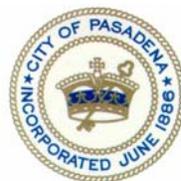




Charting A New Course For
Our Healthy Future

Community Health Action Plan APPENDICES



January 2007

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Appendix 1

List of *MAP Campaign* Participants and Supporters

This appendix contains lists of the participants and supporters of the *MAP Campaign*:

- 1.1 Design Team Participants
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- 1.8 Action Planning Summit Participants- December 2, 2005
- 1.9 Speak Out & Be Heard Teen Rally '06 Participants- April 27, 2006

If we accidentally forgot to include your name on these lists, please forgive us and please let us know at (626) 744-6149. Thank you so much for your help in forming the *MAP Campaign* vision to make the greater Pasadena area a healthy, thriving community that values and promotes overall wellness.

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Appendix 1.1 Design Team Participants

Wilma J. Allen, Pasadena Public Health Department
Greg Apodaca, Mountain Top Strategies
Neena Bixby, Huntington Memorial Hospital
March Donnelly-Crocker, Young & Healthy
Rosanna Esparza, Center for Community and Family Services
Dr. Maura Harrington, Lodestar Management/Research, Inc.
Tahra Goraya, Day One
Tamu Jones, Pasadena Public Health Department
Lisa Malone-Buffong, Pasadena Public Health Department
Celestine McFearn-Walker, Neighbors Acting Together Helping All
Heidi Petersen-Leach, Pasadena Public Health Department
Deborah Silver, Consultant
Robin Sohmer, Pasadena Public Health Department
Wayne Soucy, Pacific Clinics
David Swanson-Hollinger, Five Acres
Patricia Valencia, Pasadena Public Health Department

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Appendix 1.2 MAP Campaign Launch Participants – October 26, 2004

Carolyn Aguayo, KTLA
Wilma J. Allen, Pasadena Public Health Department
Ehrica Aparicio, Pasadena Public Health Department
Greg Apodaca, Mountain Top Strategies
Carlos Arreola, Neighbors Acting Together Helping All
Anita Bennett, Young Communications
Roberto Barahona, Pasadena Public Health Department
Foster A. Bemomen, Young Communications
Suzanne Berberian, Pasadena Unified School District
Brian Biery, Neighborhood Connections
Mayor Bill Bogaard, City of Pasadena
Charles Boyd, CAB & Associates
Yvonne Brown, NAAC Pasadena Branch / Pasadena Alumnae Delta Sigma Theta Sorority
Rita Cameron Wells, Pasadena Public Health Department
Dave Cardenas, Boy Scouts
Dennis Carrillo, Pasadena Public Health Department
Ofelia Cavazos, Pasadena Public Health Department
Vyla Chan, Pasadena Public Health Department
Valerie Coachman-Moore, CMA Consulting
Lark Crable, Robinson Park
Mary Donnelly-Crocker, Young & Healthy
Melissa Ely Moore, Altadena resident/LA County DHS/CDC
Rosanna Esparza, Center for Community and Family Services (CCFS)
Merrilee Fellows, NASA
Laurel Fowler, LA County DHS Immunization Program
Ana Gallegos, Assistance League of Pasadena
Linda Glatstein, Community PCC
Angel Gomez, Neighbors Acting Together Helping All
Lilibeth Gonzalez, Human Services Commission
Elizabeth Goold, Pasadena Public Health Department
Ben Green, Pasadena Senior Center
Joy Guihama, Pasadena Public Health Department
Karina Guizar, John Muir High School NATHA
Faytavia Harris, Neighbors Acting Together Helping All
Elizabeth Higuera, Newport Dental
Betty Ho, Deputy to the Mayor, City of Pasadena
Clara Johnson
Sam Johnson, PUSD
Jackie Jones Corby, Field Representative for Senator Jack Scott
Rick Kiel, Kaiser Permanente
Cherri King, Pasadena NAACP
Katrina Kubicek, Lodestar Management/Research Inc.
Mayra Lara, Neighbors Acting Together Helping All
Mel Lim, Pasadena Public Health Department

Appendix 1.2 MAP Campaign Launch Participants – October 26, 2004

Taffany Lim, Consultant
Roberta Martinez, Latino Heritage Association of Pasadena
Joy Malek, Institute for Girls' Development
Lisa Malone-Buffong, Pasadena Public Health Department
Ana Marie Flowers
Enrique Martinez, Assistant City Manager
Jessica Martinez
Celestine McFern-Walker, Neighbors Acting Together Helping All (NATHA)
Sue Miele, The Partnership for Children, Youth, and Families
Rhonda Mitchell
Larissa Mohamadi, Pasadena Public Health Department
Efrain Montes, Human Services & Recreation Department
Wendy Nash, Northwest Commission
Sandra Olivas, Pasadena Public Health Department
Joan Palmer, Arts Commission
Angelica Palmeros, Pasadena Public Health Department
Tony Perez, Center for Community and Family Services
Heidi Petersen-Leach, Pasadena Public Health Department
Mary Pinola, AAFBAC
Linda Ramos, El Centro
Dixie Reeve, The Scripps Home
Sandra Rincon, Neighbors Acting Together Helping All
Jasmine Rivera, Neighbors Acting Together Helping All
Miguel Rogers
Paul Ruiz
Kelly Russell, CHAP
Marta Salgado-Nino, Resident
Astrid Sandoval, Neighbors Acting Together Helping All
Marvin Schachter, Pasadena NAACP
Marcia Secord, Leadership Pasadena
Deborah Silver, Consultant
Robin Sohmer, Pasadena Public Health Department
Dr. Al Sorkin, URDC Human Services Corp.
Diana Soto, Neighbors Acting Together Helping All
Marjorie Soto, Neighbors Acting Together Helping All/ John Muir HS
Staff Sgt. Steele, USMC
Hoa Su, Pasadena Public Health Department
Bill, Trimble, Planning and Development Department
Councilmember Sid Tyler, Pasadena City Council
Mary Ulin, Jr. League of Pasadena
Mary Urtecho-Garcia, Pasadena Public Health Department
Patricia Valencia, Pasadena Public Health Department
Dr. Takashi Wada, Pasadena Public Health Department
Rose Wang, LA County DHS Immunization Program
Brenda Warrick, Pasadena Public Health Department
Lynn Wiggins, Young & Healthy

Appendix 1.2 *MAP Campaign* Launch Participants – October 26, 2004

Martha Yohalem, Human Services Commission
Gwen Young, Young Communications Group, Inc.
Norma Zapata, Pasadena Public Health Department
Judith Zitter, Kaiser Permanente

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Appendix 1.3 Community Visioning Participants

African American Fatherhood Project
AIDS Service Center Clients
Andrew Escajeda Clinic Client Advisory Board
Apple
Armenian Youth
Baby Let's Wait Students (2 groups)
BIH SSE Class
Birthing Project Advisory Board
Birthing Project Sister Friends
Black Male Forum
Blair Health Academy Students (5 groups)
Bungalow Heaven Neighborhood Association
Business Collaborative
Campaign Launch
Casa Maria
CCFS Caregiver Support Group
City Council Field Reps
City Manager/Clerk's Office
Commission on the Status of Women
Community-wide Health Education Committee
Day One Coordinating Council
Day One Youth Advocates
Disability Commission
Domestic Violence Prevention Coalition
Executive Coalition Meeting
F.A.C.E.S. Board
Finance Department
First Congregational Church
Flowers of Marengo Neighborhood Association
Food Policy Council
Foothill Vocational Opportunities
Head Start-Covenant Site (2 groups)
Head Start-Escalon Early Head Start Center
Head Start-Hodges Site
Head Start-Orange Grove Site (2 groups)
Head Start-Scott Development Center (2 groups)
Highland Plastics Employees
Hombres Unidos
Housing and Homeless Network
Human Services Commission
Human Services Department
Huntington Hospital Providers
Immunization Coalition
Journey House
Junior League of Pasadena
PCC Campus Clubs
Pilgrim Tower Neighborhood Association
Planning and Development Senior Staff
Planned Parenthood of Pasadena, AIDS Service Center,
Mother's Club, Pacific Clinics, Pasadena Mental Health
PUSD Community Assistants
PUSD English Learners Advisory Committee
PUSD Impact Coordinators
PUSD Nurses
PUSD Parent Advisory Council
Raymond Avenue Neighborhood Advisory Panel
Readers and Eaters Book Club
Lake Ave Church Health Ministry Team
Library Health Series
Lincoln Avenue Baptist Church Aerobics Class
Linda Vista Neighborhood Association
Madison Neighborhood Partners
McKinley School YMCA Afterschool Program
McKinley School YMCA Staff and Teachers
Mother's Club
NATHA Parent Meeting
NATHA PHAT Meeting
NATHA YOG Meeting
Northwest Service Area Advisory Board
Pacific Clinics Board of Directors
Pasadena Central Library (Community Services) (2 groups)
Pasadena High School Visual Arts Academy (5 groups)
Pasadena NAACP
Pasadena Neighborhood Coalition
Pasadena Neighborhood Leadership Institute
Pasadena Police Department
Pasadena Senior Center Board of Directors
Pasadena Senior Commission
Pasadena Tobacco Prevention Coalition
Patron Saints Foundation
The Partnership for Children, Youth & Families
The Sycamores Family Resource Center Community Board
Transportation Department
Water and Power Department
Waverly Middle School (3 groups)
WISE Senior Services Long Term Care Ombudsman Program
YMCA Board of Directors
Young & Healthy Mobile Clinic
Young & Healthy Staff
YWCA Girls Group

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Appendix 1.4 Local Public Health System Assessment Participants

Wilma J. Allen, Pasadena Public Health Department
Caroline Bautista, Pasadena Public Health Department
Yvonne Benson, AIDS Service Center
Maria Bogdanoff, Huntington Hospital
Sheri Bonner, Planned Parenthood
Gabriele Burkard, Foothill Family Service
Emina Darakjy, East Arroyo Residents
Lisa Derderian, Pasadena Fire Department
Mary Donnelly- Crocker, Young & Healthy
Lauren Fox, Garfield Heights Neighborhood Association
Rosalia Garcia, Vecinos Unidos
Elizabeth Goold, Pasadena Public Health Department
Tahra Goraya, Day One
Joy Guihama, Pasadena Public Health Department
John Hitchcock, Hillsides
Joseph Ho, Pacific Clinics
Candy Jara, Pasadena Public Health Department
Lisa Jeffery, Human Services & Recreation Department
Bob Ketch, Five Acres
Sue Kujawa, Mothers Club
Carol La Val, Pasadena Unified School District
Teresa Lamb Simpson, Office of Congressman Adam Schiff
Jane Lewis, Pasadena Public Health Department WIC Program
Mel Lim, Pasadena Public Health Department
Stephen Lipira, H.O.N.O.R.
Isela Lopez, Madison Neighborhood Partners
Yvette McDowell, City Prosecutor
Pat Medeiros, Pasadena Public Health Department
Sue Miele, The Partnership for Children, Youth, and Families
Dr. Sandeep Mital, Pasadena Public Health Department
Larissa Mohamadi, Pasadena Public Health Department
Herminia Ortiz, Vecinos Unidos
Gerri Perry-Williams, Pasadena Public Health Department
Ken Peter, Pasadena Unified School District /Health Programs
Heidi Petersen-Leach, Pasadena Public Health Department
Jennifer Pilapil, Pasadena Public Health Department
Gerald Redus, Dearborn Neighborhood Association
Maribel Reyes
Summer Rogers, Foothill Family Service
Maria Sanchez, Vecinos Unidos
Anna Schultz, Kings Village
Patrice Sena, Corson/Catalina Neighborhood Association
Robin Sohmer, Pasadena Public Health Department
Kathy Sullivan, Huntington Memorial Hospital
Omelda Tapia
Bill Trimble, Planning and Development Department

Appendix 1.4 Local Public Health System Assessment Participants

Mary Urtecho-Garcia, Pasadena Public Health Department

Patricia Valencia, Pasadena Public Health Department

Dr. Takashi Wada, Pasadena Public Health Department

Carolyn Williams, City Attorney

Appendix 1.5 Forces of Change Assessment Participants

Wilma J. Allen, Pasadena Public Health Department
Greg Apodaca, Mountain Top Strategies
Karen Aydelott, Pasadena YMCA
Maria Bogdanoff, Huntington Hospital
Pat Bowie, Independent Consultant
Charles Boyd, CAB & Associates
Yvonne Brown, NAAC Pasadena Branch / Pasadena Alumnae Delta Sigma Theta Sorority
George Brunder, Pasadena Child Health Foundation
Cathi Chadwell, Huntington Hospital
Hall Daily, Caltech
Mary Donnelly-Crocker, Young & Healthy
Rosanna Esparza, Center for Community and Family Services
Karen Evans, The Sycamores
Merrilee Fellows, NASA
Elizabeth Goold, Pasadena Public Health Department
Tahra Goraya, Day One
Joy Guihama, Pasadena Public Health Department
Maria Isenberg
Denise Jones
Cherri King, Pasadena NAACP
Carol La Val, Pasadena Unified School District
Lisa Malone-Buffong, Pasadena Public Health Department
Oscar Manzanares, Madison Neighborhood Partners (MNP)
Sue Miele, The Partnership for Children, Youth, and Families
Dr. Sandeep Mital, Pasadena Public Health Department
Marge Nichols, United Way
Heidi Petersen-Leach, Pasadena Public Health Department
Luanne Rohrbach, USC
John Russell, Center for Community and Family Services
Kelly Russell, Community Health Alliance of Pasadena
Kathleen Shannon, Patron Saints Foundation
Paul Simon, LA County Department of Health Services
Robin Sohmer, Pasadena Public Health Department
Dr. Al Sorkin, URDC Human Services Corp.
Patricia Valencia, Pasadena Public Health Department
Dr. Takashi Wada, Pasadena Public Health Department

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Appendix 1.6 A Morning of Reflection & Thanks Participants - Feb. 17, 2005

Teresa Ahrenholtz, Pasadena Public Health Department
Violet Akopyan-Fried, DPSS
Wilma J. Allen, Pasadena Public Health Department
Greg Apodaca, Mountain Top Strategies
Sandy Atkins, Hospice of Pasadena
Karen Aydelott, Pasadena YMCA
Roberto Barahona, Pasadena Public Health Department
Sandeep Baweja, Leadership Pasadena
Kathy Berni, Faith Luthren CCC
Anita Bennett, Young Communications
Yvonne Benson, AIDS Service Center
Brian Biery, Neighborhood Connections
Maria Bogdanoff, Huntington Memorial Hospital
Sheri Bonner, Planned Parenthood
Pat Bowie, Consultant
Dorothea Brooks
Yvonne Brown, NAAC Pasadena Branch / Pasadena Alumnae Delta Sigma Theta Sorority
Mike Browning, Consultant
George Brunder, Pasadena Child Health Foundation
Dennis Carrillo, Pasadena Public Health Department
Ofelia Cavazos, Pasadena Public Health Department
Cathi Chadwell, Huntington Memorial Hospital
Valerie Coachman-Moore, CMA Consulting
Maggie Crawford, Union Station Foundation
Abbie Crist, Lake Avenue Church Health Cabinet
Jennifer Devoll, Pasadena Community Foundation
Rosanna Esparza, Center for Community and Family Services (CCFS)
Diane Ford, Huntington Memorial Hospital
Cheryl Franco, Villa Esperanza Services
Elizabeth Goold, Pasadena Public Health Department
Vivian Gonzalez-Rogoff, Young & Healthy
Joy Guihama, Pasadena Public Health Department
Cherryl Hubbard, Commission on the Status of Women
Maria Isenberg, Northwest Commission
Candy Jara, Pasadena Public Health Department
Bill Kimura, Pasadena Public Health Department
Cherri King, Pasadena NAACP
Douglas Kosobayashi, Lake Avenue Church Health Cabinet
Sue Kujawa, Mothers' Club
Cynthia Kurtz, City Manager
Teresa Lamb Simpson, Field Representative for Congressman Adam Schiff
Carol La Val, Pasadena Unified School District
Mel Lim, Pasadena Public Health Department
Araceli Lopez, Pasadena Public Health Department
Lisa Malone-Buffong, Pasadena Public Health Department

Appendix 1.6 A Morning of Reflection & Thanks Participants - Feb. 17, 2005

Ivonne Manzano, Pasadena Unified School District
Enrique Martinez, Assistant City Manger
Margie Martinez, Community Health Alliance of Pasadena
Gwen McMullins, Delta Sigma Theta Sorority
Buff Megaw, Planned Parenthood
Barbara Minnifield, Pacific Clinics
Sandeep Mital, Pasadena Public Health Department
Joe Oliver
Lola Osborne, City of Pasadena
Victoria Pacheco, Pasadena City College
Gerri Perry-Williams, Pasadena Public Health Department
Heidi Petersen-Leach, Pasadena Public Health Department
Sue Phaneuf, La Pintoresca Library
Alex Rivero, Translations 4 ALL
Avein Saaty Tafoya, Health Net
Marta Salgado-Nino, Resident
Julieta Sanchez, APPLE
Laura de Santiago, Madison Neighborhood Partners
Kathleen Shannon, Patron Saints Foundation
Pat Smith, Pasadena Public Library San Rafael Branch
Robin Sohmer, Pasadena Public Health Department
Judi Spencer-Olander, Altadena Community Improvement Center
Councilmember Joyce Streator, Pasadena City Council
Hoa Su, Pasadena Public Health Department
Tanya Torres, Madison Neighborhood Partners
Judy Turner, Lake Avenue Community Foundation
Cindy Uehara, Neighbors Acting Together Helping All
Patricia Valencia, Pasadena Public Health Department
Tracey Veal-Booker
Takashi Wada, Pasadena Public Health Department
Brenda Warrick, Pasadena Public Health Department
Nadine Washington, Human Services and Recreation Department
Alberta Whiteside
Debra Whitehouse, Junior League of Pasadena
Martha Yohalem, Human Services Commission
Norma Zapata, Pasadena Public Health Department

Appendix 1.7 Steering Committee Retreat Participants – June 17, 2005

Wilma J. Allen, Pasadena Public Health Department
Karen Aydelott, Pasadena YMCA
Valerie Babinski, City of Pasadena
Caroline Bautista, Pasadena Public Health Department
Anita Bennett, Young Communications
Brian Biery, Neighborhood Connections
Maria Bogdanoff, Huntington Hospital
Pat Bowie, Consultant
Yvonne Brown, NAAC Pasadena Branch / Pasadena Alumnae Delta Sigma Theta Sorority
Valerie Coachman-Moore, CMA Consulting
Mary Donnelly-Crocker, Young & Healthy
Karen Evans, The Sycamores
Martin A. Gordon, Lutheran SSSC
Joy Guihama, Pasadena Public Health Department
Dr. Maura Harrington, Lodestar Management/Research Inc.
Candy Jara, Pasadena Public Health Department
Ferdous Kabir, Pasadena Public Health Department
Rick Kiel, Kaiser Permanente
Cherri King, Pasadena NAACP
Carol La Val, Pasadena Unified School District
Taffany Lim, Consultant
Stephen Lipira, H.O.N.O.R.
Lisa Malone-Buffong, Pasadena Public Health Department
Oscar Manzanares, Madison Neighborhood Partners (MNP)
Margie Martinez, Community Health Alliance of Pasadena (CHAP)
Sue Miele, The Partnership for Children, Youth, and Families
Judy Miho
Sandeep Mital, Pasadena Public Health Department
Heidi Petersen-Leach, Pasadena Public Health Department
Jennifer Pilapil, Pasadena Public Health Department
Kathleen Shannon, Patron Saints Foundation
Deborah Silver, Consultant
Robin Sohmer, Pasadena Public Health Department
Al Sorkin, URDC Human Services Corp.
Hoa Su, Pasadena Public Health Department
Bill Trimble, Planning and Development Department
Mary Urtecho-Garcia, Pasadena Public Health Department
Patricia Valencia, Pasadena Public Health Department
Tracey Veal-Booker
Patti Wagonhurst, Community Health Alliance of Pasadena (CHAP)
Martha Yohalem, Human Services Commission

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Appendix 1.8 Action Planning Summit Participants- December 2, 2005

Wilma Allen, Pasadena Public Health Department
Nada Alsaiegh, Pasadena Public Health Department
Dr. Wayne Aoki
Greg Apodaca, Pasadena Public Health Department
Sandy Atkins, Hospice of Pasadena
Karen Aydelott, Pasadena YMCA
Peggy Baddin, Passageways
Brian Biery, Neighborhood Connections
Sheri Bonner, Planned Parenthood of Pasadena
Patricia Bowie, Consultant Team
Dr. Dennis Buckley, Chiropractor
Dr. Peter Chang, Vons Pharmacy
Dr. Fred Cho, Pharm D, Vons Pharmacy
Susan Cisneros, El Centro de Acción Social
Valerie Coachman-Moore, Consultant
Francesco Dellisanti, Center for a Civil Society
Mary Donnelly-Crocker, Young & Healthy
Karen Evans, The Sycamores
Miriam Feldblum, Caltech, Division of Humanities and Social Sciences
Joy Guihama, Pasadena Public Health Department
Dr. Maura Harrington, Lodestar Management/Research, Inc.
Brian Hayes, Community Health Alliance of Pasadena
Lilia Hernandez, Armory Center For the Arts
Cathy Hight, Pasadena Public Health Department
Candy Jara, Pasadena Public Health Department
Sarah Jin, Foothill Family Service
Craig Johnson, Sierra Spring Family Wellness Center
Karine Kadyan, Pasadena Senior Center
Sue Keppler, Planned Parenthood
Cherri King, Pasadena NAACP
Patsy Lane, City of Pasadena Director of human Services and Recreation
Carol LaVal, Pasadena Unified School District
Janet Levine, Pasadena City College
Mel Lim, Pasadena Public Health Department
Oscar Manzanares, Madison Neighborhood Partners
Eva Meyers, California Association of Nurse Practitioners
Sue Miele, The Partnership for Children, Youth, and Families
Cicily Nordness, Catholic Big Brothers Big Sisters
Heather Onuma, Pasadena Public Health Department
Jennifer Oreggio, Sierra Springs Family Wellness Center
Heidi Petersen-Leach, Pasadena Public Health Department
Sandy Peterson, Union Station Foundation
Jennifer Pilapil, Pasadena Public Health Department
Dr. Glovioell Rowland, Pasadena Church of God
Kelly Russell, Community Health Alliance of Pasadena
Jan Sanders, Pasadena Public Library

Appendix 1.8 Action Planning Summit Participants- December 2, 2005

Kathleen Shannon, Patron Saints Foundation
Deborah Silver, Consultant
Trina Smith, Teen Futures
Robin Sohmer, Pasadena Public Health Department
Dr. Al Sorkin, URDC Human Services Corp.
Hoa Su, Pasadena Public Health Department
Bill Trimble, Planning & Development Department
Mary Urtecho-Garcia, Pasadena Public Health Department
Patricia Valencia, Pasadena Public Health Department
Tracy Veal-Booker, Aetna
Dr. Takashi Wada, Pasadena Public Health Department
Patrice Wagonhurst, Community Health Alliance of Pasadena
Martha Yohalem, Human Services Commission

Appendix 1.9 Speak Out & Be Heard Teen Rally '06 Participants April 27, 2006

This appendix lists organizers and participants in the April 27, 2006 Speak Out & Be Heard Teen Rally '06. All participants did not sign in, so if we accidentally forgot to include your name on this list, please forgive us and please let us know at (626) 744-6149. Thank you so much for helping to speak out and be heard!

Julio Acevedo
Vanessa Acevedo
Irais Acosta
Juan Acosta
Flor Altreras
Arielle Alvey
Kimberly Alvey
Diego Ambrie
Tania Amezcua
Clarry Anowe
Karen Aydelott, Pasadena YMCA
Viviana Banuelos
Saul Barajas
Michelle Barrera
Brian Biery, Neighborhood Connections
Dr. Dennis Buckley, Pasadena Chamber of Commerce
Pat Bowie, Consultant
Bridgette Cabral
Danny Cervantes
Mayra Chavez
Amy Cole, Lake Avenue Foundation
Elizabeth Cortes
Gladys Cortes
Jack Craig
Cesar De Haro
Serafin Espinoza, Villa Parke
Israel Estrada, Pasadena Forward
Sonia Fernandez
Richard Garcia
Tramain Germain
Jasmine Guerrero
Tahra Goraya, Day One
Dr. Maura Harrington, Lodestar Management/Research, Inc.
Natalia Heredia
Lilia Hernandez, Armory Center for the Arts
Nicholas Hernandez
Tony Hill
Paul Hodgdon, The Sycamores
Jarron Jefferies, LA County Office of Education
Sue Keppler, Planned Parenthood of Pasadena
Cherri King, Pasadena NAACP

Appendix 1.9 Speak Out & Be Heard Teen Rally '06 Participants April 27, 2006

Martin Lado
Charlie Lopez
Hector Lozano
Marcus Lee, Jackie Robinson Center
Mercedes Mantilla, Catholic Big Brothers Big Sisters
Oscar Manzanares, Madison Neighborhood Partners
Gilberto Manzano
Roberta Martinez, Latino Heritage Association of Pasadena
Mayra Melchor
Sue Miele, The Partnership for Children, Youth & Families
Lorna Miller, Office for Creative Connections
Marisol Morales
Cicily Nordness, Catholic Big Brothers Big Sisters
Deanna O' Bryan
Brigina O'Bryan
Heather Onuma, Pasadena Public Health Department
Chris Orme
Elizabeth Ornelas
Tzeitl Paras, Pasadena YMCA
Gladys Partida
Vianeyt Partida
Ana Pereteria
Bernardo Perez
Shawntel Phyypps, Day One
Lindsey Reed
Arnulfo Reyes
Sanya Rivas
Phylicia Roberts
Esmeralda Rodriguez
Franz Ronnie
Juan Rosas
Marcus Ruth, Day One
Tony Santilena, LA County Office of Education
Brenda Saucedo
Samantha Saucedo
Shirley Scoggins
Artemio Silva
Evan Smith
Trina Smith, Baby Let's Wait
Robin Sohmer, Pasadena Public Health Department
Lizeth Velazquez
Aubrey Villacorta
Martin Widyono
Rahnesha Williams
Jasmine Wilson
Judy Wolfe, Children and Youth Issues Office

Appendix 1.9 Speak Out & Be Heard Teen Rally '06 Participants April 27, 2006

Richard Zarazua

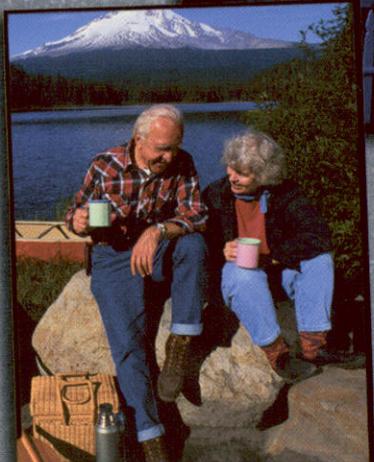
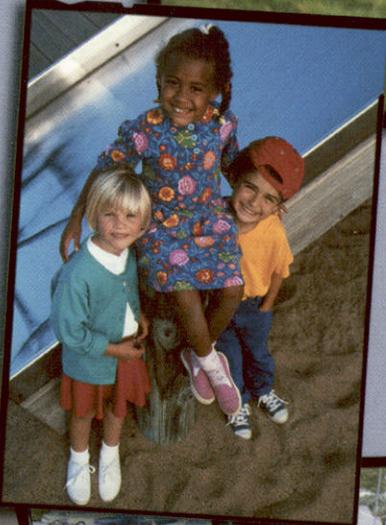
Ben Zobrist

Christine Yap, CORAL

Appendix 2

Summary of the Mobilizing for Action through Planning and Partnerships Model

This appendix contains the MAPP Field Guide, a detailed explanation of each step of the Mobilizing for Action through Planning and Partnerships (MAPP) model developed by the National Association of County and City Health Officials (NACCHO) in cooperation with the Public Health Practice Program Office, Centers for Disease Control and Prevention (CDC) between 1997-2000. For more information, guidance and tools, please visit the National Association of County and City Health Officials at www.naccho.org or call (202) 783-5550.



A STRATEGIC APPROACH

to Community Health Improvement



MAPP

MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS (MAPP)

FIELD GUIDE



NATIONAL ASSOCIATION OF COUNTY & CITY HEALTH OFFICIALS



CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

with additional support from:



Acknowledgments

The Mobilizing for Action through Planning and Partnerships (MAPP) project was developed through a cooperative agreement between NACCHO and the Centers for Disease Control and Prevention (CDC). Additional support was provided by the Health Resources and Services Administration (HRSA). The development of MAPP would not have been possible without the time and commitment of the APEXPH Work Group, which included local health officials, community representatives, academicians, and federal representatives. Members include: Paul J. Wiesner (Chair), Paul Campbell Erwin, Art Chen, Joan Ellison, Joyce Essien, Patricia Gadow, Paul K. Halverson, Deane Johnson, Patrick Lenihan, Linda McElwee, Jane Nelson, and Lucille Webb.

NACCHO also extends its gratitude to the 45 Review Sites and 40 Advisory Committee members who provided vital input for strengthening and improving the tool. The following Advisory Committee members devoted extensive time at in-person meetings and through individual work: Ron Bialek, William Dyal, Colleen Hughes, Laura Landrum, Daniel Martin, Erica Salem, James Studnicki, Bernard Turnock, Vaughn Upshaw, and Leonadi Ward.

NACCHO also thanks Charles Bacon, CDC, for his ongoing assistance. Finally, this project would not have been possible without the dedication of NACCHO staff members: Liza Corso, Carol K. Brown, and Scott Fisher. This document was developed by Liza Corso with Jill Conley and Kim Sharp of Collage Creative.

What is MAPP?

Mobilizing for Action through Planning and Partnerships (MAPP) is a community-wide strategic planning tool for improving community health. Facilitated by public health leadership, this tool helps communities prioritize public health issues and identify resources for addressing them.

The Community Drives the Process

Community ownership is the fundamental component of MAPP. Because the community's strengths, needs, and desires drive the process, MAPP provides the framework for creating a truly community-driven initiative. Community participation leads to collective thinking and, ultimately, results in effective, sustainable solutions to complex problems.

Broad community participation is essential because a wide range of organizations and individuals contribute to the public's health. Public, private, and voluntary organizations join community members and informal associations in the provision of local public health services. The MAPP process brings these diverse interests together to collaboratively determine the most effective way to conduct public health activities.

Vision for Implementing MAPP

“Communities achieving improved health and quality of life by mobilizing partnerships and taking strategic action.”



How MAPP Works

MAPP includes two graphics that illustrate the process communities will undertake.

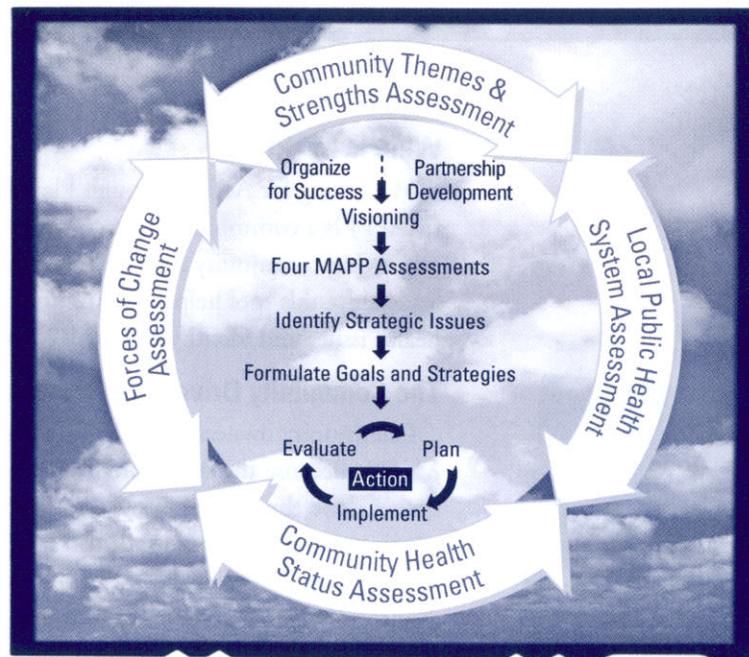
- In the **MAPP model**, the “phases” of the MAPP process are shown in the center of the model, while the four MAPP Assessments — the key content areas that drive the process — are shown in the four outer arrows.
- In the **illustrated “community roadmap,”** the process is shown moving along a road that leads to “a healthier community.”

To initiate the MAPP process, lead organizations in the community begin by organizing themselves and preparing to implement MAPP (**Organize for Success/Partnership Development**). Community-wide strategic planning requires a high level of commitment from partners, stakeholders, and the community residents who are recruited to participate.

The second phase of the MAPP process is **Visioning**. A shared vision and common values provide a framework for pursuing long-range community goals. During this phase, the community answers questions such as “*What would we like our community to look like in 10 years?*”

Next, the **four MAPP Assessments** are conducted, providing critical insights into challenges and opportunities throughout the community:

- The **Community Themes and Strengths Assessment** provides a deep understanding of the issues residents



feel are important by answering the questions “*What is important to our community?*” “*How is quality of life perceived in our community?*” and “*What assets do we have that can be used to improve community health?*”

- The **Local Public Health System Assessment** (LPHSA) is a comprehensive assessment of all of the organizations and entities that contribute to the public’s health. The LPHSA answers the questions “*What are the activities, competencies, and capacities of our local public health system?*” and “*How are the Essential Services being provided to our community?*”
- The **Community Health Status Assessment** identifies priority issues related to community health and quality of life. Questions answered during the phase include “*How healthy are our residents?*” and “*What does the health status of our community look like?*”
- The **Forces of Change Assessment** focuses on the identification of forces such as legislation, technology, and other issues that affect the context in which the community and its public health system operates. This answers the questions “*What is occurring or might occur that affects the health of our community or the local public health system?*” and “*What specific threats or opportunities are generated by these occurrences?*”



MAPP

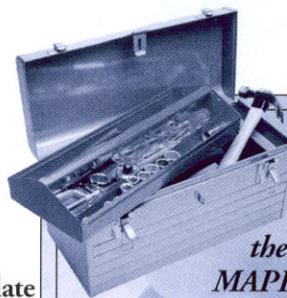
MOBILIZING FOR ACTION THROUGH
PLANNING AND PARTNERSHIPS (MAPP)



Once a list of challenges and opportunities has been generated from each of the four assessments, the next step is to **Identify Strategic Issues**. During this phase, participants identify linkages between the MAPP assessments to determine the most critical issues that must be addressed for the community to achieve its vision.

After issues have been identified, participants **Formulate Goals and Strategies** for addressing each issue.

The final phase of MAPP is the **Action Cycle**. During this phase, participants plan, implement, and evaluate. These activities build upon one another in a continuous and interactive manner and ensure continued success.



In-depth MAPP information is available at www.naccho.org. For each phase of the process, the following is available on the MAPP website:

- A conceptual overview
- Practical guidance
- Tools
- References and resources
- Case vignettes

ORGANIZE FOR SUCCESS/ PARTNERSHIP DEVELOPMENT

Introduction

A successful community-wide strategic planning process requires careful preparation. The purpose of this phase is to lay out a planning process that builds commitment, engages participants, uses participants' time well, and results in a plan that can be implemented successfully. These activities are crucial to putting a community on the path toward a successful community health improvement process.

Two interrelated activities occur during this phase:

- Organize for Success — A decision is made to undertake MAPP and the planning process is outlined.
- Partnership Development — Participants, including the MAPP Committee, are identified and recruited.

How to Conduct the Organize for Success/Partnership Development Phase

Step 1 — Determine the necessity of undertaking the MAPP process

The first step in organizing the MAPP process is gaining a clear understanding of why such a process is needed. This understanding helps focus planning efforts and assists in the recruitment and sustained involvement of participants. In addition to identifying reasons for initiating MAPP, participants should also consider the benefits they hope to gain from the process and the obstacles that may be encountered along the way.

Step 2 — Identify and organize participants

During this step, careful consideration should be given to identifying and recruiting participants. Convenors should seek broad representation from local public health system partners, other community organizations, and community residents. Participants' expectations, time commitments, and logistics should determine how the group will be organized. While the MAPP Committee will provide oversight throughout the process, subcommittees should be identified to carry out specific activities.

Step 3 — Design the planning process

Designing a process involves answering several related questions: "What will the process entail?" "How long will it take?" "What results are we seeking and how will we know when we are finished?" and "Who will do the work?" All of the MAPP phases should be carefully reviewed and used to develop a timeline and workplan that meets the community's needs.



Step 4 — Assess resource needs and secure commitment

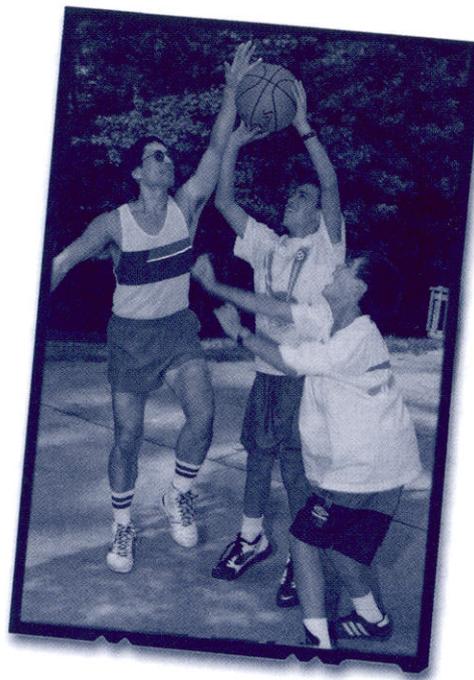
While the principal resources for the planning effort will be time and energy contributed by the participants, other resources will be needed as well. Some of these include: meeting space, refreshments, report production and printing, and costs associated with information gathering and data collection. Participants should identify resource needs and determine sources for meeting those needs. Some resources may be available through in-kind donations from participating organizations.

Step 5 — Conduct a readiness assessment

The information collected in the previous four steps should provide a clear picture of the community's preparedness to begin the MAPP process. As a final review, the readiness assessment should ensure that all of the critical elements are in place.

Step 6 — Manage the process

The final step in organizing the MAPP process is to consider how the process will be managed as it moves forward. This involves paying attention to the many details that may affect the success of a community planning process. Tools such as a project proposal, master calendars, and meeting agendas should be developed. A process for clarifying assignments and managing the work should also be outlined. Careful preparation puts the community on the path to a successful MAPP process.



Tools and Tip Sheets for the Organize for Success/ Partnership Development Phase

- Vignette - Chicago, IL
- Tip Sheet - Guidance for Participant Selection
- Tip Sheet - MAPP Budget Development
- Example Timeline/Workplan for the MAPP Process
- Matrix of Participation and Roles within Each Phase of MAPP
- Worksheet - Organizing the Planning Effort: Reasons, Benefits, and Sponsorship
- Worksheet - Organizing the Planning Effort: Barriers
- Worksheet - Participation Selection
- Worksheet - Readiness Assessment

Introduction

The second phase of MAPP — Visioning — guides the community through a collaborative and creative process that leads to a shared community vision and common values.

Vision and values statements provide focus, purpose, and direction to the MAPP process so that participants collectively achieve a shared vision of the future. A shared community vision provides an overarching goal for the community — a statement of what the ideal future looks like. Values are the fundamental principles and beliefs that guide a community-driven planning process.

Because visioning is done at the beginning of the MAPP process, it offers a useful mechanism for convening the community and building enthusiasm for the process, setting the stage for planning, and providing a common framework throughout subsequent phases.

How to Conduct the Visioning Phase

Step 1 — Identify other visioning efforts and make connections as needed

The MAPP Committee should revisit the inventory of other community initiatives to see whether or not visioning efforts have taken place. It is a good idea to rescan community efforts to ensure that no similar efforts have emerged since the Organize for Success phase occurred. If a similar visioning process is in progress or has been completed, try to link it with the MAPP process.

Step 2 — Design the visioning process and select a facilitator

Visioning can be conducted through either of the following approaches:

- Community visioning — a broad-based process with 40-100 participants. Community visioning is useful for

engaging and mobilizing the broader community, but can be more challenging to manage and may require more resources to implement.

- Advisory committee/key leadership visioning — Participants include members of the MAPP Committee, as well as other key leaders in the community. This type of visioning process may be easier to manage and requires fewer resources, but will not include the ideal level of broad involvement.

Once an approach is selected, a small group is charged with preparing the visioning sessions, identifying and working with the facilitator, recording the results of the sessions, and drafting the resulting vision and values statements.

Step 3 — Conduct the visioning process

Visioning sessions are conducted using the method described on the MAPP website or another approach. As the process is implemented, it is important to ensure that a broad range of participants are included in the effort.

Both a shared vision and common values should be identified through brainstorming and open discussions.

Sample questions for brainstorming a shared vision:

1. What does a healthy Anywhere County mean to you?
2. What are important characteristics of a healthy community for all who live, work, and play here?
3. How do you envision the local public health system in the next five or ten years?

Sample questions for brainstorming common values:

1. Taking into consideration the vision that has been developed, what key behaviors will be required from the local public health system partners, the community, and others in the next five to ten years to achieve the vision?
2. What type of working environment or climate will be necessary to support these behaviors and achieve the vision?



Step 4 — Formulate vision and values statements

Next, a small group formulates the vision and values statements based on the outcomes of the visioning session(s). The vision statement should be strong and powerful and represent the ideal future outlined during the visioning process. The values statement should emphasize a positive climate and supportive behaviors that contribute to the achievement of the vision.

Step 5 — Keep the vision and values alive throughout the MAPP process

As the community moves through the MAPP process, it is important to ensure that the vision statement continues to drive the MAPP effort. Ways to keep the vision and values alive include reading the statements at meetings or including them on informational materials. Both may be refined as the community progresses through the planning process.



Tools and Tip Sheets for the Visioning Phase

- Vignettes - Miller County, GA, Stratford, CT, and Chicago, IL
- Tip Sheet - A Step-by-Step Approach to Visioning

THE FOUR MAPP ASSESSMENTS COMMUNITY THEMES AND STRENGTHS ASSESSMENT

Introduction

The Community Themes and Strengths Assessment answers the following questions: “What is important to our community?” “How is quality of life perceived in our community?” and “What assets do we have that can be used to improve community health?”

The Community Themes and Strengths Assessment is a vital part of a community health improvement process. During this phase, community thoughts, opinions, and concerns are gathered, providing insight into the issues of importance to the community. Feedback about quality of life in the community and community assets is also gathered. This information leads to a portrait of the community as seen through the eyes of its residents.

By including Community Themes and Strengths in the MAPP process, several benefits are gained.

- Community members become more vested in the process when they have a sense of ownership in and responsibility for the outcomes. This occurs when their concerns are genuinely considered and visibly affect the process.
- The impressions and thoughts of community residents help to pinpoint important issues and highlight possible solutions.
- The themes and issues identified here offer additional insight into the findings uncovered in the other assessments.

Listening to and communicating with the community are essential to any community-wide initiative. Mobilizing and engaging the community may be a daunting task. However, when successful, it ensures greater sustainability and enthusiasm for the process.

How to Conduct the Community Themes and Strengths Assessment

Step 1 — Prepare for the Community Themes and Strengths Assessment

Establish a subcommittee to oversee the Community Themes and Strengths Assessment. This subcommittee should determine the most effective approaches for gathering community perspectives. Possible approaches include:

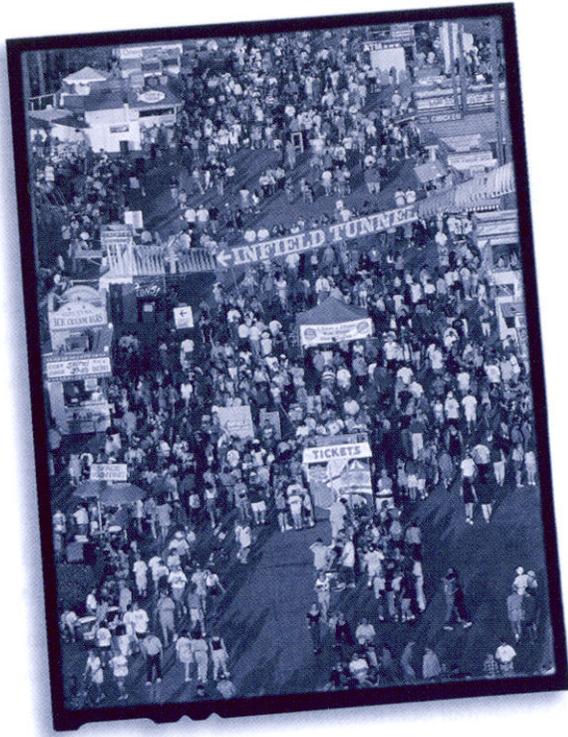
- community meetings
- community dialogue sessions
- focus groups
- walking or windshield surveys
- individual discussions/interviews
- surveys

The subcommittee should carefully select a variety of approaches that will best reach broad segments of the population. Then, identify the skills and resources needed to conduct the activities.

Three levels of information-gathering occur during the Community Themes and Strengths Assessment:

- **Open discussion to elicit community concerns, opinions, and comments in an unstructured way** - Asking open-ended questions ensures that issues of concern and interest to the community are raised. If concerns are properly addressed, this activity can raise the credibility of the process and underscore its community-driven nature.
- **Perceptions regarding community quality of life** - Questions about quality of life in the community help pinpoint specific concerns. This may highlight aspects of neighborhoods and/or communities that either enhance or diminish residents' quality of life.
- **A map of community assets** - Asset mapping is an important tool for mobilizing community resources. Through this process, the capacities of individuals, civic associations, and local institutions are inventoried.





Step 2 — Implement information-gathering activities

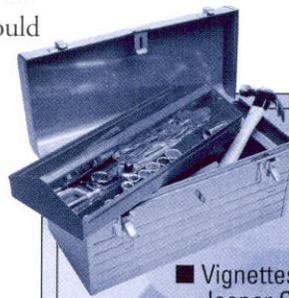
When implementing selected activities, the broadest participation possible should be included. The subcommittee should identify groups or individuals whose voices are not being heard. Also, the subcommittee should ensure that the logistics — how, when, and where the meetings are held — promote good participation.

Step 3 — Compile the results of the Community Themes and Strengths Assessment

The subcommittee should keep a running list of ideas, comments, quotes, and themes while the activities are being implemented. Subcommittee members should also note possible solutions to identified problems or innovative ideas for providing public health services. The results of this phase are compiled into one central list.

Step 4 — Ensure that community involvement and empowerment is sustained

While the specific activities conducted (i.e., focus groups, windshield surveys) occur on a finite timeline, the dialogue that has opened up within the community should be never-ending. Participants involved in the Community Themes and Strengths activities should continue to be involved throughout the remaining phases of the MAPP process.



Tools and Tip Sheets for the Community Themes and Strengths Assessment

- Vignettes - Alameda, CA, Santa Clara, CA, Jasper County, SC, and Chicago, IL
- Tip Sheet - Conducting a Community Dialogue
- Tip Sheet - A Step-by-Step Approach to Conducting a Focus Group
- Worksheet - List of Issues, Perceptions, and Assets

THE FOUR MAPP ASSESSMENTS LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

Introduction

The Local Public Health System Assessment (LPHSA) answers the questions, “*What are the components, activities, competencies, and capacities of our local public health system?*” and “*How are the Essential Services being provided to our community?*”

The LPHSA focuses on the local public health system — all organizations and entities within the community that contribute to the public’s health. The LPHSA uses the Essential Public Health Services as the fundamental framework for assessing the local public health system. The Essential Services list the ten public health activities that should be undertaken in all communities.

The Essential Public Health Services

1. Monitor health status to identify community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure a competent public health and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

How to Conduct the Local Public Health System Assessment

Step 1 — Prepare for the Local Public Health System Assessment

A subcommittee should be established to oversee the LPHSA process. Subcommittee members should represent diverse segments of the local public health system. Once the subcommittee is convened, members review LPHSA steps and tools and plan how each step will be implemented.

Step 2 — Discuss the Essential Services and identify where each organization/entity is active

The first LPHSA meeting should focus on orienting participants to the Essential Services. After a brief overview of the Essential Services framework, each participant shares information about where his/her organization is active. Posting the information on flip charts can be a fun and easy way to do this. The last part of the meeting should be devoted to a dialogue about the Essential Services and how each organization contributes to them. This discussion will help identify opportunities for collaboration, gaps in service provision, and overlapping activities.

Step 3 — Discuss and complete the performance measurement instrument

During the next step the MAPP Committee discusses and completes the performance measures instrument. The instrument provides two to four indicators (or activities) under each

The LPHSA uses the local-level standards found in the National Public Health Performance Standards Program (NPHPSP). This instrument was developed collaboratively by CDC and NACCHO. (See www.phppo.cdc.gov/dphs/nphpsp)



Essential Service. By responding to the questions related to each indicator, participants get a good idea of the activities, capacities, and performance of the local public health system. To respond to the instrument, the MAPP Committee should discuss the information in the tool until a consensus emerges. This discussion should include perspectives from the organizations conducting public health activities as well as community resident input.

Step 4 — Review the results and determine challenges and opportunities

During this step, participants discuss the results and identify challenges and opportunities. The results of the previous steps should highlight activity levels and coordination among partners. Through discussion, participants should be able to categorize the indicators (from the performance measures instrument) into a list of challenges and opportunities. The list should be comprehensive enough to include the issues identified in the assessment, but short enough (i.e., 10-15 items) for the local public health system to address many of them.



Tools and Tip Sheets for the Local Public Health System Assessment

- Vignettes - East Tennessee Region, TN, St. Louis County, MO, and Chicago, IL
- Local Public Health System Performance Measures Instrument
- Worksheet - LPHSA Challenges and Opportunities

THE FOUR MAPP ASSESSMENTS COMMUNITY HEALTH STATUS ASSESSMENT

Introduction

The Community Health Status Assessment (CHSA) answers the question, “How healthy are our residents?” and “What does the health status of our community look like?” The results of the CHSA provide the MAPP Committee with an understanding of the community’s health status and ensure that the community’s priorities consider specific health status issues, such as high lung cancer rates or low immunization rates.

The CHSA provides a list of core indicators (data elements) for 11 broad-based categories. Communities may also select additional indicators. By gathering data for each of the categories and assessing changes over time or differences among population subgroups or with peer, state, or national data, health issues are identified.

Categories of Data Collected in the CHSA

Who are we and what do we bring to the table?

1. Demographic Characteristics
2. Socioeconomic Characteristics
3. Health Resource Availability

What are the strengths and risks in our community that contribute to health?

4. Quality of Life
5. Behavioral Risk Factors
6. Environmental Health Indicators

What is our health status?

7. Social and Mental Health
8. Maternal and Child Health
9. Death, Illness and Injury
10. Infectious Disease
11. Sentinel Events

How to Conduct the Community Health Status Assessment

Step 1 — Prepare for the Community Health Status Assessment

A subcommittee should be designated to oversee the CHSA. Members should include individuals that can assist with access to data as well as data collection, analysis, and interpretation. Community representatives also provide an important perspective. Once the subcommittee is assembled, members should review the CHSA steps and identify the skills and resources needed to conduct the activities.

Step 2 — Collect data for the core indicators on the CHSA indicator list

During this step, data related to the MAPP “core indicators” (see MAPP website) should be collected, including trend and comparison data. Trend data will help to identify changes in data over time, while comparison data will measure a community’s health status against other jurisdictions. Data collection may require considerable time and effort. Therefore, it is important to begin this activity early in the MAPP process.

Step 3 — Identify locally-appropriate indicators and collect the data

The selection of locally-appropriate indicators helps the MAPP Committee better describe the community’s health status and quality of life in terms that are of particular interest to the community. Additional indicators might be selected

NACCHO’s *Protocol for Assessing Community Excellence in Environmental Health (PACE EH)* is a useful resource for identifying environmental health indicators.



related to community interest in a specific topic, demographics in the area (e.g., an aging population) or information found in the core indicators (e.g., the need to look closer at cancer rates). To keep data collection efforts reasonable in terms of time and resources, select indicators of high priority and relevance only.

Step 4 — Organize and analyze the data; develop a compilation of the findings; and disseminate the information.

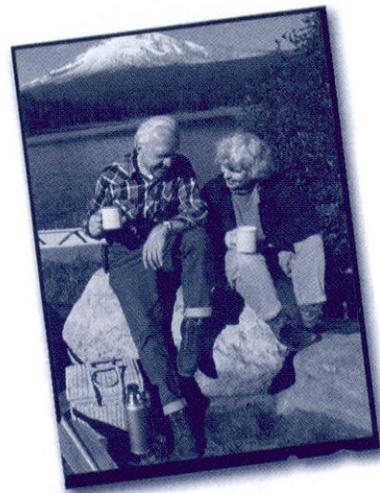
Individuals with statistical expertise should analyze data. Disparities among age, gender, racial, and other population subgroups are especially important. Once the data are analyzed, a compilation of the findings or a “community health profile” should be developed. The community health profile should include visual aids, such as charts and graphs, that display the data in an understandable and meaningful way. The community health profile should be disseminated and shared with the community.

Step 5 — Establish a system to monitor the indicators over time

During this step, the subcommittee establishes a system for monitoring selected indicators. This helps to ensure that continuous health status monitoring occurs and establishes baseline data upon which future trends can be identified. This system will also be instrumental in evaluating the success of MAPP activities.

Step 6 — Identify challenges and opportunities related to health status

The CHSA should result in a list of challenges and opportunities related to the community’s health status. Data findings should be reviewed to identify challenges, such as major health problems or high-risk behaviors, and opportunities, such as improving health trends. Ideally, the final list will include 10-15 community health status issues that will be more closely examined in the Identify Strategic Issues phase of MAPP.



Tools and Tip Sheets for the Community Health Status Assessment

- Vignettes - Miller County, GA, Peoria City-County, IL, and Chicago, IL
- Core Indicators for the 11 CHSA Categories
- Appendix - Menu of Possible Extended Indicators for the 11 CHSA Categories
- Tip Sheet - Presenting Data
- Tip Sheet - Data Issues in Areas with Small Populations

THE FOUR MAPP ASSESSMENTS

FORCES OF CHANGE ASSESSMENT



Introduction

During the Forces of Change Assessment, participants answer the following questions: “*What is occurring or might occur that affects the health of our community or the local public health system?*” and “*What specific threats or opportunities are generated by these occurrences?*” The Forces of Change Assessment should result in a comprehensive, but focused, list that identifies key forces and describes their impacts.

While it may not seem obvious at first, the broader environment is constantly affecting communities and local public health systems. State and federal legislation, rapid technological advances, changes in the organization of health care services, shifts in economic forces, and changing family structures and gender roles are all examples of Forces of Change. These forces are important because they affect — either directly or indirectly — the health and quality of life in the community and the effectiveness of the local public health system.

During this phase, participants engage in brainstorming sessions aimed at identifying forces. Forces are a broad all-encompassing category that includes trends, events, and factors.

- **Trends are patterns over time**, such as migration in and out of a community or a growing disillusionment with government.
- **Factors are discrete elements**, such as a community’s large ethnic population, an urban setting, or the jurisdiction’s proximity to a major waterway.
- **Events are one-time occurrences**, such as a hospital closure, a natural disaster, or the passage of new legislation.

How to Conduct the Forces of Change Assessment

Step 1 — Prepare for the Forces of Change Assessment

During this step, a small group responsible for overseeing the Forces of Change Assessment should prepare for the brainstorming sessions. This group determines who will facilitate the process and how the sessions will be run. Additionally, each member of the MAPP Committee should begin thinking about the major forces that affect public health or the community. This helps to ensure that everyone comes to the meeting prepared.

Step 2 — Convene a brainstorming session to identify forces of change

Next, the MAPP Committee should hold a brainstorming session to identify forces of change. Through facilitated and structured brainstorming discussions, committee members share ideas, identify new forces, and develop a comprehensive list.



Once a comprehensive list of forces has been developed, the MAPP Committee (or a small group of designated individuals) reviews and fully discusses each item on the list. An organized list is developed by combining forces that are similar or linked. Other items on the list may need to be deleted, added, or further refined.

Step 3 — Identify potential threats and opportunities for each force of change

Committee members evaluate each force, and for each, identify associated threats and opportunities for the community and the local public health system. In some cases, a force might only be identified with a threat, while in other instances, it may be perceived as both a threat and an opportunity.

The final list is tabled until it is time to conduct the Identify Strategic Issues phase of the MAPP process. Participants then review each of the issues identified in the other MAPP assessments in light of the forces of change, and discuss the associated threats and opportunities. This activity ensures that strategic issues are relevant to the changing environment.



Tools and Tip Sheets for the Forces of Change Assessment

- Vignettes - Miller County, GA, East Tennessee, TN, and Chicago, IL
- Worksheet - Forces of Change Brainstorming
- Worksheet - Forces of Change - Threats and Opportunities

IDENTIFY STRATEGIC ISSUES

Introduction

Strategic issues are those fundamental policy choices or critical challenges that must be addressed for a community to achieve its vision.

During this phase of the MAPP process, participants develop an ordered list of the most important issues facing the community. When addressing “strategic” issues, a community is being proactive in positioning itself for the

future, rather than simply reacting to problems.

Strategic issues should reflect the results of all of the previous MAPP phases. Up to this point, the process has largely focused on developing a shared vision and identifying challenges and opportunities for improving community health. Strategic issues reveal what is truly important from the vast amount of information that was gathered in the four MAPP Assessments. Identifying strategic issues can be compared to pouring the assessment findings into a funnel — what emerges is a distilled mix of issues that demand attention.

How to Identify Strategic Issues

Step 1 — Brainstorm potential strategic issues

Participants should begin by reviewing the shared vision, common values, and results of the four MAPP Assessments. They should ask, “What factors identified in the assessments must be addressed in order to achieve the vision?” As participants discuss this question, they should try to identify where results converge. The adjacent example shows how results from each of the four assessments can point to a major issue. Each potential strategic issue should be phrased as a question.

Identifying Strategic Issues - Example

Strategic Issue: How can the public health community ensure access to population-based and personal health care services?

Vision: Accessible services.

Community Themes and Strengths Assessment: Lack of insurance; language/cultural barriers; need for more services for seniors; lack of day care; inconvenient hours.

Local Public Health System Assessment: Somewhat high use of referral mechanisms; outreach is targeted, but possibly not at correct populations.

Community Health Status Assessment: High need for affordable health care; high use of emergency rooms; lack of insurance.

Forces of Change Assessment: Inadequate insurance coverage; disparities exacerbated by access challenges and racism.

Step 2 — Develop an understanding about why an issue is strategic

After strategic issues are identified, participants should discuss each issue until they understand why it is strategic. The definition and criteria for strategic issues — provided on the MAPP website — is a useful resource. This discussion will help to separate strategic issues from other problems. Participants must understand the issues to be able to make wise decisions about how to address them.

Step 3 — Determine the consequences of not addressing an issue

Next, participants should consider each strategic issue and ask, “What are the consequences of not addressing this?” This will help participants determine whether or not action is required. Strategic issues may have significant consequences for the community or the local public health system and failure to address them could lead to serious repercussions.



Step 4 — Consolidate overlapping or related issues

At this point, a large number of strategic issues may have been identified. Participants should examine all of these issues and consolidate them into a limited number of non-overlapping issues. Ideally, a community should have no more than 12 strategic issues; the fewer, the better.

Step 5 — Arrange issues into an ordered list

Finally, the strategic issues should be ordered into a list. When developing this list, participants determine if certain issues should be addressed first, if there are issues with immediate consequences, or if there are timelines or upcoming events that may help or hinder addressing an issue. In some cases, communities may decide to address simpler issues first in an effort to build the necessary momentum and teamwork for addressing more complex, controversial issues.



Tools and Tip Sheets for the Identify Strategic Issues Phase

- Vignette - Chicago, IL
- Worksheet - Strategic Issues Relationship Diagram
- Worksheet Example - Strategic Issues Relationship Diagram (Chicago, IL Example)
- Worksheet - Strategic Issues Identification

Introduction

During this phase, participants formulate goals and specific strategies for each of the strategic issues identified in the previous phase. Goals and strategies provide a connection between the current reality (what the local public health system and the community look like now) and the vision (what the local public health system and community will look like in the future). Together, the goals and strategies provide a comprehensive picture of how local public health system partners will achieve a healthy community.

In developing goals and strategies, communities answer the following questions:

Goals — What do we want to achieve by addressing this strategic issue?

Strategies — How do we want to achieve it? What action is needed?

How to Formulate Goals and Strategies

Step 1 — Develop goals related to the vision and strategic issues

Participants begin by revisiting both the vision and the strategic issues. By identifying how the strategic issues link to the vision, participants develop goals that will be achieved when those issues are resolved. Whereas the vision presents what the community wants to ultimately achieve in an idealistic manner (e.g., “healthy children”), goals capture these results in more concrete terms (e.g., “Age-appropriate vaccinations for all children.”). This activity may be best accomplished by a small group that



later presents its results to the MAPP Committee for discussion.

Step 2 — Generate strategy alternatives

During this step, participants identify potential strategies for achieving goals and attaining the community vision. Several strategies should be identified for each strategic issue. These strategy alternatives reflect the range of choices from which the community may select to reach its vision. Strategy alternatives should build upon strengths and opportunities while also countering the threats reflected in the strategic issues. This step may be undertaken through small group brainstorming discussions.

Step 3 — Consider barriers to implementation

Next, the small groups continue brainstorming discussions in an effort to identify barriers to



implementation. Barriers may take the form of insufficient resources, lack of community support, legal or policy impediments to authority, technological difficulties, etc. Barriers will not necessarily eliminate strategy alternatives. However, they should alert the community to obstacles that may be encountered if that alternative is pursued.

Step 4 — Consider implementation details

Here, the small groups flesh out details related to implementing each strategy alternative. Participants should explore issues such as needed activities, timelines, participation, and resources. Thinking about implementation details at this stage helps to identify and refine the best strategies. It also lays the groundwork for the next phase — the Action Cycle.

Step 5 — Select and adopt strategies

After the previous steps have been completed, the best strategy alternatives should become clearer. At this point, participants should examine the alternatives together to understand their relationships to one another. Understanding the interrelationship between strategies offers a comprehensive picture of the larger strategy that the community will implement to achieve the vision. Next, participants test the strategy alternatives against

agreed-upon selection criteria. Once the strategies are selected, they should be adopted.

Step 6 — Draft the planning report

The final step is to develop a draft planning report. A written planning report: serves as a reference; tests consensus about agreements; and communicates the vision, goals, and strategies to partners and the broader community. Once the document is complete, it should be adopted by the MAPP Committee. This step marks the completion of the planning process and a time to celebrate the hard work. The plan should also be disseminated and shared throughout the community.



Tools and Tip Sheets for the Formulate Goals and Strategies Phase

- Vignettes - St. Louis County, MO, Peoria City-County, IL, and Chicago, IL
- Worksheet - Strategy Development
- Worksheet - Strategy Development Matrix

THE ACTION CYCLE

Introduction

The Action Cycle links three key activities — Planning, Implementation, and Evaluation. Each of these activities builds upon the others in a continuous and interactive manner.

The Action Cycle may be the most satisfying and challenging phase of the MAPP process. During this phase, the efforts of the previous phases begin to produce results, as the local public health system develops and implements an action plan for addressing the strategic issues. Yet, this is where it becomes increasingly important to sustain the process and continue implementation over time.

The Action Cycle can be summarized as follows:

- Planning — Determining what will be done, who will do it, and how it will be done.
- Implementation — Carrying out the activities identified in the planning stage.
- Evaluation — Determining what has been accomplished.

How to Conduct the Action Cycle

Planning for Action

Step 1 — Organize for action

The first step in this phase is organizing for action. A subcommittee should be designated to oversee the implementation and evaluation activities. This subcommittee prepares for the subsequent steps and plans for how they will be implemented. If key participants — those who will play a role in implementing and evaluating strategies — are not currently involved in the MAPP process, they should be recruited to participate.

Step 2 — Develop objectives and establish accountability

For successful implementation, it is important to know where you are headed, who is responsible for getting you there, and how you are going to get there. To accomplish this, MAPP participants develop measurable outcome objectives for the identified strategies. Participants then agree on accountability or responsibility for each objective.

Step 3 — Develop action plans

The outcome objectives must now be translated into specific action plans to be carried out by accountable participants. Action planning will help to identify specific activities, timeframes, and needed resources. Action plans may be organization-specific or may call for collective action from a number of organizations.

Implementation

Step 4 — Review action plans for opportunities for coordination

After individual and collective action plans have been developed, the MAPP Committee reviews them to identify common or duplicative activities and seeks ways to combine or coordinate the use of limited community resources. A quick review of the four MAPP Assessments may be useful for exploring assets, strengths, and opportunities.

Step 5 — Implement and monitor action plans

Each MAPP participant should be involved in implementing a minimum of one strategy. In addition, MAPP participants should regularly consider whether other organizations or individuals should be brought on board to more effectively implement strategies. Community awareness and participation ensures that action plans are appropriately and effectively implemented.



Evaluation

Step 6 — Prepare for evaluation activities

When preparing for evaluation, participants should first consider what they are evaluating. An evaluation of the entire MAPP process and each strategy should be conducted. Next, participants should think about the stakeholders that should be involved. These may include individuals whose professional work relates to the activity being implemented, or people who will be affected by its implementation.

Step 7 — Focus the evaluation design

The next step is to design the evaluation. At this stage, the evaluation team should select: the questions that the evaluation will answer, the process for answering these questions, the methodology to be used in collecting answers, a plan for carrying out the evaluation activities, and a strategy for reporting the results of the evaluation.

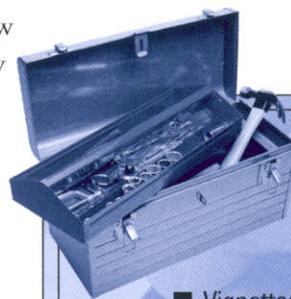
Step 8 — Gather credible evidence and justify conclusions

During this step, MAPP participants collect data to answer the evaluation questions. Once credible data are gathered, the evaluation team decides what the data indicate: Did the activity do what it set out to do? How effective was it? The evaluation team should also justify its conclusions.

Step 9 — Share lessons learned and celebrate successes

Finally, results of the evaluation are used and shared with others. Evaluation results can improve existing processes and help create new strategies and activities.

Evaluation results may also pinpoint successes and positive results. Participants should celebrate these successes. Continuous celebration and recognition of the hard work will go a long way toward sustaining momentum and keeping the process alive.



Tools and Tip Sheets for the Action Cycle

- Vignettes - Peoria City-County, IL, St. Louis County, MO, Miller County, GA, and Chicago, IL
- Tip Sheet - Description of Terms Used in Objective-Setting



M A P P

MOBILIZING FOR ACTION THROUGH
PLANNING AND PARTNERSHIPS (MAPP)

For more information about MAPP, please contact:

MAPP Project

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Appendix 3

MAP Steering Committee Members

This appendix contains a list of the *MAP Campaign* Steering Committee members.

MAP Steering Committee Members, 2004-2006

Co-Chair Cherri King, Pasadena NAACP

Former Co-Chair Rosanna Esparza, Center for Community & Family Services

Wilma Allen, Pasadena Public Health Department

Dr. Wayne Aoki, Psychologist

Karen Aydelott, Pasadena YMCA

Anita Bennett, Young Communications (former member)

Brian Biery, City of Pasadena Neighborhood Connections

Maria Bogdanoff, Huntington Memorial Hospital

Pat Bowie, Consultant

Charles Boyd, CAB & Associates

Cathi Chadwell, Huntington Memorial Hospital

Dr. Susan Clifford, Pasadena City College

Valerie Coachman-Moore, Coachman, Moore & Associates

Battalion Chief Kevin Costa, Pasadena Fire Department (former member)

Mary Donnelly-Crocker, Young & Healthy

Tahra Goraya, Day One

Joy Guihama, Pasadena Public Health Department

Dr. Maura Harrington, Lodestar Management/Research, Inc.

Rick Kiel, Kaiser Permanente

EMS Battalion Chief Fred Law, Pasadena Fire Department

Carol La Val, Pasadena Unified School District

Taffany Lim, Consultant (former member)

Lisa Malone-Buffong, Pasadena Public Health Department (former member)

Oscar Manzanares, Madison Neighborhood Partners

Margie Martinez, Community Health Alliance of Pasadena

Celestine McFern-Walker, Neighbors Acting Together Helping All

Eva Meyers, California Association of Nurse Practitioners

Sue Miele, The Partnership for Children, Youth and Families

Marge Nichols, United Way (former member)

Heather Onuma, Pasadena Public Health Department

Heidi Petersen-Leach, Pasadena Public Health Department

Maria Rodriguez, Kaiser Permanente

Kathleen Shannon, Patron Saints Foundation

Deborah Silver, Consultant

Robin Sohmer, Pasadena Public Health Department

Judi Spencer-Olander, Center for Community & Family Services (former member)

Bill Trimble, City of Pasadena Planning & Development Department

Dr. Takashi Wada, Pasadena Public Health Department

Patricia Valencia, Pasadena Public Health Department

Gwen Young, Young Communications (former member)

Appendix 4
Development of the *MAP Campaign Vision,*
Purpose and Guiding Principles

This appendix contains a summary of how the MAP Campaign Vision, Purpose and Guiding Principles were developed.

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Development of the *MAP Campaign* Vision, Purpose and Guiding Principles

By the summer of 2005, findings of the four health assessments provided a springboard into the action planning process. Before that work could begin, the *MAP* Steering Committee felt that it was important to share results with community members to reach consensus regarding an approach to action planning. Community members were invited to a Steering Committee Retreat on June 17, 2005 where participants worked together toward four outcomes:

1. To affirm their vision for the *MAP Campaign*,
2. To develop a *MAP Campaign* purpose statement and guiding principles for action planning,
3. To decide the priority focus areas for *MAP* action planning,
4. To determine the design and structure for the development and approval of the *MAP* Action Plan and the priority focus areas.

Proposed vision statements from the *MAP* Steering Committee were discussed and revised in this public forum, and members agreed upon the common **Vision**:

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

Next, meeting facilitators introduced the rationale for developing a purpose statement and guiding principles. The purpose statement was intended to:

- Clarify the vision and mission of the *MAP Campaign*
- Summarize the reasons that the *MAP Campaign* exists
- State what it intends to accomplish
- Delineate methods of achieving success

Participants proposed several purpose statements, emphasizing that the purpose of the *MAP Campaign* should:

- Promote connection, collaboration and engagement,
- Communicate information about health and well being,
- Improve access to services that promote all aspects of health,
- Champion overall wellness,
- Foster community engagement for improving health and well being,
- Encourage advocacy for public health policy,
- Cultivate participation in promoting and defining overall wellness.

The MAP Steering Committee later used this information to create and refine one overarching **Purpose Statement**:

“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.”

Next, participants discussed types of guiding principles to steer the MAP Campaign through the action planning process. Elements to include in the guiding principles were discussed, including:

- Accessibility
- Values all
- Values each other
- Inclusive
- Representative
- Connectedness
- Build upon opportunities
- Mentoring and shadowing...Adults and youth
- All voices link back to values
- Analysis and connection to what already exists
- Weaving resources
- Issues have to be owned by the entire community
- Wellness
- Communication
- Personal and community responsibility
- Validation of neighborhood associations

Reflecting back on the information gathered through the assessments and the community visioning conversations, participants wanted the action planning process to be:

- Inclusive
- Representative of stakeholders
- Building connections/resources
- Promoting communication
- Weaving resources and builds on opportunities
- Analyzing/utilizing existing resources
- Strengthening/optimizing resources
- Developing appropriate resources
- Creating synergy of resources
- Supporting equity of resources
- Law abiding; compliance with regulations and laws
- Placing value on input of all
- Creating ownership of community issues
- Mobilizing community voices
- Participatory
- Promoting the idea of strength of family values
- Respectful diverse voices and cultures
- Emphasizing Responsibility/accountability (personal and community)
- Evaluating, monitoring, developing accountability
- Creating measurable outcomes that can show results
- Developing policy change/systems change

The MAP Steering Committee used the retreat input to create the final MAP Campaign **Guiding Principles** that were used throughout the action planning process:

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.*

Appendix 5

Selection of Priority Focus Areas

This appendix contains the eleven focus areas that emerged out of the *Community Themes & Strengths Assessment*, the *Local Public Health System Assessment*, the *Community Health Status Assessment* and the *Forces of Change Assessment*. This appendix also includes the prioritization criteria and definitions and the prioritization tool that was used by the *MAP* Steering Committee to pick out the top four priority areas at the Steering Committee Retreat on June 17, 2005.

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Steering Committee Retreat
June 17, 2005
Top Focus Areas

1. Access –link and fully utilize existing services. Assure universal coverage or equivalent locally.
 - a. Cost
 - b. Eligibility for health insurance
 - c. Linking individuals to services and fully utilizing current services
 - d. Determine what exists currently (i.e., health, social and human services, etc.)
 - e. Communication
 - f. Information about services
2. Education –promote professional training and employment in health care and public health.
 - a. Professional
 - b. Training/employment
3. Data –collection, analysis, dissemination, and measurement of outcomes
 - a. Centralizing
 - b. Integrate data pools from current sources
 - c. Collection
 - d. Analysis
 - e. Dissemination
 - f. Outcomes planning
4. Impacting Policy- influence policies that affect the health of individuals and communities.
 - a. Impact policies that affect/influence health of individuals and communities
5. Community, Family (and youth) Involvement and support
 - a. Youth engagement and leadership
 - b. Child welfare and well being
 - c. Support families
 - d. Strengthen neighborhood bonds
 - e. Accountability and responsibility
 - f. Empower individuals to take control of their lives
6. Preventative behavior and lifestyle changes that promote and sustain health.
7. Focus on strategies with real outcomes
8. Impact behavior change that addresses prevention
 - a. Provide education
 - b. Provide resources
 - c. Support behavior change
 - d. Decrease risky behaviors

e. Promote healthy lifestyles

9. Senior care

10. Homelessness

11. Integrate public health systems

MAP Prioritization Criteria and Scoring Definitions

Criterion #1: Marketability

1. Not seen as important and therefore has little or no marketability
2. Perceived as moderately important and therefore has some marketability
3. Recognized as an important concern and could be easily marketed across the community

Criterion #2: Measurability

1. Measurable goals and objectives would be difficult to establish and measure; progress and success cannot be demonstrated
2. Measurable goals and objectives can be established and measured; it would be difficult to demonstrate progress and success
3. Measurable goals and objectives can be established and measured; progress and success can be demonstrated

Criterion #3: Currently Being Addressed within the Community

1. Successful efforts are currently underway to address this issue
2. Efforts have been implemented to address this issue; however, more can be done
3. There are no or few efforts underway to address this issue; more should be done

Criterion #4: Fundable/Resources are Available to Address the Issue

1. No or minimal resources available
2. Moderate level of resources available
3. Many resources available

Criterion #5: Community's Readiness/Capacity to Address the Issue

1. No or little capacity; community is not ready to address this issue
2. Moderate capacity; community is relatively ready to address this issue
3. High level of capacity; community is ready to address this issue

Criterion #6: Community Identified Need

1. Not perceived as a problem; efforts to address it would be opposed
2. Recognized as a problem; efforts to address it would be supported by some
3. Recognized as a problem; efforts to address it would be welcome

Criterion #7: Issue Identified through the Data

1. Data does not demonstrate the importance of this issue
2. Data supports this issue as moderately important
3. Data strongly supports and identifies this issue as an important concern

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MAP Prioritization Tool

Criterion #1: Marketability	Criterion #5: Community's Readiness/Capacity to Address the Issue								
Criterion #2: Measurability	Criterion #6: Community Identified Need								
Criterion #3: Currently Being Addressed within the Community	Criterion #7: Issue Identified through the Data								
Criterion #4: Fundable/Resources Available	Criterion #8:								
Problem	In the line below each criterion number (e.g. C1), record assigned weight as decided by the group. Then, for each problem, score each criterion (use agreed upon rating scale) and multiply the score by the assigned weight. Add weighted criterion scores to obtain the total score for the problem								
	C1	C2	C3	C4	C5	C6	C7	C8	Total Score for Problem
Access to services									
Professional education, training and employment									
Data collection, analysis and dissemination									
Impacting and influencing policies									
Community, family (and youth) involvement and support									
Promoting preventative behavior and lifestyle changes									

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Appendix 6

MAP Community Themes & Strengths Assessment

This appendix contains the results of the MAP Community Themes & Strengths Assessment. A list of participants and organizations appears in Appendix 1.3. This assessment was commonly referred to as community visioning. The Community Themes & Strengths Assessment answers the questions:

- *"What is important to our community?"*
- *"How is quality of life perceived in our community?"* and
- *"What assets do we have that can be used to improve community health?"*

Conducted through a series of visioning sessions across the greater Pasadena area in 2004-2005, the Community Themes & Strengths Assessment gathered community members' opinions, thoughts and concerns which helped to pinpoint concerns and highlight potential solutions for a healthier future in Pasadena. Focus group participants were recruited by organizations, partners, and word of mouth. Focus groups were held at various locations in the community and were conducted by Pasadena Public Health Department staff, consultants or Steering Committee members. Altogether, 103 groups were convened, reaching approximately 1,400 people.

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MAP Visioning

Summary Report on Community Conversations

Purpose

This effort was designed to serve two purposes: to gather data from a diverse sample from the greater Pasadena area and increase the awareness of individuals and organizations about MAP. Thus a larger scale effort was undertaken to obtain the perspective and opinions of a wide range of individuals throughout the community that included those who live, work, pray and play in Pasadena and Altadena. Secondly, it was hoped that this effort would also serve to engage individuals and groups to participate in the MAP campaign.

Method

Informal conversations with mostly pre-existing groups and some that were convened just for this purpose. This project was not intended to obtain a statistically representative sample. Instead, it started out as a strategy to engage a broad range of roughly 300 individuals and grew into a larger community wide effort to talk to four times that many people. Basically, the recruitment was guided by the wisdom of the Steering Committee in designing a strategy to outreach to a wide range of constituents from those who live, work or go to school in the area. This included groups from the public, nonprofit and private sectors. It included both service providers and non-service providers. Special efforts were made to try to engage those folks whose voice is not always heard – the youth.

Community members, youth and staff from the Public Health Department participated in facilitator training designed for this project. A facilitator, sometimes accompanied by a note taker would go to the group's meeting and facilitate a discussion on two questions:

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

Success in reaching across the community: Who did we talk with?

Just over 100 community conversations were facilitated by staff, consultants and volunteers across the community. Groups were held with neighborhood groups, city departments, churches and business organizations. Nearly 1,400 individuals participated in the process which began in September 2004 and ended in June 2005. This number far exceeds the original goal of speaking with 300 individuals.

Category Type	Number of Groups Held	Percent of Cases	Average Number of Participants	Range of # of Participants	Total # of Participants
Business	2	2.2%	9.0	5 - 13	18
CBO	13	14.1%	12.2	8 - 18	158
Funder	3	3.3%	11.7	8 - 15	35
Government	10	10.9%	13	4 - 34	130
Hospital	5	5.4%	11.0	8 - 19	55
O ??	4	4.3%	17.3	13 - 19	69
Resident	32	34.8%	13.9	5 - 40	445
Seniors	3	3.3%	11.0	10 - 12	33
Steering Comm	7	7.6%	9.1	4 - 18	64
Youth	18*	14.1%	20.6	5 - 94	371

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MAP

Charting a Course for Our Healthy Future

Visioning

What we are learning from the community conversations – Emerging Values

June 17, 2005



Overview

Purpose

- to obtain the perspective and opinions of a wide range of individuals throughout the community
- engage individuals and groups to participate in the MAP campaign

Method

- Informal conversations facilitated by staff, volunteers or consultants

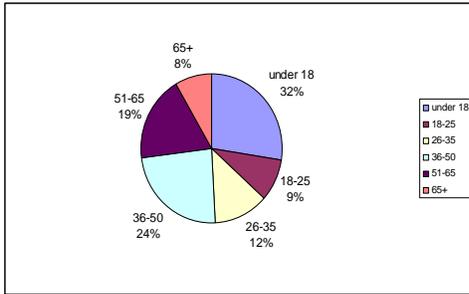
Describing a Healthy Community

- **What does a healthy community mean to you? What would a healthy community look like?**
- **What can we do to get to a more healthy community?**

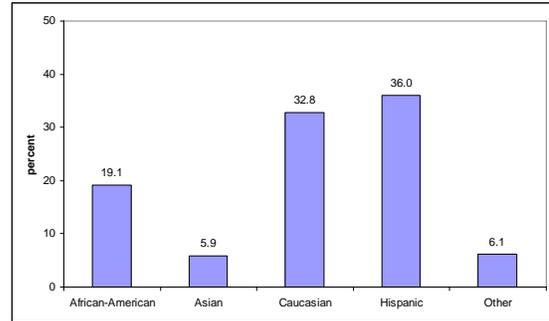
Whose voices have been heard?

- 100 groups / organizations have been visited
- Nearly 1,400 individuals
- Demographics for 1,164 participants:
 - 71% female
 - Wide range of ages
 - Ethnically diverse
 - Geographic spread across Pasadena and Altadena

Participant Age



Ethnicity



Zip codes

91104	21%
91103	20%
91001	13%
91107	7%
91101	10%
91106	6%
91105	4%

Community Accountability

A Healthy Community would take care of its own

Sense of responsibility for self and others among individuals, families, government, business and the community
 Transparent local government
 Political will to devise a workable system
 Accountability system

Connectedness

- People know about community and social issues
- People know and rely on their neighbors
- Bridging gaps among ethnic groups, neighborhoods language, income levels, ages
- Decreased isolation
- Intergenerational interaction

Community Engagement & Empowerment

- Events/opportunities for engagement
- Faith community could do more
- Neighbors connected
- Resident involvement
- Unite neighborhoods
- Volunteerism, civic involvement

Celebrating Diversity

A healthy community values all of its members, regardless of age, economic status, etc.

- Sense of community; a united city
- No racism, sexism
- Open-mindedness / flexible
- A city that welcomes all individuals and organizations

Equity

- Equal access to services irrespective of status
- Access for disabled
- Social equity
- Everyone has a voice
- Individuals of all ages are respected

Environment

- Promote environmental awareness
- Clean streets – no trash, graffiti
- No air, water or noise pollution
- Smoke-free air
- Policies that are environmentally friendly
- Respect for the environment

Building Strong Families

- Parent education and empowerment
- Encourages parent involvement in families and schools
- Affordable and quality child and senior day care options
- Job opportunities for all ages at a living wage

Good Health is Accessible

- Education and awareness
- Available, quality services and insurance
- Information is available to all
- Services accessible by convenient, low-cost transportation
- Mental and dental health services as well

Individual Empowerment for Health

People have the knowledge, information, access and ability to drive their own health decisions

- Access to information
 - Language and format (Braille, large print, electronic)
- Care for people throughout the lifespan
- Primary care, urgent and emergency care
- Self-sufficiency

Empowered Individuals

People have the knowledge, information, access and ability to drive their own health decisions

- Access to information
- Connections to resources
- Connections to others, to groups
- Advocacy skills and motivation
- Civic engagement, volunteerism, community activism

Overall Wellness is Promoted

- Fitness as value
- Connection of mind, body and spirit
- Healthy lifestyles promoted
- Intellectually, socially, spiritually stimulating
- Leisure as value
- Well balanced lifestyle
- Less stress

Supportive of Healthy Lifestyles

- High value placed on recreation, physical fitness, nutrition
- Accessible, affordable nutritious food
- Recreation opportunities are available and accessible
 - Open spaces, parks, facilities
 - Activities

Education is Valued

A place where students love learning ... a community where there are life-long learners

- Family, adult literacy programs
- Education for all ages
- Excellent schools for everyone
- Innovative educational methods
- Access to higher education
- Transparency in schools
- After school tutoring and programs of quality

Planning with Community In Mind

- Community based economic development
- Consider density issues, congestion, etc.
- Willingness to work together
- Neighborhoods inviting (commercial and residential)

Youth are Valued

- Quality schools
- Positive programs
- Healthy hangouts for youth: Teen center, skate park
- More positive recognition of teens
- Mentoring programs

Safety & Security

Everyone should feel safe at home, at work at school and in the community

- Safe – physically, psychologically and economically
- Decrease violence and gang activity
- Safe streets for pedestrians, cyclists
- Drug-free and smoke free
- Affordable and quality housing

Appendix 7

Local Public Health System Assessment

This appendix contains the MAP Local Public Health System Assessment results. A list of participants can be found in Appendix 1.4. The Local Public Health System Assessment answers the questions:

- *What are the components, activities, competencies, and capacities of our local public health system?" and*
- *"How are the Essential Services being provided to our community?"*

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. Fifty individuals altogether 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. They used the Ten Essential Public Health Services to assess strengths, concerns and to make recommendations about how to improve our system. The Ten Essential Public Health Services are to:

1. Monitor health status to identify community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure a competent public health and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

Panelists participated in a dialogue to respond to questions related to particular essential services, and then rated the local public health system's performance using consensus cards.

PASADENA MAP CAMPAIGN

LOCAL

Public Health System Performance Assessment



Preliminary Summary
June 2005

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ESSENTIAL SERVICE 1: MONITOR HEALTH STATUS TO IDENTIFY AND SOLVE COMMUNITY HEALTH PROBLEMS

STRENGTHS

- Various community assessments such as the Quality of Life Index, MAP Campaign, Maternal and Child Health Five Year Needs Assessment, Huntington Memorial Hospital Community Needs Assessment and the Fire Department Hazard Mitigation Survey are conducted to document the health and well-being of the Pasadena community.
- The data expressed through these assessments can be used to raise awareness about community health problems.
- The Local Public Health System routinely engages in activities that promote health and safety such as monitoring immunization rates and performing restaurant inspections.
- The Pasadena Public Health Department is currently in the process of creating a data clearinghouse to store information that can be used to understand, predict and uncover local health conditions and trends.

CONCERNS

- Although a number of assessments are conducted, few have been developed that paint a comprehensive picture of health in Pasadena.

RECOMMENDATIONS

- More attention must be given to identifying and obtaining meaningful, community-specific data that speaks to health across and within neighborhoods.
- Resources should be secured to enhance the Local Public Health System's ability to use and integrate data and technology to inform health status.

ESSENTIAL SERVICE 2: DIAGNOSE AND INVESTIGATE HEALTH PROBLEMS AND HEALTH HAZARDS IN THE COMMUNITY

STRENGTHS

- In recent years, the Local Public Health System has significantly increased its capacity to identify, plan for, and respond to health threats and public health emergencies affecting the Pasadena community.
- Key staff such as the bioterrorism coordinator, epidemiologist and City disaster coordinator have been instrumental in increasing the City's capacity to ensure the public's health and safety.

- There is a high degree of coordination and collaboration among the local public health department, local law enforcement, county and regional entities, and state and federal agencies to facilitate the exchange of resources and information, and aid in the development of joint planning and integration, particularly around bioterrorism and emergency response issues.

CONCERNS

- The existing data and surveillance system is fragmented. This poses a significant challenge to researchers, epidemiologists and public health analysts who need current and up-to-date information to assess present and future health trends.

RECOMMENDATIONS

- Efforts should be made to enhance the local surveillance system, thereby strengthening the Local Public Health System's ability to monitor changes in disease trends over time.

ESSENTIAL SERVICE 3: INFORM, EDUCATE AND EMPOWER PEOPLE ABOUT HEALTH ISSUES

STRENGTHS

- Across the City, there are a number of agencies and organizations that are committed to providing information and resources that lead to the development and adoption of positive health behaviors, policies and plans.
- A host of organizations such as the school district, local hospital and the public health department routinely organize and participate in health promotion activities, such as health fairs, counseling and health screenings.
- A number of organizations have established strong relationships with local elected officials and actively work to keep them abreast and aware of important community health issues and concerns.
- The Local Public Health System uses multiple media outlets such as websites, billboards, radio and print materials to deliver health communication messages.

CONCERNS

- Costs play a key role in the type and choice of media used to deliver health promotion messages. The consistency and reach of core messages is greatly affected by decreasing funding dedicated to outreach efforts.
- Private schools, racial and ethnic minorities and individuals who do not read or respond to printed materials pose unique challenges to the delivery of health information messages.
- Duplication of services and outreach efforts is of particular concern due to the current fiscal climate.

RECOMMENDATIONS

- Utilize more inclusive media outlets, such as television. Need to focus on maximizing limited dollars.
- Concentrate on providing culturally appropriate messages and information to ensure appropriate reach of intended audience.

- Invest significant resources to ensure people are provided with information when they need it most.
- Utilize existing events to provide information and services.

ESSENTIAL SERVICE 4: MOBILIZE COMMUNITY PARTNERSHIPS TO IDENTIFY AND SOLVE HEALTH PROBLEMS

STRENGTHS

- Pasadena has a strong history of community activism.
- Non-profits, neighborhood associations, community collaboratives and government entities are committed to working together to improve health.
- A strong desire to mobilize and partner around health issues, strongly contributes to the flow of ideas and joint efforts aimed at solving health problems.

CONCERNS

- There are quite a few collaboratives in Pasadena; however they don't effectively link and communicate well together.
- There has been limited success engaging the business and faith communities in health improvement efforts.
- There's a disconnect between the "haves" and the "have-nots." It is difficult to engage affluent community members in activities that benefit the public's health and safety.

RECOMMENDATIONS

- Engage all sectors of the community in health improvement initiatives. Emphasis should be placed on involving businesses, faith institutions, individuals of affluence, smaller/grassroots organizations and other hard to reach populations to create greater awareness and ownership of public health issues.
- Improve communication methods to streamline and link priorities.
- Ensure follow through and accountability on existing efforts.
- Enhance the sustainability of projects and services.
- Commit to sharing resources, not just ideas. As funding decreases, a greater emphasis must be placed on maximizing and leveraging resources to serve the community.
- Eliminate barriers that hinder community participation (i.e., scheduling meetings during the day when it is more convenient for the community to meet at night).

ESSENTIAL SERVICE 5: DEVELOP POLICIES AND PLANS THAT SUPPORT INDIVIDUAL AND COMMUNITY HEALTH EFFORTS

STRENGTHS

- Members of the Pasadena community play major roles in advocating for public health policy that will benefit the local community and the state.
- Examples of recently passed or emerging ordinances include the Tobacco Retail Licensing Ordinance, Curb-to-Curb Smoke-free Parks Ordinance, Deemed Approved Ordinance, Resolution to Support Deemed Approved Ordinance, Open Container Ordinance and SB 148.

- In light of decreased public and private funding, joint planning efforts such as the MAP Campaign and Up and Moving initiative are currently underway. These efforts are heavily focused on aligning strategic priorities, improving system coordination and decreasing service delivery duplication.

CONCERNS

- Implementation of enacted policies is strongly dependent on available funding. Too often, there are not enough resources to ensure that policies are fully implemented.
- Evaluation is a concern across the board. Agencies and organizations often fail to measure the effectiveness of the policies and plans they create.
- Our reputation for planning is greater than our reputation for action.

RECOMMENDATIONS

- Increased effort should be taken to involve a broad range of constituents in upfront planning and decision-making that will lead to improved public health policies.
- Special importance should be placed on involving not only those that will be affected by a policy, but also individuals charged with monitoring implementation and ensuring compliance.
- Steps should be taken to increase alignment of agency plans and priorities. By coordinating and linking existing efforts, the Local Public Health System can reduce service duplication, establish shared measurements and commitments for long-term outcomes and evaluation, hold each other accountable for stated goals and objectives and refute a long-standing community belief that planning often does not translate into action.

ESSENTIAL SERVICE 6: ENFORCE LAWS AND REGULATIONS THAT PROTECT HEALTH AND ENSURE SAFETY

STRENGTHS

- Because Pasadena is one of three cities within California with a municipally-operated health department, Pasadena is at the forefront of local public health policy development.
- The City Prosecutor Office, City Attorney Office, Code Compliance Office, law enforcement agencies and the health department work in tandem to ensure adequate enforcement of laws and regulations.
- Pasadena places a heavy focus on providing the public with information about new and existing laws. Education has proven to be an effective agent in changing behavior and ensuring compliance.

CONCERNS

- The local municipal system is often complaint driven, rather than proactive in its approach to policy development and implementation.

RECOMMENDATIONS

- To enhance enforcement and strengthen compliance, the Local Public Health System should focus on proactive versus reactive education.

- Refine educational efforts to ensure marginalized populations are included in outreach efforts.
- Modify educational materials and methods to combat behavior based on cultural differences.
- Consider creating an administrative body or alternative method that could be used to process public health violations rather than processing them through the criminal system.

ESSENTIAL SERVICE 7: LINK PEOPLE TO NEEDED PERSONAL HEALTH SERVICES

STRENGTHS

- A number of organizations and programs are in place that provide health care services to the community.
- Organizations such as Young & Healthy, Huntington Memorial Hospital, the Pasadena Unified School District, Community Health Alliance of Pasadena and the health department work to deliver health care services within the community and are committed to eliminating barriers and health disparities.
- Information compiled from sources such as the California Healthy Kids Survey, Quality of Life Index, Huntington Memorial Hospital Community Needs Assessment and Young & Healthy's strategic plan help to paint a picture of the current local health care system.

CONCERNS

- The lack of credible, community-level data limits the Local Public Health System's ability to accurately assess the need, availability and quality of new and existing services (i.e. there is much agreement that access to care is a major community concern, however, it is often difficult to find information that accurately depicts the number of uninsured in the community).
- Gaps in information pose unique challenges to actually identifying barriers to receiving and obtaining care.
- Groups or sections of the community that do not command much political attention are often overlooked.
- The City lacks adequate urgent care services and faces significant limitations in the availability of specialty care options.
- There is growing concern about the high costs of health care; many residents face economic dilemmas (i.e., they make too much money to qualify for reduced services, but not enough to pay for health insurance on their own).

RECOMMENDATIONS

- Create a warehouse of health status information.
- Utilize various outreach outlets to inform the public about services (i.e., Senior Center newsletter, utility bills, posters/flyers at malls and supermarkets).
- Utilize creative outreach strategies to increase the scope and reach of services (i.e., Young & Healthy has partnered with Mothers' Club and push cart vendors to raise awareness about their services).
- Engage in outreach efforts with biggest return (i.e., television, radio ads).
- Tailor outreach efforts to specific population groups (i.e. can't use the same strategies to outreach to youth and the homeless population).

- Explore the creation of a one-stop phone coordination service or a community bulletin board.
- Rely on tried and proven methods (i.e., personalized outreach: working through community gatekeepers and going where the people are).

ESSENTIAL SERVICE 8: ASSURE A COMPETENT PUBLIC AND PERSONAL HEALTH CARE WORKFORCE

STRENGTHS

- To the extent possible, organizations and agencies within the Local Public Health System employ and retain competent individuals skilled in public health service and delivery.
- Leadership development is promoted at various levels within the system and is an avenue whereby public health competency is promoted and achieved.
- Individuals within the Local Public Health System contribute to and serve on various committees and boards across the City, which leads to collaborative leadership and shared decision-making.

CONCERNS

- Funding constraints limit participation in training and workshops that enhance public health proficiency.
- Although needed, leadership development is not available for everyone.

RECOMMENDATIONS

- Utilize neighborhood associations as a means for promoting leadership development.
- Adopt the TGIF restaurant philosophy as a way to foster leadership development—leaders are *always training two people who can step into their shoes to fill a position*.

ESSENTIAL SERVICE 9: EVALUATE EFFECTIVENESS, ACCESSIBILITY, AND QUALITY OF PERSONAL AND POPULATION-BASED HEALTH SERVICES

STRENGTHS

- Organizations and agencies within the Local Public Health System set goals and criteria to guide the delivery of services.
- Various mechanisms are used to assess resident satisfaction with personal health services, such as mail and telephone surveys, electronic processes and in-person assessments.
- Entities across the City engage in collaborative efforts to increase effectiveness and enhance accessibility of existing services.

CONCERNS

- Although organizations routinely set goals to assess performance, formal evaluations of programs and services is often neglected due to funding constraints and competing activities.
- Resident satisfaction with population-based services is rarely assessed; one participant noted that this is the first time they have been asked about their satisfaction with services.
- The concerns and responses of individuals who do not use the system's population-based and personal health services are not heard.

RECOMMENDATIONS

- Establish a mechanism to assess the effectiveness of the Local Public Health System in its entirety.

ESSENTIAL SERVICE 10: RESEARCH FOR NEW INSIGHTS AND INNOVATIVE SOLUTIONS TO HEALTH PROBLEMS

STRENGTHS

- Strong linkages and partnerships exist among academic, research and health care organizations
- The Pasadena Community Asthma Program, a partnership between Young & Healthy, the Pasadena Unified School District and Huntington Memorial Hospital, helps children and their families manage asthma.
- The Pasadena Public Health Department is involved in a collaborative project with the URDC Human Services Corporation to develop a diabetes management and assessment program.
- The Huntington Medical Research Institute has a strong relationship with the California Institute of Technology. Brain mapping technology that was originally developed at the California Institute of Technology is now being utilized by Huntington Memorial Hospital.
- The California Institute of Technology has partnered with the UCLA Medical School in a joint PhD/MD program.
- Surveys such as the California Health Interview Survey and the LA County Health Survey provide valuable information concerning the health status of the Pasadena community.

CONCERNS

- It is difficult to obtain funding solely dedicated to public health research.
- Community-specific data is difficult to obtain; it is even more challenging to secure funding to conduct local assessments and research.
- Community data is often gathered through various tools and methods; this poses a unique challenge to synthesizing data and extrapolating conclusions.
- Although best practice information and guidelines are readily accessible, they often fail to be translated at the local level.
- A central issue surrounding public health research is the extent to which local health departments should concentrate its effort on conducting original research.

RECOMMENDATIONS

- Create a public health research roundtable for researchers, practitioners and community members to share public health research and establish linkages to further local research and practice-based efforts.
- Efforts should be made to foster relationships with local programs and institutions such as the UCLA Center for the Study of Latino Health and Culture, USC Cancer

Surveillance Program and Kaiser Permanente community benefits and community research programs.

- Linkages should be established with schools of public policy to explore the implications of public health policy.
- A stronger emphasis should be placed on disseminating and sharing public health data to preserve public health's importance within the community and in the political arena.

THE MAP CAMPAIGN

LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT HIGHLIGHTED COMMUNITY RESPONSES

JUNE 2005

CONCERNS

- Frustration and dissatisfaction with the current system—long wait times, cancellation of appointments with no notice, poor coordination of services and inadequate urgent care and emergency services are all significant concerns needing urgent attention.
- Health care is becoming increasingly expensive—many residents make too much money to qualify for free or reduced programs, but not enough to pay for services on their own).
- Although community information offices exist throughout the City, many residents are not aware of the information that can be obtained from these offices.
- It is difficult to develop relationships with providers—they change frequently.
- Residents are rarely asked about their satisfaction with services—several stated that this was the first time they were ever asked about their satisfaction with services.
- Don't always feel that their voices are heard or that their opinions even matter.
- It is difficult for parents to attend meetings—childcare should be provided to make it easier for families to participate in community events.
- Frustrated with the promise of change—want to see tangible outcomes and results.

RECOMMENDATIONS

- Partner with Kings Villages to conduct outreach events—would be an excellent partnership opportunity because there are over 1200 residents who would benefit from the services.
- Focus outreach efforts “where the people are”—advertise at malls and supermarkets, not just community centers.
- Utilize email and utility bills to inform the public about services.

COMMUNITY AND AGENCY PARTICIPANTS

Wilma Allen	Pasadena Public Health Department
Caroline Bautista	Pasadena Public Health Department
Yvonne Benson	AIDS Service Center
Brian Biery	Pasadena Human Services and Recreation Department
Maria Bogdanoff	Huntington Memorial Hospital
Sheri Bonner	Planned Parenthood of Pasadena
Gabriele Burkhard	Foothill Family Services
Cathi Chadwell	Huntington Memorial Hospital
Hall Daily	California Institute of Technology
Emina Darajky	Community Resident
Lisa Derderian	Pasadena Fire Department
Mary Donnelly-Crocker	Young & Healthy
Merilee Fellows	NASA/JPL
Lauren Fox	Community Resident
Rosalia Garcia	Community Resident
Elizabeth Goold	Pasadena Public Health Department
Tahra Goraya	Day One
Joy Guihama	Pasadena Public Health Department
John Hitchcock	Hillsides
Joseph Ho	Pacific Clinics
Candy Jara	Pasadena Public Health Department
Lisa Jeffery	Pasadena Human Services and Recreation Department
Bob Ketch	Five Acres
Sue Kujawa	Mothers' Club
Theresa Lamb Simpson	Office of Congressman Adam Schiff
Carol LaVal	Pasadena Unified School District
Jane Lewis	Pasadena Public Health Department
Mel Lim	Pasadena Public Health Department
Steve Lipira	Community Resident
Isela Lopez	Community Resident
Margie Martinez	Community Health Alliance of Pasadena
Yvette McDowell	Pasadena City Prosecutor's Office
Pat Medeiros	Pasadena Public Health Department
Sue Miele	The Partnership for Children, Youth & Families
Sandeep Mital	Pasadena Public Health Department
Larissa Mohamadi	Pasadena Public Health Department
Marge Nichols	United Way
Herminia Ortiz	Community Resident
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Maribel Reyes	Community Resident
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Luanne Rohrbach	USC Institute for Health Promotion and Disease Prevention Research
Maria Sanchez	Community Resident
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Joyce Spencer	Pasadena Public Health Department
Robin Sohmer	Pasadena Public Health Department
Al Sorkin	URDC Human Services Corporation
Hoa Suz	Pasadena Public Health Department
Kathy Sullivan	Huntington Memorial Hospital
Omelda Tapia	Community Resident
Bill Trimble	Pasadena Planning and Development Department
Mary Urtecho-Garcia	Pasadena Public Health Department
Takashi Wada	Pasadena Public Health Department
Carolyn Williams	Pasadena City Attorney's Office

Appendix 8

Community Health Status Assessment

This appendix contains the results of the *MAP* Community Health Status Assessment and a list of data sources and initiatives included in the assessment. The Community Health Status Assessment answers the questions:

- *"How healthy are our residents?"* and
- *"What does the health status of our community look like?"*

The purpose of this assessment is to achieve an understanding of the community's health status and ensure that the community's priorities for community health improvement consider specific health status issues. Several categories of data were reviewed, including:

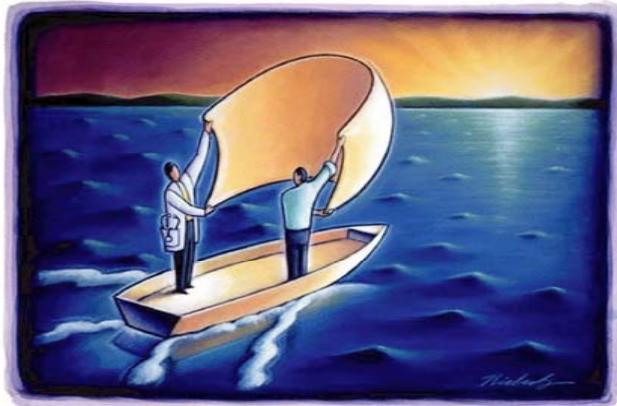
1. Demographic Characteristics
2. Socioeconomic Characteristics
3. Health Resource Availability
4. Quality of Life
5. Behavioral Risk Factors
6. Environmental Health Indicators
7. Social and Mental Health
8. Maternal and Child Health
9. Death, Illness and Injury
10. Infectious Disease
11. Sentinel Events

Data sources included primary, secondary and anecdotal data from public statistics and local agency assessments and strategic plans.

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Pasadena MAP Campaign Community Health Status Assessment

MAP
Charting A Course For OUR HEALTHY FUTURE



2006 Summary Report

Prepared for the
Pasadena Public Health Department
by
Lodestar Management/Research, Inc.

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Overview

Purpose

As part of the launch of the Pasadena *MAP Campaign*, the Community Health Status Assessment was designed to assess data about health status, quality of life and risk factors in the greater Pasadena community, which includes Pasadena, Altadena and Sierra Madre. The intent was to provide an overview of available data for Pasadena and not serve as a comprehensive needs assessment. Pasadena Public Health Department decided to rely on existing assessments from local groups as well as census data, particularly given that much of the data collected county-wide by a number of sources is not available at the local city level. While it was economical to make use of available data, the resulting data sources are necessarily uneven (data collected for different purposes—for a needs assessment, for a grant proposal or a program evaluation; at different levels with some intended for a single program or organization; on different variables) making the analysis somewhat challenging. In all, 52 assessments of the community were collected and analyzed.

For a more detailed Community Health Status Assessment Summary regarding demographic and socioeconomic characteristics, access to healthcare, quality of life, behavioral risk factors, environmental health indicators, social and mental health, maternal and child health, death, illness and injury statistics, and communicable disease data, please visit the MAP Campaign website at www.cityofpasadena.net/publichealth/, click on “MAP Campaign” and then click on “data & reports”.

Method

Data were collected from a variety of sources including Census data, Los Angeles County Children's Planning Council Children's Scorecard, Pasadena Public Health Department Vital Statistics, and the United Way of Los Angeles Zip code Data Book. (Please see Attachment A for a full listing of data sources.) These data sources have been organized based on paradigms drawn from the CDC CHSA guidelines as well as the 10 Leading Health Indicators. In addition, assessments, research and planning efforts that had been recently conducted and available in report form within the community were provided by local groups. Local organizations had been sent a letter requesting such documents; other documents were identified during the process.

Profile of the Community: Indicators

Geography

	Square Miles	Persons per Sq Mile
Pasadena	37.6	3975
Altadena	15.5	2338

Pasadena is more than two times larger than Altadena and has a higher density ratio.

Population

	Pasadena	Altadena	Total
1990	148,022	37,254	185,276
2000	149,475	36,325	185,800

The total population in Pasadena is 129,400 according to the US Census Bureau's 2005 American Community Survey.¹ Of that number, 85,312 residents are between 18 and 64 years of age. The overall population of both Pasadena and Altadena has been growing steadily, but slowly. Since 1990 there has been minimal increase in population overall.

Summary of Assessments

In total, 52 assessments and data sources were collected and reviewed. (Please see Attachment A for a complete list). These assessments may be generally grouped as:

Type of Assessment	N (52)
Needs Assessments	9
Grant Applications	2
Evaluation Reports (including status reports or articles)	31
Planning Documents	7
Data Sources	3

Key Community Issues

Overall, the community issues or concerns that were identified tended to fall into the following categories (listed in alphabetical order):

Access to Care Issues

- Closure of hospitals has narrowed options for emergency and urgent care
- Wait time too long, even when have an appointment
- Pharmacy access
- Self reports by large numbers of residents in the NW area who do not have health insurance for themselves (37%); for their children over 18 (38%) or for their spouse (62%)
- Transportation limitations

¹ U.S. Census Bureau, 2005 American Community Survey. Retrieved August 21, 2006, from http://factfinder.census.gov/servlet/ACSSAFFacts?_event=Search&geo_id=&_geoContext=&_street=&_county=pasadena&_cityTown=pasadena&_state=04000US06&_zip=&_lang=en&_sse=on&pctxt=fph&pgsl=010

CHSA Summary Report

- Access to health and dental care
- Access to health insurance
- Availability of better resources materials and linkages, including access to information
- Culturally competent and sensitive care

Affordable Housing and Homelessness

- Availability of affordable housing
- Safe housing conditions (rodent infestations, etc.)
- Economic growth is fueling gentrification with the building of more expensive housing
- Concern that low income families are being pushed out of Pasadena
- Overcrowded and substandard housing
- 1,217 people are homeless at any given point

Children's Health Issues

- Asthma
- Nutrition
- Overweight

Community Strengths

- Community partnerships
- Activism and volunteerism
- Spiritual and religious community
- Ethnic and racial diversity
- Quality cultural institutions and institutions of higher learning
- Local resources – libraries, schools, law enforcement
- Street trees, clean open spaces

Developmental disabilities

- Youth
- Adults

Divisions within the Community

- Growing gap between rich and poor
- Cultural barriers

Inequity in services – neighborhoods in NW Pasadena are neglected and have inferior services and higher prevalence of crime and gangs

Economic Development

- Job development
- Job skills training
- Lack of childcare facilities, particularly for infants
- Responsible development

Education

- Tutoring
- ESL
- Cultural enrichment

Health Issues

- Low birth weight
- Asthma
- Diabetes
- Obesity
- Depression
- Dental care is greatest health need over last 20 years, for adults and children
- Need for affordable health care is growing
- Increase in number of individuals without health insurance

HIV/AIDS

CHSA Summary Report

- More women and minorities are testing positive for HIV/AIDS

Mental Health

- Availability of services
- Increase in dual diagnosis cases

Nutrition and Fitness

- Overweight and Obesity (youth and adults)
- Food insecurity
- Improve access to fresh fruits and vegetables
- Expand nutrition programs for children and youth

Quality of Life / Safety

- Traffic
- Trash
- Lighting
- Crime
- Violence prevention and intervention

Substance Abuse

- Teen use, particularly use of inhalants and tobacco

Youth

- Training in both professional and vocational fields
- Exposure to a variety of employment options and fields
- Structured short-term internships
- Encouraging youth participation in volunteer and civic activities
- Supervised activities for youth in community during non-school hours

Recommendations for Services and Community Action from Community Reports

Recommendations for services and community action that were identified tended to fall into the following categories (listed in alphabetical order):

Access to Information about Services

- Better marketing of services
- Help individuals evaluate the severity of their health symptoms and need for emergency services
- Provide health advice on how to deal with health symptoms in non-emergency cases
- Expand role of schools as access points for services

Child Care

- Increase child care advocacy

Communication

- More dialogue between the African American and Latino communities
- More dialogue between the Latino community and Latino Police

Cultural programs

- Support community's arts education providers
- Increase access to arts and culture

Culturally sensitive care

- More bilingual staff

Employment

- Promote availability and coordination of employment development programs

CHSA Summary Report

- Training and placement for youth, young adults and seniors.
- Job losses hit single mothers

Engagement of Stakeholders in Planning

- Outreach to stakeholders
- Involvement in planning and decision making

Health Education

- Health education taught in middle schools by health educators, not nurses

Nutrition and Physical Activity

- Strategies to counter food insecurity including access to affordable, nutritious food
- Develop neighborhood food discount program
- Provide information on how to cook and eat healthy food
- Free or low-cost swimming, aerobics, walking groups and gyms in the neighborhoods

Parenting Classes

- Classes for grandparents

Senior Services and Supports

- Develop and fund transportation for seniors
- Increase pro bono and low cost legal assistance
- Better health care coverage
- Prescription drug assistance
- Development of affordable senior housing
- Increase employment opportunities
- Taxi vouchers, access to and from activities

Miscellaneous

- Drug treatment
- Develop intergenerational programs

Attachment A

Summary Matrix of Assessments and Data Sources

	Organization / Timeframe	Geographic Area/ Population	Methods	Purpose of Assessment	Key Findings and Recommendations
1.	Ability First 2004	City of Pasadena and beyond Population: Children 5-22 years of age with developmental disabilities and people with developmental disabilities in need of work services (18+)	Intake data	Intake information to describe client population	Work Services client numbers – 59 in FY 02-03; 53 in FY 01-02; After school Services – 55 in FY 02-03; 33 in FY 01-02
2.	Adult Demographics for Health Districts in SPA 3 – LA County Health Survey 2002-2003	Los Angeles County Population: Health Districts in SPA 3	LA County Health Survey	Inform about demographics in 5 health districts: Alhambra, El Monte, Foothill, Pasadena and Pomona	<ul style="list-style-type: none"> • Asian/Pacific Islanders are the largest ethnic group in Alhambra (56.6%). • Latinos are the largest ethnic group in El Monte (61.6%). • Whites are the largest ethnic group in Foothill (49.2%). • Whites are the largest ethnic group in Pasadena (37.7%). • Whites are the largest ethnic group in Pomona (37.1%).
3.	Assessing County Capacity to meet the Needs of California's Uninsured – CHCF 2004	State of California Population: California's uninsured	<ul style="list-style-type: none"> • Internet-based 15 minute survey completed by 44 California counties • Compared results of 2002 survey to 2004 survey 	Find out what programs each county had or would develop to address the needs of the uninsured, to find out where the funds for these programs came from, what organizations and stakeholder were involved and whether they the counties have a coalition that focuses on access, and what the local barriers for access to care that were not addressed through capacity building were.	<ul style="list-style-type: none"> • All counties surveyed have access programs underway. Most counties use diverse approaches to increase access to care. • There has been a moderate growth in health access program, more so for children due to more funding availability, supports, feasibility, and higher need • Access plans are helping counties develop new plans to provide care for the uninsured • The presence of access coalition's play a big role in counties have access care programs • There are more urban counties with coverage programs then rural counties, which have insurance programs for the uninsured. • Counties have maintained their programs and systems in existing public insurance programs, many of the counties have reported an increase in outreach/enrollment/retention activities since 2002. • Many counties have increased services, and expressed an interest in growing and expanding their services, while other counties were spilt on whether to expanding services in the future.
4.	California Healthy Kids Survey	City of Pasadena Population: Children, Youth &	Policy recommendations based on data from the PUSD – California Healthy Kids survey	Assessment of health and safety needs, economic, social & emotional well being,	<ul style="list-style-type: none"> • With 7th & 9th graders, tobacco use has declined notably from 1998 to 2004 although it has remained constant among 5th and 11th graders. Alcohol and marijuana use among 5th, 7th, and 9th graders also declined during this period. Increases were noted in tobacco,

PPHD MAP – Community Health Assessment Matrix

	Organization / Timeframe	Geographic Area/ Population	Methods	Purpose of Assessment	Key Findings and Recommendations
	2004	Families		and education	<p>inhalant and other drug use among 7th, 9th, and 11th graders.</p> <ul style="list-style-type: none"> The City of Pasadena Homeless Count shows that on any given day there are 1,217 people who are homeless. The numbers of murders, rapes, robberies and aggravated assaults decreased since 1996.
5.	CCFS Census Data 2001	<p>Cities of Altadena, Arcadia, Duarte, Monrovia, Pasadena, Sierra Madre, and South Pasadena</p> <p>Population: community members of the cities mentioned above</p>	Secondary data from the U.S. Census Bureau	To determine who are the most in need of public services	<ul style="list-style-type: none"> Those in the Altadena, Duarte, Monrovia, and Pasadena areas are most in need. They are largely African-American, and Latino, and most young in age with some elderly. They are challenged by education attainment and performance, lack of income, health status, and crowded living conditions.
6.	CCFS Update 1999-2003	<p>Pasadena, Altadena, Glendale, South Los Angeles, and Madera</p> <p>Population: children, parents, and their families</p>	Data on re-organization of CCFS (Bulletin)	To inform about the re-organization of CCFS, including a new name, new management, new programs and new vision.	<ul style="list-style-type: none"> Name changed from “Community Housing Services” to “Center for Community & Family Services” Programs: Head Start, Community Action Agency, Child Development, Resource & Referral, and Special Events & Activities.
7.	CCFS– Head Start 2004	<p>Cities of Altadena, Pasadena and Glendale</p> <p>Population: Focus on the 3 primary communities with emphasis on low income families and young children</p>	<ul style="list-style-type: none"> Secondary data analysis from census, county, state and other public agencies and marketing studies Uses data from 1990 and 2000 census; assessment completed in 2002 	Based on Head Start’s training guide (1999) – assessment was conducted to help the program identify strengths and challenges to develop strategic and operational plans. This assessment is a combination aid to planning, demographic reference, resource for community partnerships and collaborations and a fund development tool	<ul style="list-style-type: none"> The zip codes in Pasadena (91103 and 91104) and Glendale (91204 and 91205) with the largest population of children under age 5 are also among the lowest income zip codes in the region Head Start or similar services are most needed in zip code 91104; 91103 (Pasadena’s poorest zip code) is currently “over-served” by more than 100 slots Housing is a growing concern in Pasadena with new developments increasing the gentrification of the city and providing less affordable housing; As low income families are pushed out of Pasadena, Head Start may see a decrease in enrollment
8.	CHAP FY 2004	<p>PUSD area</p> <p>Population: Population residing in the PUSD area</p>	<ul style="list-style-type: none"> Secondary data analysis from DHS, CHIS 	Grant application	<p>Based on health disparity factors chosen by CHAP – the following health issues are more prevalent in the target population than LA County (comparison information) :</p> <ul style="list-style-type: none"> Low birth weight rate (73 v. 67 per 1,000 live births) Asthma (11.3% v. 7.9% - child; 7.1% v. 5.7% adult) Diabetes – (8.3% v. 6.7%) Obesity (24% Latino; 31% African American v. 19% all races)

PPHD MAP – Community Health Assessment Matrix

	Organization / Timeframe	Geographic Area/ Population	Methods	Purpose of Assessment	Key Findings and Recommendations
					<ul style="list-style-type: none"> • Depression, adults – (16.5% v. 9.8%) • Hypertension, adult – (25.6% v. 20.4%) • Unintentional injuries (713.3 v. 539.9 per 1000) • Children without regular source of care – (10.5% v. 6.6%)
9.	City Conversation and Training October 23, 2004	City of Pasadena Population: institutions and organizations in the area	<ul style="list-style-type: none"> • Follow up survey for participants of the City Conversation training. • Qualitative data from participants of the City Conversation training 	To inform organizations of ideas drawn from training and to alert of follow up training.	List of next steps developed by participants of training: <ul style="list-style-type: none"> • More dialogue between Latino community and Latino police • Conversation with city government/educators • Black/Latino dialogue • Need for group behind us to carry on conversations. • Practice skills • Commitment to continuing process • Take what you understand with you and share it • Bring someone who is less comfortable with these issues • Make sure people get informed on next steps • Diversity fair
10.	City of Pasadena - Senior Master Plan 2002 Status Report	City of Pasadena Population: Seniors in the Pasadena community	<ul style="list-style-type: none"> • Previous report (1995) was circulated among service providers for updates to recommendations and service gaps; • 4 public hearing were held to solicit feedback from the community, primarily seniors • All information was reviewed and consolidated into 46 recommendations in 23 subject areas 		<ul style="list-style-type: none"> • Increase number of bilingual staff to increase services to non-English speaking seniors • Increase dissemination of info about services currently available • Increase coordination across community-based organizations and City agencies • Increase employment opportunities for older workers and encourage hiring of older workers • Implement “Planning for Retirement” seminars • Provide City’s senior-specific sensitivity training to volunteers who provide meal services • Advocate and provide assistance for parenting grandparents • Advocate and plan for increased senior health care and prescription drug assistance • City seek development of affordable senior housing • Develop intergenerational programs • Increase pro-bono and low cost legal assistance for seniors • Develop and fund transportation service for seniors needing additional assistance • Monitor and decrease abuse at senior facilities
11.	City of Pasadena – Cultural Nexus	City of Pasadena	Community planning process including 2 Town Hall meetings, 7 workshops and stakeholder interviews and meetings and surveys to cultural organizations	Identify common interests among diverse sectors of the community and the ways in which the arts and culture could be utilized to address community needs	<ul style="list-style-type: none"> • Provide support to community’s arts education providers • Support and enhance efforts to increase access to arts and culture • Develop additional cultural zones in specific areas of Pasadena and maximize use of existing facilities • Provide increased support and development of artists • Increase presence and awareness of public art in Pasadena • Find a permanent home for the Armory
12.	City of Pasadena Human	City of Pasadena	Gathered from public	CDBG assessment for	Funding Recommendations include:

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	Organization / Timeframe	Geographic Area/ Population	Methods	Purpose of Assessment	Key Findings and Recommendations
	Services Commission 2003 for period from 2004-2006		hearings and recommendations made through this	funding priorities	Job preparation , training and placement for youth (13-17), young adults (18-22) and seniors (55+) Supervised activities for youth during non-school hours Information, Access to Service and Service Linkage - Availability of better resource material and linkages including access to information Education - Tutoring, bilingual education, ESL, cultural enrichment Transportation – taxi vouchers for seniors, access to and from activities Safety – crime & violence prevention and intervention Health – health and dental care for uninsured Homelessness – job training, childcare and access to services
13.	City of Pasadena Public Health Department Summary of Assessments 1998-2003	City of Pasadena	Summary of the majority of assessments conducted by or for the Pasadena Public Health Department (PPHD) between 1998 and 2003.	To inform the PPHD Mobilizing Action through Planning and Partnerships (MAPP) strategic planning process in the MAPP framework for assessing Community Themes and Strengths.	Perception in the community on the quality of life: <ul style="list-style-type: none"> Strengths include: community partnerships, activism, and volunteerism; ethnic and racial diversity; cleanliness of community; spiritual and religious community; quality cultural institutions and institutions of higher learning; responsible development; cleanliness of community Concerns include: cultural barriers; lack of child care services and after-school programs; high cost of living and lack of affordable housing; overcrowded and substandard housing; growing gap between rich and poor Importance to the community: <ul style="list-style-type: none"> Community health issues important to local residents include: bioterrorism & emergency preparedness; rodent & insect control; access to healthcare insurance and services; neighborhood food discount program; information on how to cook and eat healthy food; free or low-cost swimming, aerobics, walking groups and gyms in the neighborhoods 74% (509) would support a 100% smoke-free park policy for city-owned parks Community data and recommendations from planning processes are assets that can be used to improve community health
14.	PPHD – Maternal Child Health Strategic Plan FY 2003-2004	PPHD Jurisdiction Population: Pregnant women, mothers and infants up to age one; children including adolescents in the PPHD jurisdiction	<ul style="list-style-type: none"> Convened a MCH Advisory Council to ID areas of need and define priorities; Strategic Planning process that examined 27 state required MCH indicators using Healthy People 2010 objectives and state comparisons Data from Family 	Federal requirement of Title V Block grants	<ul style="list-style-type: none"> Higher poverty and lack of affordable housing have adversely affected Pasadena area; Not enough childcare facilities, particularly infants Closure of hospitals has narrowed options for emergency and urgent care Four priorities identified: overweight children, access to health care, mental health, low birth weight

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			Health Outcomes Project at UCSF also used		
15.	City of Pasadena Quality of Life Index 2002	City of Pasadena Population: Communities of Pasadena and Altadena	Secondary data from U.S. Census Bureau 2000	To help in grant writing and policy development regarding indicators for quality of life	<p>Quality of life indicators, among others, for are:</p> <ul style="list-style-type: none"> • Living wage • Employment and economic development • Child care • Housing affordability • Homelessness <p>Key recommendations, among others, are:</p> <ul style="list-style-type: none"> • Promote the Earned Income Tax Credit more widely. • Help promote the availability and coordination of employment development programs. • Continue and increase child care advocacy • Develop more affordable senior housing with an assisted living component, and more multigenerational housing for seniors raising grandchildren. • Increase capacity for homeless services, adding services for significant gaps exist.
16.	City of Pasadena Strategy to end Homelessness 2004	City of Pasadena Population: Homeless adult population in Pasadena; Majority male and African American or White	<ul style="list-style-type: none"> • Interviews conducted on street, in shelters and people using housing social services other than shelters • Collected 214 surveys (about 25% of estimated homeless population) 	Collect demographic info on homeless population and assess service needs	<ul style="list-style-type: none"> • High frequency of DV • Limited income (<\$12,000/yr) • Need health care for persistent health problems • High use of illicit substances • Current and past use of alcohol common • High rate of chronic homelessness
17.	City of Pasadena – Homeless Count: Final Report 2005	City of Pasadena Population: Homeless adult population in Pasadena	<ul style="list-style-type: none"> • Interviews conducted on street, in shelters and people using housing social services other than shelters • The count was conducted throughout the day on January 27, 2005 	Provides demographic information on homeless population and assesses service needs	<ul style="list-style-type: none"> • 1,217 unduplicated homeless adults and children encountered for this study • The majority of adults counted were male (65.9%) • More than one-third (36.9%) of homeless adults counted were African American or Black followed by Whites at 29.0% • Largest percentage (38.1%) of adults were between ages 40 - 49 • The homeless population is primarily made up of chronically homeless, low income households, mentally ill, substance abusers, veterans, and victims of domestic violence
18.	City of Pasadena Children and Youth Services Programs – All programs for Fiscal Years 2002-2003	City of Pasadena Population: children and youth services programs	Secondary data from different sources (i.e. General Fund, General Fund/Prop C Funds Health Fund/General Fund, Cultural Trust Fund, PCDB, CDBG,	To inform costs incurred by children and youth services programs in FY 2002, 2003	<ul style="list-style-type: none"> • The program with the highest costs incurred in FY 2002 is the After School Playground Program run by the Department of Human Services & Recreation • The program with the highest costs incurred in FY 2003 is the WIC Supplemental Nutrition program run by the Department of Public Health

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	Organization / Timeframe	Geographic Area/ Population	Methods	Purpose of Assessment	Key Findings and Recommendations
			Emergency Shelter Grant, Human Services Endowment		
19.	Huntington Memorial Hospital Community Benefits Plan 2003	City of Pasadena Population: Huntington Hospital and the community it serves	Secondary data and interviews	To serve as a tool for directing hospital services programs, collaborations and partnerships towards caring for the health of community members.	Prioritized community health needs: <ul style="list-style-type: none"> • Access to health care services • Health information, education, screenings • Services to seniors • Services to youths
20.	Huntington Hospital - Pasadena Community Asthma Project 2004	Huntington Hospital service area Population: children with asthma in the Pasadena community	<ul style="list-style-type: none"> • Survey of Pasadena Unified School District students • Asthma education and outreach tracking • Community asthma classes and satisfaction surveys 	Annual evaluation report	<ul style="list-style-type: none"> • Number of students with asthma is higher than previous years and the number of schools in compliance with NIH treatment guidelines is lower • Majority of children with asthma are not receiving adequate treatment (medication, resources). • The asthma clinic that opened in 2002 appears to have an impact on lessening asthma symptoms with patients and increase in compliance with NIH guidelines • Asthma classes are given in English and Spanish for adult and children; respondents to a survey indicate that asthma conditions are better after the class • Asthma scorecard indicates community and service providers are better educated but asthma continues to be a health concern for the community
21.	Huntington Memorial Hospital Community Needs Assessment & Executive Summary 2004	Huntington Hospital service area Population: communities of Pasadena, Altadena, San Marino and South Pasadena	<ul style="list-style-type: none"> • Secondary data • Key informant interview data 	Needs assessment to be used by the Hospital to prepare a strategic community benefits plan for the next 3 fiscal years.	<ul style="list-style-type: none"> • Among the population within the Hospital service area, 40% are White, 13% are Latino, 14% are Asian/Pacific Islander, 30% are Hispanic, less than 1% is American Indian/Alaskan native and 3% belong to another ethnic group. • The three most important health issues in the Hospital service area are Access to health care, Disease prevention and personal health management, and Terrorism defense. • Obesity was identified as a top health concern • Mental health and substance abuse were also identified as health issues. • Two leading causes of death of the community within the Hospital service area are heart disease and cancer.
22.	DPSS Population Data and Trends November 22, 2004	United States Population: Los Angeles County, California, United States	Secondary data from U.S. Census Bureau	To describe general social and economic trends in L.A. County	<ul style="list-style-type: none"> • California has the highest immigrant population (9,118,000) and the highest percentage (26.4%) in the nation. • As of July 2004, job losers accounted for slightly more than half (54%) of unemployed persons in comparison to job leavers (85) in California. • The number of California jobs grew modestly from 14,387,000 jobs in July 2003 to 14,513,000 non-farm jobs in July 2004. • Nearly one-third of Californians had incomes below 200 percent

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	Organization / Timeframe	Geographic Area/ Population	Methods	Purpose of Assessment	Key Findings and Recommendations
					<p>of the federal poverty threshold in 2003.</p> <ul style="list-style-type: none"> • The percentage of people without health insurance coverage in California using a 3-year-average (2001-2003) was 18.7% compared to 15.1% for the nation. • In California, 3,054,000 people were eligible for food stamps in 2001 and an estimated 53% participated. • The estimated total housing units in California are 12,656,882; and the estimated occupied housing units is 11,856,538. • Nearly 80,000 people are homeless every night in L.A. County according to estimates.
23.	Food and Justice – Policy Initiatives for Community Food Security California	<p>State of California</p> <p>Population: Residents of California, specifically seniors, mothers, and children</p>	<ul style="list-style-type: none"> • Two years of analysis and dialogue by 120 food, farm, health, and justice organizations • Two-day summit 	To strengthen community food security in the state, especially for the most vulnerable – seniors, mothers and children.	<p>Recommendations for Policy Initiatives:</p> <ul style="list-style-type: none"> • Study of fresh food access throughout California • Seed grants for farmers market, farm stands and CSAs • Increased funding for farmers’ market nutrition programs • Policy statement supporting community food security • Increased funding for California nutrition network’s community food security and nutrition education grants • Policy statement encouraging schools to buy from local family farmers • Seed grants to develop farm-to-school food projects • Bonus reimbursements • Transportation and logistic study
24.	General information on Data	<p>United States</p> <p>Population: Program Planners and Researchers</p>	Secondary data from U.S. Census data and data mining	To inform about sources on data mining as well as income and health data	<ul style="list-style-type: none"> • Data Mining Research Partnership (PHFE-WIC & First 5 LA) • www.census.gov (link to 2003 income, health and health insurance data) • American Community Survey: www.census.gov/acs/www/index.html • Children’s Planning Council: www.childpc.org/data.asp • California Department of Education: www.cde.ca.gov/ds/ • Healthy City: www.healthycity.org • Neighborhood Knowledge Los Angeles: http://nkla.sppsr.ucla.edu/index.cfm
25.	Human Services Commission (HSC) Policy Draft 2005	<p>City of Pasadena</p> <p>Population: Children, Youth, and Families</p>	Secondary data	To advise and make recommendations to the Council regarding the human services needs of people of all ages in this community	<p>Policy draft includes the following goals:</p> <ul style="list-style-type: none"> • Good health: creating a healthy city, nutrition, controlling substance • Safety & Survival: family living space, safety and protection, homelessness • Economic wellbeing: transportation, etc. • Socio-emotional wellbeing: promoting caring neighborhoods, affirming cultural diversity issues, expanding quality childcare • Education & workforce: enrichment activities, youth participation <p>Strategies/Philosophies:</p> <ul style="list-style-type: none"> • Innovation

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	Organization / Timeframe	Geographic Area/ Population	Methods	Purpose of Assessment	Key Findings and Recommendations
					<ul style="list-style-type: none"> • Involvement of youth • Collaboration • Common planning procedures
26.	Human Services Commission Needs Assessment 2003	City of Pasadena Population: Families and organizations of Pasadena	<ul style="list-style-type: none"> • Three public hearings held April-May 2003 • Needs assessment survey • List of areas for funding priorities 	To identify gaps and to set funding priorities for the 2004-2006 funding cycle. To identify needs assessment survey results for funding cycle 2004-2005. To identify areas in need of funding.	<ul style="list-style-type: none"> • Teens' needs: planned and supervised activities for youth in the community during non-school hours. • Seniors' needs: transportation (door to door) • General Public's needs: Lack of one-stop system to connect people to services within the community. Other needs include: <ul style="list-style-type: none"> • Education (tutoring, bilingual education, ESL, homework assistance, cultural enrichment, and availability of educational programs) • Affordable housing (rent control, availability of single family housing, placement and rental waiting lists).
27.	Key Indicators of Health by Services Planning Area 2002/2003	Los Angeles County Population: Communities in Los Angeles County	Secondary data from Los Angeles County Department of Health Services, Office of Health Assessment & Epidemiology, Health Assessment Unit	To serve as a tool for monitoring the health of the population and communicating with multiple audiences about opportunities to improve health.	Some of the health indicators are: <ul style="list-style-type: none"> • Rates of binge drinking, when calculated among only those who reported any drinking in the past month, were 32% among adults and 49% among teens. • The percentage of days that state standards for air quality were not met increased from 14% in 1999 to 24% in 2002. • Among adults and children, fair to poor health status is inversely associated with income: 38% of adults and 25% of children living at or below poverty (<100% FPL) are in fair to poor health; 8% of adults and 4% of children with household income above 300% FPL are in fair to poor health. • There are 1,755,000 uninsured persons in L.A. County; 1,459,000 are non-elderly adults (ages 18-64 years).
28.	LACOE/PUSD Physical Fitness 2003-2004 School Year	All of Pasadena Population: PUSD students in 5 th , 7 th & 9 th grades	Unknown	Assess % age of students who meet physical fitness standards in 6 areas: aerobic capacity, body composition, abdominal strength, trunk extension, upper body strength and flexibility	<ul style="list-style-type: none"> • Highest % of students meeting standard is in trunk extension (80.3% overall); lowest is aerobic capacity (37.2% overall); 5th graders are more likely to reach the aerobic standard (54%) than 7th (25%) or 9th graders (24%); Overall, appears students become less physically fit as they get older except in area of flexibility
29.	PUSD School District Profile 2003-2004	Pasadena Unified School District Population: Children and youth in Pasadena	PUSD primary data	To provide a profile of PUSD in school year 2003-04	<ul style="list-style-type: none"> • 12,337 are enrolled in Elementary School, 3,155 are enrolled in Middle School, 6,901 in High School, and 276 in continuation school. • The majority of the population enrolled in the system is Hispanic who account for 54.1%. • The year dropout rate has declined over time: 0.047 in 1999-00, 0.045 in 2001-01 and 0.044 in 2001-02.

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	Organization / Timeframe	Geographic Area/ Population	Methods	Purpose of Assessment	Key Findings and Recommendations
					<ul style="list-style-type: none"> Since the year 2000, graduation rates have declined: 0.813 in 2000-01 and 0.801 in 2001-02.
30.	Resilience Module PUSD Spring 2004	<p>Pasadena School Unified District area</p> <p>Population: school communities</p>	Resilience & Youth Development Module (RYDM), an optional component of the California Healthy Kids Survey (CHKS)	Serves as a tool for education and community agencies and researchers for understanding their RYDM data	<ul style="list-style-type: none"> The youth development framework is based on the premise that providing environmental supports and opportunities (external assets) in the form of caring relationships, high expectations, and opportunities for meaningful participation will engage students' innate resilience and promote positive individual outcomes (internal assets) that include improved health and academic outcomes.
31.	LaVie Counseling Center Baby Let's Wait program at Pasadena High School 2000-2001	<p>Pasadena High School boundaries</p> <p>PHS students and participants in teen pregnancy prevention program</p>	<ul style="list-style-type: none"> Site observations Interviews w/ staff Student interviews and focus groups Phone interviews with graduates Satisfaction surveys 	Evaluation of program strengths for funding purposes	<ul style="list-style-type: none"> Program has high visibility on campus and appears to have contributed to a decline in teen pregnancies on campus Participants report a high level of satisfaction with program
32.	Madison Neighborhood Partners (MNP) 2004	<p>MNP's defined boundaries in Pasadena (Villa, Mountain, Lake, Los Robles)</p> <p>75% Latino 11% African American Mainly Spanish speaking (75%) Over half have household incomes less than 25k</p>	Community survey of 233 residents from door to door surveys	Needs Assessment - Describe the MNP community to determine health care needs and issues surrounding access to health services	<ul style="list-style-type: none"> 75% Latino, 11% African American, 59% have household incomes less than \$25,000 Large number of residents without health insurance (37% do not have for themselves; 38% do not have for children under 18; 62% report that spouse does not have health insurance) Most common impacts to resident safety cited include: traffic, trash/pollution, lighting and drugs/alcohol Some of the biggest issues facing community include cost of housing, availability of jobs, rodent infestation, high blood pressure, affordable healthcare, diabetes, and drug/alcohol abuse
33.	NCCS Statistics 2005	<p>United States</p> <p>Population: nonprofit sector</p>	Collect data on nonprofit organization from the IRS	Determine how many and what kind of nonprofit organization there are in the United States	<ul style="list-style-type: none"> There are more than 200,000 public charities, more than 50,000 foundations and more than 120,000 exempt organizations such as trade unions, business leagues, social and recreational clubs and veterans associations. There are 389 nonprofit organizations in the zip code 91101, 168 in 91103, 156 in 91104, 158 in 91105, 134 in 91106 and 200 in 91107.
34.	Nurturing A Family Community – Status Report 1997	<p>Cities of Pasadena, Altadena, and Sierra Madre</p> <p>Population: Children, Youth, and Families in the</p>	<ul style="list-style-type: none"> Measurement of numbers served Comparison to statistics from earlier years Summaries of major 	Status report on targeted goals	<ul style="list-style-type: none"> Partnerships and collaborations were formed to improve coordinated efforts to bring quality services to families and youth of the community. Housing for homeless is not fully used. Organizations have been created to provide free-cost health services to low income population.

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	Organization / Timeframe	Geographic Area/ Population	Methods	Purpose of Assessment	Key Findings and Recommendations
		Pasadena, Altadena, and Sierra Madre areas	activity in a particular area		<ul style="list-style-type: none"> Pasadena Police Department has implemented programs for violence prevention.
35.	Office for Creative Connections Health Care Strategy Notes March 3, 2005	City of Pasadena Population: Children and their Families in Pasadena	<ul style="list-style-type: none"> Review of new developments in the areas of Medical Care, Mental Health and Dental Care. Strategic Plan to address healthcare issues. 	Provide an outline for the healthcare strategy	<ul style="list-style-type: none"> The need for affordable healthcare is still growing, mainly because of the high number of immigrants without insurance. Mental healthcare is still a challenge even for children with medical insurance. Dental care has been the greatest health need over the last 20 years.
36.	Office for Creative Connections – Summary of community roundtables on health of community January 2004	City of Pasadena	Experts' discussion	Identify progress made in last 20 years responding to the health care needs of community.	<ul style="list-style-type: none"> Major changes in last 20 years: increase in number of individuals without health insurance; physicians can no longer meet the primary health care needs of population; etc. Major areas of concern: school nurses are seen as primary care providers of children; clients may be able to afford service, but then can't afford medication; etc. Recommendations for the future: health education is taught in middle school by health educators, not nurses; to expand the role of schools as access points for services; etc.
37.	Pacific Clinics Healthy Transition Program May - October 2004	West (Pasadena and Altadena) and East (Baldwin park, El Monte, Pomona) San Gabriel Valley Population: Homeless and at-risk transition age youth in the San Gabriel Valley	Data collection for TCE progress report	Grant compliance	<ul style="list-style-type: none"> Increase in collaboration with partner agencies has increased their referrals More than half of clients are dually diagnosed with mental health and substance abuse issues Most youth are not formally in the DCFS system; many are homeless due to verbal/emotional abuse at home and parental or self use of drugs
38.	Pasadena Fire Department Five-Year Strategic Plan 2005-2010	City of Pasadena Population: City of Pasadena Fire Department	Interviewed stakeholders, including community leaders, local nonprofits, business associations, other fire departments, the city mayor, etc.	Refine the organizational direction and purpose, identify issues and set priorities, and establish greater accountability	Strategic priorities: <ul style="list-style-type: none"> Reach out to the community, including enhancing the public education program, marketing the department, etc. Develop employees and the organization, including developing career track training, pursuing succession planning, etc. Develop and manage resources, including reviewing and refining communication mechanisms, controlling the cost of services, etc. Deploy resources effectively, including exploring response strategy alternatives, assessing coverage standards, etc. Improve infrastructure, including developing a master plan for fire and department facilities, etc.
39.	Pasadena Police Department	City of Pasadena	<ul style="list-style-type: none"> Created the Strategic Plan Steering 	Refine the organizational direction	Goals for the period include: <ul style="list-style-type: none"> Implementation of values-based policing

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	Organization / Timeframe	Geographic Area/ Population	Methods	Purpose of Assessment	Key Findings and Recommendations
	Five-Year Strategic Plan 2003-2007	Population: Pasadena community and the police department	<ul style="list-style-type: none"> Committee in 2002 10 community planning sessions to identify emerging trends Survey of Police Dept. employees to identify what they believe would have most impact on the community and the dept. 	and purpose, identify issues and set priorities, and establish greater accountability	<ul style="list-style-type: none"> Expand community policing Improve traffic and transportation related issues Provide security for acts of terrorism Increase civilian career development Improve employee training and development Pursue effective and necessary technology
40.	Planned Parenthood – On Site HIV Testing Proposal 2003-2004	SPA 3 Population: PPP client base and SPA 3 comparisons where applicable	Client intake data and SPA 3 health stats	Proposal for funding to conduct on-site HIV testing	<ul style="list-style-type: none"> Served 7641 clients in 2003; 84% of clients report living below poverty level Majority Latina clients
41.	Planned Parenthood of Pasadena (PPP) 2003	SPA 3 Population: PPP client base (N=483)	Client web-based survey	Client surveys to assess satisfaction and needs	<ul style="list-style-type: none"> Most have used Planned Parenthood on more than one occasion (72%) Most common response to how/where heard about PPP – Referral from family or friend (67%) Early morning (7:30-9:30) – 60% or late afternoon/evening (5:30-8:30) – 55% most preferred time to use PPP Most do know about cancer screening service at PPP (68%) Most know that PPP offers family planning (92%) and most use PPP for this (79%) because it is affordable (61%), no other source (44%) and privacy (40%) Split on knowledge that PPP offers abortions; Most know that PPP offers STD testing (83%)
42.	Poor Children in Struggling Working Families: The Context 2002	United States Population: Children and families	Secondary data from the U.S. Census Bureau	To better understand facts about jobs and earnings, about hardships in making ends meet, and about shrinking government assistance for low-income families.	<ul style="list-style-type: none"> Fewer jobs and shrinking wages plague working families Job losses hit single mothers hard It takes an income well over the poverty line to make ends meet Working families face deepening hardships More than one-third of all children had no health insurance for at least part of 2002-2003. Poor children are at risk for poor health More families struggle to meet child care costs More families struggled with finding safe affordable housing Struggling working families need help because wages are too low to make ends meet; but fewer are getting public help.
43.	Profile of Demographics for Pasadena	City of Pasadena	Secondary data from U.S. Census Bureau 2000	To provide demographics,	<ul style="list-style-type: none"> 35.1% have a college or graduate school degree. 63.8% are in labor force.

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	2000	Population: Communities in Pasadena		including ethnicity, school enrollment, educational attainment, employment status and housing characteristics.	<ul style="list-style-type: none"> • 16.7% of the households (the largest percent) earn a salary within the range \$50,000 – \$74,999. • 30% (the largest percent) of the unit structures were built in 1939 or earlier.
44.	Los Angeles County 2004 Children’s ScoreCard 2004	Los Angeles County Population: Children, youth and families.	L.A. County Children’s Planning Council primary data.	To provide information about how children, families, and communities are doing across this large and diverse county, and encourages action.	<p>Health Access - Recommendations</p> <ul style="list-style-type: none"> • Promote efforts to monitor and improve the quality of health care for children • Increase and retain the number of families with children who enroll in health insurance programs <p>Safe, Stable, Nurturing Families - Recommendations</p> <ul style="list-style-type: none"> • Focus attention on community partnerships and local resources for prevention, reunification ,and permanence for maltreated children • Analyze disparity for children of color <p>Family Economic Security - Recommendations</p> <ul style="list-style-type: none"> • Improve outreach and enrollment efforts for available family support services
45.	CA Kids Technical Report – 5th Grade Spring 2004	Pasadena School Unified District area Population: 5 th , 7 th , 9 th , and 11 th Grade students	Elementary School California Healthy Kids Survey (CHKS)	To be used as a comprehensive reference tool in conjunction with the summary of selected results provided in the CHKS Elementary Key Findings, intended more for immediate public dissemination.	<ul style="list-style-type: none"> • The younger a respondent first tries tobacco, the more likely he/she is to become addicted to it. • Patterns of violence vary by age. Violence at the elementary level is often expressed through teasing, bullying, and rough play that gets out of hand. Other forms of aggressive behavior (e.g. fighting) are higher among junior high school students, while high school sees an increase in events such as weapon possessions.
46.	Tobacco curbs broaden in Pasadena – L.A. Times December 2003	City of Pasadena Population: children and residents	Newspaper article citing Pasadena’s new regulations against secondhand smoking.	To increase awareness on new regulations against smoking.	<ul style="list-style-type: none"> • New regulations in Pasadena will bar tobacco stores from opening within 1,000 feet of schools, parks and other locations frequented by children. • Any store that sells tobacco will have to obtain a \$135 yearly license, which could be revoked if the store violated the license laws.
47.	Young & Healthy Evaluation Report 2002-2003	PUSD and San Gabriel Valley area schools and clinics Population: Uninsured children in Pasadena and San Gabriel Valley through schools,	Analysis of client data	Evaluation report	<ul style="list-style-type: none"> • Most clients are Latino (76%) or African American (10%); • 31% speak primarily Spanish • 54% are non- PUSD –referred • Most common referrals are mental health (48%) and dental (30%) – over last several years dental had been most common; <p>Project Recommendations include:</p> <ul style="list-style-type: none"> • Recruit and retain high level developmental director and volunteer coordinator. • Conduct in-service education on systems for matching referrals with volunteer professionals to spread provision of services across

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		clinics, shelters and community centers			<p>volunteers</p> <ul style="list-style-type: none"> • New directions to explore include preschool dental, childhood obesity prevention, expand mental health services, increase outreach to African American children, increase community awareness of Y&H • Implement cost-cutting measures that will not adversely affect program quality • Maintain awareness of changes in health insurance availability for low income families that may negatively impact access to health care
48.	Pasadena Food Policy Council 2003	City of Pasadena Population: Children and families from Pasadena	Secondary data	To inform about status of nutrition and physical activity of people of Pasadena – Discussion for policy paper	<p>The Pasadena Food Policy Council’s established 4 priority areas of attention:</p> <ul style="list-style-type: none"> • Increase food security in Pasadena/Altadena • Improve access to fresh fruits and vegetables • Expand child nutrition programs for children and youth • Reduce childhood obesity
49.	Opportunities for YMCA Programs and Services in the Greater Pasadena Area – A Final Report 2001	City of Pasadena	Qualitative and quantitative research, including focus groups and in-depth telephone interviews	To learn about the opportunities for YMCA programs and services in the greater Pasadena area.	<ul style="list-style-type: none"> • Study provides a forecast of 8,928 household units who would participate in various programs at one or more of five Pasadena locations tested during the first 15-18 months after programs and services of interest are provided at these locations and the Consultant’s recommendations have been implemented. • Findings indicate some interest in a full-facility YMCA in the targeted survey area. <p>Recommendations</p> <ul style="list-style-type: none"> • Findings indicate significant demand for continuing and expanding YMCA programs and services in fitness, health, sports, aquatics and recreation. • Findings are consistent with Pasadena YMCA’s plan to initially offer multiple, smaller program centers in the greater Pasadena area. • Findings indicate prospective program participants with distinct demographics and distinct preferences for programming at the top three preferred locations. • YMCA’s expanded presence will provide a place for families, a place that reflects the diversity of the community, and a heaven for the Yet-to-be-Fit.
50.	United Way Zip Code Data Book for Los Angeles County Service Planning Area 3 February 2003	SPA 3	Compilation of US Census 2000 data	To compare SPA area and county level data.	<ul style="list-style-type: none"> • Tables on a number of variables are provided to compare SPA 3 with the whole of LA County. • For some variables, data are broken down by city.
51.	CHIS	California, Los Angeles County	Random sample telephone survey	Gather data on health and health access	<ul style="list-style-type: none"> • Provides detailed statistics among various sub populations

PPHD MAP – Community Health Assessment Matrix

	Organization / Timeframe	Geographic Area/ Population	Methods	Purpose of Assessment	Key Findings and Recommendations
52.	LA County Health Survey 1999-2005	Los Angeles County	Random sample telephone survey	Update key health status indicators, health- related behaviors, health insurance coverage and access to health care among adults and children living in Los Angeles County (across the county's 26 health districts and 8 service planning areas).	<ul style="list-style-type: none"> • Please refer to website at http://lapublichealth.org/ha/survey/hasurveyintro.htm or call the Health Assessment Unit at the LA County Department of Public Health at (213) 240-7785.

Appendix 9 Forces of Change Assessment

This appendix contains results from the *MAP* Forces of Change Assessment. Its participants are listed in Appendix 1.5. The Forces of Change Assessment answers the questions:

- *What is occurring or might occur that affects the health of our community or the local public health system?" and*
- *"What specific threats or opportunities are generated by these occurrences?"*

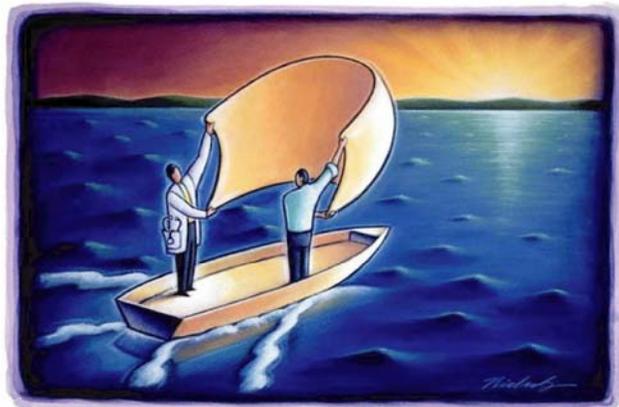
The purpose of this assessment is to identify trends, events and factors that directly or indirectly affect the health and quality of life in the community and the effectiveness of the local public health system. In 2005, the Forces of Change Assessment was conducted as an extension and an update of trend projections developed by the Pasadena Public Health Department's internal strategic planning process in 2004. An illustration of the 2004 conclusions is included at the end of this section.

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Pasadena MAP Campaign

Forces of Change Assessment *Summary Report*

June 2005



Forces of Change: Summary Matrix

Trends/ Factors and Events	Recent	Opportunities	Threats
Housing	<p>Increasing home values and home prices</p> <p>Lack of affordable housing</p> <p>Gentrification – need to monitor development.</p> <p>Growth of multi-unit housing in central Pasadena.</p> <p>Growing imbalance between supply and demand</p>	<p>Develop more urban “residential corridors”</p> <p>Develop opportunities for inter-district transfers for people who work in Pasadena.</p>	<p>Housing crisis – crisis in service industry (people can not afford to live where they work)</p> <p>Impact of affordable housing – living further away from jobs, longer commutes.</p> <p>Insufficient time, wages, attention to child-care</p> <p>Overcrowding. More diseases. More code violations</p> <p>Gentrification erodes sense of community in NW</p> <p>Creates more traffic and noise pollution.</p> <p>Increase in sub-standard housing</p>
Employment	<p>Decreasing availability of employment or jobs in the area</p> <p>Decreasing salaries</p> <p>Technology companies leaving Pasadena.</p> <p>Biotech industry growing in Pasadena</p> <p>City economy is prospering</p> <p>Technology will shift from Silicon Valley to Pasadena</p>	<p>Telecommuting and working at home—increase in people localized by their home—more time for family, opportunity to address issues cooking at home, no more latch key kids</p> <p>Greater access to cutting edge technology and resources.</p> <p>Potential crisis in service industries might ultimately drive up wages (service workers, child care workers)</p> <p>Create more opportunities and incentives for businesses to come to Pasadena</p> <p>Increased tax base (sales and property tax)</p>	<p>Two-income families and commuting – Decrease in parental involvement and weakening of family structure</p> <p>Inadequately prepared and insufficient workforce</p> <p>Jobs lost</p>

Forces of Change Assessment Summary

Trends/ Factors and Events	Recent	Opportunities	Threats
Education	<p>Economic shift in demographics of the public school</p> <p>Poor graduation rates</p> <p>Increasing illiteracy of youth</p> <p>Decreasing number of students attending PUSD.</p> <p>Poor public perception of PUSD.</p> <p>Cuts to district budget – reduced state funding.</p> <p>Inconsistent test scores.</p>	<p>Look at our total education system and recommit ourselves to education for all in an equitable way</p> <p>Plans for Primary Center in NW</p> <p>55 private schools could they be mobilized</p> <p>CEC at PCC has put together a youth coordinating task force to look at how to catch the 1000+ kids who are not graduating</p> <p>PCC has over 100 locations – opportunities for learning, enrichment for all 30,000 students of which only 40% come from our district.</p> <p>Nighttime use of school facilities</p> <p>Focus comprehensively on administrative costs and school facility utilization. Utilize pinpoint data to determine grades/classes falling behind.</p> <p>Better target limited resources to District priorities.</p> <p>Budget cuts – may cause uncertainty among staff and consolidation of schools</p>	<p>People moving into community not attending public schools</p> <p>No progress in making schools community centers</p> <p>No new school site for new school</p> <p>Graduation rates low and related to criminal justice system</p> <p>Youth literacy – lack of reading writing and life skills</p> <p>Important services decreased/eliminated – declining quality of education puts vulnerable families more at risk.</p> <p>Citizens don't reach their potential – long term impact economically, health, and community vitality.</p> <p>Declining enrollment reduces funding.</p> <p>Undermines progress of overall PUSD – creates sporadic ups and downs.</p>

Forces of Change Assessment Summary

Trends/ Factors and Events	Recent	Opportunities	Threats
<p>Health Care</p>	<p>Increasing costs of health insurance/decrease in value of coverage</p> <p>Decreasing number of providers accepting state and federal health insurance.</p> <p>Increased opportunities for public health (bioterrorism)</p> <p>Emerging disease and MDR Shift in priorities to newer diseases might overshadow our on-going needs(decreasing low birth weight babies)</p> <p>Disparity in medical treatments and availability of treatments for individuals</p> <p>Increasing attention to bioethics (arguments may increase)</p> <p>Obesity</p> <p>Aging population -corresponding increase in long term diseases. Increase in diabetes and related complications</p> <p>Lack of urgent/emergency care - Closure of St. Lukes</p> <p>Decrease in beds at Huntington and other hospital closures. No places for hospitalization</p> <p>Lack of integration in Public Health System.</p> <p>Decreasing funding for public health</p> <p>Health care worker shortage, more reliance on technology</p> <p>Increasing influence on us locally - terrorism, disease</p> <p>Closure of trauma centers and</p>	<p>Move from a private to a more public system of health care – universal health care</p> <p>In our state and in others, universal health care efforts, there are other potential models. We should look to leverage efforts</p> <p>Opportunity for pharmaceutical industry to make vaccines etc.</p> <p>Address unhealthy lifestyles which may lead to 80% of our health care costs.</p> <p>Aging - hospital crisis opportunity to develop an appropriate approach/system to address chronic disease Focus more on urgent and preventative care to keep people out of the ER</p> <p>Moving away from traditional methods of health educ/prevention –go into communities rather than expect them to come to us. (perhaps develop audio CD's for commuters)</p> <p>Improve enrollment in public insurance programs</p> <p>Conduct more dental hygiene education.</p> <p>Opportunity for a multi-sector approach to improve health, nutrition, and exercise to reduce obesity (nutrition policy)</p>	<p>Fragmented healthcare providers –no family health doctors</p> <p>Only one hospital in the city – insufficient care available for the population</p> <p>Poor people and seniors are forced to choose between getting their medications and food, rent, etc.</p> <p>Stroke, heart disease, etc. are impacted by poor dental care.</p>

Forces of Change Assessment Summary

Trends/ Factors and Events	Recent	Opportunities	Threats
Health Care (cont'd)	<p>hospitals creating overburdened emergency rooms.</p> <p>Costs of health care rising but insurance coverage worsening.</p> <p>Need more providers willing to work in underserved communities.</p> <p>Need more emphasis on dental care.</p> <p>Increasing mental health problems (i.e. "9/11 Syndrome")</p> <p>LA County downsizing staff and services</p> <p>Lack of specialty care (vision, cardiology)</p>		
Population Shifts	<p>Decreasing minorities</p> <p>Immigration – shift in policies</p> <p>Aging population</p> <p>Increase in youth population/younger population</p> <p>Racial tensions "black-brown" and Armenians.</p> <p>Immigrants bring a "culture of health" with them – they may not access available health care resources.</p> <p>Increase in "crack babies" – babies born during the crack peak are getting older and we don't know how they might impact our health care system.</p> <p>Immigration and language barriers</p> <p>Increase in Latino births</p> <p>Growing Armenian population</p> <p>Establishment of Asian population on east side</p>	<p>City's diversity and responses to it. We can build a response that reflects our population</p> <p>Increase intergenerational relationships, connections and learning</p> <p>Asset Development Network – talking about what kids actually need to prosper.</p> <p>Grandparenting opportunities for learning skill development Put youth in the forefront of policy decisions as a motivator to make good policy</p> <p>Decrease kids access to guns: stricter controls (Jack Scott's Advocacy)</p> <p>Professionals to mentor kids in a an easier way without an intense bureaucratic process</p> <p>Seniors and youth –underutilized</p> <p>Make sure our youth are educated (reading writing, life skills)</p> <p>Re-examine how we support kids and their families within the</p>	<p>Absence of city-wide response/awareness of diversity issues e.g. parallel tracks for education (private vs. public school</p> <p>Don't value seniors and others who can participate more actively –should mine the talents of different people</p> <p>Lack of cultural understanding and appreciation – lack of trust and fear increases threat of violence.</p>

Forces of Change Assessment Summary

Trends/ Factors and Events	Recent	Opportunities	Threats
Population Shifts (cont'd)		<p>community</p> <p>Create structures and communities that will support our growing aging population</p> <p>Educate our community about resources and services that are available to them.</p> <p>Proactive diagnosis</p> <p>Proactively look at program efforts related to populations changes and revise services.</p>	
Economic Trends	<p>Transfer of wealth to baby boomer generation</p> <p>Decrease in funding for endowment funds, due to economy, 9/11, etc.</p> <p>Flattening of California economy</p>		<p>Greater disparity between haves and have not</p> <p>Chasm between haves and have nots – increasing threats of crime (including technological crimes) decreasing resources available for positive change</p> <p>Shrinking municipal resources for lower middle class.</p> <p>Some direct services (i.e. mental health, substance abuse) may be reduced or eliminated.</p>
Political	<p>Re-election of Conservative President</p> <p>State Budget Crisis</p> <p>Federal cost shifting – passing costs on to states, counties, cities etc., resulting in fewer services</p> <p>State will shift more responsibilities to local level.</p> <p>Decreasing funds for services leading to merging or melt down of large numbers of non profits into much smaller service provider community.</p> <p>Lack of concerns for citizens/individuals in budget</p>	<p>Define our own destiny (of NPO's) to guard against negative forces and duplication</p> <p>Need to develop “political will” to shape the system to help our poor and elderly.</p> <p>Think more globally about the resources we already—using schools as community centers</p> <p>Use the existing structures for opportunities and increased entrepreneurship</p> <p>Take seriously the research on when, where services are open available.</p> <p>Look at kids, teens, etc.. and</p>	<p>Duplicated services provided by non-profits and threats of closure</p> <p>Bureaucracy doesn't keep up with community events and changes</p> <p>Decreasing compensation for health care professionals.</p>

Forces of Change Assessment Summary

Trends/ Factors and Events	Recent	Opportunities	Threats
Political (cont'd)	<p>decisions</p> <p>Health care cuts used to balance budget</p> <p>State and federal funding may be less comprehensive and more piecemeal.</p>	<p>schedules for schools as it relates to best impact learning</p> <p>Organizations becoming more adept at detecting needs and addressing them.</p>	
Technology	<p>Unprecedented growth in technology.</p>	<p>Pushes basic health standards – for example, increases detection of pollutants and chemicals</p> <p>Create standards of technology and share information (such as the automotive industry)</p> <p>Increase access to technology – so we can learn about things via the internet in our homes</p>	<p>As awareness grows, increases public anxiety.</p> <p>Temptation to use over-use technology in the hopes that it will save us time or help us improve our work.</p> <p>More isolation due to technology use –less community interaction</p> <p>Many people do not have access to technology still – how to reach them?</p>
Transportation	<p>People need to be able to access resources and services</p>		
Environment	<p>Increasing amount of traffic</p> <p>Possible energy crisis due to diminishing resources</p> <p>Rains</p> <p>War</p>	<p>Look at public transit in a new way as shift and opportunity to press for changes.</p>	<p>People afraid to let children outside to play (increasing obesity)</p>
Planning & Partnerships	<p>Trends toward planning such as MAP</p> <p>More partnerships and linkages</p> <p>Shift from Intelligence Quotient to Emotional Quotient</p> <p>Trend for individuals and organizations to search for increased deeper meaning</p> <p>Increasing potential for youth in community –more youth getting involved</p>	<p>Partnerships will help us work more productively</p> <p>Increase knowledge in how to tap human potential.</p> <p>Access talented people who have not been able to contribute due to high risk behaviors or circumstances.</p> <p>Break implementation plan into small actionable steps so residents and individuals can contribute</p> <p>Focus on good things in Star News. Telling ourselves we can address individual challenges and</p>	<p>Over focus on planning – need to do!</p> <p>Maintaining and sustaining partnerships to address issues is difficult</p> <p>Insufficient community awareness of increasing activity</p> <p>Media feeds paranoia instead of positive development</p> <p>Impact of media and appeal to base human instincts</p> <p>Over focus on privacy rather than on sharing information</p>

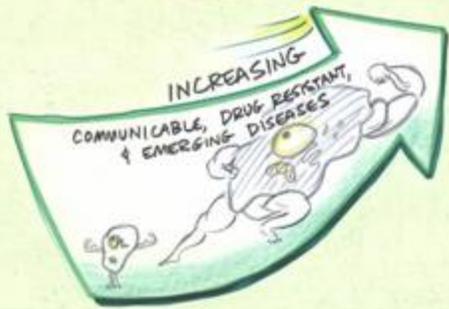
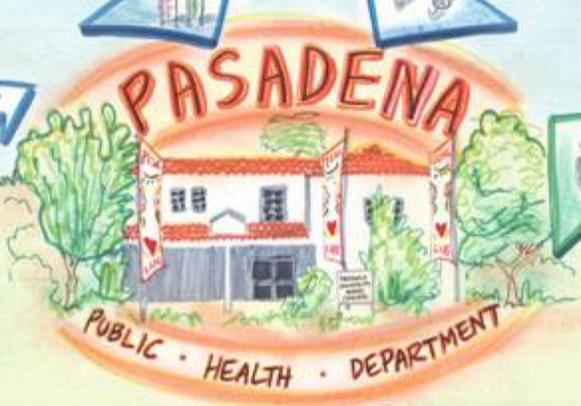
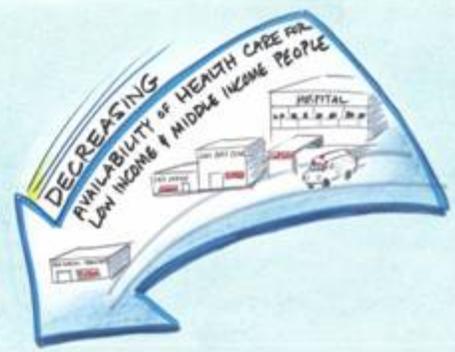
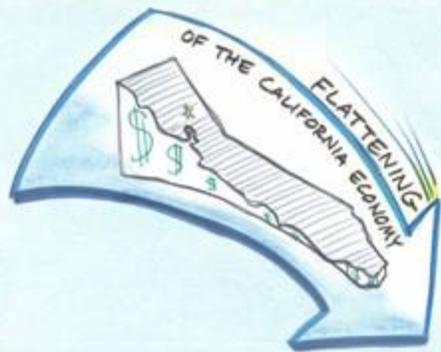
Forces of Change Assessment Summary

Trends/ Factors and Events	Recent	Opportunities	Threats
<p>Planning & Partnerships (cont'd)</p>		<p>move on –build a positive energy in the community</p> <p>Concept for neighborhoods – responsibility for each other, we need to work together with our neighbors.</p> <p>An opportunity for a paradigm shift in how individuals, organizations and community think about health and wellness What is health and wellness and how do we respond to that? Research on how health and wellness works.</p> <p>Pasadena and surrounding communities are somewhat unique (potential to address as well as inclination to address issues) How to maximize their effectiveness</p>	<p>Trends in the larger services systems ie, child welfare and mental health to community based service supports and interventions being driven by traditional thinking about services as the answer to all problems. Need to ask how to we build and offer community support beyond service delivery. Need more momentum for true change.</p> <p>Absence of community outcomes related to non profit services</p>

THE BIG PICTURE

PASADENA

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Appendix 10

Current and Future Collaboration Opportunities

Appendix 10 is a table of current and future collaboration opportunities between the MAP Campaign workgroups and citywide initiatives, agency efforts and City Department plans. While the *MAP* assessment phase was underway in 2004-2005, the Steering Committee invited representatives from many city-wide initiatives to their monthly meetings in order to learn more about and support one another's efforts to improve the quality of life in our community. These dialogues helped to identify overlapping goals, priorities and activities and find opportunities for synergy and integration of the *MAP Campaign* with other efforts. The *MAP Campaign* Coordinator also engaged other individuals and agencies that seemed to offer natural opportunities for partnership and coordination with *MAP*. The *MAP Campaign* sought to instill the idea of future collaborations. By linking with other initiatives, instead of duplicating efforts, we anticipated a greater impact and result for all. This table intends to capture the main themes of those critical conversations by documenting the linkages between those initiatives and the *MAP Campaign* Community Health Action Plan.

The table of current and future collaboration opportunities is organized by agency, and includes the name of the initiative, or, when there is no related initiative, includes just the agency's objective that relates to the MAP Campaign vision. The principal contacts in each agency are listed, followed by the MAP workgroups that could take advantage of the potential collaboration. Finally, a brief explanation about the potential link to the MAP Campaign is given in the last right-hand column.

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MAP Campaign Future Collaboration Opportunities

Agency	Initiative/Agency Objective	Principal Contact(s)	Workgroup	Link to MAP Campaign
American Cancer Society, San Gabriel Valley Chapter	Prostate Cancer Awareness Month, Breast Cancer Awareness Month, Colorectal Cancer Awareness Month, Testicular Cancer Awareness Month	Chrissy Kim	Community Wellness & Healthy Lifestyles	The American Cancer Society promotes awareness of cancer prevention, detection and treatment in the San Gabriel Valley area and provides opportunities for information sharing and education through conferences and screenings. The workgroup would like to continue this partnership by promoting awareness and participation in prevention and detection activities through monthly observances.
Asset Development Network	Promotion of asset development, advocacy for an open process to develop a plan for youth and Youth Council, support for a youth summit., use of The Fuller Youth Initiative Data and Results.	Sue Miele, Karen Aydelott	Community, Family & Youth Engagement Workgroup	The Asset Development Network has united many community organizations around a framework of developmental assets which are experiences and qualities essential to positive youth development. Linking efforts, the Asset Development Network and the workgroup engaged youth in planning and participating in a youth summit in 2006. Continuing collaboration aims at using results from the Fuller Youth Initiative (a program which identifies and disseminates intervention strategies for at-risk youth for use by communities), to aid development of a youth planning process and support of civic engagement activities for youth, and a Youth Council or similar group to continuously engage and involve youth in community discussions and decision-making..

MAP Campaign Future Collaboration Opportunities

Agency	Initiative/Agency Objective	Principal Contact(s)	Workgroup	Link to MAP Campaign
Bill Moore Clinic, Madison Neighborhood Partners (MNP), Pasadena Public Health Department (PPHD)	Promotora program, walkability assessments and grocery store assessments.	Bill Moore Clinic: Dr. Al Sorkin MNP: Oscar Manzanares, PPHD: Dr. Takashi Wada	Access to Services, Community Wellness & Healthy Lifestyles	These agencies partnered to offer a promotora program to provide outreach and education for people who are at-risk for diabetes. Walkability assessments were conducted to measure walkability and identify barriers to walking and other outdoor physical activity in neighborhoods, and grocery store assessments were conducted to The Access to Services Workgroup looks forward to a future collaboration to learn best practices and expand this successful promotora model across more neighborhoods to provide greater access to diverse healthcare and education services. The Community Wellness & Healthy Lifestyles Workgroup also looks forward to raising awareness of and engagement in health education services, in addition to addressing environmental barriers to wellness identified in the walkability and grocery store assessments.
Blair High School Health Academy and Pasadena Public Health Department	Healthy Ambitions Internship Program	Blair High School: Debbie Curtin PPHD: Joy Guihama	Public Health & Healthcare Workforce Development	The Healthy Ambitions Internship Program is a model partnership that provides Blair High School students with internship opportunities, mentors and hands-on education in the healthcare and public health fields. The workgroup looks forward to supporting this partnership, and working with other community partners, such as Kaiser, Humntington Memorial Hospital and Pasadena City College, that support he Health Academy. Through this partnership, the workgroup aims to apply lessons learned and expandthe awareness of and interest in the field among local middle and high school students.

MAP Campaign Future Collaboration Opportunities

Agency	Initiative/Agency Objective	Principal Contact(s)	Workgroup	Link to MAP Campaign
City of Pasadena Department of Transportation	Pasadena Pedestrian Plan	Joyce Amerson, Eric Shen, Richard Dilluvio	Access to Services, Community Wellness & Healthy Lifestyles	The Pasadena Pedestrian Plan offers transportation information and future opportunities to develop city-wide pedestrian access. Both workgroups look forward to a future partnership with the Department of Transportation to identify and address environmental barriers to wellness and access to healthcare services.
City of Pasadena Fire Department	Pasadena Fire Department Strategic Plan 2005-2010	Chief Dennis Downs, Chief Alvin Blades, Chief Fred Law, Lisa Derderian	Access to Services, Community, Family & Youth Engagement	The City of Pasadena Fire Department's Strategic Plan provides a solid framework for emergency response services in the City. Several factors, including oversaturation of emergency rooms, closure of trauma centers, and dependence on paramedics as a substitute for accessing primary care, have increased demand for emergency services. The workgroups look forward to helping to alleviate the strain on emergency services with urgent care service development, health and emergency preparedness education and outreach through continued partnership with the Fire Department.
City of Pasadena Human Services Department, Human Services Commission and Career Services Division	Youth Council Pilot and Children, Youth & Families Plan, Foothill Workforce Investment Board	Patsy Lane, Gregory Harrison, Judy Wolfe, Phil Dunn	Community, Family & Youth Engagement Workgroup, Public Health & Healthcare Workforce Development	The City of Pasadena Human Services Department, Human Services Commission and Career Services Division are working on several projects that create opportunities for youth involvement and development. These projects include a Youth Council pilot program to assess the sustainability of youth involvement in local government, a comprehensive update of the Policy on Children, Youth & Families Plan that includes a current needs assessment and strategies to meet those needs, and career services to teach youth about life skills, career development, and higher education and training

MAP Campaign Future Collaboration Opportunities

Agency	Initiative/Agency Objective	Principal Contact(s)	Workgroup	Link to MAP Campaign
				preparation. The workgroups look forward to supporting these projects, promoting services and developing youth engagement by providing connections to youth, their families and their adult allies.
City of Pasadena Planning and Development Department	General Plan- Mobility Element, Economic Development and Employment Element, Conservation Element, Public Facilities Element, Social Development Element, Green Space/Recreation Element, Cultural & Recreation Element, Land Use Element, Social Development Element.	Bill Trimble	Access to Services, Community Wellness & Healthy Lifestyles, Community, Family & Youth Engagement, Public Health & Healthcare Workforce Development	The General Plan provides an inclusive policy framework and plan for the healthy growth of our community. The Plan Elements offer a broad, city-wide perspective on issues and opportunities related to development, and provide specific goals, objectives, strategies and policies to improve and ensure our quality of life. Through continued partnership with the City of Pasadena Planning and Development Department, the workgroups look forward to working within this policy framework to drive implementation forward.
City of Pasadena Planning and Development Department, Cultural Affairs	Cultural Nexus Plan	Jonathan Glus	Community Wellness & Healthy Lifestyles	The Cultural Nexus Plan provides an opportunity to combine forces to offer both health and art to community members through potential walking tours of public art, outdoor dancing and participation in other cultural events and activities.
City of Pasadena Police Department	Pasadena Police Department: Looking Forward: A Five-Year Strategic Plan, 2003-2007	Chief Bernard Melekian	Community, Family & Youth Engagement	The Police Department offers opportunities for young people to get involved through its Youth Accountability Board, Explorer Program, Junior Safety Academy, Kids Safety Academy, Summer Youth Leadership Conference, and the Police Activities League. These programs offer ways of engaging our youth and training them about safety and emergency preparedness.

MAP Campaign Future Collaboration Opportunities

Agency	Initiative/Agency Objective	Principal Contact(s)	Workgroup	Link to MAP Campaign
City of Pasadena Public Affairs Department	Providing the information link between city government, the community and the media.	Ann Erdman	Community Wellness & Healthy Lifestyles, Public Health & Healthcare Workforce Development	The Public Affairs Department is instrumental in connecting community members with critical information and services in easily accessible ways. The workgroups look forward to working with the Public Affairs Department to keep the community abreast of developments and opportunities to participate in the journey towards better health.
City of Pasadena Public Health Department Andrew Escajeda Mobile Clinic	World AIDs Day	Norma Zapata	Access to Services, Community Wellness & Healthy Lifestyles	The Andrew Escajeda Mobile Clinic provides mobile HIV education and screening services. By reaching out and going into the community, the Clinic is increasing access to health and wellness for our community. The workgroups look forward to a future partnership to promote use and awareness of services across our community, in addition to expanding this type of mobile service and outreach model.
City of Pasadena Public Health Department Bioterrorism & Emergency Preparedness Program	Strategic National Stockpile Plan, Cities Readiness Initiative Plan and Pandemic Flu Plan	Dr. Takashi Wada, Ed Anderson, Dr. Sandeep Mital	Community, Family & Youth Engagement	The Bioterrorism & Emergency Preparedness Program's plans provide opportunities for community involvement and education in preparedness and response. The workgroup looks forward to a future partnership to extend public outreach, education and communication about preparedness and response, particularly for youth.
City of Pasadena Public Health Department Nutrition and Physical Activity Program	Pasadena Anti-obesity Community Education Program (PACE): Pasadena Community Leaders' Training to Promote Nutrition & Fitness in Our Community	Mary Urtecho-Garcia	Community Wellness & Healthy Lifestyles	The PACE classes are an opportunity to promote wellness, physical activity and nutrition across the community. The workgroup looks forward to a continued partnership to promote and perhaps expand services while addressing identified environmental barriers to wellness.

MAP Campaign Future Collaboration Opportunities

Agency	Initiative/Agency Objective	Principal Contact(s)	Workgroup	Link to MAP Campaign
<p>Huntington Memorial Hospital Healthy Eating and Lifestyles Program, Vons, Pasadena Healthcare Consortium Pasadena Healthcare Link Program, City of Pasadena Public Health Department Nutrition and Physical Activity Program.</p>	<p>Diabetes Awareness Month</p>	<p>Suzanne Corbett, Ruth Blandon, Fred Cho, Paul Knerr, Dr. Takashi Wada, Lorraine Reed, Mary Urtecho-Garcia.</p>	<p>Community Wellness & Healthy Lifestyles</p>	<p>These organizations provide screenings, diabetes education and healthcare referral services to our community. The workgroup looks forward to fostering continued partnership and collaboration to promote efficient referrals and comprehensive health education and care that is accessible to all.</p>
<p>City of Santa Monica</p>	<p>Santa Monica Sustainable City Plan</p>	<p>Dean Kubani</p>	<p>All workgroups</p>	<p>Dean Kubani from the City of Santa Monica provided a presentation about the Santa Monica Sustainable City Plan to the <i>MAP</i> Steering Committee in May 2005. The Sustainable City Plan was created to enhance the resources within the City of Santa Monica, to prevent harm to the natural environment and human health, and to benefit the social and economic well-being of the community for the sake of current and future generations. The Plan was proposed by City staff and the Task Force on the Environment in 1992 and was adopted by City Council in September 1994. The Sustainable City Plan is a continuing effort even after 10 years, and is a wonderful example of what <i>MAP</i> can become in Pasadena.</p>
<p>LA County 211 Line</p>	<p>Provision of easy-to-use, caring, professional guidance and advocacy, and 24 hours 7 days per week access to a comprehensive range of human services to the people of Los Angeles County.</p>	<p>Maribel Marin</p>	<p>Access to Services</p>	<p>The LA County 211 Line provides access to a comprehensive range of human services in Los Angeles County. The workgroup looks forward to a future partnership to promote efficient referrals for clients in the greater Pasadena area.</p>

MAP Campaign Future Collaboration Opportunities

Agency	Initiative/Agency Objective	Principal Contact(s)	Workgroup	Link to MAP Campaign
LA Office of Women's Health	Cervical Health Month	N/A	Community Wellness & Healthy Lifestyles	The LA Office of Women's Health provides women's health services, education and screenings for Los Angeles County. The workgroup looks forward to a future partnership to promote awareness and use of services, with particular emphasis on cervical health.
Neighborhood Connections, City of Pasadena Human Services Department	Pasadena Neighborhood Summit	Patsy Lane, Brian Biery	Community, Family & Youth Engagement Workgroup	The Pasadena Neighborhood Summit in May 2006 provided a wonderful opportunity for our community's young people to get involved in planning, implementing and participating in civic engagement. The workgroup would like to continue this partnership in the future.
Pasadena Chamber of Commerce	Providing local businesses with access to resources and interaction with other members of the Pasadena business community.	Dr. Dennis Buckley	Access to Services, Community Wellness & Healthy Lifestyles	The Chamber of Commerce, as a main organizing body of business in the community, provides opportunities for employers and employees to access wellness services and share information about wellness policies and practices. The workgroup looks forward to a future partnership to support and promote exemplary wellness services, policies and practices, and to co-sponsor public health programs like the Pasadena Healthcare Link.
Pasadena Church of God Body and Soul Coalition	Promotion of healthy eating among African American church members.	Dr. Gloviell Rowland	Community Wellness & Healthy Lifestyles	The Body and Soul Coalition is a model of community health outreach, education and engagement. The workgroup hopes to continue this partnership to promote awareness and use of services, to explore expansion of this successful model, and to assess and address identified needs.
Pasadena Healthcare Consortium	Pasadena Healthcare Link	Dr. Takashi Wada, Lorraine Reed	Access to Services	The Pasadena Healthcare Link telephone line provides an easily accessible, single entry connection to services for our community. The workgroup looks forward to continued partnership to raise awareness

MAP Campaign Future Collaboration Opportunities

Agency	Initiative/Agency Objective	Principal Contact(s)	Workgroup	Link to MAP Campaign
				and use of the broad array of resources available, while continuing to strategize about how to meet the need for urgent care services in our community.
Pasadena Housing and Homeless Network	10-Year Strategy to End Homelessness	Dr. Al Sorkin	Access to Services	Our homeless community members are vulnerable to disease and have limited access to healthcare and social services. It will be important to consider this plan's goals and strategies when addressing access barriers for the homeless.
Pasadena Unified School District	Pasadena Unified School District Student Wellness Policy, PUSD Healthy Kids Survey	Carol La Val	Community Wellness & Healthy Lifestyles, Community, Family & Youth Engagement	The Pasadena Unified School District offers opportunities to promote wellness and healthy lifestyles to our community through its Student Wellness Policy, and it assesses children's health and risk factors through the PUSD Healthy Kids Survey. It will be important to connect to Student Wellness Policy implementation efforts and measure progress through the survey.
SPA 3 Health Planning Group	Access to services and specialty care: Web referral project to arrange specialty care appointments.	Deborah Silver	Access to Services	The SPA 3 Health Planning Group is focused on access to services and specialty care for the entire service planning area, including the greater Pasadena area. It will be important to link with the Group's efforts in order to ensure access to services.
SPA 3 LA County Children's Planning Council	Outreach to parents and youth in the western part of the SPA 3 region to provide them with the leadership, civic and advocacy skills so that they become independent agents of social change in their respective communities.	Mark Masaoka	Community, Family & Youth Engagement	Linking and combining efforts to connect youth and their parents with skills will increase available resources and will strengthen community engagement and civic involvement.
The Partnership for Children, Youth & Families	Optimization of delivery of quality programs that are safe, enriching, affordable, recreational and	Sue Miele, Peggy Sisson	Community, Family & Youth Engagement, Public Health &	The Partnership for Children, Youth & Families offers a centralized source of information and services available to our community. The

MAP Campaign Future Collaboration Opportunities

Agency	Initiative/Agency Objective	Principal Contact(s)	Workgroup	Link to MAP Campaign
	educational, with an emphasis on non-school hours, for children, youth and their families by facilitating successful community collaboration.		Healthcare Workforce Development	workgroups look forward to a continued partnership to engage more youth in civic activities and learning opportunities in the field of public health and healthcare.
Up & Moving	Up & Moving Citywide Fitness Challenge	Sharla Moore, Karen Aydelott	Community Wellness & Healthy Lifestyles	The Up & Moving fitness challenge and walking clubs provide our community with an easy, inexpensive way to incorporate physical activity into our daily lives. This initiative represents a community-wide emphasis on wellness that is critical to promote and connect to as the workgroup attempts to change behaviors and environments to encourage and value wellness.
Vision y Compromiso: Network of Promotoras and Community Health Workers	Education of the Latino community about quality of care issues, including the areas of children and youth, women, policy, research and multi-disciplinary evaluation.	Melinda Cordero	Access to Services, Community Wellness & Healthy Lifestyles	This Network provides an opportunity to share critical information about quality of care. The workgroups look forward to a future collaboration to learn best practices, gather information about barriers to wellness, and expand this successful promotora model across more neighborhoods to provide greater access to diverse healthcare and education services.
Women at Work	Assistance with realization and achievement of women's full employment and earnings potential through provision of job and career resources in a supportive environment.	Sandra Greenstein	Public Health & Healthcare Workforce Development	Women at Work hosts two large annual career events for young Latina and African American women, in addition to providing comprehensive career development services for all women. The workgroup looks forward to a continued partnership to raise awareness of career and training opportunities in public health and healthcare.

MAP Campaign Future Collaboration Opportunities

Agency	Initiative/Agency Objective	Principal Contact(s)	Workgroup	Link to MAP Campaign
Pasadena Planned Parenthood	Family Sexuality Education Month	Sue Keppler	Community Wellness & Healthy Lifestyles	Pasadena Planned Parenthood offers a broad range of reproductive health and sexuality education services. The workgroup looks forward to a continued partnership to promote awareness and use of existing services while addressing barriers to access and/or practicing healthy behaviors.

Appendix 11 Logic Models

This appendix contains logic models which map out the organizational plan of each priority focus area:

- 11.1 Focus Area A Access to Services Logic Model
- 11.2 Focus Area B Community Wellness & Healthy Lifestyles Logic Model
- 11.3 Focus Area C Public Health & Healthcare Workforce Development Logic Model
- 11.4 Focus Area D Community, Family & Youth Engagement Logic Model

A logic model is a table that portrays the sequence of steps which lead to program results.¹ These steps include:

- Outcomes – The intended effect of the overall focus area plan.
- Measures/Indicators – Benchmarks that show progress towards outcomes.
- Strategies/Activities – Ways to make progress toward and accomplish outcomes, including the services that will be provided.
- Inputs – Resources that are needed to begin work.
- Timeline – A timeframe for beginning and completing strategies and activities.
- Outputs – Things that are produced after strategies and activities are carried out.
- Responsibility – People, agencies and entities that will need to be involved in order to produce the outcomes.

This model was chosen as a tool for the planning process because it provided a way to clearly articulate the workgroups' strategies and focus each workgroup's direction.

The workgroups used the logic models to clarify what they wanted to achieve and how they should go about achieving it during the planning process from October 2005 – August 2006. These logic models were then used to develop specific one year action plans, budget estimates and timelines for each workgroup in September 2006.

¹ Rossi, P. et. al. Evaluation: A systemic approach 6th edition 1999, P. 111-113.

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Appendix 11.1

Focus Area A Access to Services Logic Model



Outcome¹/Results Statement: What do you want to see happen? 1. Increase and improve capacity of and relationship among safety-net provider organizations; 2. Increase and improve public awareness about accessing community services.					
Measures/Indicator(s)² How will you know that you are successful? What are your benchmarks?	Strategies/Activities³ How will you go about accomplishing 'it'?	Inputs/Resources⁴ What will it take to achieve 'it'?	Timeline How long do you need?	Outputs⁵ How will you know that your strategies are working?	Responsibility (Lead + Partnerships) Who needs to be engaged/involved?
Implementation of an efficient and effective referral system between safety net providers in the greater Pasadena community.	1. Conduct informational meetings with safety net provider organizations. Gather baseline information about strengths and weaknesses of current referral system. Share data gathered through the MAP Process and invite individual organizations to commit to working on something with other providers.	Interviews conducted by MAP Access Workgroup Chairs.	October 2005–January 2006	Completed Interviews	MAP Access Workgroup Chairs.
	2. Host a facilitated discussion on service coordination.	Commitment from Safety Net Service Provider Organizations.	By March 2006	Discussion produces recommendations adopted by the attendees.	
	3. Develop and adopt an action plan based on coordination plan recommendations from facilitated discussions. The two emerging themes are 1) Urgent care center development recommendations and 2) Raising awareness of services among residents and workers.	Safety Net Service Provider Organizations.	By July 2006	Action plan with organizational commitments to implementation.	MAP Access Workgroup Chairs, Health Department Staff, and Safety Net Service Provider Organizations including: Bill Moore Clinic, Young and Healthy, PUSD, CHAP, Huntington Hospital and local Private Health Care providers.
	4. Begin implementation of the action plan	Commitment from Safety Net Service Provider Organizations.	By August 2006	Documentation of activities.	Based on implementation strategies.
	5. Promote use of the Pasadena Healthcare Link and referrals between existing service agencies.	Kick-off of the Pasadena Healthcare Link, commitment from Safety Net Service	August 2006 – February 2007	Documentation of meetings, referrals, outreach event	MAP Access Workgroup Chairs, Health Department Staff.

¹ Basic statement of condition(s) of wellbeing for a specific group. The intended effect.

² Stated in measurable terms to quantify progress toward outcomes.

³ Actions which can improve results or outcomes.

⁴ Partnerships, fiscal, relationships, materials & equipment, space and facilities, etc.

⁵ Units of services stated quantitatively (what) and/or qualitatively (how well).

Appendix 11.1

Focus Area A Access to Services Logic Model



Outcome¹/Results Statement: What do you want to see happen?					
1. Increase and improve capacity of and relationship among safety-net provider organizations; 2. Increase and improve public awareness about accessing community services.					
Measures/Indicator(s)² How will you know that you are successful? What are your benchmarks?	Strategies/Activities³ How will you go about accomplishing 'it'?	Inputs/Resources⁴ What will it take to achieve "it"?	Timeline How long do you need?	Outputs⁵ How will you know that your strategies are working?	Responsibility (Lead + Partnerships) Who needs to be engaged/involved?
	6. Strengthen service provision at existing agencies through documentation of clinic hours of service and recommendations regarding urgent care service delivery.	Provider Organizations. Input from Safety Net Service Provider Organizations, Huntington Memorial Hospital Urgent Care Feasibility Assessment results.	By February 2007	participation, provider network analysis. Meeting minutes, documentation of hours of service, feasibility assessment.	MAP Access Workgroup Chairs, Health Department Staff, and Safety Net Service Provider Organizations Care providers.
Improve public awareness about accessing community health and social services.	1. Organize community members who are not service providers to join the workgroup. 2. Enable community members to access services by eliminating access barriers such as language ability, transportation limitations, and lack of dissemination of information.	Recruitment of community members, payment for their time. Translation, provision of transportation or make events/meetings/activities accessible via public transportation, good communication channels.	October 2006 – January 2007 July 2006- July 2007	Community members attend meetings. Documentation of translated materials, distribution of materials, provision of transportation or accessibility to public transportation, community members participate in MAP activities and meetings.	MAP Access Workgroup Chairs, Health Department Staff, and Safety Net Service Provider Organizations Care providers. MAP Access Workgroup Chairs, Health Department Staff, and Safety Net Service Provider Organizations Care providers.
Create a central hub of information to keep abreast of shifts in funding streams and policy changes.	Organize and expand membership of the workgroup to include agencies that want to assist with eliminating barriers to access.	Recruitment of members, information of shifts in funding streams and policy changes.	July 2006- July 2007	More active members by July 2007, documentation of funding and policy information exchange in meeting minutes.	MAP Access Workgroup Chairs, Health Department Staff, and Safety Net Service Provider Organizations Care providers.

Appendix 11.2

Focus Area B Community Wellness & Healthy Lifestyles Logic Model

Outcome¹/Results Statement: What do you want to see happen?

Short-Term:

1. Wide-ranging awareness throughout the greater Pasadena community about:
 - a. The need to improve personal health status; and
 - b. How to improve community health.
2. Ready access to public health and healthcare information and services to improve personal and community well-being.

Long-Term:

1. An engaged community committed to fostering health and wellness throughout the greater Pasadena area.
2. A more robust and connected public health system that encourages healthy behaviors of all residents and workers in the greater Pasadena area.
3. A healthy environment that reflects a culture of health and wellness.

Measures/Indicator(s)² How will you know that you are successful? What are your benchmarks?	Strategies/Activities³ How will you go about accomplishing 'it'?	Inputs/Resources⁴ What will it take to achieve "it"?	Timeline How long do you need?	Outputs⁵ How will you know that your strategies are working?	Responsibility (Lead + Partnerships) Who needs to be engaged/involved?
Increased awareness about the need to improve personal health status and how to improve personal and community health.	<ol style="list-style-type: none"> 1. Create social marketing campaign about wellness and health education promotion through other workgroups' communication channels and activities. 2. Budget estimates and resource development plan. 3. Create communication channels between MAP implementation groups. 	<p>List of targeted participants and partners. Audience segmentation around focus area activities. Message, materials and channel testing with target audiences. Revision of message, materials and channels based on feedback from target audiences. Launch and delivery of social marketing campaign.</p> <p>Budget estimate and resource development to meet estimate.</p> <p>Steering Committee participation.</p>	<p>August 2006 – June 2007</p> <p>By August 2006</p> <p>By October 2006</p>	<p>List documented. Audience segmentation documented. Documentation of testing with target audiences. Documentation of revisions. Documentation of launch through media coverage, website hits, resident questionnaire.</p> <p>Documentation of budget and resource development plan, resources developed to meet estimate.</p> <p>Information is communicated between groups.</p>	<p>MAP Steering Committee, media (TV [public access station and others], Radio, Newspaper, Business and Organization Newsletters, In Focus, Websites), City Public Information Officer, Chamber of Commerce, spokespeople to appear on television shows, and other identified partners.</p>

¹ Basic statement of condition(s) of wellbeing for a specific group. The intended effect.
² Stated in measurable terms to quantify progress toward outcomes.
³ Actions which can improve results or outcomes.
⁴ Partnerships, fiscal, relationships, materials & equipment, space and facilities, etc.
⁵ Units of services stated quantitatively (what) and/or qualitatively (how well).

Appendix 11.2

Focus Area B Community Wellness & Healthy Lifestyles Logic Model

Outcome¹/Results Statement: What do you want to see happen?
Short-Term:

1. Wide-ranging awareness throughout the greater Pasadena community about:
 - a. The need to improve personal health status; and
 - b. How to improve community health.
2. Ready access to public health and healthcare information and services to improve personal and community well-being.

Long-Term:

1. An engaged community committed to fostering health and wellness throughout the greater Pasadena area.
2. A more robust and connected public health system that encourages healthy behaviors of all residents and workers in the greater Pasadena area.
3. A healthy environment that reflects a culture of health and wellness.

Measures/Indicator(s)² How will you know that you are successful? What are your benchmarks?	Strategies/Activities³ How will you go about accomplishing 'it'?	Inputs/Resources⁴ What will it take to achieve "it"?	Timeline How long do you need?	Outputs⁵ How will you know that your strategies are working?	Responsibility (Lead + Partnerships) Who needs to be engaged/involved?
Increased community engagement fostering health and wellness.	<ol style="list-style-type: none"> 1. Develop a common calendar of public health/healthcare issues based on existing sponsored months and existing screening campaigns, for example, VONS and other interested entities. 2. Develop Health Champions Toolkit for groups to deliver to and tailor towards the needs of their constituencies. The Toolkit will include an instruction guide and coaching for community groups on subjects such as: How to deliver tools to community groups (Tools will include Up & Moving, Bill Moore’s Walkability Assessments, Body & Soul Coalition framework, promotora programs, worksite wellness tools, nutrition guides, a City of Pasadena Health & Fitness Guide [to include gyms, physical activity spaces], Dancing in the Park activity with Cultural Affairs Department, screenings and other community-wide efforts to promote physical activity and healthy eating). 	<p>A list of existing months. VONS screening schedule and other screening campaigns, which coincide with common calendar of public health/healthcare issues and identified disease risks by Health Champions or data. A way for the public to access and add activities to the calendar.</p> <p>Buy-in and participation from healthcare and public health experts to gather/create toolkit items and to coach Health Champions on subjects such as how to deliver tools to target populations. Connection to Up & Moving, Bill Moore’s Walkability Assessments, Body & Soul Coalition, promotora programs, worksite wellness programs, nutrition coalitions/groups, city gyms, Cultural Affairs Department, and other community-wide efforts to promote physical activity and healthy eating.</p>	<p>By September 2006</p> <p>By November 2006</p>	<p>Documentation of screening schedule and marketing of that schedule. Documentation of data collected through screenings.</p> <p>Documentation of healthcare and public health experts’ participation and toolkit suggestions. Documentation of Up & Moving, Bill Moore’s Walkability Assessments, worksite wellness programs, nutrition coalitions/groups and other community-wide efforts in toolkit;</p>	<p>Healthcare and public health education experts, Health Champions, Up & Moving, Bill Moore Clinic, Body & Soul Coalition, Planned Parenthood of Pasadena, Nutrition & Physical Activity Collaborative, PUSD School Wellness Policy workgroup, media, Cultural Affairs Department, Parks & Recreation.</p>

Appendix 11.2

Focus Area B Community Wellness & Healthy Lifestyles Logic Model

Outcome¹/Results Statement: What do you want to see happen?

Short-Term:

1. Wide-ranging awareness throughout the greater Pasadena community about:
 - a. The need to improve personal health status; and
 - b. How to improve community health.
2. Ready access to public health and healthcare information and services to improve personal and community well-being.

Long-Term:

1. An engaged community committed to fostering health and wellness throughout the greater Pasadena area.
2. A more robust and connected public health system that encourages healthy behaviors of all residents and workers in the greater Pasadena area.
3. A healthy environment that reflects a culture of health and wellness.

Measures/Indicator(s)² How will you know that you are successful? What are your benchmarks?	Strategies/Activities³ How will you go about accomplishing 'it'?	Inputs/Resources⁴ What will it take to achieve "it"?	Timeline How long do you need?	Outputs⁵ How will you know that your strategies are working?	Responsibility (Lead + Partnerships) Who needs to be engaged/involved?
	3. Recruit Health Champions and train them to deliver toolkit options. 4. Budget estimate and resource development plan.	Participation of community members as Health Champions, including Youth Health Champions. Training curriculum with coaches who can teach Health Champions about how to deliver toolkit options. Budget estimate and resource development to meet estimate.	November 2006 – June 2007 By August 2006	Health Champions who are trained to deliver tools to community groups, certificates for Health Champions after training is completed. Documentation of Health Champions outreach. Documentation of budget and resource development plan, resources developed to meet estimate.	
Increased connections between public health system entities.	1. Ask healthcare, public health, business and community-based organizations to sponsor the common calendar of public health activities and screening schedule on-site and/or among employees. Organizations can add or tailor specific activities to the common calendar.	Outreach workers. Buy-in from organization's management or boards.	November 2006 – June 2007	Documented outreach efforts by outreach workers (through appointments, meeting agendas). Signed MOA's between organization's	PPHD outreach workers, outreach workers from other partnering healthcare service providers, businesses (Chamber of Commerce), community-based organizations, Pasadena Healthcare Link staff and care managers, mobile clinic programs including the Andrew Escajeda Mobile

Appendix 11.2

Focus Area B Community Wellness & Healthy Lifestyles Logic Model

Outcome¹/Results Statement: What do you want to see happen?

Short-Term:

1. Wide-ranging awareness throughout the greater Pasadena community about:
 - a. The need to improve personal health status; and
 - b. How to improve community health.
2. Ready access to public health and healthcare information and services to improve personal and community well-being.

Long-Term:

1. An engaged community committed to fostering health and wellness throughout the greater Pasadena area.
2. A more robust and connected public health system that encourages healthy behaviors of all residents and workers in the greater Pasadena area.
3. A healthy environment that reflects a culture of health and wellness.

Measures/Indicator(s)² How will you know that you are successful? What are your benchmarks?	Strategies/Activities³ How will you go about accomplishing 'it'?	Inputs/Resources⁴ What will it take to achieve "it"?	Timeline How long do you need?	Outputs⁵ How will you know that your strategies are working?	Responsibility (Lead + Partnerships) Who needs to be engaged/involved?
	<ol style="list-style-type: none"> 2. Recruit leaders among these organizations to become Health Champions of organizational wellness- so that these agencies can embrace their role as promoters and guardians of the public's health. Train them to deliver toolkit options. 3. Refer high-risk populations screened for disease as identified by Health Champions to partnering providers through the Pasadena Healthcare Link line. Utilize existing linkages between partner agencies or public health system entities to ensure that identified high risk populations are appropriately referred. 5. Recruit mobile clinic programs to provide screenings at sites identified by Health Champions. 	<p>Presentations and recruitment calls and letters. Participation of organization representatives as Health Champions. Training curriculum with coaches who can teach Health Champions about how to deliver toolkit options.</p> <p>List of resources and referrals available to screened clients who need or wish to obtain follow up care. Connection to the Pasadena Healthcare Link line and care managers.</p> <p>Recruitment of mobile clinic programs to service sites identified by Health Champions.</p>	<p>November 2006 – June 2007</p> <p>By November 2006</p> <p>November 2006- June 2007</p>	<p>management or boards to commit to organizational wellness effort.</p> <p>Organizational Health Champions recruited and trained. certificates for Health Champions after training is completed. Documentation of Health Champions outreach.</p> <p>Documentation of connection to the Pasadena Healthcare Link line and care managers.</p> <p>Signed MOA's or documentation of schedule of mobile clinic screenings.</p>	<p>Clinic.</p>

Appendix 11.2

Focus Area B Community Wellness & Healthy Lifestyles Logic Model

Outcome¹/Results Statement: What do you want to see happen?
Short-Term:

1. Wide-ranging awareness throughout the greater Pasadena community about:
 - a. The need to improve personal health status; and
 - b. How to improve community health.
2. Ready access to public health and healthcare information and services to improve personal and community well-being.

Long-Term:

1. An engaged community committed to fostering health and wellness throughout the greater Pasadena area.
2. A more robust and connected public health system that encourages healthy behaviors of all residents and workers in the greater Pasadena area.
3. A healthy environment that reflects a culture of health and wellness.

Measures/Indicator(s)² How will you know that you are successful? What are your benchmarks?	Strategies/Activities³ How will you go about accomplishing 'it'?	Inputs/Resources⁴ What will it take to achieve "it"?	Timeline How long do you need?	Outputs⁵ How will you know that your strategies are working?	Responsibility (Lead + Partnerships) Who needs to be engaged/involved?
<p>Sustain a vision of health and wellness to build a community culture of health and wellness.</p>	<ol style="list-style-type: none"> 1. Support creation of health education/wellness centers to serve the greater Pasadena area in concert with an urgent care center development effort with the Access to Services Workgroup. 	<p>Documentation/report of use of services of Health Champions and mobile clinic screenings. Partnership with other collaborative efforts which are working toward development of health education and wellness centers. Partnership with the Access to Services Workgroup, which is working toward development of a center for urgent care which could also include wellness and health education services. Buy-in from City of Pasadena political leadership (Mayor, City Council, City Manager). Buy-in from Huntington Memorial Hospital and Glendale Adventist Medical Center.</p>	<p>By March 2007</p>	<p>Report of use of services and screenings at mobile clinics (to build a case for development of a physical health education/wellness center to serve those residents and workers using the mobile clinics).</p> <p>Documentation of participation in collaboratives through meeting minutes, agendas.</p> <p>Documentation of participation/agenda items in City meeting minutes.</p> <p>Long-term: Health education/wellness center created.</p>	<p>Collaborative partnerships with Access to Services Workgroup, other workgroups, City of Pasadena political leadership, PPHD.</p>



Appendix 11.3

Focus Area C Healthcare & Public Health Workforce Development Logic Model

Outcome¹/Results Statement: What do you want to see happen? <u>Short-term:</u> 1) Increased 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; 2) Increased 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. <u>Long-term:</u> 1) An integrated system for providing information and training for local middle and high school students, including students in alternative education sites, who are interested in careers in healthcare and public health; 2) A 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.					
Measures/Indicator(s)² How will you know that you are successful? What are your benchmarks?	Strategies/Activities³ How will you go about accomplishing "it"?	Inputs/Resources ⁴ What will it take to achieve "it"?	Timeline How long do you need?	Outputs⁵ How will you know that your strategies are working?	Responsibility (Lead + Partnerships) Who needs to be engaged/involved?
Increase the number of local middle and high school students who: a. Are aware of jobs and opportunities in the healthcare field, and b. Are aware of health education and training pathways which lead toward jobs in the healthcare field, and c. Receive information about training and educational pathways and job opportunities in the healthcare field.	1. Use PUSD ROP survey to identify number of students who are interested in healthcare and public health careers. 2. Establish a target percentage increase in awareness. 3. Develop a plan to increase awareness of jobs, opportunities, and education and training pathways.	Data regarding the current number of middle and high school students in the Pasadena area. Establishment of an advisory collaborative to select a target percentage increase. Commitment and consistent participation of advisory collaborative members.	June- August 2006 By September 2006 By October 2006	Report or data summary regarding current career interests of middle and high school students. Participation of members in an advisory collaborative, and an agreed target percentage increase in awareness. Documentation of a plan.	Leads: Dr. Wayne Aoki and Dr. Edie Newman from PUSD. Partners: A collaborative of PUSD staff, Blair Health Academy, private schools, Pasadena Planned Parenthood, Boys & Girls Club, Kaiser, Huntington Memorial Hospital

¹ Basic statement of condition(s) of wellbeing for a specific group. The intended effect.

² Stated in measurable terms to quantify progress toward outcomes.

³ Actions which can improve results or outcomes.

⁴ Partnerships, fiscal, relationships, materials & equipment, space and facilities, etc.

⁵ Units of services stated quantitatively (what) and/or qualitatively (how well).

Appendix 11.3

Focus Area C Healthcare & Public Health Workforce Development Logic Model

Outcome¹/Results Statement: What do you want to see happen? <u>Short-term:</u> 1) Increased 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; 2) Increased 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. <u>Long-term:</u> 1) An integrated system for providing information and training for local middle and high school students, including students in alternative education sites, who are interested in careers in healthcare and public health; 2) A 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.					
Measures/Indicator(s)² How will you know that you are successful? What are your benchmarks?	Strategies/Activities³ How will you go about accomplishing 'it'?	Inputs/Resources ⁴ What will it take to achieve "it"?	Timeline How long do you need?	Outputs⁵ How will you know that your strategies are working?	Responsibility (Lead + Partnerships) Who needs to be engaged/involved?
Increased access to health education and training opportunities for local students.	<ol style="list-style-type: none"> Develop baseline resource assessment tool for cataloguing local and national education and training opportunities. Design an online website using youth input that contains information about career pathways, local and national training, mentoring and education opportunities for local Pasadena area youth. Using baseline resource assessment, information from the PUSD ROP Survey, and information from website testing with youth, implement the plan to increase awareness of jobs, opportunities, and education and training pathways. The following action steps will be included in implementation. 	<p>Staff and interns to collect already-existing resources.</p> <p>Staff and interns to design website and test website format and information with target population of middle and high school students.</p> <p>Commitment and consistent participation of advisory collaborative members and identified partners.</p>	<p>April 2006- June 2006</p> <p>June 2006 – November 2006</p> <p>October 2006 – June 2007</p>	<p>Baseline Awareness and Resource Assessment Report with defined benchmarks</p> <p>Website designed and up online. Documentation of test results and incorporation of feedback into website. Tracking reports of website utilization.</p>	<p>Leads: Heather Onuma from Pasadena Public Health Department and Sue Keppler from Pasadena Planned Parenthood.</p> <p>Partners: Public and private middle and secondary schools, faith based and community based organizations, neighborhood based organizations and community groups, including Pasadena Planned Parenthood, City of Pasadena Public Health Department, Pasadena City College, Caltech, Fuller Seminary, HealthNet and other private employers, the National Health Foundation.</p> <p>Current youth mentorship or career development programs.</p>

Appendix 11.3

Focus Area C Healthcare & Public Health Workforce Development Logic Model

Outcome¹/Results Statement: What do you want to see happen?
Short-term: 1) Increased 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; 2) Increased 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.
Long-term: 1) An integrated system for providing information and training for local middle and high school students, including students in alternative education sites, who are interested in careers in healthcare and public health; 2) A 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.

Measures/Indicator(s)² How will you know that you are successful? What are your benchmarks?	Strategies/Activities³ How will you go about accomplishing "it"?	Inputs/Resources⁴ What will it take to achieve "it"?	Timeline How long do you need?	Outputs⁵ How will you know that your strategies are working?	Responsibility (Lead + Partnerships) Who needs to be engaged/involved?
	<p>levels (writing, critical thinking, science, etc.)</p> <p>b. Negative perceptions of healthcare careers</p> <p>c. Gender discrimination in classrooms which limits teaching and performance in key academic areas such as math, science, writing.</p> <p>d. Lack of teaching resources and/or lack of quality teachers in key academic areas such as math, science, writing.</p> <p>8. Address policy, capacity, and procedural challenges that pose barriers to access into the workforce for potential students.</p> <p>6. Conduct career development outreach and education event(s) to address barriers and give students access to health education and training opportunities.</p> <p>7. Identify criteria for acceptance into existing programs.</p> <p>6. Develop way to evaluate implementation plan.</p>	<p>health and healthcare training and education professionals.</p> <p>Input from students, parents, teachers, healthcare and public health education and training professionals.</p> <p>Tracking mechanism to measure and evaluate outreach and education event(s). Outreach to middle and high school students.</p> <p>Staff and interns to research acceptance criteria.</p> <p>Commitment and consistent participation of advisory collaborative members and identified partners.</p>	<p>January – June 2007</p> <p>November 2006 – June 2007</p> <p>By November 2006</p> <p>By October 2006</p>	<p>access.</p> <p>Documentation in implementation plan.</p> <p>Documentation of career development outreach and education event(s). Evaluations of those event(s).</p> <p>Summary of criteria for acceptance into programs.</p> <p>Evaluation of implementation plan.</p>	

Appendix 11.3

Focus Area C Healthcare & Public Health Workforce Development Logic Model

Outcome¹/Results Statement: What do you want to see happen?
Short-term: 1) Increased 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; 2) Increased 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.
Long-term: 1) An integrated system for providing information and training for local middle and high school students, including students in alternative education sites, who are interested in careers in healthcare and public health; 2) A 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.

Measures/Indicator(s)² How will you know that you are successful? What are your benchmarks?	Strategies/Activities³ How will you go about accomplishing 'it'?	Inputs/Resources ⁴ What will it take to achieve "it"?	Timeline How long do you need?	Outputs⁵ How will you know that your strategies are working?	Responsibility (Lead + Partnerships) Who needs to be engaged/involved?
Establish linkages and coordination of resources to expand capacity. Improved level of coordination and collaboration between local institutions that prepare individuals	1. Develop a working collaboration between core institutions and organizations identified in survey and resource assessment (ex. PUSD, PCC, Caltech, JPL, Fuller, CSLA, APU, USC, UCLA, local technical schools, businesses, and other institutions).	Local institutions and businesses to include PPHD, local governments, Pasadena City College, Caltech, Fuller, Pacific Oaks, local technical and degree granting schools, etc. Committed volunteers, parents & students. Corporate participation	June 2006- July 2007	Articulation Agreements Number of students participating	Lead: Unidentified. Partners: PUSD, PCC, Caltech, JPL, Fuller, CSLA, APU, USC, UCLA, local technical schools,

Appendix 11.3

Focus Area C Healthcare & Public Health Workforce Development Logic Model

Outcome¹/Results Statement: What do you want to see happen?
Short-term: 1) Increased 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; 2) Increased 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.
Long-term: 1) An integrated system for providing information and training for local middle and high school students, including students in alternative education sites, who are interested in careers in healthcare and public health; 2) A 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.

Measures/Indicator(s)² How will you know that you are successful? What are your benchmarks?	Strategies/Activities³ How will you go about accomplishing 'it'?	Inputs/Resources ⁴ What will it take to achieve "it"?	Timeline How long do you need?	Outputs⁵ How will you know that your strategies are working?	Responsibility (Lead + Partnerships) Who needs to be engaged/involved?
for careers in the healthcare and public health.	2. Develop collaborative vision 3. Establish articulations to specify operating standards between institutions, which specify student placement & participation requirements and support the collaborative's vision. 4. Identify support mechanisms to assist students who choose field (for program retention purposes). 5. Develop basic requirements or standards for all internship/mentorship programs in partnership with schools.	Private and public funders (e.g., CA Endowment, Robert Wood Johnson, CA Wellness, CA Education Financial Aid), corporations, federal government, etc.) Commitment and consistent participation of advisory collaborative members and identified partners. Institutional policies facilitating linkages and coordination Tracking mechanism to gather information about student placement, OR agreements with schools about reporting student placement back to Collaborative. Commitment and consistent participation of advisory collaborative members and identified partners.	By December 2006 3-5 years 3-5 years 3-5 years	Documented collaborative vision Tracking mechanism utilized to track student placement OR Reports back from Schools re: placement of students Documented support mechanisms. Basic requirement/standards agreement.	businesses, and other institutions, current youth mentorship or career development programs, Pasadena Planned Parenthood, California Family Health Council.



Outcome¹/Results Statement: What do you want to see happen?					
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.					
Measures/Indicator(s)² How will you know that you are successful? What are your benchmarks?	Strategies/Activities³ How will you go about accomplishing 'it'?	Inputs/Resources⁴ What will it take to achieve "it"?	Timeline How long do you need?	Outputs⁵ How will you know that your strategies are working?	Responsibility (Lead + Partnerships) Who needs to be engaged/involved?
Increase in numbers of youth and other community members in civic activities and issues, and more community members, especially youth, expressing satisfaction with their level of community participation.	1. Identify individuals and organizations already working with youth.	Community Engagement sub-committee will identify and recruit existing organizations.	October 2005- December 2005	Identify and contact at least 20 youth serving organizations.	MAP Community Engagement Workgroup and Asset Network, and Neighborhood Connections.
	2. Invite youth organization representatives and youth to become members of the planning team for the Neighborhood Connections Summit and for those pre-summit activities that will support full youth participation.	Organize and host a Youth Summit Kick-Off mtg.	By December 2005	Gain commitment from at least 10 organizations to participate on the planning team.	Self selected planning team.
	3. Work with youth to develop systems and support that will help integrate youth fully in the planning and preparation so that youth participate actively and meaningfully at the Neighborhood Connections Summit.	Planning Team including youth and organization partners in conjunction with the Neighborhood Connection and the Asset Network.	November 2005 – April 2006	Consistent participation of planning team members.	Self selected planning team including youth.
	4. Assure active youth participation in the Neighborhood Connections Summit; host a pre-conference with and for youth in concert with the Neighborhood Connections Summit.	Outreach and engagement strategy to ensure youth participation.	February 2006 – April 2006	Active participation from community youth and the development of community goals/strategies.	Self selected planning team including youth.

¹ Basic statement of condition(s) of wellbeing for a specific group. The intended effect.

² Stated in measurable terms to quantify progress toward outcomes.

³ Actions which can improve results or outcomes.

⁴ Partnerships, fiscal, relationships, materials & equipment, space and facilities, etc.

⁵ Units of services stated quantitatively (what) and/or qualitatively (how well).



Outcome¹/Results Statement: What do you want to see happen?					
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.					
Measures/Indicator(s)² How will you know that you are successful? What are your benchmarks?	Strategies/Activities³ How will you go about accomplishing 'it'?	Inputs/Resources⁴ What will it take to achieve "it"?	Timeline How long do you need?	Outputs⁵ How will you know that your strategies are working?	Responsibility (Lead + Partnerships) Who needs to be engaged/involved?
An identified infrastructure to support capacity-building for youth engagement - for youth, for other community members and for organizations.	1. Develop a replicable model based on the experience of working with and coordinating several community/civic groups to host the Summit for collaboration across community groups with common goals	Community organizations working across boundaries on a common purpose and outreach to ensure youth participation.	By October 2006	Completion of plan with organizations assuming responsibility for key roles.	Planning team, youth organizations, Asset Development Network, Neighborhood Connections and Human Services Department.
Increase in the number of community groups that regularly engage youth and support that engagement. Increase in the number of community groups that actually work together to achieve common goals and outcomes. Develop a means to track and sustain community engagement, including that of youth, for continued involvement over time.	1. Develop and implement capacity-building programs to prepare youth and adults for active youth participation in community and civic engagement activities. 2. Through the planning, organizing and hosting of the Youth Summit, create "master plan" that outlines a sustainability strategy for supporting youth engagement in civic activities and issues. 3. Begin implementation of the "master plan".	Outreach and engagement strategy to ensure youth participation. Community organizations working across boundaries on a common purpose and outreach to ensure youth participation. Engagement of organizations and participants from the Youth Summit.	February 2006 – April 2006 October – December 2006 3-5 years	Consistent participation of planning team members. Completion of plan with organizations assuming responsibility for key roles. Organizational commitments.	Self selected planning team including youth. Planning team, youth organizations, Asset Development Network, Neighborhood Connections and Human Services Department. Planning team, youth organizations, Asset Development Network, Neighborhood Connections and Human Services Department.

Appendix 12

Summary of Access to Services Provider Interviews

This appendix contains a summary of the eight safety net healthcare service provider interviews conducted by the Access to Services Workgroup Co-Leaders, Mary Donnelly-Crocker and Brian Biery, between December 2005 – March 2006. This appendix also contains the questionnaire used for the two-on-one interviews.

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**MAP Access to Services Workgroup
Interviews with Direct Service Providers in Pasadena
Needs and Resource Assessment**

Using the attached questionnaire, the MAP Access to Services Workgroup Co-Leaders, Brian Biery and Mary Donnelly-Crocker, interviewed seven representatives of direct service provider organizations in Pasadena.¹ One final interview is still pending.

Purpose: To gather information about the resources and needs of direct service provider organizations and their clients.

SUMMARY OF PRELIMINARY FINDINGS

RESOURCE	NEED	SUGGESTION
Diverse range of services offered to the community.	<ul style="list-style-type: none"> ▪ Urgent care ▪ Specialty care ▪ Increased knowledge of services 	Strengthen service provision at existing agencies.
Collaboration supersedes competition in provider community.	<ul style="list-style-type: none"> ▪ Funding ▪ Capacity 	Better coordination of hours of service among clinics.
Resources are redefined when patients' needs come first.	<ul style="list-style-type: none"> ▪ Service provision outside of scope of provider ▪ Lack of funding to support care 	Many services are out of the scope of provider organizations, but they depend upon their "resources"- referrals or personal relationships- to get care for patients.
Facing common threats to agency and to clients	Threats to Agency & Patients: <ul style="list-style-type: none"> ▪ National political forces and funding trends ▪ High cost of care to patients ▪ Lack of insurance coverage for all residents ▪ Cost-effective provision of care ▪ Lack of health education RE: preventive behaviors ▪ Inappropriate use of ER or clinic physicians as primary care physicians 	Create central hub of information and consolidate roundtables to share information and keep abreast of shifts in funding streams. Create linkages through improved personal relationships and collaboration. Coordinate health education and healthcare across community.
Common model for improving access to services	<ul style="list-style-type: none"> ▪ Better communication ▪ Better care coordination ▪ Increase service hours ▪ Increase providers 	Create urgent care center

For Discussion: Based on preliminary findings from the interviews, the MAP Access To Services Workgroup seeks approval from the MAP Steering Committee to focus it work on creating an urgent care service center for Pasadena.

¹ Organizations interviewed include: CHAP, Huntington Memorial Hospital, URDC Bill Moore Clinic, Pasadena Public Health Department, Sierra Spring Family Wellness Center, Planned Parenthood, Young & Healthy and PUSD.

MAP Access to Services Provider Questionnaire

- Q.1: From your perspective, what are the major barriers to access to healthcare in our community?
- Q. 2: What are your primary health services? Do you provide your services at your site or out in the community? Or both? Where are your sites(s)?
- Q. 3: What ancillary services do you offer?
- Q. 4: Who are your clients?
- Q. 5: How do they qualify?
- Q.6: What are the costs for your services? Would you provide them free-of-charge?
- Q.7: What are your hours?
- Q.8: What services can't you provide?
- Q.9: What keeps you up at night? What are you worried about?
- Q.10: What is the biggest threat to your agency?
- Q.11: What is the biggest threat to your clients?
- Q. 12: If you had an extra \$100,000 what would you do with it?
- Q.13: How do we share information with community residents?
- Q.14: What services are available? a) At entry point, what happens? Where do clients go?
- Q.15: Who is your competition?
- Q.16: What is something that you are unable to do regarding services?
a) Is it out of your scope? Or is it by lack of resources?
- Q.17: What is your capacity? Are you at your limit?
- Q.18: When a patient comes to your door that you can't assist, what do you do?
- Q.19: How is your referral system organized?
- Q.20: How do you sustain programs that you have established?
- Q.21: How do you communicate information about shifts in funding streams?

Q.22: How would you link into professional networks?

Q.23: How would you build trust among staff from various agencies? a) How would you create a supportive approach with one another?

Q.24: Do you know of any successful models for improving access to healthcare? If so, could they be duplicated here?

Appendix 13

Evaluation Results from Teen Rally '06

This appendix contains the evaluation questionnaire and evaluation results from the Teen Rally '06: Speak Out & Be Heard event on April 27, 2006. The evaluation was conducted at the end of the event with discussion groups facilitated by members of the MAP community, Family & Youth Engagement Workgroup. Facilitators used a questionnaire and designated a note taker for each group.

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Teen Rally '06 Evaluation

1. What brought you to the rally tonight?
 - a. Did the food or the t-shirts make a difference in your decision?

2. a) What did you like best? b) What would you change?

3. Did you contribute to the discussion? Did others listen and ask questions?

4. What did you learn that you did not know before?

5. Will you commit to attend the Neighborhood Summit?

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Teen Rally '06 Evaluation Results

1. What brought you to the rally tonight?	-Oscar and Heather -Food -School brochure -mentor, teacher, youth group, friends, and brochure
1a. Did the food or the t-shirts make a difference in your decision?	No Comments.
2a. What did you like best?	-food -small groups -speakers -food -people bingo -participation -Q & A -honesty
2b. What would you change?	-different subjects -get people who responded to Hurricane -more time -get specific jobs for each topic -more rotations -more time for pictures -should have a survey before coming -survey results should be discussed -have ideas
3. Did you contribute to the discussion? Did others listen and ask questions?	-Yes (3) -learned and participated -listened
4. What did you learn that you did not know before?	- Where to go for a construction job? - Labor Unions and where to go for a Contracting job? -
5. Will you commit to attend the Neighborhood Summit?	-Yes (3)

*Don't change: Survey schools and find out what are the top concerns.

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Appendix 14

Strategic Campaign for Organizational Renewal & Expression (SCORE)

This appendix contains information about the Pasadena Public Health Department's internal strategic planning process, the Strategic Campaign for Organizational Renewal and Expression (SCORE). SCORE was conducted during 2002-2003 with funding from The California Endowment's Partnership for the Public's Health Initiative and produced a Department vision, purpose, and seven goal priority areas.

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The Strategic Campaign for Organizational Renewal and Expression (SCORE) was an internal strategic thinking effort that the Pasadena Public Health Department initiated in Spring 2002. SCORE was designed to engage all Department staff in a series of conversations to produce a new vision, mission and strategic plan for the Department. Staff used an organizational development technique called appreciative inquiry to focus on successes and positive images as they went through the strategic planning process. A team of management and non-management level staff led the SCORE project and helped to plan and facilitate conversations and activities such as focus groups, interviews and visioning summits.

These internal conversations helped to define the role of Pasadena Public Health Department staff, including how we do our work and what we contribute to the community when we are at our best. These discussions resulted in a **Vision, Purpose Statement** and a set of **Guiding Principles** that reflect the experiences and beliefs of staff.

Vision for the Year 2010

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.

Purpose Statement

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

Guiding Principles

We are a team of dedicated and caring public health professionals who believe in a broad definition of health that incorporates the physical, social, economic, mental and spiritual aspects of health and a client-centered approach that is responsive to changing and diverse clients' needs. We are committed to:

- Building trusting relationships with the community we serve.
- Providing high quality services.
- Making health services accessible.
- Instilling the value of public health.
- Creating opportunities that foster health professional excellence.

The SCORE team also conducted key informant interviews with community stakeholders representing other City of Pasadena departments, community-based organizations, healthcare providers and politicians in order to identify external trends that would impact community health in Pasadena. Using all of this information, the Pasadena Public Health Department staff created seven **Goals**:

Access and Utilization for All

We assure every member of our community has access to the care they need and knows how to use the healthcare system effectively. We coordinate a healthcare service network that is free of cultural and language barriers.

Disease Eradication

Our innovative monitoring and response systems eliminate preventable communicable diseases, emerging infections, chronic diseases and their risk factors.

Effective Public Health System

We seed and sustain strong partnerships and foster awareness and involvement among residents and agencies to drive initiatives that create a healthy community and an effective public health system.

Elimination of Health Disparities

We foster innovative and integrated strategies that identify and eliminate health disparities.

Healthy Environment

We influence, promote, and maintain a healthy environment ensuring that all homes are safe and healthy, our air and water are clean, and food and vector borne diseases are eliminated.

Leader in Research and Development

We are a research and development center strongly linked with the academic, community, funding, healthcare and scientific sectors. Our innovative programs and projects are recognized and adopted by the public health community as best practices.

Model for Emergency and Bioterrorism Response

We are a model for public health preparedness and response to bioterrorism and other emergencies, playing a leading role in the community-wide bioterrorism and emergency response system.

Before structuring a five year strategic plan around these seven goal areas, we sought validation from the community we serve. We valued community input in shaping a Department purpose vision and goals that resonated not only with staff but with community interests. The MAPP model was a means to organize a community-driven agenda of community health priorities and action. In Spring 2003, the *Design Team* was formed to design an approach for community health improvement that would energize the community around health. This approach came to be the *MAP Campaign* in 2004.