



Greater Pasadena Community Health Improvement Plan

2018-2022

The 2018 Greater Pasadena Community Health Improvement Plan (CHIP) is a community-wide statement of priorities and goals for improving community health. The CHIP is the product of a rigorous participatory planning process that included significant involvement from a wide range of community stakeholders, and its purpose is to facilitate improved coordination of efforts and investments for maximal collective impact. If effectively utilized by all community partners working on health improvement in Pasadena, the CHIP can function as a

framework for planned, community-wide action featuring shared goals and measures.

The Pasadena Public Health Department is committed to providing backbone support for collective health improvement strategies, including updating the Community Health Needs Assessment and CHIP every three to five years and catalyzing collaborative strategies by the many partners in Pasadena. It is important to contrast the CHIP, a community-wide plan owned by all Pasadena stakeholders,

from internal organizational or departmental strategic plans that are limited in scope to a particular organization. The CHIP is a strategic plan for the entire community.

This document includes a synopsis of the prioritized health topics for the 2018 Greater Pasadena Community Health Improvement Plan, the methodology used, and next steps. For more information about the CHIP, including current progress and data, visit at ww5.cityofpasadena.net/CHIP.

Definitions

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

Community Health Needs Assessment (CHNA) - local health assessment that identifies key health needs and issues through systematic, comprehensive data collection and analysis.

Methodology

The development of the 2018 CHIP was a community-informed process based on the findings in the 2016 CHNA and feedback from community members and key stakeholders. The Pasadena Public Health Department used the Association for Community Health Improvement's process for establishing our CHNA and CHIP reports (see Figure 1 or visit ww5.cityofpasadena.net/public-health/data/ for more information).

Shortly following the completion of the 2016 CHNA (Steps 1-4), PPHD synthesized the qualitative and quantitative data into a curated set of indicators for the community to review and consider, in order to inform the health issue prioritization process. More than 50 key stakeholders and community leaders considered the refined set of health issues and provided feedback for a prioritization of health issues that seemed the most pressing in the Pasadena community. Data for this meeting is available at ww5.cityofpasadena.net/public-health/data/. Focus groups conducted at this meeting and follow-up stakeholder interviews resulted in identification of the four priority health issues for the 2018 CHIP (Step 5). They are presented in the next section.

After the four priority areas were selected, the Pasadena Public Health Department reviewed the California Department of Public Health's CHIP, the U.S. Department of Health and Human Services' Healthy People 2020 goals and objectives, and other local health department CHIPs to propose objectives and measures that accurately reflect the community's prioritized health issues and can be reliably tracked in our community. These objectives and measures are also presented in the next section (Step 6). The selected measures in this CHIP are those that are obtainable and from consistent and credible data sources. There are different types of measures for each of the goals. Some measures are a direct indicator of progress toward the objective, while others serve as proxy metrics that reflect the population at risk for the prioritized health issue. The same groups also discussed future strategies for community collaboration to address the prioritized health topics (Step 7). This information is presented online on our website at ww5.cityofpasadena.net/CHIP.



Prioritized Health Goals

↑ INDICATES AN INCREASE

↓ INDICATES A DECREASE

↔ MONITOR/NO DIRECTION FOR THE MEASURE

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

Objective 1.1: Decrease the proportion of older adults who experience social isolation

Measure 1.1.1: The percent of seniors (ages 65 and older) who screen positive for social isolation ↓

Measure 1.1.2: Monitor the percent of seniors living alone in Pasadena ↔

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

Measure 1.2.1: The percent of Medicare beneficiaries who were treated for Alzheimer's disease or dementia ↑

Measure 1.2.2: The rate of death due to dementia and Alzheimer's ↓

Objective 1.3: Increase the proportion of older adults who are up to date on a core set of clinical preventive services

Measure 1.3.1: The percent of older adults (ages 65 and over) who received recommended preventive services, female ↑

Measure 1.3.2: The percent of older adults (ages 65 and over) who received recommended preventive services, male ↑

Measure 1.3.3: The percent of older adults (ages 65 and over) with total tooth loss ↓

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

Measure 1.4.1: The percent of skilled nursing facilities that have a 3-star rating or higher on the Centers for Medicare and Medicaid Services (CMS) ratings ↑

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

Objective 2.1: Reduce the proportion of adolescents, ages 12 to 17 years, who experience severe mental health issues, including major depressive episodes (MDEs)

Measure 2.1.1: The percent of young adults who likely has had serious psychological distress during past month ↓

Measure 2.1.2: The percent of Pasadena Unified School District students who have experienced chronic sadness/hopelessness by grade 7, 9 and 11 ↓

Measure 2.1.3: The percent of ChapCare patients 12 to 17 years of age screened positive for depression who had a follow-up plan documented ↑

Measure 2.1.4: The percent of PUSD students who have considered suicide ↓

Measure 2.1.5: The suicide attempt rate of adolescents (ages 12-18) per 1,000 ↓

Measure 2.1.6: The suicide rate of young adults (ages 18-22) per 1,000 ↓

Objective 2.2: Increase the perceived safety, decrease the frequency of harassment and bullying at school, and increase public safety in the community

Measure 2.2.1: The percent of PUSD students who perceive the school as very safe or safe by grade 7, 9 and 11 ↑

Measure 2.2.2: The percent of PUSD students who experience any harassment or bullying ↓

Measure 2.2.3: The percent of PUSD students in grades 7, 9, and 11 who had mean rumors or lies spread about them ↓

Measure 2.2.4: The percent of PUSD students in grades 7, 9, and 11 who reported any cyberbullying in the last 12 months ↓

Measure 2.2.5: The percent of PUSD students in grades 7, 9, and 11 who report being in a physical fights in the last 12 months ↓

Measure 2.2.6: The percent of students who have seen a weapon on campus ↓

Measure 2.2.7: The rate of adolescent and young adult perpetration of violent crimes (ages 10-24) ↓

Measure 2.2.8: The rate of adolescent and young adult victimization of violent crimes (ages 10-24) ↓

Objective 2.3: Reduce alcohol, illicit drug, and other substance abuse in order to protect the health, safety, and quality of life for all, especially among youth

Measure 2.3.1: The percent of PUSD students who have tried a full drink of alcohol by 11th grade ↓

Measure 2.3.2: The percent of PUSD students in 11th grade who are current users of drugs or alcohol ↓

Measure 2.3.3: The percent of PUSD students in grades 7, 9, and 11 who have never tried marijuana ↑

GOAL 3: Reduce chronic disease risk by creating environments and policies that support smoke-free places, healthful nutrition, and physical activity

Objective 3.1: Reduce the rates of smoking among adults and adolescents in Pasadena

Measure 3.1.1: The percent of PUSD students who have ever tried a whole cigarette by 11th grade ↓

Measure 3.1.2: The percent of PUSD students who have ever tried an e-cigarette ↓

Measure 3.1.3: The percent of adults who are current smokers ↓

Measure 3.1.4: The percent of adult ChapCare patients who are current smokers ↓

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

Measure 3.2.1: The number of areas in Pasadena where people live within a walking distance to a market or supermarket ↑

Measure 3.2.2: The percent of children and teens who eat five or more servings of fruits or vegetables daily ↑

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

Measure 3.3.1: The percent of ChapCare patients who screen positive for food insecurity ↓

Measure 3.3.2: The percent of new mothers who screen positive for food insecurity ↓

Measure 3.3.3: The percent of 5th graders in PUSD who reported eating breakfast that morning ↑

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

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

Measure 4.1.1: The percent of PUSD staff who have been trained in adverse childhood experiences (ACEs) ↑

Measure 4.1.2: The percent of new mothers who experience prenatal and postpartum depressive symptoms ↓

Objective 4.2: Increase perinatal health among women and infants

Measure 4.2.1: The percent of pregnancies in which prenatal care was initiated within the first trimester ↑

Measure 4.2.2: The percent of new mothers who relapse to smoking, of those who quit during pregnancy ↓

Measure 4.2.3: The percent of infants born with low birth weight ↓

Measure 4.2.4: The percent of infants born with very low birth weight ↓

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

Measure 4.3.1: The percent of Black and Hispanic mothers who received prenatal care in the first trimester ↑

Measure 4.3.2: The percent of Black and Hispanic mothers who gave birth before 37 weeks (preterm births) ↓

Measure 4.3.3: The black infant mortality rate per 1,000 live births ↓

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

Measure 4.4.1: The percent of new mothers who visited a dentist during their pregnancy ↑

Measure 4.4.2: The percent of children less than 18 years of age who visited a dentist within the last year ↑

Measure 4.4.3: The percent of PUSD children with untreated decay ↓

Objective 4.5: Increase kindergarten readiness among pre-kindergarten age children in Pasadena

Measure 4.5.1: The percent of children in PUSD who are vulnerable on one or more measures in the Early Development Index (EDI) ↓

Measure 4.5.2: The percent of PUSD students meeting or exceeding the 3rd grade-level standards in English language arts ↑

Measure 4.5.3: The percent of PUSD students meeting or exceeding the 3rd grade-level standard in mathematics ↑