

Huntington Hospital 2019 Community Health Needs Assessment of Greater Pasadena IMPLEMENTATION STRATEGY



About Huntington Hospital

Founded in 1892, Huntington Hospital is committed to providing excellent patient care delivered with compassion and respect. Huntington Hospital is a 619-bed, not-for-profit community hospital located in Pasadena, California. The hospital offers a full complement of acute medical care and community services, ranging from general medicine to the foremost specialized programs in cardiovascular services, oncology, and the neurosciences. The hospital has the only trauma center in the region as well as the only Level III Neonatal Intensive Care Unit (NICU). In addition, Huntington Hospital offers women's and children's services, state-of-the art orthopedic surgery, in- and outpatient psychiatric services, Huntington Hospital Senior Care Network, and Huntington Ambulatory Care Center. As a teaching facility affiliated with the Keck School of Medicine of USC, Huntington Hospital supports 25 internal medicine and 17 general surgery residents annually. More than one-third of these residents remain in the area to practice, providing a seamless transition through generations of care.

Huntington Hospital is committed to providing the highest quality healthcare and emergency services to the residents of our community. Through our efforts, including collaborations with our long-standing community partners, we continue to work to improve the health and wellbeing of all individuals living and working in the community, with particular attention to those who are too often without resources.

Collaboration to Conduct 2019 Community Health Needs Assessment

Huntington Hospital and the City of Pasadena Public Health Department partnered to conduct the 2019 Community Health Needs Assessment (CHNA) of Greater Pasadena, continuation of the partnership that completed the 2016 CHNA 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 2019 CHNA included both quantitative and qualitative data from a variety of different sources. The quantitative data focused on population demographics, housing and homelessness, the social environment among school-age children and adolescents, and a variety of health topics such as access to health care, heart disease and stroke, cancer, maternal and infant health, respiratory conditions, mental health, substance abuse, and life expectancy and mortality. The qualitative data was collected via 32 phone interviews with organizational leaders representing various community knowledge and health care expertise and nine focus groups (conducted with various participants in English, Spanish and Mandarin). Representatives in the community engagement included the City of Pasadena Public Health Department, Los Angeles County Department of Public Health, community nonprofit organizations serving youth, seniors, and the homeless; clinical care providers, school district representatives, faith-based organizations, and persons of color.

Note: To review the 2019 Community Health Needs Assessment of Greater Pasadena, visit www.healthypasadena.org or the hospital website.

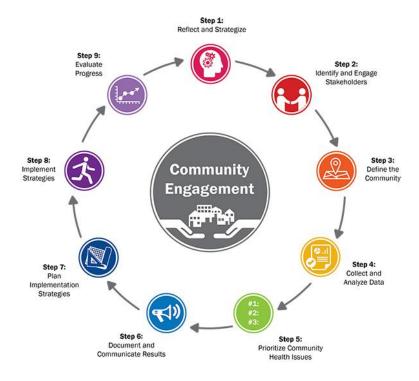
About the 2019 Community Health Needs Assessment Process

The **2019 Community Health Needs Assessment (CHNA) of Greater Pasadena** was developed utilizing a framework adapted from the Association for Community Health Improvement (ACHI).¹ Our team worked together to jointly complete the first five steps to create our CHNA.

Following this, over sequential meetings in 2019, Huntington Hospital's Community Benefits Committee and additional community leadership participated in a review and discussion of the findings of preliminary data analysis and community input. During a facilitated prioritization session, participants rated health topic areas based on urgency and magnitude of the problem as well as the resources in the community to address the issue. The six highest rated areas of need were:

- Housing Insecurity and Homelessness
- Mental Health
- Older Adults and Aging
- Access to Care
- Exercise, Nutrition, and Weight
- Maternal, Infant, and Child Health

Figure 1: Association for Community Health Improvement CHNA Process Map



¹ Association for Community Health Improvement. Community Health Assessment Toolkit. https://www.healthycommunities.org/resources/community-health-assessment-toolkit.

Significant Health Needs Addressed

Based on the results of the prioritization process, a Huntington Hospital CHNA workgroup, with Executive Management Team participation, determined that the Hospital's four priority health needs for the next three years, 2020 – 2022, will be:

- Access to Health Care Services, with a focus on improving access to health care services and strengthening the continuum of care
- Older Adults and Aging, with a focus on supporting independence and healthy aging
- Maternal/Infant and Child/Adolescent Health, with a focus on Child and Adolescent
 Health, with a focus on improving student health and related issues such as mental health
 and housing and food insecurity
- Exercise, Nutrition and Weight, with an emphasis on supporting healthy lifestyles

For each of health needs identified above, supporting programs and services – as well as community partnerships – directly related to both mental health and food and housing insecurity are addressed. Numerous programs in response to these needs are presented in the Implementation Strategy, including enrollment and navigation assistance, support programs for a variety of health conditions and life situations (such as pregnancy, childbirth, food insecurity and grief), tailored education sessions, social programming, and resources to increase independence and health.

These significant health needs were selected because approaches to their improvement are compatible with the Hospital's mission, vision, core values and commitment; resources and expertise, providing the best opportunity to positively assist and support our community.

Our Community

The **2019 CHNA of Greater Pasadena** focuses on the Huntington Hospital Primary Service Area, a geographic area that is comprised of nine contiguous ZIP codes and includes the communities of Pasadena (ZIP Codes 91101, 91103, 91104, 91105, 91106, 91107), Altadena (ZIP Code 91101), South Pasadena (ZIP Code 91030), and San Marino (ZIP Code 91108).

In some instances, the Greater Pasadena area was supplemented with data and information related to Service Planning Area (SPA) 3 – San Gabriel Valley and Pasadena Unified School District (PUSD) Service Area (includes communities of Pasadena, Altadena, and Sierra Madre).

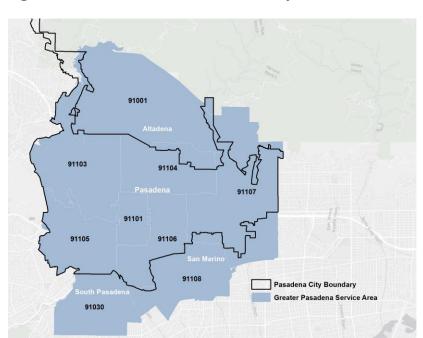


Figure 2: Greater Pasadena and the City of Pasadena

The population of Greater Pasadena is 235,819, representing approximately 2.3% of the entire population of Los Angeles County. Among the highlights:

- There are 25,628 children under 18 years of age in Greater Pasadena (18% of the population) and 21,921 adults over 65 years of age in Greater Pasadena (15% of the population). In the last ten years, the percentage of children has decreased by 10% and the percentage of older adults has increased by 15%.
- The population of Greater Pasadena is racially and ethnically diverse, with Whites compromising approximately 36% of the total population, Hispanics 34%, Asians 16%, and Blacks (10%)
- The majority of the population speaks English at home (57%), followed by Spanish (23%), Mandarin and other Asian languages (13%), and Indo-European languages including Armenian (6%)
- Median household income in 2019 was \$92,266
- Median income was significantly lower in two of the ZIP codes of the Greater Pasadena area (median household income was \$64,223 in ZIP Code 91101 and \$69,334 in ZIP Code 91103)
- Educational attainment of adults 25 years and older is high, with approximately 51% having earned a Bachelor's Degree or higher; however, approximately 12% of adults do not have a high school diploma
- An estimated 8.3% of families in Greater Pasadena lived below the Federal Poverty Level
- 16.3% of persons 65 years and older lived below in the Federal Poverty Level

• There were 677 homeless individuals in the City of Pasadena as of January 2019; 25% are chronically homeless and 40% are over age 50 years

Implementation Strategy

This Implementation Strategy describes the activities the hospital will employ to address the four identified priority health needs over the next three years. The components of this plan are not meant to include an exhaustive account of the various actions Huntington Hospital brings to bear, year in and year out, to address community health and wellness.

The Implementation Strategy is organized in four tables, one for each significant health need, and outlines the following:

- Community Health Need Rationale based on findings from the 2019 CHNA
- Measurable Objective What we hope to ultimately achieve
- Supporting Strategies and Programs Resources to address the health need
- Anticipated Impacts/Metrics Short-term measurable objectives
- Potential Partnerships Community and public partners that may be engaged in collaborative efforts to address the need

COMMUNITY HEALTH NEED: ACCESS TO HEALTH CARE SERVICES

- The rate of uninsured persons in Pasadena has increased steadily since 2010, to 90% in 2017
- Since the passage of the Affordable Care Act, the number of persons who are newly insured has increased by more than 12,000 people
- According to those participating in the community engagement, many residents still struggle to connect with and pay for health care, with some residents not seeking care because they won't be able to cover additional copayments and other costs associated with treatment
- According to those participating in the community engagement, the lack of access to culturally, linguistically, and socioeconomically responsive services, including health care navigation services, acts as a barrier to health care access
- Travel times to work for Pasadena residents has been increasing year-over-year for the past ten years
- According to those participating in the community engagement, transportation and commute times are a barrier to accessing health care, particularly for low-income families with children who do not have private vehicles

MEASURABLE OBJECTIVE: Increase access to health care services for nonelderly residents of Greater Pasadena. ¹		
Supporting Strategies and Programs	Anticipated Impacts and Metrics	Potential Partnerships
Strategy: Provide navigation assistance to obtain health insurance and/or services available for vulnerable persons. Enrollment Assistance Coordinate efforts with community partners to increase enrollment of children and families. On-site Medi-Cal eligibility assistance Huntington Hospital Homeless Navigator Dedicated Health Navigator works with homeless persons to assist with enrollment, referrals and linkages to community services San Gabriel Valley Patient Navigator Pilot Program (United Way of Greater Los Angeles) Pilot case management program serves to link persons identified as homeless to services related to enrollment, health, transportation, and housing	Impact: Residents without insurance or a medical home will receive assistance to enroll for health insurance based on eligibility, and/or linked to affordable health and health care related services Metrics: Number persons served, by program, emergency department utilization/readmittance, percentage of persons with medical and/or mental health home	 Young and Healthy Pasadena Public Health Department Public Libraries Community centers ChapCare Foothill Unity Center Friends In Deed Union Station Pasadena Unified School District United Way of Greater Los Angeles Methodist Hospital Los Angeles Homeless Services Authority

¹ Elderly persons are addressed separately in this Implementation Strategy under the community health need: Older Adults and Aging.

MEASURABLE OBJECTIVE: Increase access to health care services for nonelderly residents of Greater Pasadena. ¹		
Supporting Strategies and Programs	Anticipated Impacts and Metrics	Potential Partnerships
Strategy: Provide healthcare outreach services Community Outreach Program RN health screening/counseling clinics monthly, offering health screening, disease management and health counseling, linkage to services, advocacy, and emergency intervention. Health Education classes offered at various community sites throughout the year. Annual free flu shot clinics throughout the community.	Impact: Residents will receive assistance and education to better manage their health and enable access to health services Metric: Number of adults screened, counseled about their health, and/or assisted with resources	 ChapCare Libraries Pasadena Unified School District Pacific Clinics Senior centers Community centers Foothill Unity Center Friends In Deed
Strategy: Offer affordable, high-quality primary and specialty healthcare to the underserved population. Huntington Ambulatory Care Center (HACC) Full service medical clinic staffed by the hospital's internal medicine residents. Social worker assistance to address psychosocial issues and provide referrals to community resources and assist with application for health insurance.	Impact: Awareness of high quality primary and specialty care available to underserved adults Metric: Number of persons served	 Graduate Medical Education (GME) Program ChapCare
Strategy: Provide medical clinics in the community to supplement existing services to reach adult underserved residents. Graduate Medical Education Program and Other Hospital Departments Graduate medical residents, nurses, pharmacy, and social work staff will collaborate to conduct physical examinations, provide vaccinations, health counseling, information and linkage to services to enroll for health insurance coverage and address psychosocial needs.	Impact: High quality medical care, medication evaluation, health counseling, and navigation assistance will be available to residents who might not otherwise be aware of health services in the community. Metrics: Number of clinics and number persons served, description of services provided	 Graduate Medical Education (GME) Residents Pasadena Public Health Department Schools of Nursing Schools of Social Work
Strategy: Provide support to public and private entities to enhance health care services Huntington Hospital Administration, Philanthropy, Public Relations, and Physician, Interoperability and Data Management Services	Impact: Provide in-kind assistance and support to nonprofit organizations working to improve access for the community Metric: Listing organizations supported	 American Heart Association American Cancer Society Exer Urgent Care locations ChapCare Community nonprofit organizations

COMMUNITY HEALTH NEED: OLDER ADULTS AND AGING

- There are 21,921 adults over 65 years of age in Greater Pasadena (15% of the population). In the last ten years, the percentage of older adults has increased by 15%.
- Approximately 16% of seniors live below the Federal Poverty Level
- Racial disparities exist among influenza and pneumonia deaths, with deaths highest among Whites
- According to those participating in the community engagement, the senior population in Pasadena is independent and want to be part of a community that values independence
- According to those participating in the community engagement, opportunities that encourage social interactions, including community programs, are beneficial
- According to those participating in the community engagement, a resource to help seniors navigate the health system could benefit those seniors who experience frustration and confusion with the health system
- Dementia and Alzheimer's disease were the second leading cause of death in Pasadena

MEASURABLE OBJECTIVE: Increase access to a variety of dedicated programs for seniors that foster independence and well-being.		
Supporting Strategies and Programs	Anticipated Impacts and Metrics	Potential Partnerships
Strategy: Provide older adults and their family caregivers with enrollment assistance, services, information, education, and support. Senior Care Network Care Coordination Program, Resource Center, Noon Hour Lecture Series, and 50+ Membership Program Provide programs to help seniors and caregivers find services, coordinate care, and live independently. Provide diverse health education and information regarding topics of interest to seniors	Impact: Seniors and/or their caregivers will have a safety net to ensure appropriate services are in place and receive assistance with navigating the system of care Metric: Number of persons served, by program	 Senior centers Community centers Libraries Senior housing locations Community organizations Churches Pasadena Unified School District Pasadena Senior Commission San Gabriel Valley End-of-Life Coalition
Strategy: Coordinate, inform, and administer flu shots during flu season in a variety of convenient locations Community Outreach Program Nurses provide free (no reservation or appointment needed) flu shot clinics in preparation for the flu season, according to a rotating schedule of convenient, community sites	Impact: High-risk and other individuals will receive information and attend free flu shots Metrics: Number of persons served and number/description of locations	 Senior centers Community centers Libraries Churches Parks/Farmers' markets Friends in Deed Public schools

MEASURABLE OBJECTIVE: Increase access to a variety of dedicated programs for seniors that foster independence and well-being.		
Supporting Strategies and Programs	Anticipated Impacts and Metrics	Potential Partnerships
Strategy: Support persons with chronic diseases, limited resources, and psychosocial issues which lead to hospitalization and threaten independence. Geriatric Clinical Specialist This advanced practice nurse ensures optimal practice outcomes and promotes quality patient care for older adult patients of the hospital RN Navigation Clinical nurse navigators provide assistance to patients while in the hospital to ensure timely treatment and have the necessary resources upon discharge to prevent problems during transition to home	Impact: Assist community residents to live as independently as possible before, during, and after hospitalization Metric: Number of persons served	 Homecare vendors Home health agencies Social service agencies
Strategy: Support low-income seniors to live independently in their homes Senior Care Network Senior Caring Fund With assistance from a grant from Pasadena Community Foundation and other donors, assist low-income seniors to cover one time health related expenses that are not met through insurance or other sources	Impact: Assist community residents to live as independently as possible Metric: Number of seniors served	 Pasadena Community Foundation Senior centers Senior-serving organizations Community physicians
Strategy: Support low-income seniors who lack transportation to live independently in their homes Programs: Uber Transportation, RideWith24, Transportation Vouchers Arrangement and payment for transportation services for seniors to return to their homes	Impact: Assist community residents to live as independently as possible Metric: Number of seniors served	 Transportation providers RideWith24 Uber and Lyft Taxi companies
Strategy: Offer ongoing, year-round opportunities for volunteering, as a means to increase social participation and healthy aging Volunteer Services Offer diverse volunteering and socializing opportunities for seniors in many areas, including patient relations, music, gift and resale shop (Huntington Collection), information desks and escorts	Impact: Interested seniors will participate with others in orientation and volunteer programs Metric: Number of persons participating	 Senior centers Community centers Community nonprofit organizations

COMMUNITY HEALTH NEED: MATERNAL/INFANT AND CHILD/ADOLESCENT HEALTH

- The overall number of births has declined by about 50 births each year in the past ten years, resulting in 25% fewer births in Pasadena
- Prenatal care access is lowest among Black mothers and Hispanic mothers when compared to Whites and Asian mothers
- The three-year average rates of infant mortality are highest among Black infants and exceed the Healthy People 2020 goal
- Approximately 10% of new mothers reporting prenatal depression symptoms and 15% reported postpartum depression symptoms (the rate appears to be declining)
- According to those participating in the community engagement, there is an opportunity to develop culturally responsive practices for Black mothers, including prenatal and postpartum experiences and outcomes
- 51% of students entering PUSD were identified as ready for kindergarten, 24% as somewhat ready, and 24% as not ready
- 31% of PUSD students in grades 7 through 9 reported that they experienced any kind of harassment or bullying, 23% experienced cyberbullying, and 15% experienced harassment or bullying due to race/ethnicity
- According to those participating in the community engagement, more families are struggling with very low incomes, housing insecurity, homelessness, and food affordability
- Approximately 31% of PUSD students in grades 7 through 9 reported experiencing chronic sadness or hopelessness
- According to those participating in the community engagement, there is a great need for more funding and services for children in areas
 of mental health support, prevention and early intervention, including a need for psychiatrists to serve the youth and homeless
 populations

MEASURABLE OBJECTIVE: Increase access to a variety of dedicated programs that foster health and well-being.		
Supporting Strategies and Programs	Anticipated Impacts and Metrics	Potential Partnerships
Strategy: Provide routine maternity tours and orientations, prepared childbirth education classes, support programs to assist with pregnancy and postpartum, and specialized programs for parents with an infant in the NICU Perinatal Education, Maternal Wellness and NICU Programs Provide education on topics such as childbirth preparation, infant care, breastfeeding, CPR and host weekly breast feeding support groups. Provide specialized support services to families with infants in the NICU, including support groups and activities	Impact: Pregnant women, mothers and their families will receive education and support for childbirth and newborn infants Metrics: Number of pregnant women and mothers served, by class type; and number of families attending programs, by activity	 Pasadena Public Health Department Planned Parenthood Community physicians

MEASURABLE OBJECTIVE: Increase access to a variety of dedicated programs that foster health and well-being.		
Supporting Strategies and Programs	Anticipated Impacts and Metrics	Potential Partnerships
Strategy: Provide no-cost services including individual asthma education and an asthma clinic for children, adolescent and adults Huntington Hospital Community Asthma Program (HHCAP) Provide asthma education classes (based on NIH guidelines) and an asthma clinic, offering screening, evaluation, referrals, and treatment	Impact: Children and adolescents with asthma will have the resources necessary to control their condition, avoid ED visits and hospitalization, attend school regularly, and participate in routine daily activities Metric: Number of persons receiving services	 Georgina-Frederick Children's Foundation The Pasadena Respiratory Health Foundation Pasadena Unified School District Young and Healthy Community physicians Asthma Coalition of Los Angeles County American Lung Association
Strategy: Pursue development of strategies to reduce hospital surplus food via partnering with community organizations to redistribute food Food Recovery Program Following review of the literature and discussions with other programs, develop steps to coordinate the program with Huntington Hospital Food Service, Sodexo, and community nonprofits	Impact: Food is available to organizations for distribution to reduce food insecurity Metrics: Pounds of food donated and/or food service equipment donated	 Food Finders Los Angeles County Department of Health – Food Redistribution Initiative Sodexo USA Community nonprofit organizations
Strategy: Continue grant-funded effort to institute specialized programming with PUSD Pasadena Trauma-Informed Care Initiative Continue to assist community partners in providing programming in the Pasadena Unified School District to teach children and their caregivers tools to cope with stressors, based on health research done on trauma, and the Trauma Informed Care approach	Impact: Increase the community's knowledge and attitudes of trauma and its impact on health and other outcomes Metrics: Number of children receiving intervention, number of community professionals trained, number of PUSD teachers/staff participants, and number of parents attending sessions	 Pasadena Unified School District (PUSD) Young and Healthy Pasadena Public Health Department UniHealth Foundation
Strategy: Work collaboratively with PUSD and area public and community organizations to enhance efforts to assist homeless children and their families Families in Transition (FIT) Program The FIT program ensures that all PUSD students experiencing housing insecurity or homelessness receive equitable access to high quality education and support services	Impact: Decrease housing and food insecurity among students (based on McKinney-Vento Homeless Assistance Act definition) attending schools in Pasadena Unified School District and encourage and educate parents Metric: Number of persons served (various programs)	 Pasadena Unified School District (PUSD) Young and Healthy Union Station Housing Works Salvation Army City of Pasadena Community nonprofit organizations

COMMUNITY HEALTH NEED: EXERCISE, NUTRITION, AND WEIGHT

- Though students in the PUSD meet the fitness standards at higher levels than students in Los Angeles County, less than a third of students meet all standards
- When fitness results are stratified by race/ethnicity, Hispanic and Black students meet the standards at lower rates than White and Asian students
- 8.3% of youth were not physically active for at least one hour in the past week and 19% spent more than five hours on sedentary activities on a typical weekday after school
- Approximately 36% of adolescents are overweight/obese in SPA 3
- Approximately 56% of adults are overweight/obese in SPA 3
- Estimates show higher rates of obesity in north Pasadena, northwest Pasadena, and Altadena
- Approximately 30% of adults were ever diagnosed with high blood pressure
- According to those participating in the community engagement, opportunities for cancer prevention and treatment include culturally and linguistically specific programs and those that facilitate community among patients going through similar experiences
- Leading causes of death and premature death include heart disease, stroke, hypertensive diseases and cancer

MEASURABLE OBJECTIVE: Increase participation in dedicated community programs and services to maintain healthy lifestyles.		
Supporting Strategies and Programs	Anticipated Impacts and Metrics	Potential Partnerships
Strategy: Provide health education and support in the community Community Outreach Program RN Health screening/counseling clinics monthly, offering health screening and counseling, disease management education, and linkage to services, advocacy, and emergency intervention. Health Education classes offered at various community sites throughout the year Outpatient Nutrition Dietician provides education at various community sites on nutrition-related topics to promote disease prevention and improve management of existing chronic conditions through healthy diet and lifestyle practices	Impact: Community residents will be aware of how to access information and assistance to prevent or manage chronic health conditions, including high blood pressure, heart disease, stroke, and diabetes Metric: Number of adults served, by program	 Pasadena Public Health Department Libraries Pasadena Unified School District (PUSD) Schools Senior centers Community centers Pacific Clinics Foothill Unity Center Friends In Deed Community houses of worship Senior housing units Employers throughout the community

MEASURABLE OBJECTIVE: Increase participation in dedicated community programs and services to maintain healthy lifestyles.		
Supporting Strategies and Programs	Anticipated Impacts and Metrics	Potential Partnerships
Strategy: Provide health education and support for individuals and caregivers with diabetes Diabetes Empowerment Education Program (DEEP) Continue to provide a six-week workshop series – in English and Spanish – for individuals, families, and caregivers with prediabetes and Type 2 diabetes. Following completion, individuals are encouraged to participate in monthly support groups for diabetes	Impact: Community residents with Type 2 diabetes or prediabetes will be aware of how to prevent or manage diabetes Metric: Number of adults served	 American Diabetes Association Pasadena Public Health Department Senior centers Community centers ChapCare
Strategy: Pursue development of a program of targeted outreach – via barbershops – to African American men Community Outreach Program Following review of the literature and discussions with Los Angeles area programs, develop steps to coordinate the program with local barbers (i.e., location and number of barbershops, frequency and length of visits, equipment needed, and space available)	Impact: Men visiting local barbershops will participate in screenings for blood pressure and receive education, counseling and follow-up services, as needed Metrics: Number of participating barbershops, number of visits by RNs to barbershops, and number of persons served	 Area barbershops Huntington Ambulatory Care Center (HACC) Graduate Medical Education Program Physician Referral Community Centers
Strategy: On an ongoing basis, offer specialized support groups and services for individuals, families, and caregivers Dedicated Support Groups Coordinate and host/lead year-round support groups and services in a variety of areas, such as heart disease, stroke, and cancers (breast, prostate, lung, lymphedema), grief and loss	Impact: Community residents will be aware of how to prevent or manage various health conditions, such as heart disease, stroke, and cancers Metrics: Count and description/frequency of support groups, number of persons served, by support group	 American Heart Association American Cancer Society American Diabetes Association Senior centers Community centers