



Charting A New Course For
Our Healthy Future

Community Health Action Plan



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A complete list of supporters and participants appears in Appendix 1. The contributors are innumerable - which is as it should be with an inclusive, comprehensive, community-owned initiative like the *MAP Campaign*. Each individual, group and organization is greatly appreciated for playing an invaluable role in the *Campaign*, for sharing your passion for a vibrant healthy community, and for revealing your hopes for a healthier future.

Ongoing leadership and commitments from the Steering Committee, Workgroup members and other impassioned individuals will sustain the broad community participation that underscores the *MAP Campaign* and will help ensure perpetuation of the *MAP Campaign* and results that matter.

Special Acknowledgment

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Executive Summary

The *MAP Campaign* is a community-wide strategic planning initiative to create positive change in community health.¹ An important belief of the *Campaign* is that genuine quality of life and good health for all can only be achieved by all when community members come together to effectively identify and reach common goals. To this end, the *MAP Campaign* brings together non-profit organizations, government officials and employees, residents, faith institutions, healthcare providers, schools, youth and businesses to create the MAP Community Health Action Plan to bring about healthier people in a healthier environment. Spearheaded by the Pasadena Public Health Department in 2004, and guided by a core group of agency and community leaders dedicated to making real changes in the greater Pasadena area, *MAP* is committed to charting a course towards our healthy future by helping to identify important community health issues, secure resources for addressing them, develop a plan and take action.

The MAP Community Health Action Plan tells the story of our journey—preparation, direction and navigation, and destination. It offers you an opportunity to strengthen our community’s health in priority areas identified by Pasadena area residents through major strategies developed by these same individuals. Before writing this plan, we did our homework—together. In order to identify and address health challenges of greatest interest and priority, in 2004 we took four approaches toward assessing our community’s health:

- Listening to 1,400 of Pasadena’s diverse voices through community visioning conversations to better understand both community needs as well as community strengths that can be used to improve health and wellness in the *Community Strengths & Themes Assessment*.
- Measuring current public health system capacity to meet the needs of Pasadena’s diverse community in the *Local Public Health System Assessment*.
- Reviewing the City’s current health status and quality of life in the *Community Health Status Assessment*.
- Examining the trends, events and factors that will shape the future health of Pasadena in the *Forces of Change Assessment*.

¹ The *MAP Campaign* is based on Mobilizing for Action through Planning and Partnerships, a community health improvement model developed by the Centers for Disease Control and Prevention in collaboration with the National Association for City and County Health Officials.



Participating community members developed four priority areas out of these assessment results and recommendations and four community-based workgroups formed to tackle these priority areas driven by the desire to create a healthier future for the greater Pasadena area. Using a series of planning meetings, logic model tools and expert consultation, the workgroups established a series of goals and objectives to strengthen our community's health. The strategic plan for each of the four workgroups is summarized below, framing the continuing journey for the *MAP Campaign*. Workplans for each of the four priority areas are fully described on pages 23-58.

Access to Services Workgroup. Our long-term goal is to ensure greater access to healthcare and social services by improving relationships between providers and by raising public awareness of existing services. We are making great strides to address this by July 2007 through several objectives, including : (1) To provide recommendations for development of an urgent care center for the greater Pasadena area; and (2) To improve public awareness about accessing community health and social services. We are currently exploring urgent care center models and linkages to other health and social services that would be complementary. We are also raising awareness of services through promotion of a new nurse advice and referral line called the Pasadena Healthcare Link, which is available 24 hours a day, 7 days a week. Additionally, we seek to expand the reach of *promotoras de salud*, or health promoters, who educate, support and refer patients outside of a clinical setting. Led by *Mary Donnelly-Crocker, Young & Healthy, and Brian Biery, Neighborhood Connections*.

Community Wellness & Healthy Lifestyles Workgroup. Our goal is to support and sustain an engaging, thriving community culture that integrates health and wellness. Our short-term plan for progress by June 2007 includes three objectives: (1) To spread awareness about the need to improve personal health status and how to improve personal and community health; (2) To increase community engagement by 350 participants, including businesses, families and youth who take part in *MAP* wellness activities; and (3) To increase community members'— including families and youth—access to public health and healthcare information and services by increasing awareness and visibility of available services. We are currently working on a common online calendar² of health and wellness promotion and we are developing a way to reward Health Champions in the community. Led by *Eva Meyers, California Association of Nurse Practitioners, and Rick Kiel, Kaiser Permanente*.

² At www.cityofpasadena.net/library/ - Click on "Community Calendar" and then click on the "Health & Medicine" Quick Link.

Public Health & Healthcare Workforce Development Workgroup. Our goal is to increase awareness of both healthcare and public health career opportunities among local middle, high school and alternative school students and among their families and across the greater Pasadena community. By June 2007 we plan to achieve three objectives: (1) To increase the number of local middle and high school students who are aware of jobs, opportunities, health education and training pathways which lead to jobs in the healthcare and public health fields; (2) To increase access to health education and training opportunities for local students; and (3) To improve the level of coordination and collaboration between local institutions that prepare individuals for careers in healthcare and public health. We are currently creating a website for students who want information about careers, academic and/or training requirements and internship opportunities. We are also designing school assembly and classroom presentations for eighth graders, and we hope to host a public health and healthcare career development event in 2008. Led by *Dr. Wayne Aoki, Rebuilding Together, and Dr. Susan Clifford, Pasadena City College Health Sciences Division.*

Community, Family & Youth Engagement Workgroup. Our goal is to increase community member skills and capacities to contribute and be involved in their community, resulting in increased community resident engagement in civic activities and issues. We plan to achieve this by June 2007 through accomplishment of three objectives: (1) To ensure active and meaningful youth participation in the 2006 Pasadena Neighborhood Summit; (2) To increase opportunities and support for more active youth, family and community member engagement and participation; and (3) To create a framework for youth-focused community groups with common goals to work together for richer and more sustainable outcomes. We are currently seeking ways to follow through on action items created by youth in the 2006 Neighborhood Summit, and to that end are supporting a Youth Council pilot by the City of Pasadena. We are reviewing other cities' youth planning efforts to help structure an approach for youth planning and sustainable, active youth involvement in our community. Led by *Karen Aydelott, Pasadena YMCA, and Oscar Manzanares, Madison Neighborhood Partners.*

As you may have noticed, the workgroups' goals overlap at times, and progress requires coordination and communication among members. The *MAP* Steering Committee, comprised of community health leaders, serves as the leadership cabinet that governs the *MAP Campaign* that aids and guides coordination and communication. The Steering Committee is responsible for establishing the policies and parameters that guide the work of the *Campaign*:



1. Setting policies to guide the workgroups in the development and implementation of their action plans.
2. Establishing mechanisms for coordinating the work of the workgroups.
3. Supporting resource development for the overall *Campaign* and the workgroup activities.
4. Identifying and supporting leveraging opportunities.
5. Establishing strategies to link with existing efforts.
6. Overseeing the evaluation process and making recommendations for change based on the results.

The *MAP Campaign* model is cyclical in nature, lending itself to continuous community health improvement and outcomes-driven action. Planning, implementation and evaluation are the three stages in the action planning cycle. First, using data gathered from health assessments, the Pasadena Public Health Department and its partners plan how to affect positive change in community health. Second, once the plan is approved and complete, implementation of the plan begins. Next, as implementation is carried out, the activities are evaluated using agreed-upon benchmarks to measure our progress and outcomes. Finally, lessons learned from evaluation are incorporated into the action planning cycle, which also includes periodic updates of health assessment data.

We want to include your perspective and energy in our cycle of continuous community health improvement. To learn more about these activities and how you can get involved, contact us:

MAP Campaign

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MAP's vision is that the greater Pasadena area will become a healthy, thriving community that values and promotes overall wellness. With your help, support and participation, this vision can and will become a reality.

“Every moment is an organizing opportunity, every person a potential activist, every minute a chance to change the world.”

Dolores Huerta, Co-Founder United Farm Workers, labor leader, organizer and social activist

Introduction: A Time for Action

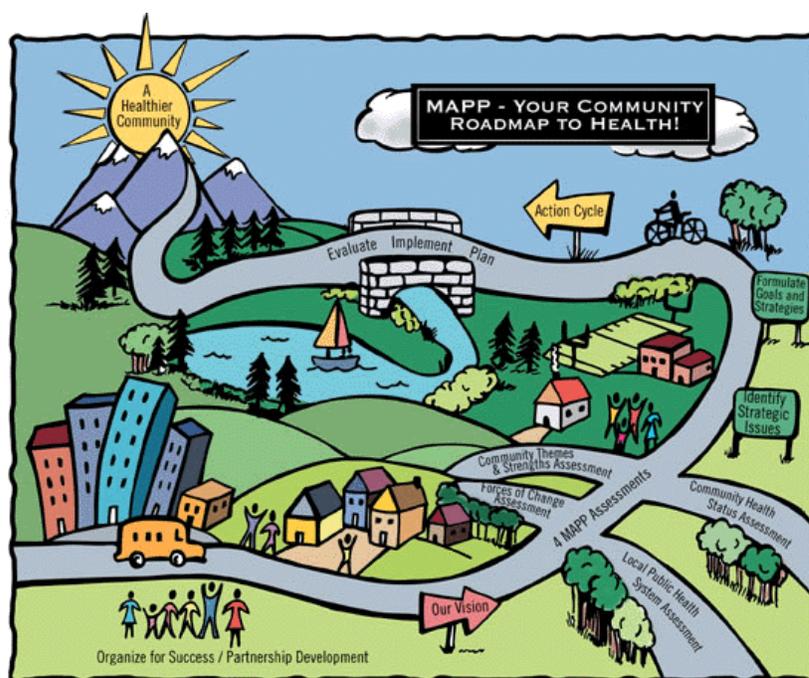


Figure 1. *Mobilizing for Action through Planning & Partnerships*

Think of the *MAP Campaign* as a journey towards a healthier community for the Pasadena area.

It has been an amazing journey so far. We began this expedition in 2003 in order to generate a community-wide strategic plan for a healthier future. Our approach takes a global look at health, broadly defined; it examines how the various components of the local public health system function and interact; and it produces and implements a strategic plan that addresses health priorities, as identified by community members. We have not taken this journey alone. Our community of Pasadena area travelers— people of all ages, genders, faiths, sexual orientations, income and education levels, ethnicities and cultures—have accompanied us throughout. No matter who you are or what characteristics describe you, you are invited. You are included. You are welcome.



What you are reading now is the MAP Community Health Action Plan, an interactive “MAP” to help us navigate the landscape and safely reach our shared destination of a healthier community. The MAP Community Health Action Plan describes key milestones in the *MAP Campaign* odyssey. As you read, you will be presented with opportunities to participate and interact with the “MAP” – opportunities to become a part of future key milestones in strengthening our community’s health. The unfolding story will help you to reach conclusions about how you can help keep our community well and thriving based on information gathered during the *MAP Campaign*. We can’t see too far ahead on our route, so we must plot out our travel plans as we go; together, we must choose our destinations and stay on course. We may veer a little off course occasionally, join up with others on their own travels, or pause to get our bearings and check our progress. As you take this journey with us, this “MAP” will support, reflect and respond to our direction. It will take us to the destination of our choosing.

We have come together in the past to plan and/or to propose planning processes. The way to better health for our community has been surveyed, charted and talked about time and time again. The *MAP Campaign* is the culmination of the long history of other collaborative health planning efforts in our community. We listened to you and heard some key messages that are guiding our path and our actions. What were those messages? You have high hopes for the best possible quality of life for yourselves, your families and your neighborhoods. You are eager to share ideas. You want proof that your input has meaning. You value data and information that describes and demystifies the character and conditions of community life. Also, you care about and accept responsibility for a healthier community. As individuals and as members of organizations, you want to participate in crafting and taking the actions that bring about short term, visible results. You are also willing to aim for longer term, far reaching changes, such as changes in policy and operations that bring about long-lasting health outcomes.

You talked; we listened. And in between the telling and the listening is the key to our survival and sustainability as a healthy community – mobilization. This is the essence of the *MAP Campaign* – mobilizing for action through planning and partnerships!

The MAP Community Health Action Plan is more than a report. It is more than a plan. It is an interactive “MAP” that welcomes your participation and invites positive change. We are not seeking your reaction. Simply put, we are seeking your action.

Our community is flourishing with strengths and resources that can support us on our journey. *MAP* is our guide; and we, the *MAP Campaign* participants, will focus our sights and be a compass, always pointing us towards better health.

This MAP Community Health Action Plan, this *interactive “MAP,”* will be successful in direct proportion to your input. As you explore this “*MAP*”, you will discover ways you can be involved in improving our community’s health. Your action or inaction will directly affect your health, your family’s health, and the health of our community. The MAP Community Health Action Plan is an invitation to mobilize and collectively work for the common good and achieve a quality of life in the Pasadena area that meets our highest hopes. Together, we can “change the world”, or at least our corner of the world. Explore this interactive “*MAP*” freely, choose wisely and act thoughtfully and intentionally. The future health of the Pasadena community is in your hands, your heart, and your actions. Join those who have charted the course and prepared the way. Our journey towards a healthier future begins now!



“Once we have started to think together we must act together. The most distinctive virtue of any community is its ability to mobilize and collectively work for the common good, ensuring that all members of the community have an equal opportunity to live, learn, serve, and grow.”

*S. Lord, R. Hays, K. Haley, W. Meise.
Common Good, Common Ground:
Building Commitment and Community*

Background: Coming Together for Our Community’s Health

A Model for Community Health Planning and Action.

The Pasadena MAP Campaign was adapted from a national model for strategic planning called Mobilizing for Action through Planning and Partnerships (MAPP). Please see Appendix 2 for a full summary of the MAPP model designed by CDC and NACHHO. Developed by the Centers for Disease Control and Prevention (CDC) and the National Association for City and County Health Officials (NACCHO), the MAPP model was piloted in a dozen communities across the country and was identified as a best practice for community health planning. Its success hinges on its comprehensive approach to assessment and planning and on the integrated opportunities for community members to be engaged in real, positive changes in their community’s well-being.

As illustrated below, the national MAPP model leads a community through seven critical planning steps or phases.



Figure 2. Mobilizing for Action through Planning & Partnerships Model

These seven planning phases are: (1) Organize for Success; (2) Partnership Development; (3) Visioning; (4) Four MAPP Assessments; (5) Identify Strategic Issues; (6) Formulate Goals and Strategies; and (7) the Action Cycle, a continuous loop of planning, implementation and evaluation.

MAPP has been implemented in hundreds of cities and counties. However, the Pasadena area is the first site in Southern California to undertake this effort. The MAPP model lends itself to localized customization that recognizes the unique values, knowledge, expertise and interests of individual communities. Thus, we were able to tailor the national model to Pasadena and make it our own. For instance, we decided to rename our local effort the “*MAP Campaign*”, symbolizing the theme of mapping and navigating a clear route to a desired destination. This also eliminated the need to introduce yet another acronym into community life. *MAP* and its tag line, “Charting a Course for our Healthy Future,” were intended to capture the sense of movement along a continuum toward health. Another customized feature is that we defined our community as the geographic area served by the Pasadena Unified School District (PUSD) which includes Pasadena, Altadena, and Sierra Madre because area service planning, service delivery and service utilization patterns are logically and typically associated with these contiguous areas. We also customized the model by modifying the assessment tools and conducting several assessments concurrently. The *MAP Campaign* remains dedicated to the national MAPP model concepts of mobilizing, action, planning and partnerships.

Pasadena Public Health Department staff, consultants and community volunteers—including other City staff—formed the Steering Committee charged with organizing, cultivating, leading, leveraging and sustaining the *MAP Campaign* effort in Pasadena and surrounding areas. Representing the face and soul of the community, the community volunteers include leaders of community-based organizations, nonprofit and for-profit healthcare providers, local government representatives, businesses, academic institutions and neighborhood residents. All of the Steering Committee Members are champions of public health in their personal and professional lives and true advocates for change. Please see Appendix 3 for the names and organization affiliations of our Steering Committee Members.

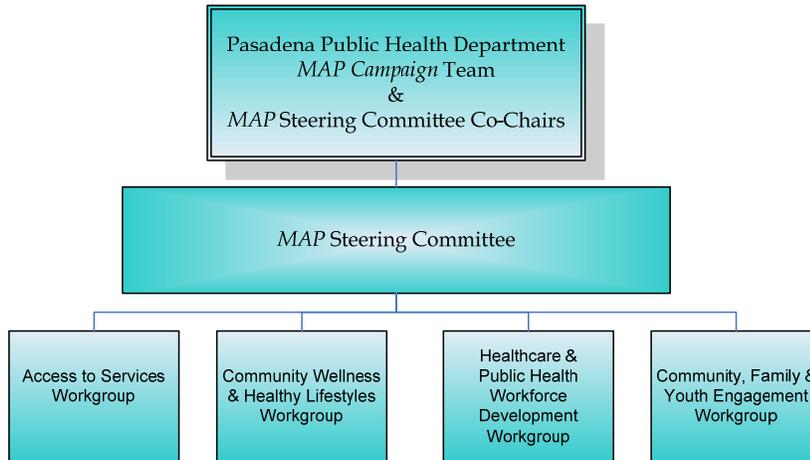


Figure 3. *MAP Campaign Steering Committee*

Under the leadership of the Pasadena Public Health Department and Steering Committee Co-Chairs, the Steering Committee oversees workgroups tasked with developing action plans to improve community health areas and workgroups are represented on the Steering Committee by Workgroup Co-Chairs. The Steering Committee also oversees resource development and marketing. Please see p. 65-66 for more information about how the Steering Committee governs the *MAP Campaign*.



*Steering Committee members mapping out goals for 2006.³
February 8, 2006*

³ Steering Committee members pictured from right-left: Sue Miele, Brian Biery, Bill Trimble, Rick Kiel, Heather Onuma, Debra Whitehouse, Valerie Coachman-Moore, Dr. Wayne Aoki, Carol La Val, Karen Aydelott, Robin Sohmer and Pat Bowie.

Bearing Witness through Our Vision

The *MAP Campaign* Vision, Purpose and Guiding Principles were crafted from the profoundly illuminating input of those engaged in the *MAP Campaign*.

OUR VISION:

“The greater Pasadena area is a healthy, thriving community that values and promotes overall wellness.”

OUR PURPOSE:

“The MAP process will create opportunities for connection and collaboration among individuals, groups, community organizations and institutions, and support and strengthen efforts to improve all aspects of wellness.”

OUR GUIDING PRINCIPLES:

- (1) We believe that a healthy, thriving community has many components encompassing the physical, spiritual, social, economic and environmental aspects of our lives.*
- (2) We are committed to building upon strengths and resources available to our community.*
- (3) We are dedicated to fostering shared responsibility among individuals and across the community for improving health and well-being.*
- (4) We are committed to engaging all sectors of the community in taking action on quality of life issues.*
- (5) We believe our goal of a healthy community can be achieved through sustainable efforts focused on policy and systems change.*
- (6) All efforts will be guided by a commitment to continuous improvement and measurable results.*

Through these truths, *MAP* casts the constant journey toward better health into the center of community life.

The *MAP Campaign* is an unparalleled, inclusive effort providing a framework for the continuous process of health improvement, starting with the Vision, Purpose, and Guiding Principles that capture the wisdom and heart of this community. Together we are striving to reach the *MAP Campaign's* vision for



what this community can achieve. For more on how these tenets were developed, see Appendix 4.

An Unprecedented Community Partnership Process

Like the national MAPP model, the Pasadena *MAP Campaign* is a community-wide strategic planning tool for improving community health. It is also a method to help our community prioritize public health issues, identify resources for addressing them and strategize to take action. Unlike prior local planning efforts or initiatives, the *MAP Campaign* is designed to be as comprehensive and inclusive as possible, engaging broad community involvement, ensuring feedback and input from community, and facilitating joint development and implementation of actions that address community-identified priorities.

The *MAP Campaign* represents an unprecedented community partnership for public health in Pasadena, where the responsibility of protecting the public's health rests not only with our City's Public Health Department but also with its vast network of community partners. This network includes traditional non-profit and for-profit providers, community service agencies, local government, businesses, academic institutions, residents and others. The *MAP Campaign* underscores the truism that public health is everybody's business. We invite you to begin the journey by exploring this plan. It is only fair to ask, where have we been and where are we going? How will we get there? And what will we do along the way?



Between 1998-2003, two grant-funded community health improvement initiatives and the publication of the 2002 Quality of Life Index pointed us toward the value of a strategic plan. During those six years, community collaboration grew stronger, new partnerships emerged, and we cultivated opportunities to listen to the community's voices. You shared your passion about health and about community identity and spirit.

We also discovered your willingness to accept responsibility for a healthier community and to take action that moves the community toward an ideal state of health and quality of life. In 2004, the Pasadena Public Health Department took the lead in organizing the *MAP Campaign* process, recruiting partners, and facilitating discussions and preparations to launch the effort. Building on the national model, the Pasadena area *MAP Campaign* conducted a visioning process and four assessments to inform and corroborate the shared interests of the community and to focus on top priority action areas. These efforts were carried out concurrently during 2004 and 2005.

Data from these four assessments and the extensive visioning sessions are the cornerstones for prioritizing issues and implementing actions that lead to a healthier community and a stronger local public health system.

Key players and stakeholders during this phase included community volunteers and City staff who served on the *MAP* Steering Committee, a consultant team led by Lodestar Management/Research, Inc., community agencies that provided copies of their own assessments and strategic plans, City officials and other community leaders. The visioning sessions alone involved close to 1,400 participants. In the following two sections, we outline highlights from the visioning process and summarize the approach and results of each of the four assessments.

Creating a Shared Vision

The visioning conversations engaged people in focus groups to define the Pasadena area’s vision of a healthy community. These dialogues were facilitated by *MAP Campaign* staff, consultants and volunteers over a one year period beginning Fall 2004. Community visioning participants were recruited from existing organized groups and from ad hoc collections of individuals. The visioning participants represented a diverse mixture of people in the greater Pasadena area, spanning a cross-section of ethnic groups, age groups and residential areas. Although not a scientifically selected sample, the visioning participants closely mirrored the demographics of our community.

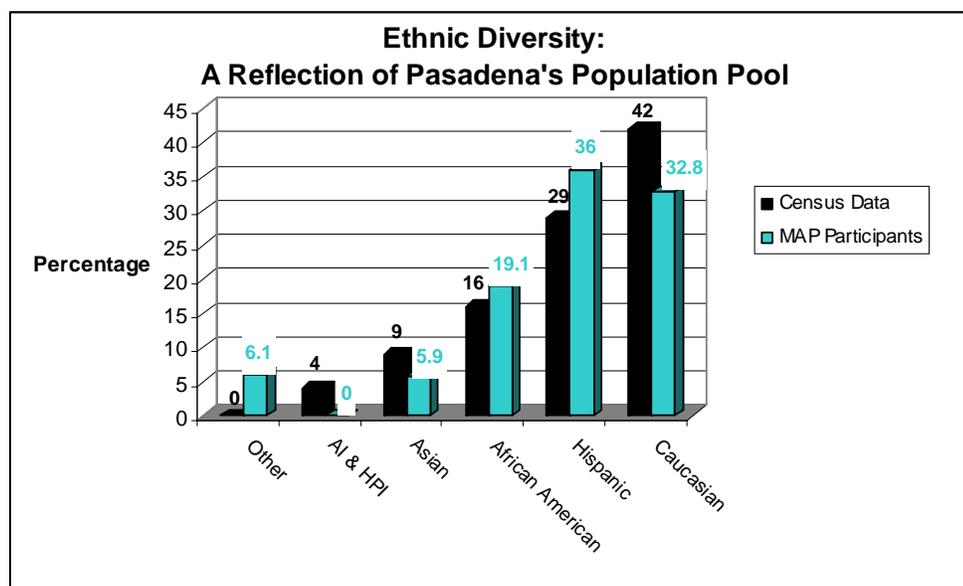


Figure 4. Ethnic diversity of Pasadena residents compared to the community visioning participants.

Of the 196,255 people who reside in the greater Pasadena area:

- 42% are Caucasian;
- 29% are Hispanic;
- 16% are African American;
- 9% are Asian and/or Asian American; and
- 4% are American Indian and Hawaiian-Pacific Islander.

The community visioning participants' ethnic make-up was proportionate:

- 32.8% Caucasian;
- 36% Hispanic;
- 19.1% African American;
- 5.9% Asian and/or Asian American; and
- 6.1% Other- including American Indian and Hawaiian-Pacific Islanders

Participants also represented a range of age groups:

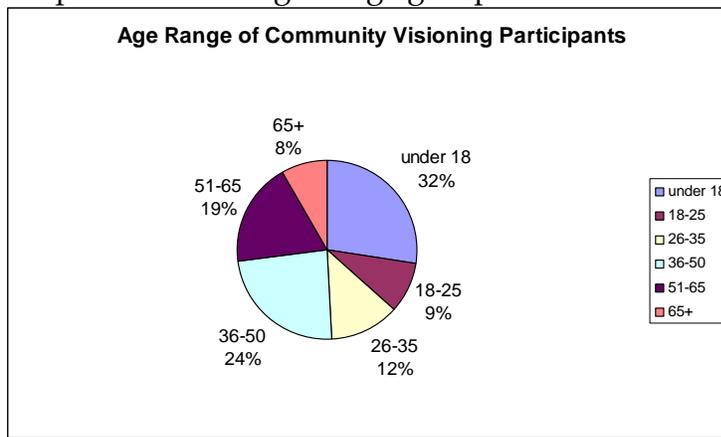


Figure 5. Age Range of Community Visioning Participants

Participation was encouraged and received from every age group. Youth were particularly well-represented in our community visioning conversations with the largest percentage of participants (32%) under the age of 18. The smallest percentage of participants was 65 and older, with 8% of community visioning participants in that age category. Community participants came from all over the greater Pasadena area.

Participants' Zip Codes	
91104	21%
91103	20%
91001	13%
91107	7%
91101	10%
91106	6%
91105	4%

Figure 6. *Self-reported zip codes of Pasadena resident participants.*

The highest percentages of participants lived in 91104 (21%) and 91103 (20%), the northern central and northwest sections of the city. The lowest percentage of participants lived in 91105 (4%) and 91106 (6%), the southwestern and the southern central areas of the city.

More females than males participated in the visioning conversations; 29% of participants were male and 71% of participants were female.

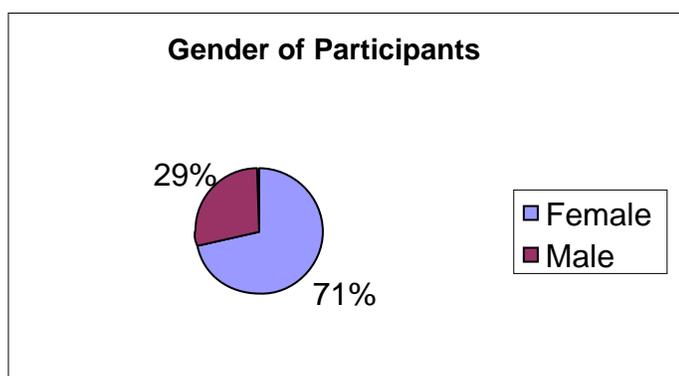


Figure 7. *Gender distribution of participants.*

With representation from all areas of Pasadena and a range of ages, ethnicities, cultures and experiences, the MAP visioning sessions explored participants' reflections on two questions:

1. "What does a healthy community look like?"
2. "What can we do to get to a more healthy community?"

Community members said that a healthy community is defined in multiple ways. Fifteen themes emerged and are described further in Appendix 6. These themes are:

MAP Campaign Visioning Results: Fifteen Community Health Themes

- Community Accountability
- Connectedness
- Community Engagement and Empowerment
- Celebrating Diversity
- Equity
- Environment
- Building Strong Families
- Good Health Is Accessible
- Individual Empowerment for Health
- Overall Wellness is Promoted
- Support for Healthy Lifestyles
- Education is Valued
- Planning with Community in Mind
- Safety and Security
- Youth are valued

Individual comments described a healthy community as a place where:

"Everyone has a home."

"[There is] less traffic congestion."

"[There are] adequate job opportunities for all!"

"High value is placed on being physically fit."

"Everybody knows each other in the community."

"[There is] the opportunity to be entirely smoke free in apartments and condos and on my block."

"Have adequate job opportunities for all! (especially high school graduates!) and increase job opportunities for youth."

"Everybody works (has a job) and has access to health care."

In reply to the question, "What can we do..." responses included:

- Promote community involvement and activism.
- Decrease disparities.
- Increase parent education and involvement.
- Improve access to services and service delivery.
- Build partnerships.
- Develop and expand programs.
- Expand "Healthy City" planning.

Specific ways to achieve a more healthy community were also suggested, such as translating health information into other languages, creating facilities to promote physical activity, and providing transportation to services. See Appendix 6 for a full summary of the Visioning Session results or go to www.cityofpasadena.net/publichealth (click on "MAP Campaign" link and then click on the "data and reports").



The community visioning participants are still involved in the *MAP Campaign*. Along the way, we developed a mailing list of 841 individuals who receive the *MAP Campaign* newsletter, updates, and invitations to major events. Our website also keeps our community updated on our progress—just go to www.cityofpasadena.net/publichealth and click on the “*MAP Campaign*” link.



Assessments: Surveying Our Status and Finding Our Bearings

While the Visioning sessions were underway, we also forged through the four Assessments designed to provide critical insights into community health issues. They both offered a rich and fertile resource for identifying strategic priorities and energizing the pursuit of goals and actions that will positively change the quality of life in our community.

In conducting each of the Assessments and the Visioning, we used extensive outreach to solicit broad input and to reach audiences who have not historically or typically weighed in on community health issues. In one or more assessments, respondents included more youth, businesses and faith institutions than have participated in past surveys. We also made a special effort to seek interest, support and advice from the City of Pasadena government, including the City Manager, Cynthia Kurtz, Mayor Bogaard, City Council members and their field representatives, City of Pasadena Executive Committee and City staff.

As you trace our path to action, we believe you will find that our *MAP* is useful and easy to follow. The *MAP* describes each Assessment, what it measures, how we conducted it and what resulted. In the brief overviews of the Assessments below, evidence of the level and depth of community participation is clear. Please see Appendices 6-9 for more complete information regarding the Assessments, including the processes used, participants involved and detailed results, or go to the website at www.cityofpasadena.net/publichealth (click on the “*MAP Campaign*” link and then click on the “data and reports”).

- The *Community Themes & Strengths Assessment* examines how resident and community members view the community; what issues are important to them; what assets we have that can be used to improve community health. Drawn partly from the visioning conversations (with over 1,400 people who reside, work, attend school or faith institutions, or volunteer in the greater Pasadena area), it also included individual interviews and collateral information and discussions. Issues of interest and community assets were identified through these sources.
- The *Local Public Health System Assessment* measures the current capacity and performance of the local public health system by interviewing a cross section of those who are involved in and/or contribute to the public’s health. It analyzes how well the local system performs the 10 essential public health services. The 10 essential public health services were developed by the Centers for Disease Control and Prevention Core Public Health Functions Steering Committee in 1994. The list of services is Appendix 7. The *Local Public*

Health System Assessment assessed local capacity to respond to health needs and challenges and rated performance of the standard public health functions a community must undertake. Altogether, 50 individuals were convened in five distinct panels. Four of the panels contained a mix of community providers, public sector specialists, researchers, and educators; and community residents made up the final panel. Panelists participated in a dialogue to discover system strengths and weaknesses and identify ways to work together more effectively to address the diverse needs within our community.

In addition to scoring how well we as a community perform the essential public health services, the participants defined performance strengths and concerns. This assessment generated a series of recommendations to strengthen our hand, such as:

- Focus on obtaining, using and integrating more community-level data.
 - Enhance sustainability of projects and services.
 - Focus on aligning agency plans and priorities.
 - Commit to sharing resources, not just ideas.
 - Explore creation of a one-stop phone coordination service or call center.
-
- The *Community Health Status Assessment* explores current community health status and identifies risk factors in the community that affect population health. We collected and reviewed local public and proprietary data about health status, quality of life and risk factors in our community from the U.S. Census; City, county and state data resources; and community-based organizations. More than 50 documents and databases containing results of assessments, strategic plans, or other analyses of community health and health priorities were analyzed. Our local assessment identified a host of health indicators and risk factors and defined prominent community health issues, some of which are currently being addressed by existing resources. Recurring issues were nutrition and fitness, HIV/AIDS, affordable housing and homelessness, access to care, economic development, and divisions within the community. Recommendations for services and actions included, but were not limited to, assorted senior services, nutrition and physical activity options, engaging more stakeholders in planning, and access to information about health and social services.
 - The *Forces of Change Assessment* looks at trends and projected changes that may affect community health or the local public health system, including



specific threats or opportunities created by these forces. Through informal interviews with 30 community leaders and stakeholders, we examined the broad trends that may affect community health over the next 5-10 years, including threats and opportunities related to economic, political and social trends and upcoming events. The purpose of the *Forces of Change Assessment* was to get a sense of the future environment and its impact on the health of our community. Participants named trends, opportunities and threats in healthcare, education, housing, employment, population shifts, politics and transportation, among others, that will influence community health and the public health system that sustains it.

Together, these assessments convey factors and conditions that impact our quality of life, define the public health terrain and propel us in specific directions on our quest for a healthier community. Armed with this comprehensive picture of the community's public health terrain, the *MAP Campaign* was ready to identify strategic issues to address in order to progress towards a healthier community.

Identifying Strategic Issues

If you were a true adventurer and had all the time and money in the world to spend, your travels would likely take you to every corner of the world. Unfortunately, most travel is limited by time and money. The journey to a healthier community is no different. Resources are scarce. Deciding which areas to concentrate on required thoughtful review of all available information, incorporating the opinions of those who had an interest in being active companions in the journey.

After looking at the information from all of the assessments, listening to the voices of over 1,400 members of the Pasadena community, and reflecting on the messages, we came up with several possible routes to take to get to a healthier community. Realizing we had to prioritize the emerging, common themes into reasonable set of focus areas, we applied a set of criteria to rate the significance of each area.



*Prioritizing eleven key focus areas.
June 17, 2005*

Each prominent theme from the assessments and community visioning conversations was tested against these criteria. After scoring, 11 key focus areas ranked the strongest. Setting sight on 11 directions at the beginning of a journey would overwhelm the most seasoned of travelers and navigators. Faced with time and funding limitations, the *MAP Campaign* decided to address the four highest-scoring areas during the first action cycle, agreeing to visit the other eight themes in later phases of the *MAP Campaign*.

The first four priority areas in our journey towards a healthier community are:

- Access to Services. Ensuring greater access to health and social services.
- Community Wellness & Healthy Lifestyles. Advocating for the adoption of healthier behaviors and lifestyles.
- Public Health & Healthcare Workforce Development. In-creasing opportunities for recruitment, education and training in healthcare and public health fields.
- Community, Family & Youth Engagement. Providing overall support for families, youth and communities as they lead healthier, more engaged, fulfilling lives.

Please see Appendix 5 for a list of all of the priority areas.



Community volunteers with expertise, experience and enthusiasm emerged to become *MAP* Workgroup leaders in late 2005. Other volunteers with passion, expertise and interest joined them; and the four groups organized to plan and implement activities that address each of these four goal areas. Starting with a short-term plan of one year, the workgroups are meeting regularly to produce, promote and implement strategies and activities that engage and empower community members to create positive changes in their health and quality of life. The workgroups have plotted out action steps and created timelines to lead us to successful outcomes and to increase communication, involvement and accountability among public and private entities and among agency and individual stakeholders. Each workgroup's plan is based on evaluation of the assessment data and other existing knowledge or information acquired in the course of their work and the *MAP Campaign*.

To help you understand the roadmap for each workgroup, the next sections highlight their scope of work, and challenges faced, as they navigated their way.

“Knowing the path is different than walking the path.”

Morpheus in The Matrix

By Andy and Larry Wachowski, 1999

The Next Frontier: The *MAP Campaign* Community Health Action Plan

The *MAP Campaign* entered into completely uncharted territory as the *MAP* workgroups formed with the aim of developing a map for action. The beauty of the *MAP* approach is that it has not merely resulted in a written strategic plan document. Instead, as the workgroups met and worked together, each of them initiated and undertook action, resulting in significant progress even prior to the printing of the *MAP Campaign* action plan.

Each of the four *MAP* workgroups has produced a part of the *MAP Campaign* Community Health Action Plan. The workgroups explored the assessment research and revisited the visioning conversation results and prepared action plans to guide all who will follow in joining this journey.

Over a nine month period, workgroup members identified issues to address and worked together to develop intended outcomes for their particular community health focus areas. Pasadena Public Health Department staff and consultants provided technical assistance and facilitation tools as the workgroups developed action plans. While drafting their Year 1 Action Plans and timelines (described below), each workgroup was able to make some initial progress. Read on to find out more about our goals, plans and accomplishments.



Workgroup members developing action plans.

December 2, 2005

Access to Services Action Plan



*Discussing access needs and resources.
December 2, 2005*

The Access to Services Workgroup is working to ensure greater access to health and social services for all members of our community. To successfully do this, the workgroup asks, “What makes access a challenge in our community and how can we address these challenges?” The workgroup first looked at the assessment data for answers.

Availability and Affordability of Services. Community leaders interviewed for the *Forces of Change Assessment* offered a global perspective of the looming influences on access to care. They stated that availability and affordability of services are affected by increasing costs of health insurance and a decreasing number of providers who accept state and federal health insurance. Cost also creates a divide in quality and quantity of services among individuals who can afford to pay versus those who cannot. But it’s not just an issue of individual finances. The decrease in federal and state money allocated to healthcare and public health is resulting in fewer services and eroding coordination among those that remain.

Needs Outpace Capacity. The *Community Health Status Assessment* and the *Local Public Health System Assessment* also identified a need for access to all types of services, including specialty care services. Our needs are outpacing our capacity, especially in the areas of mental, dental and specialty care services, such as vision, endocrinology and cardiology specialties. Establishment of two community health clinics in the last decade— the Bill Moore Clinic in 1995 and the Community Health Alliance of Pasadena (CHAP) in 1998— have increased community capacity to provide regular care for lower income people. Other safety net providers have been relied on for years, providing a broad range of services intended to bridge, fill or reduce service gaps in our community. Examples are Young & Healthy, Pasadena Planned Parenthood, Huntington Memorial Hospital, the AIDs Service Center, Foothill Family Services, Hathaway-Sycamores Child and Family Services, Five Acres, D’Veal Family & Youth Services and the Pasadena Public Health Department, as well as individual physicians and local group practices. Newcomers to the safety net, such as Sierra Springs Family Wellness Center, help patch small sections of the net, yet the larger net remains tattered and frayed.

Greater Demand for Emergency Care and Urgent Care Services. Closure of trauma centers and hospitals create overburdened emergency rooms, contributing to the rising cost of care. We are seeing an increasing demand for emergency services at a time when fewer services are available due to emergency department closures across the County. In Pasadena, local access to emergency care was dramatically affected by the 2002 closing of St. Luke Medical Center. Huntington Memorial Hospital, which had earlier shut down its urgent care department, saw a precipitous rise in emergency room use. Of the 65,000 annual emergency room visits, as many as 40% could likely be treated in a less intensive and less costly setting, making the development of urgent care services a pressing concern.

Oversaturation of area hospital emergency rooms has wreaked havoc on the emergency transportation system, requiring more ambulances to be diverted to hospitals outside the local community and lengthening response times. A concurrent phenomenon is the growing trend of calling paramedics as a substitute for accessing primary care and walk-in services. The Pasadena Fire Department has acquired additional staff and response vehicles to keep pace with the demand and to be able to achieve response times within the national call time standard of time.⁴ Accessible urgent care services would alleviate this strain on emergency services by redirecting acute but non-emergent problems to a setting other than the hospital emergency room and reducing calls to paramedics.

Lack of Insurance Coverage. While great strides have been made in helping over 17,000 family members gain access to free or low cost insurance since 1998, a significant number of children and families are without coverage. Many of them are from working families whose employers do not provide insurance benefits. Although new state, county and private coverage programs for children make insurance more affordable, for many families insurance remains too costly. Some families report that they are faced with a difficult decision in choosing between health insurance and other necessities such as food and housing. Even when they qualify for coverage, they can't afford or sustain monthly premiums.

Armed with this information as we travel toward better access to services in the Pasadena area, our focus should be on:

⁴ Call standard of time "More California emergency rooms diverting ambulances", Courtney Fielding, Pasadena Star News, August 8, 2006.



- Cost of services and insurance
- Healthcare system coordination issues
- Comprehensive outreach and education
- Accessible and culturally relevant information resources
- Transportation
- Support of individuals' access to good health (empowering individuals and families to access and use information and services)
- Increased capacity at existing clinics

The Access to Services Workgroup, under the leadership of Mary Donnelly-Crocker (Young & Healthy) and Brian Biery (Neighborhood Connections Program, City of Pasadena Human Services and Recreation Department) includes:

Access to Services Workgroup

*Brian Biery (Co-Leader), Neighborhood Connections
 Mary Donnelly-Crocker (Co-Leader), Young & Healthy
 Wilma Allen, PPHD
 Neena Bixby, Huntington Memorial Hospital
 Maria Bogdanoff, Huntington Memorial Hospital
 Sheri Bonner, Planned Parenthood of Pasadena
 Pat Bowie, Consultant
 Rachel Estuar, PPHD
 Brian Hayes, Community Health Alliance of Pasadena
 Larry Johnson, Union Station Foundation*

*Steve Lipira, Pasadena Resident
 Margie Martinez, Community Health Alliance of Pasadena
 Heather Onuma, PPHD
 Dr. Preedar Oreggio, Sierra Spring Family Wellness Center
 Heidi Petersen-Leach, Pasadena Public Health Department
 Sandra Peterson, Union Station Foundation
 Deborah Silver, Consultant
 Dr. Al Sorkin, URDC Human Services Corp.
 Dr. Takashi Wada, PPHD*

Their two goals aim to impact community wellness within one to five years.

Access to Services Workgroup Intended Outcomes
<ol style="list-style-type: none"> 1. <i>Increased and improved capacity and relationships among safety-net provider organizations.</i> 2. <i>Increased and improved public awareness about accessing community services.</i>

The Strategic Action Plan outlines goals, objectives, strategies and activities for the first year through June 30, 2007. The Access to Services Workgroup began implementing action in December 2005. Its successes and progress to date are described immediately after the Year One Strategic Action Plan.

Access to Services Workgroup Year One Strategic Action Plan

Goal: To ensure greater access to healthcare and social services by improving capacity and relationships among providers and by raising public awareness of existing services.

Objective 1: To implement an efficient and effective referral system among safety net providers in the greater Pasadena community by June 2007.

Strategy 1. Gather baseline information about strengths and weaknesses of current referral system between safety net providers.

Activities

- A. Conduct a needs and resource assessment among leadership of safety net healthcare providers using a uniform questionnaire and two-on-one interviews. Interviewees will include URDC, CHAP, PUSD, HMM, Sierra Springs Family Wellness Center, Planned Parenthood, Pasadena Fire Department, Pasadena Public Health Department, Pasadena Senior Center

Strategy 2. Promote use and sustainability of the Pasadena Healthcare Link and referrals between existing service agencies.

Activities

- A. Promote Pasadena Healthcare Link through reports at meetings, distribution of materials to service providers and promotion through outreach events.
- B. Facilitate methodology to record how clients learn about services and compile that information on a monthly basis.
- C. Conduct a network analysis of providers before and after one year implementation period using a web-based questionnaire to measure working relationships formed between providers due to the *MAP* Access to Services activities.

Strategy 3. Strengthen service provision at existing agencies through coordination of clinic hours of service.

Activities

- A. Document hours of service of all clinics and share information.

Objective 2: To improve public awareness about accessing community health and social services by June 2007.

Strategy 1. Using the lessons learned from the Pasadena/Altadena Health Partnership project, organize community members who are not service providers to monitor workgroup activities, give input about implementation, and give feedback regarding service delivery from a community member perspective.

Activities

- A. Review documented record of lessons learned in the Pasadena/Altadena Health Partnership to develop an approach for non-service provider community member engagement in workgroup planning and implementation.
- B. Recruit ten (10) community members who are not service providers and who reside in Pasadena, Altadena or Sierra Madre to serve on the Access to Services Workgroup. Provide community members with hourly compensation to participate.
- C. Set regular workgroup meeting dates that include community member participation to discuss workgroup activities, give input about implementation, and give feedback regarding service delivery from a community member perspective.
- D. Create a community member questionnaire to get feedback from the general public about urgent care services.

Objective 2 (Continued): To improve public awareness about accessing community health and social services by June 2007.

Strategy 2. Enable all community members to access healthcare and public health services by eliminating barriers to access such as language ability, transportation limitations and lack of dissemination through easily-accessible communication channels.

Activities

- A. Translate *MAP Campaign* healthcare and public health materials for the general public into appropriate languages: Spanish, Armenian and Chinese.
- B. Develop a list of easily-accessible communication channels (newspapers, newsletters, magazines, etc.) to use for dissemination of healthcare and public health service information.
- C. Ensure that other workgroups provide free or low-cost transportation options to and from all *MAP Campaign* events and activities for the general public while positioning *MAP Campaign* events and activities at locations that are conveniently located to free or low-cost transportation options. Provide non-service provider community member representatives with transportation to and from MAP workgroup meetings.

Objective 3: Provide recommendations for development of an urgent care service center for the greater Pasadena area by July 2007.

Strategy 1. The workgroup will work together as a collaborative body to create sound recommendations about the urgent care service center model, services provided and environment.

Activities

- A. Review best practices of urgent care service delivery.
- B. Review results of the Urgent Care Feasibility Assessment commissioned by Huntington Memorial Hospital.
- C. Facilitate 3 meetings regarding recommendations regarding urgent care service delivery.
- D. Conduct a feasibility assessment of the workgroup's recommended model of urgent care service delivery if it is different from Huntington Memorial Hospital's proposed model.

Objective 4: Create central hub of information to keep abreast of shifts in funding streams and policy changes by June 2007.

Strategy 1. Continue to organize and expand membership of the Access to Services Workgroup, including the members of the Pasadena Healthcare Consortium. Possible new membership could come from: transportation agencies, translation agencies, information lines similar to PHL such as the LA County 211 line, and LA DHS Service Planning Area 3.

Activities

- A. Convene regular monthly or quarterly meeting dates, recruit new members and share information regarding shifts in funding streams and policy changes.
Other agenda items shall include:
 - Revisiting the priorities that have emerged from safety net provider interviews;
 - Identifying gaps between open hours of clinics and suggestions to address those gaps;
 - Recommending urgent care service delivery options;
 - Addressing the need for adult specialty care;
 - Developing non-service provider community member participation in the workgroup and conducting service feedback questionnaire distribution;
 - Addressing transportation and translation issues that affect access; and
 - Increasing public awareness of existing services.

The Access to Services Workgroup will vigorously pursue these objectives during the next year. In order to increase our access to available health and social services, the workgroup emphasized three things that need to happen: (1) Service providers need to know about each others' services and how to connect community members with each others' services; (2) Community members need information about these services and how to get them; (3) MAP needs to promote research and development of urgent care services that will be available to the entire community, particularly low-income individuals and families. Significant progress and momentum in these three workgroup areas is being achieved through coordination with other key efforts.

Access to Services Workgroup Successes

Since the Access to Services Workgroup plan is already underway, recent activities are highlighted:

- Improving Public Awareness of Existing Services. The approach fostered by the *MAP Campaign* calls for a large scale community education campaign about available health and social services in the community. One area of progress is the Pasadena Healthcare Link. Simultaneous to the launch of the Access to Services Workgroup and using information from the *MAP* community health assessments and community visioning discussions, the Pasadena Healthcare Consortium, a group of healthcare providers and community advocates, including the Pasadena Public Health Department, designed Pasadena Healthcare Link to serve uninsured and underinsured individuals and families in the greater Pasadena area. With funding from the Federal Bureau of Primary Care, Health Services Resource Administration, the purpose of the Pasadena Healthcare Link is to improve the effectiveness and efficiency of the working relationships between providers and to increase the community's awareness of and access to local healthcare systems and information. Participating safety-net service providers attend regular meetings and trainings aimed at increasing their knowledge about each others' services and resources so that they can refer people quickly, appropriately, effectively and easily.

Activated in mid-August 2006, the Pasadena Healthcare Link, or PHiL, call center offers an important link in the access to services chain, by providing a free 24/7 bilingual nurse advice and general referral line for advice about health problems and for referrals to a medical or social service provider, including transportation option, if needed. Utilization continues to grow each month. Information about PHiL and the services available throughout the community are being broadcast to the public through outreach events, advertisements and mailings. Special efforts are being made to make sure



that information is given in different languages and through several types of media. To reach PHiL, please call (626) 744-PHiL.

- Interviews with Service Providers. With Pasadena Healthcare Link already moving forward, the Access to Services Workgroup co-leaders decided to conduct individual interviews with the executive directors of the safety net provider organizations during Spring 2006 before convening the full workgroup. The interviews were intended to provide the agency directors with an opportunity to outline their vision for healthcare from their unique provider vantage points, including their assessment of the opportunities and barriers to achieving that vision. A few common themes were raised over and over during these interviews. For instance, despite a range of primary and ancillary healthcare services offered throughout Pasadena, interviewees repeatedly pointed to the pressing need for sustainable and reliable specialty care and urgent care in the community. Please see Appendix 12 for a summary of these interviews.

- Ad Hoc Agenda on Urgent Care. The issue of urgent care has come up in many community settings. Pasadena Public Health Department staff recently prepared a case statement and broad cost estimate for implementing an urgent care operation in Pasadena. The Community Relations Committee of Huntington Memorial Hospital also commissioned a feasibility study on urgent care, and ad-hoc groups of healthcare providers were discussing potential urgent care models. The Access to Services Workgroup is attempting to coordinate these fragmented efforts by creating the opportunity for a shared vision regarding urgent care for the Pasadena community. The workgroup is aiming for an urgent care center that is geographically accessible, open to all, provides an appropriate range of services, maintains evening and weekend hours, is culturally sensitive, and participates in the coordination of care with other community partners such as Huntington Memorial Hospital, CHAP, and the City's Public Health and Fire Departments. The ensuing dialogue is intended to strengthen the relationships among providers and open a window for input and collaboration among non-profit foundations, for-profit entities and insurers.

The *MAP Campaign* is proud of our progress to date but ever-mindful of the energy required to keep the Access to Services Workgroup on course. Driven by volunteers, the *MAP Campaign* continuously seeks people of vision and action to join the journey, correct our course, lock onto our destination and help take us there. We also need individuals and institutions to provide financial support through grants.

The estimated cost to support the Access to Services workplan through June 30, 2007 is \$41,426 to cover basic operational costs of staff, materials and supplies. An additional 175 volunteer Co-Leader hours are necessary to accomplish the work. An itemized budget is available upon request.

If you are interested in Access to Services issues, please call the *MAP Campaign* at (626) 744-6149 to get more information about the meeting schedule and to make the expedition with us. The Access to Services Workgroup meets monthly. Meeting dates are set based on upcoming agendas and member availability. Please see Appendix 11.1 for a detailed logic model of the Access to Services Action Plan.



Community Wellness & Healthy Lifestyles Action Plan



*Standing up for community wellness.⁵
August 9, 2005*

The Community Wellness & Healthy Lifestyles Workgroup advocates for the adoption of healthier behaviors and lifestyles. Results from the visioning conversations with community members identified a need to incorporate health promoting activities, such as physical activity and stress reduction, into the lives of residents. Participants recognized the need to take steps towards ensuring wellness and preventing disease. This need was echoed by the information gathered in the Community Health Status Assessment, which looked at state, county, city and community facts and figures. Chronic diseases cause over 80% of premature death and disability across Los Angeles County, and many of these diseases are preventable.⁶ Figure 8 represents the top ten leading causes of death in California in 1999 and compares cause-specific death rates per 100,000 people across city, county and state categories. Pasadena's cause-specific death rates are higher than both Los Angeles County and state rates in ten categories: heart disease, cancer, chronic obstructive respiratory disease, accidents, influenza/pneumonia, Alzheimer's Disease, cirrhosis, suicide and other causes. In 2003, Pasadena had a higher rate of death per 100,000 people than Los Angeles County and California, and a majority of these deaths resulted from preventable chronic diseases.

⁵ Community Wellness & Healthy Lifestyles Workgroup members at a Family Health Screening. Pictured from left-right: Vons Pharmacy Intern, Dr. Fred Cho, Vons Pharmacy Intern, Dr. Peter Chang, Vons Pharmacy Intern, Ruth Blandon and Bertha Lugo.

⁶ Los Angeles County Department of Health Services Public Health "Key Indicators of Health by Service Planning Area", 2002-2003.

	Pasadena	LA County	California
Diseases of the Heart	333.8	210.1	206.4
Malignant Neoplasms (Cancer)	193.1	141.4	156.1
Cerebrovascular Disease (Stroke)	55.4	46.6	53.4
Chronic Obstructive Respiratory Disease	43.8	31.8	38.9
Accidents	28.5	21	26.4
Influenza/Pneumonia	46.2	23.6	23.7
Diabetes	19.2	19.1	17.7
Alzheimer's Disease	14.6	8.1	11.6
Cirrhosis	17.7	11	10.5
Intentional Self-Harm (Suicide)	10.0	7.7	9.0
All Other Causes	133.1	105.8	119.4
Total Deaths	895.4	626.2	673.1

Figure 8. *Ten Leading Causes of Death in 1999: Cause-Specific Death Rates per 100,000 Population (Based on Census 2000 Population).*⁷

In Pasadena, there is a considerable burden of chronic disease. Figure 9 shows the estimated prevalence of common chronic diseases in the Pasadena population compared to Los Angeles County. In 2002-2003, approximately 70,000 Pasadena residents were living with one of the five chronic disease diagnoses listed below. That's over half of our population.⁸ In every category except diabetes, Pasadena has a higher prevalence of disease than Los Angeles County. Health promoting activities, such as exercising, eating a healthy diet and eliminating saturated fat or trans-fat, and quitting smoking, will promote wellness and can decrease the burden of chronic disease shouldered by our community.

Chronic Disease	Pasadena Diagnosis %	LA County Diagnosis %
Hypertension	25.6%	20.4%
Depression	16.5%	9.8%
Cardiovascular Disease	11.3%	6.3%
Asthma	7.9%	6.1%
Diabetes	6.2%	7.2%

Figure 9. *2002-2003 Chronic Disease Prevalence in Pasadena.*⁹

Like chronic disease, infectious disease (disease that can be passed from one person to another) can also be prevented by making behavior and lifestyle changes. Some of the most common infectious diseases in Pasadena adults are influenza, pneumonia, tuberculosis and HIV/AIDS. In 1999, Pasadena experienced a death rate from influenza and/or pneumonia of 46.2 deaths per

⁷ State of California and Los Angeles County Department of Health Services, Death Records.

⁸ Based on the 2000 US Census population of Pasadena.

⁹ Los Angeles County Health Survey, 2002-2003.

100,000 people.¹⁰ Every flu season, preventive behaviors such as frequent hand-washing, and flu and pneumonia vaccinations are promoted to control the spread of illness. Cases of tuberculosis are identified every year; the spread of illness is prevented through regular screenings and antibiotic treatments for people who are infected or exposed. From 2001-2005, there were 674 people diagnosed with HIV/AIDS in Pasadena.¹¹ Prevention of HIV infection is possible through adoption of healthy behaviors such as safe sex practices, avoiding injecting drug use and/or sharing needles for drug use.

Learning and practicing healthy behaviors is key to preventing disease and leading longer, healthier and happier lives. But we also know that prevention is not always practiced. Cultural and social norms and customs affect health behaviors, which are taught to our children who will lead the next generation through courses of illness or wellness. Limited physical activity, for instance, is becoming the norm in our community, with 40% of Pasadena adults reporting a sedentary lifestyle.¹² Adults are not the only ones at risk in our community; inactivity combined with poor nutrition has affected our youth, with 21% of 7th and 27% of 9th grade youth in our Pasadena Unified School District reporting that they feel that they are overweight.¹³ Competing priorities and values can make the difference between taking a walk or sitting in front of the television, eating a heart-healthy diet or choosing high fat fast foods.

In addition, many may not be aware of disease causes or effective prevention measures. Several community visioning participants identified a need to educate the community about health with an emphasis on prevention.¹⁴ In other cases, we may be aware but choose not to act because of a lack of empowerment or ability. Community visioning participants felt a need for better representation of consumers on decision-making bodies.¹⁵ Time or financial constraints can limit choices and structural barriers can stand in the way of good health. Several community visioning participants identified cost and supply barriers to making healthy choices. Many expressed a specific need for accessible, affordable nutritious food and more facilities that provide opportunities for recreation and fitness. Finally, we cannot forget to mention people or individuals who may not face any of these commonly cited barriers but still make unhealthy choices.

¹⁰ City of Pasadena Public Health Department 2002 Quality of Life Index.

¹¹ Los Angeles County Department of Health Services Public Health HIV/AIDS Semi-Annual Surveillance Summary, July 2006.

¹² Los Angeles County Health Survey, 2002-2003.

¹³ 2004-2005 Healthy Kids Survey, Pasadena Unified School District.

¹⁴ Foothill Vocational Opportunities community visioning conversation, May 20, 2005.

¹⁵ Casa Maria community visioning conversation, March 28, 2005.

Advocating for the community-wide adoption of healthier behaviors and lifestyle changes is imperative to improving the health of the Pasadena community. To successfully journey towards an optimal quality of life, we should be guided to:

- Develop positive approaches that maximize overall community wellness and healthy, active lifestyles
- Assess health promotion and education needs throughout the lifespan
- Address the causes of behavioral risk factors from a multi-disciplinary approach
- Create outreach and education campaigns and programs that are culturally competent and language specific
- Utilize and maximize existing efforts and services
- Seek funds for the development and/or maintenance of health promotion efforts that have been shown to positively impact the community



The workgroup is co-chaired by Eva Meyers (California Association of Nurse Practitioners) and Rick Kiel (Kaiser Permanente), and its membership includes:

Community Wellness & Healthy Lifestyles Workgroup

- | | |
|---|--|
| <i>Rick Kiel (Co-Leader), Kaiser Permanente</i> | <i>Candy Jara, PPHD</i> |
| <i>Eva Meyers (Co-Leader), CA Assoc. of Nurse Practitioners</i> | <i>Sue Keppler, Planned Parenthood</i> |
| <i>Dr. Kimlin Ashing-Giwa, Pasadena Resident</i> | <i>Chrissy Kim, American Cancer Society</i> |
| <i>Karen Aydelott, Pasadena YMCA</i> | <i>Stephen Lipira, Pasadena Resident</i> |
| <i>Ruth Blandon, HMM Healthy Eating & Lifestyles Program</i> | <i>Sharla Moore, Up & Moving Pasadena</i> |
| <i>Dr. Dennis Buckley, Pasadena Chamber of Commerce</i> | <i>Heather Onuma, PPHD</i> |
| <i>Dr. Peter Chang, Vons Pharmacy</i> | <i>Lorraine Reed, PPHD Pasadena Healthcare Link</i> |
| <i>Dr. Fred Cho, Vons Pharmacy</i> | <i>Dr. Glovioell Rowland, Pasadena Church of God</i> |
| <i>Valerie Coachman-Moore, CMA Consulting</i> | <i>Dr. Al Sorkin, URDC Human Services Corp.</i> |
| <i>Suzanne Corbett, HMM Healthy Eating & Lifestyles Program</i> | <i>Mary Urtecho-Garcia, PPHD Nutrition & Physical Activity</i> |
| <i>Peter Grams, Sickle Cell Disease Foundation of CA</i> | <i>Carol La Val, Pasadena Unified School District</i> |
| <i>Paula Gray, The Pampered Chef</i> | <i>Dr. Takashi Wada, PPHD</i> |
| <i>Joy Guihama, PPHD</i> | |

Their workplan aims to accomplish several goals that impact community wellness within one to five years.

Community Wellness & Healthy Lifestyles Workgroup Intended Outcomes
<p><u>Short-term (within the next 1 – 3 years):</u></p> <ol style="list-style-type: none"> 1. <i>Wide-ranging awareness throughout the greater Pasadena community about</i> <ol style="list-style-type: none"> a) <i>The need to improve personal health status; and</i> b) <i>How to improve community health.</i> 2. <i>Ready access to public health and healthcare information and services to improve personal and community well-being.</i>
<p><u>Long-term (within the next 3 – 5 years):</u></p> <ol style="list-style-type: none"> 1. <i>An engaged community committed to fostering health and wellness throughout the greater Pasadena area.</i> 2. <i>A more robust and connected public health system that encourages healthy behaviors of all residents and workers in the greater Pasadena area.</i> 3. <i>A thriving environment that reflects a culture of health and wellness.</i>

The following Strategic Action Plan describes the specific workplan for the first year through June 2007. A summary of the workgroup’s successes and progress to date also is provided.

Community Wellness and Healthy Lifestyles Workgroup Year One Strategic Action Plan

Goal: To support and sustain an engaging, thriving community culture that integrates health and wellness.

Objective 1: By June 2007, reach 1,750 community members to spread awareness about the need to improve personal health status and how to improve personal and community health.¹⁶

Strategy 1. Create a social marketing campaign to promote health and wellness education using all available communication channels and activities.

Activities

- A. Create list of targeted participants and partners (including other *MAP* workgroups).
- B. Define audience segmentation around *MAP* focus area strategies and activities.
- C. Develop a common calendar of public health/healthcare issues to coordinate nationally recognized health observances and existing screening campaigns and related events.
- D. Create consistent brand identity for use in all messages, materials and suggestions for communication channels to test in target audience segments. Create communication channels between *MAP* workgroups.
- E. Test messages, materials and suggestions for communication channels with target audience segments in 10 groups of at least 10 participants each.
- F. Revise messages, materials and channels based on feedback from target audiences.
- G. Recruit 12 healthcare, public health, business and community-based organizations, who are not existing partners and who have access to populations who are not currently engaged in the *MAP Campaign*, to sponsor the common calendar of public health activities and screening schedule on-site and/or among employees and customers.
- H. Launch and deliver social marketing campaign. This may include press releases, newsletter and magazine articles or advertisements, a KPAS television series, video, website, message and materials dissemination at outreach events, meetings and worksites.
- I. Develop a Health Champions award program to publicly recognize individuals, organizations and businesses that model healthy behavior and healthy lifestyle conditions for community members, organization members, clientele and/or employees.

Objective 2: By June 2007, increase community members' (including families and youth) access to public health and healthcare information and services by increasing visibility of available services.

Strategy 1. Connect 5 businesses with public health and healthcare information and services.

Activities

- A. Identify existing resources of public health and healthcare information and services.
- B. Recruit mobile clinic programs and/or pharmacies and/or clinics to provide free or low-cost screenings related to the community health calendar at a minimum of 5 sites.
- C. Refer high-risk populations screened positively for disease to partnering providers through the Pasadena Healthcare Link health advice and resource line.
- D. Convene and facilitate 1 meeting among the *MAP* Community Wellness & Healthy Lifestyles Workgroup, the *MAP* Access to Services Workgroup, the 12 organizations sponsoring the community health calendar of public health activities, and the 5 businesses now connected to healthcare information and services, to explore the creation of health education/wellness centers to serve the greater Pasadena area while working in concert with an urgent care center development effort.

¹⁶ In February 2006, MAP Steering Committee established a public relations goal to spread awareness of MAP and its activities by 25%. The 1,750 figure was calculated from the original 1,400 community members who were involved in the MAP visioning conversations in 2004-2005: $(1,400 \times .25) + 1,400 = 1,750$.

In order to increase and maintain wellness in our community, the workgroup identified three simple prerequisites: (1) We need to understand why we need to improve our health and then we need to know how to go about improving it; (2) We need to engage in ways to improve our own health and the health of the community; (3) We need to increase connections between public health system entities to support community wellness.

Community Wellness & Healthy Lifestyles Workgroup Successes

The Community Wellness and Healthy Lifestyles Workgroup has several tangible successes that are consistent with its first year workplan and is already on target to accomplish its second year goals. Much of the workgroup progress stems from people of similar interests sharing knowledge and information to support, promote and enhance existing programs and to design new projects that make a difference.

- Family Health Screenings. The workgroup (through a partnership with Vons Pharmacy, Huntington Memorial Hospital Healthy Eating and Lifestyles Program, Up & Moving, Blair High School Health Academy, Pasadena Public Health Department Pasadena Healthcare Link, Health Insurance Outreach and Nutrition & Physical Activity Programs) provided free family health screening days at two local Vons grocery stores in August. Clients were screened for diabetes, diabetes risk, and osteoporosis, and their cholesterol levels and BMI (body mass index) were also measured. Once clients obtained their screening results, they were referred to resources that would improve and/or maintain their health through physical activity and nutrition classes, diabetes management classes, and Up & Moving walking clubs. If clients indicated that they did not have insurance or did not have a regular doctor, they were counseled by outreach workers to enroll in insurance programs and/or linked to the Pasadena Healthcare Link telephone line for appointments. At the two sites, over 239 screenings were provided to clients, and the workgroup is planning for additional free screenings through Vons on a more regular basis (once or twice a month) so that more community members can monitor and manage their wellness.
- Collaborative Opportunities. Several organizations and programs in our community are already promoting community wellness, so the workgroup serves as a forum for combining forces to reach more people. The workgroup is actively promoting:
 - PACE (Pasadena Anti-Obesity Community Education):* Nutrition and fitness education classes and activities.
 - Up & Moving:* A city-wide fitness challenge to promote physical activity through walking clubs and other means.

Young & Healthy's Club FIT: Working to engage young people in exercise, nutrition and positive thinking in the Pasadena Unified School District.

Pasadena Church of God's Body & Soul Coalition: Instituting food policy changes and healthy lifestyle principles across seven African American churches.

Bill Moore Community Health Clinic's Chronic Disease Management for Persons with Diabetes: A collaborative disease management program between Bill Moore Clinic, Pasadena Public Health Department and Madison Neighborhood Partners, which includes walkability assessments, a promotora program and surveys of grocery stores.

Promotora Program for Sexually Transmitted Diseases: Pasadena Planned Parenthood and Madison Neighborhood Partners are partnering to promote sexual and reproductive health, well being and education.

- Grant Application. Community-wide marketing is a critical piece of the workplan and an integral part of raising awareness of wellness and healthy behaviors. Through a corporate-nonprofit partnership between Vons and Young & Healthy, an application was made for \$100,000 of marketing services. Unfortunately, we did not receive funding but we are continuing the search for other sources of support.

- Promotion of the Library Community Health & Medicine Calendar.¹⁷ During the planning process, the workgroup identified the City of Pasadena Library Community Health & Medicine Calendar as a resource that is currently available online. The workgroup planned out a monthly wellness observances calendar and we are actively promoting and posting activities, events, classes and meetings online. Please contact us at (626) 744-6149 if you would like to include your activities on the calendar.

MAP Community Wellness & Healthy Lifestyles Calendar.

www.cityofpasadena.net/library/ (Click on "Community Calendar" and then click on the "Health and Medicine" Quick Link.)

2006

August	Family Health Screenings
September	Prostate Cancer Awareness
October	Let's Talk: Breast Cancer Awareness & Family Sexuality Education
November	Diabetes Awareness
December	World AIDs Day

¹⁷ The MAP Community Wellness & Healthy Lifestyles Calendar will be coming soon to the MAP Campaign website at www.cityofpasadena.net/publichealth/pphd_home/map_campaign/map_home.asp .

2007

January	Cervical Health Awareness
February	Heart Health Month
March	Colorectal Cancer Awareness & Nutrition Month
April	Public Health Week & National Infant Immunization Month
May	Mental Health Month, Physical Fitness & Sports, Teen Pregnancy Prevention, Asthma & Allergies Awareness
June	National Men's Health, Testicular Cancer, Cancer Survivor's Day, Sun Safety
July	Youth Sports Week, UV Safety
August	Breastfeeding Awareness Month, Children's Eye Health & Safety, Youth Month

The estimated cost to support the Community Wellness and Healthy Lifestyles workplan through June 30, 2007 is \$27,266, with 204 volunteer Co-Leader hours. This covers the basic components of the scope of work but does not include specific costs to develop and operate health education and wellness centers. An itemized budget is available upon request.

The Community Wellness & Healthy Lifestyles Workgroup intends to raise awareness of important ways to increase and maintain the health of our community. If you are looking for ways to be well or promote wellness please call (626) 744-6149 to join the workgroup's efforts to contribute to our community's health. Please see Appendix 11.2 for a detailed logic model of the Community Wellness & Healthy Lifestyles Action Plan.



Public Health & Healthcare Workforce Development Action Plan

The Public Health & Healthcare Workforce Development Workgroup is focused on increasing opportunities for education and training in healthcare and public health. Nationally growing health workforce shortages in these job fields are an alarming trend.



*Outlining the workgroup's plan to address workforce needs.¹⁸
December 2, 2005*

- Across the nation, we are facing workforce shortages in healthcare fields such as nursing, nursing assistants, home care aides, personal care workers.¹⁹ Public health agencies are facing recruitment difficulties across all occupations.²⁰
- Across California, we rank 47th among states in per capita health services employment.²¹ Budget constraints at the state level contribute to problems with recruiting and retaining an adequate public health workforce.²²
- Across our greater Pasadena community, decreases in public health funding have limited opportunities for continuing education and training, magnifying the need for creative workforce development solutions. This is further complicated by current and expected workforce shortages in key professions such as nursing.²³ In certain professions, we experience a competitive disadvantage in the employment market.

Many national and global changes such as demographic shifts, the emerging importance of bioterrorism and emergency preparedness, the threats from emerging diseases, including concerns of a pandemic influenza, and the increasing prevalence of chronic conditions underscore the need for a highly skilled public health and healthcare workforce. According to Healthy People

¹⁸ Former Co-Leader, Tracey Veal-Booker, presenting ideas at the December 2005 Action Planning Summit.

¹⁹ "An Aging U.S. Population and the Health Care Workforce: Factors Affecting the Need for Geriatric Care Workers" Prepared by: University of CA, San Francisco, Center for California Health Workforce Studies, February 2006.

²⁰ "Public Health Workforce Study", Bureau of Health Professions, Health Resources and Services Administration, January 2005.

²¹ "State Health Workforce Profiles Highlights: California", Bureau of Health Professions, Health Resources and Services Administration, January 2005.

²² "Public Health Workforce Study", Bureau of Health Professions, Health Resources and Services Administration, January 2005.

²³ *MAP Campaign* Forces of Change Assessment and the *MAP Campaign* Local Public Health System Assessment, Pasadena Public Health Department, June 2005.



2010—the nation’s prevention agenda—a diverse and prepared workforce is the underpinning of achieving better health and eliminating health disparities in America.²⁴

A significant number of *MAP* youth participants in the *MAP* Visioning sessions expressed an interest in having greater access to vocational and mentorship opportunities that would better equip them to enter the job market. Strengthening public health and healthcare workforce capacity with an emphasis on creating training and employment opportunities for youth is an integral element of assuring health and quality of life in the Pasadena area. To build local interest in these career opportunities and increase the number of young people entering these fields, this workgroup is focused on:

- Increasing exposure to public health and healthcare career options
- Assessing workforce development needs
- Promoting public health and healthcare leadership development
- Securing funding for local education and training programs
- Facilitating and promoting mentorships and internships for early exposure, reinforcement and support
- Conducting outreach and education
- Creating online links to resources and opportunities
- Educating and training our current and future healthcare and public health workforce

Initially led by Tracey Veal-Booker (Aetna Health Plan) and Janet Levine (Pasadena City College), the workgroup is currently co-chaired by Dr. Wayne Aoki (Rebuilding Together) and Dr. Susan Clifford (Pasadena City College) and includes the following members:

Public Health & Healthcare Workforce Development Workgroup

Dr. Wayne Aoki (Co-Leader), Rebuilding Together
Dr. Susan Clifford (Co-Leader), Pasadena City College
Sandy Atkins (former member), Hospice of Pasadena
Valerie Coachman-Moore, CMA Consulting
Debbie Curtin, Blair High School, Health Careers Academy
Miriam Feldblum, Caltech
Dr. Maura Harrington, Lodestar Management/Research, Inc.
Sue Keppler, Planned Parenthood
Carol La Val, Pasadena Unified School District

Janet Levine (former Co-Leader), Pasadena City College
Dr. Eddie Newman, Pasadena Unified School District
Heather Onuma, PPHD
Gerry Perry-Williams, PPHD
Heidi Petersen-Leach, PPHD
Robin Sohmer, PPHD
Patricia Valencia, PPHD
Tracey Veal-Booker (former Co-Leader), Aetna

²⁴ U.S. Department of Health and Human Services. *Healthy People 2010: Understanding and Improving Health*. 2nd ed. Washington, DC: U.S. Government Printing Office, November 2000.

Their Action Plan aims to produce longer-term outcomes of workforce development within one to five years.

Public Health & Healthcare Workforce Development Workgroup Intended Outcomes
<p><u>Short-term (within the next 1 - 3 years):</u></p> <ol style="list-style-type: none"> 1. <i>Increase awareness about healthcare and public health career opportunities among local middle and high school students, including students in alternative education sites, their families and the community.</i> 2. <i>Increase access to participation in healthcare and public health information, education and training programs for local middle and high school students, including students in alternative education sites.</i>
<p><u>Long-term (within the next 3 – 5 years):</u></p> <ol style="list-style-type: none"> 1. <i>An integrated system for providing information and training for local middle and high school students, including students in alternative education sites, interested in careers in healthcare and public health.</i> 2. <i>An accessible information database for local middle and high school students, including students in alternative education sites, who are interested in careers in healthcare and public health to access information.</i>

The workgroup’s successes and progress appear after the Year One Action Plan, which is outlined below.

Public Health & Healthcare Workforce Development Workgroup Year One Strategic Action Plan

Goal: Increased awareness of healthcare and public health career opportunities among local middle, high school and alternative school students, among their families and across the greater Pasadena community.

Objective 1: By May 2007, increase the number of local middle and high school students who are aware of jobs and opportunities in the health care field and are aware of health education and training pathways which lead toward jobs in the health care field.

Strategy 1. Identify baseline number of students who are aware of jobs and opportunities, health education and training pathways and establish a target for percentage increase in awareness.

Activities

- A. Use the Pasadena Unified School District Regional Occupational Choices survey to identify the current number of students who are interested in healthcare and public health careers.
- B. Establish a percentage increase target using the current number of students interested in healthcare and public health careers as a proxy for number of local middle and high school students who are aware of jobs, opportunities, health education and training pathways.

Strategy 2. Establish an advisory collaborative to design and launch a public health and healthcare career development plan for eighth graders in public, private and alternative education schools.

Activities

- A. Identify potential collaborative members who can assist with design and launch of a public health and healthcare career development plan. This list should include: youth; already-existing groups that work towards increasing workforce capacity; public, private and alternative education middle and high schools; healthcare and public health organizations; community-based organizations involved in career development, education and training; tutoring programs and youth organizations.
- B. Recruit potential collaborative members to assist with design and launch of a public health and healthcare career development plan.

Strategy 3. Work with individual schools and youth to increase awareness of public health and healthcare career opportunities among eighth graders by sponsoring 5 career development assemblies in 5 schools with follow up public health and healthcare professional classroom visits.

Activities

- A. Choose locations, dates and times for school assemblies and classroom visits.
- B. Design an agenda for the assemblies and classroom visits including input from planning meetings with youth.
- C. Recruit and schedule guest speakers, as follows:
 - Recruit and schedule 2 guest speakers each for 20 science classroom visits. This includes time spent on telephone calls, in-person meetings and correspondence.
 - Recruit and schedule 25 guest speakers to speak at 5 assemblies in 5 schools.
- D. Design a pre-test and post-test questionnaire for the assemblies and the classroom visits to: Gather information about students' interest in particular healthcare and public health careers and learning preferences (through classroom visits, job shadowing, etc.); Evaluate student satisfaction with the assemblies and classroom visits; Measure effect on students' awareness of opportunities.
- E. Design and provide agenda materials and incentives.
- F. Recruit schools and eighth grade teachers to participate in assemblies and classroom visits.
- G. Publicize selected event(s) through press release, flyers, Pasadena In Focus, *MAP* Newsletter, community newsletters, *MAP* website, City Manager's "Green Sheets" and KPAS video bulletin board.
- H. Launch the 5 school assemblies and 20 classroom visits

Objective 1 (continued): By May 2007, increase the number of local middle and high school students who are aware of jobs and opportunities in the healthcare field and are aware of health education and training pathways which lead toward jobs in the health care field.

Strategy 4. Launch a public health and healthcare career development event for eighth graders in public, private and alternative education schools with youth input in 2008.

Activities

- A. Collaborate to select a location, date and time for the event.
- B. Design an agenda including input from planning meetings that include youth.
- C. Recruit and schedule 45 guest speakers to speak at one career development event. This includes time spent on telephone calls, in-person meetings and correspondence.
- D. Recruit and schedule exhibitors.
Design a pre-test and post-test to measure effect on students' awareness.
- E. Plan to provide food, refreshments, decorations, transportation, translation, agenda materials, incentives, tables and chairs, and audio-visual equipment.
- F. Recruit participants.
- G. Publicize the career development event through press release, flyers, Pasadena In Focus, *MAP* Newsletter, community newsletters, *MAP* website, City Manager's "Green Sheets" and KPAS video bulletin board. Ask Health Champions and *MAP Campaign* partners to promote event through word-of-mouth, flyers, and in newsletters.
- H. Launch the career development event.

Strategy 5. Support career development events and fairs.

Activities

- A. Identify already-existing career development events and fairs.
- B. Provide career development event and fair organizers with information about public health and healthcare career opportunities and workgroup efforts.

Objective 2: By June 2007, increase access to health education and training opportunities for local students.

Strategy 1. Design and develop a website using youth input that contains information about career pathways, local and national training, mentoring and education opportunities for local Pasadena area youth.

Activities

- A. Develop a resource assessment tool for cataloguing local and national training and education opportunities.
- B. Recruit youth interns to design a website that contains information about local and national training opportunities, career pathways, mentoring and education opportunities for local middle and high school youth.

Strategy 2. Gather information from middle and high school youth across the community about local career development resources; barriers and challenges to career development; effective communication channels for middle and high school youth; and feedback regarding a website that contains information about local and national training opportunities, career pathways, mentoring and education opportunities.

Activities

- A. Design a focus group guide.
- B. Recruit youth interns and provide them with training to use focus group guide to conduct focus groups.
- C. Using youth organization and school contacts, recruit 10 focus groups of 5-7 youth participants across the community.
- D. Conduct 10 focus groups of 5-7 youth participants. Revise website according to feedback of each group.



Objective 2 (continued): By June 2007, increase access to health education and training opportunities for local students.

Strategy 3. Develop a "Teaching Across the Community" marketing campaign to improve awareness of students, parents and community members about careers in healthcare and public health.

Activities

- A. Design outreach materials promoting the career development website use, utilizing the feedback from focus groups about effective communication channels for middle and high school youth
- B. Distribute materials through identified communication channels, which may include: press release, flyers, Pasadena In Focus, *MAP* Newsletter, community newsletters, *MAP* website, City Manager's "Green Sheets", KPAS video bulletin board, and through word-of-mouth from Health Champions and *MAP Campaign* partners.

Objective 3: By July 2007, improve the level of coordination and collaboration between local institutions that prepare individuals for careers in the health care and public health.

Strategy 1. Develop a working collaboration between core institutions and organizations involved in public health and healthcare career development and training/education.

Activities

- A. Ask collaborative advisory members for feedback on the career development assemblies and classroom visits, website and "Teaching Across the Community" marketing campaign. Based on this feedback and the feedback from participants, design a healthcare and public health career development event that will take place on an annual basis starting in 2008.
- B. Using feedback from collaborative advisory members, youth focus group participants, website users and participants in the career development assemblies and classroom visits, identify priority policy and procedural challenges that pose barriers to access into the workforce for students.
- C. Address the priority policy and procedural challenges that pose barriers to access into the workforce for students in the next year of implementation.

In order to increase Pasadena's public health and healthcare workforce, there are three things that need to happen: (1) Students need to know about and be interested in public health and healthcare careers; (2) Students need access to more information about careers and how to achieve their career goals; (3) We need to improve coordination and collaboration between local institutions that teach, mentor and support youth in pursuit of their career goals.

Public Health & Healthcare Workforce Development Workgroup Successes

The Public Health & Healthcare Workforce Development Workgroup has been working diligently to progress towards its goals. A number of significant outcomes have been realized.

- Partnership Development with Pasadena Unified School District. The Pasadena Unified School District's Regional Occupation Program (PUSD ROP) asks students to fill out a questionnaire about their career interests annually. Through partnership with this program, the workgroup found that approximately 25% of students are interested in careers in healthcare.²⁵ This school year, the PUSD ROP Program will allow the workgroup to include a question about awareness of career opportunities in public health and healthcare. In Spring 2006, the PUSD ROP Program invited the workgroup to present its draft workplan to all of its middle and high school counselors, who agreed to assist the workgroup with access to the students in the 2006-2007 school year. We will continue to work with PUSD to reach and engage students.

- Website Draft and Focus Group Testing. Four interns (two from college and two from local Pasadena high schools) designed a draft website to provide career information, including local area internship opportunities, academic support and mentorship information. Over the summer, our two high school interns tested the draft website with a focus group of their peers and later incorporated their suggestions. During the focus group, the interns provided public health and healthcare career information to participants and talked about their healthcare career goals and internship experiences. We are currently revising the *MAP Campaign* website to reflect their draft and are attempting to link the site with other already-existing resource pages such as "Make it in Scrubs" (www.makeitinscrubs.com).²⁶

²⁵ Pasadena Unified School District Regional Occupational Program Survey 2005-2006.

²⁶ Make it in Scrubs is part of The Diversity in Health Professions Public Education Campaign that is funded by a grant to Ogilvy Public Relations from The California Wellness Foundation (TCWF).

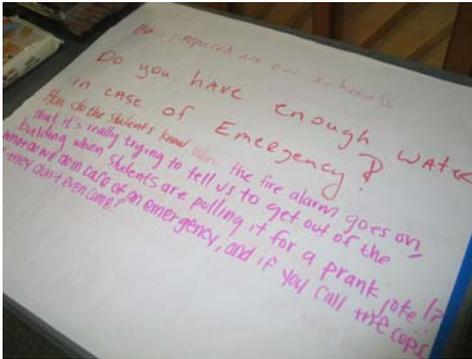
- Participation in Women at Work Career Development Event. Women at Work, a local job and resource center that serves women of the greater Los Angeles area, sponsored an annual career development event for young Latina women, “Adelante Mujer Latina”, in the spring of this year. At this event, we were able to provide information about our workgroup’s efforts to participants and their parents. We look forward to raising awareness of the opportunities available in public health and healthcare at this event, and others like it, in the coming year.
- Donation from Pasadena City College. Pasadena City College, a dedicated partner in the workforce development effort, is committing to contributing \$1,000 in addition to its in-kind volunteer work towards the workgroup’s career development efforts.

The estimated cost to support the Public Health & Healthcare Workforce Development workplan through June 30, 2007 is \$21,499 with 144 volunteer co-leader hours. An itemized budget is available upon request. Please see Appendix 11.3 for a detailed logic model of the Public Health & Healthcare Workforce Development Action Plan

The Public Health & Healthcare Workforce Development Workgroup aims to increase awareness of and access to career opportunities among middle and high school students. If you are a student or someone who wants to make a difference in a young person’s career development, please call the *MAP Campaign* at (626) 744-6149 to join the workgroup’s efforts.



Community, Family & Youth Engagement Action Plan



*Questions from youth at
Teen Rally '06: Speak Out & Be Heard
April 27, 2006*

The Community, Family and Youth Engagement Workgroup formed to increase opportunities for community members to connect with each other and participate in community life. This group builds on Pasadena's significant civic involvement, while at the same time addressing the feeling expressed by members of the community, particularly youth, who shared a sense of disconnectedness between themselves as individuals and the greater community of Pasadena.

Both the visioning conversations and the health assessment results emphasized a need to create and reinforce connections between individuals, neighbors and community groups. Participants wanted more opportunities for engagement where neighbors could interact and individuals could be encouraged to volunteer and become civically involved. A central theme was the need to accept and celebrate the diversity within the community, allowing all residents to have a voice regardless of status. Participants also felt strongly about promoting and building strong families. They prioritized educational and involvement opportunities for parents, quality affordable child and senior day care options for families, and available job opportunities for all who seek work. Youth were particularly vocal, emphasizing the need to be valued and involved as members of the community.

Engaging all community members to take part in creating a healthier community is essential for MAP's success. The Community, Family and Youth Engagement Workgroup shows tremendous potential for connecting a more engaged public, especially with its initial focus on youth. Attention should be given to:

- Developing programs focused on engaging and connecting community members of the greater Pasadena community
- Creating opportunities for youth to become involved in civic activities and issues
- Developing programs focused on strengthening families
- Encouraging community members to become involved in all aspects of the MAP process



The Community, Family & Youth Engagement Workgroup is co-chaired by Karen Aydelott (Pasadena YMCA) and Oscar Manzanares (Madison Neighborhood Partners), and its membership includes:

Community, Family & Youth Engagement Workgroup

Karen Aydelott (Co-Leader), Pasadena YMCA
Oscar Manzanares (Co-Leader), Madison Neighborhood Partners
Greg Apodaca, Community Without Walls
Brian Biery, Neighborhood Connections
Patricia Bowie, Consultant
Dr. Dennis Buckley, Pasadena Chamber of Commerce
Amy Cole, Lake Avenue Foundation
Serafin Espinoza, Villa Parke
Israel Estrada, Pasadena Forward
Tahra Goraya, Day One
Dr. Maura Harrington, Lodestar Management/Research, Inc.
Lilia Hernandez, Armory Center for the Arts
Paul Hodgdon, The Sycamores
Sue Keppler, Planned Parenthood of Pasadena, Inc.

Cherri King, Pasadena NAACP
Marcus Lee, Jackie Robinson Center
Steve Lipira, Day One
Mercedes Mantilla, Catholic Big Brothers Big Sisters
Roberta Martinez, Latino Heritage Association of Pasadena
Mark Masaoka, SPA 3 Children's Planning Council
Sue Miele, The Partnership for Children, Youth, and Families
Lorna Miller, Office for Creative Connections
Cicily Nordness, Catholic Big Brothers Big Sisters
Heather Onuma, PPHD
Tzeitel Paras, Pasadena YMCA
Tony Santilena, LA County Office of Education
Trina Smith, Baby Let's Wait
Robin Sohmer, PPHD
Christine Yap, CORAL

Their Action Plan aims to produce longer-term outcomes of community, family and youth engagement within one to five years, as follows.

Community, Family & Youth Engagement Workgroup Intended Outcomes
<ol style="list-style-type: none"> 1. An increase in community member (especially those of our youth) skills and capacities to contribute and be involved in their community, resulting in increased community member engagement. 2. Increased opportunities and support for active community member engagement and participation, including linkages to community activities and groups. 3. Community groups with common or overlapping purposes and goals working together to achieve richer and more sustainable outcomes.

Community, Family & Youth Engagement Workgroup Year One Strategic Action Plan

Goal: To increase community member skills and capacities to contribute and be involved in their community, resulting in greater community resident engagement in civic activities and issues.²⁷

Objective 1: Engage and involve youth, their families and other community members in civic activities and issues.

Strategy 1. Ensure active and meaningful youth participation in the 2006 Pasadena Neighborhood Summit through planning and participating in the 2005 Pasadena Neighborhood Summit, including planning and hosting a pre-Summit "Teen Rally '06: Speak Out and Be Heard" event with and for youth in concert with the Pasadena Neighborhood Summit.²⁸

Activities

- A. Attend monthly/weekly Neighborhood Summit planning meetings and report back to the *MAP* Community, Family & Youth Engagement Workgroup. Identify opportunities to engage youth in the Neighborhood Summit planning and activities.
- B. Identify 20 individuals and organizations already working with youth.
- C. Invite youth organization representatives and youth to become members of the planning team for the Pasadena Neighborhood Summit and for the pre-Summit "Teen Rally '06 Speak Out and Be Heard" event that will support full youth participation. Gain commitment from at least 10 organizations and their affiliated youth to participate on the planning team in conjunction with Neighborhood Connections and the Asset Network.
- D. Host monthly meetings of the planning team to create an agenda and activities for the pre-Summit "Teen Rally '06: Speak Out and Be Heard" and integrate youth fully in the planning and preparation so that youth participate actively and meaningfully at the Pasadena Neighborhood Summit.
- E. Choose a location, date, and time for the event.
- F. Recruit and schedule guest speakers.
- G. Design an evaluation of the pre-Summit "Teen Rally '06: Speak Out and Be Heard" event.
- H. Provide room, food, refreshments, decorations, transportation, agenda materials, and incentives.
- I. Recruit 100 youth participants through youth service organizations.
- J. Publicize event through press release, flyers, and *MAP* website.
- K. Launch pre-Summit "Teen Rally '06: Speak Out and Be Heard" event.
- L. Recruit 100 youth to attend the Pasadena Neighborhood Summit.
- M. Recruit 8 youth to facilitate breakout discussion groups at the Pasadena Neighborhood Summit.
- N. Create a youth facilitator guide and provide facilitator training to 8 youth.
- O. Working with other participants at the Pasadena Neighborhood Summit, create individual and community action steps to improve four community issue areas: housing, employment, education and emergency preparedness.

Strategy 2. Host a follow up event ("Teen Rally '06/Neighborhood Summit: What Now?") to the Pasadena Neighborhood Summit for youth. Ask youth to prioritize 8 community action steps to work towards over the next year.

Activities

- A. Choose a location, date, and time for the event.
- B. Provide room, food, refreshments, decorations, transportation, and agenda materials.
- C. Recruit the 75 youth participants in the Neighborhood Summit to attend.
- D. Publicize event through email and mailed flyers.
- E. Launch "Teen Rally '06/Neighborhood Summit: What Now?" event.

²⁷ Strategies 1-3 were a part of the original 2005-2006 action plan and activities were accomplished in October 2005 – June 2006.

²⁸ Youth are defined as young persons who are of middle school, high school and college age.

Objective 1 (Continued): Ensure active and meaningful youth participation in the 2006 Pasadena Neighborhood Summit.

Strategy 3. Host a celebration pool party to reward youth participants in the Teen Rally '06: Speak Out and Be Heard, Pasadena Neighborhood Summit and Teen Rally '06/Neighborhood Summit: What Now? Events.

Activities

- A. Choose a location, date, and time for the event.
- B. Provide room, food, refreshments, decorations, transportation, and agenda materials
- C. Recruit the youth participants in all events to attend.
- D. Publicize event through email and calls.
- E. Launch the pool party.

Objective 2: Increase opportunities and support for active youth, family and community member engagement and participation, including linkages to community activities, community groups and *MAP* workgroups by February 2007.

Strategy 1. Increase in the number of youth that regularly engage in civic opportunities that allow youth to have a civic voice.

Activities

- A. Establish a baseline number of community groups that regularly engage youth (such as Armory Center for the Arts, the Ambassadors, Baby Let's Wait, Catholic Big Brothers Big Sisters, City of Pasadena Human Services Department programs, CORAL, Day One, Flintridge Foundation, Friday Night Live, Hathaway-Sycamores, Lake Avenue Church, Pasadena Planned Parenthood, Pasadena Public Library Youth Database, Pasadena Youth Christian Center, Pasadena YMCA, Pasadena YWCA, Puente, PUSD Academies) by gathering information about youth opportunities and programs from local collaborative group resources, such as the Asset Development Network and The Partnership for Children, Youth and Families.
- B. Establish a target increase in youth engagement by community groups using this baseline number.
- C. Identify other community groups, non-governmental organizations, government organizations, and businesses that can support youth engagement by giving youth an opportunity to have a civic voice.
- D. Recruit the groups, organizations and businesses identified in Activity C to participate in, support and/or promote already-existing opportunities for youth engagement.

Strategy 2. Provide other *MAP* workgroups with access to family, youth and community members.

Activities

- A. Provide *MAP* Access to Services Workgroup with access to community members who are not service providers to serve on a community coalition.
- B. Provide *MAP* Public Health & Healthcare Workforce Development Workgroup with access to youth and organizations that serve youth in order to design a career development presentation and website.
- C. Provide *MAP* Community Wellness & Healthy Lifestyles Workgroup with access to community-based organizations, community members, families and youth in order to participate in calendared public health activities, screenings and in the Health Champions program.
- D. Establish (with other workgroups) a functioning line of communication with public and private schools in the greater Pasadena area.

Objective 3: By July 2007, create a framework for youth-focused service organizations and groups who have common goals to work together for richer and more sustainable outcomes.

Strategy 1. Develop a youth-driven plan for sustainable engagement and civic involvement.

Activities

- A. Seek support from collaborative youth-focused groups for a future Youth Council.
- B. Work with the City of Pasadena Human Services Department to support the 2006 Youth Council pilot.
- C. Review other city's youth master plans (including plans from Sierra Madre, Ojai and South County, San Luis Obispo County) and youth council models. Talk to representatives from those areas about best practices, lessons learned, funding sources for and outcomes from creating their plans and youth council.
- D. Present best practices, lessons learned, funding sources and outcomes to the workgroup.
- E. Review data gathered by the Asset Development Network, Fuller Youth Initiative, PUSD Healthy Kids Survey, and the *MAP Campaign* assessments to inform the advocacy strategy. Present data that informs the advocacy strategy to the workgroup.
- F. Seek Pasadena City Council support for a plan for youth and institutionalization of a Youth Council.
- G. Support development of a timetable for completion of plan for youth and support a search for funding and resources to complete the plan.

Strategy 2. Develop a replicable model based on the experience of working with and coordinating several community/civic groups to host the Teen Rally and Neighborhood Summit for collaboration across community groups with common goals.

Activities

- A. Create a simple graphic representation of the model for use in presentations and planning.

Strategy 3. Bring together collaborative youth-focused groups to support:

- Listening to young people and using that input to drive decisions
- Mobilizing youth to take the eight action steps selected through the Teen Rally and Neighborhood Summit process
- Building relationships between youth participants
- An annual way to bring youth together that could connect to a larger community summit every year or two years
- A sustainability strategy for supporting youth engagement in civic activities and issues

Activities

- A. Host regular meetings of the workgroup, including members from collaborative youth-focused groups (including the Asset Development Network and the Partnership for Children, Youth & Families), representatives from non-governmental organizations, government organizations (including the City of Pasadena Human Services Department and the Human Services Commission) and businesses to support youth engagement.

Community, Family & Youth Engagement Workgroup Successes

In the months preceding the publication of this plan, the Community, Family and Youth Engagement Workgroup made significant progress toward several Year One Action Plan objectives. In order to increase community engagement, we said that there are three things that have to happen: (1) Individuals need to build skills and capacity to participate in community activities— for example, public speaking skills, knowledge of current neighborhood issues, and ways to access public services and resources; (2) We as individuals need opportunities and support for participation that brings us together as a community; (3) Already-existing community groups with common goals need to work together to sustain continued community member engagement over the years— one way to do this is to follow a model for collaboration that works.

The initial focus of the action plan is on youth, and would involve influential and significant people in their lives, such as their family members, friends, mentors, teachers and service providers. Fortunately, the Pasadena Asset Development Network, a collaboration of organizations committed to promoting positive youth development in the greater Pasadena area, had already united many community organizations around a framework of developmental assets which are experiences and qualities essential to positive youth development. Linking with the Asset Development Network's already-existing framework, the MAP Community, Family & Youth Engagement Workgroup focused its energy on getting youth to actively participate in and plan a large-scale community event. By successfully inviting and involving youth in a community initiative, we produce a model for replication in subsequent years. The Community, Family & Youth Engagement Workgroup would like to share some highlights and successes.

- "Speak Out & Be Heard: Teen Rally '06". Through conversations with Neighborhood Connections and the Asset Development Network, an opportunity for immediate action was identified: a youth component to the upcoming Pasadena Neighborhood Summit (Neighborhood Summit) on May 13, 2006, allowing youth to actively voice their perspective. In order to train youth to become active participants in the community and in this summit, the workgroup hosted six planning sessions with youth over three months to prepare for the "Speak Out & Be Heard: Teen Rally '06" on April 27, 2006. That night, youth received human relations training about the root causes of problems and disconnectedness in the community, and area experts provided current information about the four neighborhood issues on the Neighborhood Summit agenda (education, employment, emergency preparedness and housing). With assistance and collaboration from 12 organizations across the city, 65 youth were able to attend the Teen Rally. The next month, 75 youth

actively participated in the Neighborhood Summit as discussion leaders and participants. Active recruitment among all local youth organizations, including public and private schools, and use of adult allies successfully assured attendance of youth. Please see Appendix 13 for evaluation results from the Teen Rally.

- Youth Co-Facilitators at the Pasadena Neighborhood Summit. The Neighborhood Summit was organized around four topics: housing, emergency preparedness, jobs, and education. Each topic was outlined and discussed at a separate location. The goal was to come up with outcomes and actions to bring back to the large group summit in what is called a “cloverleaf pattern”, in which the large group discusses how plans can overlap and support one another. After the Teen Rally, eight youth co-facilitators attended a facilitation training with adult mentors, building their knowledge of the neighborhood issues (including what was important to youth at the Teen Rally) and public speaking skills so that they could co-lead the discussion groups at the Neighborhood Summit. This approach ensure that each neighborhood issue was introduced from both an adult and a youth perspective, which kept the discussion, outcomes and actions oriented towards all age ranges.

- Action Steps that Improve Community Engagement. The Neighborhood Summit produced individual and community action steps that participants can take to improve housing, education, emergency preparedness and employment in Pasadena. Using these as a guide, fifteen youth participated in a follow up meeting to select eight of their own action steps to be worked on in teams over the next year.

Education	Emergency Preparedness
1. Attend a joint council and school board meeting, make sure people know where to go and when, and make sure parents have a vote. 2. Create an Education Commission in the City Charter.	1. Promote safety education through Parents' Education for Safety Training and Emergency Recovery (PESTER), a program that would train youth to deliver emergency preparedness education to their parents. 2. Sponsor a Disaster Preparedness Day.
Employment	Housing
1. Assist community members in their job searches by offering mentoring, service in appropriate languages and a friendly atmosphere in career centers in community agencies. 2. Create a study of undocumented labor which would recognize the large contribution of undocumented workers to our economy.	1. Have high schools participate in a program to help build additional low-income housing. 2. Allow building on existing lots or divide up parcels of land to increase density.

Figure 10. *Eight action steps for youth.*

- Pasadena Youth Radio Project. Pasadena Youth Radio (“PYR”) is a pilot program of an innovative collaborative partnership between local private schools, the Pasadena Unified School District, the Pasadena Public Health Department. Scheduled to start in February 2007, eligible high school students will meet weekly after school for 10 sessions. Presenters will include educators from Blair, Waverly, Pasadena City College, and The Armory Center for the Arts, in addition to industry professionals. Students will develop segments addressing quality of life issues of interest to youth. They will broadcast through the City of Pasadena’s audio streaming, as well as podcast through Waverly’s website. PYR will support young people’s intellectual, creative, and professional growth through the medium of radio, providing professional training, teaching youth community leadership skills, and opening a dialogue among students who are currently separated by educational and socioeconomic differences.
- Creating a Model to Sustain Youth Engagement. Seeking to sustain civic engagement of young people, the workgroup is looking for ways to create a framework or model of collaboration for youth-focused groups to use. This model includes a replicable way to bring youth and community groups together, such as the Teen Rally and Neighborhood Summit. It includes advocacy for development of a plan for youth that maps out how and where youth are engaged in civic activities, perhaps through a sustainable Youth Council. This will need to include ongoing and consistent debriefing with youth, and young people would be integral in shaping the way such a plan or council would function, as traditional adult meetings are not necessarily the best format for engaging youth in community life. We need to develop incentives for youth in order to encourage participation, including community service credit and college recommendations. The workgroup is including other collaborative efforts to create this model for youth engagement, including the Healthy Ambitions Program (a collaboration between Pasadena Public Health Department, Blair High School and local healthcare providers), Pasadena Public Health Department Youth Radio Project (a collaboration between Pasadena Unified School District, the Waverly School, the City of Pasadena, and the Pasadena Public Health Department), the Asset Development Network and the Partnership for Children, Youth and Families.

The estimated cost to support the Community, Family & Youth Engagement workplan through June 30, 2007 is \$13,723, with \$1,650 of in-kind donations and

422 volunteer co-leader hours. An itemized budget is available upon request. Please see Appendix 11.4 for a detailed logic model of the Community, Family & Youth Engagement Action Plan. The Community, Family & Youth Engagement Workgroup intends connect or re-connect us as individuals to our community. If you are looking for a sense of connectedness, please call the *MAP Campaign* at (626) 744-6149 to join the workgroup and contribute to our community.

Charting a Course
for
Our Healthy Future



Interested in
Community, Family &
Youth Engagement?
Call (626) 744-6149.



“ . . . public health . . . bringing the world toward a sense of singular community in which the health of each one member rises or falls with the health of all others.”

Laurie Garrett

Betrayal of Trust:

The Collapse of Global Health

The Long and Winding Road: A Mission to Connect with Our Community

Since 1892, the Pasadena Public Health Department (PPHD) has been responsible for protecting, maintaining and improving the health of the Pasadena community. Early on, PPHD knew that it was not solely responsible and accountable for community health. Good, sound public health means linking all members of the local public health system. Because of its unique position as a city-operated health department, PPHD embraces the value of building relationships. Both conventional and novel components of the local public health system (e.g., hospitals, clinics, physicians, pharmacies, and other health service providers; community nonprofits and social service agencies; area advocates and activists; businesses and employers; faith institutions; community leaders, individuals and neighbors) have been our partners in performing the 10 essential public health services and assuring individual and community health (see Appendix 7 for more information regarding the 10 essential public health services). Several earlier community health improvement and planning efforts led to the *MAP Campaign*.

Pasadena Healthy Cities Project²⁹

In the 1990's the Public Health Department became a charter member of the national Healthy Cities movement and began nurturing the core belief that health is much more than the absence of disease and, indeed, encompasses physical, mental, social, and spiritual well being. Moreover, health is determined, in part, by the economic, environmental, and social conditions in which we exist. Conditions such as housing, education, employment, access to health care, a sense of connectedness, and feelings of safety can enhance or detract from an individual's or a community's health and wellness. Political and personal choices have the power to influence the circumstances that affect health. In 1992, the *Quality of Life Index* was published by the Pasadena Healthy Cities Project. Organized around 10 broad categories and 55 individual indicators, the *Index* served as a community health “report card” to measure and track the

²⁹ For more information about the Pasadena Healthy Cities Project or the Quality of Life Index, please visit www.cityofpasadena.net/publichealth/ and click on “quality of life index” or call (626) 744-6060.

health of the City. An updated publication in 1998 encouraged continued cooperation between public health professionals and community members to measure and track changes in our community's health. Like the earlier volume, the 1998 *Index* was used by agencies mostly for grant writing and planning. The 2002 *Index* switches gears and focuses on describing the quality of life in both Pasadena and Altadena, incorporating significant community member input. The *Index* weaves together statistics, trends, anecdotes and experiences to show the interconnection and relevance of an expanded set of categories and indicators reflecting areas of both pride and concern. Rather than being merely a report card, the *Index* is designed to stimulate questions and be a catalyst for people to react and transform the quality of life areas about which they care deeply. The development and distribution of the 2002 *Index* represented a deeper venture into garnering public input and stirring public effort to question and address complex health issues in our community.

Pasadena/Altadena Health Partnership

Formed in 1996 with funding from the California Wellness Foundation's Health Improvement Initiative, the Pasadena/Altadena Health Partnership inspired a reach toward more collaborative community health decision making, delivery and policy changes. Pasadena was one of only nine communities (or health partnerships) across the state selected and funded to foster successful models of collaboration for planning and implementing health improvements. Key elements of this five-year initiative included a functional governance structure, direct service provision, systems change and measuring population health. Notable progress was made, but sustaining the work once the funding ended was difficult, reinforcing the fragile nature of partnerships that lack adequate resources. As the Pasadena/Altadena Health Partnership quietly ended, members recommended continuing to meet to network and forming a think tank for addressing public health issues.

Partnership for the Public's Health

In 2000, the Partnership for the Public's Health initiative, a four-year program funded by the California Endowment, created formal partnerships between Pasadena Public Health Department and three neighborhoods. With its theme that people are at the center of public health, the initiative set out to increase the capacity of the local health department and of community groups to be allies in community health planning, priority-setting and advocacy. Strong partnerships with two neighborhoods, Madison Neighborhood Partners (MNP) and Neighbors Acting Together Helping All (NATHA), continue to thrive. Trusting relationships are nurtured and evolving as we sit at each other's tables, and an automatically renewing Memorandum of Understanding documents each partnership. The partnerships benefit from resource-leveraging opportunities



such as sharing expertise, in-kind assets and technical assistance; joint planning for community health improvements and grant seeking activities; supporting each other's health fairs and visible community events; and, of course, participating in the *MAP Campaign*.

Pasadena Public Health Department (PPHD) Strategic Thinking

In early 2000, the Public Health Director, Wilma Allen, began moving the Department programs and staff ideologically and geographically closer to the community it served. In 2002, PPHD carried out an internal strategic thinking process called SCORE (Strategic Campaign for Organizational Renewal & Expression) that involved all staff in defining why we exist and where we want to go. Using an organizational development technique called *appreciative inquiry*³⁰, PPHD developed a new purpose statement to capture the values and aspirations of staff, transform priorities, drive performance and shape organizational excellence for our next 100 years of operation. Staff adopted this purpose statement:

We exist to ensure and promote a healthy community with healthy people and to work with others to assure opportunities for optimal health for present and future generations.

Staff also adopted an overarching vision statement:

The Pasadena Public Health Department is a world-class model of public health practice that champions opportunities for every member of the community to live a healthy life.

The staff-defined Department purpose, values, overarching vision and seven goal areas served to guide and galvanize the Department's future direction, decisions and actions. Yet, full input from the community whom we served was missing. The results of the Department's internal strategic thinking effort are depicted in Appendix 14. We recognized that PPHD's purpose and vision can only be truly fulfilled by working shoulder to shoulder with the people who make up the greater Pasadena community.

Community-wide Strategic Planning - By Design

Before PPHD could take steps to uphold its new Departmental purpose and vision, we wanted to align our vision with that of people who live and work in

³⁰ Appreciative inquiry is an organization development philosophy and methodology that enhances organizations' capacities for positive change and ongoing adaptability. It was developed in the mid-1980s by David Cooperrider, Ph.D. and Suresh Srivastva, Ph.D. of the Weatherhead School of Management at Case Western Reserve University.

Pasadena. We needed community input on how a healthier Pasadena community can be achieved and sustained and how to work effectively with community members as partners. Thus, PPHD set out to improve the direct line of communication and action with its fellow public health shareholders, recognizing that simply put, the day-to-day business of health in our community is publicly owned and operated.

To organize our journey, a *Design Team* formed in spring 2003 and convened monthly for several months to debate the merits of the national MAPP model, explore different approaches for our local community, and decide how to make this planning effort exceed the scope and outcomes of former attempts to energize the community around health concerns. The *Design Team* contemplated ways to arouse community ownership and assure actions would be undertaken to change the community health landscape and heighten people's investment in defining and achieving a healthier community. See Appendix 1.1 for members of the *Design Team* which included 10 agency and area resident leaders. Comprised of this small core of volunteering partners and staff from the Pasadena Public Health Department, the *Design Team* served as a "think tank" charged with tailoring this national model to Pasadena's unique characteristics. They provided a framework for our discovery process. Their quality brainstorming sessions produced some great ideas for constructing the MAPP process in Pasadena.

As the model was dissected and tailored, the *Design Team* agreed that a community-wide campaign such as this needed to include a wise and diverse set of partners to provide leadership in launching such a comprehensive movement. *Design Team* members identified leaders who could help pilot and maneuver the MAPP model through uncharted territory. The *Design Team* generated a sizable list of potential partners for possible recruitment into what became the *MAPP Campaign Steering Committee*.

Recruitment and Partnership Development Dinner - A Defining Moment

On July 28, 2004 approximately 55 representatives from health and human service agencies and coalitions, city government, the school district, residents and neighborhood leaders, faith institutions, private businesses and academic and cultural institutions attended a dinner at the invitation of Public Health Director, Wilma Allen, to learn about MAPP and the potential impact it could make on quality of life in the Pasadena area. After discussing MAPP, its goals, its structure and how it would be carried out, an appeal was made for people who felt called to this work. Nearly 25 people answered the call to join the MAPP project and work toward identifying concrete goals and strategies for improving community health and finding sustainable solutions to the community's pressing health priorities. Motivated attendees signed up to be

Steering Committee members and to be available for other special ad hoc groups. Please see Appendix 3 for the Steering Committee member list.

The volunteers who stepped forward are leaders in community-based organizations, non-profit and for-profit healthcare providers, local government, businesses, academic institutions and neighborhoods who helped to plan and guide us through our journey to a healthier community. They are champions of public health in their personal and professional lives—real advocates for our community and for our community’s health.

At one of its first meetings, the Steering Committee decided to drop the MAPP acronym and rename our effort the simpler but more meaningful “*MAP Campaign*”, reflecting the notion of charting a direction and taking a guided journey together. Please see p. 65-66 for more information about how the *MAP* Steering Committee governs and guides our journey. *MAP* now stands for both our process and our plan. It is a uniquely-Pasadena, community-wide , action-oriented strategic planning effort. *MAP* is a guide for our actions that maps the way from our current quality of life to the next destination point: a stronger, thriving, healthier Pasadena.

The Steering Committee led us through four major *MAP* public events to highlight and underscore the *MAP* concept: the *MAP* Launch in October 2004; the Morning of Reflection and Thanks in February 2005 to provide interim feedback to the community; the Steering Committee Retreat in June 2005 to begin sifting through all the assessments and identifying priorities for action; and our Action Planning Summit in December 2005. The *MAP* Steering Committee has provided creative and practical guidance and technical assistance throughout the *MAP* journey and helped ignite and propel the *MAP Campaign* forward.

A New Beginning



*MAP Campaign Launch.*³¹
October 26, 2004

Our earlier forays of mobilizing and planning cleared the path to the *MAP* Community Health Action Plan. The *MAP Campaign* draws upon the lessons learned from prior successes and failures through a sustained emphasis on community-wide connections and collaborations. Responsibility for the health of the greater Pasadena area is shared among community members and public health professionals across all sectors. A shared commitment and accountability to tackling a few community health priorities at a time harnesses our collective energy and action to

³¹ Wilma Allen, Pasadena Public Health Department Director, and Marta Walker, KTLA news anchor.

produce longer lasting results that reflect the shared interests of our entire community. In this first cycle of the *MAP Campaign*, 11 community health focus areas emerged out of the four *MAP* assessments. Using a prioritization tool with agreed-upon scoring criteria, the *MAP* Steering Committee picked out the top four priorities at the Steering Committee Retreat on June 28, 2005. Please see Appendix 5 for the 11 community health focus areas.

The strategic plan birthed by the *MAP Campaign* affirms the vision germinated by PPHD. Through the *MAP Campaign* we are engaging all who are interested in an action-oriented community health planning process. *MAP* is a catalyst for defining priorities. A catalyst for building community capacity. A catalyst for crossing the threshold to more innovative, effective approaches to protect and improve community health and well being. A catalyst to enhance our local public health department's resourcefulness for achieving community health priorities. And a catalyst for creating sustainable community health partnerships with mutual responsibility for charting and navigating a course to a healthier future. The *MAP* Community Health Action Plan honors and celebrates collaboration and outlines ways to move us closer to our goal of a healthy future.

The *MAP* Community Health Action Plan belongs to all of us. Progress and success will depend upon our mutual participation and involvement.



“It takes as much energy to wish as it does to plan.”

Eleanor Roosevelt

Staying the Course: Tools of Necessity for Skillful Navigation

Agents of Change, Open to Change

Making a difference means being open to change. The *MAP Campaign* is a medium for pursuing personal transformation and for changing community and social norms in order to improve community health. A successful *MAP Campaign* will support and sustain change at all levels.

A huge goal of the *MAP Campaign* is to stimulate and accommodate systems and policy change, and therefore bring about different results. Systems changes are significant and enduring transformations in the way community groups, organizations and institutions work together. Desirable system changes, in particular, are changes that result in more comprehensive and integrated systems of health-related programs and services. Desirable policy changes are changes in formal or written rules established by organizations and political entities that are implemented and sustained over time. There is often an overlap between systems and policy change. Although policy changes may affect only a single organization or political entity, an implemented policy change can also revolutionize systems when it affects relationships between multiple organizations. These changes are expected to produce a measurable impact on the population targeted, whether it is a small impact on a large number of people or a large impact on a relatively small number of people.

To advance policy and systems change, the *MAP Campaign* has to understand the cultures and change processes of key institutions and groups. It must also translate information into policy recommendations that can be acted on by community stakeholders. As a backdrop to identifying and motivating systemic changes, we must sustain collaborative relationships and sustain our capacity to gather and assess data that supports policy and systems change goals. Finally, we, as a community, must employ strategies and nurture perspectives that welcome change.

Governance: The *MAP Campaign* Steering Committee

Under the leadership of the Pasadena Public Health Department, current Co-Chair, Cherri King, and former Co-Chair, Rosanna Esparza, the Steering Committee has guided the *MAP Campaign* through 103 visioning conversations

with community members, four health assessments, and the identification of strategic issues, goals, strategies and plans. Members have generously given their time to plan and participate in several community events and meetings that blazed the trail and lighted the path towards better health.

The *MAP Campaign* is a strategic planning initiative that in many ways boils down to a huge community engagement effort. The *MAP Steering Committee* has been and remains the leadership cabinet for the *MAP Campaign* and a bridge to community members and their interests. The Steering Committee is made up of individuals who are committed to achieving the *MAP Vision and Purpose* and to formulating and implementing an action plan that achieves these goals. The Steering Committee also provides the forum for coordination of the workgroups.

The Steering Committee plays a vital role in governing the *MAP Campaign*. It is responsible for establishing the policies and parameters that guide the work of the *Campaign*. This includes:

1. Setting policies to guide the workgroups in the development and implementation of their action plans.
2. Establishing mechanisms for coordinating the work of the workgroups.
3. Supporting resource development for the overall *Campaign* and the workgroup activities.
4. Identifying and supporting leveraging opportunities.
5. Establishing strategies to link with existing efforts.
6. Overseeing the evaluation process and making recommendations for change based on the results.

The Steering Committee is made up of individuals who are committed to achieving the *MAP Vision and Purpose* and who are moving the *MAP Campaign* toward a full, community driven partnership. The emphasis is on community institutions learning to let communities take the leading role in the improving health and learning how to be effective in supporting these efforts. This challenges the status quo and lays the groundwork for systemic change. The Steering Committee will re-examine its role periodically as progress is made and as needs change.

Linkages

One tenet of the *MAP Campaign* is to encourage and promote other efforts to bring about a healthier community. The *MAP Campaign* is not seeking to suppress, control or duplicate other endeavors that further *MAP's* vision of the greater Pasadena area as a healthy, thriving community that values and



promotes overall wellness. Instead the *Campaign* aims to champion all opportunities for connection and collaboration among individuals, groups, community organizations and institutions. The *MAP Campaign* set out to honor and support the many efforts already implementing actions to improve quality of life in the greater Pasadena area. The public health landscape in the greater Pasadena area is burgeoning with plans and initiatives which share this vision in the public and private sector. Representatives from several major public and private initiatives were invited to attend monthly Steering Committee meetings to describe their initiative and brainstorm on how to integrate and bolster our common goals. Our vision to improve community health is already a shared goal of many people and organizations across Pasadena. The *MAP Campaign* is one of several efforts in the City of Pasadena which strives to improve the public's health and strengthen components of the local public health system. It is unique, however, in that its main purpose is to identify and energize efforts, resources and strengths and to work together to achieve real systems change. Creating linkages between and among plans and organizations is critical to sustainable progress. Appendix 10 documents current and potential collaboration opportunities between the *MAP Campaign* workgroups and citywide initiatives, agency efforts and City Department plans.

Evaluation

As activities and events unfold, we must make sure that we are meeting the needs and dreams of our community. That's why evaluation is an important and necessary step in the strategic planning process. Evaluation is a way to make sure that the planners are holding themselves accountable to the vision of a healthier community. It's also a way to make sure that we are accomplishing our goals. How well did we do? How many other community members did we help? This is the type of information that will be useful when we look at results and start planning other activities and events. As we figure out how to get around one type of barrier in our path, we should apply that wisdom to future steps. Evaluation helps us to take advantage of the continuous learning from our experiences with each other.

The use of evaluative practices has played a key role in each of the steps in the *MAP* planning to date and will continue to do so. The need to use data to plan, reflect upon progress and to develop strategies is a core value and one of the six guiding principles of *MAP* expressed as, "All efforts will be guided by a commitment to continuous improvement and measurable results." Evaluation has been an ever present component of this planning process and not, as so often is the case, left to the end as an afterthought. Instead, *MAP* participants have been acutely attuned to the role that data play not only in the early stages of planning in defining needs, but also in regard to providing feedback for

continuous improvement as well as in providing indication or evidence of success. Evaluation is woven into the action plan, in which key evaluation activities and efforts have been specifically defined both for workgroup and the *MAP Campaign* overall.

Process measures will analyze adherence to proposed workplans and timelines and the degrees to which activities are implemented as planned. This evaluation component will measure efficiency of processes as well as generate administrative improvements for future program years and activities. To demonstrate successful program outcomes and efficient program processes, an evidence-based program evaluation will take place concurrently with the program. The evaluation has been designed in accordance with leading theories of community-based evaluation practice. It will collect and analyze both qualitative and quantitative data where possible on each proposed program activity to measure the achievement of time-phased short- and long-term program objectives.

Consistent with the guiding principles of *MAP*, the evaluation will be participatory and inclusive of the perspectives of a wide range of constituents. The evaluation will strive to be responsive to needs and priorities for data that will not only be convincing of the success of *MAP* efforts, but will also serve to excite and engage new participants and supporters. A recurring question that arises in the workgroups is “how will we know that we are making a difference?” This is a complex question and one that will not easily be answered. It will be up to the participants to define success and to continually articulate and review reasonable and realistic indicators of success. These indicators will be found at various junctures in the implementation, first at successfully implementing planned activities and getting individuals to participate. Next it will be key to look at measures of success in terms of change; for example, was awareness and knowledge increased? Do participants report being more motivated to change?

In the longer term, the evaluation will seek to determine the extent to which the *MAP Campaign* has impact through the work of the workgroups. There will certainly be challenges in measuring impact at both the individual and community levels due to logistical, resource and measurement constraints. In addition, to date, a number of gaps in the availability of local, Pasadena/Altadena specific data have been uncovered. Nonetheless, *MAP*, through its commitment to reflection and data, will seek to maximize its efforts to yield useful data and, in the long run, work to ensure that the systems are in place to provide relevant local data.



Marketing and Resource Development

To continue the evolution of the MAP Community Health Action Plan, the Steering Committee and workgroups are focusing on developing resources to support achievement of our community health improvement goals. “Resources” include financial support for core operating expenses and in-kind/charitable donations of staff time and expertise, volunteers, meeting space, supplies, equipment and materials. Core operating expenses include paid staff, office space, internal and external communication and other general operating costs. In order to secure these types of resources, the *MAP Campaign* seeks individuals, organizations and advocates who are willing to endorse the *MAP* process and its priorities and place community health improvement at the forefront of funding and/or policy decision-making and media exposure. The projected full operating annual cost of the *MAP Campaign* is approximately \$200,000.

The *MAP Campaign* is already brokering existing resources to sustain our vision of a healthy, thriving Pasadena through its Steering Committee, Workgroup members, and community participants. Members of the Community, Family & Youth Engagement Workgroup donated food, refreshments, a DJ, use of facilities and equipment, as well as design and printing costs to make the “Teen Rally ‘06: Speak Out & Be Heard” and follow-up events possible. Partnering with the Pasadena Public Health Department’s Women, Infants and Children (WIC) Supplemental Nutrition Program, the *MAP Campaign* was able to fund marketing materials, printing, and instructors to promote physical activity and good nutrition. Pasadena City College, a partner agency in the Public Health & Healthcare Workforce Development Workgroup, has pledged to donate \$1,000 toward career awareness events. In August 2006, almost 250 free individual health screenings, diabetes prevention, healthcare and insurance information were provided through in-kind donations from Vons Pharmacy, Huntington Memorial Hospital’s Healthy Eating Lifestyle Program (HELP), Up & Moving, Blair High School Health Academy, Pasadena Public Health Department’s Pasadena Healthcare Link, Health Insurance Outreach and Nutrition & Physical Activity Programs.

With assistance from a communications plan drafted by the City of Pasadena Public Affairs Department, the *MAP* Steering Committee is prioritizing communication strategies that promote community-wide awareness of the *MAP Campaign* and the workgroup activities. Using a grassroots approach to marketing activities, we are emphasizing:

- Word-of-mouth
- Articles in community newsletters and local media
- Participation in community meetings, events and activities

- Distribution of the *MAP Campaign* newsletter
- Brochure development
- *MAP Campaign* website development and postings
- News releases when applicable

By facilitating a partnership between Vons Pharmacy and Young & Healthy (a non-profit that provides free healthcare to low-income uninsured children in greater Pasadena), the *MAP Campaign* supported a grant application for \$100,000 of in-kind marketing services to promote health and wellness messages.

The *MAP Campaign* is preparing for the greater challenge of finding entities to invest in seeking to bring the MAP Community Health Action Plan to fruition and sustaining the priority setting and action cycle that lies ahead. Our goal is to either obtain funding for different components of the *MAP* plan or to secure major long term funding to establish the *MAP Campaign* effort in the Pasadena area.

We always welcome your input and assistance in the areas of marketing and resource development. If you can offer funding or staff support, ideas or access to funders or expertise in marketing and/or resource development, please contact the *MAP Campaign* at 626-744-6149.

Perpetuation and Sustainability

The *MAP Campaign* is designed to continue in perpetuity. To ensure that the action cycle will continue, our efforts toward long-term sustainability will be carefully considered and will focus on continued broad-based community participation, regularly updated assessments and resource development. We will fulfill our promise to provide feedback to all the groups and individuals who talked to us and are awaiting evidence that their voice matters. The *MAP Campaign* Community Health Action Plan captures all of the input from community participants and provides us a foundation for on-going outreach, presentations and updates. In returning to the community with this Community Health Action Plan, we continue the forward movement of the action planning cycle, continuously involving community members in implementation, evaluation and planning for the next rotation of the action planning cycle.





He who has health has hope. He who has hope has everything.
Arabian Proverb

Conclusion

The *MAP Campaign* vision, purpose and guiding principles will continue to guide and measure our progress throughout this journey. With your help and action, the MAP Community Health Action Plan will be used as an ever evolving *MAP* for implementation, evaluation and planning over the next two to five years. But it doesn't end there. Short-term plans and priorities will segue into longer term plans; and as we succeed, will give way to additional, ever-changing priorities and tactics. Individual and corporate success stories will inspire us. Updated research and assessment will be an impetus for additional priorities and actions; just as dedicated, new and reallocated resources will open opportunities and possibilities for new steps of change. We have the freedom to galvanize and exercise the social and political will to make manifest the public good. Our health as a community cannot improve without action and inspiration from community members like you. Our hope is that this continuous cycle of public health action and advancements through community participation, planning and partnerships will become a permanent part of our community life -- in order to achieve our vision.

MAP Campaign Vision
*The greater Pasadena area is a healthy, thriving community
that values and promotes overall wellness.*

In all things, we wish you safe passage.