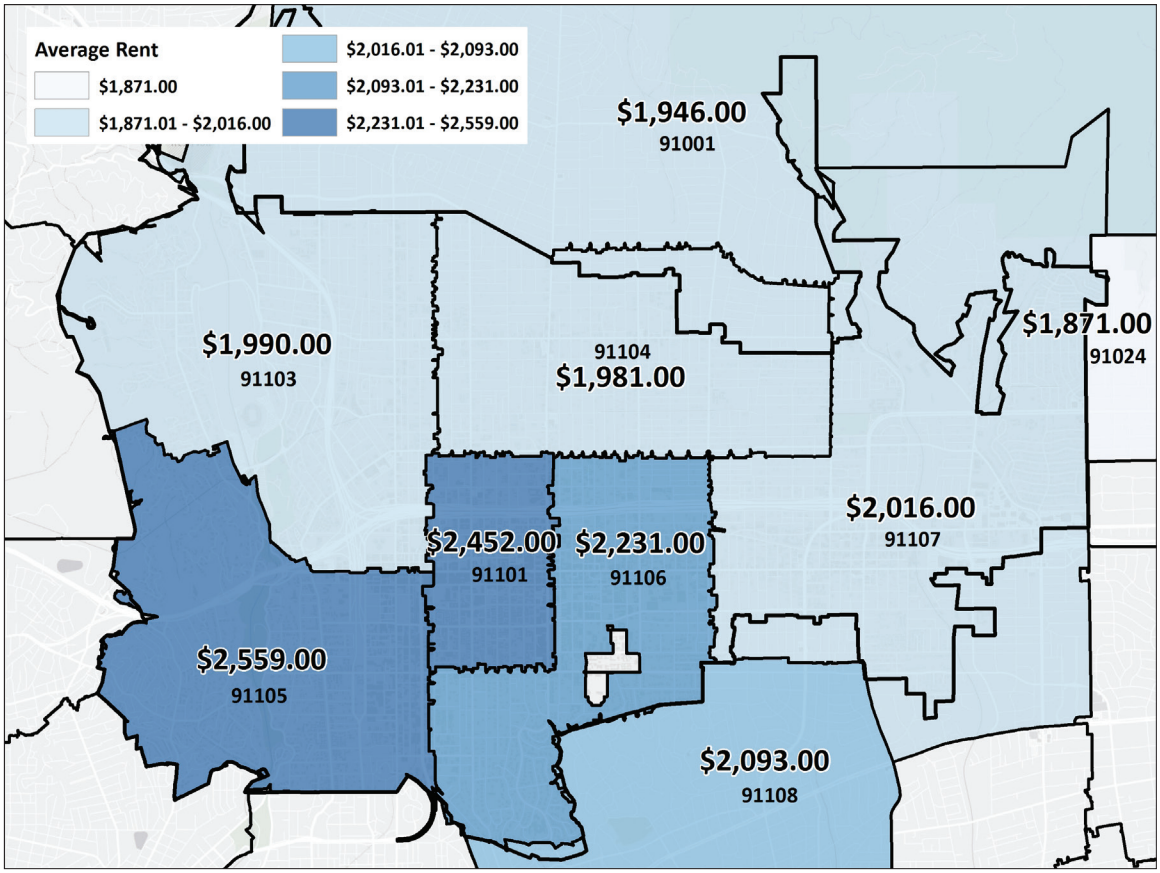


TABLE 8. SUMMARY OF SCORED ECONOMY, HOUSING, AND HOMELESSNESS INDICATORS

ECONOMY, HOUSING, AND HOMELESSNESS *(TOPIC SCORE: 1.19)*				
Indicator	**Period**	**Value**	**Unit**	**Score**
Homeownership [3]	2010-2014	40.9	%	2.78
People 65+ Living Below Poverty Level [3]	2010-2014	14.5	%	2.78
Income Inequality: Gini Index [3]	2010-2014	0.5		2.25
People Living 200% Above Poverty Level [3]	2010-2014	68.4	%	1.23
People Living Below Poverty Level [3]	2010-2014	14.6	%	1.03
Renters Spending 30% or More of Household Income on Rent [3]	2010-2014	51.7	%	0.73
Families Living Below Poverty Level [3]	2010-2014	8.7	%	0.60
Children Living Below Poverty Level [3]	2010-2014	15.0	%	0.23
Median Household Income [3]	2010-2014	70,845	dollars	0.23
Per Capita Income [3]	2010-2014	41,268	dollars	0.08

COMMUNITY INPUT

Five out of ten key informants cited affordable housing as a quality of life need in the Greater Pasadena service area.

Themes from the **Key Informant Interviews**:

- Affordable and low-income housing were seen as a huge and increasing concern
- Issues with overcrowding, too many families in single-room residences, and overall poor living conditions
- Not enough landlords accepting affordable housing vouchers

"There is a huge gap between Section 8 housing and everybody else."

"We have an affordable housing crisis."

The figures to the right include direct quotes from Key Informants regarding this topic area.

Community Meeting Participants discussed specific concerns: large economic disparities by ZIP code; issues with gentrification, affordable housing, and high rent; and ongoing challenges with building trust between outreach workers and homeless individuals.

COMMUNITY RESOURCES

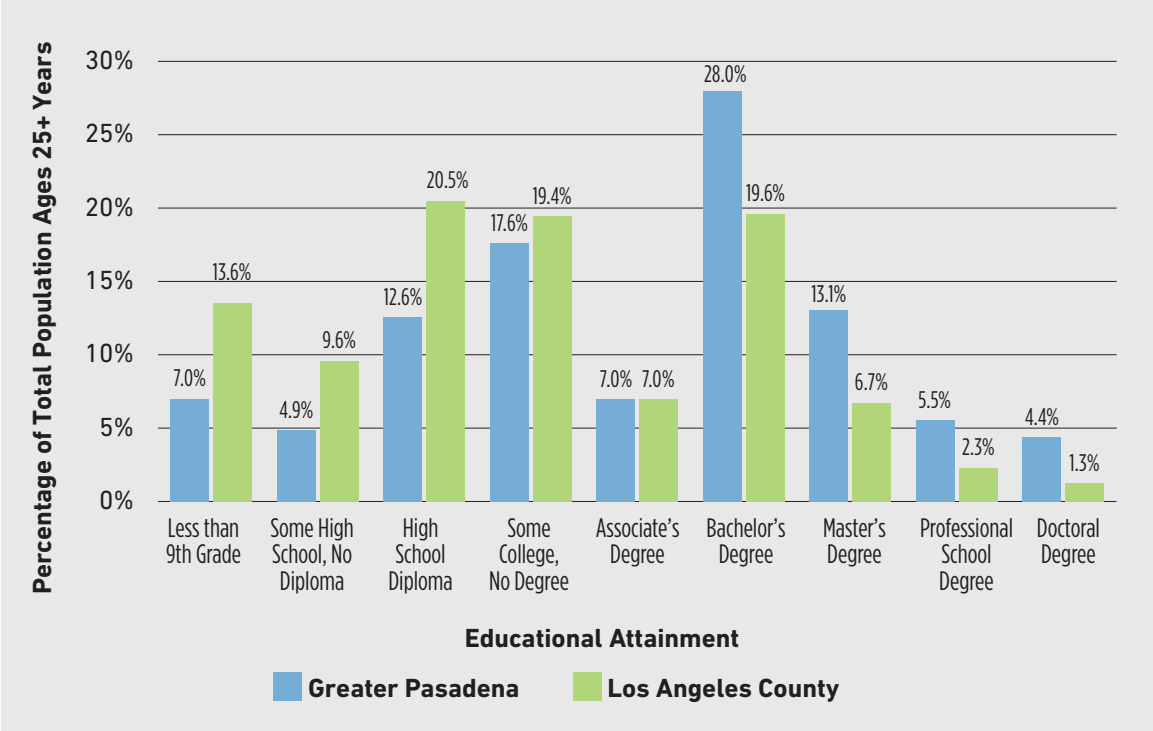
- In 2016 the **Pasadena City Council** unanimously approved an ordinance that requires incremental increases to the minimum wage starting at $10.50 on July 1, 2016 and increasing to $13.25 by July 2018. The California state minimum wage as of January 2016 was raised to $10.
- The **Pasadena Altadena Community Team** (PACT) fair was created to help formerly incarcerated individuals and their families access resources needed during their transition back into the community. A variety of local service providers are introduced to community members, addressing topics such as housing, employment opportunities, substance abuse, recovery resources, and health screening.
- **Flintridge Center**, a local community program, provides monthly seminars for formerly incarcerated individuals to assist with employment. Flintridge also holds monthly PACT trainings for formerly incarcerated individuals to provide resources for reintegration.
- The **Survival Guide**, a resource available online through the City of Pasadena Human Services and Recreation Department, lists services available to Pasadena residents, including basic needs, child care, community center programs, housing, home health services, pregnancy and family planning, senior services, substance abuse resources, and veterans' resources.

- The **Housing First** program, sponsored by the **Pasadena Partnership**, offers permanent, affordable housing as quickly as possible to homeless individuals and families, and provides supportive services to avoid returning to homelessness.
- **Union Station Homeless Services** is part of the group of human services agencies in Los Angeles County that are leading the way to address homelessness. Their comprehensive set of services includes providing housing and shelter for individuals and families who are homeless.
- **Friends in Deed**, an interfaith collaborative, is dedicated to meeting the many needs of the most vulnerable residents of Greater Pasadena—homeless and at-risk individuals including women and children. Their services include a food pantry, bad weather shelter, and housing.
- **Passageways** is an adult multi-service center operated by Pacific Clinics. Passageways provides a safe haven for mentally ill homeless individuals. The program helps homeless community members secure shelter, and provides support services and assistance with money management.
- **The City of Pasadena** receives funding from the **U.S. Department of Housing and Urban Development (HUD)** to provide housing vouchers for low income individuals. Additionally, the city receives funding from HUD to provide permanent supportive housing.

EDUCATION

- **Educational Attainment in Adults:** In 2016, more than half (51%) of Greater Pasadena adults over 25 years of age had a Bachelor's degree or higher. This is a higher percentage than in Los Angeles County (29.9%) and California (30.9%).[2]

FIGURE 15. PERCENTAGE OF TOTAL POPULATION AGES 25+ YEARS BY EDUCATIONAL ATTAINMENT IN GREATER PASADENA, 2016[2]



- **Private School Enrollment:** Nearly one in four (24.7%) school-age children (kindergarten through 12th grade) is enrolled in private school in Pasadena. This is higher than Los Angeles County (9.1%), California (8.4%), and nationwide (10.1%).[3]
- **School Performance:** For the Pasadena Unified School District (which serves residents of Pasadena, Sierra Madre, and Altadena) class of 2014-2015, the dropout rate was 8.6%, which is lower than the Los Angeles County rate (12.5%). The racial/ethnic group with the highest dropout rate was among Hispanics (any race) at 9.8%. The lowest rates were among African Americans (6.8%) and Non-Hispanic Whites (7.5%).[8]
- **Academic Achievement:** In the 2012-2013 school year, 82.9% of Pasadena Unified School District (PUSD) graduates met the University of California/California State University course requirements.[9] *Table 9* reports several school performance indicators for PUSD, Los Angeles County, and California students.

TABLE 9. SCHOOL PERFORMANCE AMONG PASADENA UNIFIED SCHOOL DISTRICT (PUSD) STUDENTS

	PUSD	LOS ANGELES COUNTY	CALIFORNIA STATE
4th Grade Students Proficient in English/ Language Arts (2013)[10]	62%	63%	65%
4th Grade Students Proficient in Math (2013)[10]	69%	73%	72%
10th Grade Students Passing the California High School Exit Exam: English (2014-2015)[8]	80%	84%	85%
10th Grade Students Passing the California High School Exit Exam: Math (2014-2015)[8]	80%	84%	85%
High School Graduation (2014-2015)[8]	81.5%	78.7%	82.3%

COMMUNITY INPUT

Two out of ten key informants cited Education Equity as a quality of life need in the Greater Pasadena service area.

Themes from the **Key Informant Interviews**:

- Appears to be low public support for the public school system
- Many affluent families opting for private school
- Families being pushed out to school jurisdictions outside Pasadena due to high housing costs

Community Meeting Participants specifically mentioned that the community could benefit from more information and data on early childhood learning.

COMMUNITY RESOURCES

- Pasadena Unified School District's strong **Parent Teacher Association (PTA)**.
- The PUSD is instituting **Wellness Councils** made up of parents and health officials designed to support overall health and well-being.
- PUSD has robust Spanish/English and Chinese (Mandarin)/English **Dual Language Immersion Programs** in elementary schools.
- The **Pasadena Education Foundation** provides support to local students with grants and services.
- **Collaborate PASadena** is a framework for the Pasadena Unified School District, the City of Pasadena, the unincorporated community of Altadena, and the City of Sierra Madre to work together to build a commitment toward a shared vision to create better outcomes for children, youth, families and all residents.

SOCIAL ENVIRONMENT

- **Social and Linguistic Isolation:** In 2010-2014, a higher percentage of Pasadena adults 65 years and older lived alone (28.6%) than in California overall (24%). Additionally, 9.1% of Pasadena residents lived in linguistic isolation, which was a higher percentage than the median among California counties (6.0%).[3]

  A household is linguistically isolated if all adults speak a language other than English and none speak English "very well." Adult is defined as age 14 or older, which identifies household members of high school age and older.[3]

- **Single-Parent Households:** The estimated percentage of single-parent households in Pasadena was 32% during the 2010-2014 time period. The percentage of single-parent households in Pasadena has been generally increasing since the 2007-2011 measurement period.[3]
- **Volunteering:** In 2014, 8% of the adults in the San Gabriel Valley volunteered in the previous year, compared to 11.9% in Los Angeles County.[11]

TABLE 10. SUMMARY OF SCORED SOCIAL ENVIRONMENT INDICATORS

SOCIAL ENVIRONMENT *(TOPIC SCORE: 1.68)*				
Indicator	**Period**	**Value**	**Unit**	**Score**
People 65+ Living Alone[3]	2010-2014	28.6	%	2.63
Linguistic Isolation[3]	2010-2014	9.1	%	1.98
Single-Parent Households[3]	2010-2014	32	%	1.88
Children Living Below Poverty Level[3]	2010-2014	15	%	0.23

COMMUNITY INPUT

Two out of ten key informants cited Cultural Competency as a quality of life need in the Greater Pasadena service area.

Themes from the **Key Informant Interviews**:

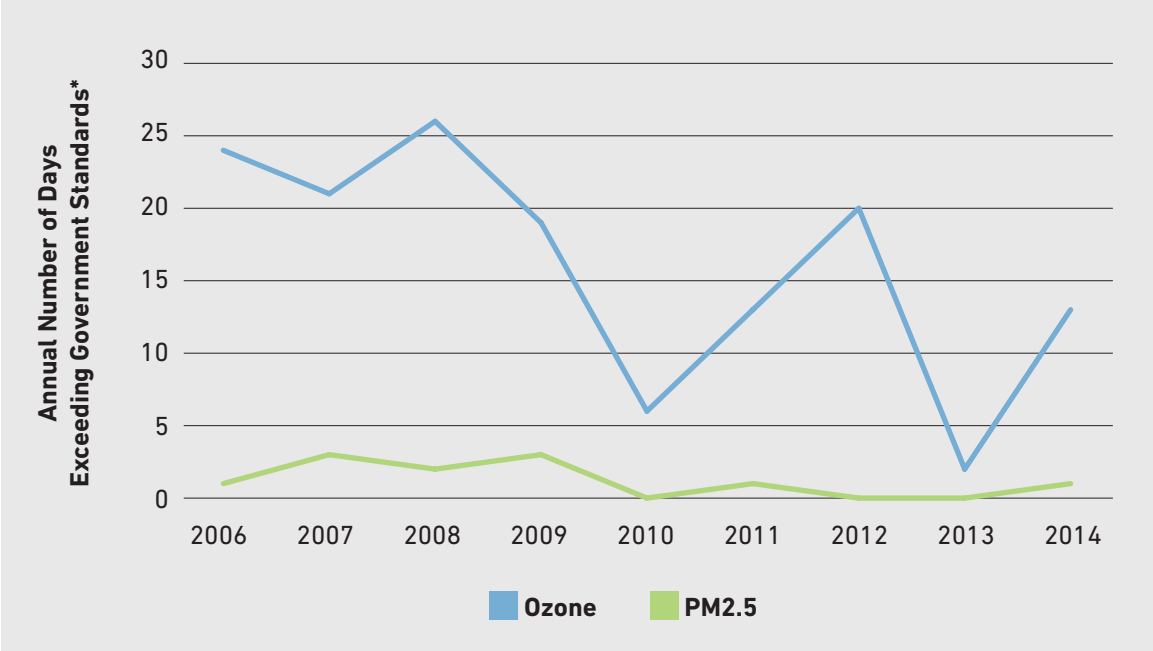
- There was a general consensus that Pasadena was a welcoming and diverse community, but there was still room for improvement
- Need continued outreach to residents who do not speak English as their first language
- More health education materials needed in other languages

Community Meeting Participants cited specific concerns regarding Social Environment and Cultural Competency: possible language barriers with child psychiatry providers and a need for more information and data on child care providers and elder abuse.

ENVIRONMENT

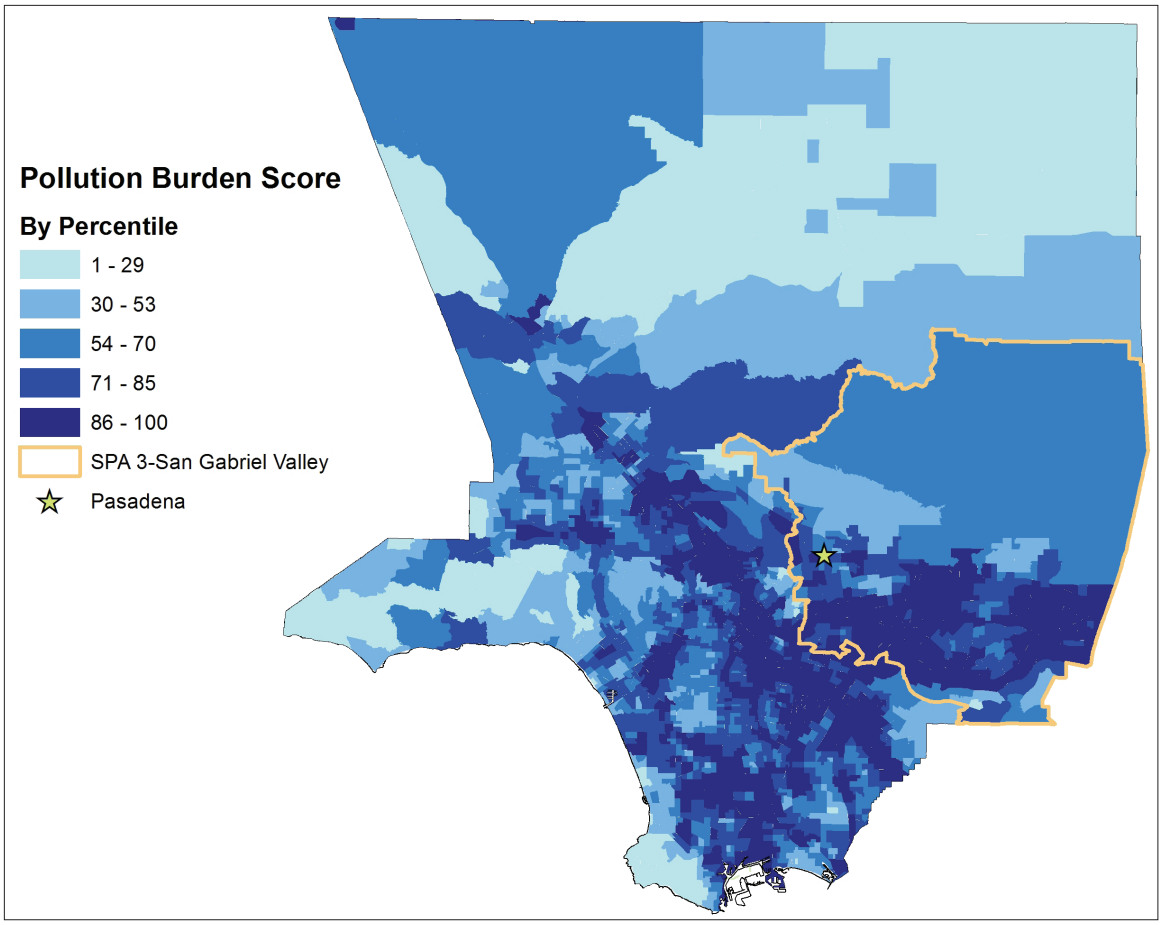
- **Air Quality:** The South Coast Air Quality Management District (SCAQMD) is the air pollution control agency for all of Orange County and the urban portions of Los Angeles (including Pasadena), Riverside and San Bernardino counties. The SCAQMD reports that about 25% of this area's ozone-forming air pollution comes from stationary sources, both businesses and residences. The other 75% comes from mobile sources–mainly cars, trucks and buses, but also construction equipment, ships, trains and airplanes. A total of 42% of the ozone-forming pollution comes from on-road vehicles.[12]
- **Air Quality:** In Pasadena, the number of days per year that pollution levels due to fine particles (PM2.5) exceeded government standards has remained relatively steady over the past several years (under five days exceeding standards per year). The number of days per year that ozone levels exceeded government standards varied over the past several years, but had a generally decreasing trend.[12] See *Figure 16* for this trend over time.

FIGURE 16. NUMBER OF DAYS PER YEAR OZONE AIR QUALITY AND PARTICLE POLLUTION EXCEEDED GOVERNMENT STANDARDS IN PASADENA, 2006-2014[12]



** State ozone standards are >0.070 ppm over 8-hr. Fine Particles (PM2.5) include % samples exceeding Federal Std. of >35 µg/m³ over 24-hr.*

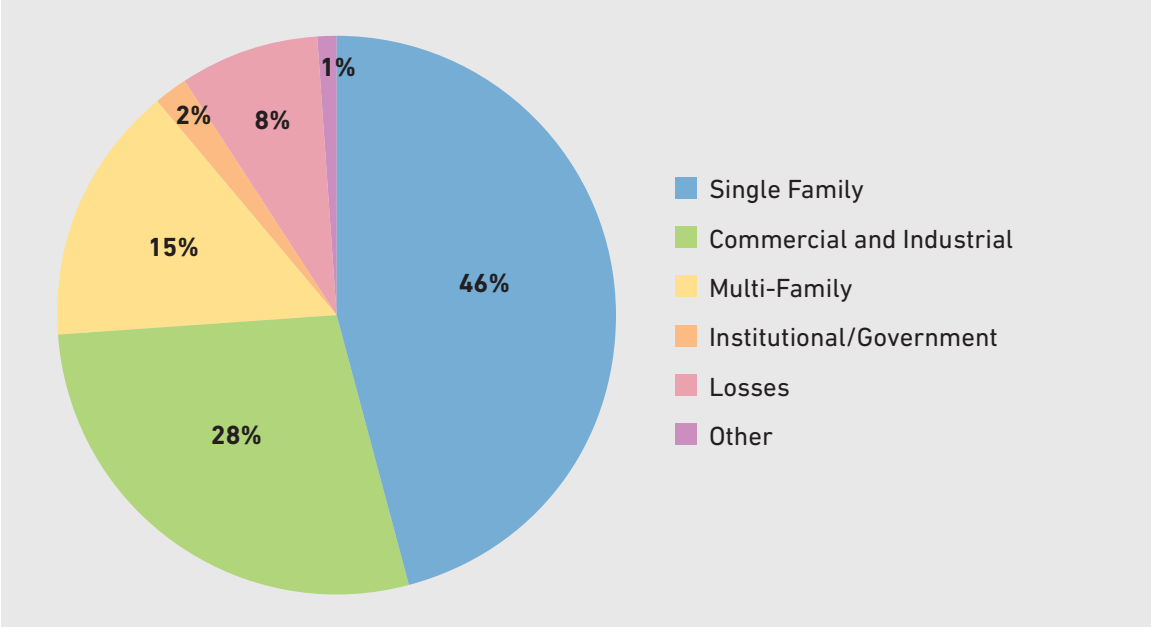
FIGURE 17. POLLUTION BURDEN SCORES, LOS ANGELES COUNTY, 2014[13]



- **Pollution Burden Scores:** The CalEnviroScreen[13] is a tool to measure the amount of pollutants from multiple sources of pollution in the state of California. The Pollution Burden Score shown in *Figure 17*, illustrates certain communities in Los Angeles County, and specifically the San Gabriel Valley (SPA 3), that are exposed to higher levels of pollution than others. Areas in the darkest blue have the highest amounts of pollution compared to the lighter areas. In SPA 3, communities in the San Gabriel Valley basin and along the freeways were the most exposed.

- **Water Usage:** California is currently in its fifth consecutive year of severe drought.[14] In January 2014, Governor Brown declared a state of emergency due to the drought.[14] In Pasadena, the City Council declared a water emergency on June 1, 2015 and Pasadena's Level 2 Water Supply Shortage Plan took effect. The majority of water usage in Pasadena in 2015 was among single family homes (*Figure 18*).[15]

FIGURE 18. WATER USE BY SECTOR IN PASADENA, 2015[15]



COMMUNITY RESOURCES

- In September 2016, Governor Brown signed one of the most progressive climate bills into law. **Senate Bill 32** aims to reduce greenhouse gas emissions to 40% below the 1990 level by 2030, and help achieve the global goal to limit temperature rise to below two degrees Celsius.
- The City of Pasadena is currently initiating the development of a **Climate Action Plan (CAP)**, which will include a greenhouse gas inventory to establish a baseline and set future greenhouse gas emissions reduction targets. The goals of the CAP will be achieved through a series of greenhouse emission reduction measures.

PUBLIC SAFETY

- **Violent Crimes:** In the city of Pasadena, there has been little change in homicide rates over the last 6 years. Since 2010, incidence of rape increased by 57%, assaults by 18%, and domestic violence assaults by 17%. However, there was an almost 27% decrease in robbery.[16]
- **Shootings and Homicide:** The total number of shooting events has increased since 2012.[17] In 2015 however, Pasadena had 5.0 deaths per 100,000 residents due to firearms.[18] This is nearly half the rate of the prior year (10.7/100,000) and is lower than the Healthy People 2020 target of 9.3 deaths per 100,000.[19]
- **School Safety:** When asked about school safety, 64% of students ages 11-18, in public or private school, polled in 2014 felt safe on campus. One in five students reported a history of being bullied in the last year, and about 10% of the students reported feeling some amount of racial discrimination from adults.[20]
- **Suicide:** The age-adjusted death rate due to suicide in Pasadena was 8.6 per 100,000.[18] This is lower than the Healthy People 2020 goal (10.2 suicides per 100,000 population).[19]

TABLE 11. INCIDENCE OF SELECTED CRIMES IN PASADENA, 2010-2015[16]

	2010	2011	2012	2013	2014	2015
Homicide	4	6	5	3	9	4
Rape	30	26	22	28	28	47
Robbery	182	178	171	145	126	132
Assault with a deadly weapon	154	126	138	136	150	148
Assault	262	241	273	274	293	310
Assault domestic violence	150	154	150	156	188	176
Burglary Commercial	357	421	447	419	393	367
Burglary Other	86	96	83	97	106	204
Burglary Residential	645	719	642	623	518	437
Burglary Vehicle	1094	650	428	531	504	695
Stolen Vehicle	378	278	257	228	224	288
Theft	1259	1189	1342	1668	1625	1725
Total	**4721**	**4173**	**3958**	**4362**	**4164**	**4533**

COMMUNITY INPUT

Three out of ten key informants cited Public Safety as a quality of life need in the Greater Pasadena service area.

Themes from the **Key Informant Interviews**:

- Gun violence was viewed as an important and timely issue that relates to health
- Overall, key informants felt that Pasadena was a generally safe place

The figure to the right includes a direct quote from a **Key Informant** regarding this topic area.

Community Meeting Participants mentioned that the community could benefit from more information and data on gun violence, domestic violence, incarceration, and re-entry rates.

"Jobs, housing, and violence are preventing happy, healthy, and fruitful lives."

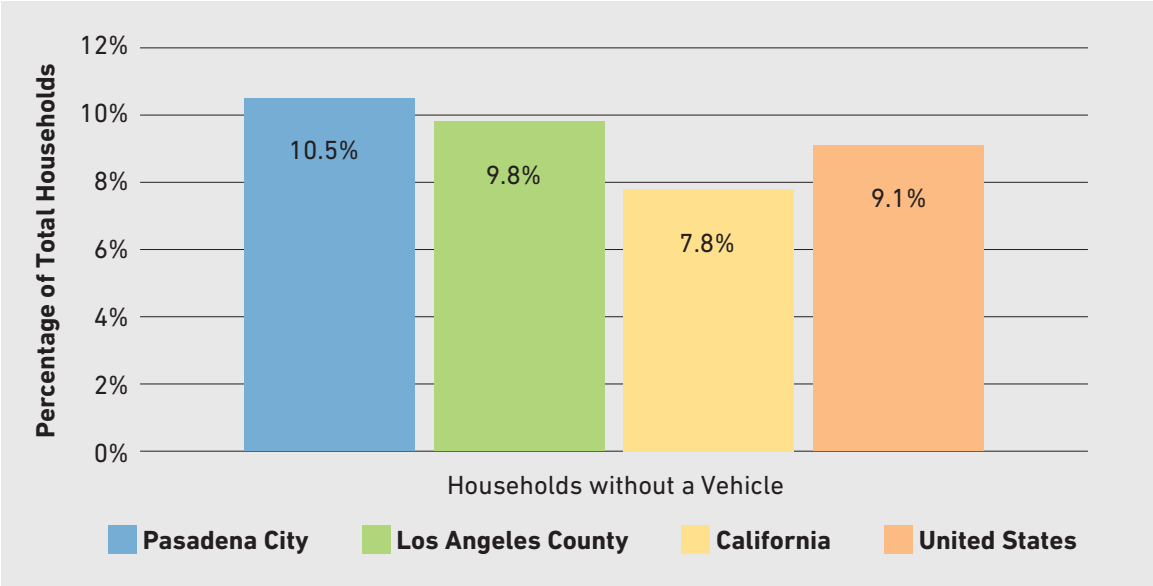
COMMUNITY RESOURCES

- The **Gun Violence Prevention Task Force** of the **Office for Creative Connections** at All Saints Church works to "educate, advocate and organize to prevent gun violence and to respond to the impact of gun violence through sustained action in partnership with advocacy groups, elected officials, schools, children, youth, families, public safety and public health officials, and inter-faith leaders."
- The **Gun Disposal Program** of the Pasadena Police Department is a free program offered year-round.
- Coordinated by Flintridge Center, the **Pasadena/Altadena Reintegration Council (PARC)** is a network of local service providers and public agencies working together to meet the needs of formerly incarcerated individuals returning to our community. Trying to prevent recidivism, the multisector coalition includes the Pasadena Police Department and community-based, faith-based, philanthropic, business, civic and educational organizations. The PARC works to provide a safety net of effective and comprehensive services and resources for out-of-custody life.

TRANSPORTATION

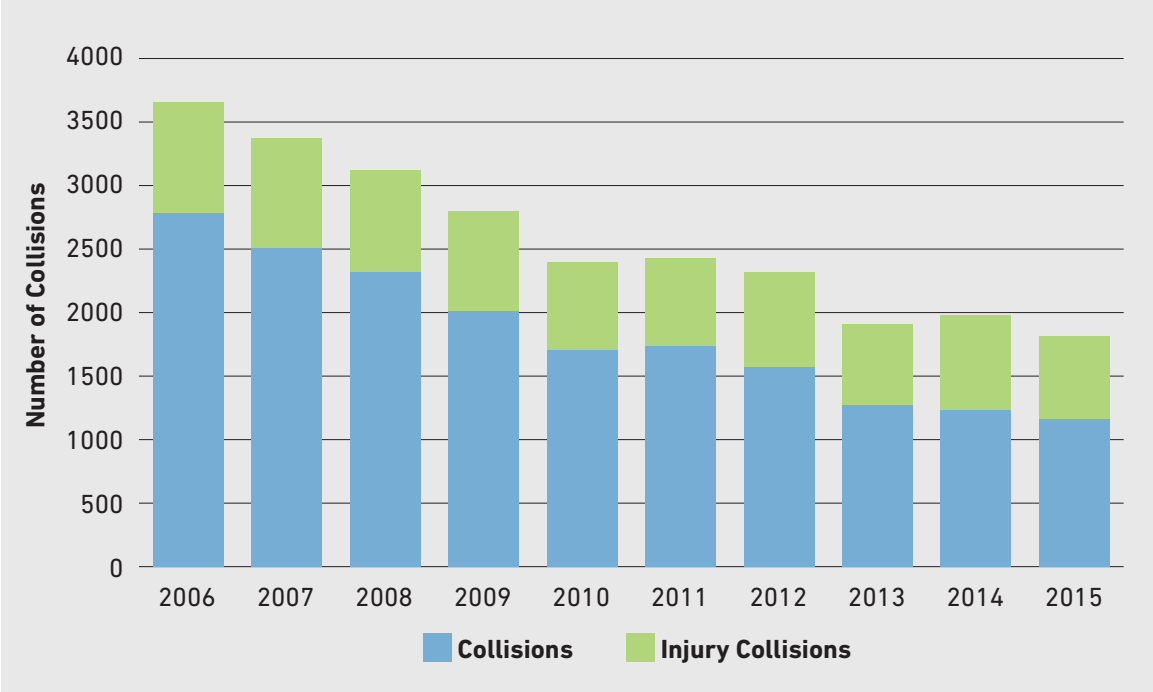
- **Mean Travel Time to Work:** The average amount of time Pasadenans spent traveling to work in 2010-2014 was 26.5 minutes. This was lower than the Los Angeles County value (29.6 minutes), but higher than the median value of all California counties (25 minutes).[3]
- **Commute Mode:** During 2011-2015, 71.0% of Pasadena commuters drove alone to work, 7.9% carpooled, 6.1% used public transportation, 5.2% walked, and 1.7% used a bicycle.[3] In California 73.4% drove alone, while in the United States 76.4% did so.

FIGURE 19. HOUSEHOLDS WITHOUT A VEHICLE IN PASADENA, 2010-2014[3]



- **Households without a Vehicle:** In 2010-2014, 10.5% of Pasadena households had no vehicle, which was higher than the California state value (7.8%). *(Figure 19)*. [3]

FIGURE 20. NUMBER AND TYPE OF COLLISIONS IN PASADENA, 2010-2015[21]



- **Collisions:** The number of collisions and injury collisions in Pasadena has been decreasing over the past ten years, from over 3,600 collisions in 2006 to over 1,800 collisions in 2015 (*Figure 20).* [21]

TABLE 12. SUMMARY OF SCORED TRANSPORTATION INDICATORS

TRANSPORTATION *(TOPIC SCORE: 1.00)*				
Indicator	**Period**	**Value**	**Unit**	**Score**
Households without a Vehicle[3]	2010-2014	10.5	%	2.70
Mean Travel Time to Work[3]	2010-2014	26.5	minutes	1.80
Workers who Drive Alone to Work[3]	2010-2014	71.1	%	0.93
Workers Commuting by Public Transportation[3]	2010-2014	5.9	%	0.38
Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions[18]	2015	3.9	%	0.23

COMMUNITY INPUT

Three out of ten key informants cited Transportation as a quality of life need in the Greater Pasadena service area.

Themes from the **Key Informant Interviews**:

- Impact of delays due to traffic seen as a significant challenge for maintaining quality of life
- Lack of public transportation is a barrier to seeking medical care
- Buses may be too expensive for some clients trying to access health care

Community Meeting Participants did not specifically mention issues related to Transportation during the discussion.

COMMUNITY RESOURCES

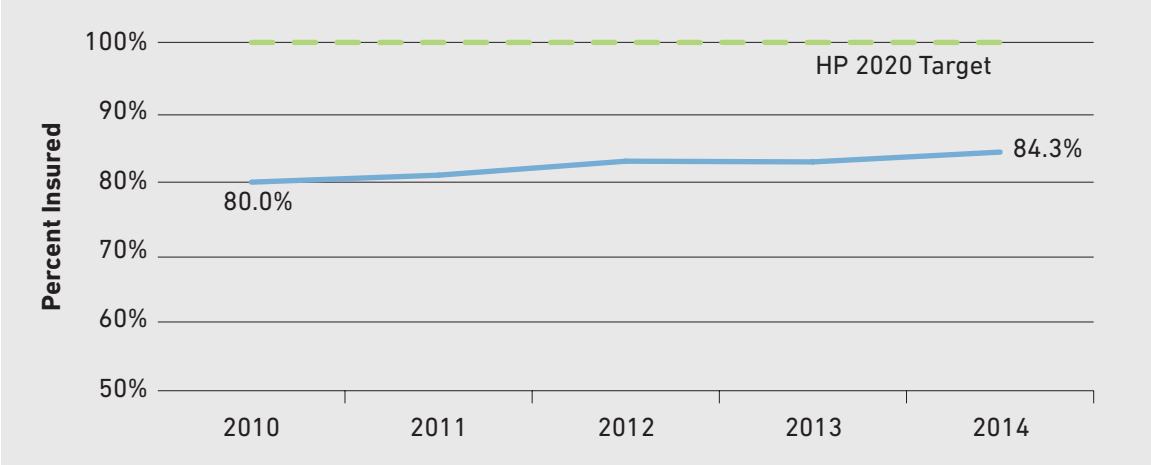
- **Dial-A-Ride** is a shared, curb-to-curb transportation service provided for residents who live in Pasadena, San Marino, Altadena, and the other unincorporated Los Angeles County areas in the service area (i.e., Chapman Woods, Kinneloa area, and the unincorporated area of the city of San Gabriel) who are 60 years and older or for those under 60 years with a physician-certified disability that prevents the use of regular public transit.

VI. Health Topics

ACCESS TO CARE

- **Health Insurance:** An estimated 92.5% of non-institutionalized children in Pasadena had health insurance in 2014. Of employed adults in Pasadena, 80.9% had health insurance that same year, which is lower than in the U.S. (83.0%). In total, 15.7% of the Pasadena population does not have health insurance. This is down from almost 20% in 2010. *(Figure 21).* [3]

FIGURE 21. PERCENT OF EMPLOYED PASADENANS WITH HEALTH INSURANCE, 2010-2014[3]



- **Access to Care:** In 2014, 83.9% of residents in San Gabriel Valley reported having a usual source of ongoing health care.[11] This is lower than the Healthy People 2020 target (95.0%).[19] For the year 2014, 10.3% of San Gabriel residents reported delaying or having difficulty obtaining care. This is slightly lower than for California residents (11.3%).[11]
- **Dental Care:** In 2013-2014, 68.2% of San Gabriel Valley children (ages 2-11) visited a dentist within the last year, compared to 78.7% of California children.[22] In 2013-2014, 60.8% of the adults in San Gabriel Valley reported going to the dentist within the last year.[22] These percentages exceed the Healthy People 2020 national goal for the proportion of children, adolescents and adults who have used the oral health care system in the past year (49.0%).[19]

TABLE 13. SUMMARY OF SCORED ACCESS TO CARE INDICATORS

ACCESS TO CARE *(TOPIC SCORE: 1.56)*				
Indicator	**Period**	**Value**	**Unit**	**Score**
People with a Usual Source of Health Care[11]	2014	83.9	%	2.35
Adults with Health Insurance[22]	2013-2014	80.2	%	2.33
Adults Needing and Receiving Mental Health Care[22]	2013-2014	56.7	%	1.73
Adults with Private Health Insurance[11]	2014	61.1	%	1.28
People Delayed or had Difficulty Obtaining Care[11]	2014	10.3	%	0.93
Disabled Persons with Health Insurance[22]	2013–2014	93.4	%	0.75

COMMUNITY INPUT

Four out of ten key informants cited Access to Care as a health need in the Greater Pasadena service area.

Themes from the **Key Informant Interviews**:

- Coverage issues and lack of providers for Medi-Cal patients in area
- Lack of screening services and limited clinic hours
- Need assistance with navigating system and locating services/physicians
- Lack of advocates in mental health and dental care
- Limited knowledge on Medi-Cal eligibility and how to access care
- Dental health seen as an unmet need for attaining quality of life
- Some saw the dental care situation as improving as evidenced by an increasing number of low-cost or free dental clinics in the community

The figure to the right includes a direct quote from a **Key Informant** regarding this topic area.

Community Meeting Participants cited specific concerns: low patient ratings of Medi-Cal providers and specialists in the community; challenges with eligibility, navigating the system, and accessing providers; and the need for an improved 211 system for health information exchange.

"There are people out there who are not getting dental, mental, or health care."

COMMUNITY RESOURCES

- **Young and Healthy** facilitates access to no cost, high quality health care services for underinsured children including primary and specialty care, dental, vision, and mental health care services; assists with health insurance plan enrollment for eligible children and families; and provides support, education and information to Pasadena Unified School District's Healthy Start family case managers through regularly scheduled meetings.
- **Covered Pasadena**, a collaboration between local partners and Young and Healthy, works to increase the number of health insurance enrollers and outreach agents who help navigate the Covered California platform and enrollment.
- Low-cost providers for the un- and under-insured, like **ChapCare, Wesley Health Centers** and **Huntington Ambulatory Care Center**, work to provide clinical services that are affordable.
- The **Huntington Hospital Financial Assistance Program** helps low-income, uninsured or under-insured patients who need help paying for all or part of their medically necessary care.
- **Michael D. Antonovich Dental Clinic**, opened by the City of Pasadena in 2013, and now operated by Wesley Health Centers, serves the oral health needs of immunocompromised individuals and seniors. They also accept Denti-Cal adult benefits.

MATERNAL, CHILD, AND ADOLESCENT HEALTH

- **Prenatal Care:** The percentage of Pasadena mothers who received prenatal care in the first trimester in 2015 was 87.3%.[23] This is higher than the Healthy People 2020 goal (77.9%).[19] Overall, the percentage of Pasadena mothers who receive care in the first trimester has been relatively stable (2015: 87.3%, 2014: 89.0%, 2013: 88.2%, 2012: 89.0%, 2011: 86.8%, 2010: 88.7%).[23]
- **Disparities in Prenatal Care:** In 2015, Asian and White (non-Hispanic) women received prenatal care in the first trimester at a higher rates (90.5% and 92.8%, respectively) than Black (80.3%) and White (Hispanic) (81.7%) women.[23]
- **Caesarean Section (C-Section) Rates:** In 2015, 36.3% of all births to Pasadenans was by C-Section. This rate has been steadily declining since 2010 (2010: 40.6%, 2011: 39.0%, 2012: 37.4%, 2013: 38.7, 2014: 38.3%, and 2015: 36.3%).[23]
- **Birth Outcomes:** In 2015, 7% of babies were born with low birth weight in Pasadena.[23] This meets the Healthy People 2020 target (7.8%)[19] and falls below the U.S. value (8%)[24], but is higher than the California value (6.8%).[23]
- **Preterm Births:** Preterm births (less than 37 weeks gestational age) have declined in Pasadena over the past ten years, from 14.5% in 2006 to 9.4% in 2015 (see *Figure 22*).[23] This is now below the Healthy People 2020 goal (11.4%).[19]
- **Women's Health:** In 2007 fewer San Gabriel Valley women reported having a Pap test in the past three years (79.5%)[25] than California women (84.1%).[25]*

**The data source for this measure, the California Health Interview Survey (CHIS), last collected this data in 2007.*

FIGURE 22. PRETERM BIRTHS IN PASADENA, 2006-2015[23]

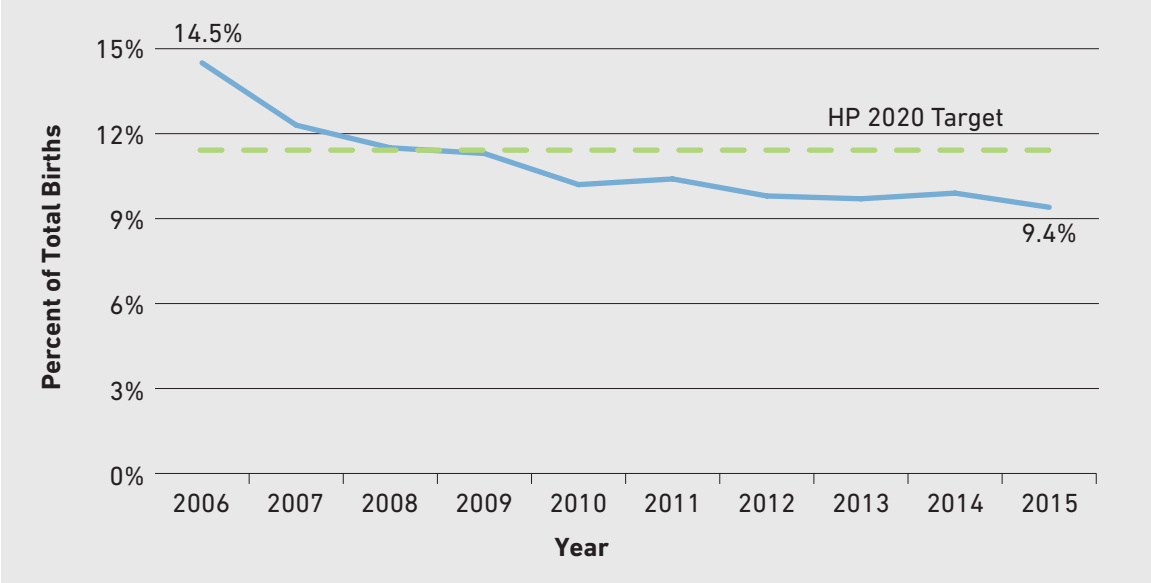


TABLE 14. SUMMARY OF SCORED CHILDREN'S HEALTH INDICATORS

CHILDREN'S HEALTH *(TOPIC SCORE: 2.00)*				
Indicator	**Period**	**Value**	**Unit**	**Score**
Child and Teen Fruit Consumption: 2 or more servings in previous day[11]	2014	54.0	%	2.70
Children and Teens with Asthma[22]	2013–2014	19.3	%	2.63
Age-Adjusted Hospitalization Rate due to Pediatric Asthma[26]	2011–2013	6.9	hospitalizations/ 10,000 population under 18 years	0.68

TABLE 15. SUMMARY OF SCORED TEEN AND ADOLESCENT HEALTH INDICATORS

TEEN AND ADOLESCENT HEALTH *(TOPIC SCORE: 1.20)*				
Indicator	**Period**	**Value**	**Unit**	**Score**
Teens (12-17 yrs) who Engage in Regular Physical Activity: 3+ days/week[22]	2013–2014	60.2	%	2.70
Children and Teens with Asthma[22]	2013–2014	19.3	%	2.63
Teens (12-17 yrs) who have Ever had an Alcoholic Drink[22]	2013–2014	22.4	%	0.93
Teens (14-17 yrs) who are not Sexually Active[27]	2009	95.9	%	0.38
Teen (15-19 yrs) Birth Rate[23]	2015	13.6	live births/1,000 females aged 15-19	0.23

TABLE 16. SUMMARY OF SCORED MATERNAL, FETAL, AND INFANT HEALTH INDICATORS

MATERNAL, FETAL, AND INFANT HEALTH *(TOPIC SCORE: 1.03)*				
Indicator	**Period**	**Value**	**Unit**	**Score**
Babies with Low Birth Weight[23]	2015	7.0	%	1.73
Babies with Very Low Birth Weight[23]	2015	1.2	%	1.53
Mothers who Received Early Prenatal Care[28]	2012	89.0	%	0.58
Infant Mortality Rate[23]	2015	3.2	deaths/1,000 live births	0.23

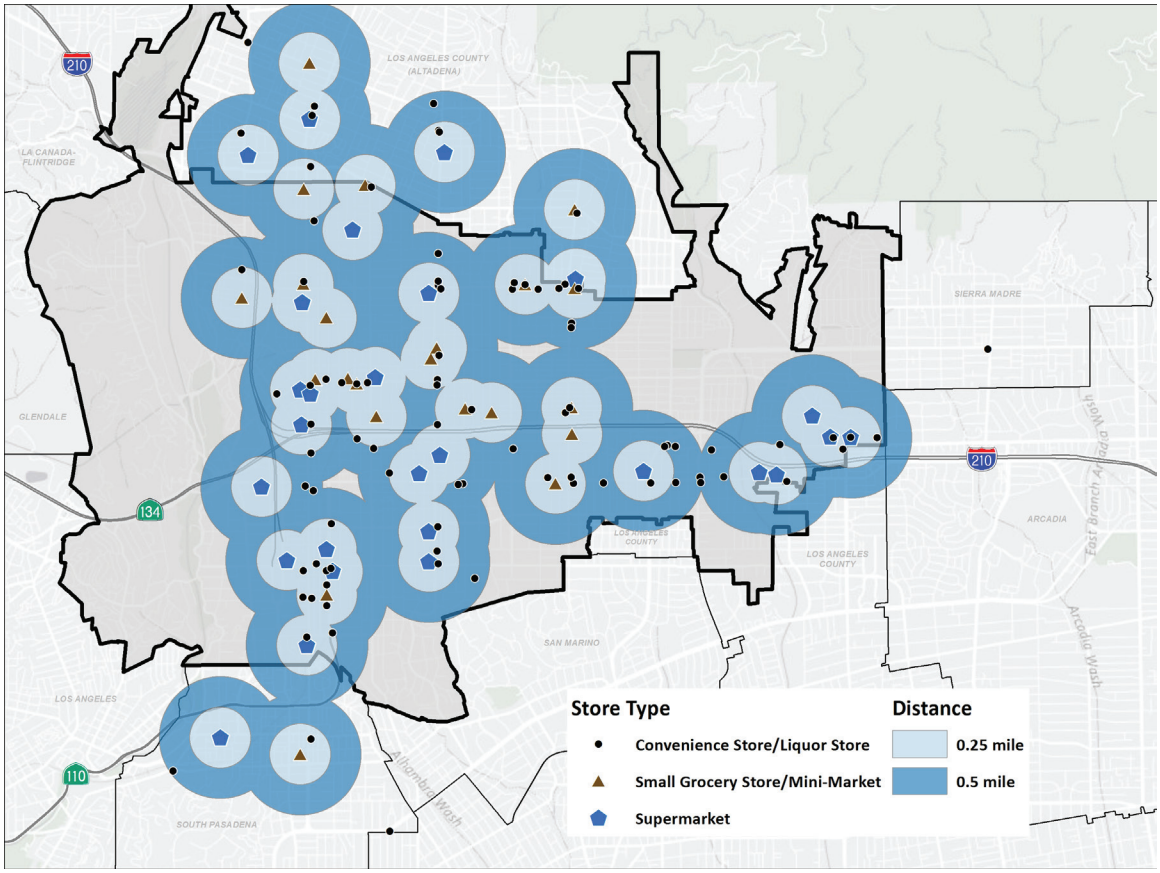
COMMUNITY RESOURCES

- In 2015, the **Pasadena City Council** adopted the **Early Child Development Policy** and formed the **City of Pasadena Office of the Young Child** to support activities that will move the community toward the goal of nurturing every child and creating an environment where young children are healthy, safe, and find early success in school and life.
- The **Maternal, Child, and Adolescent Health Outreach Program** of the Pasadena Public Health Department improves access to services for women, children and adolescents without health insurance. The program provides education on programs and resources available to the community.
- The **Black Infant Health Program** of the Pasadena Public Health Department aims to improve health among African American mothers and babies and to reduce disparities in maternal and infant health by helping women become empowered to make healthy choices for themselves, their families, and their communities.
- The **Childhood Lead Poisoning Prevention Program** of the Pasadena Public Health Department provides services to the community for the purpose of increasing awareness regarding the hazards of lead exposure, reducing lead exposure, and increasing the number of children assessed and appropriately blood tested for lead poisoning.
- The **Women, Infants and Children (WIC) Supplemental Nutrition Program** is a free nutrition program that helps pregnant women, new mothers, and young children eat well and stay health by providing special vouchers to purchase healthy food. WIC also provides breastfeeding support and information.

EXERCISE, NUTRITION, AND WEIGHT

- **Adult Exercise:** In 2009, 31% of San Gabriel Valley adults reported engaging in regular physical activity, 57.4% reported engaging in some physical activity, and 11.6% reported no physical activity.[27]
- **Youth Exercise:** In San Gabriel Valley, 60.2% of teens, ages 12 to 17, engaged in physical activity for at least one hour three or more times a week in 2013-2014.[22] This percentage was lower than the California percentage (70%).[22] In the Pasadena Unified School District, during the 2014-2015 school year, 55.4% of 7th grade students met the Healthy Fitness Zone standards for Aerobic Capacity, compared to 61.8% of students in Los Angeles County and 65.4% in California.[8]
- **Adult Nutrition:** In San Gabriel Valley, 65.8% of adults reported consuming fast food at least once in the past week, which is higher than the median value across all California counties in 2014 (56%).[11]
- **Youth Nutrition:** For the 2013-2014 measurement period, 54% of children and teens in San Gabriel Valley ate at least two servings of fruit in the previous day, which is lower than for children and teens in California (63%).[22]
- **Adult Weight:** In 2014, 34.9% of the adults in San Gabriel Valley reported being overweight (Body Mass Index (BMI) between 25.0-29.9) and 25.7% reported being obese (BMI>30.0). The percent of San Gabriel Valley males who are self-reported overweight or obese (73.6%) is higher than the percent of females (48.6%).[11]
- **Teen Weight:** In 2013-2014, 65.9% of San Gabriel Valley teens reported being normal weight.[22]

FIGURE 23. GROCERY AND CONVENIENCE STORES IN PASADENA, 2016[29]



- **Food Environment:** *Figure 23* illustrates the location of different types of grocery and liquor stores in Pasadena in 2016.[29] In areas where there is no grocery store or market within walking distance (0.5 mile), there is an opportunity to increase access to fresh foods and vegetables. Neighborhoods with a scarcity of markets with fresh fruits and vegetables result in limited affordability of, and access to, healthy food options. These areas are sometimes known as "food deserts." Areas where there is a convenience store, but no market within walking distance, may be candidates for a market conversion to increase the stocking of fresh fruits and vegetables.

TABLE 17. SUMMARY OF SCORED EXERCISE, NUTRITION, AND WEIGHT INDICATORS

EXERCISE, NUTRITION, AND WEIGHT *(TOPIC SCORE: 1.72)*				
Indicator	**Period**	**Value**	**Unit**	**Score**
Child and Teen Fruit Consumption: 2 or more servings in previous day[11]	2014	54.0	%	2.70
Teens (12-17 yrs) who Engage in Regular Physical Activity: 3+ days/week[22]	2013–2014	60.2	%	2.70
Adult Fast Food Consumption[11]	2014	65.8	%	2.13
Adults who are Overweight or Obese[11]	2014	60.5	%	1.28
Adults who are Obese[11]	2014	25.7	%	1.18

COMMUNITY INPUT

Five out of ten key informants cited Access to Healthy Foods and/or Nutrition/Obesity Prevention (both sub-topics more broadly classified as Exercise,Nutrition, and Weight) as health needs in the Greater Pasadena service area.

Themes from the **Key Informant Interviews**:

- Food deserts in the northwest and northeast areas of Pasadena are a barrier to healthy eating
- There is the need to ensure affordable access to healthy foods
- Limited high quality foods available
- Lack of knowledge about how to utilize affordable, healthy foods

Community Meeting Participants mentioned that the community could benefit from more information and data on nutrition and physical activity among seniors.

DIABETES

- **Diabetes Prevalence:** In 2014, 12.0% of the adult population in San Gabriel Valley reported having diabetes. This is higher than in either Los Angeles County (10.0%) or California (8.9%).[11]
- **Diabetes Outcomes and Complications:** Adults in Greater Pasadena were hospitalized due to uncontrolled diabetes (when a patient's blood sugar levels are not maintained within the recommended range) at a higher rate (1.2 hospitalizations per 10,000 population) than the median rate of all California counties (0.7 per 10,000).[26] The age-adjusted death rate due to diabetes in the city of Pasadena was 19.9 deaths per 100,000 population in 2015.[18]

TABLE 18. SUMMARY OF SCORED DIABETES INDICATORS

DIABETES *(TOPIC SCORE: 1.14)*				
Indicator	**Period**	**Value**	**Unit**	**Score**
Adults with Diabetes[11]	2014	12.0	%	2.78
Age-Adjusted Hospitalization Rate due to Uncontrolled Diabetes[26]	2011–2013	1.2	hospitalizations/ 10,000 population 18+ years	2.48
Age-Adjusted Death Rate due to Diabetes[18]	2015	19.9	deaths/100,000 population	1.73
Age-Adjusted Hospitalization Rate due to Long-Term Complications of Diabetes[26]	2011-2013	9.0	hospitalizations/ 10,000 population 18+ years	0.98
Age-Adjusted Hospitalization Rate due to Diabetes[26]	2011–2013	14.5	hospitalizations/ 10,000 population 18+ years	0.70
Age-Adjusted ER Rate due to Uncontrolled Diabetes[26]	2011–2013	1.1	ER visits/10,000 population 18+ years	0.58
Age-Adjusted Hospitalization Rate due to Short-Term Complications of Diabetes[26]	2011–2013	4.0	hospitalizations/ 10,000 population 18+ years	0.58
Age-Adjusted ER Rate due to Diabetes[26]	2011–2013	15.7	ER visits/10,000 population 18+ years	0.23
Age-Adjusted ER Rate due to Long-Term Complications of Diabetes[26]	2011–2013	8.7	ER visits/10,000 population 18+ years	0.23

HEART DISEASE AND STROKE

- **Blood Pressure:** In 2014, 29.8 percent of San Gabriel Valley adults reported being diagnosed with high blood pressure.[11] The Healthy People 2020 target is 27%.[19]
- **Heart Disease and Stroke Deaths:** The death rate due to stroke (48.8 deaths per 100,000 population) and coronary heart disease (116.4 deaths per 100,000 population) for Pasadena adults was higher in 2015 than for California adults (34.4 deaths per 100,000 and 97 deaths per 100,000, respectively) *(Figure 24)*.[18]

FIGURE 24. AGE-ADJUSTED DEATH RATES FOR HEART DISEASE AND STROKE IN PASADENA, 2015[18]

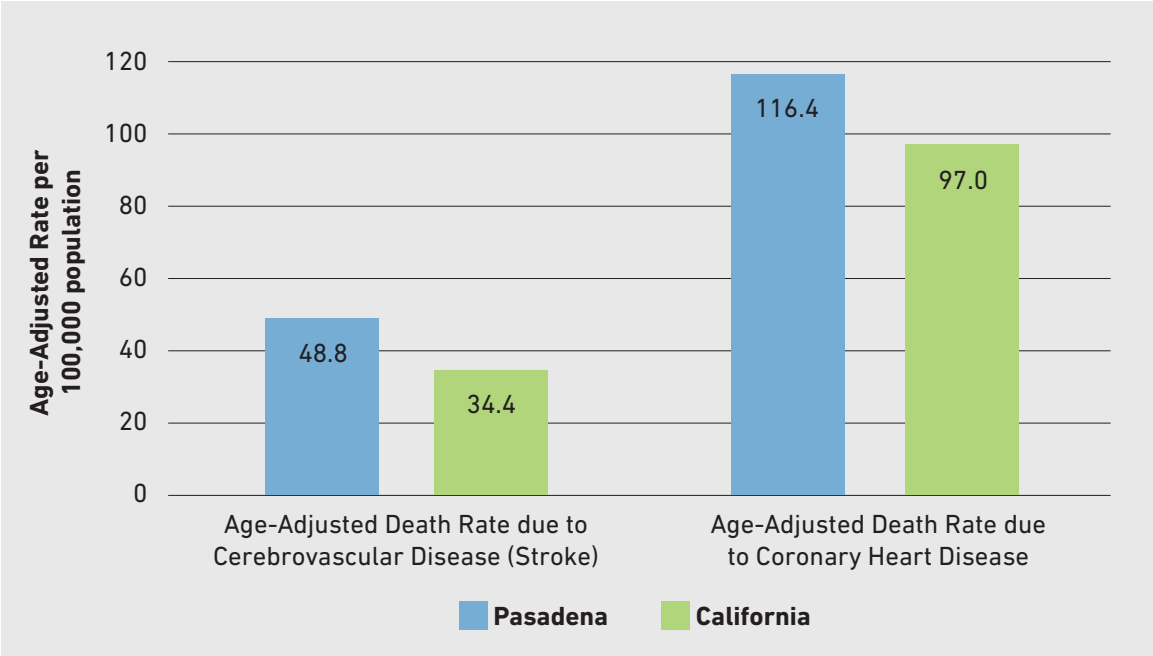


TABLE 19. SUMMARY OF SCORED HEART DISEASE AND STROKE INDICATORS

HEART DISEASE AND STROKE *(TOPIC SCORE: 1.67)*				
Indicator	**Period**	**Value**	**Unit**	**Score**
Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)[18]	2015	48.8	deaths/100,000 population	2.78
Age-Adjusted Death Rate due to Coronary Heart Disease[18]	2015	116.4	deaths/100,000 population	2.60
High Blood Pressure Prevalence[11]	2014	29.8	%	1.68
Age-Adjusted Hospitalization Rate due to Congestive Heart Failure[26]	2011-2013	18.6	hospitalizations/ 10,000 population 18+ years	0.73
Age-Adjusted ER Rate due to Congestive Heart Failure[26]	2011-2013	3.5	ER visits/10,000 population 18+ years	0.58

CANCER

- **Deaths due to Cancer:** Approximately 160 out of every 100,000 Pasadena residents died of cancer in 2015.[18] The community's most common type of cancer-related death is lung cancer, which increased from 21.4 to 34.9 deaths per 100,000 between 2014 and 2015.[18]
- **Lung Cancer:** Lung cancer was the fifth leading cause of premature death (before age 75) in the San Gabriel Valley, following coronary heart disease, liver disease, suicide and diabetes.[18] Lung cancer was the third leading cause of premature death among females in the San Gabriel Valley. Lung cancer was also the fifth leading cause of death in Pasadena following coronary heart disease, stroke, COPD, and pneumonia.

TABLE 20. SUMMARY OF SCORED CANCER INDICATORS

CANCER *(TOPIC SCORE: 1.26)*				
Indicator	**Period**	**Value**	**Unit**	**Score**
Pap Test: Past 3 Years[25]	2007	79.5	%	2.25
Age-Adjusted Death Rate due to Lung Cancer[18]	2015	34.9	deaths/100,000 population	2.13
Age-Adjusted Death Rate due to Cancer[18]	2015	159.8	deaths/100,000 population	1.98
Colon Cancer Screening Compliant[27]	2009	67.4	%	1.35
Mammogram: Women ages 40+, Past 2 Years[30]	2011–2012	80.1	%	0.93
Age-Adjusted Death Rate due to Breast Cancer[18]	2015	14.3	deaths/100,000 females	0.58
Age-Adjusted Death Rate due to Prostate Cancer[18]	2015	9.0	deaths/100,000 males	0.53
Age-Adjusted Death Rate due to Colorectal Cancer[18]	2015	11.4	population	0.35

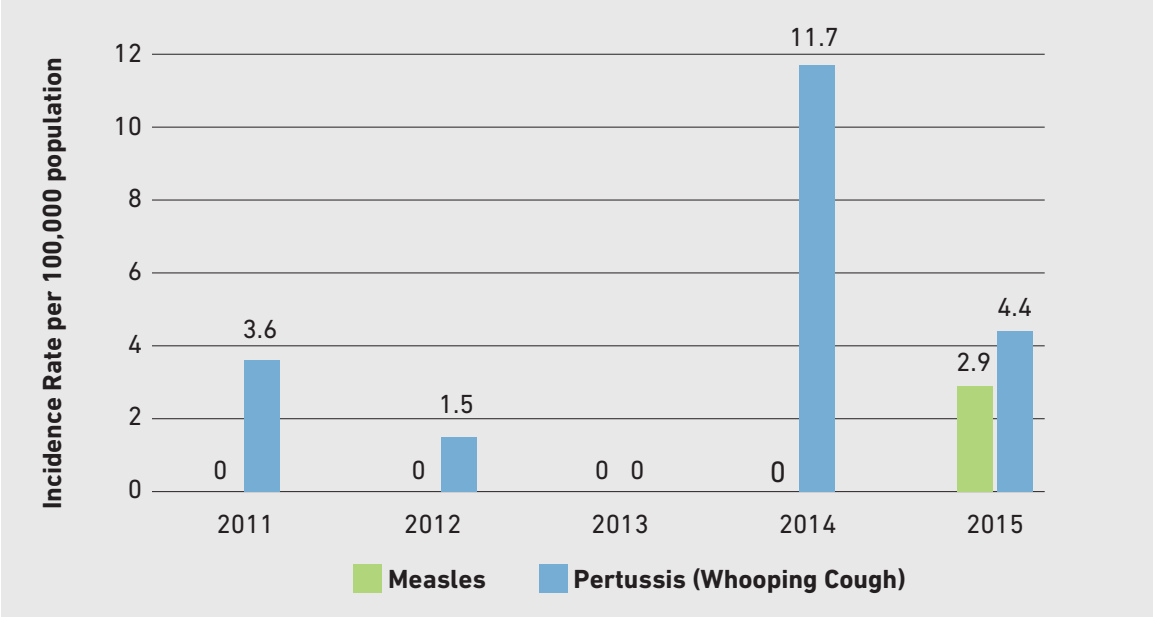
COMMUNITY RESOURCES

- Founded in 1982, **Cancer Support Community (CSC)** is an international non-profit organization providing free support, cancer education, and hope. They provide a robust calendar of events in Pasadena including nutrition, physical fitness, mental health support classes, and more.
- The **Huntington Cancer Center** delivers treatment options as well as care coordination and emotional support services to patients with cancer diagnoses.
- **Planned Parenthood of Pasadena and San Gabriel Valley** offers mammograms, pap smears, and human papilloma virus (HPV) screening services.

IMMUNIZATIONS AND INFECTIOUS DISEASES

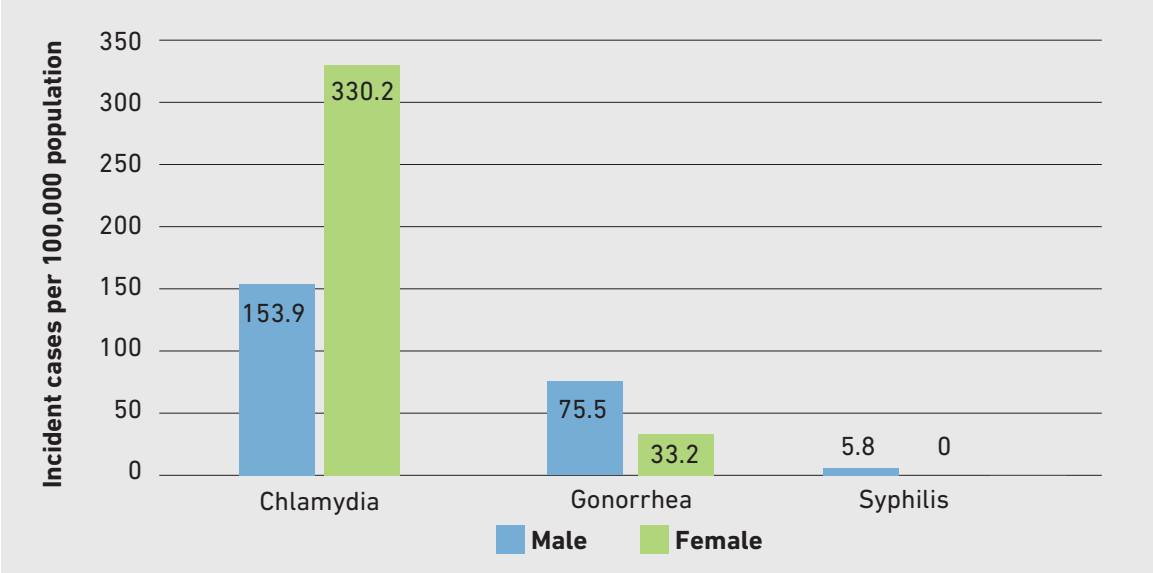
- **Immunizations**: In the Pasadena Unified School District, 86% of students completed mandatory vaccinations for the 2014-15 school year. One percent of students filed personal belief exemptions. As of October 2016, the immunization rates for PUSD increased to approximately 98%, reflecting school staff efforts to encourage completion of immunizations and the new California law that eliminated the personal belief exemption for children enrolled in public or private schools.[31]
- **Vaccine-Preventable Diseases:** Over the last few years there has been an increase in vaccine-preventable diseases in the United States, particularly in measles and pertussis (whooping cough) incidence. Increases in pertussis have been due, in part, to an increased number of unvaccinated individuals and changes in vaccine efficacy. Pertussis incidence has been observed to peak every three years, which could partly account for the spike in 2014. Measles, on the other hand, is rare in the United States, and outbreaks are generally limited to international exposures. In 2015, an outbreak linked to a Southern California amusement park caused a surge in measles cases throughout the state, including Pasadena (*Figure 25*), and largely among unvaccinated individuals.

FIGURE 25. RATES OF SELECTED VACCINE PREVENTABLE DISEASES IN PASADENA (2011-2015)[23]



- **HIV Prevalence**: The number of people living with HIV increased in Pasadena by almost 24% from 2011 to 2013.[32] This is in part due to increases in new cases, but also due to better treatment regimens and people living longer with HIV.
- **Disparities in Sexually Transmitted Infections (STIs):** In Pasadena, the incidence rate of gonorrhea and syphilis among males in 2014 was higher than among females. However, females had higher rates of chlamydia than males (*Figure 26*).[33]

FIGURE 26. SEXUALLY TRANSMITTED INFECTIONS (STIS) INCIDENCE BY GENDER IN PASADENA, 2014[33]



- **Vectorborne Diseases:** Vectorborne diseases are diseases transmitted by small organisms, or vectors. These organisms transmit pathogens and parasites from one infected person or animal to another, causing serious diseases. Common vectors include mosquitoes, ticks, and fleas. In Pasadena, the most commonly reported vectorborne diseases are West Nile virus, Lyme disease, and Typhus Fever. The 5-year average annual incidence rate from 2012 to 2016 was 0.29 cases of Lyme disease, 2.63 cases of Typhus Fever and 2.77 cases of West Nile virus per 100,000 residents in Pasadena.[23] As of December, 11 cases of Typhus Fever were confirmed for 2016, the highest number in at least 10 years.
- **Emerging Infectious Diseases:** Emerging Infectious Diseases (EIDs) are those whose incidence in humans has increased in the past two decades, including novel diseases, or those that threaten to increase in the near future. Since the last community health assessment, several EIDs posed new threats to U.S. populations, requiring local health departments to deploy resources to respond. In 2014-2015, local health departments in Pasadena and Los Angeles monitored people travelling from Ebola-affected areas of West Africa to prevent local spread of the disease.[23] Additionally, recent research linking Zika virus infection with devastating symptoms like microcephaly have prompted health departments to form workgroups and task forces to mitigate the spread of the virus in the Greater Pasadena area and beyond.

TABLE 21. SUMMARY OF SCORED IMMUNIZATIONS AND INFECTIOUS DISEASES INDICATORS

IMMUNIZATIONS AND INFECTIOUS DISEASES *(TOPIC SCORE: 0.70)*				
Indicator	**Period**	**Value**	**Unit**	**Score**
Age-Adjusted Death Rate due to Influenza and Pneumonia[18]	2015	19.9	deaths/100,000 population	2.63
Hospitalization Rate due to Immunization-Preventable Pneumonia and Influenza 65+[26]	2011-2013	3.4	hospitalizations/ 10,000 population 65+ years	1.63
Adults 65+ with Influenza Vaccination[11]	2014	71.3	%	1.45
Age-Adjusted Hospitalization Rate due to Immunization-Preventable Pneumonia and Influenza 18+[26]	2011-2013	0.9	hospitalizations/ 10,000 population 18+ years	0.80
Gonorrhea Incidence Rate[33]	2014	53.8	cases/100,000 population	0.78
Syphilis Incidence Rate[33]	2014	2.8	cases/100,000 population	0.58
Age-Adjusted ER Rate due to Bacterial Pneumonia 18+[26]	2011-2013	8.8	ER visits/10,000 population 18+ years	0.53
Chlamydia Incidence Rate[33]	2014	245.6	cases/100,000 population	0.53
Age-Adjusted ER Rate due to Hepatitis 18+[26]	2011-2013	0.4	ER visits/10,000 population 18+ years	0.38
Age-Adjusted Hospitalization Rate due to Hepatitis 18+[26]	2011-2013	1.5	hospitalizations/ 10,000 population 18+ years	0.38
Age-Adjusted Hospitalization Rate due to Bacterial Pneumonia 18+[26]	2011-2013	15.1	hospitalizations/ 10,000 population 18+ years	0.23
Tuberculosis Incidence Rate[23]	2015	0.7	cases/100,000 population	0.08

COMMUNITY RESOURCES

- In 2016, a new California State law **strengthened immunization requirements** for children entering child care or school to provide better protection against vaccine-preventable diseases.
- The Pasadena Public Health Department offers a variety of **low-to no-cost vaccines** to un- and underinsured community members through its Immunization Clinic.
- The Pasadena Public Heath Department offered **free vaccines to high-risk groups** to prevent the spread of disease following the 2015 measles outbreak associated with a Southern California amusement park and a regional bacterial meningitis outbreak. Flu vaccines are also offered annually at the Immunization Clinic and at community sites.
- Huntington Hospital Community Outreach Nurses provide **annual flu shot clinics** at sites throughout the community. The schedule is available on the Huntington Hospital website.

RESPIRATORY DISEASES

- **Asthma**: In San Gabriel Valley, 19.3% of children and teens had asthma in 2013-2014.[22] This was higher than in California (15%). In 2014, 11.8% of San Gabriel Valley adults had asthma, which is slightly lower than in California (13.8%).[11]
- **Influenza and Pneumonia**: In 2015, the age-adjusted death rate due to influenza and pneumonia was 19.9 deaths per 100,000 population.[18] This is slightly lower than the rate during the three preceding years (*Figure 27*).
- **Lung Cancer**: In 2015, the Age-Adjusted Death Rate due to Lung Cancer in Pasadena was higher than in 2014 (35.0 vs. 21.4 deaths per 100,000).[18]

FIGURE 27. DEATH RATE DUE TO INFLUENZA AND PNEUMONIA AS A CONTRIBUTING CAUSE OF DEATH IN PASADENA, 2012-2015[18]

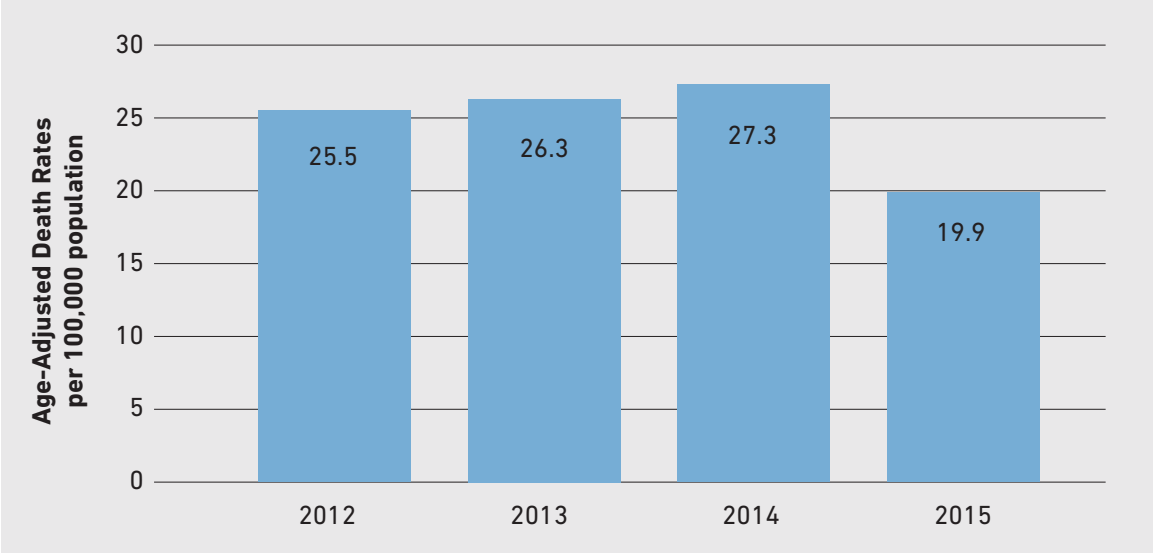


TABLE 22. SUMMARY OF SCORED RESPIRATORY DISEASES INDICATORS

RESPIRATORY DISEASES *(TOPIC SCORE: 0.94)*				
Indicator	**Period**	**Value**	**Unit**	**Score**
Age-Adjusted Death Rate due to Influenza and Pneumonia[18]	2015	19.9	deaths/100,000 population	2.63
Children and Teens with Asthma[22]	2013-2014	19.3	%	2.63
Age-Adjusted Death Rate due to Lung Cancer[18]	2015	34.9	deaths/100,000 population	2.13
Hospitalization Rate due to Immunization-Preventable Pneumonia and Influenza 65+[26]	2011-2013	3.4	hospitalizations/ 10,000 population 65+ years	1.63
Adults 65+ with Influenza Vaccination[11]	2014	71.3	%	1.45
Age-Adjusted Hospitalization Rate due to Adult Asthma[26]	2011-2013	7.0	hospitalizations/ 10,000 population 18+ years	1.43
Age-Adjusted Hospitalization Rate due to Asthma[26]	2011-2013	7.0	hospitalizations/ 10,000 population	1.00
Age-Adjusted Hospitalization Rate due to COPD[26]	2011-2013	14.0	hospitalizations/ 10,000 population 18+ years	1.00
Age-Adjusted Hospitalization Rate due to Immunization-Preventable Pneumonia and Influenza[26]	2011-2013	0.9	hospitalizations/ 10,000 population 18+ years	0.80
Age-Adjusted Hospitalization Rate due to Pediatric Asthma[26]	2011-2013	6.9	hospitalizations/ 10,000 population under 18 years	0.68
Age-Adjusted ER Rate due to Asthma[26]	2011-2013	24.3	ER visits/10,000 population	0.53
Age-Adjusted ER Rate due to Bacterial Pneumonia[26]	2011-2013	6.4	ER visits/10,000 population 18+ years	0.53
Age-Adjusted ER Rate due to COPD[26]	2011-2013	6.4	ER visits/10,000 population 18+ years	0.43
Adults with Asthma[11]	2014	11.8	%	0.23
Age-Adjusted ER Rate due to Adult Asthma[26]	2011-2013	17.9	ER visits/10,000 population 18+ years	0.23
Age-Adjusted Hospitalization Rate due to Bacterial Pneumonia[26]	2011-2013	15.1	hospitalizations/ 10,000 population 18+ years	0.23
Tuberculosis Incidence Rate[23]	2015	0.7	cases/100,000 population	0.08

COMMUNITY RESOURCES

- The **Huntington Hospital Community Asthma Program** helps to decrease emergency room visits, hospitalizations, and absences from work and school. The program provides one-on-one asthma education, including an overview of asthma triggers and asthma medications. Participants receive asthma literature and handouts, in addition to free equipment (peak flow meter and spacer). The Asthma Clinic offers free asthma treatment to individuals who qualify for services.

INJURY PREVENTION AND SAFETY

- **Older Adult Injuries**: The rate of adults 65 years of age and older in Greater Pasadena hospitalized due to hip fractures in 2011-2013 was lower than the Healthy People 2020 targets: 350.3 hospitalizations/100,000 males 65+ and 641.9 hospitalizations/100,000 females 65+ compared to 418.4 and 741.2, respectively.[26]
- **Unintentional Injuries**: In 2015, Pasadena residents experienced approximately 19.0 deaths per 100,000 population due to unintentional injuries.[18] This rate is lower than the rate in California (28.2, 2012-2014).[34]

TABLE 23. SUMMARY OF SCORED INJURY PREVENTION AND SAFETY INDICATORS

INJURY PREVENTION AND SAFETY *(TOPIC SCORE: 0.95)*				
Indicator	**Period**	**Value**	**Unit**	**Score**
Hospitalization Rate due to Hip Fractures Among Males 65+[26]	2011-2013	350.3	hospitalizations/ 100,000 males 65+ years	1.48
Hospitalization Rate due to Hip Fractures Among Females 65+[26]	2011-2013	641.9	hospitalizations/ 100,000 females 65+ years	1.03
Age-Adjusted Death Rate due to Unintentional Injuries[18]	2015	19	deaths/100,000 population	0.35

OTHER CONDITIONS

- **Hospitalization Rates**: In 2011-2013, Greater Pasadena residents 18 years or older were hospitalized due to dehydration (11.7 per 10,000 population) and urinary tract infections (14.8 per 10,000 population) at higher rates than California residents (4.9 and 13.2 per 10,000 population, respectively).[26]

TABLE 24. SUMMARY OF SCORED OTHER CONDITIONS INDICATORS

OTHER CONDITIONS *(TOPIC SCORE: 1.46)*				
Indicator	**Period**	**Value**	**Unit**	**Score**
Age-Adjusted Hospitalization Rate due to Dehydration[26]	2011-2013	11.7	hospitalizations/ 10,000 population 18+ years	2.13
Age-Adjusted Hospitalization Rate due to Urinary Tract Infections[26]	2011-2013	14.8	hospitalizations/ 10,000 population 18+ years	2.03
Age-Adjusted ER Rate due to Dehydration[26]	2011-2013	12.3	ER visits/10,000 population 18+ years	1.28
Age-Adjusted ER Rate due to Urinary Tract Infections[26]	2011-2013	44.2	ER visits/10,000 population 18+ years	0.38

OLDER ADULTS AND AGING

- **Social and Economic Conditions**: More Pasadena residents 65 years and older lived below the poverty level (14.5%) in 2010-2014 than California residents overall (10%).[3] Additionally, more Pasadena adults 65 years and older lived alone (28.6%) than in the state overall (24%).[3]
- **Infectious Diseases**: Greater Pasadena had a higher hospitalization rate due to immunization-preventable pneumonia and influenza among people 65 years and older in 2011-2013 (3.4 hospitalizations per 10,000 population) than in 2010-2012 (1.9 hospitalizations per 10,000 population).[26]

TABLE 25. SUMMARY OF SCORED OLDER ADULTS AND AGING INDICATORS

OLDER ADULTS AND AGING *(TOPIC SCORE: 1.83)*				
Indicator	**Period**	**Value**	**Unit**	**Score**
People 65+ Living Below Poverty Level[3]	2010-2014	14.5	%	2.78
People 65+ Living Alone[3]	2010-2014	28.6	%	2.63
Hospitalization Rate due to Immunization-Preventable Pneumonia and Influenza 65+[26]	2011-2013	3.4	hospitalizations/ 10,000 population 65+ years	1.63
Hospitalization Rate due to Hip Fractures Among Males 65+[26]	2011-2013	350.3	hospitalizations/ 100,000 males 65+ years	1.48
Adults 65+ with Influenza Vaccination[11]	2014	71.3	%	1.45
Hospitalization Rate due to Hip Fractures Among Females 65+[26]	2011-2013	641.9	hospitalizations/ 100,000 females 65+ years	1.03

COMMUNITY INPUT

None of the ten key informants specifically cited Older Adults and Aging as a need in the Greater Pasadena service area.

Community Meeting Participants identified many missing indicators and issues associated with senior health and aging. In particular, they requested more information on older adult poverty, dental care, specialty nutrition/education, mental health and dementia resources, substance abuse prevention, and elder abuse statistics.

COMMUNITY RESOURCES

- **The Pasadena Senior Center** is a local resource for seniors that provides services including: educational classes and lectures, events and activities designed for seniors, social services, and more.
- **Altadena Senior Center** offers services, programs and activities to promote senior independence and to encourage involvement in the community.
- **South Pasadena Senior Center** offers services and activities for older adults and is centrally located, adjacent to the library on Mission Street.
- **Huntington Hospital Senior Care Network** has assisted older adults and adults with disabilities to remain healthy and independent since 1984. Support programs are available for family caregivers.

MENTAL HEALTH

- **Mental Health Services**: In 2014, 9.8% of adults in San Gabriel Valley reported seeing a health care professional in the past year for emotional, mental health, or substance abuse recovery services.[11] This is a slight increase from the previous year (8.2%), but is lower than in Los Angeles County (13%) and California (12%).[11] In San Gabriel Valley, almost half (43.3%) of adults reported that they did not receive the mental health care they needed in 2013-2014, which is higher than the median value of all California counties (38%).[22]

TABLE 26. SUMMARY OF SCORED MENTAL HEALTH INDICATORS

MENTAL HEALTH *(TOPIC SCORE: 0.94)*				
Indicator	**Period**	**Value**	**Unit**	**Score**
Adults Needing and Receiving Mental Health Care[22]	2013-2014	56.7	%	1.73
Adults with Likely Psychological Distress[22]	2013-2014	5.3	%	0.73
Age-Adjusted Death Rate due to Suicide[18]	2015	8.6	deaths/100,000 population	0.35

COMMUNITY INPUT

Six out of ten key informants cited Mental Health as a health need in the Greater Pasadena service area.

Themes from the **Key Informant Interviews**:

- Attention needed on mental well-being issues as part of health
- Limited resources for mental health
- Need more focus on depression, anxiety, and role of social media among youth

Community Meeting Participants felt that there are not enough child psychiatry providers, and that possible reasons for this include the liabilities of working with children or language barriers.

COMMUNITY RESOURCES

- An annual Greater Los Angeles **Out of the Darkness Walk** is held in Pasadena to raise awareness, fund scientific research, and provide resources and aid to those affected by suicide.
- The Pasadena Public Health Department's **Maternal, Child, and Adolescent Health Program** hosted a Call to Action Conference on Adverse Childhood Experiences and Trauma-Informed Care in 2015 and a follow-up conference in 2016 in order to increase community awareness of these issues and to provide skills training to medical and social services providers who serve youth and families.
- **Foothill Family Services** conducts programs that include mental health and counseling services, child abuse prevention and treatment, and domestic violence prevention and treatment.
- **Rose City Center** was founded in 2004 by a group of Pasadena area mental health professionals to provide therapy services for low-to-moderate income populations.
- **Five Acres** provides mental health services for children, teens and families with school-based counseling and intensive services for severely emotionally disturbed children.
- **Pasadena Mental Health Advisory Committee (PMHAC)** is a voluntary group aimed at improving the overall mental health and wellness of the Pasadena community. Through educational forums, community partner collaboration, and the annual Pasadena Mental Health Day celebration, PMHAC strives to destigmatize mental illness and increase access to high quality mental health services for the City's most vulnerable. PMHAC welcomes people interested in learning about improving mental health in the community.
- **Young and Healthy** provides training to medical and social services providers on trauma-informed care.

SUBSTANCE ABUSE

- **Alcohol Abuse:** In San Gabriel Valley, 28.8% of adults reported binge drinking in the past year in 2014. More adult males in San Gabriel Valley reported binge drinking (40.4%) than females (18.3%).[11] In 2011-2013 the rate of adult hospitalizations due to alcohol abuse in Greater Pasadena was 12.7 hospitalizations per 10,000 population, which was higher than in California (8.2).[26]
- **Drug Poisoning Deaths**: There were 43 deaths associated with drug poisoning from 2012 to 2015 among Pasadena residents.[23]
- **Adult Smoking:** In San Gabriel Valley, 10.6% of residents reported being current smokers in 2014, which is slightly lower than in Los Angeles County (10.8%). More adult males in San Gabriel Valley reported smoking (17.6%) than females (4.3%). Of the people who have ever smoked in the San Gabriel Valley, almost 28% of them still smoke every day and about 60% have quit.[11]
- **Youth Smoking**: The use of electronic cigarettes (e-cigarettes) among teens is a new public health risk. In the Pasadena Unified School District during the 2014-2015 school year, 16% of 7th grade students, 29% of 9th grade students, and 34% of 11th grade students reported having ever tried e-cigarettes (*Figure 28*).[35]

FIGURE 28. SMOKING HISTORY AMONG PASADENA UNIFIED SCHOOL DISTRICT STUDENTS, 2014-2015[35]

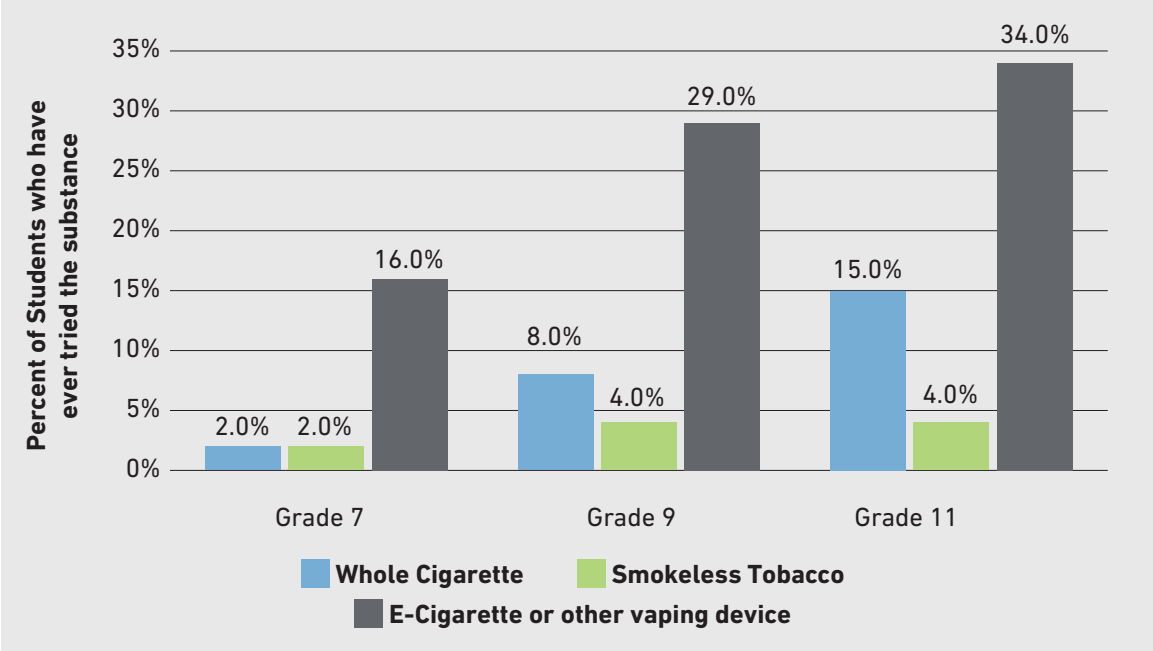


TABLE 27. SUMMARY OF SCORED SUBSTANCE ABUSE INDICATORS

SUBSTANCE ABUSE *(TOPIC SCORE: 0.94)*				
Indicator	**Period**	**Value**	**Unit**	**Score**
Age-Adjusted Hospitalization Rate due to Alcohol Abuse[26]	2011-2013	12.7	hospitalizations/ 10,000 population 18+ years	2.70
Teens who have Ever Used Alcohol[22]	2013-2014	22.4	%	0.93
Adults who Binge Drink: Past Year[11]	2014	28.8	%	0.83
Age-Adjusted ER Rate due to Alcohol Abuse[26]	2011-2013	27.8	ER visits/10,000 population 18+ years	0.58
Adults who Smoke[11]	2014	10.6	%	0.38
Age-Adjusted Death Rate due to Drug Use[18]	2015	7.1	deaths/100,000 population	0.23

COMMUNITY RESOURCES

- On July 11, 2011, Pasadena City Council unanimously approved amendments to the City's **Tobacco Use Prevention Ordinance** to prohibit smoking in apartments and condominiums to protect residents from drifting tobacco smoke. This policy includes e-cigarettes.
- In 2014 the City of Pasadena passed a **Smoke Free Library policy** that prohibited smoking (including e-cigarette use) at all city-owned public libraries.
- In June 2016, **a new California state law** went into effect that raised the legal smoking age from 18 to 21.

MORTALITY

- **Death Rates:** In 2015, Pasadena had higher death rates when compared to the median of California counties for the following causes of death: cerebrovascular disease (stroke), influenza and pneumonia, coronary heart disease, lung cancer, all cancers, and diabetes (these measures received indicator scores above 1.5).[18]
- **Life Expectancy:** Females had higher life expectancy than males in Pasadena; according to 2015 estimates, females were expected to live to 81.2 years, and males to 75.8 years.[23]

TABLE 28. SUMMARY OF SCORED MORTALITY INDICATORS

MORTALITY *(TOPIC SCORE: 1.13)*				
Indicator	**Period**	**Value**	**Unit**	**Score**
Age-Adjusted Death Rate due to Influenza and Pneumonia[18]	2015	19.9	deaths/100,000 population	2.63
Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)[18]	2015	48.8	deaths/100,000 population	2.78
Age-Adjusted Death Rate due to Coronary Heart Disease[18]	2015	116.4	deaths/100,000 population	2.60
Age-Adjusted Death Rate due to Lung Cancer[18]	2015	34.9	deaths/100,000 population	2.13
Age-Adjusted Death Rate due to Cancer[18]	2015	159.8	deaths/100,000 population	1.98
Age-Adjusted Death Rate due to Diabetes[18]	2015	19.9	deaths/100,000 population	1.73
Age-Adjusted Death Rate due to Breast Cancer[18]	2015	14.3	deaths/100,000 females	0.58
Age-Adjusted Death Rate due to Prostate Cancer[18]	2015	9.0	deaths/100,000 males	0.53
Age-Adjusted Death Rate due to Colorectal Cancer[18]	2015	11.4	deaths/100,000 population	0.35
Age-Adjusted Death Rate due to Suicide[18]	2015	8.6	deaths/100,000 population	0.35
Age-Adjusted Death Rate due to Unintentional Injuries[18]	2015	19.0	deaths/100,000 population	0.35
Age-Adjusted Death Rate due to Drug Use[18]	2015	7.1	deaths/100,000 population	0.23
Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions[18]	2015	3.9	deaths/100,000 population	0.23
Infant Mortality Rate[23]	2015	3.2	deaths/1,000 live births	0.23

VII. Prioritization

OVERVIEW

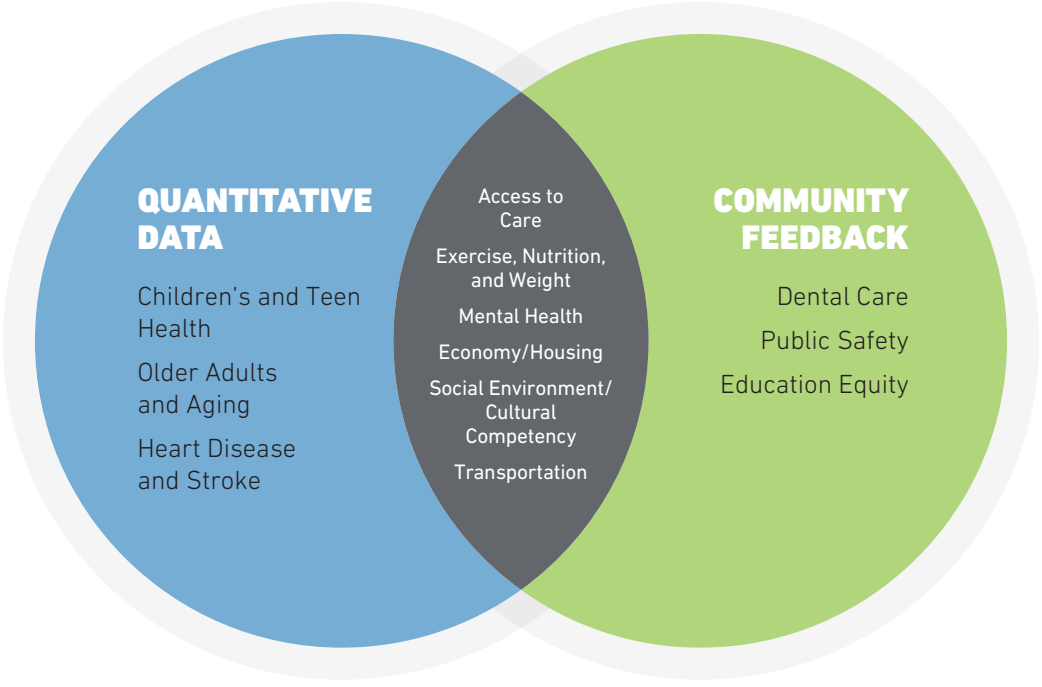
The fourth step in the Community Health Needs Assessment Process was selecting priorities and identifying resources. The following prioritization process was conducted by Huntington Hospital in order to identify important health issues that require attention over the next three years. The City of Pasadena Public Health Department will conduct a separate, broader, city-wide prioritization during the Community Health Improvement Plan (CHIP) planning process.

The prioritization of health issues for Huntington Hospital was divided into two phases: 1) synthesizing the health indicators and the community feedback into the most pressing health issues and 2) identifying the top health issues for which Huntington Hospital has the resources to address.

PROCESS

The quantitative and qualitative data were analyzed and synthesized to determine the most critical and significant health needs for the Greater Pasadena community. *Figure 29* below lists the top health needs by data type and highlights areas of overlap. The blue circle identifies the three topic areas where there was strong evidence of need based on the quantitative data alone, and the green circle identifies the three topic areas where there was strong evidence based on the community feedback alone. The area in the middle identifies the six topic areas with strong evidence of need for both types of data.

FIGURE 29. SIGNIFICANT HEALTH NEEDS BY DATA SOURCE IN GREATER PASADENA



On June 28, 2016, leaders from Huntington Hospital, along with invited representatives from Pasadena Public Health Department, met to review and discuss the preliminary top twelve significant health needs as determined by the community input and quantitative data analysis.

Following the data presentation, consultants from HCI led participants through the Hanlon Method for prioritization.[36] Participants rated each of the twelve significant health needs on a scale of zero to ten based on the following specified criteria:

1. Size of the Health Problem: How many persons does the problem affect? Size of heath problem should be based on baseline data.
2. Seriousness of Health Problem: What degree of hospitalization, disability, or premature death occurs because of the problem? What is the impact on quality of life? Does it require immediate attention? Is there public demand? What are the potential burdens to the community, such as economic or social burdens?
3. Effectiveness of Interventions: Is the problem amenable to interventions (i.e. is the intervention feasible scientifically as well as acceptable to the community?) Is the problem preventable? Are there evidence-based practices available?

TABLE 29. HANLON METHOD RATING GUIDE FOR PRIORITIZATION

THE HANLON METHOD CRITERIA RATING			
Rating	**Size of Health Problem** *(% of population w/ health problem)*	**Seriousness of Health Problem** *(Severity of the health problem)*	**Effectiveness of Intervention** *(Are evidence-based interventions available and effective)*
9 or 10	Very Large (>25%)	Very Serious	80%-100% effective
7 or 8	Relatively Large	Relatively Serious	60%-80% effective
5 or 6	Medium	Serious	40%-60% effective
3 or 4	Small	Moderately Serious	20%-40% effective
1 or 2	Relatively Small	Relatively Not Serious	5%-20% effective
0	Very Small (50/100,000)	Not Serious	<5% effective

With all twelve health topics scored and weighted according to the Hanlon Method, the group applied the 'PEARL' Test to screen out health problems based on the following feasibility factors:

- Propriety – Is a program for the health problem suitable?
- Economics – Does it make economic sense to address the problem? Are there economic consequences if a problem is not addressed?
- Acceptability – Will a community accept the program? Is it wanted?
- Resources – Is funding available or potentially available for a program?
- Legality – Do current laws allow program activities to be implemented?

Health topics which received an answer of "No" to any of the above factors were eliminated. Priority scores were calculated for the remaining health problems and rank was assigned accordingly.

RESULTS

The aggregate ranking for the six topics that passed the PEARL test can be seen in *Table 30.*

TABLE 30. PRIORITIZED HEALTH NEEDS

HEALTH TOPIC	PASSED PEARL TEST?	RANK
Access to Health, Mental, and Dental Care	Y	1
Heart Disease and Stroke	Y	2
Children's Health / Teen and Adolescent Health	Y	3
Mental Health	Y	4
Older Adults and Aging	Y	5
Exercise, Nutrition, and Weight	Y	6

The following six health needs were eliminated during the PEARL test based on the condition of 'propriety'. Participants agreed there were no programs in these topic areas that would be suitable for Huntington Hospital to develop or lead.

- Dental Care
- Public Safety
- Economy / Affordable Housing
- Transportation
- Social Environment / Cultural Competency
- Education Equity

PARTICIPANTS

Huntington Hospital

- Alison Birnie, RN, Director, Critical Care
- John Carmody, MD, Medical Director, Huntington Ambulatory Care Center
- Cathi Chadwell, Executive Director, Public Affairs
- Jane Haderlein, Senior Vice President, External Affairs
- Marcia Penido, LCSW, Director, Care Coordination, Social Work, Palliative Care
- Sheryl Rudie, Executive Director, Ambulatory Services
- Lois Zagha, Manager, Community Outreach Services and Community Benefits

Pasadena Public Health Department

- Michael Johnson, MPA, Director
- Ying-Ying Goh, MD, MSHS, Health Officer
- Matthew Feaster, MPH, Epidemiologist

VIII. Conclusion

The **2016 Community Health Needs Assessment of Greater Pasadena** utilized a broad set of quantitative and qualitative data to determine the greatest health needs in the Greater Pasadena service area. The findings of this report will be used to identify the best strategies to address the health needs of our community, such as developing new programs, enhancing existing programs, and building new partnerships. The Huntington Hospital Implementation Strategy will identify which prioritized areas of need Community Benefits will focus on over the next three years. The Pasadena Public Health Department will conduct a city-wide prioritization to identify health issues that will be addressed in the next Community Health Improvement Plan (CHIP) for Pasadena.

Members of the community are invited to provide feedback and comments on this report through the Healthy Pasadena website (www.healthypasadena.org).

Appendices

APPENDIX A:
COMMUNITY HEALTH NEEDS ASSESSMENT PROGRESS REPORTS

Huntington Hospital

2013 COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY

YEAR ONE PROGRESS REPORT-2014

BACKGROUND

In 2013, Huntington Hospital conducted the triennial Community Health Needs Assessment, per federal requirements, reporting its findings to the Board of Directors of the hospital, the Community Benefits Committee, and the greater community. Findings were based on 1) community feedback gathered during the Community Health Improvement Plan (CHIP) process conducted by the Pasadena Public Health Department, with participation of over fifty community partners familiar with the needs of uninsured, low-income, marginalized and other high needs groups in Pasadena, and 2) an analysis of secondary data 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.

Under the leadership of Cathi Chadwell, Executive Director of Public Affairs, a work group composed of Huntington leaders with specific community and clinical knowledge was established 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
- Solutions that impact multiple problems
- Availability of feasibility-effective methods

Results were presented to the hospital's Executive Management Team which selected the following prioritized needs:

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

2014 GOALS

The short-term objectives for year one of the three-year period in which we will focus on the two prioritized needs are:

Cancer

- Develop a plan in partnership with community partners to increase access to mammograms.
- Inventory current community resources for education about breast cancer screening and investigate best practices.

Immunizations

- Develop a plan with partner community organizations to increase influenza vaccinations among adults 65 and older.
- Inventory current community resources for education about flu vaccinations and investigate best practices.

PROCESS

The following Community partners were engaged to develop strategies for goal achievement.

CANCER WORK GROUP:

Cathi Chadwell, Executive Director, External Affairs — Huntington Hospital
Sharon Carrillo, Manager, Cancer Data Center — Huntington Hospital
Edna DeLeon, MSN, Director of Quality and Clinical Research — Huntington Hospital
Bethany Eshleman, CEO — Planned Parenthood of Pasadena
Rosalie Garcia, Executive Director — Bill Moore Clinic, URDC
Julianne Hines, VP, External Affairs — Planned Parenthood of Pasadena
Adrienne Kung, MPH — Pasadena Public Health Department
Margie Martinez, CEO — Community Health Alliance of Pasadena (ChapCare), FQHC
Sheryl Rudie, Executive Director, Ambulatory Services — Huntington Hospital
Cathy Vesolowski, VPO-Hill Imaging Center, Huntington — Hill Breast Center
Eric Walsh, MD, DPH, Chief Health Officer — Pasadena Public Health Department
Lois Zagha, Manager, Community Outreach and Community Benefits — Huntington Hospital

IMMUNIZATION WORK GROUP:

Cathi Chadwell, Executive Director, External Affairs — Huntington Hospital
Rosalie Garcia, Executive Director — Bill Moore Clinic
Margie Martinez, CEO — Community Health Alliance of Pasadena (ChapCare), FQHC
Jean Pallares, Director, Pharmacy and Laboratory Services — Huntington Hospital
Carla Partma, RN, Community Outreach Health Practitioner — Huntington Hospital
Leticia Saenz, PHN — Pasadena Public Health Department
Lois Zagha, Manager, Community Outreach and Community Benefits — Huntington Hospital

Community partners participated in workgroup meetings conducted at Huntington Hospital. Each group engaged in a parallel process in which:

- Goal selection was reviewed and consensus reached with regard to how best to gather data and measure improvement
- Current practices were described by each provider
- Resources and best practices were identified
- Brainstorming to design effective approach to goal achievement was conducted

BREAST CANCER SCREENING: MAMMOGRAPHY

Research has found that while breast cancer is not always preventable, women can mitigate risk factors by adhering to healthy lifestyle practices such as regular physical activity, weight control, and limiting alcohol consumption. The American Cancer Society recommends that all women perform routine self-exams and report any changes to their physicians. Women are also encouraged to have routine screenings at their medical visits, such as clinical breast exams. Screening mammograms offer the best way to detect cancers in the early stages when treatment is more likely to be efficacious. By raising women's awareness that a screening mammogram has the potential to save their lives, we hope to reduce the death rate attributable to breast cancer in our community.

WORKGROUP DISCUSSION

Data Collection and Measuring Progress:

The group engaged in discussion around how to realistically collect data to determine goal success. It was agreed that:

- Screening mammography is the best tool we currently have to detect breast cancer in its earliest stages when it can respond to treatment, thus preventing death.
- Given the lag in public health reporting which makes it difficult to acquire real-time data, it was decided that a specific group would be identified for measuring progress: women 40 years and older* who are patients of workgroup partnering organizations.
- The volume of screening mammograms for women 40 and older will be reported to Huntington Hospital for each of three years, 2014, 2015, and 2016. Data for 2014 will be used a baseline. At the end of the three year period we hope to see a 10% increase in screening mammograms for the identified group.
- Providers volume of screening mammograms for women 40 and older will be reported to Lois Zagha of Huntington Hospital on the following schedule:

**Based on American Cancer Society guidelines*

TIME PERIOD	DATA SUBMISSION DUE
January 1, 2014 – June 30, 2014	July 15, 2014
July 1, 2014 – December 31, 2014	January 15, 2015
January 1, 2015 – June 30, 2015	July 15, 2015
July 1, 2015 – December 31, 201	January 15, 2016
January 1, 2016 – June 30, 2016	July 15, 2016
July 1, 2016 – December 31, 2016	January 15, 2017

Note: Data does not include Bill Moore Clinic due to 2014 closure.

ACCESS TO SERVICES:

A sector of the population of Pasadena is uninsured/underserved women 40 years and older. Huntington Hospital convened a group of community partners in early 2013 to address the issue of access to healthcare in Pasadena. The *Covered Pasadena* initiative grew out of this collaboration (see attachment). The number of newly insured women has increased over the past year, in large part due to the efforts of this group.

During the enrollment process women are referred to community healthcare providers such as ChapCare, Bill Moore Clinic, and the Huntington Ambulatory Care Center. Patients who visit their new medical home are educated by their physician about the importance of routine health screenings, including breast cancer screening, and are referred for screening mammograms when appropriate.

Services are available to all sectors of the population, including patients who cannot pay for services. Bill Moore Clinic,* whose patients are predominantly the uninsured, has agreements with Madison Radiology and City of Hope. ChapCare refers patients with insurance to Huntington-Hill Imaging Center and utilizes a mobile provider at its clinic sites. Planned Parenthood of Pasadena partners with White Memorial Hospital. Huntington Ambulatory Care Center (HACC) refers women to Huntington–Hill Imaging Center. The HACC social worker assists women who are unable to pay for a mammogram to obtain services through funding made available by hospital donors. Huntington-Hill offers a reduced rate to patients unable to pay for mammography. Patients in the community may not be aware of these resources. As the number of insured grows, these beneficiaries will have access to physicians who will counsel them about screening and make appropriate referrals. In addition, community health workers, such as Huntington Hospital's Community Outreach nurses, provide education, counseling, and referrals on a regular basis in the community. Information about the location and schedule of community screening sites is posted on the Hospital website, shared with community partners, and posted in newsletters and at the various sites which include, libraries, senior and community centers, and faith organizations.

Patients with medical homes who visit their providers at least annually are educated by their physicians about the importance of breast cancer screening. Physicians help the individual patient to make decisions about when to begin having screening mammograms based on family history and other relevant factors. Referrals are made to imaging providers.

**Bill Moore Clinic ceased operations in 2014.*

Women who are newly insured, as well as those who are not knowledgeable about breast cancer and the importance of screening, need to be reached. This will be accomplished in a variety of ways:

- Huntington Hospital has developed an informational card to be disseminated throughout the community, particularly targeting the underserved. The card presents a brief but impactful message empowering women to be screened for breast cancer, and provides the names and contact information for the three healthcare providers in Pasadena where they can see a physician to discuss their options and receive appropriate referrals. (see attached)
- Huntington Community Outreach nurses have developed a class called "An Ounce of Prevention," which addresses the various cancer screenings recommended for adults, including breast cancer.
- Community Outreach nurses work closely with partnering organizations in Greater Pasadena to identify opportunities to reach the underserved population. Services include education, counseling, referral, and problem-solving assistance in both English and Spanish. Currently, nurses are working with Villa Parke, Pasadena Unified School District, and other locations where women gather in the community, to offer education about women's health issues, including breast health and cancer prevention.
- Community Outreach nurses will partner with Villa Parke Community Center and the American Cancer Society to provide education and screening information to women who attend VPCC activities, and spread the message through a well-establish informal community network.
- HH's Breast Center physicians and nurse navigators conduct several community education events throughout the year. In addition, a quarterly e-newsletter, written by Dr. Jeannie Shen was initiated in 2014, providing information, recommendations, illustrations and videos, such as demonstration of self-breast examination. Frequent mailings go out to 40+ women in the community.
- Huntington Hospital Breast Center staff provide education, services and support to women in the Chinese Community at Herald Cancer Center in Rowland Heights.
- A partnership between the hospital and Pasadena Fire Department raised funds during Breast Cancer Awareness Month to support free mammograms for underserved women.
- In 2013 ChapCare entered into a relationship with Occidental College to bring a Health Leads-type program to its Pasadena clinic. Based on recommendations "prescribed" by physicians, students assist patients to obtain the health and psychosocial services they need to support positive health outcomes. Students follow-up on physician recommendations and maintain contact with patients between medical appointments to promote follow-up. This additional support system provides reinforcement to physician-initiated medical interventions, education and referrals.

BASELINE DATA COLLECTION YEAR ONE

ChapCare reported the number of patients whose mammograms were performed by the mobile imaging provider (354), Planned Parenthood reported the number of patients who received screening mammograms at White Memorial Hospital (179), and Huntington-Hill reported the number of screening mammograms performed on women 40 and older (28,261) in 2014 totaling **28,794**.

Immunization: Influenza Vaccination

According to the Centers for Disease Control and Prevention, it has been widely recognized for many years that people 65 years and older are at greater risk of serious complications from the flu compared to young, healthy adults. Influenza is a viral infection that attacks the respiratory system —the nose, throat and lungs, often leading to pneumonia in older adults. Older adults tend to have more medical co-morbidities and are at higher risk for complications. In fact, influenza and its complications can be deadly for people 65 years and older.

It is estimated that 90 percent of seasonal flu-related deaths, and more than 60 percent of seasonal flu-related hospitalizations in the United States each year occur in older adults.

The best way to prevent the flu is with a flu vaccination. The CDC recommends that everyone 6 months of age and older be vaccinated annually as vaccine becomes available in the community. Flu vaccine protects against flu viruses that research anticipates will be most common during a particular flu season. The vaccine is updated annually. Immunity sets in within approximately two weeks after being vaccinated. Immunity wanes over the course of a year, therefore annual vaccination is recommended.

Education is an essential component in persuading people to get vaccinated. Receiving this information from a trusted healthcare provider is often key to positively influencing reluctant patients.

AVAILABILITY OF VACCINE

Huntington Hospital has offered free flu shots to the public for many years. Formal, pre-scheduled flu shot clinics at multiple community locations were introduced in 2007. This took the service out into the community to reach people in places they frequent in the course of daily activities. Flu shot clinic sites include senior and community centers, senior housing, public libraries, faith-based organizations, and health fairs. Over the years the number of flu clinics has grown to over 30 sites with over 2,000 flu shots administered annually. Community outreach orders vaccine through the HH pharmacy department each December for the following flu season. During the 2014 flu season HH Community Outreach nurses offered the quadrivalent* vaccine at 32 community flu clinics and vaccinated 2,505 individuals, 26 percent of which was given to adults 65 and older.

Flu shots are provided in other ambulatory service departments of Huntington Hospital including the HH Ambulatory Care Center and the Medication Therapy Management Clinic.

Flu shots are also given to hospitalized patients who have not been vaccinated prior to admission, in line with best practices which dictate that patients' immunization record be reviewed at the time of admission and vaccination be offered as indicated.

Pasadena Public Health Department receives an annual supply of influenza vaccine from the Los Angeles County Health Department. PPHD public health nurses offer free flu shots at senior centers, schools in the Pasadena Public School District, health fairs, farmers' markets and other community locations. HH Community Outreach nurses work closely with PPHD nurses to coordinate efforts to maximize the vaccine supply and avoid duplication of efforts. HH CO nurses assist PPHD nurses to administer flu shots at one or more of their scheduled flu clinic locations each year. The health department offered trivalent vaccine during the 2014 flu season. PPHD administered 887 vaccinations in 2014, 18 percent of which were to adults 65 and older.

ChapCare, a Federally Qualified Health Clinic, provides flu shots to its patients of all ages. Patients' physicians recommend the influenza vaccine to patients at the time of their visits, and other methods of reminding patients are employed as well. A total of 2,093 ChapCare patients received vaccinations this flu season, 5 percent of which were adults 65 and older.

A great number of older adults living in Pasadena are Medicare beneficiaries and receive the annual flu shot during a visit to their healthcare provider or at retail clinics. A segment of the older adult population do not have a medical home because they are residually uninsured and are unaware of no cost services. Some elect not to visit a provider.

A segment of the older adult population subscribe to various beliefs and misinformation such as:

- Regarding oneself as healthy, active and independent, thus not needing vaccination
- Believing they are not at risk from dying from influenza even though they recognized it could be fatal for particular groups of people
- Influenza vaccine is unsafe
- Influenza vaccine is not effective in older people
- Side-effects are problematic
- Being vaccinated can give you the flu or make you sick

Older adults should be encouraged to accept vaccination against this vaccine-preventable disease. To increase the rate of immunization of seniors in our community and track progress, our approach will include:

- Collect baseline data (number of flu shots provided to adults 65+ in 2014) by all healthcare provider partners, and continue to collect annual volume of flu shots provided to this population in 2015 and 2016 to determine progress by end of 2016 flu season.
- Continue to provide education about vaccination at physician visits, health fairs and other community events, screening/counseling sites, and by offering a specific class about vaccinations and screenings ("An Ounce of Prevention") at various community sites where seniors gather.
- Disseminate various brief, printed informational material in the community, including:
    - *Get the flu shot, not the flu*. (Produced by Huntington Hospital)
    - *No More Excuses: You Need a Flu Vaccine* (USDHHS-CDC)
    - *Influenza Vaccine-What You Need to Know* (USDHHS-CDC)

Community Outreach received calls from a few older adults inquiring whether the hospital provides Fluzone High-Dose vaccine which their physicians were recommending. Callers were informed that the hospital offers quadrivalent vaccine only. There has been debate in the field of immunology and public health around whether the* **higher dose vaccine produces a better immune response in adults 65 and older. *Data from clinical trials comparing regular Fluzone to Fluzone High-Dose among persons aged 65 years or older indicate that a stronger immune response (i.e., higher antibody levels) occurs after vaccination with Fluzone High-Dose. Whether or not the improved immune response leads to greater protection against influenza disease after vaccination is not yet known. An ongoing study designed to determine the effectiveness of Fluzone High-Dose in preventing illness from influenza compared to Fluzone is expected to be completed in 2014-2015.*

2013 COMMUNITY HEALTH NEEDS ASSESSMENT

YEAR TWO PROGRESS REPORT 2015

BACKGROUND

In 2013 Huntington Hospital conducted a triennial Community Health Needs Assessment, per federal requirements, reporting its findings to the Board of Directors of the hospital, the Community Benefits Committee, and the greater community. Findings were based on 1) community feedback gathered during the Community Health Improvement Plan (CHIP) process, conducted by the Pasadena Public Health Department, with participation of over fifty community partners familiar with the needs of uninsured, low-income, marginalized and other high needs groups in Pasadena, and 2) an analysis of secondary data 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.

Under the leadership of Cathi Chadwell, Executive Director of Public Affairs, a work group composed of Huntington leaders with specific community and clinical knowledge was established 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
- Solutions that impact multiple problems
- Availability of feasibility-effective methods

Results were presented to the hospital's Executive Management Team which selected the following prioritized needs:

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

*(Please refer to **Year One Progress Report 2014** for activities/accomplishments in 2014.)*

ACCESS TO SERVICES:

Access to health care was identified as a significant community need in the 2013 CHNA process. Data available at that time indicated that 78.1% of adults residing in SPA 3, (San Gabriel Valley), had health insurance of some kind.

Access to health care means having the timely use of health services to achieve the best health outcomes. Health insurance facilitates entry into the health care system. Health insurance makes a difference in whether people get necessary medical care, where they get their care, and ultimately, how healthy people are. Uninsured adults are far more likely than those with insurance to postpone or forgo health care altogether due to the financial burden of paying for medical care and medications. The consequences can be serious, particularly when preventable conditions go undetected. Uninsured adults,

compared with those with coverage, are less likely to receive routine care and follow-up. Silent health problems, such as hypertension and diabetes, often go undetected without routine check-ups. Consequently, uninsured patients have increased risk of being diagnosed in later stages of diseases, including cancer, and have higher mortality rates than those who have health insurance and a medical home.

In October 2012, Jane Haderlein, Senior Vice President of External Affairs, proposed a 'Health Summit' to identify community needs, through a collaborative effort with community partner organizations. This lead to the formation of the Healthcare Access Committee, convened in April 2013 by Cathi Chadwell, Executive Director of Public Affairs. The committee included representatives from the following organizations: Pasadena Public Health Department, Young and Healthy, Community Health Alliance of Pasadena (Chap), Bill Moore Clinic, and Huntington Hospital. The work of the committee was:

1) To identify current and potential resources available to support a united effort to educate and enroll community residents who qualified for insurance, and determine who and how the residually uninsured would be cared for.

2) To operationalize efforts to provide easily accessible tracking of information, ensure consistent messaging and information to community residents, and efficient sharing of all information regarding enrollment activities related to enrollment and access to those who do not qualify for insurance.

Subsequent monthly meetings yielded the following:

- Public educational presentations explaining the Affordable Care Act (ACA) in lay terms, delivered by various members of the partnering organizations in the Fall of 2013, to prepare community members for the first enrollment period offered through the ACA.
- Local organization staff received formal training from Maternal Child Health Access to prepare for assisting with enrollment.
- Development, printing, and community-wide dissemination of an information card about Covered California, including locations and contact information for local providers available to assist with enrollment, in both English and Spanish. (Attached)
- Development, printing and dissemination of the Pasadena Health Safety Net Directory (Attached)
- Development and maintenance of an enrollment activities tracking tool.

These activities have resulted in the enrollment of **13,147 newly insured** adults and children over the past two years; approximately 70% are Medi-Cal beneficiaries, 15% are Covered California enrollees, and the remaining 15% are enrolled in other programs (see *Table 1* below). In addition, a total of 7,373 adults and children who do not qualify for any program, ("residually uninsured"), received care in our community, based on the efforts of the partnering organizations participating in the health care access group.

TABLE 1. HEALTHCARE ENROLLMENTS IN PASADENA, 2014-2015

COVERED PASADENA	2014	2015	OVERALL TOTAL
Medi-Cal enrollments-adults	7373	1109	8482
Medi-Cal enrollments-Kids	390	274	664
TOTAL MEDI-CAL	**7763**	**1383**	**9146**
Covered California with Subsidy-adults	1211	479	1690
Covered California without Subsidy-adults	117	52	169
Covered California with Subsidy-kids	75	50	125
Covered California without Subsidy-kids	32	15	47
TOTAL COVERED CALIFORNIA	**1435**	**596**	**2031**
Other Programs-Adults	39	1380	1419
Other Programs-kids	132	419	551
Total Other Programs	**171**	**1799**	**1970**
Residually Uninsured receiving Care-adults	1930	1942	3872
Residually Uninsured receiving Care-kids	2104	1397	3501
TOTAL RESIDUALLY UNINSURED RECEIVING CARE	**4034**	**3339**	**7373**
Total Insurance Enrollment	**9369**	**3778**	**13147**

Due to the delay in government posted data, it is difficult to definitively state the actual number of residents who are covered by health insurance. However, we can infer from data that is available that this group has grown. Data currently available (2013-2014) indicates that 80.2% of Greater Pasadena adult residents had health insurance-an increase of 2.1%.

ADULTS WITH HEALTH INSURANCE

80.1

80.2
percent

Measurement Period:
2013-2014

Service Planning Area (SPA): SPA 3 - San Gabriel

Data Source: California Health Interview Survey

Categories: Health / Access to Health Services

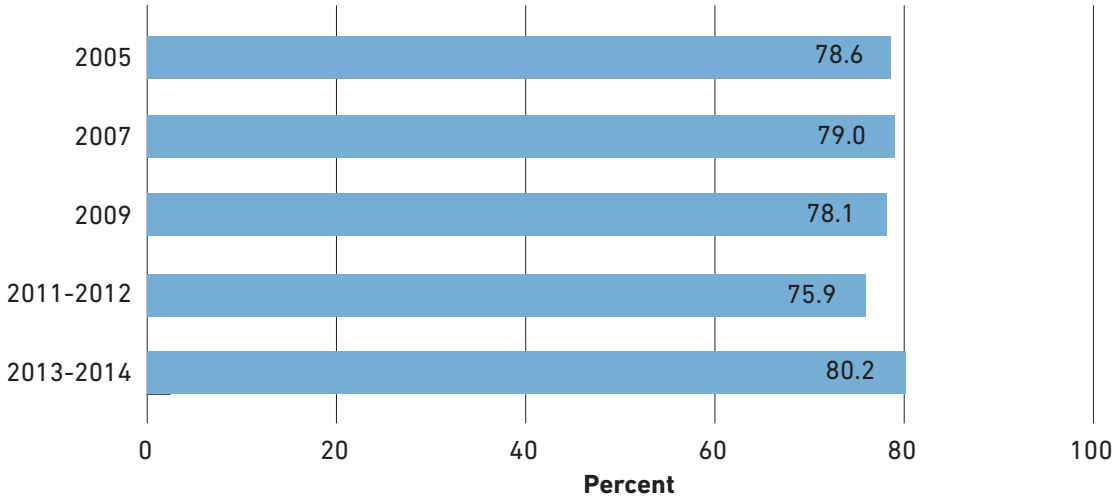
Technical Note: The regional value is compared to the California state value.

Maintained By: Healthy Communities Institute

Last Updated: November 2015

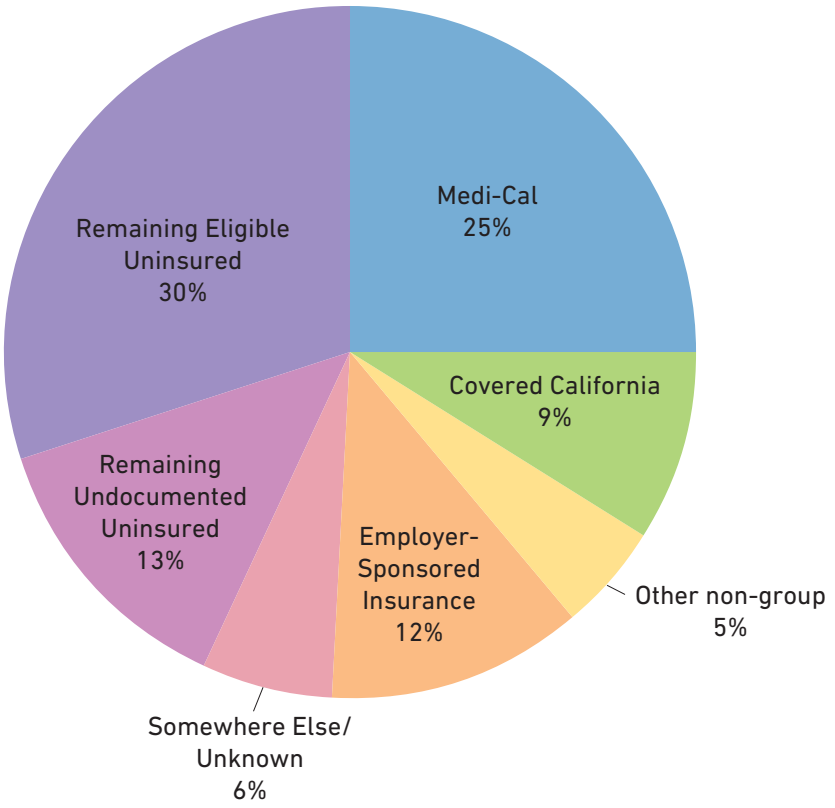
ZIP code specific data currently available (2014) reflects a disparity of as much as 9.7% among geographic areas of Pasadena, with ZIP code 91030 (South Pasadena) at 83.7% of adults having health insurance, while ZIP code 91103, (northwest Pasadena) at 74.0%. Once data for 2014 and 2015 is available, however, we are likely to see an overall increase in the percentage of residents with health insurance. Due to opportunities afforded by the ACA, we should see an even larger upward trend than in previous years, as illustrated in the graph and data below.

ADULTS WITH HEALTH INSURANCE: TIME SERIES



A majority of newly enrolled adults are Medi-Cal beneficiaries. In 2013, 8,605,691 adults in California were covered by Medi-Cal. That number increased to 12,549,540 by May, 2015. In the two year period 2014-2015, in addition to the new Medi-Cal beneficiaries, 1.4 million Californians were newly enrolled in Covered California. A majority of newly enrolled adults are Medi-Cal beneficiaries. California's population is estimated to be 39.8 million, with Los Angeles County at 10.1 million. Greater than 32% of Californians live in Los Angeles County. Pasadena's Medi-Cal beneficiaries is likely to have grown proportionately.

SOURCES OF COVERAGE AMONG CALIFORNIA'S PREVIOUSLY UNINSURED[37]



CHNA 2013 PRIORITIZED NEEDS

Cancer-Breast Cancer Screening

Huntington Hospital and its community partners continued to provide services and outreach to women 40 and older to provide information about breast cancer and the importance of having routine mammograms.

Women newly enrolled in various health insurance programs, as well as the residually uninsured, have access to services through the Huntington Ambulatory Care Center, ChapCare, and Planned Parenthood, as well as private providers in the community. Patients with medical homes are counseled by their physician about screening and are educated about risk factors for breast cancer based on their individual health and family history. Physicians refer appropriate patients to an imaging provider. Screening mammograms are provided as follows:

- ChapCare refers patients with insurance to Huntington-Hill Imaging Center, and utilizes a mobile provider at its clinic sites.
- Planned Parenthood of Pasadena partners with White Memorial Hospital.
- Huntington Ambulatory Care Center (HACC) refers women to Huntington–Hill Imaging Center. The HACC social worker assists women who are unable to pay for a mammogram to obtain services through funding made available by hospital donors.

Huntington-Hill offers a reduced rate to patients unable to pay for mammography.

Patients in the community are educated about resources by outreach workers from the various organizations in Pasadena. In addition, community health workers, such as Huntington Hospital's Community Outreach nurses, provide education, counseling, and referrals at their regularly scheduled Health Counseling and Screening sites. Information about the location and schedule of community screening sites is posted on the Hospital website, shared with local partner organizations, etc.

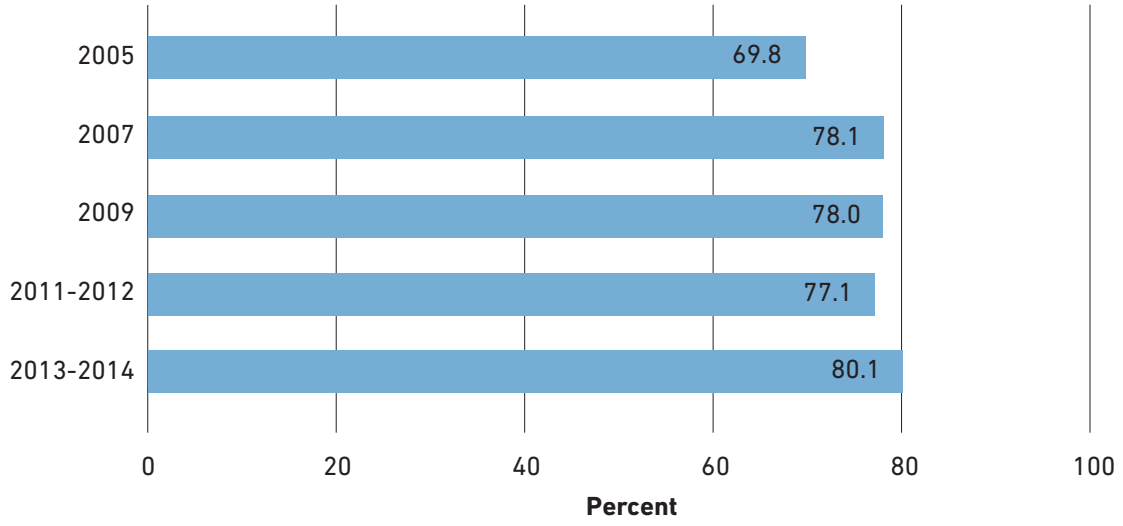
Women who are newly insured, as well as those who are residually uninsured and are not knowledgeable about breast cancer and the importance of screening, need to be reached. This is accomplished in a variety of ways:

- Huntington Hospital Community Outreach nurses have been disseminating the informational card that was developed for this purpose throughout the community, particularly targeting the underserved. The card presents a brief but impactful message empowering women to be screened for breast cancer, and provides the names and contact information for the three healthcare providers in Pasadena where they can see a physician to discuss their options and receive appropriate referrals (see attached).
- Huntington Community Outreach nurses have developed a class called "An Ounce of Prevention," which addresses the various cancer screenings recommended for adults, including breast cancer.
- Community Outreach nurses work closely with partnering organizations in Greater Pasadena to identify opportunities to reach the underserved population. Services include education, counseling, referral, and problem-solving assistance in both English and Spanish. New health counseling and screening sites at Pasadena Unified School District elementary schools were initiated in 2015 to reach women as they drop their children off at school. The nurses continue to visit other locations where women tend to gather in the community to offer education about women's health issues, including breast health and cancer prevention.
- Community Outreach nurses partner with Villa Parke Community Center to share information and spread the message to women who attend VPCC activities through a well-established informal community network.
- HH's Breast Center physicians and nurse navigators conduct several community education events throughout the year.
- Dr. Jeannie Shen authors a quarterly e-newsletter, providing information, recommendations, illustrations and videos, such as demonstration of self-breast examination. Frequent mailings go out to 40+ women in the community.
- Huntington breast surgeons, Dr. Jeannie Shen, Dr. Ruth Williamson, and colleagues conduct annual events including a Breast Health Panel Discussion and the Pink Ribbon Conference to raise awareness and provide education about breast cancer.
- Dr. Shen has been particularly instrumental through outreach to the Chinese community.
- Huntington Hospital Breast Center staff provide education, services, and support to women in the Chinese Community at Herald Cancer Center in Rowland Heights.

- The Hospital partnered with the Pasadena Fire Department and California Pizza Kitchen to raise funds to support free mammograms for underserved women during Breast Cancer Awareness Month, and sponsored The Rose Bowl Walk and Barbecue for this purpose.
- At the time of clinic visits, ChapCare patients are educated about breast cancer and the appropriate time to have a screening mammogram, based on their age and family history. ChapCare refers patients with insurance to Huntington-Hill Imaging Center, and utilizes a mobile imaging provider at its clinic sites for women without coverage.
- Planned Parenthood of Pasadena partners with White Memorial Hospital to provide mammograms.
- Huntington Ambulatory Care Center (HACC) refers women to Huntington–Hill Imaging Center. The HACC social worker assists women who are unable to pay for a mammogram to obtain services through funding made available by hospital donors.
- Huntington-Hill offers a reduced rate to patients unable to pay for mammography.
- ChapCare continues to train student interns from Occidental College in its Health Leads type program to assist patients of the clinic. Based on recommendations 'prescribed' by physicians, students assist patients to obtain health and psychosocial services they need to support positive health outcomes. Students follow up on physician recommendations and maintain contact with patients between medical appointments to intervene or assist. This additional support system provides reinforcement to physician-initiated medical interventions, including health screenings such as mammograms.

At the time of the 2013 CHNA, data available (2008-2010) indicated that the mortality rate due to breast cancer was 23.9 deaths/100,000. More current data (2011-2013) reflects a decrease in deaths caused by breast cancer, with the mortality rate for this time period being 21.3 deaths/100,000-an improvement of 2.6 less lives taken. The graph below (healthypasadena.org) illustrates the upward trend in women reporting having had a screening mammogram.

MAMMOGRAM HISTORY: TIME SERIES



Considering this data, along with the decreasing death rate due to breast cancer, we should see a similar trend in Greater Pasadena over the next few years. While our assumption was that we would see a greater volume of mammograms among women receiving services from our three participating organizations, (ChapCare, PPP, and Huntington Hill Imaging Center), as a result of the various efforts we initiated to educate and provide resources to the women in our community. This is not the case, as illustrated in *Table 2* below.

TABLE 2. VOLUME OF MAMMOGRAMS 2014 AND 2015

ORGANIZATION	2014	2015
ChapCare	354	311
Huntington Hill Imaging Center	28,261	27,654
Planned Parenthood of Pasadena	179	160
Total	**28,794**	**28,125**

These results, though not what we had anticipated, may be attributed to factors which influence where women are receiving their mammograms, such as referrals by physicians to other providers than those we are tracking. Anecdotally, for example, nurses out in the community are reporting that almost all women they speak with at their clinic sites are aware of the importance of being screened for breast cancer, and report having had a screening mammogram. This is a major change from past years.

Immunization: Influenza Vaccination

According to the Centers for Disease Control and Prevention, it is widely recognized that people 65 years and older, as compared to young, healthy adults, are at greater risk of serious complications from the flu. Influenza is a viral infection that attacks the respiratory system, often leading to pneumonia. Older adults tend to have more medical co-morbidities and are at higher risk for complications. Influenza and its complications can be deadly for people 65 years and older.

It is estimated that 90 percent of seasonal flu-related deaths, and more than 60 percent of seasonal flu-related hospitalizations in the United States each year occur in older adults. The best way to avoid contracting the flu is with a flu vaccination. The CDC recommends that everyone 6 months of age and older be vaccinated annually. Each season a flu vaccine protects against the three or four viruses that research suggests will be most common. Once vaccinated, immunity sets in within approximately two weeks. Getting a flu shot earlier in the season is recommended for maximum protection.

Education is an essential component in persuading people to get vaccinated. Receiving this information from a trusted healthcare provider is often key to positively influencing reluctant patients.

2015 EFFORTS AND AVAILABILITY OF VACCINE

In anticipation of the 2015 flu season, Huntington Hospital and community partners conducted the following activities to boost immunization against influenza:

- During encounters at the various Health Counseling and Screening Clinics throughout Pasadena and South Pasadena, Community Outreach nurses encouraged clients to be vaccinated by providing information about the risks associated with influenza, and addressing fears and myths related to vaccination.
- "An Ounce of Prevention," a class developed by the Community Outreach nurses which provides information about various health screenings and preventive measures recommended for adults, was offered at various community sites.
- An informational card developed by Huntington Hospital and its community partners, and printed in both English and Spanish, was disseminated throughout the community. The card contains a brief but impactful message explaining the importance of being vaccinated, and provides the various locations where flu shots are available in Pasadena.
- Huntington Hospital continues to offer free flu shots to the public each fall. Flu shot clinic sites include senior and community centers, senior housing, public libraries, faith based organizations, and health fairs. During the 2015 flu season Huntington Hospital Community Outreach nurses offered the quadrivalent vaccine at 37 community flu clinics, vaccinating 2,259 individuals, 23 percent of whom were adults 65 and older.
- Flu shots are provided in other ambulatory service departments of Huntington Hospital including the Huntington Ambulatory Care Center and the Medication Therapy Management Clinic.
- Hospitalized patients' immunization records are reviewed at the time of admission and vaccinations are provided to those patients who have not been vaccinated prior to admission.

Table 3 illustrates flu vaccination efforts by Huntington Hospital and participating partners, ChapCare, Huntington ACO, and Pasadena Public Health Department, for the 2014 and 2015 flu seasons:

TABLE 3. FLU VACCINATIONS 2014 AND 2015 FLU SEASONS

	2014		2015	
	TOTAL #	65+	TOTAL #	65+
ChapCare	2,093	95 (5%)	2,635	79(3%)
Huntington Hospital	2,505	648 (23%)	2,259	517 (23%)
HH ACO	5,182	3,126 (60%)	8,488	4,867 (57%)
PPHD	887	164 (18%)	742	114 (15%)
Total	**10,667**	**4,033 (38%)**	**14,124**	**5,577 (39%)**

The Huntington Care Network **Accountable Care Organization (ACO)** was established to participate in the Medicare Shared Savings Program (MSSP), which is an enhanced patient centered care model that focuses on high quality, coordinated services and medical care. As such, a larger percentage of its patients are 65 and older. Its physicians educate patients about the risks of contracting flu, recommend and offer vaccine to their patients. As *Table 3* reflects, 60 per cent of the 5,182 flu shots given to ACO patients in 2014 were to patients 65 and older. In 2015, 57 per cent of the 8,488 flu shots given were to patients 65 and older.

Pasadena Public Health Department receives an annual supply of influenza vaccine from the Los Angeles County Health Department. The health department issues public service announcements encouraging people to be vaccinated. An annual information piece is contained in the Fall edition of its quarterly newsletter. PPHD public health nurses offer free flu shots at six community sites, including Villa Parke Community Center, Jackie Robinson Center, Pasadena Senior Center, Allendale, Santa Catalina, and La Pintoresca Public Libraries. HH Community Outreach nurses work closely with PPHD nurses to coordinate efforts to maximize the vaccine supply and avoid duplication of efforts. During flu season 2015-2016, PPHD administered a total of 742 flu shots, 15 per cent of which were to seniors.

ChapCare, a Federally Qualified Health Clinic, provides flu shots to patients of all ages. Patients' physicians recommend the influenza vaccine during clinic visits. Additional methods, such as telephonic and postal notices are employed to remind patients to get their annual flu shot as well.

Overall, the percentage of flu shots given to patients 65 years and older increased by 1% in 2015.

Many older adults living in Pasadena are Medicare beneficiaries, receiving their annual flu shot during a visit to their healthcare provider, or at retail clinics. A segment of the older adult population do not have a medical home because they are residually uninsured and are unaware of no cost services. Some elect not to visit a provider. A segment of the older adult population subscribe to various beliefs and misinformation about vaccination, including:

- Regarding oneself as healthy, active and independent, thus not needing vaccination
- Believing they are not at risk from dying from influenza, despite learning that flu could be fatal for particular groups of people, including the elderly
- Believing influenza vaccine is unsafe
- Believing influenza vaccine is not effective in older people
- Wanting to avoid potential side-effects
- Believing being vaccinated can give you the flu or make you sick

Older adults should be educated and encouraged to be immunized against this vaccine-preventable disease. Huntington Hospital and its community partners will continue our efforts to do so.

APPENDIX B:
HEALTHY COMMUNITIES INSTITUTE DATA ANALYSIS METHODS

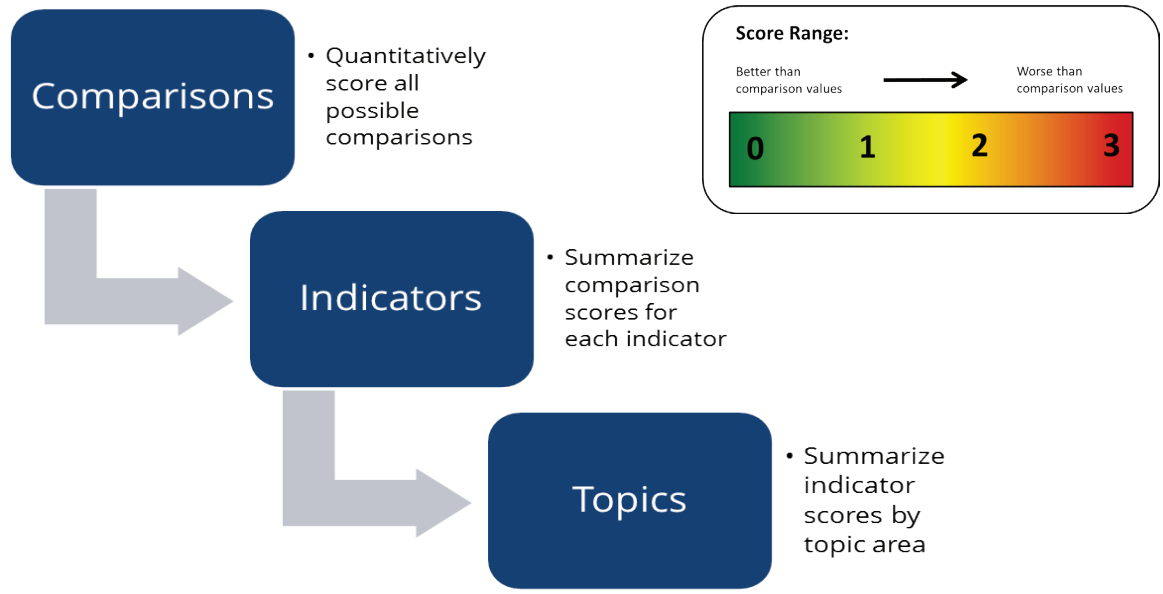
Indicators from the Community Dashboard were systematically summarized based on multiple comparisons using Healthy Communities Institute's methodology called Data Scoring. When all quantitative data was queried on June 8, 2016, 97 indicators were available for data scoring. Of these 97 total, 40 indicators contained Pasadena City-level data, 31 indicators contained Greater Pasadena-level data, and the remaining 26 indicators contained SPA 3 San Gabriel Valley-level data.

SCORING METHOD

For each indicator, the community value (either the city of Pasadena, Greater Pasadena, or SPA 3, San Gabriel Valley) was assigned a score based on its comparison to other communities, whether health targets have been met, and the trend of the indicator value over time. These comparison scores range from 0-3, where 0 indicates the that the local value (Greater Pasadena, Pasadena city, or SPA 3) is better than the comparison values and 3 indicates that the local value is worse than the comparison values. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. Each indicator was assigned a score and compared against standards such as: California counties, California state, the U.S., a Healthy People 2020 target, and/or trend over time.

Indicators were categorized into 29 topic areas and each topic area received a score. Indicators may be categorized in more than one topic area. Topic scores were determined by the comparisons of all indicators within the topic.

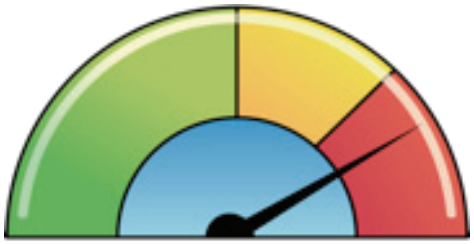
HCI DATA SCORING OVERVIEW



If fewer than three indicators were available for a given topic area, the topic did not receive a score due to stability concerns and was removed from quantitative analysis. Ten topics contained indicators that were limited to the Los Angeles County region and therefore did not meet the minimum requirements of three or more sub-county indicators in order to be included in the scoring process: Disabilities, Education, Environment, Family Planning, Food Safety, Men's Health, Oral Health, Other Chronic Diseases, Public Safety, and Wellness and Lifestyle.

Dashboard Indicators

For ease of interpretation and analysis, indicator data from Greater Pasadena, city of Pasadena, and SPA 3 San Gabriel Valley geographic regions are displayed on the Healthy Pasadena Community Dashboard and feature a green-yellow-red gauge that shows how the Pasadena community is faring relative to comparison values. A distribution is created by comparing against standards within the state or nation for example, and dividing them into three groups (green, yellow, red). For all value comparisons, the scoring depends on whether the community value is better or worse than the comparison value, as well as how close the community value is to the target value. Indicators with the worst comparisons ("in the red") scored high, whereas indicators with better comparisons ("in the green") scored low.



HCI PLATFORM COUNTY DISTRIBUTION GAUGE

Trend Over Time

The Mann-Kendall statistical test for trend was used to assess whether the community value is increasing over time or decreasing over time, and whether the trend is statistically significant. The trend comparison used the four most recent comparable values for the community, and statistical significance is determined at the 90% confidence level. For each indicator with values available for four time periods, scoring was determined by direction of the trend and statistical significance.

Missing Values

Indicator scores were calculated using the comparison standard when there was an available data source. When information was unknown due to lack of comparable data, the neutral value assumed that the missing comparison score was neither good nor bad. Indicators with less than two out of five possible comparisons available due to limited data availability were removed from the analysis. Finally, non-directional indicators (e.g. where a high community value isn't considered 'good' or 'bad') were not included in the topic score.

Weighting of Comparison Scores

The five possible comparison standards were given a weight based on data availability across all indicators. California counties and California state value were each given 35% of the total weight, the U.S. value was given 10% of the weight, trending over time was given 15%, and Healthy People 2020 targets were given the remaining 5% of the weight. A weighted average of comparison scores was used to assign a score to each indicator.

Indicator Scoring

Indicator scores were averaged by topic area to calculate topic scores. Each indicator was included in up to three topic areas if appropriate. Resulting scores range from 0-3, where a higher score indicates a greater level of need as evidenced by the data.

A topic score was only calculated if it included at least three indicators. The 3 different geographic areas (city of Pasadena, Greater Pasadena, and SPA 3 San Gabriel Valley) were given equal weight for topic scoring. These scores were used to categorize the topics as red (score ≥1.5), yellow (1.25≤ score <0.1.5), or green (score <1.25).

DISPARITIES ANALYSIS

To identify indicators with the largest disparities by gender or race/ethnicity, the Index of Disparity[38] measure was used to calculate the average of the absolute differences between rates for each sub-population and the overall community rate, divided by the community rate. The Index of Disparity summarizes disparities across groups within a population that can be applied across indicators with varying units of measure. The Index of Disparity measure is expressed as a percentage. Across all indicators, an Index of Disparity score that ranked in the top 25% of all disparities scores–in either gender or race/ethnicity category–was identified as having a high disparity.

APPENDIX C: **COMMUNITY RESOURCES**

The following are resources available to Pasadena residents to respond to the health needs in the community. These were originally collected in a joint effort by Huntington Hospital and the Pasadena Public Health Department in May 2013. For the **2016 Community Health Needs Assessment of Greater Pasadena**, this list was revised and updated by both parties.

ACCESS TO HEALTH SERVICES

Armenian Relief Society Social Services. 740 E. Washington Blvd. Pasadena, CA 91104. (626) 797-6187. http://www.arswestusa.org.
Social services: low-income families with language barriers.

Community Health Alliance of Pasadena (ChapCare). 1855 N. Fair Oaks Ave. Pasadena, CA 91103. (626) 398-6300. http://www.chapcare.org.
Clinic: primary care, dental, behavioral, children and adults.

Convalescent Aid Society. 3255 E. Foothill Blvd. Pasadena, CA 91107. (626) 793-1696. http://www.cas1.org.
Medical equipment: free loan of medical equipment.

H.E.A.R. Center. 301 E. Del Mar Blvd. Pasadena, CA 91101. (626) 796-2016. http://www.hearcenter.org.
Testing center: hearing, speech/language evaluations, screenings.

Huntington Ambulatory Care Center. 711 S. Fairmount Ave. Pasadena, CA 91105. (626) 397-2631. http://www.huntingtonhospital.com.
Clinic: primary care, specialty care, social services.

Huntington Hospital. 100 W. California Blvd. Pasadena, CA 91105. (626) 397-5000. http://www.huntingtonhospital.com.
Hospital: medical care, emergency care, Trauma Center.

Huntington Hospital Community Asthma Program. 100 W. California Blvd. Pasadena, CA 91105. (626) 397-8637 or (626) 397-8636 (Spanish). http://www.huntingtonhospital.com.
Clinic: children/youth, asthma management, education.

Huntington Hospital Community Outreach. 100 W. California Blvd. Pasadena, CA 91105. (626) 397-2581. http://www.huntingtonhospital.com/Main/CommunityOutreach.aspx.
Community-based health screenings and counseling, information and referral, health classes, flu shots.

Huntington Health Physicians. 133 N. Altadena Dr. Pasadena, CA 91107. (626) 397-8300. https://huntingtonhealthphysicians.org/
Medical group: primary care, urgent care, children and adults.

Los Angeles County Department of Social Services. 955 N. Lake Ave. Pasadena, CA 91104. (626) 569-1399. http://www.ladpss.org.
Social services: low-income, public programs.

Pasadena Community Urgent Care. 3160 E. Del Mar Blvd. Pasadena, CA 91107. (626) 270-2400. http://www.PasadenaUrgentCare.com.
Clinic: urgent care.

Young and Healthy. 1905 Lincoln Avenue, Pasadena, CA 91103. (626) 795-5166. http://yhpasadena.org.
Social services: children/youth, medical, dental, behavioral health, assistance with obtaining health insurance.

CANCER

American Cancer Society. 50 N. Hill Ave., #200 Pasadena, CA 91106. (626) 795-7774. http://www.cancer.org.
Education: cancer, resource/referrals, advocacy.

Huntington Hospital Cancer Center. The Huntington Pavilion, 625 South Fair Oaks Avenue, Suite 100, Pasadena, CA 91105, (626) 397-2524. http://www.huntingtonhospital.com/Main/CancerCenter.aspx

Cancer Support Community Pasadena (CSCP): 76 East Del Mar Blvd., Suite 215, Pasadena, CA 91005, (626) 796-1083. http://www.cscpasadena.org/

CHILDREN'S HEALTH

Bienvenidos. 255 N. San Gabriel Blvd. Pasadena, CA 91107. (626) 696-1270. http://www.bienvenidos.org.
Social Services: children/youth, behavioral health, foster care.

Community Health Alliance of Pasadena (ChapCare). 1855 N. Fair Oaks Ave. Pasadena, CA 91103. (626) 398-6300. http://www.chapcare.org.
Clinic: primary care, dental, behavioral, children and adults.

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

Pasadena Public Health Department - Child Health & Disability Prevention Program. 1845 N. Fair Oaks Ave., #2137 Pasadena, CA 91103. (626) 744-6168. http://www.cityofpasadena.net/publichealth.
Health Screening: children/youth, social services.

Pasadena Public Health Department - Childhood Lead Poisoning Prevention Program. 1845 N. Fair Oaks Ave. Pasadena, CA 91109. (626) 744-6089. http://www.cityofpasadena.net/publichealth.
Case Management: children/youth, lead poisoning prevention, education.

Pasadena Unified School District - Health Programs. 351 S. Hudson Ave. Pasadena, CA 91109. (626) 396-3600 x88240.
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.

Young and Healthy. 1905 Lincoln Avenue, Building D, Pasadena, CA 91103. http://yhpasadena.org/
Social and Clinical Services: children/youth, dental, mental health, trauma, eye care, clinical care.

DISABILITIES

Ability First. 201 S. Kinneloa Ave. Pasadena, CA 91107. (626) 449-5661. http://www.abilityfirst.org.
Disabled Center: children/youth, adults.

Adaptive Recreation - City of Pasadena. 2575 Paloma St. Pasadena, CA 91107. (626) 744-7257. http://www.cityofpasadena.net/HumanServices/AdaptiveRecreation.
Disabled Center: adults, recreation, referrals.

California Department of Rehabilitation. 150 S. Los Robles Ave., #300 Pasadena, CA 91101. (626) 304-8300. http://www.dor.ca.gov.
Disabled Center: adults, counseling, vocational services.

Eastern Los Angeles Regional Center. 1000 S. Fremont Ave. Alhambra, CA 91802. (626) 299-4700. http://www.elarc.org.
Disabled Center: adults, children/youth, community -based services.

Frank D. Lanterman Regional Center. 3303 Wilshire Blvd., #700 Los Angeles, CA 90010. (213) 383-1300. http://www.lanterman.org.
Disabled Center: adults, children/youth, community-based services.

MERCI (Mentally & Educationally Retarded Citizens, Inc.). 525 N. Chandler Ave. Monterey Park, CA 91754. (626) 289-8817. http://www.merci.org.
Disabled Center: adults, vocational training, education.

Villa Esperanza Services. 2060 E. Villa St. Pasadena, CA 91107. (626) 449-2919. http://www.villaesperanzaservices.org.
Disabled Center: adults, children/youth.

ECONOMY

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

Flintridge Center. 236 West Mountain Street, Suite 106, Pasadena, CA 91103. (626) 449-0839. info@Flintridge.org.
Development programs for youth and assistance with career opportunities and other reentry issues for previously incarcerated individuals.

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

Ideal Youth. 83 E. Orange Grove Blvd. #2 Pasadena, CA 91103.
(626) 796-7164 x 16. http://www.idealyouth.org.
Career Center: teens, employment, vocational training.

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

Sources Career Development. 825 E. Orange Grove Blvd. Pasadena, CA 91104.
(626) 240-4591. http://www.unionstation.org/sources.html.
Career Center: employment, adults.

Women at Work. 3871 E. Colorado Blvd. Pasadena, CA 91107.
(626) 796-6870. http://www.womenatwork.org.
Career Center: employment, resources, women.

EDUCATION

American Cancer Society. 50 N. Hill Ave. #200 Pasadena, CA 91106.
(626) 795-7774. http://www.cancer.org/.
Education.

AspiresWest Pasadena. 119 E. Washington Blvd. Pasadena, CA 91103.
(626) 797-0789. http://www.aspireswestpasadena.com.
Education: children/youth, parenting, mentoring.

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

Cancer Support Community. 200 E. Del Mar Ave. Pasadena, CA 91105.
(626) 796-1083. http://www.cscpasadena.org/.
Education.

Continuing and Community Education. 3035 E. Foothill Blvd. Pasadena, CA 91107.
(626) 585-3000. http://pasadena.edu/academics/continuing-education.php.
Education: adults, parenting, vocational training.

Give The Streets Back!. P.O. Box 92733 Pasadena, CA 91109.
(626) 791-1855. http://www.givethestreetsback.org.
Education: children/youth, gang prevention, substance abuse.

Huntington Community Health Library. 100 W. California Blvd. Pasadena, CA 91105.
(626) 397-5161. http://www.huntingtonhospital.com.
Library: medical information.

Huntington Hospital Community Outreach. 100 W. California Blvd. Pasadena, CA 91105.
(626) 397-2581. http://www.huntingtonhospital.com.
Health classes.

Huntington Hospital HELP (Healthy Eating Lifestyle Program). 100 W. California Blvd. Pasadena, CA 91105. (626) 397-5000. http://www.huntingtonhospital.com.
Education: obesity prevention, diabetes management, cardiovascular health.

Huntington Hospital Perinatal Health Education. 100 W. California Blvd. Pasadena, CA 91105. (626) 397-5000. http://www.huntingtonhospital.com.
Education: women, pre-natal, parenting.

Jackie Robinson Community Center. 1020 N. Fair Oaks Ave. Pasadena, CA 91103. (626) 744-7300. http://www.cityofpasadena.net.
Community Center: education, social services, recreation.

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

Los Angeles County Human Services. 211. http://www.infoline-la.org.
Hotline: resource and referral, health and human services.

Mother's Club Learning Center 980 N. Fair Oaks Ave. Pasadena, CA 91103. (626) 792-2687. http://www.mothersclub.org.
Education: parent education, literacy.

Mustangs on the Move. 1905 Lincoln Ave. Pasadena, CA 91103. (626) 396-5600.
Education: children/youth, tutoring, test preparation.

Neighbors Acting Together Helping All (NATHA). 456 W. Montana St. Pasadena, CA 91103. (626) 794-5889. http://www.natha.org.
Education: children/youth, tutoring, community development.

Neighborhood Connections. 1020 N. Fair Oaks Ave. Pasadena, CA 91103. (626) 744-7290. http://www.cityofpasadena.net/NeighborhoodConnections/
Info And Referral: community development.

Pasadena YMCA. 2844 E. Foothill Blvd. Pasadena, CA 91107. (626) 432-5880. http://www.ymcala.org/pasadena.
Education: children/youth, after-school programs, recreation.

Pasadena LEARNs After School Program. 351 S. Hudson Ave. Pasadena, CA 91109. (626) 396-3614. http://www.gopusd.com/learns/ or http://www.pusd.us/domain/95
Education: children/youth, after-school programs.

Pasadena Unified School District — Child Development Program. 2046 N. Allen Ave. Pasadena, CA 91101. (626) 396-5900. http://www.pusd.us.
Childcare: children/youth, pre-school.

Victory Park Community Center. 2575 Paloma St. Pasadena, CA 91107. (626) 744-7500. http://www.cityofpasadena.net.
Community Center: education, social services, recreation.

Villa-Parke Community Center. 363 E. Villa St. Pasadena, CA 91101. (626) 744-6530. http://www.cityofpasadena.net.
Community Center: education, social services, recreation.

YWCA Pasadena-Foothill Valley. 1200 N. Fair Oaks Ave., #9 Pasadena, CA 91103. (626) 296-8433. http://www.YWCA-Pasadena.org.
Education: women, children/youth, parenting, mammograms.

EXERCISE, NUTRITION & WEIGHT

Huntington Hospital Community Outreach. 100 W. California Blvd. Pasadena, CA 91105. (626) 397-2581. http://www.huntingtonhospital.com.
Chair yoga classes.

FAMILY PLANNING

Pasadena Public Health Department — Maternal, Child and Adolescent Health Outreach. 1845 N. Fair Oaks Ave., 2nd floor Pasadena, CA 91103. (800) 304-0015. http://www.cityofpasadena.net/publichealth.
Education: family planning, life course, STD/Pregnancy classes.

Planned Parenthood of Pasadena and San Gabriel Valley. 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

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.

Wesley Health Centers (Pasadena) — Andrew Escajeda Comprehensive Care Services. 1845 N. Fair Oaks Ave., Pasadena, CA 91103, (562) 867-7999. http://jwchinstitute.org/primary-medical-care/wesley-health-centers-pasadena/.
Clinic: HIV/AIDS medical care, testing, care coordination, behavioral health, food pantry, dental care

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.

Healthy Traveler Clinic. 1250 E. Green St., Pasadena, CA 91106. (626) 584-1200. http://www.healthytraveler.com. 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 — Women, Infants and Children (WIC). 363 East Villa Street (Villa Parke Community Center), Pasadena, CA 91101. (626) 744-6005. http://cityofpasadena.net/publichealth/WIC.
Education: nutrition education, food checks, breastfeeding support.

Pasadena Public Health Department — Black Infant Health Program.
1845 N. Fair Oaks Ave., 2nd floor Pasadena, CA 91103. (626) 744-6155.
http://www.cityofpasadena.net/publichealth.
Case Management: at-risk pregnant and parenting African-American women, support services, education.

Pasadena Public Health Department — Maternal, Child and Adolescent Health Outreach. 1845 N. Fair Oaks Ave., 2nd floor Pasadena, CA 91103.
(800) 304-0015. http://www.cityofpasadena.net/publichealth.
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) 821-5858.
Info and Referral: mental health, adults.

Aurora Las Encinas Hospital. 2900 E. Del Mar Ave. Pasadena, CA 91107.
(626) 795-9901. http://www.lasencinashospital.com.
Hospital: mental health, chemical dependency.

D'Veal Family and Youth Services. 1855 N. Orange Grove Blvd. Pasadena, CA 91103.
(626) 796-3453. http://www.dveal.com.
Social Services: behavioral health, at-risk youth, drug and gang prevention, job training.

Foothill Family Service. 2500 E. Foothill Blvd. Pasadena, CA 91107.
(626) 564-1613. http://www.foothillfamily.org.
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. http://www.huntingtonhospital.com.
Hospital: mental health, chemical dependency.

Pacific Clinics. 2471 E. Walnut St. Pasadena, CA 91107.
(877) 722-2737. http://www.pacificclinics.org.
Social Services: behavioral health, outpatient treatment, substance abuse.

Pacific Clinics — Child & Family Specialty Services. 2550 E. Foothill Blvd. Pasadena, CA 91107. (626) 744-5230. http://www.pacificclinics.org.
Counseling Center: mental health, children/youth.

Pacific Clinics — Hudson Family Services. 70 N. Hudson St. Pasadena, CA 91101.
(626) 795-8471. http://www.pacificclinics.org.
Counseling Center: mental health, children/youth, adults.

Pacific Clinics — Pasadena Family Services. 66 Hurlbut St. Pasadena, CA 91105.
(626) 441-4221. http://www.pacificclinics.org.
Counseling Center: mental health, case management, education.

Pasadena Mental Health Center. 1495 N. Lake Ave. Pasadena, CA 91104.
(626) 798-0907. http://www.pmhc.org.
Counseling Center: mental health, education.

Rose City Center. 595 E. Colorado Blvd. #418 Pasadena, CA 91101.
(626) 793-8609. http://www.rosecitycenter.org.
Counseling Center: mental health.

Westminster Center. 867 E. Atchison Pasadena, CA 91104.
(626) 798-0915. http://www.westminstercenter.org.
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. http://www.cityofsierramadre.com.
Senior Center: education, recreation.

Hospice of Grace. 351 E. Foothill Blvd. Arcadia, CA 91006.
(888) 769-7444. http://www.hospiceofgrace.com
Hospice Care.

Huntington Senior Care Network. 837 S. Fair Oaks Ave. Pasadena, CA 91105.
(626) 397-3110. http://www.huntingtonhospital.com/SCN.
Information, referral, care coordination, caregiver support.

National Association for Hispanic Elderly. 234 E. Colorado Blvd., #300 Pasadena, CA 91101. (626) 564-1988. http://www.anppm.org.
Social Services: seniors, job training.

Pasadena Senior Center. 85 E. Holly St. Pasadena, CA 91103.
(626) 795-4331. http://www.pasadenaseniorcenter.org.
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

Pasadena Public Health Department. 1845 N Fair Oaks Ave., Pasadena, CA 91103.
(626) 744-6005. http://cityofpasadena.net/publichealth.
Prevention: tobacco and AOD prevention, environmental health, disease investigation, emergency preparedness/bioterrorism, immunization, HIV testing, physical activity and nutrition, WIC.

Pasadena Public Health Department — Tuberculosis Clinic. 1845 N. Fair Oaks Ave., #122 Pasadena, CA 91103. (626) 744-6024. http://www.cityofpasadena.net/publichealth.
Clinic: TB testing, case management.

SOCIAL ENVIRONMENT

Casa Maria — URDC Human Services Corporation. 691 E. Washington Blvd. Pasadena, CA 91104. (626) 296-8689. http://www.urdchsc.org/casamaria.html.
Shelter: women, transitional housing, support services.

Child Care Information Services (CCIS). 2465 E. Walnut St. Pasadena, CA 91107. (626) 449-8221.
Childcare: children/youth, referrals, GAIN, CalWorks.

Food for Faith — Pasadena Church. 404 E. Washington Blvd. Pasadena, CA 91104. (626) 794-2951. http://www.pasadenachurch.com.
Food Bank: homeless, low-income.

Foothill Unity Center. 191 N. Oak Ave. Pasadena, CA 91107. (626) 584-7420. http://www.foothillunitycenter.org.
Food Bank: homeless, social services.

Friends in Deed. 444 E. Washington Blvd. Pasadena, CA 91104. (626) 797-2402. http://www.friendsindeedpas.org.
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.

Haven House. P.O. Box 50007 Pasadena, CA 91115. (323) 681-2626. http://www.jfsla.org/havenhouse.
Shelter: women, domestic violence, support services.

Holy Family Giving Bank. 1524 Fremont Ave. South Pasadena, CA 91030. (626) 403-6140. http://holyfamily.org/giving-bank/
Food Bank: homeless.

Housing Works. 1277 N. Wilcox Ave. Los Angeles, CA 90038. (323) 466-0042. http://www.housingworksca.org.
Social Services: homeless, behavioral health, case management.

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

Pasadena Public Health Department — Women, Infants and Children (WIC) Program. 363 East Villa Street (Villa Parke Community Center), Pasadena, CA 91101. (626) 744-6005. http://cityofpasadena.net/publichealth/WIC.
Education: nutrition education, food checks, breastfeeding support.

Los Angeles Rape & Battering Hotline. (626) 793-3385. http://www.peaceoverviolence.org.
Hotline: domestic violence, sexual assault.

Salvation Army Social Services. 960 E. Walnut St. Pasadena, CA 91106. (626) 773-4400. http://pasadena.salvationarmy.org.
Food Bank: homeless.

Shepherd's Door Domestic Violence Resource Center. P.O. Box 40441 Pasadena, CA 91114. (626) 765-9967. http://shepherddoor.org.
Shelter: domestic violence, women, children/youth.

Union Station. 825 E. Orange Grove Blvd. Pasadena, CA 91104. (626) 240-4550. http://www.unionstationfoundation.org.
Shelter: homeless, social services, housing assistance, health services.

SUBSTANCE ABUSE

Casa Treatment Center. (626) 792-2770. https://www.casatreatmentcenter.org.
Treatment Center: substance abuse, support services.

CHOICES — URDC Human Services Corporation. 1460 N. Lake Ave., #105 Pasadena, CA 91104. (626) 398-3796. http://www.urdchs.org/choices.html.
Treatment Center: women, substance abuse, perinatal.

IMPACT. 1680 N. Fair Oaks Ave. Pasadena, CA 91103. (626) 798-0884. http://www.impacthouse.com.
Treatment Center: substance abuse, support services.

Pasadena Council on Alcoholism and Drug Dependence (PCADD). 1245 E. Walnut St., #117 Pasadena, CA 91106. (626) 795-9127. http://www.socialmodel.com.
Treatment Center: outpatient, substance abuse, screenings, referrals.

Passageways Multi-Service Center. 1020 S. Arroyo Parkway Pasadena, CA 91105. (626) 403-4888.
Shelter: homeless, substance abuse, behavioral health.

The Walter Hoving Home. 127 S. El Molino Ave. Pasadena, CA 91101. (626) 405-0950. http://www.walterhovinghome.com.
Treatment Center: substance abuse.

TEEN & ADOLESCENT HEALTH

Day One. 175 N. Euclid Ave. Pasadena, CA 91101. (626) 229-9750. http://www.godayone.org.
Education: substance abuse, parenting.

La Pintoresca Teen Education Center. 1415 N. Raymond Ave., Pasadena, CA 91103. (626) 792-5101, ext. 111. http://www.ci.pasadena.ca.us/LPTEC. Community Center: computer lab, tutoring, activity center, teens, adolescents.

TRANSPORTATION

Dial-A-Ride. 221 E. Walnut St., #199 Pasadena, CA 91101. (626) 744-4094. http://www.cityofpasadena.net/DAR.
Transportation: seniors, disabled.

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