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Hospital



PASADENA
PUBLIC HEALTH DEPARTMENT

2019

Community Health Needs
Assessment Greater Pasadena

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EXECUTIVE SUMMARY

Huntington Hospital and the City of Pasadena Public Health Department are pleased to present the **2019 Community Health Needs Assessment of Greater Pasadena**. The goal of this collaboration was to conduct a joint, systematic analysis of health indicators that provides insight into the health status and needs of residents in the Greater Pasadena area.

The purpose of the community health needs assessment (CHNA) is to educate and inform our community about the health of the population, contributing factors to poorer health outcomes, key health disparities across diverse populations, and community resources available to improve health.

OUR COMMUNITY

The **2019 Community Health Needs Assessment of Greater Pasadena** focuses on the geographic area that includes Pasadena, Altadena, South Pasadena, and San Marino. The information gathered and contained in this report establishes the foundation upon which we will base future planning to address the health needs of Greater Pasadena residents. Our hope is that the findings of this assessment will assist civic leaders, non-profit organizations, and community constituents to support their planning and improvement efforts as well.

SIGNIFICANT COMMUNITY NEEDS

This CHNA contains a myriad set of indicators and metrics across a diverse set of health topics, including both quantitative and qualitative data. To facilitate the prioritization process, the CHNA Planning Team synthesized the quantitative data to a large set of indicators that showed the greatest need compared to other jurisdictions or national standards. Out of the seventeen total indicators, the following eleven emerged as areas of need:

- Access to Care
- Alcohol, Tobacco and Other Substance Use
- Cancer
- Exercise, Nutrition and Weight
- Heart Disease and Stroke
- Housing Insecurity and Homelessness
- Immunizations and Infectious Disease
- Maternal, Infant and Child Health
- Social Environment/Cultural Competency
- Mental Health

To further curate the indicators to the areas of highest need, the CHNA compared these eleven indicators against the qualitative data collected by the Center for Nonprofit Management. The 32 individual interviews and 9 listening sessions provided valuable insight on local social, economic and health topics. Based on feedback gathered from the community, several upstream factors emerged as the most urgent.

The key upstream factors threatening health according to those interviewed was:

- **Transport and Commute Times:** High costs of owning a car, complexity/cost/time associated with public transportation, distance between available services and low-income communities, and transportation barriers faced by the elderly and those with limited mobility.
- **Economic Trends:** Including rising housing and services costs, economic transition of low income communities, lack of new affordable housing, stagnant wages, and lack of coordination between sectors to respond to economic trends and rising housing costs.
- **Socio-Political Environment:** Impact of the current political climate on utilization of services, and need for culturally-responsive care providers.
- **Demographic Shift:** There is an increase in seniors, and fewer children.
- **Physical Environment:** Perceived increased violence in some areas, and air pollution next to freeways.

PRIORITIZATION PROCESS

Using the curated set of indicators, and bearing in mind the key upstream health issues identified by the community, a group of health and social service professionals with specific clinical and community knowledge participated in a review and discussion of the findings of the preliminary data analysis. During a facilitated prioritization session, participants rated health topic areas based on the urgency and magnitude of the problem, and the resources in the community available to address the issue. The six highest rated areas of need were:

1. Housing Insecurity and Homelessness
2. Mental Health
3. Older Adults and Aging
4. Access to Care
5. Exercise, Nutrition, and Weight
6. Maternal, Infant, and Child Health

NEXT STEPS

Huntington Hospital is committed to caring for the physical, mental and social well-being of our community, and continues to seek ways to ensure that all individuals receive the services they need. Findings from the **2019 Community Health Needs Assessment of Greater Pasadena** will be the foundation upon which, with the involvement of the hospital's Community Benefits Committee, Executive Management Team, and Board of Directors, we will develop meaningful community health improvement efforts.

The City of Pasadena Public Health Department has developed with significant community guidance and input, the **2018 Greater Pasadena Community Health Improvement Plan (CHIP)**. The 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. The results from this CHNA will provide feedback on our efforts to improve those problem areas and will inform our efforts as we move towards our 2023 CHIP.

I. INTRODUCTION

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

PURPOSE OF A CHNA

A Community Health Needs Assessment (CHNA) is a report that describes findings from a systematic, collaborative data collection process to gain insight into the health status and needs of the residents in a jurisdiction. Data presented in CHNAs span a wide range of topics related to community well-being, including disease rates, risk factors for disease and death, health behaviors, and social determinants of health. This examination of key health indicators in the Greater Pasadena area is designed to offer some understanding of health needs in this community and guide community health improvement planning efforts. Our CHNA is intended to provide a gateway for concerned community members, civic leaders, non-profit organizations, and policy makers to further delineate and address health issues in Greater Pasadena.

The purpose of the CHNA is to educate and inform our community about:

- The overall health of the population
- Contributing factors to poorer health outcomes
- Key health disparities across diverse populations, and
- Community resources available to improve health

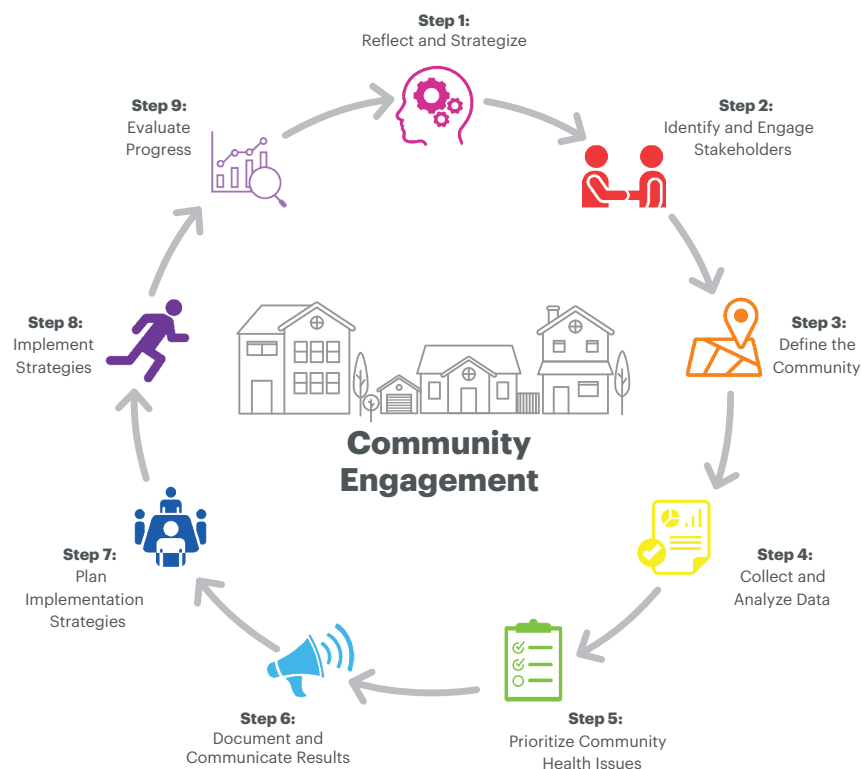
This CHNA report can be used as a resource for health advocates and organizations that use data to guide planning, policy development, and procurement or allocation of resources. This report should be used in conjunction with the online resource healthypasadena.org that contains updated statistics in between finalized CHNA reports. While many factors can contribute to the overall health of a community -too many to list in a single document- our team endeavored to present a diverse set of indicators to capture the most urgent health issues in our community. These factors include traditional health indicators like rates of disease, but also social determinants of health that can be “upstream” causes of diseases. These social determinants of health include the environmental, social, and economic conditions that are important in determining the health and well-being of individuals and populations. In this CHNA, metrics for social determinants of health and health topics were collected and compiled to characterize the health status of the population in Greater Pasadena and, when possible, specific efforts were made to identify and highlight health disparities for sub-populations.

INTRODUCTION

ABOUT THE CHNA PROCESS

The **2019 Community Health Needs Assessment (CHNA) of Greater Pasadena** was developed utilizing a framework adapted from the Association for Community Health Improvement (ACHI) provided below¹. There are nine important steps to conducting community engagement to develop a CHNA and its companion community health improvement plan (CHIP), also known as a community benefit Investment Strategy. Our team followed the first five steps to create our CHNA.

Figure 1. Association for Community Health Improvement CHNA Process Map¹



- Step 1: Reflect on the previous CHNA process, identify what worked well, and strategize improvements.
- Step 2: Identify CHNA users and other key stakeholders in the community and engage what their expectations are for the CHNA.
- Step 3: Specify the geographic focus of the CHNA and population characteristics or health topics considered important for the assessment. This includes considering data availability and granularity.
- Step 4: Collect and analyze quantitative and qualitative data from myriad sources to define demographic indicators, detect disparities, and identify health inequities.
- Step 5: Prioritize community health issues most pressing in the community.

ABOUT THE REGION OF FOCUS

For this CHNA, the region of focus is the Huntington Hospital Primary Service area, an area defined by nine ZIP codes (91103, 91105, 91030, 91101, 91001, 91104, 91106, 91108, and 91107). Data presented in this report represent four primary geographic regions that include and/or overlap with the Huntington Hospital Primary Service area. Some data represent the city of Pasadena (see Figure 2). Some data represent the total population of the Los Angeles County Service Planning Area (SPA) 3, an area that includes the entire San Gabriel Valley (see Figure 3). Finally, some data represent the population included in the Pasadena Unified School District, a district that includes Pasadena, Altadena and Sierra Madre (Figure 4).

Figure 2. Greater Pasadena and the City of Pasadena

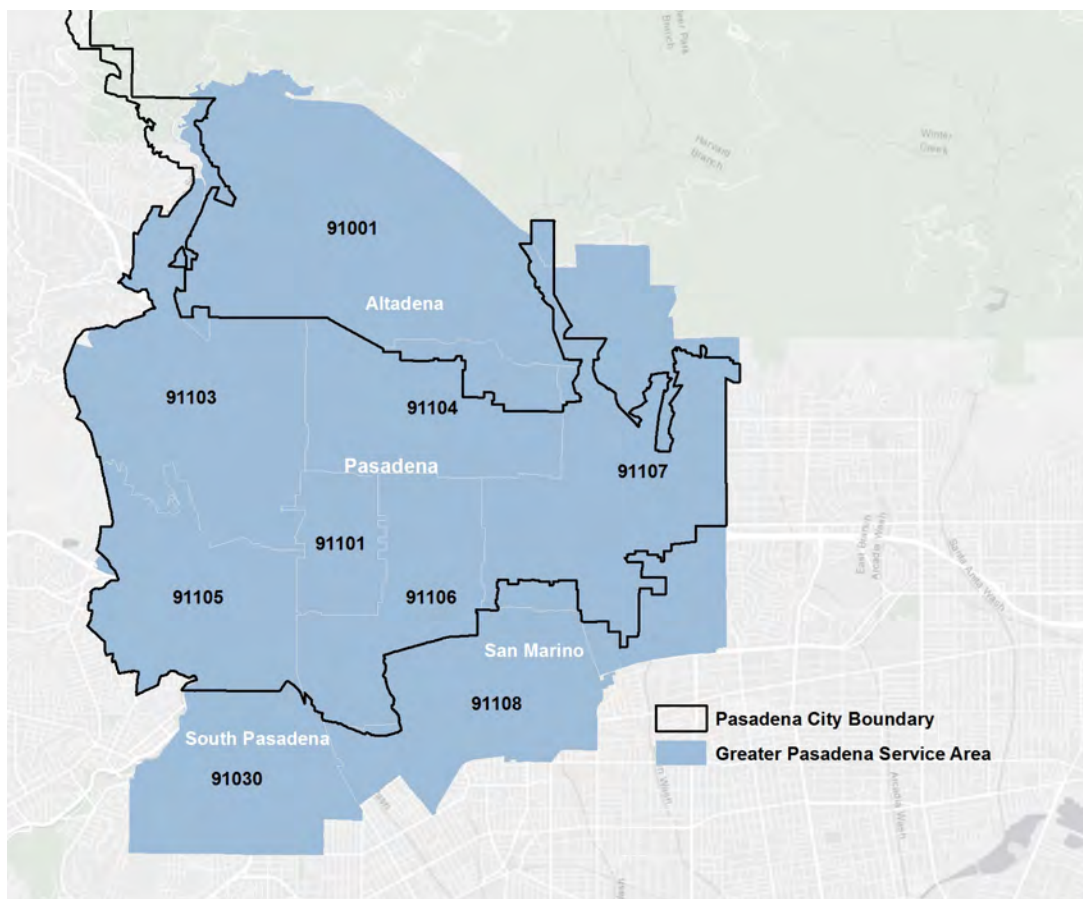
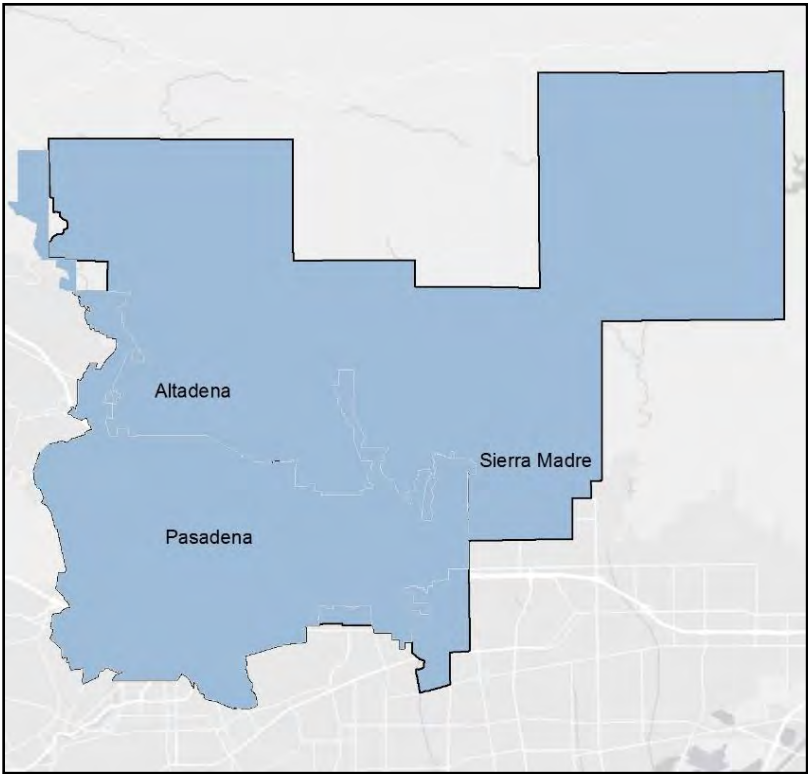


Figure 3. Los Angeles County Service Planning Area (SPA) 3 – San Gabriel Valley



Figure 4. Pasadena Unified School District (PUSD) service area



II. DATA OVERVIEW

ABOUT THE DATA

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

Table 1: Data indicator topics included in the 2019 CHNA

Data Indicator Topics	
Demographics	Health Topics
Social Determinants of Health	Access To Care
Economy, Housing, & Homelessness	Maternal, Infant, & Child Health
Education & Academic Achievement	Exercise, Nutrition, & Weight
Social Environment & Public Safety	Diabetes
Transportation & Physical Environment	Heart Disease & Stroke
	Cancer
	Immunizations & Infectious Diseases
	Respiratory Diseases
	Oral Health
	Alcohol, Tobacco, & Substance Use
	Mental Health
	Older Adults & Aging
	Life Expectancy & Mortality

Quantitative Data

The quantitative data collected and analyzed for this assessment come from a variety of sources. They include public sources like United States Census Bureau, the California Health Interview Survey, Office of Statewide Health Planning and Development, and the California Department of Education, as well as data maintained by the City of Pasadena like birth, death and communicable disease records.

For each indicator in the social determinants of health or health topics, an Indicator Summary Table is provided at the end of the section. For each metric in the summary table, the local values (e.g., the city of Pasadena, Greater Pasadena, SPA 3, or PUSD) were compared to other jurisdictions to evaluate how we were doing. In most instances, the comparison value was from Los Angeles County (LAC), California or the United States.

DATA OVERVIEW

For a number of indicators, we compared our values to Healthy People 2020 (HP2020) goals. These HP2020 goals are benchmarks based on national estimates for key health issues that are updated every ten years. When no comparison value was available for another jurisdiction or a HP2020 goal, we evaluated whether the metric was an increasing or decreasing health trend. See Table 2 for the full scoring rubric. Note: this report contains only a curated set of quantitative data indicators, for more data please visit healthypasadena.org or the City of Pasadena Public Health Department's data page^{2,3}.

Table 2. Scoring Guide for Indicator Summary Tables

Trend	Interpretation
↑↓↗	Local values are performing worse (higher ↑ /lower ↓ <i>depending on the indicator</i>) when compared to county, state or national values; or the indicator has increased significantly over time ↗.
↔↗↘	Local values are either performing comparably to other estimates (↔); the metric does not have inherent negative or positive health risk, and we are denoting an increasing or decreasing trend (↗↘) (ex-Birth rates) ; or the metric is increasing/decreasing but not significantly and there are no comparison values from other jurisdictions (↗↘).
↑↓↘	Local values are performing better (higher ↑ /lower ↓ <i>depending on the indicator</i>) when compared to county, state or national values; or the indicator has decreased significantly over time ↘.
N/A	Local values were not available for comparison.

Qualitative Data

For this year's CHNA, the Center for Nonprofit Management was contracted by Huntington Hospital to collect qualitative data from community residents, organizational leaders and public agency leaders through individual interviews and listening sessions. A total of 32 individual interviews and nine listening sessions provided valuable insight on local social, economic and health topics (see Appendix A). Individual interviews and listening sessions entailed discussion of both a standardized set of health needs assessment questions, and questions customized to each interview participant. For example, community health promotoras and navigators were asked additional questions specific to the barriers to health care faced by undocumented community members; and a listening session with Spanish-speaking mothers included additional questions about their experiences securing housing as non-native English speaking and undocumented heads of household.

Detailed notes from individual interviews and listening sessions were coded using MAXQDA, a text analysis tool that allows for the coding of text, retrieval of related segments of text, counts of the frequency with which codes—or themes—occur in the text, and correlation between themes as they occur in the text.

Data Considerations

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

This report aims to present the most granular level of analysis when possible, but in some instances, data at larger geographic level is reported due to limitations in either sample size or data availability. For example, data may only be available at the San Gabriel Valley (Service Planning Area (SPA) 3) area and thus is used as our local estimate. Additionally, while the Pasadena Unified School District (PUSD) serves three local communities (Pasadena, Sierra Madre and Altadena), district-level estimates are used to estimate health among our local students.

III. DEMOGRAPHICS

Population Size

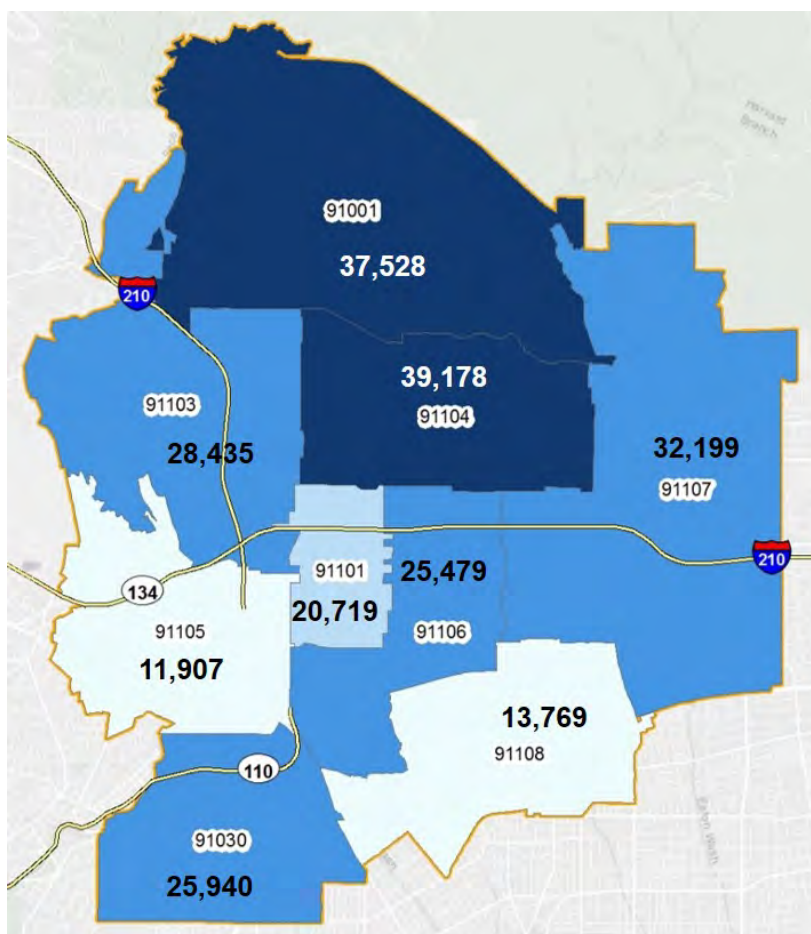
The Greater Pasadena community is the primary service area for Huntington Hospital. The community consists of nine ZIP codes and the cities of Altadena, Pasadena, and Sierra Madre and portions of South Pasadena and San Marino.

The Greater
Pasadena area is
2.3% of the LAC
population⁴.



235,819 people
live in Greater
Pasadena⁴.

Figure 5. Greater Pasadena Population by ZIP Code, 2018⁴

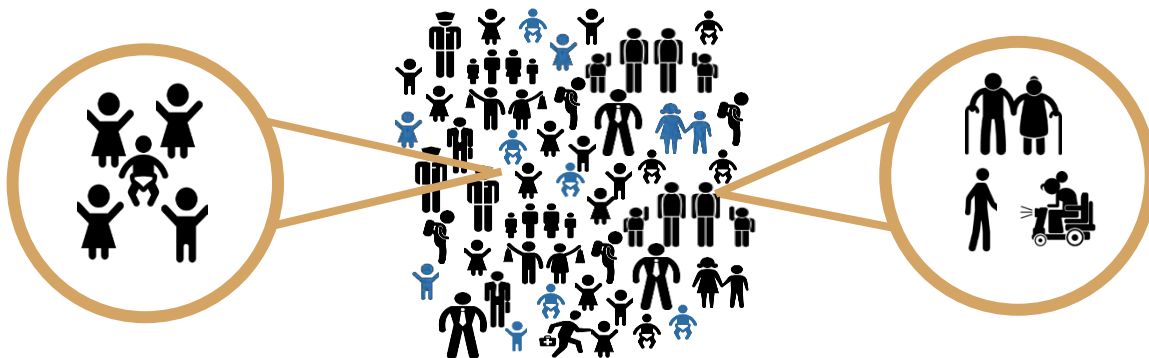


Age Distribution

The population of Greater Pasadena is on average older than that of Los Angeles County. In Greater Pasadena, the proportion of residents 65 years of age and older is around 15% of the total population (compared to 13.4% in Los Angeles County), while the population under 18 years makes up 18% of the total population (compared to 22.4% in Los Angeles County)⁵.

25,628 children
under 18 years old live in
Pasadena.

21,921 adults ages 65
years and over lived in
Pasadena in 2017.



Children under 18 make up
18% of the more
than 140,000 people
populating Pasadena.

Adults 65 and over make up
15% of the more
than 140,000 people
populating Pasadena.

There are
10% fewer
children under 18 than
there were 10 years ago.

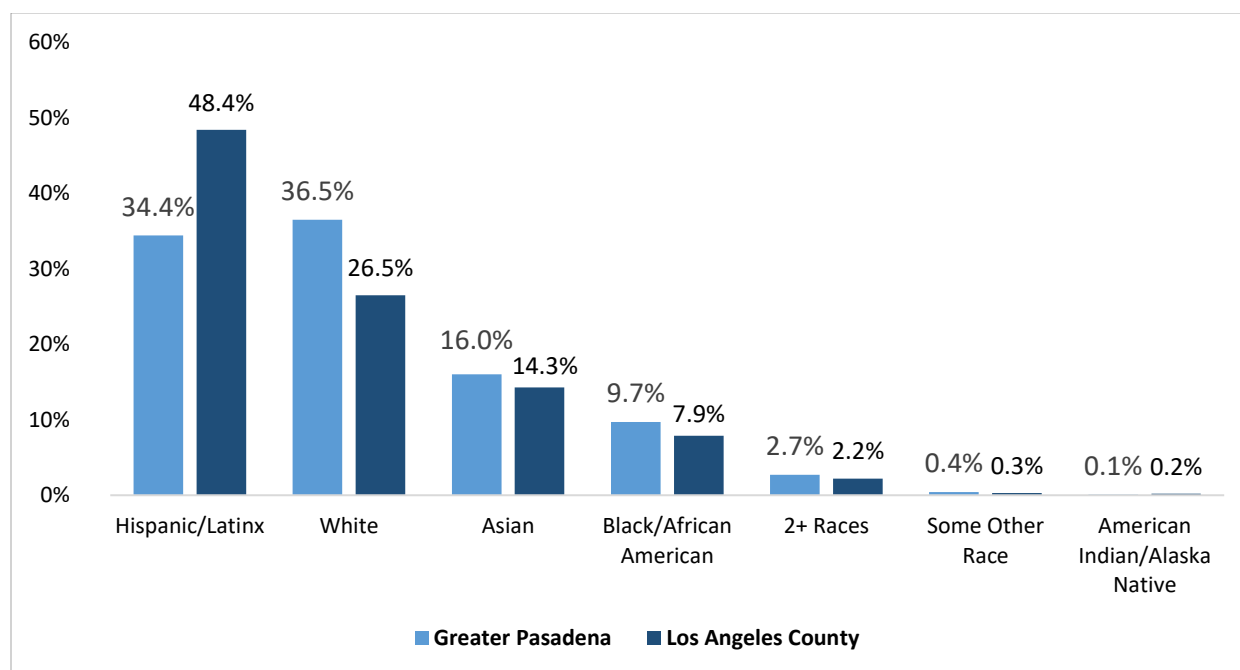
There are
15% more
adults over 65 than there
were 10 years ago.

DEMOGRAPHICS

Race and Ethnicity

The population of Greater Pasadena is less Hispanic/Latino (34.4%), more White (36.5%), more African American (9.7%) and more Asian (16.0%) than the population of Los Angeles County⁵. Also, while only about a third of all residents in Greater Pasadena are Hispanic/Latino, nearly half (49%) of the population under 18 identifies as Hispanic/Latino⁵.

Figure 6. Population by Race, Greater Pasadena and Los Angeles, 2018⁵



The geographic distribution of people with different racial/ethnic backgrounds living in Greater Pasadena is diverse. For example, the ZIP code 91103 –which includes most of the region known as Northwest Pasadena– is 17% African American, while 91108 –which is part of San Marino– is less than 1% African American. Additionally, more Greater Pasadena residents identify as Asian than residents of Los Angeles County (16.0% versus 14.3%, respectively)⁵; in fact, in five of the nine ZIP codes that comprise Greater Pasadena, over one-quarter of residents are Asian American. Likewise, there are five ZIP codes where at least one-quarter of residents identify as Hispanic/Latinx⁵.

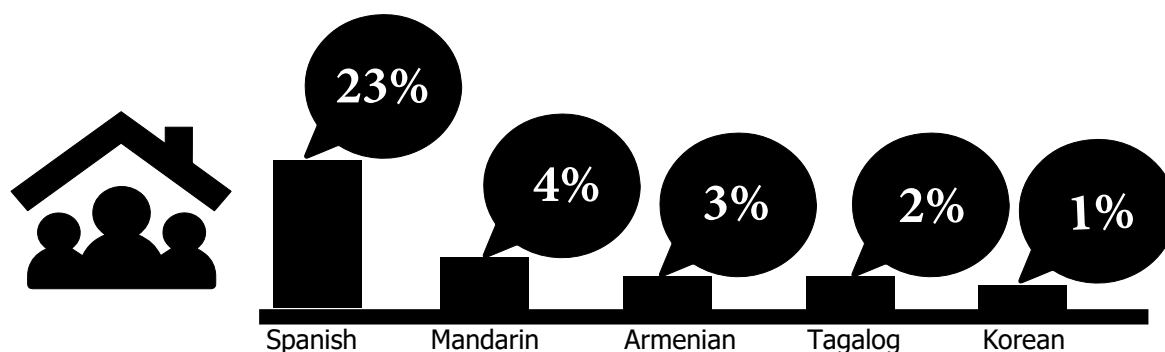
Foreign Born Status and English Language Proficiency

Greater Pasadena's population is less foreign-born (28.7%) than the population of Los Angeles County, of which more than a third (34.4%) were born in another country⁵.



The most common language spoken in the home by Greater Pasadena residents is English (57.4% of residents speak this language at home). Spanish is the second most popular language spoken at home (22.6%); but nearly twice as many residents of Los Angeles County (39.7%) speak Spanish at home. Compared to Los Angeles County, a larger percentage of Greater Pasadena residents (13.2% vs. 11.0%) speak languages spoken in Asia (such as Mandarin, Tagalog and Korean) and Indo-European languages including Armenian (6.2% vs. 5.4%)⁵.

LANGUAGES SPOKEN AT HOME (OTHER THAN ENGLISH) IN PASADENA⁵



Greater Pasadena overall had fewer households with Limited English Proficiency (8.2%) than Los Angeles County (13.2%) and California (9.2%)⁵. Limited English proficiency rates vary across ZIP codes in Greater Pasadena as well. Specifically, ZIP codes 91001 and 91105 have lower rates of limited English proficiency (2.4% and 2.7%, respectively), while ZIP codes 91103 and 91108 have significantly higher rates of limited English proficiency (12.1% and 14.1%, respectively)⁵.

IV. SOCIAL DETERMINANTS OF HEALTH

ECONOMY, HOUSING, AND HOMELESSNESS

Income

The median household income in 2019 was higher in Greater Pasadena (\$92,266)⁴ than in the city of Pasadena (\$76,264)⁵, California (\$67,169)⁵, and Los Angeles County (\$61,015)⁵. Two ZIP codes, 91101 and 91103, had the lowest median household income levels in the Greater Pasadena region (\$64,223 and \$69,334, respectively)⁴.

On average, in 2018, Asians and Whites in Greater Pasadena earned an estimated household income of \$108,000 and \$100,000, respectively; \$30,000 more than their Black and Latinx counterparts, who earned an estimated \$73,000 and \$79,000 each, respectively⁴.

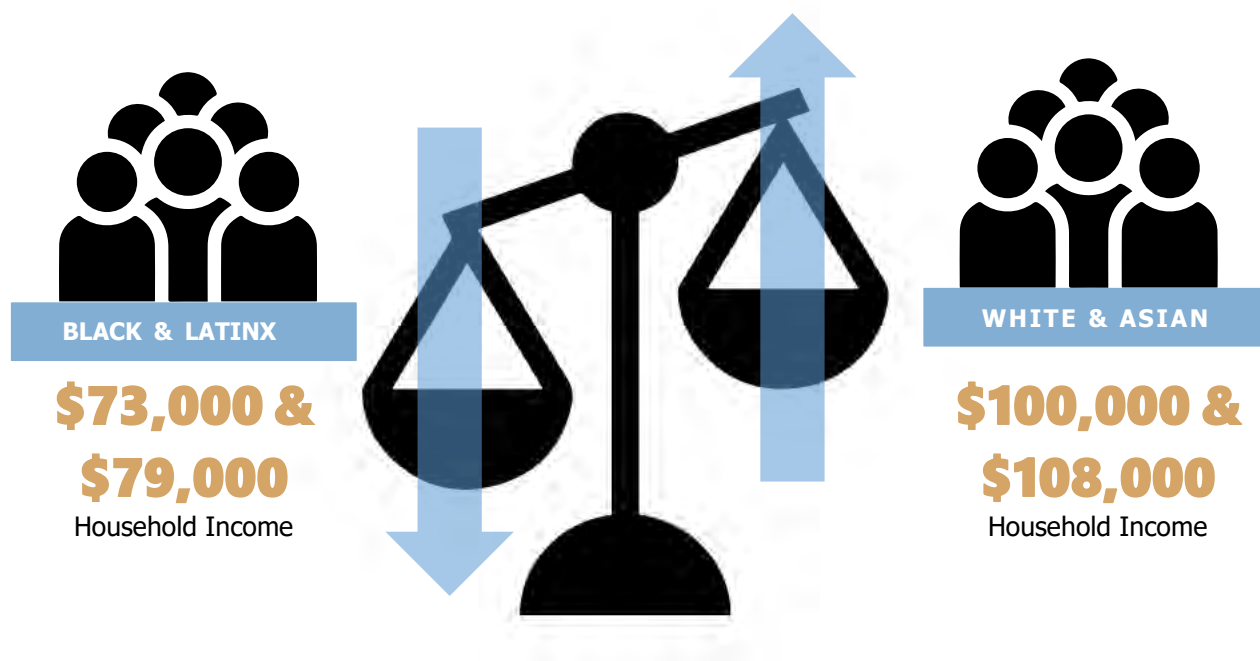
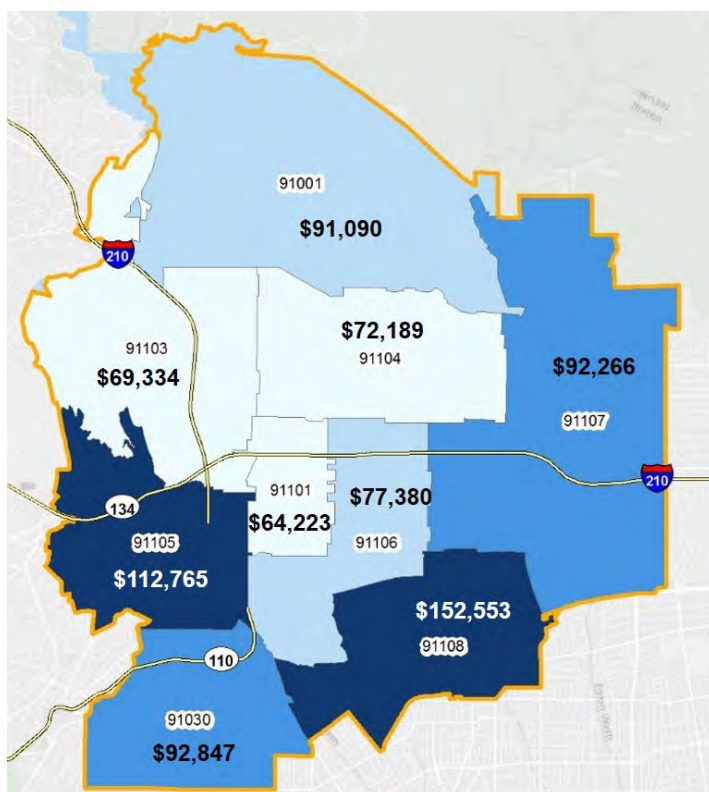


Figure 7. Median Household Income by ZIP, 2018⁴

Median Household Income



\$92,266
Greater
Pasadena

v.

\$61,015
Los Angeles
County

v.

\$67,169
California

Poverty

The Federal Poverty Level (FPL) is the standard used by many assessments as a “bare bones” budget that takes into account family size, costs of living (like housing, childcare, groceries, healthcare, transportation, some miscellaneous items, and taxes). Using this threshold, an estimated 8.3% of Greater Pasadena families lived below the federal poverty level in 2017, lower than Los Angeles County (13.1%) and California (11.1%)⁵. ZIP codes 91103 and 91101 had the highest rates of children living in poverty in the service area (28.2% and 25.4%, respectively)⁵. Additionally, 16.3% of Pasadena seniors ages 65 and older were living below the poverty line compared to 13.4% in Los Angeles County and 10.2% in California⁵.

The FPL is a standard across the United States and does not account for regional costs differences and other additional costs. When taking those into account, the cost of living for a single parent raising two children in the Los Angeles Metro area is estimated to be an annual salary of \$84,144⁶. This has increased over \$8,500 since 2015. Due to this high cost of living, a third of California households cannot meet their basic needs⁷. Though it is difficult to compare the cost of living for a family in LA to household income, if we did, the median household income only exceeds this threshold in five of the nine ZIP codes in the Greater Pasadena area: 91001, 91103, 91105, 91030 and 91108.

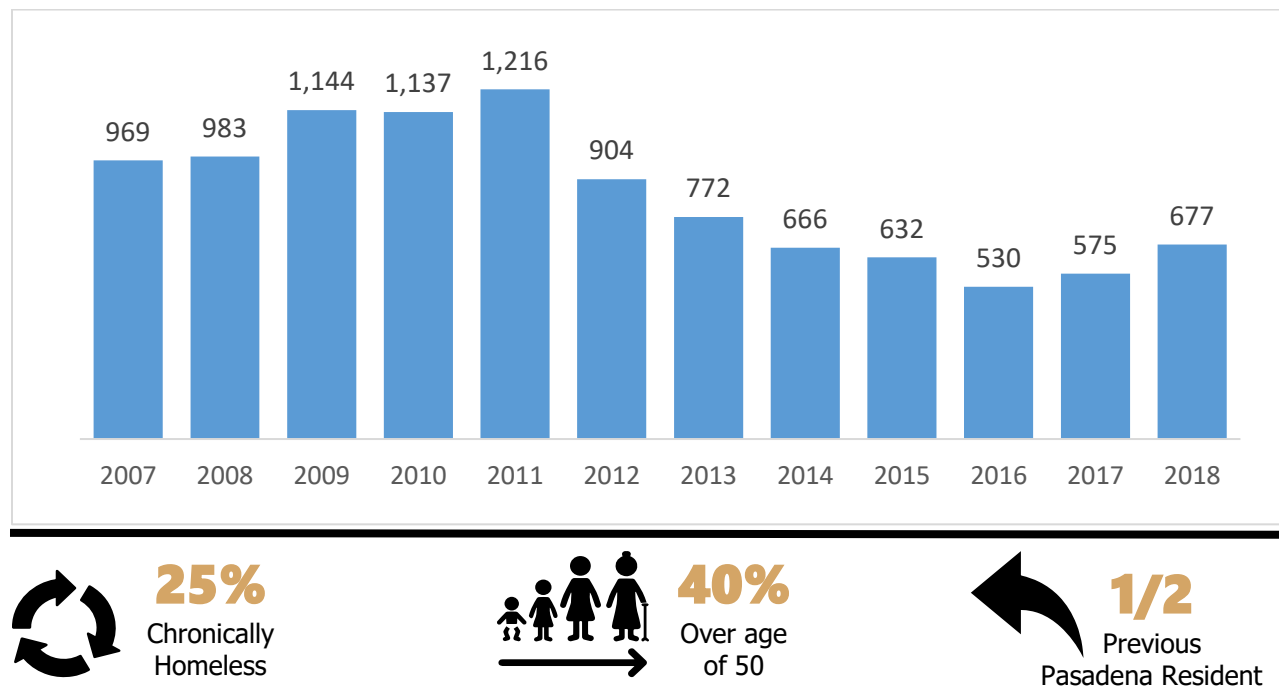
Homeownership and Overcrowding

In Pasadena, 43.6% of housing units were occupied by homeowners, which was lower than Los Angeles County (45.9%) and California (54.5%)⁵. ZIP codes 91001 and 91108 had the highest percentages of homes occupied by homeowners (75% and 84%, respectively)⁵, while ZIP code 91101 had the lowest homeowner rate (17%) in 2018⁵. Finally, a common measure of overcrowding is measuring the number of occupants per room in a home. Households with more than 1 occupant per room can be an indication of crowded housing. That said, approximately 1.8% of Greater Pasadena households had more than 1.5 occupants per room, which is less than in Los Angeles County (4.8%) and California (2.8%)⁵.

Homelessness

There are approximately 58,936 people experiencing homelessness in Los Angeles County⁸⁻¹¹. As of January 2019, there were 677 homeless individuals living in the city of Pasadena, about a quarter of whom are chronically homeless and forty percent of whom are over the age of 50⁹. In Pasadena, there was an approximately 27% increase in the number of homeless people in Pasadena since 2016 (530 people to 677), but overall, since 2011, the count of people experiencing homelessness during Pasadena's annual homeless count has decreased by 56% (2011 to 2018). Finally, in Pasadena the rate of people experiencing chronic homelessness has decreased by 27% percent since 2016⁹. This is due to people being placed in permanent housing using programs like section 8 voucher programs.

Figure 8. Count of Homeless People in Pasadena, 2007-2018⁹



Community Input

Community members and key stakeholders explained that current economic trends, including the increasing cost of rental housing combined with comparatively stagnant wages, have put more and more residents in a position where they have little expendable income, and therefore less money to spend on nutritious food, transportation, childcare and other basic necessities. Specifically, stakeholders observed that higher housing costs are restricting the market to wealthier renters and homebuyers, and higher-end retailers. This results in lower access to goods and services for low-income residents, including affordable fresh fruits and vegetables. Another theme from the community input was that there is a growing number of residents who are at risk of missing rent payments and/or are facing eviction. This results in a number of families sharing single-family homes to spread out the cost, but at the expense of privacy, quiet places to sleep and study, and a kitchen to prepare food. Finally, community members explained that it is challenging to get out of poverty or improve your income; especially if you have a family, explaining a primary driving factor for this is cost of childcare.

“The child care options are not very big in Pasadena.... the system isn’t designed to help families move forward.”

-Community Resident

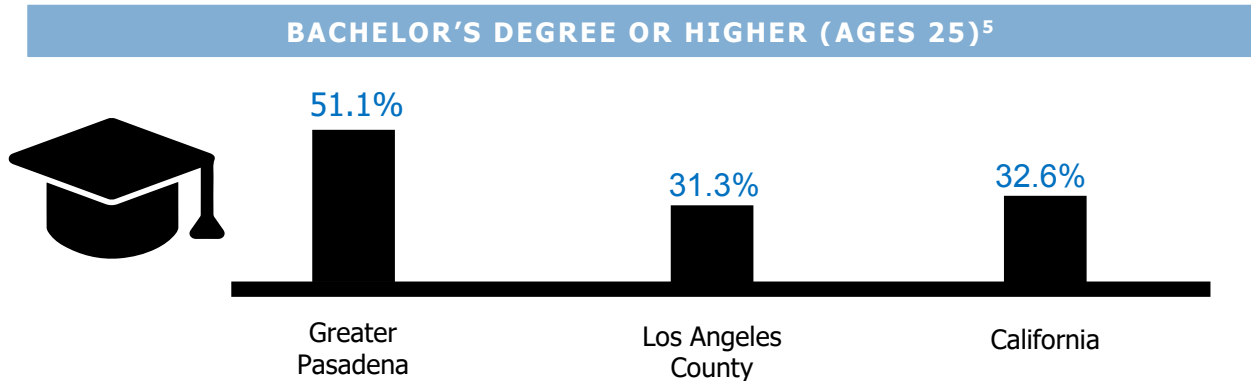
Economy, Housing, & Homelessness

Indicator	Pasadena	LAC	CA	Trend
People 65+ Living Below Poverty Level ⁵	16.3%	13.4%	10.2%	↑
People Living at or Below 150% of Poverty Level ⁵	76.3%	71.9%	75.3%	↑
Median Gross Rent ⁵	1,494	1,322	1,358	↑
Homeownership ⁵	43.6%	45.9%	54.5%	↓
Homelessness Count ⁸⁻¹¹	677	58,936	---	↗
People Living Below Poverty Level ⁵	15.5%	17.0%	15.1%	↔
Renters Spending 30% of more of Household Income on Rent ⁵	51.9%	56.1%	53.1%	↓
Children Living Below Federal Poverty Level ⁵	18.4%	24.0%	20.7%	↓
Median Household Income ⁵	\$76,264	\$61,015	\$67,169	↑
Households with >1.01 or more occupants per room ⁵	5.8%	11.7%	8.2%	↓
Unemployment ⁵	5.8%	7.8%	7.7%	↓

EDUCATION AND ACADEMIC ACHIEVEMENT

Academic Attainment and Preparedness

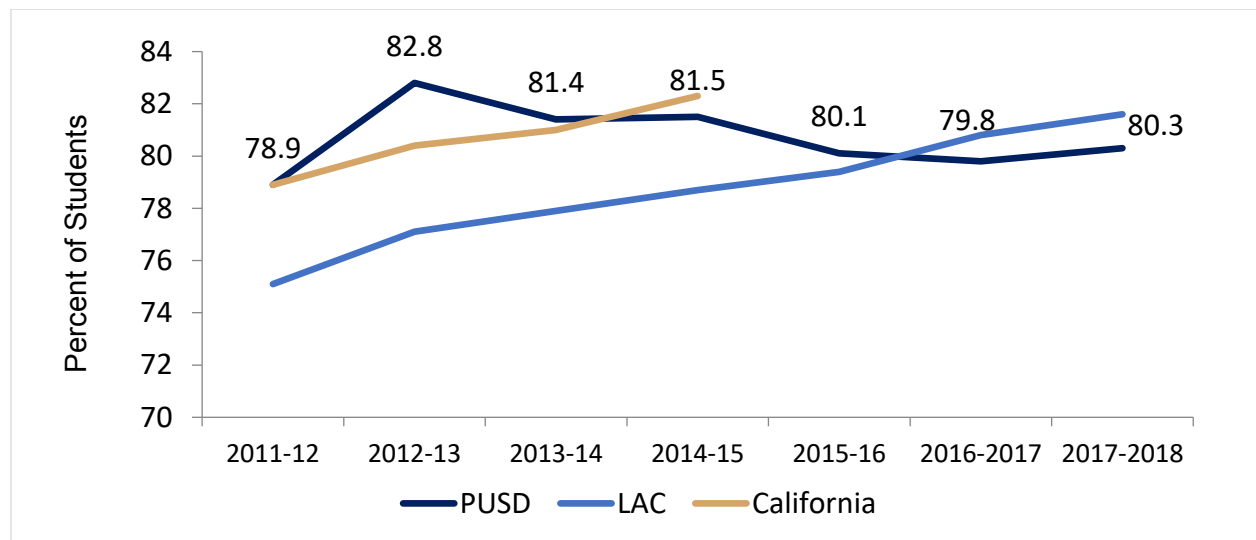
Overall, the population of Pasadena is highly educated: a large proportion (51.1%) of adults over 25 years of age in Pasadena had a Bachelor's degree or higher compared to peers in Los Angeles County (30.6%) and California (32.6%)⁵. Still, 12.4% of Pasadena adults over age 25 do not have a high school diploma⁵.



High School Graduation Rates

Starting in 2016, Pasadena Unified School District graduation rates fell below those of Los Angeles County for the first time since at least 2011 (the earliest year data are available at the source)¹². English learners and foster youth had the lowest rates of graduation in PUSD¹².

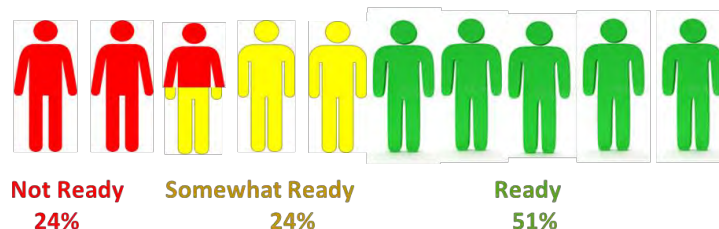
Figure 9. Cohort Graduation Rates* PUSD, LAC, and California, 2011-2018¹²



* Unadjusted cohort graduation rate

Kindergarten Readiness

According to the Early Development Instrument (EDI)—a measure of early child development in five key domains (physical health, emotional maturity, social competence, language and cognitive skills, and communications skills and general knowledge)—approximately 48% of students entering PUSD were identified as “not on track” (not ready and somewhat ready) for being ready for kindergarten¹³.



Community Input

Stakeholders explained that among the public school population, they are seeing more and more families struggle with very low income, housing insecurity and homelessness. They explained that parents are working multiple jobs, parents have less time to spend to help their children with homework, and it's having impacts academically. Additionally, families are struggling to afford food, which makes it hard for them to thrive academically. Additionally, stakeholders explained the result of declines in enrollment on the public school population will impact the options our residents have for public schools.

“Less kids means less money for public schools which...translate[s] to fewer well-funded school options for the public school population.”

-Key Stakeholder

Education & Academic Achievement

Indicator	Pasadena	LAC	CA	Trend
3rd Grade Students Proficient in English/Language Arts ¹²	66.4%	71.8%	72.5%	↓
3rd Grade Students Proficient in Math ¹²	59.1%	63.5%	64.5%	↓
Cohort Graduation Rate (4-year Adjusted) ¹⁴	84.8%	85.3%	87.3%	↔
Cohort Graduates Meeting UC/CSU Course Requirements ¹²	49.6%	56.2%	49.9%	↔
Kindergarteners entering PUSD who are "not on track" ¹³	48.0%	---	---	↔
Adults (25+years) with a Bachelor's Degree or Higher ⁵	51.1%	31.3%	32.6%	↔
Private School Enrollment ⁵	28%	12%	11%	↔
Children (ages 3 and 4 years) enrolled in preschool ⁵	73.8%	54.0%	48.7%	↑

SOCIAL ENVIRONMENT AND PUBLIC SAFETY

Crimes Rates

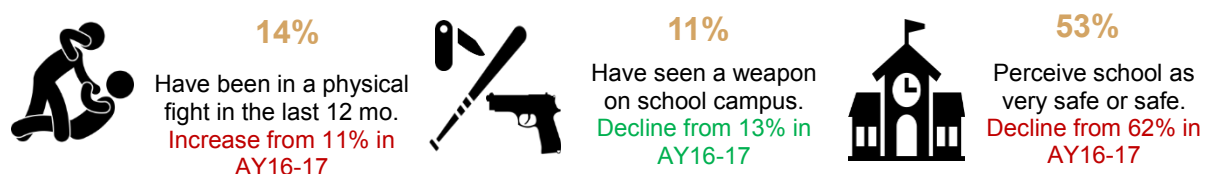
In Pasadena, incidence of crime has fluctuated over the past 10 years, though the frequency has been trending lower year-over-year for the past four years on the most common forms of crimes¹⁵.

Bullying and Crime with Youth and Adolescents

Among students in the Pasadena Unified School District (grades 7, 9, and 11) in academic year 2017-2018, 31% reported that they experienced any kind of harassment or bullying, a slight increase from 29% in the previous year¹⁶. Additionally, 23% reported that they experienced cyberbullying, and 15% reported that they experienced harassment or bullying due to race/ethnicity¹⁶. When stratified on race, Asian students reported a higher rate of bullying than the other racial groups¹⁶.



Among the same population of students, 14% reported being in a physical fight within the last 12 months, 11% had seen a weapon on campus, and 2% reported gang involvement¹⁷. Just over half of students (53%) perceived their school campus to be very safe – a decline from 62% in academic year 2016-2017¹⁷.

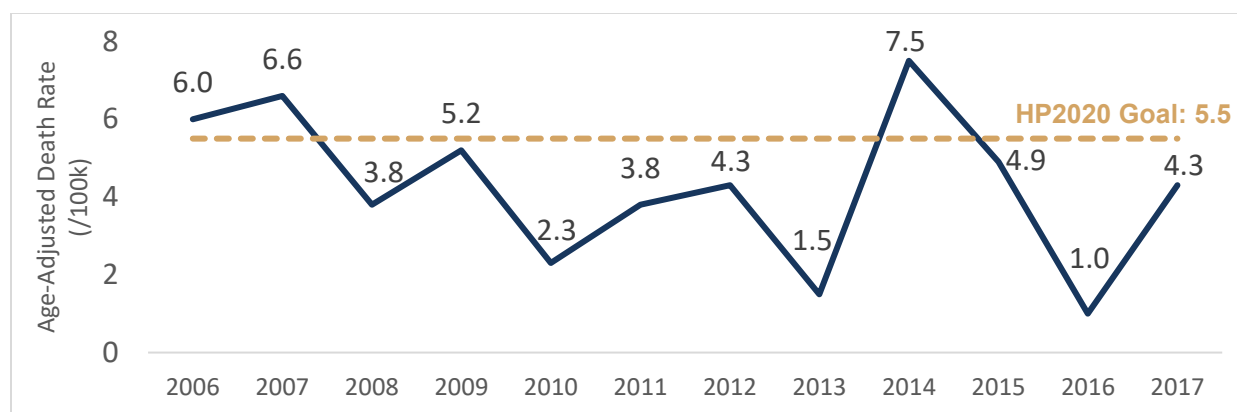


The rate of minor and young adult perpetration of violent crimes in Pasadena has generally decreased since 2011, but the current rate (411.4) is still above the Healthy People Goal 2020 (339.6)¹⁸. Conversely, the rate of minor and young adult victimization from crimes of violence has remained steady from 2011 to 2017, at a rate of 8.8 incidents per 1,000 adolescents (ages 10 to 24)¹⁸. This remains below the Healthy People Goal 2020 set at 37.8 per 1,000.

Homicide

From 2006-2017, there was an average of 5.7 people who died by homicide per year in Pasadena¹⁹. Over the last ten years, Black and Hispanic residents were 6.2 times as likely and 2.3 times as likely to die by homicide when compared to their white counterparts. Specifically, the 10-year average homicide rate per 100,000 by race in Pasadena was 11.8 (Black), 4.3 (Hispanic), 1.9 (White), and 1.1 (Asian)¹⁹. Finally, approximately 22% of the homicide victims were female¹⁹.

Figure 10. Age-adjusted death rate due to homicide, 2006-2017¹⁹



The average age of death by homicide by gender was 39.5 for females and 34.2 years for males. Firearms (including rifles and handguns) were the primary cause of death in 66.2% of homicides, followed by sharp objects (14.7%), assault (11.8%), suffocation/strangulation (4.4%), and arson (2.9%). During that time, firearms were used in an average of 3.8 homicides per year in Pasadena¹⁹.

Social Environment & Public Safety

Indicator	Pasadena	LAC	HP2020	Trend
Bullying among Adolescents ¹⁶	31.0%	---	19.9%	↑
Violent Crime Perpetration of Young Adults ¹⁸	410.4*	---	339.6	↑
Perceive Neighborhood Safe from Crime ²⁰	87.3%	85.0%	---	↔
Firearm-Related Death Rate (per 100,000) ²¹	2.8*	---	10.3	↓
Physical Fighting Among Adolescents ¹⁷	14.0%	---	28.4%	↓
Violent Crime Victimization among Young Adults ¹⁸	8.8	---	37.8	↓
Homicide Rate ¹⁹	3.5*	---	5.5	↓
Have Firearms in/around Home ²⁰	9.1% [^]	11.4%	---	↓
Has Internet Access ²⁰	90.9%	84.8%	---	↓

HP2020 = Healthy People 2020 objective

*5-year average rate

[^]Statistically unstable

TRANSPORTATION AND PHYSICAL ENVIRONMENT

Commute Times

The travel time to work for residents of Pasadena has been increasing year-over-year for the past 10 years. In fact, the commute time has increased by almost a half-minute each year over the last 5 years. Though the change may appear to be subtle, the increase to residents in Pasadena and the region can result in increases in stress, loss of work, and increased risk for motor vehicle accidents⁵.

Figure 11. Mean travel time to work among people who live in Pasadena, Los Angeles County (LAC) and California, 2009-2017⁵

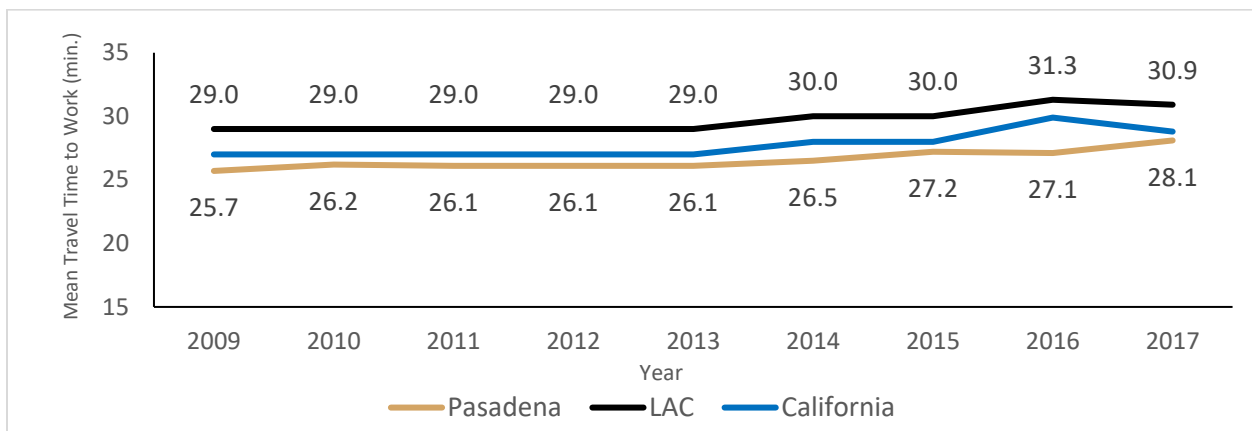
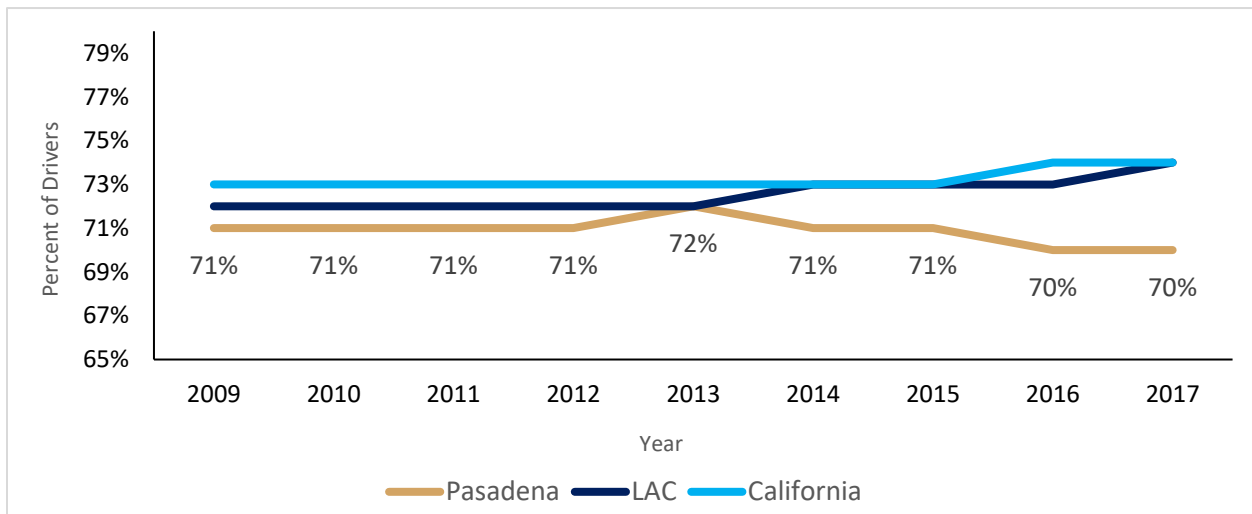


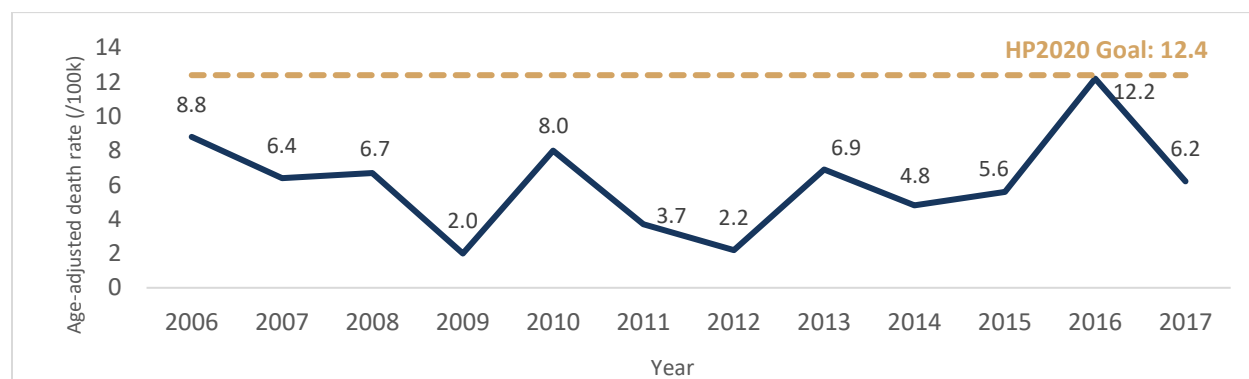
Figure 12. Workers who drove alone in Pasadena, LAC and California, 2009-2017⁵



Motor Vehicle Accidents

In 2017, land transport accidents, including motor vehicle accidents, was the 4th leading cause of premature death for residents of Pasadena¹⁹. From 2006 to 2017, there was an average of 9 deaths per year. Among land transport accident deaths, about 31% of the incidents were car occupants, 26% pedestrians, 16% motorcyclists, 6% pedal bicyclists, 2% van/pick-up truck occupants, and 19% heavy transport vehicle or some other vehicle occupants.

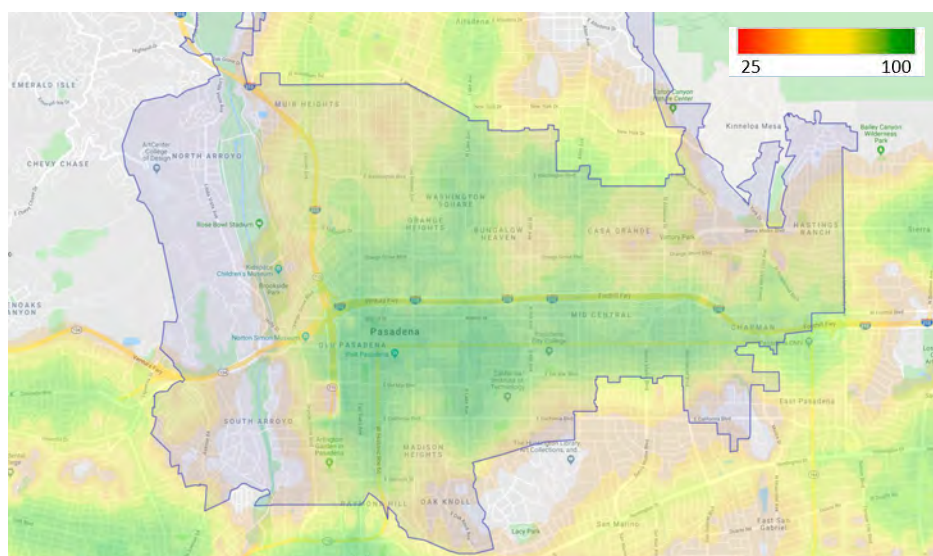
Figure 13. Age-adjusted death rate due to Land Transport Accidents, 2006-2017¹⁹



Walkability

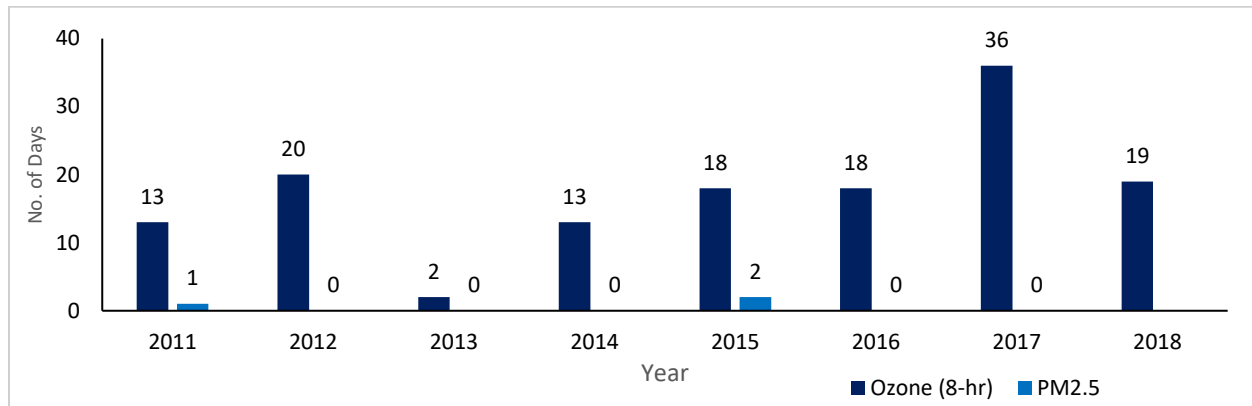
The Walk Score is a measure developed and processed by WalkScore.com²². It aims to assess the walkability of neighborhoods to nearby amenities. The score is highest when amenities that would normally be included during daily errands are within a 5-minute walk (0.25) and declines up until a 30-minute walk. Pasadena has an average walk score of 66, which is considered “somewhat walkable”. It has good public transportation (Transit Score of 51) and is somewhat bikeable (Bike Score 66)²². The most walkable neighborhoods are Raymond Hills, South Lake, and Downtown.

Figure 14. Walkability scores in and around Pasadena, 2019²²



Air Pollution

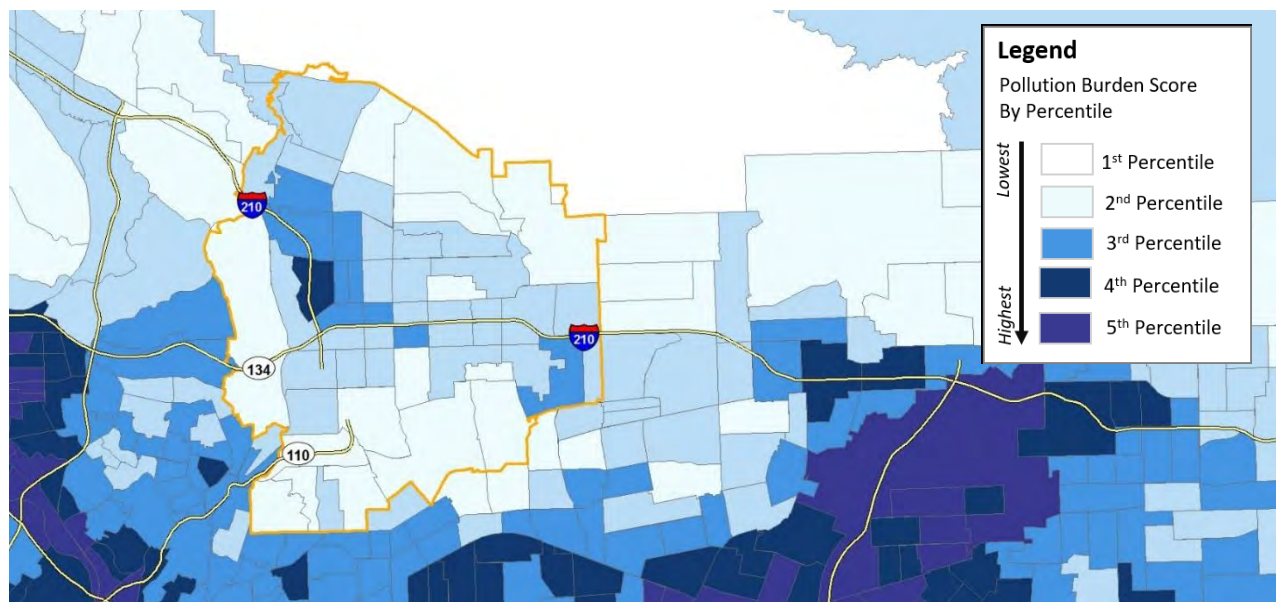
Figure 15. Annual number of days per year Ozone and Particulate Matter (PM) pollution exceeded government standards in Pasadena, 2011-2018²³



Pollution Burden

CalEnviroScreen is a tool prepared by the Office of Health Hazard Assessment, on behalf of the California Environmental Protection Agency (CalEPA), which evaluates the burden of pollution from multiple sources in communities while accounting for the population's health risk to adverse effects of pollution²⁴. The map below shows the Greater Pasadena area (circled in gold), and portions of Los Angeles and east San Gabriel Valley. The percentiles show the risk levels compared to other census tracts in California. The more blue/purple, the higher the risk.

Figure 16. Air pollution burden score by census tract, 2019²⁴



Community Input

In interviews and focus groups, residents indicated that transportation and commute times are a barrier to accessing health care, particularly for low-income families with children who do not have private vehicles. Residents agree that Pasadena is walkable, yet necessary resources including free and low-cost clinics, grocery stores with affordable fresh foods, and public schools are often difficult to reach by public transportation, especially for residents with limited free time.

Transportation & Physical Environment

Indicator	Pasadena	LAC	CA	HP2020	Trend
Annual Number of Days Ozone Exceeded Government Stds. ^{23*}	<1	---	---	---	↔
Annual Number of Days PM2.5 Exceeded Government Stds. ^{23*}	20.8	---	---	---	↘
Mean Travel Time to Work ⁵	28.1	30.9	28.8	---	↔
Percent working adults (age 16+) travel time to work >1 hr ⁵	11.8%	13.6%	11.8%	---	↔
Self-Reported Distracted Driving ²⁰	16.6%^	14.6%	---	---	↔
Walk Score ²²	66	67	---	---	↔
Land Transport Fatality Rates ¹⁹	7.1	---	---	12.4	↓
Workers who Drive Alone to Work ⁵	69.7%	73.7%	73.6%	---	↓

*5-year average rate

^Statistically unstable

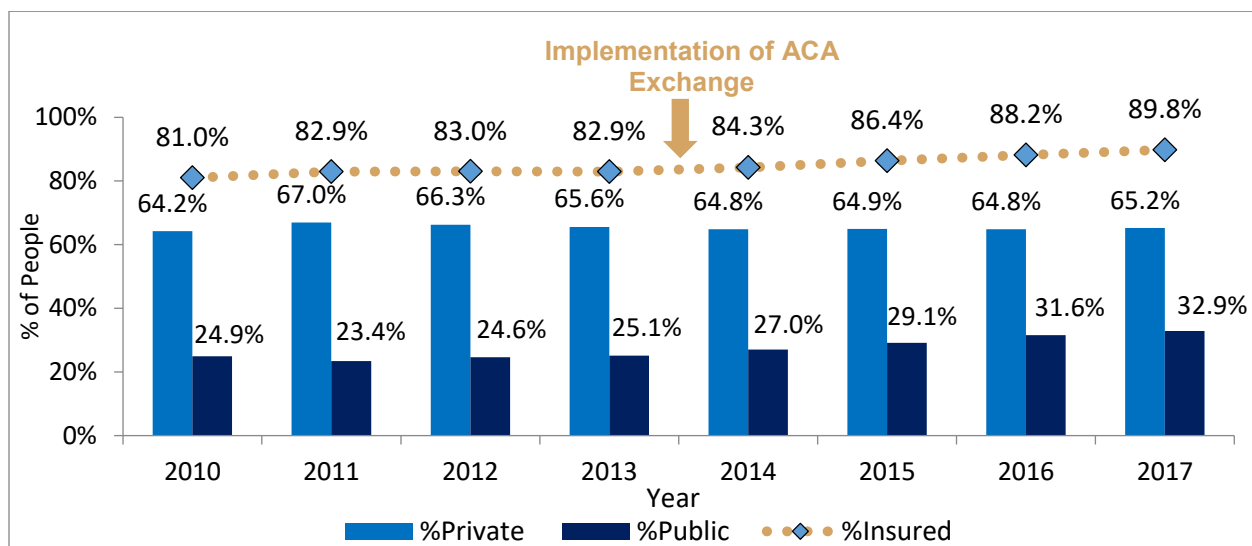
V. HEALTH TOPICS

ACCESS TO CARE

Health Insurance Coverage

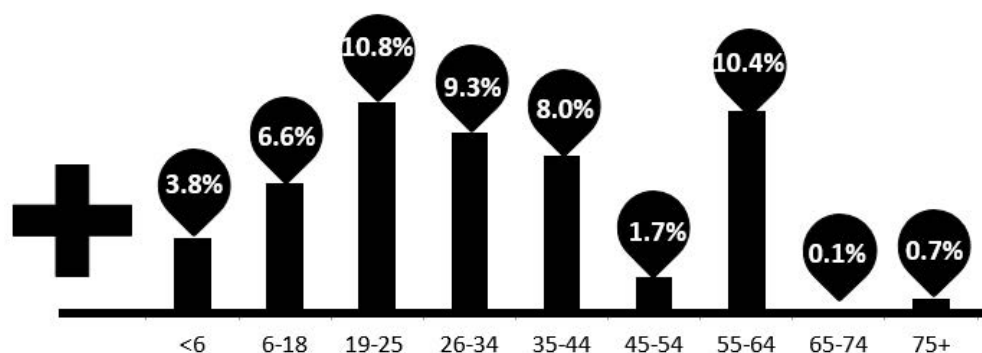
The rate of insured people in Pasadena has increased steadily by almost 9% in seven years, from 81.0% in 2010 to 89.8% in 2017⁵. Since the implementation of the Patient Protection and Affordable Care Act (ACA) health care exchange in 2013, the number of people who are newly insured has increased by more than 12,000 people. The biggest increases have been in public insurance enrollment, 25.1% in 2013 to 32.9% in 2017⁵.

Figure 17. People living in Pasadena (all ages) with health insurance, 2010-2017⁵



By comparing the insurance rates in 2013 (before the ACA Exchange) and 2017 (after) by age groups, it is easier to see that the biggest gains were among younger, working-age adults ages 19-44 and people ages 55-64, with increases in excess of 10 percent in some instances⁵.

PERCENT INCREASE IN INSURANCE RATES AFTER ACA⁵



Community Input

Despite increasing rates of health insurance, many residents still struggle to connect with and pay for health care. Some residents with health insurance said they do not seek care because they know they won't be able to cover the additional co-pays and other costs associated with treatment.

Many residents have an income just over the threshold to qualify for Medi-Cal. For example, part-time workers who do not qualify for employer-based health insurance can find themselves in a situation where they are required to purchase their own insurance, but their income does not allow them to afford Covered California plans.

"Health insurance doesn't pay for everything."

-Community Resident

Residents also reported struggling with navigating health care systems due to the complexity of the system, and confusion in the community over what health services would be considered "public charge" (and therefore count against an undocumented immigrant's appeals in the immigration process). Stakeholders explained that the lack of access to linguistically, culturally and socioeconomically responsive services, including health care navigation services, acts as a barrier to health care access.

Access to Care

Indicator	Pasadena	LAC	CA	Trend
Percent of people with health insurance ⁵	89.8%	86.7%	89.5%	↔
Adults who reported difficulty obtaining needed medical care ²⁰	13.1% [^]	21.3%	---	↓
Difficulty communicating with a provider because of a language barrier ²⁰	---	4.5%	---	N/A
	SPA 3	LAC	CA	Trend
Insurance not accepted by general doctor in past year (adults) ²⁵	7.7%*	5.6%	5.1%	↑
Delayed care due to cost or lack of insurance (all ages) ²⁵	50.9%	46.0%	45.6%	↑
People with a usual place to go when sick or need health advice ²⁵	86.9%	84.9%	87.0%	↔
Ever experienced unfair treatment getting medical care due to race/ethnicity ²⁵	5.6%*	5.9%	5.1%	↔
Delayed or didn't get other medical care (all ages) ²⁵	9.1%	9.5%	10.3%	↔
Ever had problems paying for household's medical bill in past year (adults) ²⁵	8.9%	8.4%	9.2%	↔
Difficulty finding primary care (adults) ²⁵	4.3%*	5.0%	5.7%	↓
Difficulty finding specialty care (adults) ²⁵	10.9%*	11.5%	11.5%	↓
Delayed or did not get prescription medicine (all ages) ²⁵	5.9%*	8.2%	8.5%	↓

[^]Statistically unstable

* Pooled over 2 years

MATERNAL, INFANT, AND CHILD HEALTH

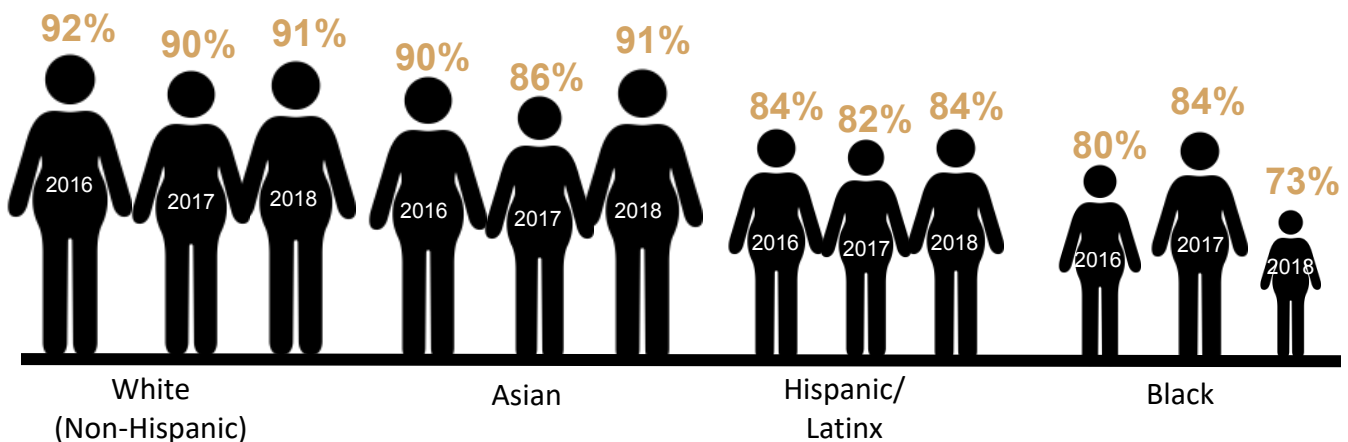
Birth Rates

Over the last ten years, there have been 50 fewer births each year in Pasadena on average, a 25% reduction²⁶. The biggest decreases were among women ages 20-29, while in the United States rates have been increasing among 35-39 year-olds, and more modestly 30-34 year-olds, Pasadena's 10-year average rates have declined for all age groups except 35-39 year olds^{26,27}. Finally, the teen birth rate has decreased by 81% over the last twelve years to its lowest level since the indicator was first tracked in the 1900s²⁶.

Prenatal Care

The percent of Pasadena mothers who received prenatal care in the first trimester was 87.4% in 2018, higher than the Healthy People (HP) 2020 goal of 77.9%²⁶. This is true for Pasadena mothers year over year overall. Despite this, when you stratify by race, Asian and White women received prenatal care in the first trimester at higher rates (around 91%) than their Hispanic/Latinx and Black counterparts, with 2018 rates at 84% and 73%, respectively²⁶.

Figure 18. Percent of Women in Pasadena who Received Prenatal Care, by Race/Ethnicity, 2016-2018²⁶



Caesarean Section (C-Section) Rates

In 2018, 32.9% of all births in Pasadena were by Caesarean Section (C-Section). This rate is in steady decline since 2010. Still, a consistently higher percentage of births to people living in Pasadena at the time of their birth are delivered by C-section (32.9%)²⁶, when compared to California (31.9%)²⁸.

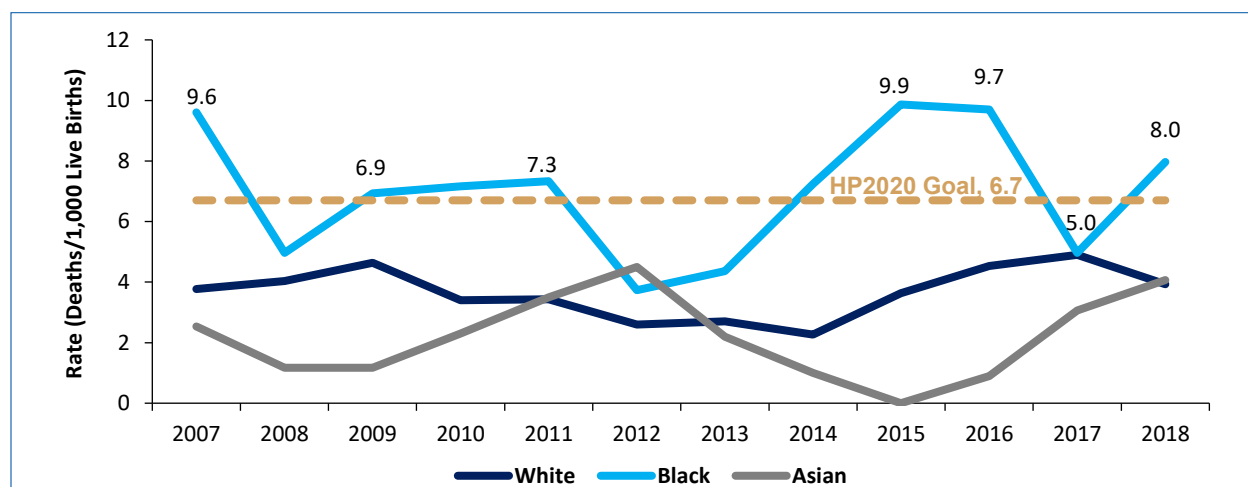
Low Birthweight and Preterm Births

In Pasadena, rates of low birth weight and very low birth weight in 2018 remained at or below the HP2020 goal levels²⁶. Preterm births (less than 37 weeks gestational age) have declined in Pasadena over the past ten years, from 14.5% in 2006 to 8.1% in 2016. However, from 2016 to 2018 preterm births vacillated above and around the Healthy People 2020 goal of 9.4%²⁶.

Maternal and Infant Mortality Rates

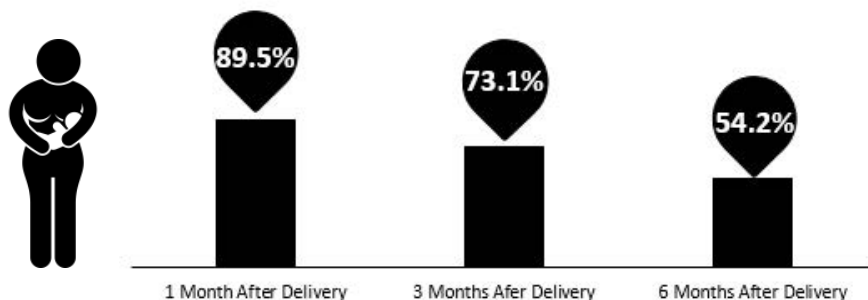
In the last 10 years, Pasadena has had fewer than three maternal deaths due to complications of childbirth listed as the cause of death on the death certificate; however, there continue to be disparities in infant mortality rates by race. The three-year average rate is highest among Black infants, and in the past 10 years, the only group to exceed the HP2020 goal of 6.7²⁶.

Figure 19. Three-year average Infant Mortality Rates by race among Pasadenans, 2007-2018²⁶



Breastfeeding Rates

During the last two Maternal and Infant Health Assessments, Pasadena has had an increase in mothers continuing to breastfeed infants into first three months, and that has been higher than the same measurements among California overall. In 2018, approximately 73.1% of mothers breastfed their babies for at least 3 months, and more than half (54.2%) breastfed for at least six months after delivery.



Community Input

Community engagements focusing on the lived experience of Black mothers found that many had experienced prejudice, discrimination and neglect in their experiences with health care providers, including their experiences in labor and delivery. Black mothers expressed that they felt that their pain was minimized and ignored by practitioners, and that they were cut out of decisions made by practitioners, or that practitioners misinterpreted/misunderstood their efforts to explain physical or emotional symptoms. Community engagements indicated that there is opportunity to develop culturally responsive practices for Black patients, including expectant mothers, to improve prenatal and postpartum experiences and outcomes.

Maternal, Infant, & Child Health

Indicator	Pasadena	CA	HP2020	Trend
Black infant mortality rates ²⁶	9.2*	10.2	6.7	↑
Birth rates (/1,000) ²⁶	52.5	61.7	---	↓
Births delivered by Cesarean section ^{26,28}	32.9%	31.9%	---	↔
Children conceived within 18 months of previous birth ²⁸	28.3%	26.6%	29.8%	↔
Low birth weight rates ²⁶	7.7	6.9	7.8	↔
Very low birth weight rates ²⁶	1.6	1.1	1.4	↔
Mothers who reported receiving prenatal care in their 1 st trimester ²⁶	87.4%	83.6%	77.9%	↑
Mothers who reported a postpartum medical visit ²⁹	95.4%	87.5%	90.8%	↑
Teen birth rates (/1,000 females ages 15-19) ²⁶	8.2	15.7	---	↓
Preterm birth (<37 weeks) rates ²⁶	8.5	8.7	9.4	↓
Breastfeeding rates 3 months after delivery ²⁹	73.1%	66.2%	46.2%	↑

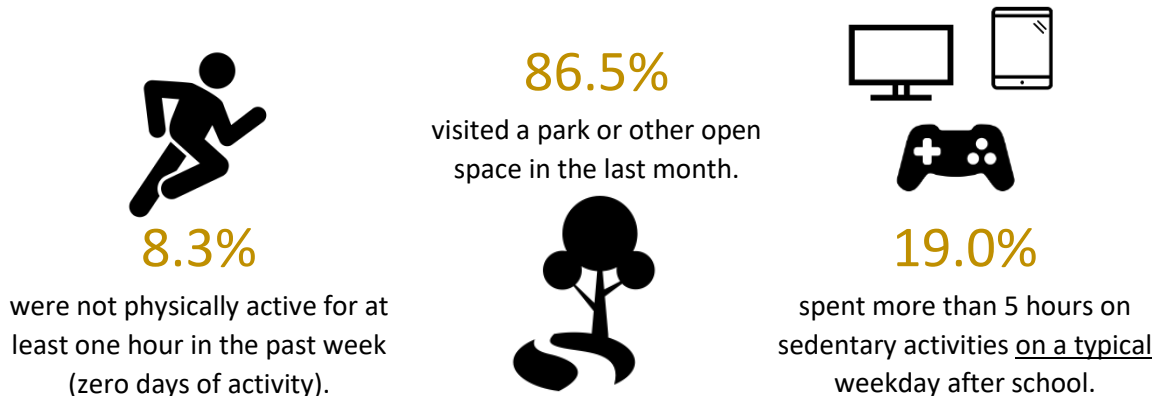
*5-year average rate

EXERCISE, NUTRITION, AND WEIGHT

Physical Fitness and Nutrition among Children and Adolescents

Across all grades, students in the Pasadena Unified School District (PUSD) meet the fitness standards at higher levels than Los Angeles County (average across grades 5, 7 and 9: 30.2% PUSD versus 26.9% LAC)³⁰. Still less than a third of students meet all standards³⁰. When stratified by race, Hispanic/Latinx students and Black/African American students are meeting the standards at lower rates than their White and Asian counterparts.

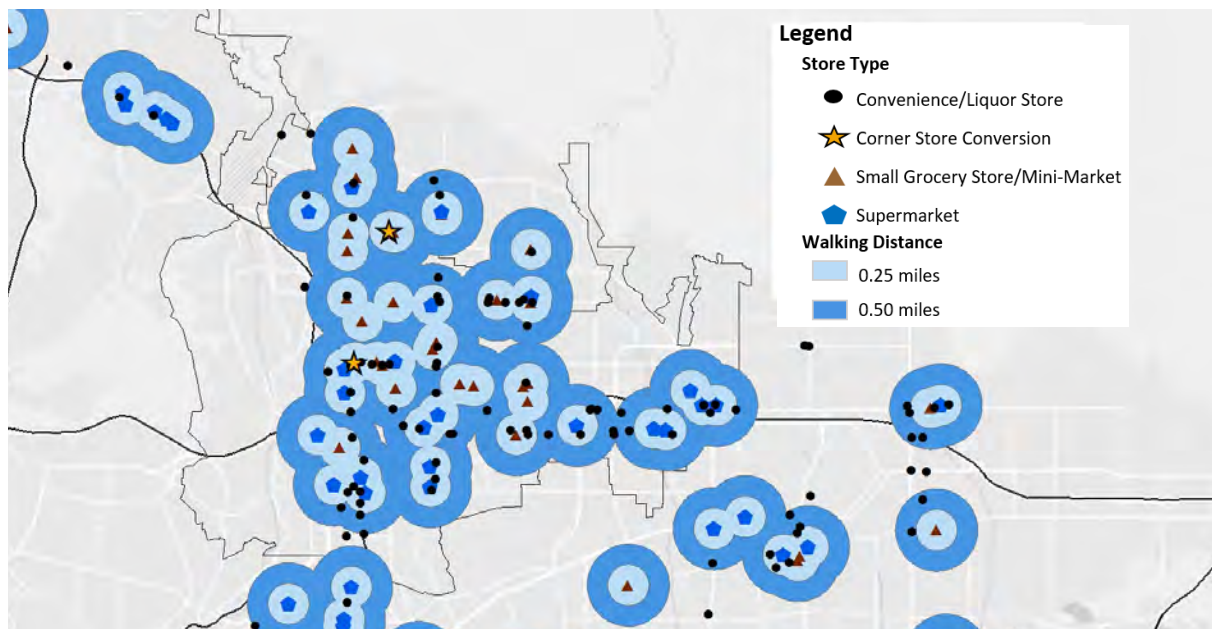
Across SPA 3, nearly one in ten (8.3%) children are not physically active for at least one hour per week, and nearly two in ten (19.0%) children spend more than 5 hours per day on sedentary activities²⁵.

Among children (younger than 18 years) living in the San Gabriel Valley (SPA 3)²⁵...Among adolescents (ages 12-17) living in the San Gabriel Valley (SPA 3)²⁵...

Access to Healthy Foods

The Access to Healthy Foods map assesses the walkability to grocery stores in the Greater Pasadena area. The “blue buffer” areas are within walking distance (1/4 and 1/2 mile) of a market that carries at least two or more fruits or vegetables. Convenience stores (marked with a black dot) with no blue buffer around it could be candidates for corner store conversion projects, where fresh fruits or vegetables can be sold. The two previous conversions by the Pasadena Public Health Department are represented by the gold stars.

Figure 20. Access to healthy foods and walking distance to grocery stores and markets in Greater Pasadena, 2019³¹



Obesity in Adolescents and Adults

Over nearly 20 years, the proportion of adults with obesity has increased in the United States by 30% such that almost 2 out of 5 (39.6%) adults in the country, aged 20 or more, are now obese³². In SPA 3, obesity rates are lower among adults, still nearly one in four (24.2%) adults are obese. Conversely, the rates of adolescents who are overweight/obese in SPA 3 is higher than Los Angeles County (LAC) and California (35.7% versus 26.5% versus 27.4%, respectively)²⁵.

Figure 21. Rates of Overweight/Obesity in Adolescents and Adults, 2017²⁵

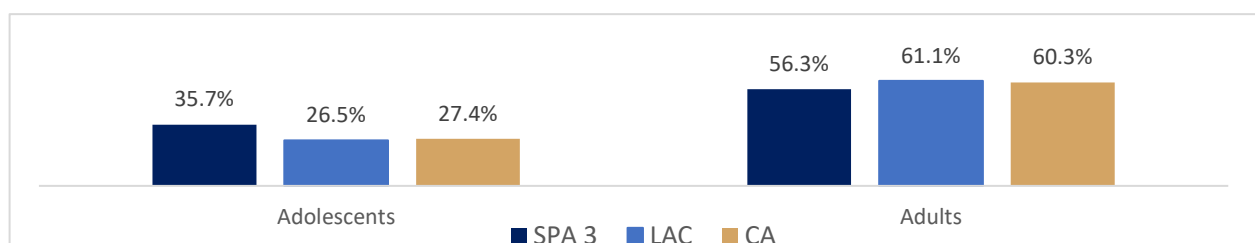
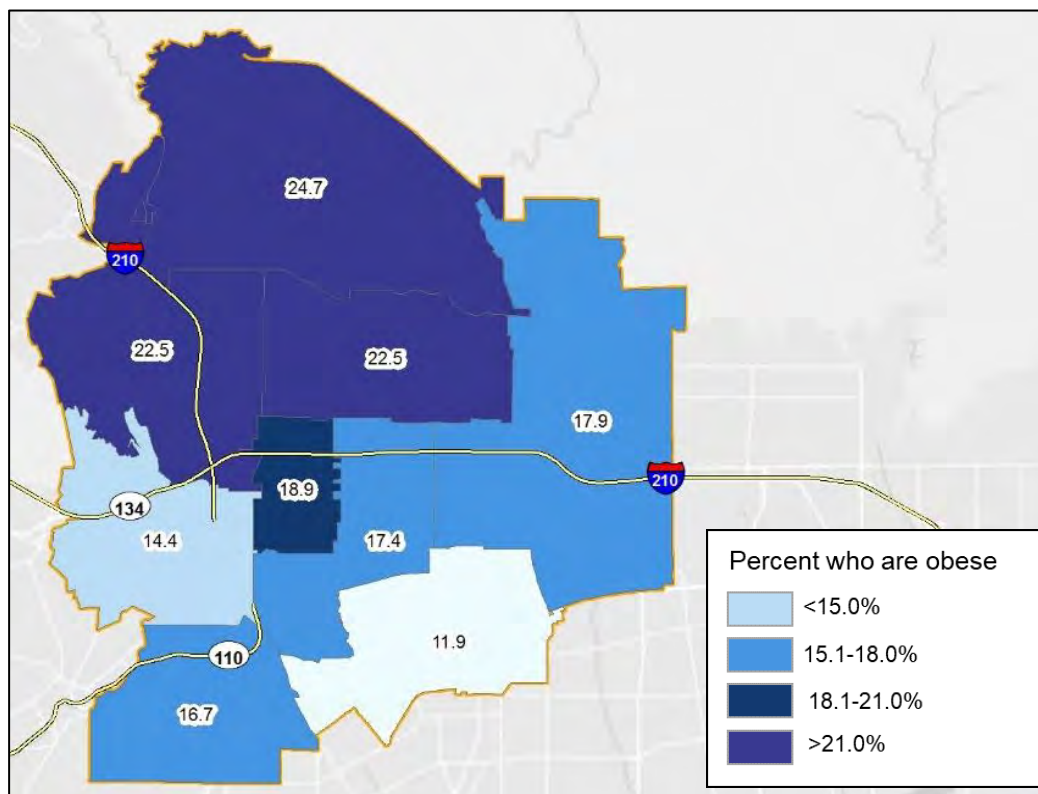


Figure 22. Percent of residents (all ages) who are obese in Greater Pasadena, 2017²⁵

As rates appear to be steadying in SPA3 overall, disparities within the Greater Pasadena area continue. Estimates show higher rates of obesity in north/northwest Pasadena/Altadena than other regions of the service area. These are also areas with relatively less walkability, higher smoking rates, and other major risk factors, which are important risk factors for premature death due to downstream health conditions like heart disease and diabetes.

Exercise, Nutrition, & Weight

Indicator	SPA3	LAC	CA	Trend
Adolescents who are overweight or obese ²⁵	35.7% [^]	26.5%	27.4%	↑
Adolescents who ate 2+ fruit servings/day ²⁵	49.3% [^]	69.6%	66.9%	↓
Children active at least one hour ²⁵	8.3% [^]	7.3% [^]	6.2%	↓
Adult fast food consumption ²⁵	71.6%	72.5%	67.6%	↔
Adults who are overweight or obese ²⁵	56.3%	61.1%	60.3%	↓
	Pasadena	LAC	CA	
Students meeting physical fitness requirements ^{30*}	30.2%	26.9%	---	↓
No. days in last month where activity was limited due to health ²⁰	1.3	2.7	---	↓

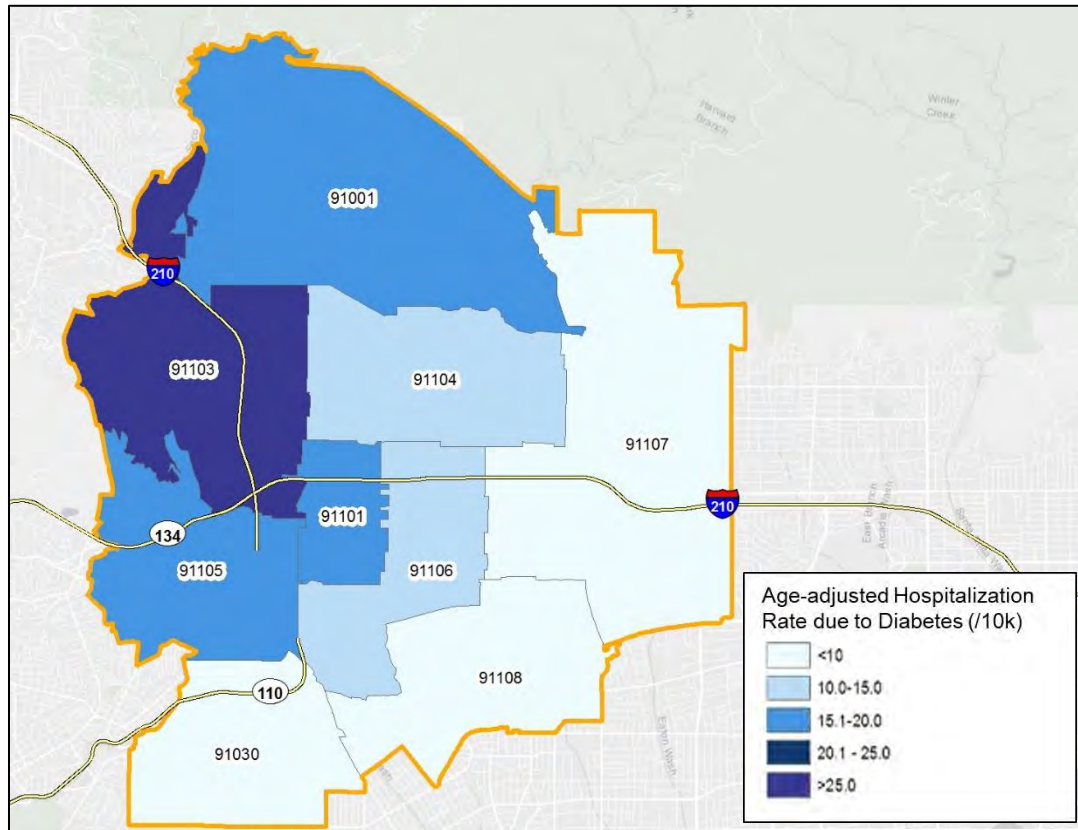
[^]Statistically unstable

*5-year average rate, average across grades

DIABETES

The rate of adults who have ever been diagnosed with diabetes was lower in 2017 for SPA 3 than in Los Angeles County and California, though the rate has been increasing for all jurisdictions²⁵. Among people in Greater Pasadena, the hospitalization rate for people living with diabetes is highest in Northwest Pasadena³³.

Figure 23. Age-Adjusted Hospitalization Rate (/10,000) due to Diabetes, 2015-2017³³



Diabetes Mortality

In 2017, diabetes was the 8th leading cause of death in Pasadena¹⁹. From 2006-2017, the average age of death for all races from diabetes was 75.0 years. The mean age of death by race was: 80.6 (Asian), 76.1 (White), 75.0 (Black), and 70.3 (Hispanic). In Pasadena, the age-adjusted death rate due to diabetes was below the HP2020 goal of 66.6 per 100,000¹⁹.

Diabetes

Indicator	Pasadena	LAC	CA	HP2020	Trend
Adults ever diagnosed with diabetes ^{20,25}	9.1-9.3% [^]	11.3-12.1%	10.7%	---	↓
Death rates due to diabetes ¹⁹	21.2*	---	---	66.6	↓

[^]Statistically unstable

HEART DISEASE AND STROKE

The rate of adults ever diagnosed with high blood pressure in SPA 3 is around 30.2%, slightly higher than LAC (30.0%) and California (29.0%)²⁵. The same is true for the rates of adults ever diagnosed with heart disease (6.7% SPA 3, 6.1% LAC and 6.4% California)²⁵.

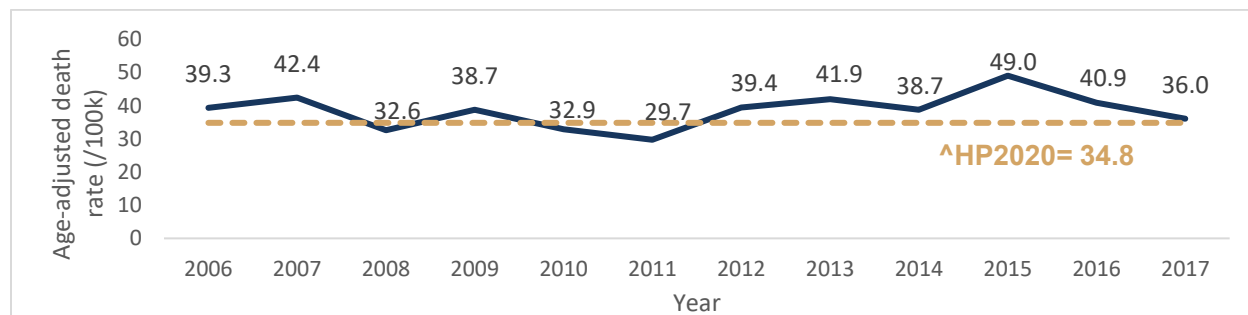
Heart Disease and Stroke Mortality

From 2006-2017, the average age of death due to heart failure was 83.8 years, but there were significant racial disparities¹⁹. Black and Hispanic Pasadena residents were more likely to die earlier (mean age 76.2 years and 77.0, respectively) than their White and Asian counterparts (86.2 and 85.6, respectively)¹⁹. The ZIP codes with the highest hospitalization rates due to heart failure were 91103 (38.0 per 10,000) and 91104 (34.2 per 10,000)³⁴.

In 2017, hypertensive diseases were the 5th leading cause of death in Pasadena¹⁹. Like heart failure, there were significant disparities in the mean age of death by race: 82.5 (White), 81.9 (Asian), 76.9 (Hispanic), and 69.3 (Black)¹⁹.

In 2017, cerebrovascular disease, or stroke, was the 3rd leading cause of death. The age-adjusted death rate was 36.0 per 100,000, with the rate fluctuating above and below the HP2020 goal of 34.8 per 100,000¹⁹.

Figure 24. Age-adjusted death rates due to stroke, 2006-2017¹⁹



Heart Disease & Stroke

Indicator	SPA3	LAC	CA	Trend
Adults (18+) with high blood pressure ^{25*}	30.2%	30.0%	29.0%	↔
Adults ever diagnosed with heart disease ^{25*}	6.7%	6.1%	6.4%	↔
	Pasadena	LAC	HP2020	
Age-adjusted death rates due to stroke ¹⁹	41.3**	---	34.8	↔
Age-adjusted death rates due to hypertensive diseases ¹⁹	27.8**	---	---	↔
Age-adjusted death rates due to heart failure ¹⁹	21.7**	---	---	↔
Adults ever diagnosed with high cholesterol ²⁰	17.6%	26.8%	---	↓

*Pooled across 2 years for stability

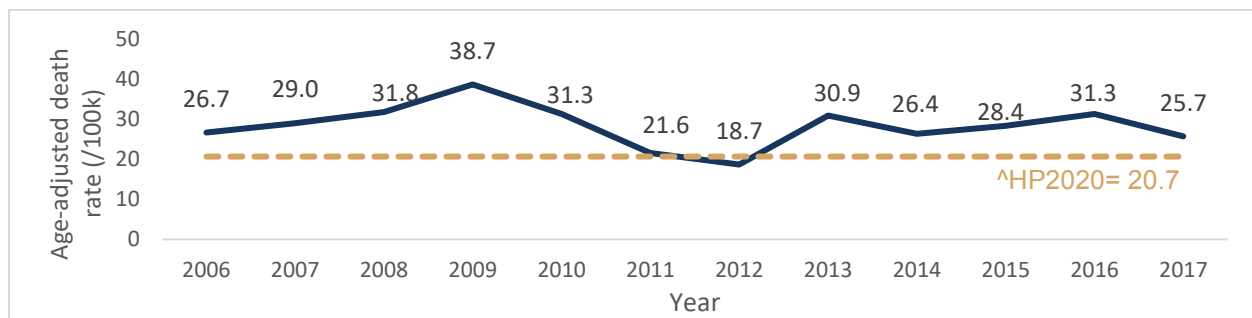
**5-year average rate

CANCER

Breast Cancer

Breast cancer was the 6th leading cause of death, and the leading cause of premature death, among females in Pasadena¹⁹. Since 2006, the age-adjusted death rate among females in Pasadena has been consistently higher than the Healthy People 2020 (HP2020) goal of 20.7 per 100,000 females¹⁹. Mammograms are an effective method for early detection of breast cancer. In Pasadena, equivalent or more people are getting mammograms in the Pasadena (76.7-80.7%) than LAC (77.0%) as whole (depending on the data source)^{20,35}.

Figure 25. Age-adjusted death rates due to Breast Cancer, 2006-2017¹⁹



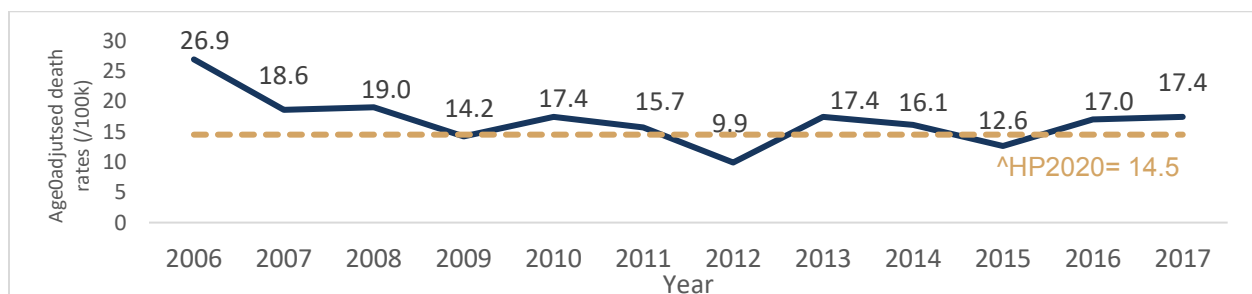
Cervical Cancer Screening

The Healthy People 2020 objective (C-15) for cervical cancer screening is for 93.0% of women ages 21 to 65 years to have a Pap smear within three years. In the San Gabriel Valley (SPA 3), estimates approximate around 80.9% of the eligible people had one in that time period²⁰. Among people in Pasadena, estimates vary, but around 69.7%²⁰ to 86.2%³⁵ have had a pap smear in the last three years.

Colorectal Cancer

From 2006-2017, the average annual number of deaths due to colorectal cancer was 25.4¹⁹. The 10-year (2008-2017) average death rates per 100,000 by race were 25.2 (White), 24.1 (Black), 13.8 (Asian), and 7.5 (Hispanic). The types of colorectal cancer death reported since 2006 include 85% colon cancer, 15% rectal cancer, and less than 1% anal cancer¹⁹.

Figure 26. Age-adjusted death rates due to Colorectal Cancer, 2006-2017¹⁹



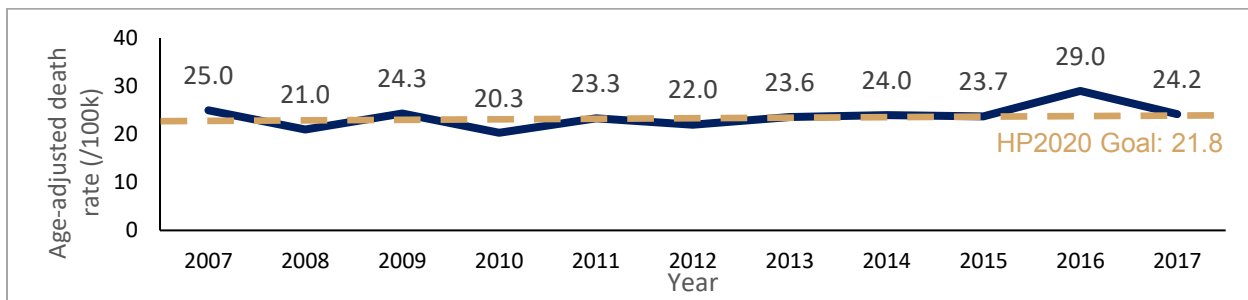
Lung Cancer

Lung cancer was the 7th leading cause of death in Pasadena, and accounted for an average of 47.1 deaths per year (2006-2017)¹⁹. Since 2006, the age-adjusted death rate has remained lower than the HP2020 goal of 45.5 deaths per 100,000 persons, with the exception of 2011. There are racial disparities in lung cancer mortality. The 10-year average death rate per 100,000 was 56.5 (Black), 47.4 (White), 32.7 (Asian), and 13.8 (Hispanic)¹⁹.

Prostate Cancer

The average age-adjusted death rate due to prostate cancer was 24.2 per 100,000 males in Pasadena in 2017²¹. The rate in Pasadena has been above the HP2020 goal of 21.8 deaths per 100,000 since 2011.

Figure 27. 3-year average age-adjusted death rate due to prostate cancer, 2007-2017¹⁹



Community Input

Stakeholder engagements identified several opportunities for cancer prevention/treatment including: programs that are culturally and linguistically specific and that facilitate building community among patients going through similar experiences. This was particularly true for foreign-born and marginalized community members who may not have strong ties to the area.

Cancer

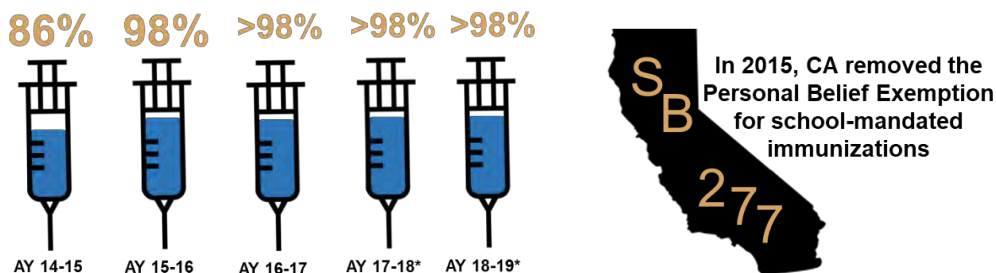
Indicator	Pasadena	LAC	HP2020	Trend
Age-adjusted death rate due to prostate cancer ¹⁹	24.2*	---	21.8	↑
Women (21-65 years) who had a pap smear in last 3 years ²⁰	86.2%	81.4%	93.0%	↓
Age-adjusted death rate due to breast cancer (female) ¹⁹	28.5*	---	20.7	↑
Women (50-74 years) who had a mammogram in last 12 months ²⁰	76.7%	77.0%	73.7%	↔
Age-adjusted death rate due to colorectal cancer ¹⁹	16.1*	---	14.5	↔
Adults (50-74 years) who had a blood stool test ²⁰	29.0%	20.0%	---	↑
Age-adjusted death rate due to lung cancer ¹⁹	24.4*	---	45.5	↓
Ever had an Human Papillomavirus (HPV) vaccine ²⁰	---	59.3%	---	N/A

*3-year average rate (Prostate Cancer) or 5-year average rate (all other death rates)

IMMUNIZATIONS AND INFECTIOUS DISEASES

Immunization Rates

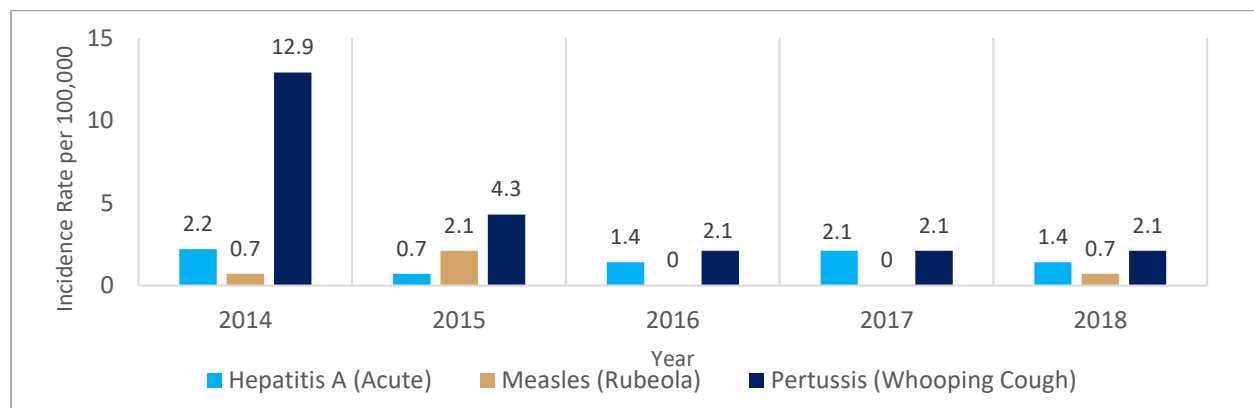
The percent of school-aged children in PUSD who completed their mandated school vaccines has been increasing, in part due to the change in California state law. In 2015, Senate Bill 277 (SB277), removed the personal belief exemption for school-mandated immunizations. Still, in academic year (AY18-19), there are 5 schools in the PUSD-service area that had vaccination completion rates less than 95%^{36,37}. The lowest at 55%³⁶.

PERCENT OF CHILDREN IN PUSD WHO COMPLETED THEIR SCHOOL VACCINES³⁶

Vaccine-Preventable Diseases

A vaccine-preventable disease (VPD) is an infectious disease for which an effective. Since the eradication of locally-acquired measles in the United States, the state of California has only rare cases of measles that are usually travel-associated among unvaccinated individuals. Over the past few years Pasadena has had a number of travel- and outbreak-associated cases³⁸. Similarly, Pasadena has experienced cases of pertussis (whooping cough) and hepatitis A that have been associated with larger, statewide and regional outbreaks.

Figure 28. Annual incidence rates of select vaccine-preventable diseases in Pasadena, 2014-2018³⁸



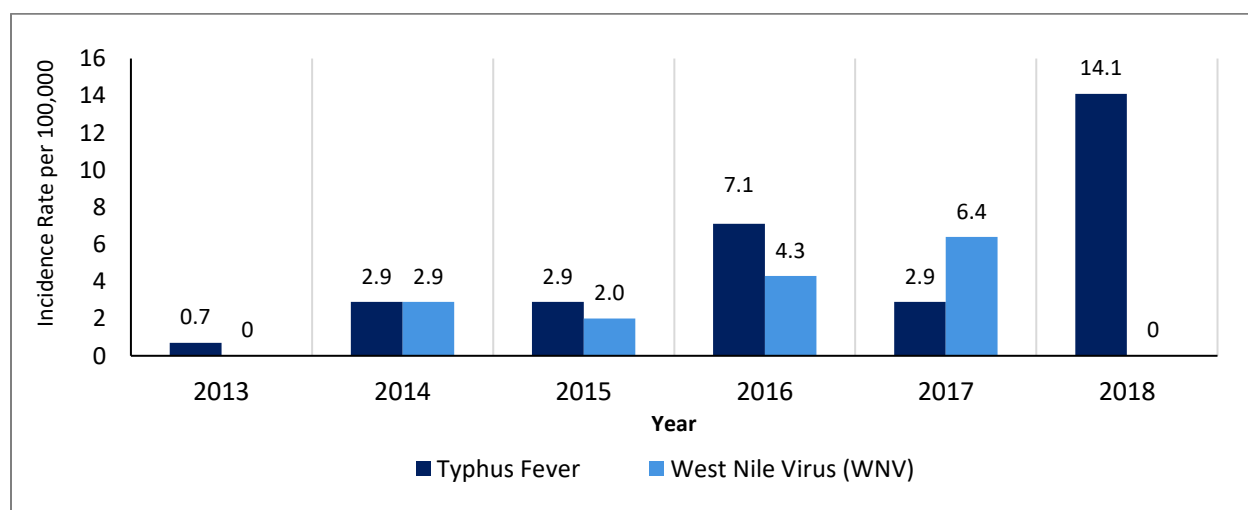
Vectorborne Diseases

Vectorborne diseases are infections transmitted by vectors, which include animals and insects. The most common disease-carrying vectors are mosquitoes, ticks, flies, and fleas. These insects spread disease to humans typically by biting a susceptible person. Vectorborne diseases are diverse, including diseases caused by viruses transmitted by mosquitos (e.g., Dengue, Zika), parasites spread by mosquitos (i.e. Malaria), and bacteria spread by ticks, lice and fleas (e.g., Q Fever, Rocky Mountain Spotted Fever and typhus fevers)³⁸.

Flea-borne Typhus Fever: Flea-borne typhus (*Rickettsia typhi*, and possibly *Rickettsia felis*), is spread by the bite of an infected flea. Pasadena has the highest rates of typhus fever compared with all other city or county health jurisdictions in California³⁸. In 2018, Pasadena experienced one of the highest levels of reported typhus in more than 20 years. Most residents with typhus fever report seeing opossums or feral cats around their home around the time of exposure. Residents can prevent their risk of typhus by not feeding any animal outside, and using flea control on their pets.

West Nile Virus: West Nile virus (WNV) is transmitted through Culex mosquitos that have bitten infected birds. Culex mosquitos tend to bite in the morning and dusk and are not known to carry the mosquito-borne diseases Zika or dengue. Culex mosquitos are native to the U.S., including California. Rates of reported West Nile Virus cases were initially high in the early 2000s because of increased provider awareness and screening levels, were lower from 2006 to 2011, but have risen up to 2016. There were no cases of WNV in 2018³⁸.

Figure 29. Annual incidence rates of select vectorborne diseases in Pasadena, 2013-2018³⁸



Sexually Transmitted Diseases

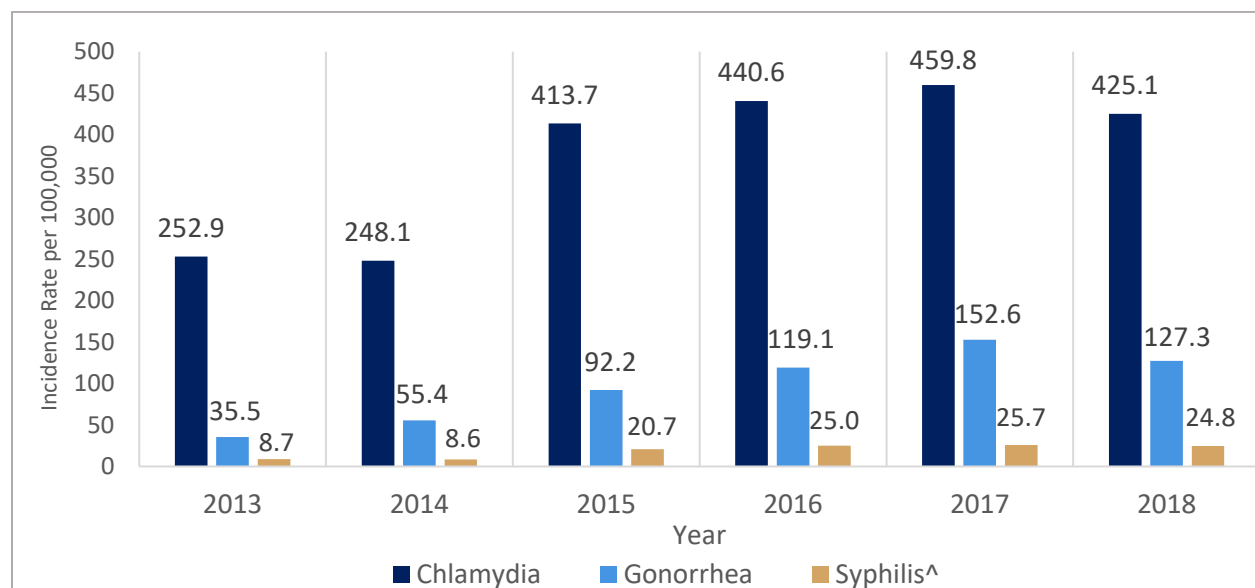
Within Pasadena, California and the United States, sexually transmitted diseases are on the rise and while the traditional high-risk groups remain, changing demographics of infections have emerged.

Chlamydia: In Pasadena, chlamydia was at its highest level in 2017 since modern reporting began in 1990. Important disparities exist, with the highest rates of chlamydia found among young people; African Americans; and gay, bisexual and other men who have sex with men (MSM). In Pasadena, approximately 80% of the chlamydia cases are among people less than 30 years old, with the majority of those between the ages of 20 to 24³⁸.

Gonorrhea: Gonorrhea cases have increased across all regions of California, including Pasadena, since at least 2007. This is the highest number of cases since the 1940s in Pasadena, and the late 60s and 70s in California. From 2013 to 2018 in Pasadena, just over two-thirds (67.8%) of all reported cases were in men. In 2018 among men, there was an equal number of heterosexual and MSM reports. For females, cases were stable at around 15 cases in previous years, but jumped to 40 in 2017 and 58 in 2018, indicating an increase as well³⁸.

Syphilis: Early syphilis cases (primary, secondary, and early latent) continued to increase across all regions of California with an overall 19% increase since 2015. In Pasadena, from 2001-2014, there were around 12-15 cases per year. In 2016-2018, there were 35-36 reported cases, more than double previous rates. From 2013 to 2018, more than 90% of Pasadena's cases were among men, though cases among females of reproductive age are increasing³⁸.

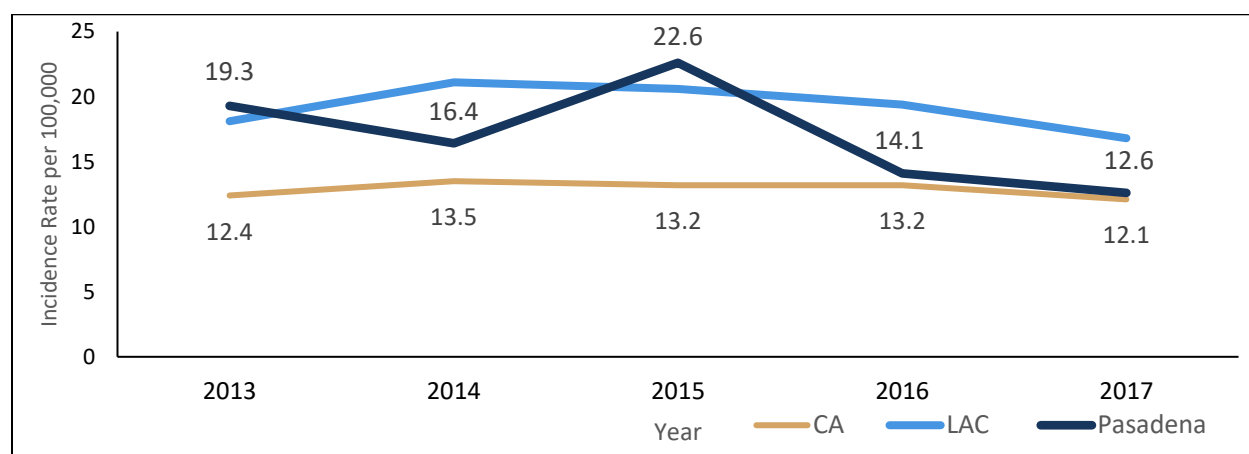
Figure 30. Annual incidence rates of sexually transmitted infections, 2013-2018³⁸



[^] Primary and secondary PLUS early late latent syphilis cases

Human Immunodeficiency Virus (HIV): The rate of newly diagnosed HIV cases are higher for the Los Angeles County (LAC) (16.8 per 100,000) than Pasadena (12.6 per 100,000) and the state (12.1 per 100,000)³⁹. The rate of persons living with HIV infection stage 3, previously classified as acquired immune deficiency syndrome or AIDS, remains steady after more than a decade of dropping rates due to the introduction of better medication and medical care. While newly diagnosed stage 3 HIV infections are decreasing, disparities in death due to HIV/AIDS exist. For example, the 10-year average death rate due to HIV for Black females was 4.1 per 100,000, higher than the HP2020 goal of 3.3 per 100,000¹⁹. Further, Black females accounted for 50% of all HIV female deaths from 2008-2017. Among males, Black males (15.4 per 100,000) had the highest 10-year average death rate, followed by White (8.5 per 100,000) and Hispanic (3.5 per 100,000) males¹⁹.

Figure 31. Incidence rates of persons newly diagnosed with HIV infection by year of diagnosis and health jurisdictions, 2013-2017³⁹



Immunizations & Infectious Diseases

Indicator	Pasadena	LAC	CA	Trend
Rates of Vectorborne Diseases ³⁸	various	---	---	↗
Chlamydia incidence rate ^{38,40}	425.1	626.2	552.2	↗
Gonorrhea incidence rate ^{38,40}	127.3	254.2	190.3	↗
Syphilis (primary and secondary)^ incidence rate ⁴⁰	13.2	19.5	16.8	↗
HIV incidence rate ³⁹	12.6	16.8	12.1	↔
Age-adjusted death rate due to pneumonia and influenza ¹⁹	26.2*	---	---	↔
Tuberculosis incidence rate ^{38,41}	3.1*	5.3	5.2	↓
Had a flu shot in the past year (ages 65+) ²⁰	87.1%	73.2%	---	↑

*5-year average rate

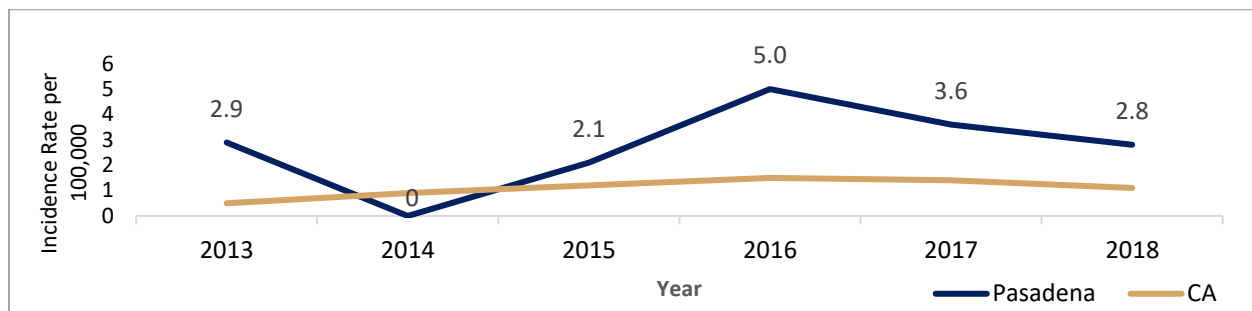
^ Excludes early latent for comparison

RESPIRATORY DISEASES

Legionellosis

Legionellosis, or Legionnaires' disease, is a serious type of pneumonia caused by the *Legionella* bacteria. People can become infected when they breathe water droplets from misters or spray sources, accidentally swallow water containing *Legionella* bacteria into the lungs, or from invasive medical devices that affect the airways (e.g., ventilators). Cases in California have increased from around 50 cases per year in the years 2001-2006, to more than 500 cases per year³⁸ and the same increasing trend is apparent in Pasadena. From 2013-2018, 91.2% of all cases in Pasadena were among people age 50 years or older³⁸.

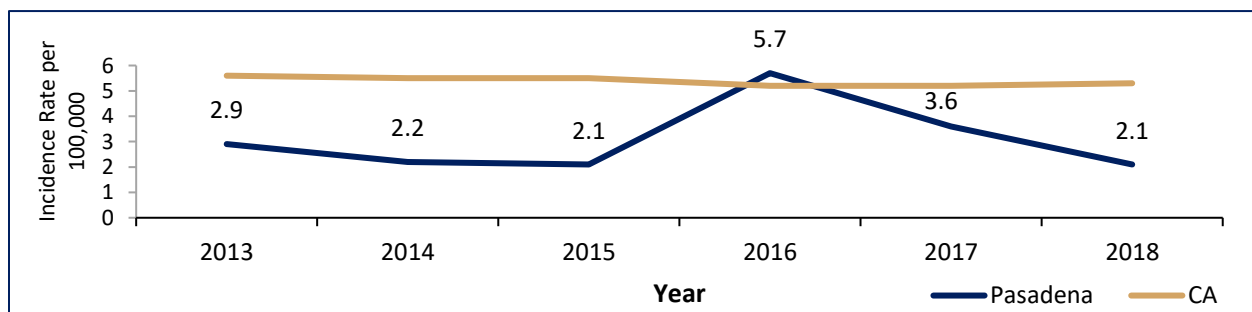
Figure 32. Annual incidence of Legionellosis in Pasadena vs. California, 2013-2018³⁸



Tuberculosis

Tuberculosis (TB) is caused by the bacterium *Mycobacterium tuberculosis*. The bacteria usually attack the lungs, but TB bacteria can attack any part of the body such as the kidney, spine, and brain. The bacteria may spread from person-to-person through droplets in the air when a person with TB infection in the lungs coughs, speaks, or sings. After the resurgence of TB in the 1980s and the peak in 1992, rates of TB in California has been declining to a stable rate of around five cases per 100,000 population per year³⁸. Pasadena's rate is generally lower than the state rate. TB rates in ethnic minorities are typically higher, especially among people who were born in a different country or spent significant time abroad.

Figure 33. Annual incidence rates of tuberculosis[^] in Pasadena vs. California, 2013-2018^{38,41}



[^] Active pulmonary tuberculosis cases

Influenza and Pneumonia

In 2017, influenza and pneumonia was the 6th leading cause of death in Pasadena. An average of 46.6 deaths were reported per year since 2006. There were significant racial disparities. The 10-year average death rate per 100,000 by race was 52.3 (White), 33.8 (Black), 25.1 (Asian), and 12.9 (Hispanic)¹⁹.

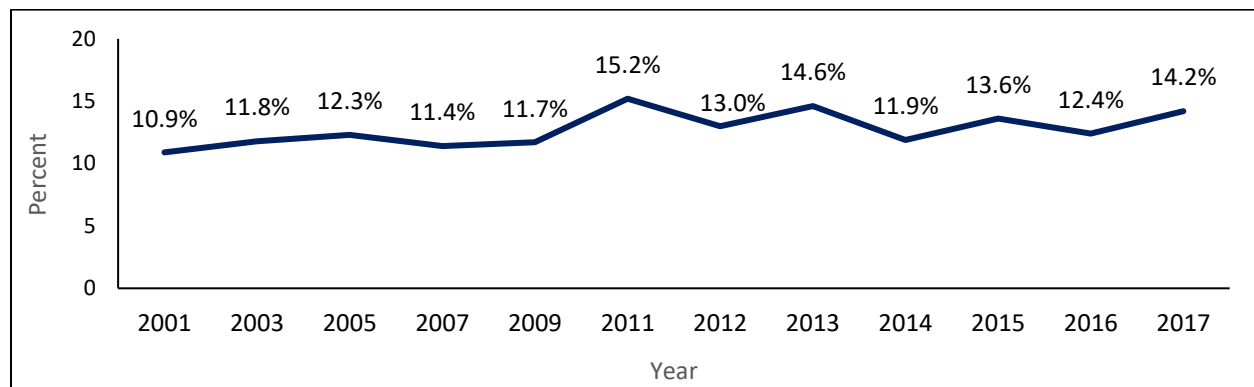
Chronic Lower Respiratory Diseases (CLPDs)

In 2017, the 4th leading cause of death was chronic lower respiratory diseases. In 2017, it was a leading cause of death and premature death among White (non-Hispanic) and Black residents¹⁹.

Asthma

Rates of people ever diagnosed with asthma are generally lower in SPA 3 than LAC and California, though estimates vary from 9.3%²⁰ to 14.2%²⁵. This rate has been steady, though increasing, since 2001 (see Figure 34).

Figure 34. Percent of people (all ages) in SPA 3 who have asthma, 2001-2017²⁵



Respiratory Diseases

Indicator	Pasadena	LAC	CA	Trend
Age-adjusted death rate due to pneumonia and influenza ¹⁹	26.2*	---	---	↔
Age-adjusted death rate due to chronic lower respiratory diseases ¹⁹	37.3*	---	---	↔
Adults (18+) who are current smokers ^{20,25}	7.0-12.9%	11.2%	12.6%	↔
Age-adjusted death rate due to lung cancer ¹⁹	24.4*	---	45.5	↓
Tuberculosis incidence rate ^{38,41}	3.1*	5.3	5.2	↓
	SPA3	LAC	CA	
Ever diagnosed with asthma ^{20,25}	9.3-14.2%	11.4-15.1%	15.4%	↓

* 5-year average rate

ALCOHOL, TOBACCO, AND SUBSTANCE ABUSE

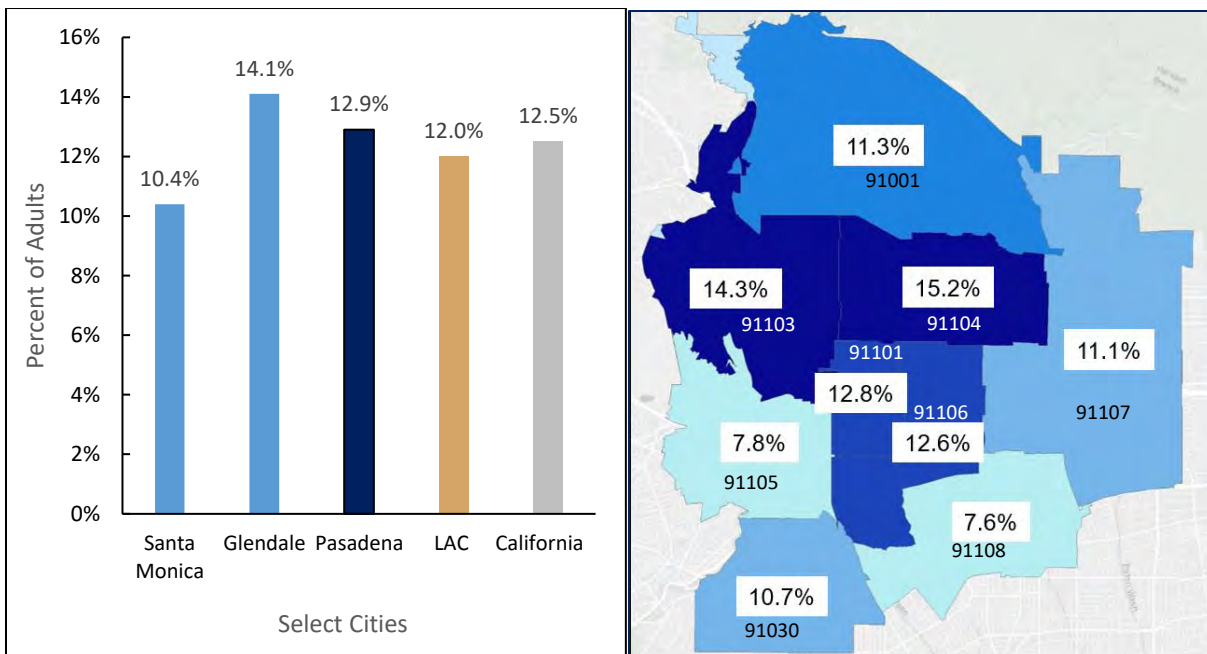
Alcohol Use

Since 2015, the percent of PUSD students who self-reported having had a full alcoholic drink has declined¹⁷. This trend is most dramatic among older students. Among 11th graders, the percent who have had a full alcoholic drink dropped from 50% in academic year (AY) 2014-2015 to 28% in AY 2017-2018¹⁷. This trend is also true for binge drinking¹⁶. Finally, adults in Pasadena binge drink at similar rates to Los Angeles County (LAC) as a whole. Specifically, about one in five (19.4%) reported binge drinking in the last month in 2018, compared with 17.9% in LAC²⁰.

E-Cigarette, Vaping, and Tobacco Use

Among PUSD students in the academic year (AY) 14-15, 15% of 7th graders had ever tried e-cigarettes or a vaping product, but this decreased to 5% in AY17-18. This same trend was observed in 9th and 11th graders, where the percent of students who had ever tried e-cigarettes decreased¹⁷. Similarly, among PUSD students, current use of an e-cig or vaping device (past 30 days) decreased as well¹⁶. Though, while e-cig use seems to be on a decreasing trend, compared with conventional cigarettes and smokeless tobacco use, the rates of usage are still much higher. For example, among 11th graders, students are 5 times as likely to have ever used an e-cig compared to a cigarette¹⁶.

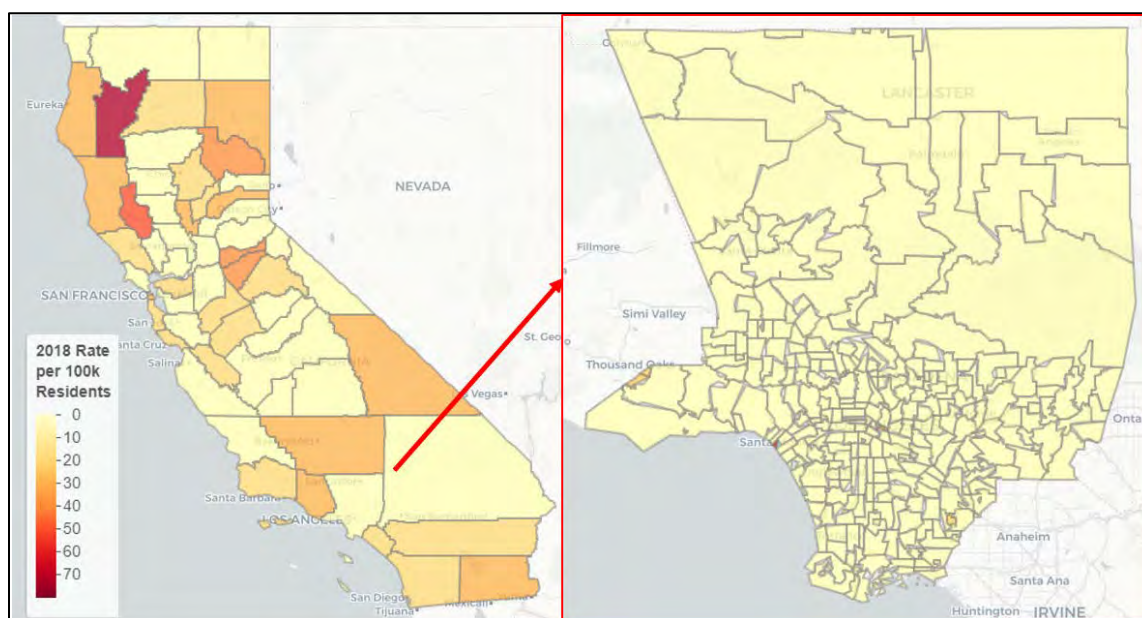
Figures 35 & 36. Percent of adults (18 years and over) who are current smokers in selected cities within LAC, and ZIP codes in Greater Pasadena, 2014⁴²



Drug Use and Overdose

Drug overdoses accounted for 10 deaths in Pasadena in 2017, and 122 deaths since 2006¹⁹. In 2017, the age-adjusted death rate was 6.9 per 100,000 population. One limitation to using data from death certificates is that they do not always specify what type of drug was the cause of death. Of the deaths with a drug listed, the most commonly cited causes of overdose deaths were alcohol intoxication, methamphetamines, cocaine, and opiates (e.g. morphine, heroin, fentanyl, OxyContin)¹⁹.

Figure 37. Age-adjusted death rate due to opioid overdose by County and Census Tract in Los Angeles County, 2018⁴³



Alcohol, Tobacco, & Substance Abuse

Indicator	Pasadena	LAC	CA	HP2020	Trend
PUSD students who reported marijuana use in past 30 days ¹⁶	7.7%*	---	9.3%*	6.0%	↑
Adults (18+) who are current smokers ^{20,42}	7.0 [^] -12.9%	11.2%	12.6%	12.0%	↔
Adults who binge drank in the last month ²⁰	19.4%	17.9%	---	24.2%	↔
Age-adjusted death rate due to drug overdose (accidental) ¹⁹	7.3*	---	---	---	↔
Students who are current cigarette smokers ¹⁶	<1%*	---	2.7%*	21.0%	↓
Students who have used an e-cig or vaping device in last month ¹⁶	5.0%*	---	7.0%*	---	↓
Age-adjusted death rate due to prescription opioid overdose ⁴³	2.2	2.4	5.4	---	↓

*5-year average rate or average across grades 7, 9, and 11

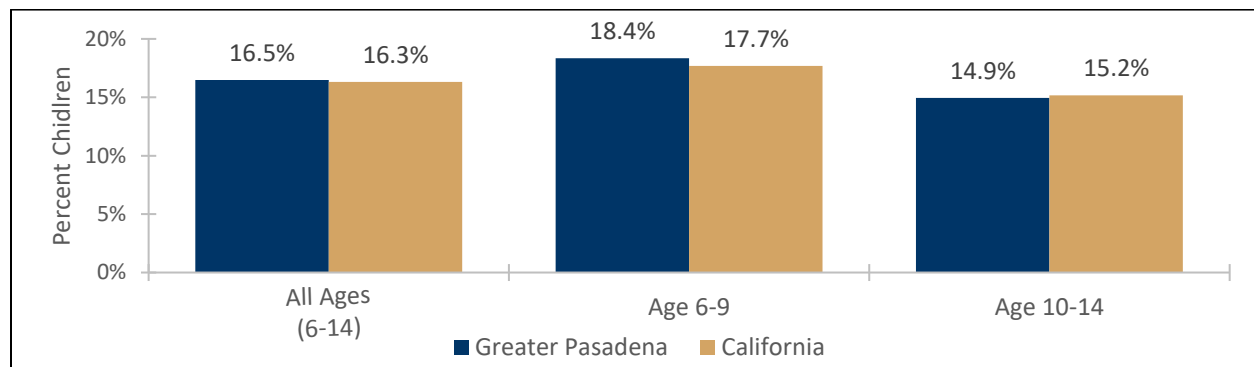
[^]Statistically unstable

ORAL HEALTH

Oral Health in Children

There appears to be a healthy decline in proportion of children who did not visit a dentist within San Gabriel Service Planning Area, though the trends appears in California as well²⁵. In addition, 16.5% of children (ages 6-14) with Medi-Cal in Greater Pasadena received dental sealants in Greater Pasadena versus 16.3% in California⁴⁴.

Figure 38. Percent of Medi-Cal beneficiaries (ages 6-14) with a dental sealant, 2017⁴⁴



Oral Health

Indicator	Pasadena	LAC	CA	HP2020	Trend
Medi-Cal beneficiaries with dental sealants (ages 6-9) ⁴⁴	18.4%	---	17.7%	28.1%	↓
Medi-Cal beneficiaries with an annual dental visit ⁴⁴	27.6%	29.9%	---	---	↔
Kindergarteners with untreated dental decay ⁴⁵	19.1%	12.5%	---	21.4%	↔
Adults (18+) who are current smokers ^{20,42}	7.0 [^] -12.9%	---	12.6%	---	↔
ChapCare patients (ages 0-5) receiving dental services ⁴⁵	53.7%	---	---	33.3%	↑
Age-adjusted emergency department rate due to dental problem ⁴⁵	13.9%	22.9%	36.6%	---	↓
Pregnant women who visited a dentist during pregnancy ²⁹	55.8%	37.4%	43.0%	---	↑
	SPA 3	LAC	CA	HP2020	Trend
Adults who drink a soda at least once per week ²⁵	41.3%	41.7%	39.6%	---	↔
Children who have never been to the dentist ²⁵	13.4%*	14.1%	12.4%	---	↔
Children who visited the dentist in the last year ²⁵	80.5%*	86.0%	85.6%	---	↔
Adults (18+) who visited the dentist within the last year ²⁵	65.1%*	---	71.6%	---	↔

* Pooled across 2015, 2016, 2017 for statistical stability

[^] Statistically unstable

MENTAL HEALTH

Mental Health among Youth and Teens

Approximately 31% of students grades 7, 9, and 11 in PUSD reported experiencing chronic sadness or hopelessness, a 6% increase from 2016-2017¹⁶. The proportion of teens in SPA 3 reporting needing emotional or mental health support has been trending higher over 10 years, with nearly one in four now requiring such support, but only 16.4% reporting receiving care²⁵.

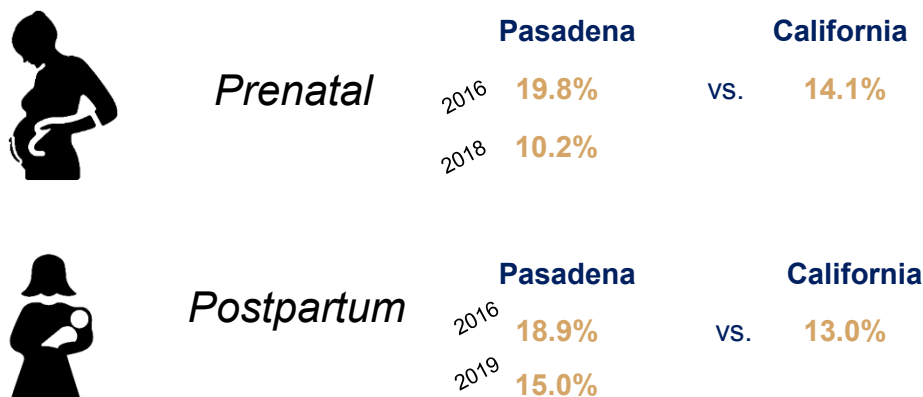
Among youth and teens in PUSD and the San Gabriel Valley....



Mental Health among Mothers

A higher percent of new mothers in Pasadena reported prenatal and postpartum depressive symptoms, 19.8% and 18.9% respectively, compared to peers in the entire state²⁹. However, the rate appears to be declining.

Among new mothers in Pasadena and California, the percent reporting symptoms of prenatal and postpartum depression are...



Suicide Ideation and Attempts among Youth

Among youth and teens...



14.5%
seriously considered
suicide¹⁶.
Increase from 11% in
AY16-17.

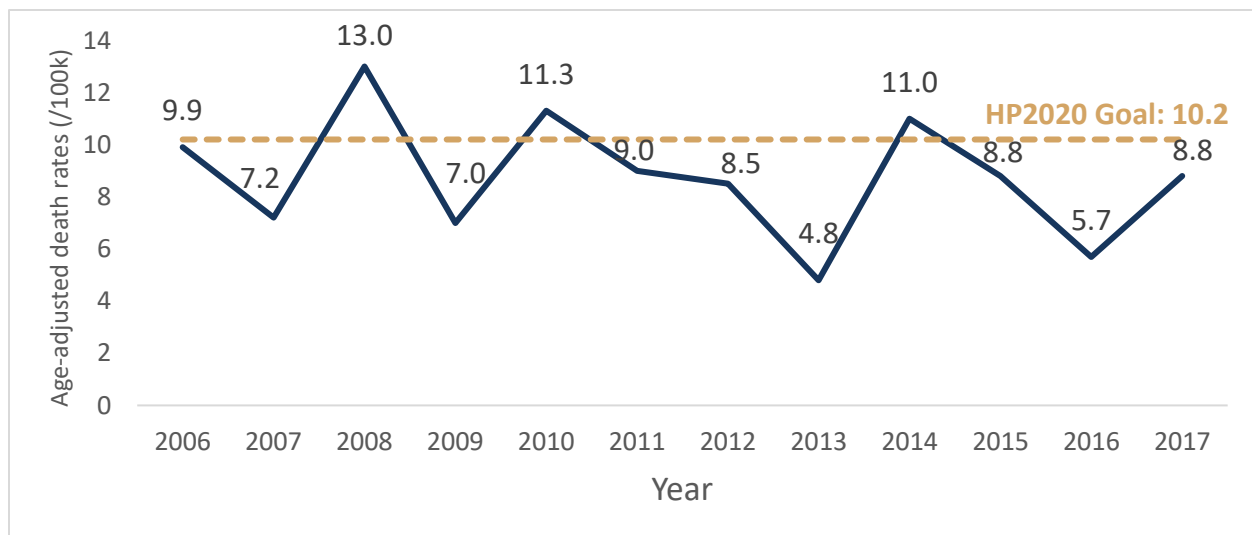
Among youth (ages 12-18) there is an average of **1.3** suicide attempts reported to Pasadena Police each year¹⁸.

Among youth (ages 18-22) there is **<1** suicide in Pasadena each year¹⁹.

Suicide

Over the last 10 years, Pasadena had an average of 13 suicides per year¹⁹. More than 82% of all suicides were among males. While Pasadena generally has a lower age-adjusted death rate due to suicide than the Healthy People 2020 (HP2020) goal of 10.2 deaths per 100,000, among whites (non-Hispanic), the 3-year average age-adjusted death rate was higher at 13.8 per 100,000. The 10-year average age-adjusted suicide rate by race was 15.3 (White, non-Hispanic), 7.0 (Asian), 6.0 (Black), and 3.0 (White, Hispanic)¹⁹.

Figure 39. Age-adjusted suicide rates, 2006-2017¹⁹



Community Input

There was a concern about anxiety and depression becoming more widespread. Stakeholders explained they have observed a growth in people reporting symptoms of trauma- and stressor-related disorders, particularly among veterans and people experiencing homelessness. In addition, there is growing recognition in our community that racial trauma is an underlying factor that manifests in mental, behavioral and physical health outcomes. Given this, stakeholders explained that large numbers of individuals would benefit from mental and behavioral health care, but there are fewer than needed providers, and fewer than needed providers that offer culturally- and socially-responsive services.

Many stakeholders agreed there is a great need for more funding and services for children in terms of mental health support, prevention, and early intervention. Stakeholders explained that there is a great need for psychiatrists to serve the youth and homeless populations, in particular.

Mental Health

Indicator	SPA 3	CA	HP2020	Trend
Adolescents who reported needing help for emotional/mental health problem ²⁵	24.5%	19.8%	---	↗
Adolescents who received psychological/emotional counseling in last year ²⁵	16.4%	14.8%	---	↑
	Pasadena	CA	HP2020	
Students who experienced chronic sadness/hopelessness in last year ¹⁶	31.0%**	28.7%**	---	↔
Ever diagnosed with depression ²⁰	13.7% [^]	16.5%	---	↔
Taking medication and/or receiving counseling for depression ²⁰	91.7%	78.9%	75.9%	↑
Students who seriously considered suicide ¹⁶	14.5%	10.7%	---	↓
Suicide attempt rate (/1,000) among youth (ages 12-18) ⁴	0.2	---	1.7	↓
Age-adjusted suicide rate ¹⁹	7.8*	---	10.2	↓

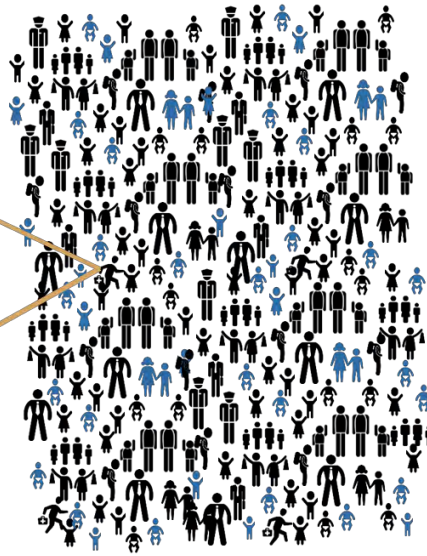
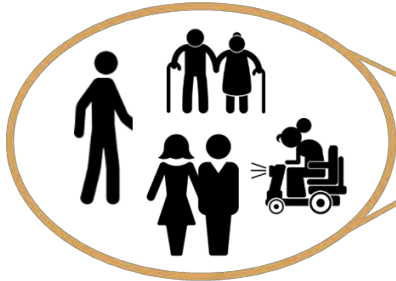
[^]Statistically unstable

^{**} Average for grades 7, 9, and 11 in PUSD.

^{*}5-year average rate

OLDER ADULTS AND AGING

In 2017, there were **21,921** adults ages 65 and over⁵.



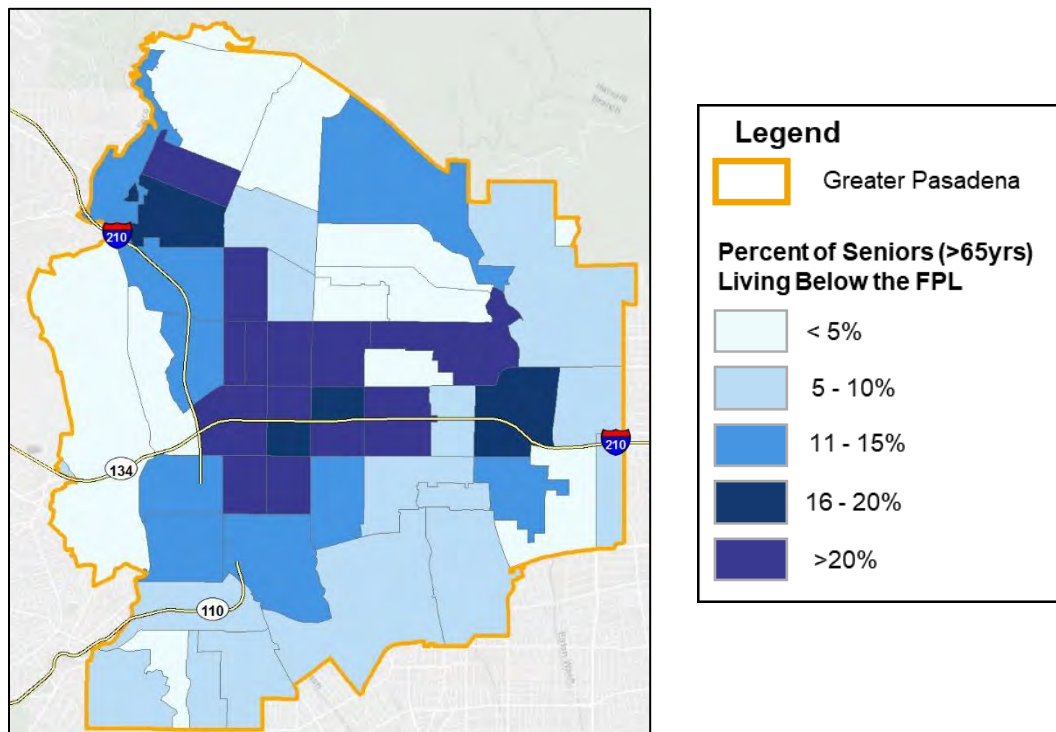
Older adults are about **15%** of the more than 140,000 people in Pasadena⁵.

Seniors are the fastest growing age group. The senior population has increased by over **10%** in the last ten years⁵.

Senior Poverty Levels

More seniors are living below the federal poverty level in Pasadena (16.3%) than in Los Angeles County as a whole (13.4%)⁵. This is higher than the percent of families living in poverty as well (11.3%)⁵.

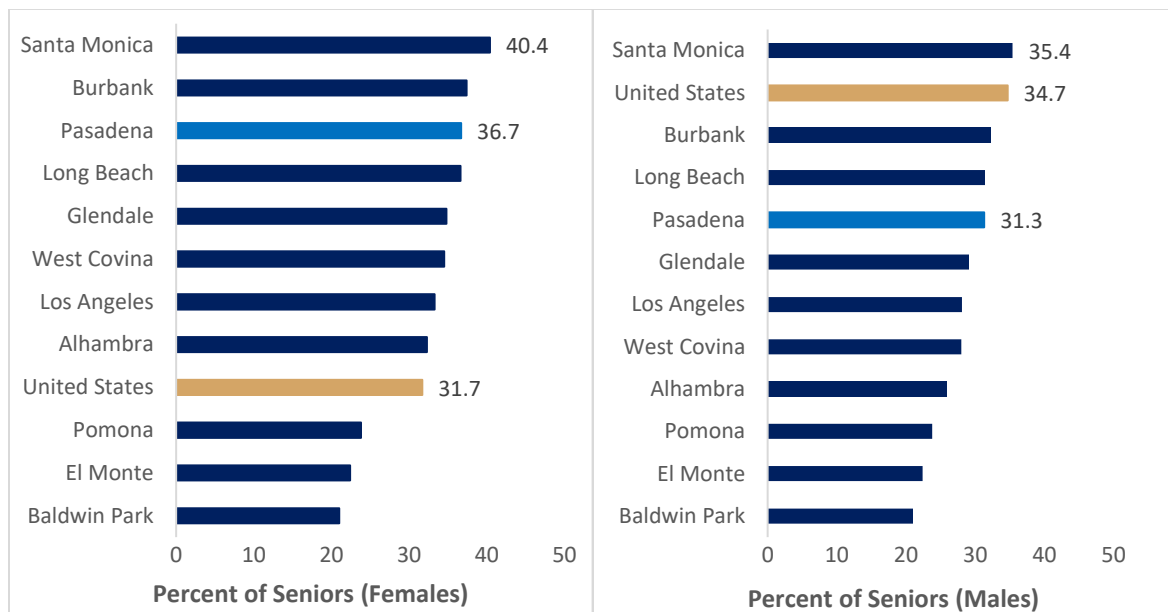
Figure 40. Percent of seniors (age 65 and over) living below the Federal Poverty Level by Census Tract in Greater Pasadena, 2017⁵



Healthy Aging

National experts agree on a set of recommended clinical preventive services for adults ages 65 years and over that can either prevent or delay disease onset, or identify disease at earlier, more treatable stages. These services include influenza vaccination, pneumococcal vaccination, and colorectal cancer screening, plus mammography screening for women³⁵. Based on estimates from the CDC, females in Pasadena are doing better than most of the LAC cities and the United States. Males are outperforming some cities, but are lower than the US rates³⁵.

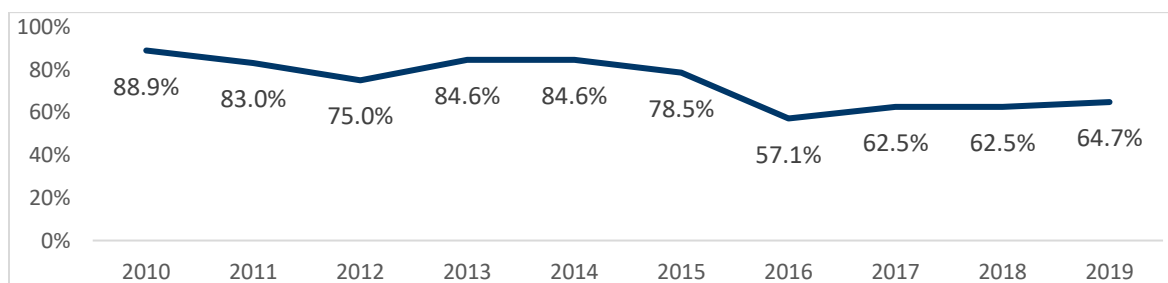
Figure 41. Percent of seniors (age 65 and over) who are up to date on core set of clinical preventive services by gender, 2016³⁵



Seniors in Long-term Care Facilities

Pasadena has 17 skilled nursing facilities (SNFs) that house thousands of Pasadena residents. We monitor the Centers for Medicare and Medicaid Services (CMS) ratings as one measure of quality for these facilities. CMS rates each facility out of five stars⁴⁶.

Figure 42. Percent of SNFs with a 3-star CMS rating or higher, 2010-2018⁴⁶



Note: The methodology changed in 2015 which accounts for the acute drop in facilities with over 3 stars.

Community Input

The Pasadena Public Health Department engaged seniors to identify key themes that help or hinder healthy aging in our community. In general, seniors and key stakeholders stated that the senior population in Pasadena is independent, and they want to be part of a community that values that independence. Sidewalks that promote mobility, affordable and accessible transportation, and affordable senior-friendly housing and services are examples of resources that would improve the quality of life and feeling of acceptance among the senior population. Seniors entering retirement face an entirely new social landscape where they can no longer rely on their office or colleagues for social interaction, which can lead to isolation. Many seniors may also be facing health issues for the first time, including conditions that may limit their mobility or activity. Opportunities that encourage social interaction, including community programs, could benefit these seniors.

“Cultural events keep us young.”

-Pasadena Senior

Seniors communicated a frustration with the “system”, saying that the balance between Medi-Cal, Medi-Care, Social Security, etc. was not always sufficient, confusing, or both. A resource to help navigate the systems could help many seniors. Finally, many seniors told stories of physical and gross neglect in care facilities. Opportunities to address this issue and develop a greater sense of security for seniors includes educating the public and seniors about elder abuse, developing systems to help seniors report elder abuse, and increased engagement for seniors in these facilities could help.

Older Adults & Aging

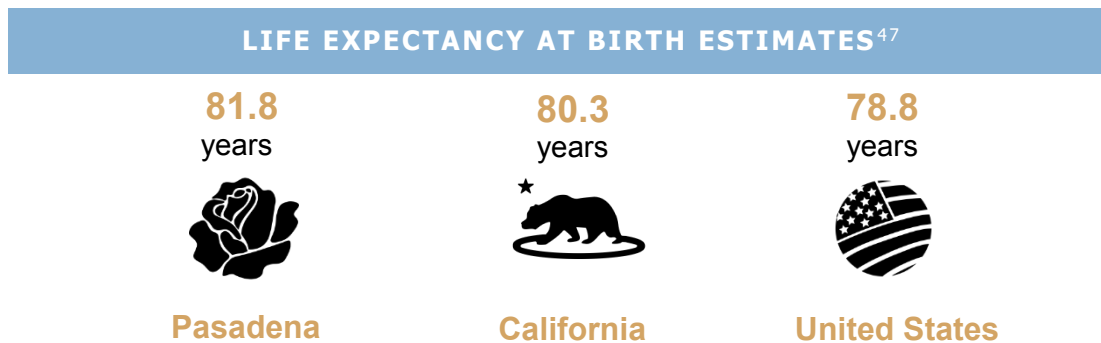
Indicator	Pasadena	LAC	US	Trend
Adults (age 65+) living below the federal poverty level ⁵	16.3%	13.4%	9.3%	↑
Renters (age 65+) spending 30% or more of household income on rent ⁵	68.4%	64.6%	54.4%	↑
Age-adjusted death rate due to Alzheimer's disease and dementia ²	65.3*	---	---	↗
Living with a disability (age 65+) ⁵	34.9%	36.5%	35.5%	↔
Ever had a pneumonia vaccination (age 65+) ³	78.5%	72.3%	---	↔
Adults (age 65+) who received the recommended preventive services: male ³⁵	31.3%	---	34.7%	↓
Adults (age 65+) who received the recommended preventive services: female ³⁵	36.7%	---	31.7%	↓
Had a flu vaccine within the last year (age 65+) ²⁰	87.1%	73.2%	---	↑
Adults with arthritis ³⁵	17.6%	---	25.4%	↓

*5-year average rate

LIFE EXPECTANCY AND MORTALITY

Life Expectancy

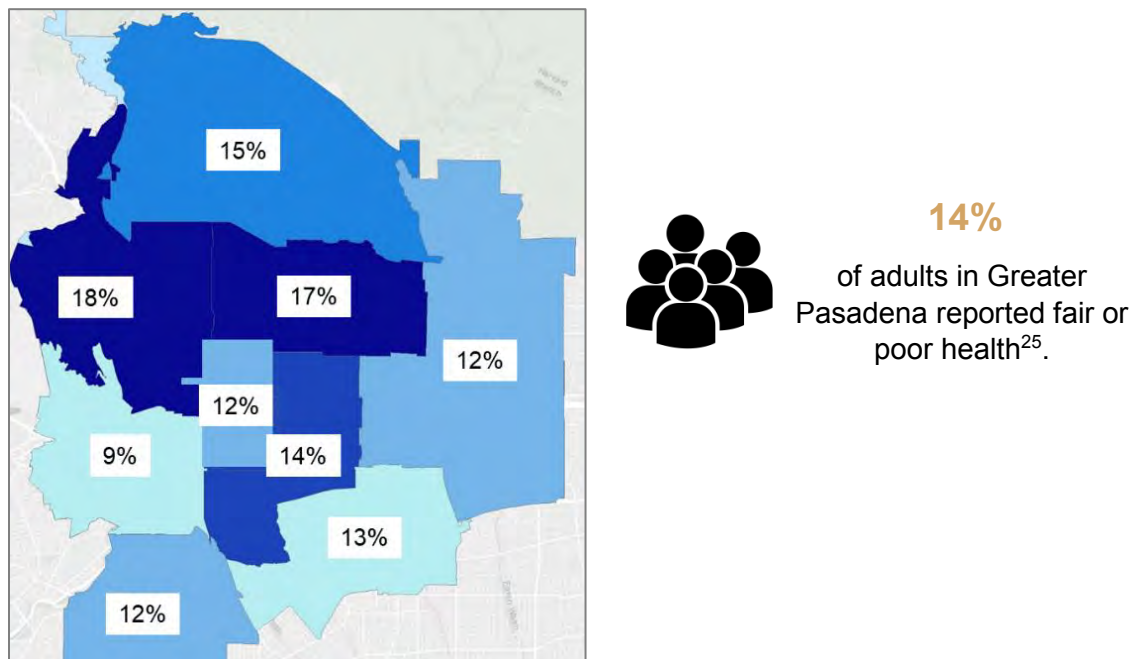
Ultimately, the job of the health system is to improve how long our residents live, and the quality of life our residents experience throughout their lives. One key measure of the health of our community is life expectancy, which tells us how long a typical resident is expected to live when they are born. Communities that have more opportunities for health will generally have a longer life expectancy. In general, Pasadena residents are living longer than the rest of the people in California and the United States⁴⁷.



Quality of Life

Good health is not only about living longer. Good health is about having a high quality of life, free from sickness or ill-health. Adults who report fair or poor health often have a lower quality of life, reduced productivity in the workplace, and increased healthcare costs.

Figure 43. Percent of Greater Pasadena adults with self-reported fair or poor health²⁵



Leading Causes of Death¹⁹

Gender No. of Deaths Death Rate/100k	#1 Cause No. Deaths Death Rate	#2 Cause No. Deaths Death Rate	#3 Cause No. Deaths Death Rate	#4 Cause No. Deaths Death Rate	#5 Cause No. Deaths Death Rate
Male 557 814 /100k	Ischemic Heart Disease 114 167/100k	Dementia & Alzheimer's 47 69/100k	Lung Cancer 24 35/100k	Stroke 22 32/100k	Hypertensive Diseases 21 31/100k
Female 559 778 /100k	Ischemic Heart Disease 95 132/100k	Dementia & Alzheimer's 90 127/100k	Chronic Lower Respiratory Diseases 39 54/100k	Stroke 37 51/100k	Hypertensive Diseases 26 36/100k

The five leading causes of death in Pasadena were: 1) Ischemic heart disease, 2) Dementia and Alzheimer's disease, 3) Cerebrovascular diseases (stroke), 4) Chronic lower respiratory diseases and 5) Hypertensive diseases. Ischemic heart disease was the overall leading cause of death and premature death, accounting for almost one out of every five deaths (19%). The mean age of death for males was 74.6 years and 80.9 years for females. The mean age of death by race/ethnicity was: 80.6 (White, non-Hispanic), 75.1 (Asian), 74.6 (Black), and 72.9 (White, Hispanic).¹⁹

Leading Causes of Premature Death¹⁹

Gender	#1 Cause Years of Life Lost	#2 Cause Years of Life Lost	#3 Cause Years of Life Lost	#4 Cause Years of Life Lost	#5 Cause Years of Life Lost
Male	Ischemic Heart Disease 536	Suicide 274	Land Transport Accidents 270	Drug Overdose (Unintentional) 267	Homicide 247
Female	Breast Cancer 209	Ischemic Heart Disease 192	Suicide 151	Pancreatic Cancer 109	Urinary Diseases 108

One way to evaluate the impact of death on a community is to see which diseases caused people to die earlier than others. In this way, we define premature deaths as deaths before the age of 75. To compare the overall impact we calculated the years of life lost before age 75, and sum it for each cause of death. Suicide, drug overdose (unintentional), and land transport accidents (including motor vehicle accidents) were the 2nd, 3rd, and 4th leading causes of premature death, respectively, because they disproportionately affect younger populations. Among males, these three causes were only approximately 4.5% of the deaths, but accounted for approximately 25% of the years of life lost¹⁹.

APPENDIX A: PARTICIPANTS IN LISTENING SESSIONS AND INDIVIDUAL INTERVIEWS

Residents

LGBTQ Senior Adults
Asian American Adults
Latino Adults including Native Spanish Speakers
Senior Adults
African American Adults
African American Youth

Organizational Leaders

All Saints Church
Altadena Baptist Church
American Cancer Society, Inc. - California Division
Asian Youth Center
Community Health Alliance of Pasadena (ChapCare)
Citrus Valley Association of Realtors
Day One
East San Gabriel Valley Coalition for the Homeless
Emanate Health Foundation Board
Foothill Family Services
Foothill Unity Center
Health Consortium of the Greater San Gabriel Valley
Herald Christian Health Center
Huntington Hospital Community Benefit Committee
Los Angeles County Department of Mental Health
Los Angeles County Department of Public Health, SPA 3
Our Savior Center
Pacific Clinics
Pasadena Public Health Department
Pasadena Unified School District
San Gabriel Valley Economic Partnership
Young and Healthy

APPENDIX B: COMMUNITY RESOURCES

The following are resources available to Greater Pasadena area residents to respond to the health needs in the community. These were originally collected in a joint effort by Huntington Hospital and the Pasadena Public Health Department in May 2016, and updated for the **2019 Community Health Needs Assessment of Greater Pasadena**. This list does not represent a complete list of resources, but apologize to any group or organization inadvertently omitted from this list.

ACCESS TO HEALTH SERVICES

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

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

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

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

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

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

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

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

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

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

Young and Healthy. 136 W Peoria St., Pasadena, CA 91103. (626) 795-5166. <http://yhpasadena.org>. Health services: children/youth, medical, dental, behavioral health, assistance with obtaining health insurance.

CANCER

American Cancer Society. 50 N. Hill Ave., #200 Pasadena, CA 91106. (626) 795-7774.

<http://www.cancer.org>. Education: cancer, resource/referrals, advocacy.

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

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

CHILDREN'S HEALTH

Bienvenidos, an affiliate of Hillsides. 255 N. San Gabriel Blvd.. Pasadena, CA 91107. (626) 696-1270.

<http://www.bienvenidos.org>. Social Services: children/youth, behavioral health, foster care.

Community Health Alliance of Pasadena (ChapCare). 1855 N. Fair Oaks Ave. Pasadena, CA 91103. (626)

398-6300. <http://www.chapcare.org>. Clinic: primary care, dental, behavioral, children and adults.

Hathaway-Sycamores Child and Family Services. 210 S. Delacey Ave. #110 Pasadena, CA 91105. (626) 395-

7100. <http://www.hathaway-sycamores.org>. Foster Care Agency: children/youth, social services, education.

Pasadena Public Health Department - Child Health & Disability Prevention Program.

1845 N. Fair Oaks Ave., Pasadena, CA 91103. (626) 744-6168.

<http://www.cityofpasadena.net/publichealth>. Health Screening: children/youth, social services.

Pasadena Public Health Department - Childhood Lead Poisoning Prevention Program.

1845 N. Fair Oaks Ave. Pasadena, CA 91109. (626) 744-6089.

<http://www.cityofpasadena.net/publichealth>. Case Management: children/youth, lead poisoning prevention, education.

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

3600 x88240. Clinic: children/youth, school-based programs.

Pasadena Unified School District Primary Health Care Clinic. 351 S. Hudson Ave., #130 Pasadena, CA 91109.

(626) 396-3600 x88180 Clinic: children/youth, medical services, screenings.

Young and Healthy. 136 W Peoria St, Pasadena, CA 91103. (626) 795-5166. <http://yhpasadena.org/>

Social and Clinical Services: children/youth, dental, mental health, trauma, eye care, clinical care.

APPENDIX B: COMMUNITY RESOURCES

DISABILITIES, ACCESS & FUNCTIONAL NEEDS (DAFN)

AbilityFirst. 201 S. Kinneloa Ave. Pasadena, CA 91107. (626) 449-5661. <http://www.abilityfirst.org>.
DAFN Center: children/youth, adults.

Adaptive Recreation - City of Pasadena. 2575 Paloma St. Pasadena, CA 91107.
(626) 744-7257. <http://www.cityofpasadena.net/Humanservices/adaptiverecreation>.
DAFN Center: adults, recreation, referrals.

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

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

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

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

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

ECONOMY

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

Flintridge Center. 236 West Mountain Street, Suite 106, Pasadena, CA 91103. (626) 449-0839.
<https://www.flintridge.org/>. Programs with career opportunities and reentry issues for previously incarcerated individuals.

Foothill Employment and Training Center. 1207 E. Green St. Pasadena, CA 91106. (626) 796-5627.
<http://www.edd.ca.gov/>. Career Center: employment, resources.

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

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

Sources Career Development. 825 E. Orange Grove Blvd. Pasadena, CA 91104. (626) 240-4591.
<https://unionstationhs.org/programs/sources/>. Career Center: employment, adults.

EDUCATION

AspiresWest Pasadena. 119 E. Washington Blvd. Pasadena, CA 91103. (626) 797-0789.

<http://aspirewestpasadena.com/>. Education: children/youth, parenting, mentoring.

Boys & Girls Club of Pasadena. 3230 E. Del Mar Blvd.. Pasadena, CA 91107 Pasadena, CA 91107. (626) 449-

9100. <https://www.bgcpasadena.org/>. Education: children/youth, recreation, tutoring.

Cancer Support Community. 200 E. Del Mar Ave. Pasadena, CA 91105. (626) 796-1083.

<https://www.cscpasadena.org/>. Education.

Continuing and Community Education. 3035 E. Foothill Blvd. Pasadena, CA 91107. (626) 585-3000.

<https://pasadena.edu/academics/continuing-education.php>. Education: extension, vocational training.

Families Forward Learning Center (formerly Mother's Club). 980 N. Fair Oaks Ave. Pasadena, CA 91103.

(626) 792-2687. <http://www.familiesforwardlc.org/>. Education: parent education, literacy.

Huntington Community Health Library. 100 W. California Blvd. Pasadena, CA 91105. (626) 397-5161.

<https://www.huntingtonhospital.org/Education.aspx>. Library: medical information.

Huntington Hospital Community Outreach. 100 W. California Blvd., Pasadena, CA 91105. (626) 397-2581.

<https://www.huntingtonhospital.org/Community/Community-Outreach-Programs.aspx>. Health classes.

Huntington Hospital Classes and Events. 100 W. California Blvd. Pasadena, CA 91105. (626) 397-5000.

<https://www.huntingtonhospital.org/Events.aspx>. Education: obesity prevention, diabetes management, cardiovascular health.

Jackie Robinson Community Center. 1020 N. Fair Oaks Ave. Pasadena, CA 91103. (626) 744-7300.

<https://www.cityofpasadena.net/human-services/parks/jackie-robinson-community-center/>.

Community Center: education, social services, recreation.

Los Angeles County Human Services. 211. <https://www.211la.org/>. Hotline: resource and referral, health and human services.

Neighbors Acting Together Helping All (NATHA). 456 W. Montana St. Pasadena, CA 91103. (626) 794-5889.

Education: children/youth, tutoring, community development.

Pasadena YMCA. 2844 E. Foothill Blvd., Pasadena, CA 91107. (626) 432-5880.

<https://www.ymcala.org/pasadena>. Education: children/youth, after-school programs, recreation.

Pasadena LEARNs After School Program. 351 S. Hudson Ave. Pasadena, CA 91109. (626) 396-3614.

<https://www.pusd.us/domain/95> Education: children/youth, after-school programs.

Pasadena Unified School District — Early Childhood Development Programs. 2046 N. Allen Ave. Pasadena, CA 91101. (626) 396-5900. <https://www.pusd.us/domain/91>. Childcare: children/youth, pre-school.

Stars (formerly Lake Avenue Community Foundation). 712 E. Villa St. Pasadena, CA 91101. (626) 449-4960.

<https://gostars.org/>. Education: children/youth, tutoring, referrals, health services.

APPENDIX B: COMMUNITY RESOURCES

Victory Park Community Center. 2575 Paloma St. Pasadena, CA 91107. (626) 744-7500.
<https://www.cityofpasadena.net/human-services/parks/victory-park/>. Community Center: education, social services, recreation.

Villa-Parke Community Center. 363 E. Villa St. Pasadena, CA 91101. (626) 744-6530.
<https://www.cityofpasadena.net/human-services/parks/villa-parke-community-center/>. Community Center: education, social services, recreation.

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

EXERCISE, NUTRITION, & WEIGHT

Huntington Hospital Community Outreach. 100 W. California Blvd.. Pasadena, CA 91105. (626) 397-2581.
<https://www.huntingtonhospital.org/Community/Community-Outreach-Programs.aspx>. Chair yoga classes.

Pasadena Public Health Department – Nutrition and Physical Activity. 1845 N Fair Oaks Ave., 1st Floor, Pasadena CA 91103. (626) 744-6134. <https://www.cityofpasadena.net/public-health/>
Education: nutrition courses, defensive dining, corner store conversion

FAMILY PLANNING

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

Planned Parenthood of Pasadena and San Gabriel Valley. 1045 N. Lake Ave. Pasadena, CA 91104. (626) 798-0706 <https://www.plannedparenthood.org/planned-parenthood-pasadena-san-gabriel-valley>.
Clinic: family planning, reproductive health, sex education.

IMMUNIZATIONS & INFECTIOUS DISEASES

Huntington Hospital Phil Simon Clinic. 711 Fairmount Ave. Pasadena, CA 91105. (626) 397-5480.
<http://philsimonclinic.org/> Clinic: HIV/AIDS medical care, case management, social services.

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

Pasadena Public Health Department — Immunization Clinic. 1845 N. Fair Oaks Ave. #122 Pasadena, CA 91103. (626) 744-6121. <http://www.cityofpasadena.net/publichealth>. Clinic: immunizations.

Healthy Traveler Clinic. 1250 E. Green St., Pasadena, CA 91106. (626) 584-1200.
<https://www.healthytraveler.com/> Clinic: immunizations.

MATERNAL, INFANT, AND CHILD HEALTH

Elizabeth House. P.O. Box 94077 Pasadena, CA 91109. (626) 577-4434. <http://www.elizabethhouse.net>. Shelter: women, children, shelter.

Pasadena Public Health Department — Women, Infants and Children (WIC). 363 East Villa Street (Villa Parke Community Center), Pasadena, CA 91101. (626) 744-6005. <https://www.cityofpasadena.net/public-health/wic/> Education: nutrition education, food checks, breastfeeding support.

Pasadena Public Health Department — Maternal, Child and Adolescent Health Outreach. 1845 N. Fair Oaks Ave., 2nd floor Pasadena, CA 91103. (800) 304-0015. <https://www.cityofpasadena.net/public-health/maternal-child-adolescent-health-program/> . Info and Referral: women, children/youth.

MENTAL HEALTH

Arcadia Mental Health Center / Los Angeles County Department of Mental Health. 330 E. Live Oak Ave. Arcadia, CA 91006. (626) 821-5858. Info and Referral: mental health, adults.

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

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

Foothill Family Service. 2500 E. Foothill Blvd. Pasadena, CA 91107. (626) 564-1613. <http://www.foothillfamily.org>. Social Services: behavioral health, children, adults.

Fuller Psychological and Family Services. 180 N. Oakland Ave. Pasadena, CA 91101. (626) 584-5555. Counseling Center: mental health.

Huntington Hospital Della Martin Center. 100 W. California Blvd. Pasadena, CA 91105. (626) 397-2329. <http://www.huntingtonhospital.com>. Hospital: mental health, chemical dependency.

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

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

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

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

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

APPENDIX B: COMMUNITY RESOURCES

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

Westminster Center. 867 E. Atchison Pasadena, CA 91104. (626) 798-0915.
<http://www.westminstercenter.org>. Counseling Center: mental health.

OLDER ADULTS & AGING

Altadena Senior Center. 560 E. Mariposa Altadena, CA 91001. (626) 798-0505.
Senior Center: seniors, education, recreation.

Convalescent Aid Society. 3255 Foothill Blvd., Pasadena, CA 91107. (626) 793-1696.
<https://www.convalescentaidsociety.com/>. Free loan of medical equipment.

Hart Park House Senior Center. 222 W. Sierra Madre Blvd., Sierra Madre, CA 91024. (626) 355-7394.
http://www.cityofsierramadre.com/services/seniors/hart_park_house. Senior Center: education, recreation.

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

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

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

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

South Pasadena Senior Center. 1102 Oxley St. South Pasadena, CA 91030. (626) 403-7360.
Senior Center: seniors, education, recreation.

PREVENTION & SAFETY

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

Pasadena Public Health Department — Tuberculosis Clinic. 1845 N. Fair Oaks Ave., #122 Pasadena, CA 91103. (626) 744-6024. <https://www.cityofpasadena.net/public-health/tuberculosis/>. Clinic: TB testing, treatment, case management.

SOCIAL ENVIRONMENT

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

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

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

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

Friends in Deed. 444 E. Washington Blvd. Pasadena, CA 91104. (626) 797-2402. <http://www.friendsindeedpas.org>. Food Bank: homeless, bad weather shelter, women's daytime shelter.

Grace Center. P.O. Box 40250 Pasadena, CA 91114. (626) 355-4545. <http://www.grace-center.org>. Shelter: women, domestic violence, support services.

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

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

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

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

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

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

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

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

APPENDIX B: COMMUNITY RESOURCES

SUBSTANCE ABUSE

Casa Treatment Center. (626) 792-2770. <https://www.casatreatmentcenter.org>.

Treatment Center: substance abuse, support services.

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

Gooden Center – 191 North El Molino Avenue Pasadena, California 91101

Treatment Center: men, residential, day and outpatient treatment.

IMPACT - 1680 N. Fair Oaks Ave. Pasadena, CA 91103. (626) 798-0884. <http://www.impacthouse.com>.

Treatment Center: substance abuse, support services.

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

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

The Walter Hoving Home. 127 S. El Molino Ave. Pasadena, CA 91101. (626) 405-0950.

<http://www.walterhovinghome.com>. Treatment Center: substance abuse.

TEEN & ADOLESCENT HEALTH

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

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

TRANSPORTATION

Dial-A-Ride. 221 E. Walnut St., #199 Pasadena, CA 91101. (626) 744-4094.

<http://www.cityofpasadena.net/DAR>. Transportation: seniors, disabled.

APPENDIX C: COMMUNITY SCORECARD

Legend

↑↓↗	Local values are performing worse (higher ↑ /lower ↓ <i>depending on the indicator</i>) when compared to county, state or national values; or the indicator has increased significantly over time ↗.
↔↗↘	Local values are either performing comparably to other estimates (↔); the metric does not have inherent negative or positive health risk, and we are denoting an increasing or decreasing trend (↗↘) (ex-Birth rates) ; or the metric is increasing/decreasing but not significantly and there are no comparison values from other jurisdictions (↗↘).
↑↓↘	Local values are performing better (higher ↑ /lower ↓ <i>depending on the indicator</i>) when compared to county, state or national values; or the indicator has decreased significantly over time ↘.
N/A	Local values were not available for comparison.

*Averaged or Pooled for stability

^ Statistically Unstable

Social Determinants of Health

	Year	Pasadena	SPA 3	LAC	California	HP2020	Trend
Economy, Housing, & Homelessness							
People 65+ living below poverty level ⁵	2017	16.3%	---	13.4%	10.2%	---	↑
People (all ages) living at or below 150% of poverty level ⁵	2017	76.3%	---	71.9%	75.3%	---	↑
Median gross rent ⁵	2017	\$1,494	---	1,322	1,358	---	↑
Homeownership ⁵	2017	43.6%	---	45.9%	54.5%	---	↓
Homelessness count ⁸⁻¹¹	2019	677	---	58,936	---	---	↗
People living below poverty level ⁵	2017	15.5%	---	17.0%	15.1%	---	↔
Renters spending 30% of more of household income on rent ⁵	2017	51.9%	---	56.1%	53.1%	---	↓
Children living below federal poverty level ⁵	2017	18.4%	---	24.0%	20.7%	---	↓
Median household income ⁵	2017	\$76,264	---	\$61,015	\$67,169	---	↑
Households with >1.01 or more occupants per room ⁵	2017	5.8%	---	11.7%	8.2%	---	↓
Unemployment ⁵	2017	5.8%	---	7.8%	7.7%	---	↓
Education & Academic Achievement							
3rd grade students proficient in English/language arts ¹²	2018	66.4%	---	71.8%	72.5%	---	↓
3rd grade students proficient in math ¹²	2018	59.1%	---	63.5%	64.5%	---	↓
Cohort graduation rate (4-year adjusted) ¹⁴	2018	84.8%	---	85.3%	87.3%	---	↔
Cohort graduates meeting UC/CSU course requirements ¹²	2018	49.6%	---	56.2%	49.9%	---	↔
Kindergarteners entering PUSD who are "not on track" ¹³	2018	48.0%	---	---	---	---	↔
Adults (25+years) with a Bachelor's degree or higher ⁵	2017	51.1%	---	31.3%	32.6%	---	↔
Private school enrollment ⁵	2017	28%	---	12%	11%	---	↔
Children (ages 3 and 4 years) enrolled in preschool ⁵	2017	73.8%	---	54.0%	48.7%	---	↑

APPENDIX C: COMMUNITY SCORECARD

	Year	Pasadena	SPA 3	LAC	California	HP2020	Trend
Social Environment & Public Safety							
Bullying among adolescents ¹⁶	2018	31.0%	---	23.3%	31.0%	19.9%	↑
Violent crime perpetration of young adults ¹⁸	2017	410.4*	---	---	---	339.6	↑
Perceive neighborhood safe from crime ²⁰	2018	87.3%	---	85.0%	---	---	↔
Firearm-related death rate (per 100,000) ²¹	2018	2.8*	---	---	---	10.3	↓
Physical fighting among adolescents ¹⁷	2018	14.0%	---	---	---	28.4%	↓
Violent crime victimization among youth ¹⁸	2017	8.8	---	---	---	37.8	↓
Homicide rate (per 100,000) ¹⁹	2018	3.5*	---	---	---	5.5	↓
Have firearms in/around home ²⁰	2018	9.1% [^]	---	11.4%	---	---	↓
Transportation & Physical Environment							
Annual number of days ozone exceeded government stds. ²³	2018	<1*	---	---	---	---	↔
Annual number of days PM2.5 exceeded government stds. ²³	2018	20.8*	---	---	---	---	↘
Mean travel time to work ⁵	2017	28.1	---	30.9	28.8	---	↔
Percent working adults (age 16+) travel time to work >1 hr. ⁵	2017	11.8%	---	13.6%	11.8%	---	↔
Self-reported distracted driving ²⁰	2018	16.6% [^]	---	14.6%	---	---	↔
Walk Score ²²	2018	66	---	67	---	---	↔
Land transport fatality rates ¹⁹	2017	7.1	---	---	---	12.4	↓
Workers who drive alone to work ⁵	2017	69.7%	---	73.7%	73.6%	---	↓
Health Topics							
	Year	Pasadena	SPA 3	LAC	California	HP2020	Trend
Access to Care							
Insurance not accepted by general doctor in past year (adults) ²⁵	2017	---	7.7%*	5.6%	5.1%	---	↑
Delayed care due to cost or lack of insurance ²⁵	2017	---	50.9%	46.0%	45.6%	---	↑
Percent of people with health insurance ⁵	2017	89.8%	---	86.7%	89.5%	100%	↔
People with a usual place to go when sick or need health advice ²⁵	2017	---	86.9%	84.9%	87.0%	83.9%	↔
Ever experienced unfair treatment getting medical care due to race/ethnicity ²⁵	2017	---	5.6%*	5.9%	5.1%	---	↔
Delayed or didn't get other medical care (all ages) ²⁵	2017	---	9.1%	9.5%	10.3%	4.2%	↔
Ever had problems paying for household's medical bill in past year (adults) ²⁵	2017	---	8.9%	8.4%	9.2%	---	↔
Difficulty finding primary care (adults) ²⁵	2017	---	4.3%*	5.0%	5.7%	---	↓
Difficulty finding specialty care (adults) ²⁵	2017	---	10.9%*	11.5%	11.5%	---	↓
Delayed or did not get prescription medicine (all ages) ²⁵	2017	---	5.9%*	8.2%	8.5%	2.8%	↓
Adults who reported difficulty obtaining needed medical care ²⁰	2018	13.1% [^]	---	21.3%	---	---	↓
Difficulty communicating with a provider because of a language barrier ²⁰	2018	---	---	4.5%	---	---	N/A

APPENDIX C: COMMUNITY SCORECARD

	Year	Pasadena	SPA 3	LAC	California	HP2020	Trend
Maternal, Infant, & Child Health							
Black infant mortality rates ²⁶	2018	9.2*	---	9.7	10.2	6.7	↑
Birth rates (per 1,000) ²⁶	2018	52.5	---	57.7	61.7	---	↘
Births delivered by Cesarean section ^{26,28}	2018	32.9%	---	---	31.9%	---	↔
Child conceived within 18 mo. of previous births ²⁸	2015	28.3%	---	---	26.6%	29.8%	↔
Low birth weight rates ²⁶	2018	7.7	---	7.1	6.9	7.8	↔
Very low birth weight rates ²⁶	2018	1.6	---	1.3	1.1	1.4	↔
Mothers who report receiving prenatal care in 1 st trimester ²⁶	2018	87.4%	---	85.0%	83.6%	77.9%	↑
Mothers who reported a postpartum medical visit ²⁹	2018	95.4%	---	---	87.5%	90.8%	↑
Teen birth rates (/1,000 females ages 15-19) ²⁶	2018	8.2	---	15.0	15.7	---	↘
Preterm birth (<37 weeks) rates ²⁶	2018	8.5	---	9.2	8.7	9.4	↓
Breastfeeding rates 3 months after delivery ²⁹	2018	73.1%	---	---	66.2%	46.2%	↑
Exercise, Nutrition, & Weight							
Adolescents who are overweight or obese ²⁵	2017	---	35.7% [^]	26.5%	27.4%	---	↑
Adolescents who ate 2+ fruit servings/day ²⁵	2017	---	49.3% [^]	69.6%	66.9%	---	↓
Children active at least one hour ²⁵	2017	---	8.3% [^]	7.3% [^]	6.2%	---	↓
Adult fast food consumption ²⁵	2017	---	71.6%	72.5%	67.6%	---	↔
Adults who are overweight or obese ²⁵	2017	---	56.3%	61.1%	60.3%	---	↓
Students meeting physical fitness reqs. ³⁰	2018	30.2%*	---	26.9%*	---	---	↓
No. days in last month where activity was limited due to health ²⁰	2018	1.3	---	2.7	---	---	↓
Diabetes							
Adults ever diagnosed with diabetes ^{20,25}	2018	9.2%*	11.1%*	11.7%*	10.7%	---	↓
Death rates due to diabetes ¹⁹	2018	21.2*	---	---	---	66.6	↓
Heart Disease & Stroke							
Adults (18+) with high blood pressure ²⁵	2018	---	30.2%*	30.0%	29.0%	---	↔
Adults ever diagnosed with heart disease ²⁵	2018	---	6.7%*	6.1%	6.4%	---	↔
Age-adjusted death rates due to stroke ¹⁹	2018	41.3*	---	---	---	34.8	↔
Age-adjusted death rates due to hypertensive diseases ¹⁹	2018	27.8*	---	---	---	---	↔
Age-adjusted death rates due to heart failure ¹⁹	2018	21.7*	---	---	---	---	↔
Adults ever diagnosed with high cholesterol ²⁰	2018	17.6%	---	26.8%	---	---	↓

APPENDIX C: COMMUNITY SCORECARD

	Year	Pasadena	SPA 3	LAC	California	HP2020	Trend
Cancer							
Age-adjusted death rate due to prostate cancer ¹⁹	2018	24.2*	---	---	---	21.8	↑
Women who had a pap smear in last 3 years ²⁰	2018	86.2%	80.9%	81.4%	---	93.0%	↓
Age-adjusted death rate due to breast cancer ¹⁹	2018	28.5*	---	---	---	20.7	↑
Women who had a mammogram in last year ²⁰	2018	76.7%	78.3%	77.0%	---	73.7%	↔
Age-adjusted death rate due to colorectal cancer ¹⁹	2018	16.1*	---	---	---	14.5	↔
Adults who had a blood stool test ²⁰	2018	29.0%	---	20.0%	---	---	↑
Age-adjusted death rate due to lung cancer ¹⁹	2018	24.4*	---	---	---	45.5	↓
Ever had an Human Papillomavirus (HPV) vaccine ²⁰	2018	---	---	59.3%	---	---	N/A
Immunizations & Infectious Diseases							
Rates of Vectorborne Diseases ³⁸	2019	various	---	---	---	---	↗
Chlamydia incidence rate ^{38,40}	2019	425.1	---	626.2	552.2	---	↗
Gonorrhea incidence rate ^{38,40}	2019	127.3	---	254.2	190.3	---	↗
Syphilis (primary & secondary) incidence rate ⁴⁰	2019	13.2	---	19.5	16.8	---	↗
HIV incidence rate ³⁹	2019	12.6	---	16.8	12.1	---	↔
Age-adjusted death rate due to pneumonia and influenza ^{19*}	2019	26.2*	---	---	---	---	↔
Tuberculosis incidence rate ^{38,41}	2019	3.1*	---	5.3	5.2	---	↓
Had a flu shot in the past year (ages 65+) ²⁰	2018	87.1%	---	73.2%	---	---	↑
Respiratory Diseases							
Age-adjusted death rate due to pneumonia and influenza ¹⁹	2018	26.2*	---	---	---	---	↔
Age-adjusted death rate due to chronic lower respiratory diseases ¹⁹	2018	37.3*	---	---	---	---	↔
Adults (18+) who are current smokers ^{20,25}	2018	7.0^12.9%	9.6%	11.2%	12.6%	12.0%	↔
Age-adjusted death rate due to lung cancer ¹⁹	2018	24.4*	---	---	45.5	---	↓
Tuberculosis incidence rate ^{38,41}	2018	3.1*	---	---	5.2	---	↓
Ever diagnosed with asthma ^{20,25}	2018	---	9.3-14.2%	11.4-15.1%	15.4%	---	↓
Alcohol, Tobacco, & Substance Abuse							
Students who reported current marijuana use ¹⁶	2018	7.7%*	---	---	9.3%*	6.0%	↑
Adults (18+) who are current smokers ^{20,42}	2018	7.0^12.9%	9.6%	11.2%	12.6%	12.0%	↔
Adults who binge drank in the last month ²⁰	2018	19.4%	16.0%	17.9%	---	24.2%	↔
Age-adjusted death rate due to drug overdose (accidental) ¹⁹	2018	7.3	---	---	---	---	↔
Students who are current cigarette smokers ¹⁶	2018	<1%*	---	---	2.7%*	21.0%	↓
Students who have used an e-cig or vaping device in last month ¹⁶	2018	5.0%*	---	---	7.0%*	---	↓
Age-adjusted death rate due to prescription opioid overdose ⁴³	2018	2.2	---	2.4	5.4	---	↓

APPENDIX C: COMMUNITY SCORECARD

	Year	Pasadena	SPA 3	LAC	California	HP2020	Trend
Oral Health							
Medi-Cal patients with sealants (ages 6-9) ⁴⁴	2019	18.4%	---	---	17.7%	28.1%	↓
Medi-Cal patients with an annual dental visit ⁴⁴	2019	27.6%	---	29.9%	---	---	↔
Kindergarteners with untreated dental decay ⁴⁵	2018	19.1%	---	12.5%	---	21.4%	↔
Adults (18+) who are current smokers ^{20,42}	2018	7.0 [^] -12.9%	9.6%	11.2%	12.6%	12.0%	↔
Adults who drink a soda at least once/week ²⁵	2017	---	41.3%	41.7%	39.6%	---	↔
Children who have never been to the dentist ²⁵	2017	---	13.4%*	14.1%	12.4%	---	↔
Children who visited dentist in last year ²⁵	2017	---	80.5%*	86.0%	85.6%	---	↔
Adults who visited dentist within last year ²⁵	2017	---	65.1%*	---	71.6%	---	↔
ChapCare patients (<5yrs.) receiving dental services ⁴⁵	2018	53.7%	---	---	---	33.3%	↑
Age-adjusted emergency department rate due to dental problem ⁴⁵	2018	13.9%	---	22.9%	36.6%	---	↓
Women who visited dentist during pregnancy ²⁹	2018	55.8%	---	37.4%	43.0%	---	↑
Mental Health							
Adolescents who reported needing help for mental health problem ²⁵	2018	---	24.5% [^]	19.2% [^]	19.8%	---	↗
Students who experienced chronic sadness/hopelessness in last year ¹⁶	2018	31.0%*	---	---	28.7%*	---	↔
Ever diagnosed with depression ²⁰	2018	13.7% [^]	---	---	16.5%	---	↔
Adolescents who received psychological/emotional counseling in last year ²⁵	2018	---	16.4% [^]	12.5% [^]	14.8%	---	↑
Taking medication and/or receiving counseling for depression ¹⁶	2018	91.7%	---	---	78.9%	75.9%	↑
Students who seriously considered suicide ¹⁶	2018	14.5%	---	---	10.7%	---	↓
Suicide attempt rate (/1k) among youth ⁴	2017	0.2	---	---	---	1.7	↓
Age-adjusted suicide rate ^{19*}	2018	7.8	---	---	---	10.2	↓
Older Adults & Aging							
Seniors living below the federal poverty level ⁵	2017	16.3%	---	13.4%	10.2%	---	↑
Senior renters spending 30% or more of Household Income on Rent ⁵	2017	68.4%	---	64.6%	62.0%	---	↑
Male seniors with recc. preventive services ³⁵	2016	31.3%	---	---	---	44.6%	↓
Female seniors with recc. preventive services ³⁵	2016	36.7%	---	---	---	46.8%	↓
Age-adjusted death rate due to Alzheimer's disease and dementia ²	2018	65.3*	---	---	---	---	↗
Living with a disability (age 65+) ⁵	2017	34.9%	---	36.5%	35.6%	---	↔
Ever had a pneumonia vaccination (ages 65+) ³	2018	78.5%	---	72.3%	---	---	↔
Had a flu vaccine in the last year (ages 65+) ²⁰	2018	87.1%	78.0%	73.2%	---	---	↑
Adults with arthritis ³⁵	2016	17.6%	---	---	---	---	↓
Life Expectancy & Mortality							
Life expectancy at birth ⁴⁷	2018	81.8	---	80.6	80.3	---	↑
Self-perceived health status as Fair/Poor ²⁵	2017	14.0%	15.7%	21.0%	16.6%	---	↓

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