2023-2028

Pasadena Community Health Improvement Plan

The **2023-2028 Pasadena Community Health Improvement Plan (CHIP)** is a long-term, systematic collaboration between our health department and community partners to improve population health. A CHIP is developed by utilizing findings from a community health needs assessment (CHNA) to open a dialogue between the public health department, community organizations, and community members about how to improve the overall health and well-being of a community. The CHIP process is used by communities to set priorities, and coordinate actions to maximize resources.

The **2023-2028 Pasadena CHIP** is the product of a systematic, participatory prioritization process that included significant involvement from a wide range of community stakeholders. If effectively utilized by community partners working on health improvement in Pasadena, the CHIP can function as a framework for communitywide action.

The City of Pasadena Public Health Department is committed to providing support for collective health improvement strategies and catalyzing collaborative strategies by the many partners in Pasadena. The CHIP is a community-wide plan and differs from internal or departmental strategic plans that are limited to a particular organization. The CHIP is a strategic health plan for the entire community.

To monitor the progress of these goals and objectives, and to learn more about the work being done in our community, please visit our Community Health Improvement Plan (CHIP) website. This website will provide regular data updates on the prioritized health measures and will also provide community efforts being done in these areas. The website is available here:

https://dashboards.mysidewalk.com/pasadena-chip/our-story

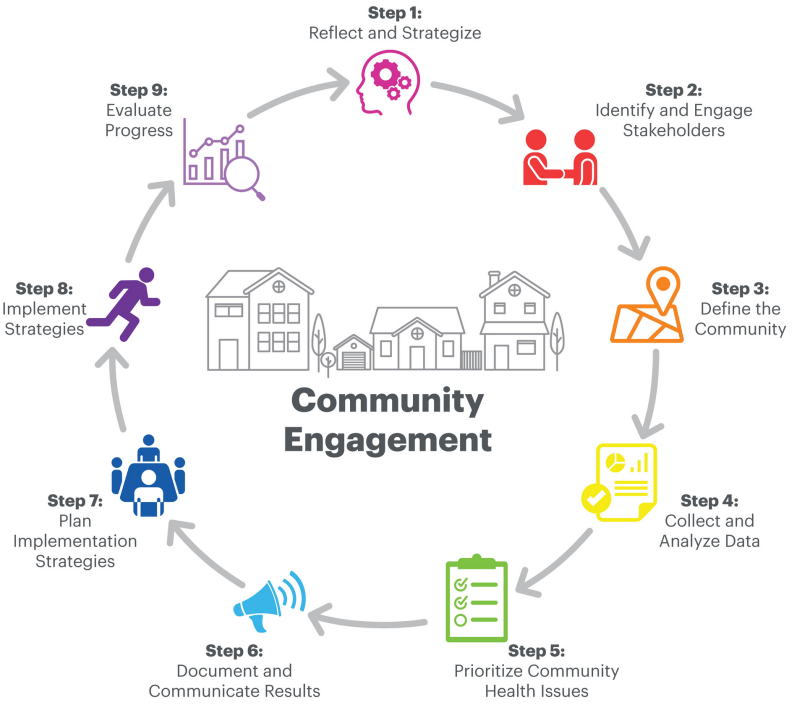
Issued October 2023

PASADENA PUBLIC HEALTH DEPARTMENT

Methodology

The development of the Pasadena Community Health Improvement Plan (CHIP) was a community-informed process based on the findings in the 2022 Community Health Needs Assessment of Greater Pasadena (CHNA), conducted in conjunction with our partners at Huntington Health. This CHIP was created using the Association for Community Health Improvement's planning process for establishing CHNA and CHIP reports (see Figure 1). Shortly following the completion of our 2022 CHNA (steps 1-4), we identified five core health needs based on feedback and prioritization from our community: mental health, the threat and effects of COVID-19, housing and homelessness, access to care, and substance use/misuse. We used those topics as starting points to curate our new health priorities for this CHIP. Our CHIP planning team consisted of epidemiology, health policy, and health equity program staff.

Figure 1: Community Health Improvement Planning Process



To revise and update this CHIP, our CHIP Planning Team initiated extensive listening sessions amongst the Pasadena Public Health Department, policymakers, elected officials, local community collaborations, public health administrators, and other health professionals. Local stakeholders and partners were recruited to participate in either a prioritization or strategic listening session. We used this structure to foster the rapid identification and ratification of the new CHIP's goals and objectives. Participants were recruited to ensure representation from marginalized or high-risk populations, and issues were framed with a health equity lens. During prioritization sessions, results from our CHNA were presented, and a survey was administered to capture the respondents' prioritized public health concerns. In instances where they aligned with the five core CHNA health needs, we endeavored to collect additional contextual information that aided us in triangulating a CHIP goal or objective. Survey responses were coded and synthesized into broad public health themes using qualitative research techniques and then ranked according to prevalence. After themes were identified and ranked, individuals and organizations from the prioritization session were recruited to participate in a follow-up session. Our CHNA/CHIP team continued these prioritization sessions with dozens of collaboratives, coalitions, etc., until we stopped hearing new themes or constructs. Once we had a core set of health topic priorities, we moved to strategic listening sessions by health topic.

Strategic listening sessions were conducted with subject matter experts recruited from the prioritization sessions and/or pre-identified community leaders. These sessions aimed to take the prioritized health topics/issues and allow subject matter experts to identify strategic goals and SMART objectives that reflected what the community felt were core health issues. Subject matter experts provided specific goals, objectives, and health performance indicators they believed were critical to tracking the public health issue. They also explored local health equity nuances, system challenges and provided local, regional, state, or national plans/strategies designed to address these key issues (e.g., Healthy People 2030, etc.)

Prioritized Health Goals

↑ INDICATES A DESIRED INCREASE ↓ INDICATES A DESIRED DECREASE ↔ MONITOR/NO DIRECTION FOR THE MEASURE

GOAL AREA 1: Improve the health, function, and quality of life of older adults

Objective 1.1: Increase the proportion of older adults who feel welcomed and engaged in the community

Measure 1.1.1: The percentage of older adults (ages 65 or older) who screen positive for social isolation (CMS) ↓
Measure 1.1.2: The percentage of older adults (ages 65 or older) living alone in Pasadena (ACS) ↔
Measure 1.1.3: The percentage of adults who report always or usually receiving the social/emotional support they need (CHIS) ↑

Objective 1.2: Increase public awareness of dementia and Alzheimer's, and effective strategies for reducing the mortality and morbidity of the diseases

Measure 1.2.1: The number of Medicare beneficiaries treated for Alzheimer's disease or dementia (CMS) ↔
Measure 1.2.2: The rate of death due to dementia and Alzheimer's (PPHD) ↓

Objective 1.3: Promote access to care and increase the proportion of older adults who are up-to-date on clinical preventative services

Measure 1.3.1: The percentage of older adults (ages 65 and over) who receive recommended preventive services, female (CDC) ↑
Measure 1.3.2: The percentage of older adults (ages 65 and over) who receive recommended preventive services, male (CDC) ↑
Measure 1.3.3: The percentage of older adults (ages 65 and over) with total tooth loss (CDC) ↓

Objective 1.4: Improve the wellness and health outcomes of older adults in long-term care facilities

Measure 1.4.1: The percentage of skilled nursing facilities (SNF) that have a 3-star rating or higher on the Centers for Medicare and Medicaid Services (CMS) ratings (CMS) ↑
Measure 1.4.2: The percentage of residents whose medication(s) were reviewed, and received follow-up care when medication issues were identified (CMS) ↑
Measure 1.4.3: The percentage of infections patients got during their SNF stay that resulted in hospitalization (CMS) ↓
Measure 1.4.4: The percentage of SNF residents whose functional abilities were assessed, and functional goals were included in their treatment plan (CMS) ↑
Measure 1.4.5: The percentage of SNF residents who have signed a Physician Orders for Life-Sustaining Treatment order on file with the facility (PEDAL) ↑

Objective 1.5: Decrease the proportion of older adults who experience elder abuse

Measure 1.5.1: The number of elder abuse reports received by the Pasadena Police Department (PPD) ↔
Measure 1.5.2: The number of elder abuse reports received by the Long-term Care Ombudsman (WISE and Healthy Aging) ↔
Measure 1.5.3: The number of elder abuse reports received by Adult Protective Services (CDSS) ↔

GOAL AREA 2: Improve the healthy development and well-being of adolescents and young adults (AYAs)

Objective 2.1: Decrease the frequency of harassment and bullying at school and in the community

Measure 2.1.1: The percentage of PUSD students^ who perceive the school as very safe or safe (CHKS) ⬆
Measure 2.1.2: The percentage of PUSD students^ who had mean rumors or lies spread about them (CHKS) ⬇
Measure 2.1.3: The percentage of PUSD students^ who reported any cyberbullying in the last 12 months (CHKS) ⬇
Measure 2.1.5: The percentage of PUSD students^ who experienced any harassment or bullying (CHKS) ⬇
Measure 2.1.6: The percentage of PUSD students^ who reported any harassment due to race/ethnicity (CHKS) ⬇
Measure 2.1.7: The percentage of PUSD students^ who reported any harassment due to their sexual orientation (CHKS) ⬇

Objective 2.2: Improve safety for adolescents to reduce cycles of violence and gang involvement

Measure 2.2.1: The percentage of PUSD students^ who reported being in a physical fight in the last 12 months (CHKS) ⬇
Measure 2.2.2: The percentage of PUSD students^ who have seen a weapon on campus (CHKS) ⬇
Measure 2.2.3: The percentage of PUSD students^ who report being a member of a gang (CHKS) ⬇
Measure 2.2.4: The rate of adolescent and young adult perpetration of violent crimes (ages 10-24) (PPD) ⬇
Measure 2.2.5: The rate of adolescent and young adult victimization of violent crimes (ages 10-24) (PPD) ⬇

^ PUSD students grades 7, 9, and 11

GOAL AREA 3: Reduce chronic diseases by creating environments and policies that support healthy and active living

Objective 3.1: Reduce chronic disease risk by creating environments and policies that support healthy and active living

Measure 3.1.1: The percentage of children (<18 years) in the San Gabriel Valley (SPA 3) who were physically active for at least one hour in the past week (CHIS) ⬆
Measure 3.1.2: The percentage of children (<18 years) in the San Gabriel Valley (SPA 3) who visited a park or other open space in the last month (CHIS) ⬆
Measure 3.1.3: The percentage of children (<18 years) in the San Gabriel Valley (SPA 3) who spent 5 or more hours on sedentary activities on a typical weekday after school (CHIS) ⬇

Objective 3.2: Increase the proportion of people in Pasadena who have access to healthy food

Measure 3.2.1: The number of areas in Pasadena where people live within a walking distance to a market/supermarket (PPHD) ⬆
Measure 3.2.2: The percentage of children and teens who eat five or more servings of fruits or vegetables daily (CHIS) ⬆
Measure 3.2.3: The percentage of adolescents (ages 12-17 years) in the San Gabriel Valley (SPA 3) who are overweight or obese (CHIS) ⬇

Objective 3.3: Decrease the number of households living in hunger or with food insecurity

Measure 3.3.1: The percentage of ChapCare patients who screen positive for food insecurity (ChapCare) ⬇
Measure 3.3.2: The percentage of Huntington Health patients who screen positive for food insecurity (Huntington Health) ⬇
Measure 3.3.3: The percentage of new parents in Pasadena who screen positive for food insecurity (PPHD) ⬇
Measure 3.3.4: The percentage of new parents in Pasadena who screen positive for food insecurity by race and ethnicity (PPHD) ⬇

GOAL AREA 4: Improve the well-being of parents, infants, children, and families with a focus on health equity

Objective 4.1: Decrease morbidity from exposure to traumatic events experienced by children before the age of 18 years old

Measure 4.1.1: The percentage of PUSD staff who have been trained in adverse childhood experiences (Young and Healthy) ⬆
Measure 4.1.2: The percentage of new parents in Pasadena who experience prenatal depressive symptoms (PPHD) ⬇
Measure 4.1.3: The percentage of new parents in Pasadena who experience postpartum depressive symptoms (PPHD) ⬇

Objective 4.2: Increase perinatal and post-natal health among expectant parents and infants

Measure 4.2.1: The percentage of pregnancies in which prenatal care was initiated within the first trimester (PPHD) ⬆
Measure 4.2.2: The percentage of infants born with low birth weight (PPHD) ⬇
Measure 4.2.3: The percentage of infants born with very low birth weight (PPHD) ⬇
Measure 4.2.4: The percentage of new parents who had a postpartum medical visit (PPHD) ⬆

Objective 4.3: Increase equity of early birth outcomes, with a focus on racial disparities

Measure 4.3.1: The percentage of Black and Latiné mothers who received prenatal care in the first trimester (PPHD) ⬆
Measure 4.3.2: The percentage of Black and Latiné mothers who gave birth before 37 weeks (preterm births) (PPHD) ⬇
Measure 4.3.3: The average Black infant mortality rate per 1,000 live births (PPHD) ⬇
Measure 4.3.4: The percentage of mothers who breastfeed at six months after delivery by race and ethnicity (PPHD) ⬆

Objective 4.4: Improve the oral health of children, adolescents, and expectant parents in Pasadena

Measure 4.4.1: The percentage of PUSD kindergarten students who completed an oral health assessment (Young and Healthy) ⬆
Measure 4.4.2: The percentage of PUSD kindergarten students who could not complete an assessment due to lack of access to a licensed dentist or other licensed or registered dental health professional (Young and Heathy) ⬇
Measure 4.4.3: The percentage of children (<18 years) who have never been to the dentist (CHIS) ⬇
Measure 4.4.4: The percentage of children (<18 years) who visited a dentist within the last year (CHIS) ⬆
Measure 4.4.5: The percentage of Medi-Cal beneficiaries (6-14 years of age) that had at least one dental sealant (CDPH) ⬆
Measure 4.4.6: The percentage of expectant parents who visited the dentist during their pregnancy (PPHD) ⬆

Objective 4.5: Increase support for child development among children (0-5 years of age) in Pasadena

Measure 4.5.1: The percentage of kindergarten-age children enrolled at PUSD who are vulnerable or at-risk in one or more developmental domains on the Early Development Instrument (EDI) (UCLA/PUSD) ⬇
Measure 4.5.2: The percentage of kindergarten-age children enrolled at PUSD who are vulnerable or at-risk in the language and cognitive development domain on the EDI (UCLA/PUSD) ⬇
Measure 4.5.3: The percentage of kindergarten-age children in Pasadena's North Central neighborhood enrolled at PUSD who are vulnerable or at-risk in one or more developmental domains on the EDI (UCLA/PUSD) ⬇

GOAL AREA 5: Reduce substance abuse, and decrease risk factors that promote use among high-risk groups

Objective 5.1: Reduce use/misuse of alcohol, marijuana, tobacco, vaping, and other illicit substances among students

Measure 5.1.1: The percentage of PUSD students who have tried a full drink of alcohol by 11th grade (CHKS) ⬇
Measure 5.1.2: The percentage of PUSD students in 11th grade who are current users of drugs or alcohol (CHKS) ⬇
Measure 5.1.3: The percentage of PUSD students^ who have never tried marijuana (CHKS) ⬆
Measure 5.1.4: The percentage of PUSD students^ who have tried a whole cigarette (CHKS) ⬇
Measure 5.1.5: The percentage of PUSD students^ who have tried smokeless Tobacco (CHKS) ⬇
Measure 5.1.6: The percentage of PUSD students^ who have tried an E-Cigarette or other vaping device (CHKS) ⬇

^ PUSD students grades 7, 9, and 11

Objective 5.2: Reduce morbidity and mortality due to opioid abuse/misuse

Measure 5.2.1: The number of calls for emergency services for drug overdose (PPD) ⬇
Measure 5.2.2: The rate of emergency department visits due to any opioid overdose (CDPH) ⬇
Measure 5.2.3: The rate of hospitalization due to opioid overdose (CDPH) ⬇
Measure 5.2.4: The rate of death due to opioid-related overdose (CDPH) ⬇
Measure 5.2.5: The years of life lost among Latiné due to drug overdose (PPHD) ⬇
Measure 5.2.6: The rate of emergency department visits due to fentanyl overdose (CDPH) ⬇
Measure 5.2.7: The rate of hospitalization due to fentanyl overdose (CDPH) ⬇

GOAL AREA 6: Reduce effects of psychological distress by supporting access to mental health services

Objective 6.1: Reduce psychological distress among adolescents by increasing access to mental health services

Measure 6.1.1: The percentage of adolescents who have reported needing help for emotional mental health problems in the past year in the San Gabriel Valley (SPA 3) (CHIS) ↔
Measure 6.1.2: The percentage of adolescents who received psychological/emotional counseling in the past year in the San Gabriel Valley (SPA 3) (CHIS) ⬆
Measure 6.1.3: The percentage of ChapCare patients, aged 12 to 17 years, who screened positive for depression and had a follow-up plan documented (ChapCare) ⬆

Objective 6.2: Reduce suicide ideation and suicide rate among vulnerable populations in our community

Measure 6.2.1: The suicide attempt rate among adolescents (ages 12-18 years) per 1,000 (PPD) ⬇
Measure 6.2.2: The suicide rate among young adults (ages 18-22 years) per 1,000 (PPHD) ⬇
Measure 6.2.3: The years of life lost due to suicide (PPHD) ⬇
Measure 6.2.4: The years of life lost due to suicide among males (PPHD) ⬇
Measure 6.2.5: The years of life lost due to mental and behavioral disorders* among females (PPHD) ⬇
Measure 6.2.6: The years of life lost among Latiné residents due to mental and behavior disorders* (PPHD) ⬇
Measure 6.2.7: The percentage of PUSD students^ who have considered suicide (CHKS) ⬇
Measure 6.2.8: The percentage of households who reported keeping firearms in or around the home (CHIS) ⬇

*Mental and behavioral disorders (including depression, anxiety, and bipolar disorder) due to psychoactive substance abuse
^ PUSD students grades 7, 9, and 11

GOAL AREA 7: Support housing and homeless services

The City of Pasadena Housing Department, in collaboration with their Continuum of Care (CoC), has created an exhaustive Homelessness Plan that aims to improve conditions around housing and homelessness in our community. During our prioritization process, housing and homeless services was consistently identified as a core health topic. To ensure alignment, our CHIP will adopt those priorities in lieu of creating our own. Instead, we are adding public health-focused measures that align with our strategic and programmatic efforts that support the Homelessness Plan.

We invite our partners to view the **City of Pasadena CoC Homelessness Plan 2023-2028** for more details. In sum, the five priority areas listed in that plan to achieve by 2028 are:

Systemwide Planning: 50% reduction in annual homelessness by supporting investments in housing, mental health services, frontline staff, and systems of accountability

Equity and Respect: Increase parity on access and outcomes for marginalized groups such as Black, Indigenous, People of Color, people with disabilities, transitional youth, seniors, members of the LGBTQ+ community, immigrants (including people who are undocumented), and survivors of domestic violence

Crisis Response: Year-round shelter beds for 80% of people who are unhoused on any given night by strengthening a wide range of services such as shelter, street outreach, and resources to meet urgent needs (food, shower, and laundry)

Housing & Support: 1,400 people permanently housed by supporting stable and secure living environment and enabling people experiencing homelessness to achieve self-sufficiency

Prevention: 15% reduction in inflows by improving policies, practices, and interventions to reduce the likelihood of becoming unhoused

Objective 7.1: Strengthen linkages to housing supportive services

Measure 7.1.1: The number of 911 dispatch calls referred to the Pasadena Outreach Response Team that received a referral to obtain a housing service (PPHD) ⬆

Data Sources

Data for this curated set of health metrics will be pulled from the following list of data sources. The sources and their acronyms are listed in order of first appearance in our CHIP measures.

U.S. Centers for Medicare & Medicaid Services (CMS)
U.S. Census Bureau, American Community Survey (ACS)
California Health Interview Survey (CHIS)
City of Pasadena, Public Health Department (PPHD) Mortality Report
U.S. Centers for Disease Control and Prevention, 500 Cities Project (CDC)
Pasadena Elderly and Dependent Adult Liaisons (PEDAL)
City of Pasadena, Pasadena Police Department (PPD)
Long-term Care Ombudsman, WISE and Healthy Aging
California Department of Social Services (CDSS), Adult Protective Services
California Department of Education, California Healthy Kids Survey (CHKS)
ChapCare
Huntington Health
City of Pasadena Public Health Department (PPHD), Maternal and Infant Health Assessment
Young and Healthy Tiny Teeth Program (Young and Healthy)
California Department of Public Health (CDPH), Office of Oral Health
City of Pasadena Public Health Department (PPHD) Epidemiology & Disease Control Division
University of California, Los Angeles in partnership with Pasadena Unified School District, Early Development Index (EDI) Results (UCLA/PUSD)
California Department of Public Health (CDPH), California Overdose Surveillance Dashboard
City of Pasadena Public Health Department (PPHD), Pasadena Outreach and Response Team (PORT)

Acknowledgments

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CHIP Prioritization Participants

The PPHD Community Health Improvement Team would like to thank the many organization and individuals who provided feedback on the prioritization of these health topics. We would like to specifically thank:

Boys & Girls Club of Pasadena
D'Veal Family & Youth Services
Families in Transition
Geriatric Empowerment Model Program
Harambee Ministries
Huntington Hospital Community Benefits Group
Keck School of Medicine of USC (Family Medicine & Geriatrics)
Learning Works Charter School
National Day Laborer Organizing Network
NAACP (Pasadena Chapter)
Pasadena Black Infant Health Program
Pasadena City Council Liaisons
Pasadena Housing Department
Pasadena Job Center
Pasadena Library Department
Pasadena Local Oral Health Program
Pasadena Office of the Young Child
Pasadena Outreach Response Team (PORT)
Pasadena Senior Commission
Pasadena Unified School District
Rose City Impact Program
Shepherd's Door
The Pasadena/Altadena Coalition of Transformative Leader
Wesley Health Center
WISE & Healthy Aging
Women, Infants and Children Program
Young and Healthy
Youth Coalition (PPHD)
Youth Moving On

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